



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

City Chambers
DUNDEE
DD1 3BY

16th September, 2025

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, 24th September, 2025 at 10.00am.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundeecity.gov.uk by no later than 12 noon on Monday, 22nd September, 2025.

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

Yours faithfully

DAVE BERRY

Chief Officer

A G E N D A

1 APOLOGIES FOR ABSENCE

2 DECLARATION OF INTEREST

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

3 MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE - Page 1

The minute of previous meeting of the Committee held on 21st May, 2025 is attached for approval.

(b) ACTION TRACKER - Page 7

The Action Tracker (PAC28-2025) for meetings of the Performance and Audit Committee is attached for noting and updating accordingly.

4 REVISED PERFORMANCE AND AUDIT COMMITTEE (PAC) TERMS OF REFERENCE - Page 11

(Report No PAC33-2025 by the Chief Finance Officer, copy attached).

5 ANNUAL PERFORMANCE REPORT 2024-25 - Page 19

(Report No PAC27-2025 by the Chief Finance Officer, copy attached).

6 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2024-25 QUARTER 4 - Page 107

(Report No PAC23-2025 by the Chief Finance Officer, copy attached).

7 DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT - Page 133

(Report No PAC31-2025 by the Clinical Director, copy attached).

8 MENTAL HEALTH SERVICES INDICATORS – 2024/25 QUARTER 4 - Page 153

(Report No PAC29-2025 by the Chief Finance Officer, copy attached).

9 DRUG AND ALCOHOL SERVICES INDICATORS – 2024/25 QUARTER 4 - Page 181

(Report No PAC30-2025 by the Chief Finance Officer, copy attached).

10 UNSCHEDULED CARE - Page 199

(Report No PAC22-2025 by the Chief Finance Officer, copy attached).

11 CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/ OLDER PEOPLE AND OTHER ADULT SERVICES 2024-25 - Page 209

(Report No PAC25-2025 by the Chief Finance Officer, copy attached).

12 DHSCP STRATEGIC RISK REGISTER UPDATE - Page 237

(Report No PAC24-2025 by the Chief Finance Officer, copy attached).

13 BEST VALUE ARRANGEMENTS & ASSESSMENT 2025/26 - Page 249

(Report No PAC32-2025 by the Chief Finance Officer, copy attached).

14 GOVERNANCE ACTION PLAN PROGRESS REPORT - Page 275

(Report No PAC26-2025 by the Chief Finance Officer, copy attached).

15 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN 2024/25 PROGRESS REPORT - Page 301

(Report No PAC34-2025 by the Chief Finance Officer, copy attached).

16 INTERNAL AUDIT PLAN 2025/26 - Page 307

(Report No PAC35-2025 by the Chief Finance Officer, copy attached).

17 ATTENDANCE LIST - Page 311

(A copy of the Attendance Return (PAC37-2025) 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 on Wednesday 19th November 2025 at 10.00am.

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PERFORMANCE AND AUDIT COMMITTEE
CONTACT LIST
(Updated September 2025)

(a) CONTACTS – PERFORMANCE AND AUDIT COMMITTEE

(* - DENOTES VOTING MEMBER)

<u>Role</u>	<u>Recipient</u>
NHS Non Executive Member (Chair)	Bob Benson *
Elected Member	Councillor Dorothy McHugh *
Elected Member	Councillor Siobhan Tolland *
NHS Non Executive Member	David Cheape *
Acting Chief Officer	Dave Berry
Acting Chief Finance Officer	Christine Jones
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

<u>Organisation</u>	<u>Recipient</u>
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)	Paul Thomson
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 Jocelyn Lyall)	Carolyn Martin
Audit Scotland (Audit Manager)	Richard Smith
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
Dundee City Council (Legal Manager)	Maureen Moran

Organisation	Recipient
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
Health and Social Care Partnership	Shahida Naeem
Dundee City Council – Finance	John Moir
NHS Tayside	Jayne Smith



At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 21st May, 2025.

Present:-

<u>Members</u>	<u>Role</u>
Bob BENSON (Chair)	Nominated by Health Board (Non-Executive Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Christine JONES	Acting Chief Finance Officer
Jocelyn LYALL	Chief Internal Auditor
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:-

Jenny HILL	Health and Social Care Partnership
Matthew KENDALL	Health and Social Care Partnership
Shahida NAEEM	Health and Social Care Partnership
Kathryn SHARP	Health and Social Care Partnership
Lynsey WEBSTER	Health and Social Care Partnership

Bob BENSON, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

There were apologies for absence submitted on behalf of Dave Berry, David Cheape, Glyn Lloyd and Raymond Marshall.

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 29th January, 2025 was submitted and approved.

Councillor McHugh reported that she had not received responses to queries she had raised in relation to Article VI. It was agreed that these would be added to the Action Tracker and followed up for response.

(b) ACTION TRACKER

There was submitted the Action Tracker, PAC15-2025, for meetings of the Performance and Audit Committee for noting and updating accordingly.

IV DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2024-25 QUARTER 2

There was submitted Report No PAC14-2025 by the Chief Finance Officer providing an update on the 2024/2025 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) of the report;
- (iii) to note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3) of the report; 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 of the report.

Following questions and answers the Committee further agreed:

- (v) that the Lead Officer - Quality, Data and Intelligence would consider with her team how a request for further analysis on data could be provided on a quarterly basis; and
- (vi) to note, at the request of the Chair, the positive figures in relation to care at home packages.

V DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT

There was submitted Report No PAC13-2025 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 this report provided and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is to 31st March 2025.; and
- (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; and
- there was evidence of noncompliance relating to a fully comprehensive governance system across some teams, i.e. contemporary management of adverse events and risks.

VI ANNUAL REVIEW OF 2024-25

There was submitted Report No PAC13-2025 by the Chief Finance Officer enabling the Performance and Audit Committee to undertake a self-assessment review of 2024/2025 activity, which would subsequently be utilised to provide assurance to IJB.

The Committee agreed:-

- (i) to note the contents of the report; and
- (ii) to confirm the activities undertaken by Performance and Audit Committee during 2024/2025 are in line with its remit and terms of reference and instructed a report be submitted to IJB for oversight and assurance purposes.

VII IJB DIRECTIONS 2024-25

There was submitted Report No PAC12-2025 by the Chief Finance Officer reviewing and providing assurance that IJB Directions had been issued and implemented during 2024/2025 in line with the IJB Directions Policy.

The Committee agreed to note the content of the report advising that Directions detailed in section 4.6 of the report had been issued in line with controls detailed in section 4.5 of the report.

VIII QUARTERLY FEEDBACK REPORT – 4TH QUARTER 2024/25

There was submitted Report No PAC16-2025 by the Chief Finance Officer summarising feedback received for the Health and Social Care Partnership (HSCP) in the fourth quarter of 2024/2025. 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;
- (iii) to note the recording of Planned Service Improvements following complaints that were upheld or partially upheld; and
- (iv) to note the work ongoing to implement Care Opinion as a feedback tool for all services in the Health and Social Care Partnership.

Following questions and answers the Committee further agreed:

- (v) that information would be included in future reports to highlight the possibility of double-counting of complaints in certain circumstances and the issue would be raised with the Chief Officer as a policy consideration that may be required.

IX DHSCP STRATEGIC RISK REGISTER UPDATE

There was submitted Report No PAC17-2025 by the Chief Finance Officer providing an update in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

The Committee agreed:-

- (i) to note the content of the Strategic Risk Register Update report;
- (ii) to note the entry of a new risk on Increase in National Insurance (Section 6 of the report); and
- (iii) to note the extract from the Strategic Risk register attached at Appendix 1 to the report.

Following questions and answers the Committee further agreed:

- (iv) to note that a thorough review of the Risk Register following the budget setting process had started and an update would be provided at the IJB Development Session taking place on 11th June 2025.

X GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC19-2025 by the Chief Finance Officer providing an update on the progress of the actions set out in the Governance Action Plan.

The Committee agreed to note the content of the report and the progress made against the actions within the Governance Action Plan (contained within appendix 1 of the report).

XI DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC20-2025 by the Chief Finance Officer providing an update on progress of the 2024/2025 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 IJB.

The Committee agreed:

- (i) to note the work undertaken on the 2024/2025 plan;
- (ii) to note that the Annual Internal Audit Plan for 2025/2026 would be presented to the September 2025 PAC meeting; and
- (iii) to consider the changes arising from the new Global Internal Audit Standards (GIAS) and the implications for the Internal Audit Service and the PAC.

Following questions and answers the Committee further agreed:

- (iv) that consideration would be given to having a fuller presentation on GIAS at a future meeting or Development Session; and

- (v) that Jocelyn Lyall would feedback to Councillor McHugh in relation to her query about the NHS Tayside Savings Governance report and the Financial Recovery Action Plan.

XII ATTENDANCE LIST

There was submitted Agenda Note PAC21-2025 providing attendance returns for meetings of the Performance and Audit Committee held over 2025.

The Committee agreed to note the position as outlined.

XIII DATE OF NEXT MEETING

The next meeting of the Committee will be held on Wednesday 24th September, 2025 at 10.00am.

Bob BENSON, Chairperson.

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ITEM No ...3(b).....

PERFORMANCE AND AUDIT COMMITTEE – ACTION TRACKER – 21ST MAY 2025

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
1	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 May 2025 November 2025	Data, Quality and Intelligence Team are currently re-analysing data to establish whether or not this is an ongoing trend or was a point in time anomaly.
2	29/01/25	V	DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT	that more detail would be provided in future reports on workforce risks that would include narrative on trend over time.	Interim Head of Health and Community Care	September 2025 January 2026	Complete This change has been incorporated into the report submitted for the meeting of 24 September 2025.
3	29/01/25	VI	DRUG AND ALCOHOL SERVICES INDICATORS – 2024/25 QUARTER 2	that issues in relation to disengagement would be more fully addressed in future reports.	Lead Officer	September 2025 January 2026	Ongoing Data, Quality and Intelligence Team and operational managers to discuss revision of disengagement indicator as this is now no longer being

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
							utilised in wider drug and alcohol reports due to concerns regarding data quality.
4	29/01/25	VI	DRUG AND ALCOHOL SERVICES INDICATORS – 2024/25 QUARTER 2	that the Head of Health and Community Care would provide further information to Councillor McHugh on why the number of individuals starting alcohol treatment per quarter was remaining low.	Head of Health and Community Care	September 2025	Ongoing This has been passed to the Service Manager, Drug and Alcohol for follow-up.
5	29/01/25	VI	DRUG AND ALCOHOL SERVICES INDICATORS – 2024/25 QUARTER 2	that the Lead Officer - Quality, Data and Intelligence would provide further information to Councillor McHugh on whether the number of people disengaging was more of an issue with alcohol dependency rather than drug dependency.	Lead Officer - Quality, Data and Intelligence	September 2025	Ongoing This has been passed to the Service Manager, Drug and Alcohol for follow-up.
6	21/05/25	IV	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2024-25 QUARTER 2	that the Lead Officer – Quality, Data and Intelligence would consider with her team how the request for further analysis on data could be provided on a quarterly basis.	Lead Officer – Quality, Data and Intelligence	November 2025	Ongoing Further discussion required with operational colleagues who provide elements of accompanying analytical narrative. Target date for completion is next

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
							Quarterly Performance Report (Q2 2025/26).
7	21/05/25	V	QUARTERLY FEEDBACK REPORT – 4TH QUARTER 2024/25	that information would be included in future reports to highlight the possibility of double-counting of complaints in certain circumstances and the issue would be raised with the Chief Officer as a policy consideration that may be required.	Acting Head of Service, Strategic Services		Complete Report updated to include note regarding double-counting. Complaints recording systems utilised by NHS and Dundee City Council do not allow data matching to remove duplicates, this would require a manual exercise which there is not sufficient staffing resource to support. Members should note that the number of duplicates is small in comparison to the overall number of complaints received.
8	21/05/25	XI	DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT	that consideration would be given to having a fuller presentation on GIAS at a future meeting or Development Session.	Chief Finance Officer		Complete.

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
							Provided at the IJB development session on 11 June 2025.



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 24 SEPTEMBER 2025

REPORT ON: DRAFT REVISED PAC TERMS OF REFERENCE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC33-2025

1.0 PURPOSE OF REPORT

The purpose of this report is to review Terms of Reference for Dundee Integration Joint Board's Performance and Audit Committee.

2.0 RECOMMENDATIONS

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

- 2.1 Reviews the existing Terms of Reference for the IJB's Performance and Audit Committee as attached as Appendix 1 to this report and confirms the draft updated version should be submitted to the next IJB meeting for approval.

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Dundee Integration Joint Board established the Performance and Audit Committee (PAC) at its meeting of the 30 August 2016 (Article IX of the meeting refers). At this meeting, the terms of reference for the Performance and Audit Committee were agreed.
- 4.1.2 Over the period since it was established, the PAC had developed the range of issues deemed relevant and appropriate for consideration, either through best practice, internal and external audit recommendations and at the request of members of the PAC and IJB. The PAC terms of reference had not changed over this time.
- 4.1.3 As part of the IJB's 2021/22 Audit Scotland annual report, the external auditors noted three areas of improvement to ensure the terms of reference met best practice guidance as set out in CIPFA's Audit Committees Practical Guidance for Local Authorities and Police (2018). These were:

1) the terms of reference do not cover the core areas of "counter fraud and corruption" and the PAC's role in relation to these.

2) the committee does not undertake an annual evaluation to assess whether it has undertaken its duties in accordance with the terms of reference.

3) there is no formal training programme in place to support board members.

- 4.1.4 The PAC terms of reference were revised and updated to reflect this best practice guidance and the other areas of development the PAC has undertaken since 2016. These were approved by IJB at its meeting of 13 December 2023 (Article IV of the meeting refers).
- 4.1.5 Following the biennial rotation of PAC Chair (effective from October 2024), the Terms of Reference were reviewed again at the IJB meeting on 11 December 2024 (Article XIII of the minute of the meeting refers) – no material changes were proposed at this time.
- 4.1.6 As part of good practice, PAC members should have the opportunity to periodically review PAC Terms of Reference to ensure the committee continues to have the remit to operate effectively and fulfil its duties. Any proposed changes should subsequently be presented to IJB for approval.
- 4.1.7 Following the introduction of Global Internal Audit Standards, which became effective for UK Public Sector from 1 April 2025, the draft Terms of Reference have also been reviewed by the IJB's Internal Audit to ensure appropriate responsibilities and duties are documented. 3 additional Duties (Section 8) have been added to the draft document (5, 9 and 10), and wording has been amended on 2 existing Duties (7 & 8).
- 4.1.8 Two further minor wording amendments are proposed to Sections 9 and 10.
- 4.1.9 It is proposed that PAC confirms the updated Terms of Reference, including the proposed additions and amendments (as highlighted in Appendix 1), remain sufficient and appropriate to allow the Committee to operate effectively.

5.0 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.

6.0 RISK ASSESSMENT

Risk Description	Risk that the IJB is unable to demonstrate compliance with best practice in relation to its Performance and Audit Committee.
Risk Category	Governance
Inherent Risk Level	Likelihood 3 x Impact 3 = 9 (High Risk)
Mitigating Actions (including timescales and resources)	Adoption of revised and updated terms of reference
Residual Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate Risk)
Approval recommendation	Given the mitigating actions in place the risk should be accepted

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

None.

Christine Jones
Acting Chief Finance Officer

DATE: 29 August 2025

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**DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
PERFORMANCE AND AUDIT COMMITTEE
TERMS OF REFERENCE**

1	Introduction
1.1	The Performance and Audit Committee is identified as a Committee of the Integration Joint Board (IJB).
1.2	The Committee will be known as the Performance and Audit Committee of the IJB and will be a Standing Committee of the IJB.
2	Constitution
2.1	The IJB shall appoint the Committee. The Committee will consist of not less than 6 members of the IJB, excluding Professional Advisors. The Committee will include at least four IJB voting members, two from NHS Tayside and two from Dundee City Council. Only voting members of the IJB will be able to vote on the Committee. The Chair of the IJB shall not be a member of the Committee.
2.2	The Committee may at its discretion set up short-term working groups for review work. Membership of the working group will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit and Performance Committee
3	Chair
3.1	The Committee will be chaired by the Vice Chair of the IJB and will rotate between a voting member nominated by NHS Tayside and a voting member nominated by Dundee City Council. In the absence of the Chair, the members present at the meeting will appoint a member to Chair the meeting. The Chair will rotate on the same frequency as the Chair of the IJB.
4	Quorum
4.1	Two voting members of the Committee will constitute a quorum consisting of one member from Dundee City Council and one member from NHS Tayside.
5	Attendance at meetings
5.1	The Chief Officer, Chief Finance Officer, Chief Internal Auditor and other Professional Advisors or their nominated representatives may attend meetings. Other persons shall attend meetings at the invitation of the Committee.
5.2	The external auditor will be invited to attend each meeting.
5.3	The Committee may invite additional advisors as appropriate.
6	Meeting Frequency

6.1	The Committee will meet at least four times each financial year with further meetings, including development events arranged if necessary.
7	Authority
7.1	The Committee is authorised to instruct further investigation on any matters which fall within Paragraph 8.
8	Duties
8.1	The Committee will review the overall Internal Control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement.
	Specifically, it will be responsible for the following duties:
	1. The preparation and implementation of the strategy for Performance Review and monitoring the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB.
	2. Ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against set objectives, levels and standards of service and to receive regular reports on these and to review progress against the outcomes set out in the Strategic and Commissioning Plan.
	3. To consider the IJB's Annual Performance Report and approve on behalf of the IJB as necessary.
	4. Acting as a focus for Best Value and performance initiatives.
	5. To review and approve the Internal Audit Charter, including the Internal Audit Mandate
	6. To review and approve the annual Internal Audit plan on behalf of the IJB.
	7. To receive reports, monitor the implementation of agreed actions on Internal Audit recommendations findings and reporting to the IJB as appropriate.
	8. To receive monitoring reports on the activity of Internal Audit and consider the Chief Internal Auditor's annual Internal Audit Report and Assurance Statement.
	9. To consider the results of the internal audit function's quality assurance and improvement programme.
	10. To ensure that there is direct contact between the Performance and Audit Committee and Internal Audit and to meet with the Chief Internal Auditor at least once per year and as required, without the presence of Officers.
	11. To consider External Audit Plans and reports (including the annual accounts and audit certificate), matters arising from these and

	management actions identified in response including monitoring of implementation of actions.
	12. To support the IJB in ensuring that the strategic integrated assurance and performance framework is working effectively, and that escalation of notice and action is consistent with the risk appetite set by the IJB.
	13. To support the IJB in delivering and expecting co-operation in seeking assurance that lead partner services run by partners are working effectively in order to allow Dundee IJB to sign off on its accountabilities for its resident population.
	14. Review risk management arrangements, receive regular reports on risk management and an annual Risk Management report.
	15. Ensure existence of and monitor compliance with an appropriate Risk Management Strategy.
	16. To consider annual financial accounts and related matters and approve on behalf of the IJB as necessary.
	17. Ensuring that the Senior Management Team of Dundee Health and Social Care Partnership, including Heads of Service, Professional Leads and Principal Managers maintain effective controls within their services which comply with financial procedures and regulations;
	18. To be responsible for setting its own work programme in order to meet its specific duties including any matters which the Chief Officer believes would benefit from investigation.
	19. Promoting the highest standards of conduct by Board Members; and monitoring and keeping under review the Code of Conduct maintained by the IJB.
	20. Will have oversight of Information Governance arrangements as part of the Performance and Audit process.
	21. To be aware of, and act on, Audit Scotland, national and UK audit findings and inspections/regulatory advice, and to confirm that the IJB has brought itself into compliance timeously.
	22. To receive assurances in relation to Clinical Care and Professional Governance through the consideration of a report presented to each meeting of the PAC by the Clinical Director.
	23. To receive and consider performance information in relation to complaints and compliments about services provided by the Health and Social Care Partnership or about the IJB's activities, ensuring the IJB's responsibilities around Duty of Candour are met.
	24. To receive assurances that effective counter fraud and corruption arrangements are in place within the partner bodies governance arrangements.

	25. To establish a formal training programme for PAC members to ensure they are aware of their roles and responsibilities as members of the Committee.
9	Reporting
9.1	The Chair of the PAC will provide an assurance report to the next IJB meeting, outlining the areas of discussion and decisions made at the PAC meeting.
9.2	The PAC will present an annual assurance report to the IJB to reflect the activities undertaken over the year in line with its remit and terms of reference.
10	Review
10.1	The Terms of Reference will be reviewed when the Chair rotates to ensure their ongoing appropriateness in dealing with the business of the IJB.
10.2	As a matter of good practice, the Committee should allow for periodic annual review utilising best practice guidelines and external facilitation as required.



REPORT TO: PERFORMANCE & AUDIT COMMITTEE –
24 SEPTEMBER 2025

REPORT ON: ANNUAL PERFORMANCE REPORT 2024-25

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC27-2025

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to submit the Dundee Integration Joint Board Annual Performance Report 2024-25 for noting following publication on 31 July 2025 and approval by the Board on 20 August 2025.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Note the content of this report and the Annual Performance Report 2024-25, which is contained in Appendix 1.
- 2.2 Note that the Annual Performance Report 2024-25 was published on 31 July 2025 following approval by the Chair and Vice-Chair of the Integration Joint Board, the Clerk and the Chief Officer and Chief Finance Officer (Appendix 2) (section 4.1.3).
- 2.3 Note that the Integration Joint Board approved the Annual Performance Report on 20 August 2025 and that the Chief Officer will update the report with financial year 2024/25 data for all National Health and Wellbeing indicators as soon as data is made available by Public Health Scotland (section 4.2.3).

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 eighth annual report of the Dundee Integration Joint Board (for 2024-25) was therefore due for publication by 31 July 2025.

4.1.3 As the statutory timescale for publication preceded the meeting of the IJB on 20 August 2025 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 2).

4.1.4 The Integration Joint Board has agreed that the principle intention of the Annual Performance 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). Current advice regarding accessibility and design limitations with Microsoft SWAY and advances in Adobe which allows embedding of interactive digital content led to a decision to produce the 2024-25 Annual Performance Report as a PDF file with hyperlinks to further reading embedded throughout the document.

4.2 Annual Performance Report 2024-25

4.2.1 The publication of the Annual Performance Report 2024-25 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.

4.2.2 In common with many other Partnerships across Scotland it is recognised that the performance report includes 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 continues to be significant additional focused work to obtain evidence of outcomes and impacts from services and teams wherever this is available. This is reflected in the achievements, images, quotes and feedback included throughout the report. It is anticipated that in future years this content will be able to be further enhanced via the adoption of Care Opinion by Partnership services.

4.2.3 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 (2024-25) 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 2024 calendar year. The report will be updated as soon as financial year data is made available by Public Health Scotland for all indicators.

4.2.4 The Annual Performance Report has now been formally submitted to the Scottish Government and electronically distributed to organisational stakeholders. It will also be submitted to Dundee City Council and NHS Tayside.

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	Poor performance against national indicators could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
Risk Category	Financial, Governance, Political

Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	- Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of exceptional performance (poor and excellent). - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data. - Work with operational managers to identify areas of poor performance that result in operational risk and undertake additional analysis as required.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

- 9.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 31 July 2025

Lynsey Webster
Lead Officer Quality, Data and Intelligence

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Dundee Health and Social Care Partnership

Annual Performance Report

2024-2025

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Contents

Introduction

Foreword	4
Who We Are	5
The Plan for Excellence in Health and Social Care in Dundee, Strategic Commissioning Framework 2023-2033	6
Achievements	9
Challenges	10
Priority Areas for Next Year	12

Reducing Inequalities, Supporting Self-Care and Ensuring Service are Open Door

Primary Care	14
Drug and Alcohol Services	22
Community Sexual and Reproductive Health Team	25
Cognitive Decline/Dementia	25
Psychology	27
Best Foot Forward	29
Care Homes for Older People	30

Working and Planning Together

Mental Health and Learning Disability Whole System Change Programme	32
Enhanced Community Care Model for Palliative and End of Life Care (PEOLC)	33
Suicide Prevention	34
Carers	36
Community Care and Treatment	38
Winter Planning	39
Dundee Community Living	41
Discharge Without Delay	44
Dundee Enhanced Care at Home Team	48
Dundee and Angus Equipment	51
Adults at Risk Multi Agency Inspection	52

Performance, Finance, Workforce and Governance

Finance	54
Budget Consultation	57
Quality of DHSCP Services	58
Complaints	60
Feedback	61
Equalities	62
Workforce	66
Awards and Accreditations	75
Performance	79

Foreword

2024/25 has been another challenging year however we are once again proud to present our achievements in our annual report.

The current fiscal challenges have led to many difficult challenges and concerns about current and future resource, but this has also led to transformational change projects to identify how we can enhance efficiency and productivity in response to those challenges.

We cannot make these service changes without engaging and listening to our fantastic staff, who are pivotal to delivering successful change, and also the people who use our services, their representatives and carers and our communities.

Many Dundee citizens continue to experience the effects of multiple deprivation and the associations this has with mental illness, drug and alcohol use, obesity and frailty associated with early diagnosis of long-term conditions such as diabetes and chronic obstructive pulmonary disease.

We will continue to work hard to ensure that services are accessible and are of high quality, are focussed on prevention and are designed around people rather than systems or services.

Improving access to services and treatments in communities will also mean using resources differently and this will mean; further integration with key stakeholders, considering different models of care and considering how we use digital technologies to make use of the right information and enhance the care of service users.

Our external commissioned care providers are an essential and highly valued part of our workforce, and we will continue to support the care market by ensuring that fair work principles are embedded in our approach to procuring services for our population.

This annual report is a snapshot of the achievements undertaken by our teams this year which will be built upon and expanded as we continually change and improve.



Councillor Ken Lynn
Chair, Dundee IJB



Dave Berry
Chief Officer, Dundee IJB

Introduction

Who We Are

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 ('Partnership') is responsible for delivering person centred adult health and social care services to the people of Dundee in-line with the ambition and strategic priorities of Dundee Integration Joint Board. The IJB's ambition for health and social care in Dundee is:

People in Dundee will have the best possible health and wellbeing. They will be supported by 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 or want.
- Support people and communities to be healthy and stay healthy throughout their life through prevention and early intervention.

The Partnership consists of Dundee City Council, NHS Tayside and providers of health and care services from across the third and independent sectors. This includes all adult social care, adult primary health care and unscheduled adult hospital care.



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 identified six strategic priorities that will be the focus for work over the next eight years, supporting them to deliver their ambition for health and social care.

Strategic Priorities



Inequalities

Support where and when it is needed most.

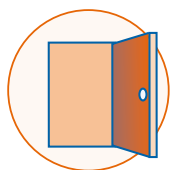
Targeting resources to people and communities who need it most, increase life expectancy and reduce differences in health and wellbeing.



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.

This Annual Performance Report, the ninth published by the IJB provides evidence against each of these Priorities by summarising key achievements, case studies and information about what people who use our services, their representatives and our workforce have told us about the quality and impact of health and social care services and supports.

Introduction



Dundee is Scotland's fourth largest city, with a population of 153,000 people (Source: NRS, 2024).



The city has an ageing population, with a 9% increase in the 75+ age group expected by 2028, lower than Scotland's 25% average. (Source: NRS, 2024).



21.6% of the population reported that they live with a long-term illness, disease or condition (Source: Scotland's Census, 2022).



Dundee has approximately 18,300 adult carers, and 830 young carers among its 20,936 children aged 4-17.



Life expectancy of males in Dundee is 74.6 and for females in Dundee it is 79.2 (Source: NRS, 2024).



Dundee is the 5th most deprived local authority in Scotland, with 36.6% of its population living in the 20% most deprived areas, leading to significant health and social inequalities (Source: SIMD 2020).



23% of working people in Dundee are employed by accredited Living Wage Employers.



2,690 people work directly for the Partnership, employed by Dundee City Council or NHS Tayside, and many more people work in the Third and Independent Sector, in services commissioned on behalf of the IJB.

Introduction



Over 4,000 people receive a service from the HSCP across older people and adult services.



On a snapshot day in March, 0 people waited in hospital and 138 people waited in the community for a social care assessment. One person was assessed and waiting for a care at home package in hospital (12 hours to be provided). Two people were assessed and waiting for a care at home package in the community (four hours to be provided).



The Partnership is one of the top performing in Scotland in Delayed Discharge. This means that the length of time people remain in hospital when they are well enough to return home is less than other Partnerships across Scotland.



30 people died of probable suicide in Dundee in 2023, with 22 of these being male and eight being female. (NRS, 2024)



Dundee has the highest rate of Drug Related Deaths in Scotland with 46 Drug Related Deaths in 2024, which is an increase of eight deaths from 2023. (NRS, 2024)



Dundee is one of the highest three Partnerships in Scotland for alcohol specific mortality rate with 36 Alcohol Specific Deaths in 2024 which is an increase of one death from 2023. (NRS, 2024)



70% of patients referred to psychological therapy service commenced their treatment within 18 weeks of referral.

Achievements



A change in the Pulmonary Rehabilitation model to ensure all patients taking part in Pulmonary Rehabilitation over all sites have access to COPD Clinical Nurse Specialist. This raises awareness and also identification of self-management issues which can also be supported.



Individuals presenting with acute mental health distress are now able to access physical health screening to ensure any reversible cause of distress (i.e. infection) is addressed promptly, in a trauma and mental health informed manner. This has addressed a significant health inequality for older adults with mental health conditions.



The 'home first' approach, prioritising care delivery as close to individuals' own home as possible has contributed to ensuring they remain in hospital only for essential treatment periods and are promptly transitioned back to their homes or community settings. This success was due to all partners working together to ensure joined up working and personalised approaches to individual health and care needs.



When people need support, especially when leaving the hospital, clearer steps and plans were developed to ensure that care continues smoothly. This involves different teams knowing exactly what to do and when, so people have a safe and supported transition.



Over the last year access to learning on equality and fairness matters increased. An Equality & Human Rights Workforce Learning Network was established and communication methods were reviewed and made more accessible. This included reviewing the way the IJB completes and assesses detailed Integrated Impact Assessments on all proposed changes that might affect protected groups.



99% of unpaid carers supported by the Dundee Carers Centre reported that they felt their health and wellbeing increased as a result of receiving support.

Challenges



Health and Care needs associated with high levels of multiple deprivation in the city, including high levels of drug and alcohol use, mental illness and multiple long term conditions and frailty at a younger age, create high demands on services.



Significant challenges resulting from demand exceeding budgets for social care is unsustainable. Unless this is addressed, delayed discharges, for instance, are likely to increase and would impact disproportionately on older people as the predominant users of services. This will also impact the wider population due to the impact this will have on acute beds. In the context of current resources, it emphasises the importance of transformational change in the way we prevent escalation of concerns and jointly design and deliver care and support.



Challenges continue to arise in ensuring that teams are situated locally and within communities. This has involved changing the roles of staff and requesting that they work in different ways. These changes require significant consultation with teams to ensure that they are supported through change whilst ensuring that models of service delivery are efficient and outcomes focussed.

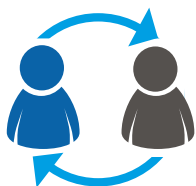


The scale and complexity of improvement and transformation required to keep pace with demand is significant and must be delivered within a reducing level of financial resources. This activity also requires co-ordination both within the Partnership and at the interface with Dundee City Council, NHS Tayside and other partner organisations, in order to ensure that high quality services are delivered at the right time and in the right places.



Although absence levels have started to reduce, they remain high and have a significant impact on workforce availability and the health and wellbeing of wider staff groups. There is a need to continue to focus on reducing absence levels whilst managing current absences.

Challenges



There are specific workforce availability challenges relating to Occupational Therapists, Social Care Workers and General Practitioners. Challenges are also experienced, to a lesser extent in relation to, Advanced Nurse Practitioners and Physiotherapists. This can impact the ability to provide an optimal service, particularly regarding the availability of appointments and workforce wellbeing. Services have used a range of approaches to support recruitment and manage vacancies, however the local position reflects national workforce supply challenges.



Challenges continue to present within Primary Care services, due to recruitment issues, inadequate infrastructure including IT and locations, and inadequate funding to fully implement the Primary Care improvement plan. If there continues to be huge pressure on general practice due to increasing demand and complexity of health needs together with the increase in GP vacancies due to retirement and recruitment and retention issues there may be challenges to meet the health needs of the population.



Cost of living and inflation 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

Priority Areas for Next Year

- Publish a revision of A Caring Dundee Two Strategy for Carers.
- Ensure the delegated budget is targeted towards areas of spend which contribute to delivering the IJB's strategic priorities and delivers best value.
- Continue to shift the balance of care from bed-based models of care to community-based health and social care services.
 - Develop frailty focused Multi Disciplinary Team team, ensuring seamless care delivery across hospital and community pathways.
 - Create a Single Point of Contact for Urgent Care: Collaborate with partners to develop a unified access point for urgent care services, coordinating appropriate community-based support and enabling enhanced care closer to home.
 - Strengthen "Home First" Principles: Continue to build upon and promote the "Discharge Without Delay" (DWD) and "Home First" ethos, alongside the setting of realistic Expected Dates of Discharge (PDD).
 - Optimise Discharge to Assess (D2A) for Care Home Avoidance: Utilise data proactively to support a reduction in, or complete avoidance of, care home admissions from a hospital setting by maximising the effectiveness of the D2A service.
 - Transition to seven-Day Urgent Community and Allied Health Professional (AHP) Services: Move towards providing a seven-day service for urgent community care and AHP support to enhance responsiveness.
- Prioritise investment in early intervention and prevention for longer term impact on demand for health and social care services.
- Support the development of a whole system approach to improve food environments; ensure a healthy balanced diet is accessible and affordable to all; and improve population levels of healthy weight.
- Continue to work with statutory partners to develop the use of technology to enhance direct service user/patient contact and to support staff in the community to work in a more mobile way.

Introduction

- Set out clearly the eligibility criteria under which the local population can access the range of health and social care services available, including signposting to the most appropriate services where applicable.
- Increase the pace of major transformation programmes, and work with statutory partners, including neighbouring IJB's to identify wider transformation programmes within which health and social care services can benefit.
- Continue to focus on the longer-term sustainability of the ten Medication Assisted Treatment (MAT) standards, including immediate responses to non-fatal overdoses, to ensure fast and effective access to treatment, safeguarding people from drug-deaths.
- Continue to ensure the implementation of fair work practices in social care provider contracts.
- Strengthen mechanisms for member of the workforce to share their experiences and views regarding discrimination and make improvements to how incidences are recorded and reviewed.
- Continue to take an active leadership role in wider multiagency developments as part of the Protecting People Committees and Chief Officers Group.
- Continue to implement the Dundee Adult Support and Protection Inspection Improvement Plan six key recommendations for improvement.



Reducing Inequalities, Supporting Self-Care and Ensuring Services are Open Door

Tayside Primary Care Strategy 2024-25

The Tayside Primary Care Strategy 2024-25 was published.

The Vision:

“To deliver excellent, high quality preventative Primary care in a sustainable way, improving the health and wellbeing of the population of Tayside”

What do we mean by Primary Care?



General Practice
Services



Primary Care
Out of Hours
Services



Pharmacy



Dentistry



Optometry

Aims

Proactive and Community-Based Health & Wellbeing

- People will be supported to take more of an active role in improving and managing their own health and be better informed about which professional is best able to help them.
- Effective and efficient interventions, where needed, will be delivered in the right place, by the right person at the right time.

Independence, Care and Quality

- Care organised around populations, individuals and their carers, as opposed to organisations.
- Delivering the right type of care, in the right setting, based on people's needs.
- Primary care supports and enables people to achieve and engenders pride among those who work in it and respect by those who use it.

Reducing Inequalities, Supporting Self-Care and Ensuring Services are Open Door

Effective Resource Utilisation

- Fully integrated, highly skilled multidisciplinary and multiagency teams, are the first point of contact, delivering integrated, person-centred models of care, designed around the needs of our population, focused on prevention, self-care and shared health outcomes, delivered closer to home, utilising new technologies which minimise the need for hospitalisation or residential care, whilst improving workforce sustainability and resilience.
- A sustainable model of Primary Care, supported by appropriate estates, facilities.

The strategy has been developed with the following principles at its heart:

- **Person-centred.** The views of the population of Tayside will be routinely sought and will guide the development of the Primary Care system, putting people at the centre of service provision.
- **Empowerment.** Providing individuals with the opportunity to take greater responsibility for their own health and wellbeing.
- **Partnership.** Working collaboratively with the population of Tayside and the primary care workforce to ensure an integrated team-based approach.
- **Excellence.** Promoting excellence in service delivery and building on evidence-based practice.
- **Safety.** Ensuring that practice and services are of the highest possible quality.
- **Deliver best practice.** Ensuring that all services are affordable and delivered efficiently and cost effectively.
- **Equity.** Consistency in service delivery ensuring equity of access and treatment for those in need of services.
- **Outcome focused.** Aimed to achieve the priorities that patients/service users identify as important.

Further information about the Tayside Primary Care Strategy can be accessed [here](#).

Reducing Inequalities, Supporting Self-Care and Ensuring Services are Open Door

Dundee IJB General Practice Strategy

Dundee IJB has responsibility for the provision of the full range of general practice services across the city, working with NHS Tayside Board and Primary Care Contractors.

The scope of the Dundee General Practice Strategy is general medical services and services covered by the GP 2018 Contract and Memorandum of Understanding.

There is a national challenge to the sustainability of general practice which is reflected in Dundee. The contributing factors include:

- Increasing practice list sizes as practices close and patients are allocated to other practices. For example, Park Avenue Medical Practice closing as the practice was unable to recruit GPs to vacancies.
- There are challenges to workforce recruitment and retention across general practitioners, practice nurses and those with the skills needed to provide the services. Around half of Dundee practices have at least one GP vacancy. This is compounded by the numbers of clinical colleagues due to retire within the next five years.

The following activities have been undertaken to improve access:

Information and Education

- Care Navigation Training during May and June 2024. The purpose of this training was to build knowledge, confidence, and resilience in this front-line staff group to enable them to be better able to direct patients to the most appropriate services in primary care.
- Service specific training to increase knowledge about the services. Reception colleagues had opportunities to spend time with their colleagues to learn from each another, to discuss issues, achieve a better understanding of each other's perspective and develop relationships. For example, in June at the General Practice Learning Time event, the Sources of Support team shared with practice staff how their service supports patients.
- Televisions with media players have been installed into practice waiting rooms in order to share information about services and supports to improve health. Only one practice was unable to take part due to space and one is awaiting some remedial work to enable the install.

Reducing Inequalities, Supporting Self-Care and Ensuring Services are Open Door

Access to Appointments

The public consultation, undertaken as part of the GP Strategy, found that 66% of responses asked for improvements in accessing appointments. This is ongoing work but to date:

- Funding has been provided to enable six GP Practices to test asynchronous consulting. This is where a health assessment is done remotely, with the patient completing an online assessment form which is then reviewed by a clinician who responds within 72 hrs. By offering this alternative route it is anticipated it will reduce telephone traffic making it more straight forward for those that prefer to telephone and to support practices to manage incoming requests. Asynchronous consulting complements care navigation by signposting patients to the most appropriate clinical provider. For example, directing eye related concerns to a community optician as the first point of contact.
- All Practices in Dundee have an opportunity to test a digital solution called Medlink. It has a variety of functions, including the ability to do bulk text messaging, online medication reviews (for example, contraception checks), to share information with patients (for example, videos on asthma inhaler techniques) and the ability for patients to submit information (for example, blood pressure or blood sugar readings). Patients receive a message by text or email and respond by clicking on the link. Patients do not need to download any software. Evidence suggests using Medlink enables routine work to be done more efficiently including reducing unnecessary appointments.
- Self check-in has been tested in a few practices to enable patients to confirm they have arrived for their appointment at the practice. The clinician can then call the patient through to the consulting room. This frees up reception colleague time to answer and respond to other patient enquiries.

Mental Health and Wellbeing in Primary Care

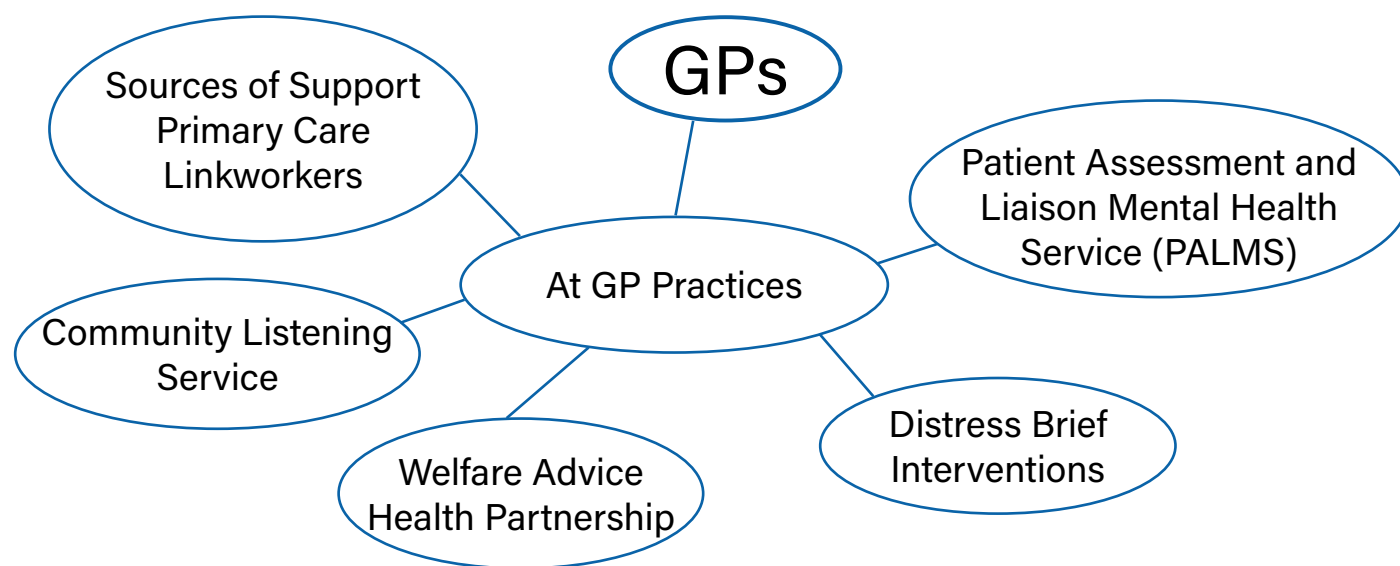
The Primary Care Mental Health and Wellbeing Programme aims to provide mental health and wellbeing services in Primary Care that enable people to access the;

- right support
- at the right time
- in the right place
- by staff who have the knowledge and skills to deliver this.

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

Reducing Inequalities, Supporting Self-Care and Ensuring Services are Open Door

General Practices currently offer:



Feedback from service users:

"Thank you very much for your support throughout the most difficult time in my life"

"Great service"

"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"

"This made me feel things will get better"

"She helped you to become less fearful and guilt free"

"It's nice to know that I no longer have to worry about money or barely making ends meet"

"I now have all the current support in place and a better relationship with my GP"

"I felt listened to and understood"

Reducing Inequalities, Supporting Self-Care and Ensuring Services are Open Door

Website Development

In November 2024 new pages were launched on the NHS Tayside website providing information about mental health and wellbeing support available at GP practices. The website also holds information for people who may be seeking support urgently while in distress. It also has an A-Z Directory of services available in Dundee to support mental health and wellbeing. A poster and leaflet campaign is underway to raise awareness of the new web pages and information sessions have taken place in person and across teams for local groups and services to attend. The website can be accessed by typing 'Dundee Mental Health and Wellbeing' into your search engine. Services can be accessed by phoning your GP practice.



Hope Point

HOPE Point is a partnership between Penumbra that provides peer support to people experiencing emotional distress.



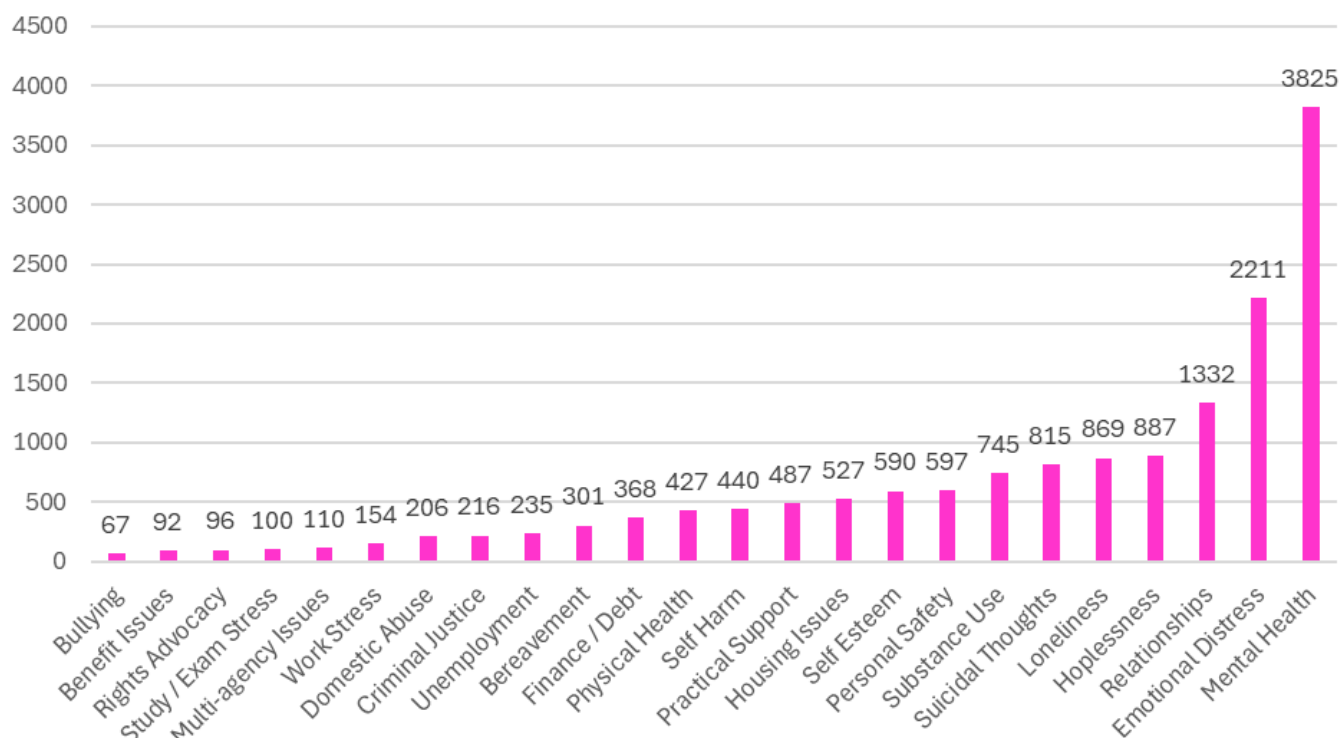
Hope Point has continued to provide 24/7 support for people experiencing emotional distress. An average of 75 new people each month accessed Hope Point during 2024-25. People cite feeling welcome, heard and understood and thus able to return for support when required. A significant milestone was the agreed pathway with Police Scotland becoming operational in October 2024. This allows for improved transitions for people requiring support due to distress, who do not meet the threshold for clinical input. In March 2025, Hope Point and Distress Brief Intervention partners were awarded 'Policing Partner of the year' at the Tayside Division, Divisional Commander's Annual Awards & Recognition ceremony for "delivering an outstanding level of performance in support of individuals in distress and experiencing mental health concerns".

Hope Point has been influential in a range of forums across the city. In particular, links with drug and alcohol services have been established and improved, ensuring that people experiencing both mental health challenges and substance use can receive timely, compassionate, and non-judgemental support. The service has continued to promote the support on offer via local networks and online platforms. Significant work has been undertaken with primary care colleagues, resulting in a continued increase of people being sign-posted for support by their GP practice.

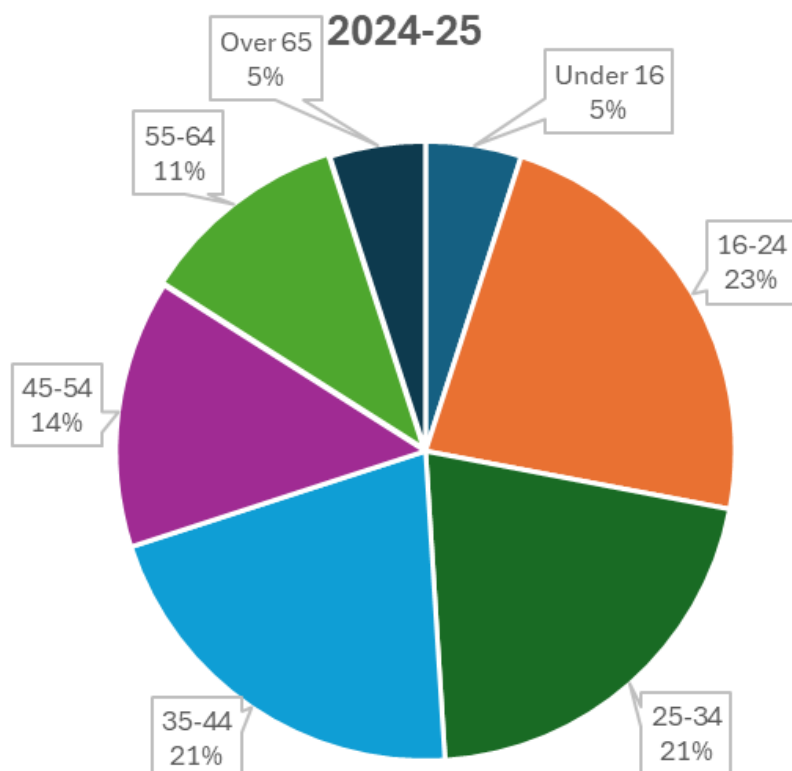
During 2024-25 1,078 new individuals were supported, with 6,015 supports carried out.

Reducing Inequalities, Supporting Self-Care and Ensuring Services are Open Door

Hope Point Reasons for Contact 2024-25



Hope Point Age Distribution of People Who Made Contact



Reducing Inequalities, Supporting Self-Care and Ensuring Services are Open Door



"I am leaving much more uplifted than when I arrived. I am extremely grateful for your help. Hope Point is an amazing service, all the staff here do such a great job and you should be proud of yourselves in what you do."

"It was good to speak to someone who has been through the same experiences, more personal instead of medical."

"Reaching out to Hope Point tonight was my final attempt to get help as I just didn't feel I could carry on with life. I feel so much better, our conversation has given me hope"

"Most amazing support in Dundee, thank you from the bottom of my heart :)"

"I have never experienced something that has helped me as much as Hope Point has"
"talking to you all made me realise that I was not alone, and my feelings were not that unusual or weird"

"I am extremely impressed by the quality of care at Hope Point Dundee, their kindness is outstanding"

"You have saved my life twice now, If Hope Point wasn't here, I don't know if I would be here"

"Exactly what I needed at the time, not someone trying to fix me, just being there, understanding and caring"

Community Health Advisory Forum

The Community Health Advisory Forum (CHAF) is a Dundee group who commit to learning about health and wellbeing and undertake health-related groups and activities in their local community. The Community Health Team support the group to meet monthly to share experiences and ideas, hear about local and national developments, and discuss how to take forward action that can help reduce health inequalities. Group members are actively listening to people living in the most disadvantaged local communities to find out what matters to them. Group members support Dundee Health and Social Care Partnership and other organisations to ensure that residents at higher risk of poor health and wellbeing are meaningfully involved in decisions. CHAF members undertake an accredited Health Issues in the Community Course, which explores topics such as social justice, democracy, and participation. They are committed to the inequalities agenda and use their own experience in addition to hearing from others. In November 2024, the group organised a city-wide drop-in information event to respond to the findings of the Engage Dundee Survey, which was attended by over 80 people.

The CHAF has contributed to several important developments in the city including the Suicide Prevention Delivery Plan, the GP Premises Strategy, the IJB Plan for Excellence, the Community Learning and Development (CLD) Plan, and mental health promotion materials. CHAF members also reviewed the information about services available in general practices.

Drug and Alcohol Use

Working Better Together Project (funded by CORRA)

The Alcohol and Drug Partnership continues to prioritise progress with the local implementation of the National Mission to reduce drug deaths. Focusing on the implementation of Medication Assisted Treatment (MAT) standards, access to residential and community rehabilitation, and a quick response to the high risk reflected in non-fatal overdoses. During the past year, individuals in Dundee had immediate access to treatment, they had more choice about treatment options and could remain in treatment for as long as they require. More people than ever successfully accessed residential and community rehabilitation, and those experiencing a non-fatal overdose received immediate support on an outreach basis.

The Working Better Together, Substance Use & Mental Health (WBT) project commenced in 2022 with the aim of improving collaboration between substance use and mental health services. The key focus was to help individuals affected by substance use to access mental health services. Some parts of the project focused on the specific needs of women and worked closely with Women's Services to develop support.

Throughout the project, services listened and learned from the experiences of individuals and families. The Multi-Agency Collaboration Hub (MACH) was developed to provide quick joint assessments and access to services for individuals. Information sharing systems were also developed, including considering data protection requirements, to ensure that up-to-date information was available to all relevant professionals. Since the implementation of MACH, by December 2024, 85% of referred individuals received support from or are engaging with at least one other service for their identified co-occurring condition. Individuals report they are able to access a wider range of services, reducing risks of suicide and psychological harms.

During this project an extensive programme of staff development and training was delivered. This was done in collaboration with Health Improvement Scotland.

The funding from CORRA has now finished but new, improved multi-agency approaches are in place, which will continue to be developed.

What people said

"I am now getting specific support for my substance abuse with Thrive thanks to [Thrive staff member] and this meeting and I'm on the waiting list for community mental health for more support."

"I just feel that people are understanding my difficulties better."

"I am more aware of what is going on to help me. Before, I felt like I was being kept in the dark at times."

During 2024-25 the ADP reviewed its Delivery Plan (originally published in 2023), updated some of the actions and monitored progress.

Reducing Inequalities, Supporting Self-Care and Ensuring Services are Open Door

The implementation of the delivery plan reflects the high priority given by all local partner agencies to tackling harm caused by drugs and alcohol and recognises the need to continue to work at pace to improve responses to people currently affected, alongside preventing future harm. Significant progress was made during the second year of the strategic framework (2024/25) towards achieving the five key priorities.

ADP members have continued to build on progress with all aspects of the Medication Assisted Treatment Standards achieving a green status in all ten standards in the latest benchmarking report produced by Public Health Scotland. Green status is given when there is evidence of full implementation and meaningful change in services.

Key developments under this work have been the expansion of the shared care pathways bringing further GP practices on board to deliver shared care and the development of the Multi Agency Consultation Hub (MACH).

The ADP continued to allocate funding to local organisations to develop trauma-informed spaces and the Trauma Steering Group are continuing to lead multi-agency work to develop both trauma informed leadership and practice. There has also been significant improvement, via the establishment of Dundee Women's Hub, in providing safe and supportive services to women. Looking beyond the implementation of the MAT Standards, other notable developments in drug and alcohol services during 2024/25 included:

- Services have created and implemented a training programme of Cocaine Brief Interventions to ensure a first line response to increasing cocaine use.
- Dundee's Recovery Network continues to thrive , the Lived Experience Framework developed, and a robust system for gathering evidence from those receiving MAT is in place.
- Independent Advocacy (IA) is available to all individuals accessing specialist substance use services. Individuals with living experience report that this support has been key to help them remain in services and have access to all the support they need.
- Dundee has continued to develop the Whole Family Approach through a joint project with Scottish Families.
- The 'decentralised fund' was allocated for the third year and continues to support all the Local Community Planning Partnership to work with local services to tackle stigma and ensure individuals feel welcomed by communities. The 'Year of Kindness' project, started in April 2024.
- Hillcrest Futures continues to work in partnership with Scottish Government and University of Dundee to progress the set up of the Drug Checking Service in Dundee, as one of the three pilot sites in Scotland. The service will be offered as part of Hillcrest's existing harm reduction services, with people submitting a sample of a substance to get an analysis of the types of drugs contained in it.

Reducing Inequalities, Supporting Self-Care and Ensuring Services are Open Door

We have continued to support individuals from Dundee in accessing residential rehabilitation. During 2024-25 11 people from Dundee accessed residential rehabilitation establishments. All these individuals are supported through the dedicated pathway to enter the residential treatment, during their stay and on their return to the community.

The Primary Care Drug Redesign Project continues to test ways of working to provide care for substance use patients. Currently three practices provide care for stable patients on Opioid Substitution Therapy (OST) and a fourth practice provides care for both OST and patients taking other illicit substances. The Practice Key Worker (from Hillcrest Futures or With You) is the patient's key contact. A further six practices provide holistic health checks to those on OST. Results include patient attendance almost doubling and non-attendances almost halving, one patient is no longer on OST and a number of patients are reducing their OST dose. Health checks include a patient diagnosed and treated for deep vein thrombosis, another for narrowing of arteries and another for menopause symptoms. This project involves many partners including general practices, psychological therapies, DIAS and the Public Dental Service.

Long-term funding has been allocated by the ADP to Positive Steps to support and develop the assertive outreach project. Staff from Positive Steps worked jointly with Dundee Drug and Alcohol Recovery Service (DDARS) to support 159 individuals in crisis to access treatment services. Near Fatal Overdose Rapid Response and Assertive Outreach services ensured that 75% of those people experiencing a high-risk event during 2024-25 were contacted within 24 hours.



Please click the [link](#) to watch the interview from STV News 26/03 which covers the current work being conducted through the Drug Deaths Deep Dive, highlights the importance of a gendered approach and the Welcoming Women Accreditation.

The video can be found at: https://www.youtube.com/watch?v=NisxBnP_UtQ

Community Sexual and Reproductive Health Team

The Community Sexual & Reproductive Health Team (CSRH) was created in 2024 to reduce sexual health inequalities. TSRHS is committed to improving access to care in all three localities in line with the Sexual Health and Blood Borne Virus Action Plan (2023-2026), Women's Health Plan (2021) and Dundee Health and Social Care Partnership Strategic Priorities 2023-2033. There is a focus on enhancing service delivery within a community setting in Dundee currently and expanding service provision in Angus. Meetings are planned to consider models of care.

The CSRH team strives to deliver training, development and support to enhance the capacity of key agencies and services to deliver a tier of sexual health care and assessment for vulnerable individuals. This will help ensure harm is reduced through improved access and early intervention. Sexual health services are being delivered by the nurse led CSRH team in community settings including emergency contraception, LARC, smears, STI and BBV screening and treatment.

Cognitive Decline/Dementia

Within the Older People Community Mental Health Teams, a Cognitive Behavioural Therapist (CBT) post has been introduced as part of the strategy to reduce reliance on the nursing and medical team within the service and to offer further psychological support to people over 65. The new post commenced in August 2024 and there has been 6 clinics every week held between Kingsway Care Centre (KCC) and home visits. A total of 162 appointments have been offered since the post commenced and the therapist has seen 29 new patients from the psychology waiting list, 10 of which have already been seen and discharged.

In addition to this, regular weekly Nurse Led Memory Clinics were held at Kingsway Care Centre. This resulted in waiting times being reduced from months to weeks allowing the nurses an opportunity to provide information and reassurance to patients and their families before being seen by the Psychiatrist for a potential dementia diagnosis. The newly qualified Advanced Nurse Practitioners were also able to assist the Psychiatrist and impart diagnosis if appropriate. This means that patients could be seen in a timely manner and a management plan be put in place to help them live well with the diagnosis.

The Partnership has successfully reduced the waiting list for accessing specialist assessment and diagnosis.

"A thank you note for being so kind to the both of us. You were very smart, professional, dedicated and heartfelt. Words seem inadequate to express the depth of gratitude. We hope to meet you again."

(Feedback from a family member regarding the Memory Clinic)



Reducing Inequalities, Supporting Self-Care and Ensuring Services are Open Door

Advance Nurse Practitioners (ANP) have been working closely with the Hospital at Home team to raise awareness of delirium in older adults. This has led to individuals with an acute delirium being successfully identified and supported in their home environment which prevented escalation to hospital services.

The teams have also been supporting Foundation Apprenticeships throughout the year meaning 5th/6th year school students who have expressed an interest in mental health have come to shadow the teams twice a week during a school term.

The Post Diagnostic Support (PDS) team have successfully completed the Care Co-ordination programme with Health Improvement Scotland (HIS). The programme consisted of quality improvement methodology, supporting robust development of theory of change, required to ensure that people living in Dundee diagnosed with dementia receive high quality post diagnostic support.

The PDS Team also facilitates Cognitive Stimulation Therapy groups which continue to be well attended and received, along with ongoing exercise groups. Groups are held in Community Centres and the Hub at Royal Victoria Hospital as part of community engagement and vision under Reshaping Non-Acute Care. A monthly drop-in session has also been created for anyone with a dementia diagnosis to ensure ongoing support is available once discharged.

Dementia post-diagnostic support - NHS Scotland performance against LDP standards - gov.scot



Psychology

'Hello In There Wee One' is a unique project and beautiful book, designed to support expectant parents to communicate and bond with their baby. The book is given to all expecting families across Dundee at their 16-week midwifery appointment, free of charge and has already reached 600 families. It has been translated into multiple languages, including Dundonian Scots. It was designed in partnership with local families, who worked with artist Louise Kirby at a series of workshops to develop the book.

Lesley Sharkey (Nurse Director Acute Services, NHS Tayside) said:

"Research shows and clinical practice tells us that babies' emotional health and wellbeing begins before they are born. Hello In There Wee One helps parents in Dundee find ways to bond with their babies before they arrive. This can help build strong bonds between babies and the important people in their lives right from the start, and supports infant development and mental health."

Beth Bate, Director of DCA said:

"We're delighted to have been nominated for Hello In There Wee One - this project is an incredible demonstration of the ways art and culture can support health, wellbeing and social care outcomes, through working in partnership with some of our most important services and institutions"



Hello
in there
wee one

Reducing Inequalities, Supporting Self-Care and Ensuring Services are Open Door

The English language version of book can be viewed here:

<https://indd.adobe.com/view/906e7871-0c70-4bfe-a6d8-5d7b61739394>

Please click here to access the book in alternative versions

[NHS Tayside](#)

Please click here to watch Hello in there wee one video:

https://youtu.be/e_OZotEsDTQ

This project was funded by the Scottish Government's Children's Rights Unit through CORRA. It brought together a collaboration of partners from NHS Tayside, Dundee City Council, Dundee Contemporary Arts and University of Dundee.

The experience and advice of professionals across Midwifery, Health Visiting, Family Nurse Practitioners, Infant Mental Health, Speech and Language Therapists, and Social Work teams was also used to develop the book.

DCA

Dundee Contemporary Arts

NHS
Tayside

Dundee
Health & Social Care
Partnership

Dundee
City Council
www.dundee.gov.uk
**CHANGING
FOR THE FUTURE**



**University
of Dundee**



Best Foot Forward

Best Foot Forward is a partnership between the NHS Healthy Weight team, Active Schools and 20 Primary schools in Dundee. It aims to 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.

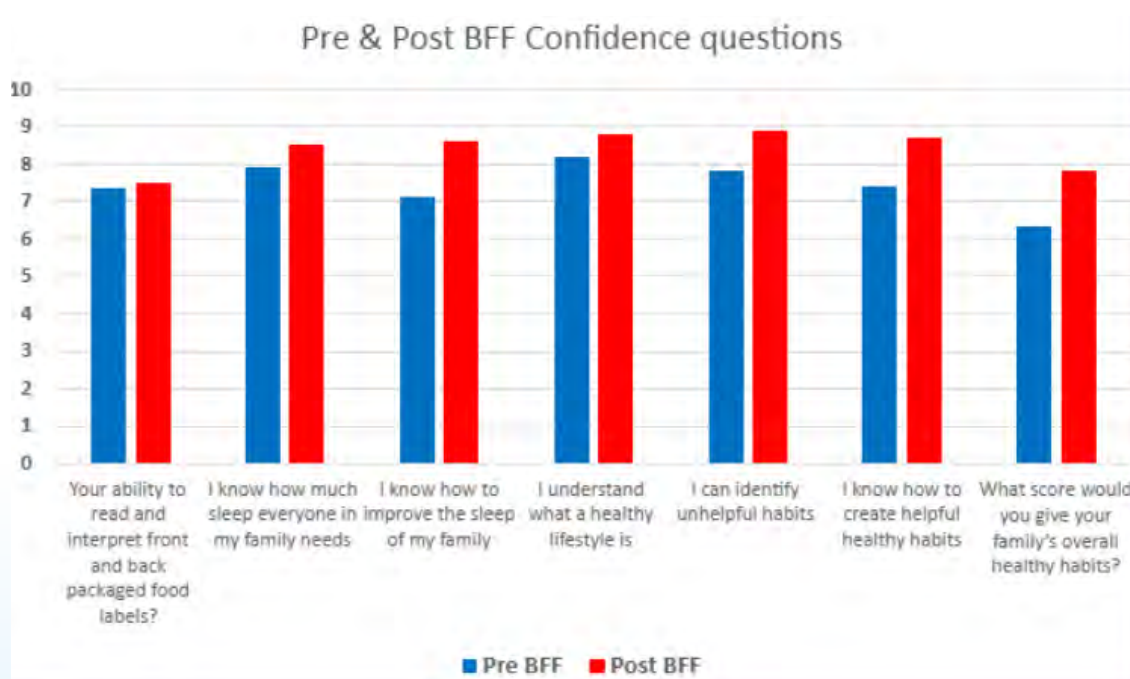
The sessions are 1.5 hours long with both adults and children attending together. Each week there are healthy snacks available for the families to try - rotating these so that participants will try new foods (various fruit and veg, oat cakes, dips etc.). Parents/carers were asked to sign up to the group if they felt this was an area of family life that they were interested in talking about/seeking support for.

- 104 families have started Best Foot Forward.
- 88 families attended the group regularly.
- 44% of families live in the 10% most deprived data zones in Scotland and 82% of families live in the 30% most deprived data zones in Scotland.
- By the end of the programme families increased their number of physical activity days by one day compared to week one.
- Compared to the start of the programme 20% of families felt a lot more active.
- There was a reduction in screen time use by families.



Working in partnership with:

- Active Schools Tayside
- NHS Oral Health Improvement (Childsmile)
- Dundee FC Community Trust
- Arbroath FC Community Trust
- Saints in the Community
- Signpost International
- Heart Space Yoga
- Tayside Contracts
- Sustrans
- Fairfield Community Football
- Perthshire Rugby Club
- Kobudo Martial Arts
- West End Tennis Club
- Dundee West FC
- Camoy Growers
- Kanzen Karate
- Ancrum Outdoor Centre (bikeability)
- Baldragon Academy Swimming Pool



Care Homes for Older People

Dundee Activity Network

The Activity Network aims 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 focussed on the needs, interests, and hobbies of residents.

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 the 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, the DAN have held get togethers, events and some friendly competitions along the way. However, a wish of the network was to be able to relaunch the Going for Gold Event in Dundee, which last happened in 2019. Working in conjunction with staff from Leisure and Culture, Dundee and DVVA, the 2024 Going for Gold was relaunched on 6 September 2024.

The theme was the 'Dundee Olympics' and all care homes/daycare services that took part were tasked in the lead up to the games to get everyone involved to choose a team name, make a team badge and a flag that was decorated and represented the area of Dundee where the care home/daycare was situated. In the weeks leading up to Going for Gold, everyone practiced for taking part in the team events, which included boccia, football, golf, javelin throw, tennis, cup pong, basketball/netball, ten pin bowling and sport reminiscence. There was also a station set up for people to rest up and have a well-earned cup of tea between events.

Everyone was welcomed to the Menzieshill community hub by a piper before the care homes took part in the opening ceremony where everyone showed off the flags they had made before all competing against each other in the team events. There was lots of fun and laughter throughout the day, and STV News came along to capture what was happening on the day, which was televised that evening.

The day was brought to a close with the prize giving with each of the participants all receiving an Olympic medal and a certificate of achievement for every care home or change to daycare service that took part.

Trophies/certificates were given for the best scores from the team events on the day with Balcarres also taking home a celebration basket to be shared amongst all their residents.

The trophies will take pride of place in the winning homes throughout the year until the next Going for Gold in 2025.

6th September 2024 Dundee Olympics

20 Care Homes
& Day Cares

59
Participants

48 Support
Staff



Balcarres



Lochleven



St. Ronan's



Best Flag Design

1st Lochleven
2nd St. Ronan's
3rd Menzieshill



Best Team Name

1st Carmichael
2nd Clement Park
3rd Ballumbie



Best Badge

1st Riverside View
2nd Turriff House
3rd Mackinnon

Participant Feedback

"The whole event has been fantastic. Sign me up for next time!"

"More of the same please."

"Thoroughly enjoyed myself - very nice."

How would you rate the following?

Information provided before the event:

Not Good - 0 Ok - 1 Good - 3 Very Good - 16

The range of activities offered on the day:

Not Good - 0 Ok - 0 Good - 1 Very Good - 19

How the activities/stations were set up:

Not Good - 0 Ok - 0 Good - 3 Very Good - 17

Suitability of the venue:

Not Good - 0 Ok - 0 Good - 1 Very Good - 19

Participants enjoyment of the day:

Not Good - 0 Ok - 0 Good - 1 Very Good - 19

Working and Planning Together

The Mental Health and Learning Disability Whole System Change Programme in Tayside has made positive progress since its approval in June 2023.

The vision for the mental health and learning disability whole system change programme is in three parts reflecting different parts of the system and includes:

- Providing excellent care and treatment for people for whom inpatient treatment is the best option through a redesigned service model with strong evidence base;
- A co-produced model of care ensuring equitable, effective, treatment, care and support for people living in the community with complex and severe mental illness; and
- In partnership with commissioned providers, deliver Coming Home ambitions so that people with a learning disability receive the right support at home/community to maintain their health and wellbeing and minimise the likelihood of hospital admission.

There has been considerable progress in creating the conditions for whole system collaborative leadership and decision-making, improvements in the reporting of progress across partners, and better involvement and participation of people with lived experience across the programme. This is resulting in an integrated whole system change programme.

1. The model of care development aims to deliver a community mental health framework that integrates secondary, primary, and community mental health services. A comprehensive and co-produced engagement plan has been developed which aims to achieve whole-system, multi-sector and significant stakeholder involvement in shaping and ownership of the final model.
2. The V&A Dundee design accelerator workshops generated four ideas for whole system redesign, including crisis support, individualised care, alliance commissioning approaches and improved voice for people with learning disabilities.
3. The “Care and Share Together” approach is ensuring ongoing sustainable and meaningful engagement and is gaining traction with a dedicated co-production development officer. A co-production working group is preparing a framework based on the ladder of co-production, defining roles and expectations for service providers and users.
4. NHS Tayside is a national pathfinder site for Early Intervention in Psychosis (EIP) services. The EIP team has achieved positive outcomes, reducing inpatient re-admissions and improving engagement with the service and consideration for resourcing and roll-out is now required. In summary, the program is advancing toward a whole system model of care, emphasising community/place-based services, stakeholder involvement, and financial sustainability. The focus remains on improving and achieving excellence in mental health and learning disability services for people in Tayside.

Enhanced Community Care Model for Palliative and End of Life Care (PEOLC)

An enhanced model of community based palliative care was developed and tested in Dundee between March 2023 and March 2024. The model was designed to support palliative and end of life care at home, or in a hospice setting, if people wished to avoid hospital admission. A rapid response, multidisciplinary service was offered to people living in Dundee which provided urgent help with symptom control, holistic support and coordination of care with other community services. This team of specialists included a palliative care doctor, Macmillan nurses, health care support workers, physiotherapists and occupational therapists. An evaluation of the project showed that the majority of people supported by this service died either at home or in Roxburghe House, and only a very small number of people died in hospital. The feedback from people and families who used the service was also very positive. As a legacy of this project, Dundee Community Palliative Care Service now employs a permanent specialist palliative care doctor, who works closely with the Macmillan nurses and GP practices to support end of life care at home.



"The speed of delivery of equipment and medication was beneficial. The team were able to quickly build rapport and understand my Mum's wants as an individual...an outstanding service" (relative)

"Having someone checking in on us and able to action things quickly if required. Both medical and pastoral support has been beneficial and has provided practical advice and a calming effect on the situation" (relative)

"We appreciated the timely communication between all teams in, and having access to nurses in and out of hours" (relative)

"A wrap around service that was there when required" (relative)

"It is good to have the expertise from the team and they are more visible. Communication has improved and it is good to get prompt input when needed" (Community Nurse)

"The community palliative care doctor has provided excellent advice and support for the practice" (GP)

Suicide Prevention

Following the publication of the new national strategy in 2022, local arrangements to support suicide prevention were also revised. Suicide prevention has now been fully integrated as part of the remit for the new Children at Risk and Adults at Risk Committees within the multi-agency protecting people structure. Through agreement between Dundee Health and Social Care Partnership a dedicated Suicide Prevention Co-ordinator post has been established within the multi-agency Protecting People Strategic Support Team (hosted by the Health and Social Care Partnership) to lead this area of work, supported by colleagues across the wider team structure. Alongside other duties, the Suicide Prevention Co-ordinator has a lead role in supporting the development, delivery and evaluation of local suicide prevention delivery plans, aligned to both the national strategy and relevant local strategic plans and policies.

Dundee Suicide Prevention Delivery Plan 2024-2026 can be viewed [here](#).

Suicide Prevention Training in Dundee Snapshot Report 1st April 2024 – 31st March 2025

The number of facilitators to deliver and test a recommended training programme developed by NHS Education for Scotland and Public Health Scotland as part of their Mental Health Improvement and Suicide Prevention Knowledge and Skills Framework has increased. In the last year a new training alliance called Every Life Matters was also established in Dundee to build training capacity across a range of Third Sector organisations and wider partners including Dundee City Council, and the University of Dundee. This was funded for 18 months by the NHS Tayside Charitable Foundation to co-produce and pilot the initiative. The training figures above include participants from these programmes and the others as named below:

During 2024/25 the following levels of training was delivered:



- Suicide Awareness for Volunteers and Volunteer Co-ordinators (Informed)
- Let's Talk About Suicide (Informed)
- Save a Life Dundee (Skilled)
- Let's Stop Suicide (Skilled)
- Applied Suicide Intervention Skills Training (ASIST) (Skilled)
- Suicide Intervention and Prevention Programme (SIPP) (Skilled)
- Formulation Based Approach to Suicide Risk Assessment (Enhanced)

Working and Planning Together

Save a Life – Supporting People at Risk of Suicide

Save a Life is a one-day workshop that offers 'skilled level' learning using the NHS Education for Scotland/Public Health Scotland resources. It is aimed at non-specialist front line staff and volunteers working in health, social care, wider public and other services who are likely to have direct and/or substantial contact with people who may be at risk of suicide. Participants complete a post-training evaluation which found that:

94%

of participants reported increased knowledge of suicide risk and protective factors.

99%

of participants reported feeling more confident in having sensitive and compassionate conversations about suicide.

94%

of participants reported feeling more confident to support someone at risk of suicide to develop a safety plan.

Participants found safety planning the most useful element of the training.

Quotes from participants:

"Overall, all learning has been useful. I've come into this with no knowledge and feel I'm leaving with lots."

"What I found most useful was understanding how to start a conversation with someone I am worried about, and knowing the tools/resources available to help further."

"The session was delivered really well with it being both sensitive and informative."

Future Plans

In the coming year partners aim to:

- **Expand** the pool of suicide prevention trainers and increase the number of workshops available at informed and skilled level.
- **Streamline** and raise awareness of suicide prevention training to offer clarity and consistency for communities and organisations in Dundee.
- **Target** specific priority workplace settings such as schools and universities.
- **Extend** delivery for wider communities, including volunteers.
- **Improve** the evaluation approach to better measure the impact of training.

Carers

There are in the region on 20,000 unpaid carers living in Dundee.

99% of Carers supported by the Dundee Carers Centre reported.

'I feel my health and wellbeing has increased as a result of receiving support'
(Dundee Carers Centre)



The Carers Partnership finalised their Involvement Framework in August 2024. This is a framework designed to actively promote engagement and participation of Carers in Dundee. The framework supports involvement of carers of all ages, from varied backgrounds, caring for a diverse range of people. The framework recognises that engagement and participation methods need to take account of individual circumstances and the issues being considered.



Further information about carer involvement, including a draft of the Carers Partnership Involvement Framework can be found at:
<https://carersofdundee.org/carers-involvement/>.

Within the context of the overall Involvement Framework, the Carers Partnership has identified the following opportunities as being key to successful involvement of stakeholders in the statutory review process:

- Use of the Involvement Page on Carers of Dundee website to inform people of the statutory review and opportunities for involvement, including directed links to digital opportunities.
- Targeted engagement with young carers and parent carers, supported by Children and Families Services.
- Ensure that surveys of the workforce and partner agencies recognise that some employees will themselves be unpaid carers.
- Carers focus groups and support services continue to be provided on a locality basis with improved links to existing locality planning and involvement groups, such as Local Community Planning Partnerships, Health and Wellbeing Networks and the Community Health Advisory Forum.
- A public facing survey.
- Targeted engagement with age, health, and disability groups and with individuals and organisations representing people with protected characteristics.

Working and Planning Together

In addition the Carers Partnership has also achieved the following:

- Supported Health and Social Care professionals and associated workforce to proactively involve and seek the views of Carers when planning supports for the person they care for.
- Reviewed emergency planning procedures which includes information completed by and jointly held by carers, of which a copy is scanned to electronic records.
- Worked with Council Advice Services to identify carers who may benefit from a benefits check to ensure that their income is maximised.
- Improved and streamlined processes for Young Carers to be able to access a short break.
- Worked in partnership with Dundee City Council and schools to enable Young Carers to access peer support in school, college and their community to maintain attendance/ attainment and life balance.



Community Care and Treatment (CTACS)

Following on from the 2018 General Medical Council (GMC) contract, GPs identified aspects of their services that could be redesigned to allow practice staff to focus more time on managing patients with long term conditions more effectively. CTACS was introduced to be able to provide patients with person-centred treatment room care services.

The primary aim is to increase multidisciplinary team working and improve access to care and treatment at the right time, with the right person and closer to home:

- 34 wound clinics and 63 healthcare clinics are provided per week.
- The team comprises of 50 clinical staff and eight admin staff members.
- Admin staff respond to up to 10,000 incoming calls a month.
- Approx 7,500 appointments booked every month.

Feedback

"Fantastic service, all staff kind, caring and helpful. Felt listened to when describing my symptoms and previous wound healing experience. Can't thank you all enough"

"Excellent care and attention given to me by a variety of nurses for which I am very grateful."

Patients or staff can phone CTACS to be booked in directly for any wound care required including removal of sutures / clips. Patients can also phone and be booked in directly to have ear irrigation providing patients have been instilling ear drops for seven days.

Patients will be directed to the service from GP for chronic disease monitoring and non-urgent blood sampling, for example leg ulcer clinics and warfarin service require referrals into service from either GP or hospital staff.

Achievements

Two nurses qualified as Non Medical Prescriber (NMP), one nurse completed Leg Ulcer Management course, six nurses completed Tissue Viability Module, one nurse commenced NMP module, one nurse undertaking Ear Care Diploma. This is enhancing the anticipatory and preventative healthcare provided in the community and reducing the requirement for acute hospital care.

Winter Planning

The Winter Resilience Plan (NHS Tayside and Partner Organisations) 2024/25 was published and can be accessed [here](#).

The aim of the 2024/25 Winter Resilience Plan is to formalise plans and processes between Acute Services and Health and Social Care Partnerships to improve capacity and resilience during winter periods, when pressures on systems are at their greatest. This continues to build upon the design and delivery of a whole system framework for predicting, responding to and managing peak periods of unscheduled activity. This also focusses on whole system communication and responses to support both unscheduled demand and urgent and planned elective care.

A whole system Health and Social Care approach to develop an integrated plan is essential. The Tayside and Fife Health and Social Care Partnerships, the Scottish Ambulance Service (SAS), 3rd Sector, as well as staff side/partnership representation have been involved in the development of the plan to ensure timely access to the right care, in the right place, first time. Third sector involvement is provided through the Health and Social Care Partnerships.

Section five of the Winter Plan details the specific actions for the Health and Social Care Partnerships. The primary focus continues to be ensuring that individuals receive appropriate care, in a timely manner, in the most suitable setting, with the goal of preventing unnecessary hospital admissions and promoting swift discharge when readiness permits. This approach contributes to improved health outcomes and maximises resource utilisation.

Key actions for Dundee Health and Social Care Partnership include:

- GAP community discharge hub in place.
- An intensive programme of improvement has achieved a significant reduction in unmet care need hours through working with care providers to enhance efficiency. The focus is now on sustaining performance.
- A promotion campaign is being undertaken to encourage social care support workers to access vaccination services.
- A Self-Directed Support event was held for frontline staff on 4th September to raise awareness and identify opportunities for using different SDS options to deliver care at home.
- The Spasticity Service is now fully operational as a means of supporting further rehabilitative approaches for stroke and neurology patients in a community setting.
- There is ongoing development of the Community Rehabilitation Service as a means of shifting rehabilitation closer to community settings.

Working and Planning Together

- An improvement programme is being progressed across Dundee Enhanced Care at Home Team (DECAHT) focusing on:
 - Streamlining the process for transfer of care between in-patient services and DECAHT to support care closer to home.
 - Participating in optimising access workstream to ensure appropriate use of services to optimise early access to preventative approaches.
 - Reviewing practice-based Multi Disciplinary Teams (MDTs) to support early appropriate referral.
 - Promoting joint working between cluster consultants and GPs/ Community services to support care at home.
 - Implementing remote prescribing to reduce unnecessary travel time and optimise capacity.
 - Working collaboratively across the Medicine for the Elderly (MFE) pathway to implement medication reviews for those most at risk of negative impact of polypharmacy.
 - Ongoing review of patient pathways within the service to reduce risk, reduce duplication and improve the quality of service provided.
 - Supporting the completion of RESPECT documentation to ensure that ceilings of care are agreed with the patient and shared across the MFE pathway.
 - Continuing to embed the Cluster model to ensure MDT working across the MFE pathway.
- Implementation of locality working model in community nursing to reduce unnecessary travel time and optimise capacity.
- Discharge to Assess social care service has been re-focused on front door frailty wards within Ninewells. The service Team Leader works collaboratively with the ward multi-disciplinary team to prioritise how the service is most appropriately allocated to support early discharge and assessment in a home environment.
- Redesign of rehabilitation model on the Royal Victoria Hospital site aligned to excellence in care standards
- The Stroke Neuro Rehabilitation Pathway Redesign is in progress, aiming to deliver an interdisciplinary approach to deliver an outcomes focused personalised rehabilitation pathway.

Dundee Community Living

The Dundee Community Living Service continued to achieve high standards of care and support to vulnerable adults with a wide range of needs and helped individuals to achieve their outcomes. The outcomes varied from securing a voluntary job for some individuals to feeling comfortable and safe while receiving palliative care.

This is both a responsive and flexible service which has moved resources between different parts of the provision at very short notice to meet changing needs.

The service has focussed on employee wellbeing which has positively contributed to sickness absence levels by actively promoting wellbeing conversations, peer support and the sense of being valued by the service for each member of the team.

The service continues to collaborate closely with health colleagues, for example psychology, psychiatry, learning disability nurses, GP's, mental health crisis team, also with learning and organisational development team, social workers, police and other agencies. Effective collaboration with these partners provides learning opportunities for all involved and enables development of robust systems of support for individuals to minimise the incidents of reaching a crisis point and to enable people to live a fulfilled life.

The following are results from the recent annual stakeholder analysis:

- 100% of staff, supported people, families and involved professionals said that the service was either very good or excellent in treating people with respect.

In all interactions with supported people and families staff speak and listen in a person centred, courteous and respectful manner. Relationships of trust have been built up through regular discussions and communications.

- 100% of staff and involved professionals said that the service was either excellent or very good in following professional advice and treatment plans.

Staff team within Dundee Community Living have built and maintain effective multidisciplinary collaboration with professionals from different services and organisations to ensure we are meeting the health and wellbeing needs of our supported people. This includes multidisciplinary communication, risk management and collaborative learning events.

Working and Planning Together



"I enjoy my job and it has changed a lot for the better"
(feedback from staff member)

"Staff listen to me, have a laugh and joke and I know they are there for me"
(feedback from supported person)

"I find the staff work to the highest of standards and I cannot fault the dedication of them all" (feedback from family member)

"We would like to thank the staff for their kind and caring attention. They are brilliant"
(feedback from family member)

"Excellent support provided to service users. Staff have really good understanding of needs and knowledge of care plans. Senior staff are excellent"
(feedback from professions working with the service)

"Staff are excellent at communicating concerns surrounding service users. Families and professional agencies are kept informed very well"
(feedback from professions working with the service)

"Very good service and very apparent that the interests of service users are at the forefront of their practice. Welcoming service. Staff are knowledgeable, approachable and always keep me up to date as appropriate"
(feedback from professions working with the service)

"The staff team are very committed to providing a high standard of person-centred care"
(feedback from professions working with the service)"

There are plans to further develop in the following areas:

- To support staff to further develop their IT skills and become more confident with Microsoft 365.
- To continue developing multidisciplinary collaboration and using a range of learning opportunities to enhance staff skills and knowledge.
- To continue improving opportunities for wellbeing conversations, staff mutual support and support from management.
- To further develop staff understanding of outcome focused approaches and to embed it in our engagement with supported people.



"My relative is being followed up by the CONNECT Early Intervention Psychology Service following a nine-week inpatient admission due to a first presentation psychosis. His world had crashed, and the future was uncertain. We were in uncharted waters.

Almost five months on due to the intense, regular input he has had from his nurse and OT, I can't believe the difference in him. He is back at work, and his nurse has supported him to break a ten year cannibas habit, which he used to self regulate his ADHD. He now accepts that cannibas is a trigger. He is taking his medication and now accepts he needs it, but there is a plan over a two year period to reduce his antipsychotic and restart non stimulant based ADHD medication.

Breaking away from his cannibas friends, the OT and Nurse have supported him to get back to work and introduced him to the SAMH Chrysalis Project. He is enjoying this and meeting other people which in time will support him to develop friendship groups. He also has had support worker and peer input at social group which again is supporting more positive social networks.

I am aware his nurse is now considering clinical psychology which I feel will address some of his issues around poor self esteem because of traumatic experiences earlier in life.

The staff from EIP have very much worked with us as a family, providing reassurance and support all the way.

His nurse is now facilitating with his Consultant Psychiatrist a return to driving.

Probably one of the most important things is that he has been scaffolded by both the Team and ourselves.

We cannot thank CONNECT EIP enough. In my opinion, their early timeous intervention is an investment and preventative measure to prevent a long term interventions and journeys within Psychiatry Services."

Discharge Without Delay : No Place Like Home

Discharge Without Delay is a whole-system initiative designed for frail older people currently accessing hospitals in Scotland. It integrates best practices, individual services, and care pathways into a cohesive model that prioritises delivering Comprehensive Geriatric Assessment (CGA) promptly. This approach ensures that patients experience no negative consequences from hospital-induced harm or dependency, while facilitating a smoother transition from hospital to home.

Overall acute, health, and social care spending will be more effectively controlled if frail older patients spend less time in hospital and maintain greater independence. This can be achieved by discharging patients without delay, minimising hospital-induced dependency, and preventing the over-prescription of social care services.

The Discharge without Delay programme has been in place in Scotland since 2023 and has four co-dependent workstreams.



Home First / Discharge to Assess

Aims to facilitate discharge from the hospital, without delay, for frail people, enabling them to undergo a more accurate and comprehensive assessment of their care needs in a more suitable, homely environment.

Please click [here](#) for campaign assets:

[Home First Video links Campaign Assets | Scottish Government Marketing News - Campaign Assets | Scottish Government Marketing News](#)

There has been collaboration with the broader health and social care system across Dundee and Tayside to champion a 'home first' approach, prioritising care delivery as close to individuals' residences as possible. This commitment is evidenced by the Partnership's consistently strong performance in minimising acute hospital delayed discharges, a proxy measure of whole-system efficiency. The Partnership is proud to be recognised as one of the top-performing Health and Social Care Partnerships (HSCPs) in Scotland in this regard, demonstrating a sustained reduction in bed days lost due to unnecessary hospital stays.

This is made possible with truly partnership working with all partners to ensure joined up working across health and social care across individuals' care journeys.

This achievement translates to tangible benefits for individuals, ensuring they remain in hospital only for essential treatment periods and are promptly transitioned back to their homes or community settings. This success underscores our dedication to a truly integrated, whole-system approach to care.

Working and Planning Together

Discharge to Assess (D2A)

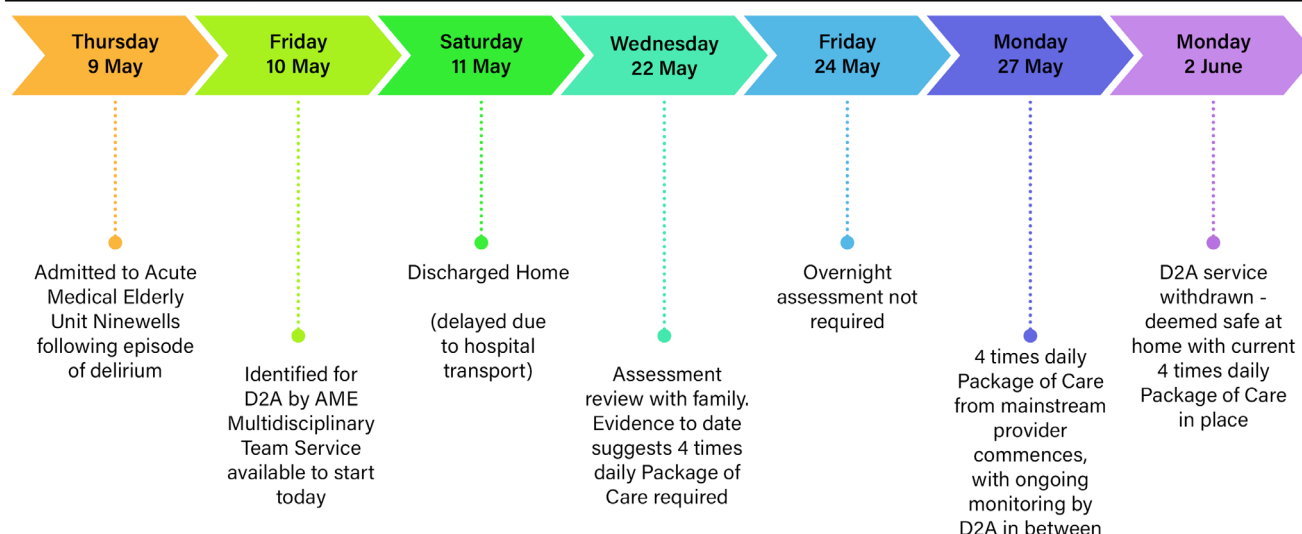
A significant development in the last year is the integration of the D2A Red Cross Test of Change into a mainstream service, which has become a main feature in national collaborative work. Discharge to Assess (D2A) service underwent a significant strategic shift from May 2024, to concentrate its resources entirely on supporting timely patient discharge from the Acute Medical Elderly (AME) unit at Ninewells Hospital.

The service has successfully refocused on resolving package delays within and, bridging care gaps for patients awaiting long-term packages, demonstrating adaptability in managing delayed discharges and optimising patient flow.

Discharge to Assess (D2A) Patient Pathway Example 1.



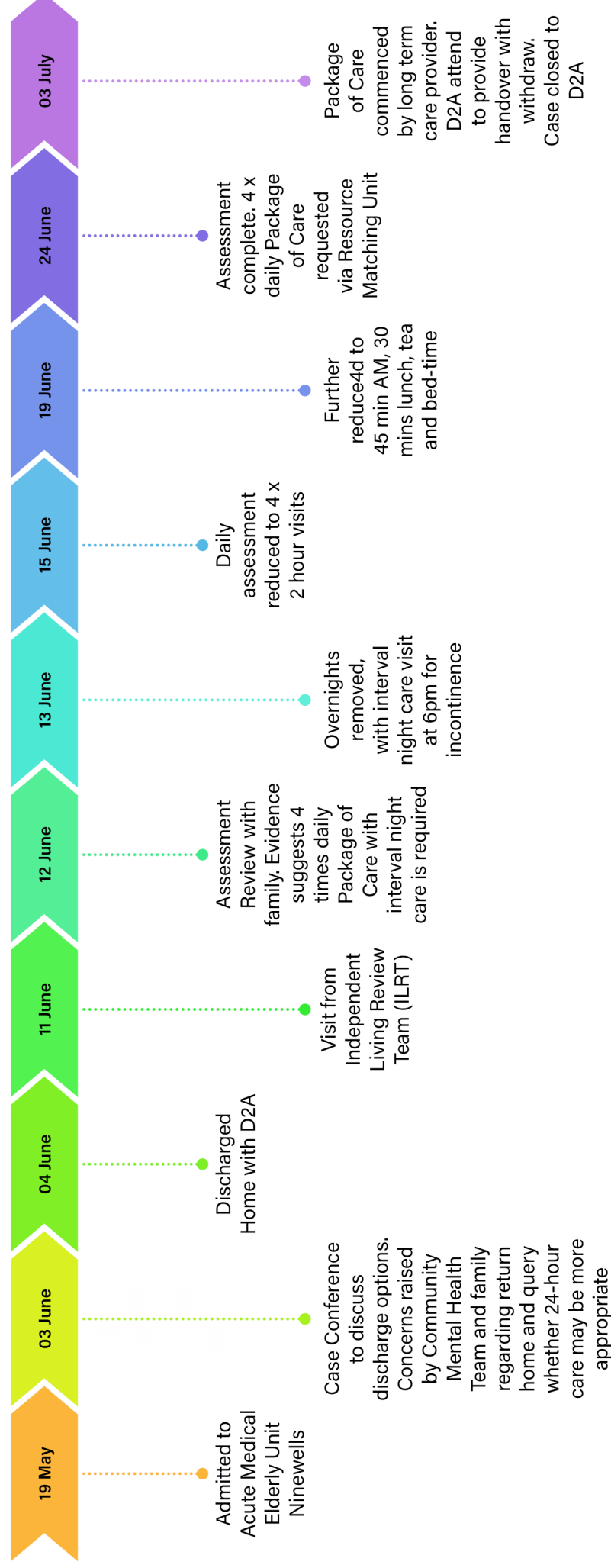
Presentation	- Delirious/confused in the last few days and wandering. - Son was struggling to manage at home. - Diagnosed with a lower respiratory tract infection and commenced on oral antibiotics for this. - Mobilising independent. - Ongoing issues with confusion likely to be caused by infection and environmental changes. - Awaiting Psychiatry of Old Age (POA) review in the community.
Length of time on Service	24 days
Outcome of Assessment	Remain home with Package of Care.



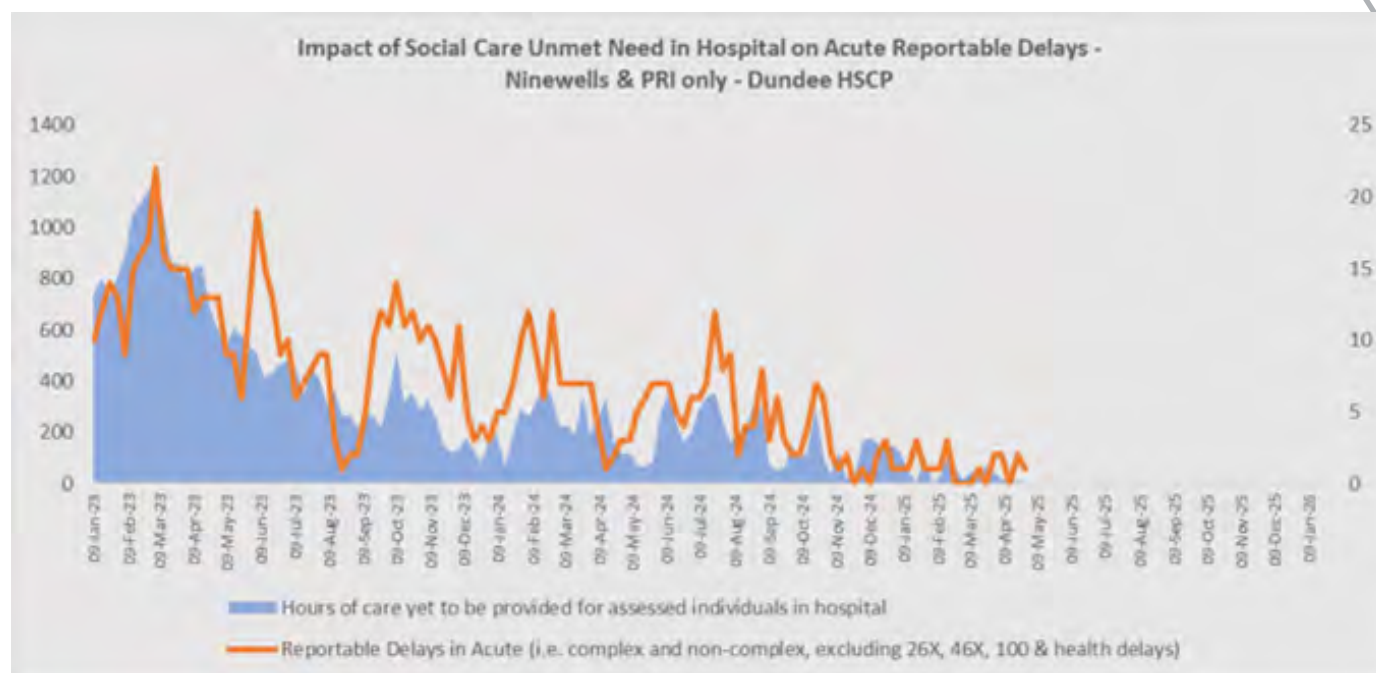
By implementing improvement measures aligned to the Discharge Without Delay workstream within the local Urgent & Unscheduled Care Board programme of work, Dundee has successfully and consistently achieved excellent performance in relation to the locally set targets, and is consistently performing in the top five HSCPS across Scotland. This involves key performance metrics with regular data reports on progress.

Discharge to Assess (D2A) Patient Pathway Example 2.

Presentation	- Admitted following fall at home 3 days prior which resulted in increasing pain and reduced mobility. - Has input with the community mental health team including a support worker, social worker and Community Psychiatric Nurse. - Befriending service in place who visit on a Tuesday, Thursday and Sunday for an hour. - Significant overnight needs due to incontinence. - District nurses to continue medication administration AM and PM - has a venalink and locked box.
Length of time on Service	30 days
Outcome of Assessment	Remain home with 4x daily Package of Care and interval night care.



Working and Planning Together



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 12 at April 2025.

Acute Frailty Units

Focuses on providing early frailty Multi Disciplinary Team (MDT) assessments in an environment centred around the person, seamlessly integrating with pathways such as Home First. By leveraging the Planned Date of Discharge (PDD) process, it ensures timely and efficient discharge without delay.

Planned Date of Discharge (PDD) process and Integrated Discharge Teams

The goal is to ensure frail people are discharged from hospital promptly, without delay, by ensuring that discharge conversations and planning include multi disciplinary teams involving family members and the patient as necessary. By proactively considering all of the needs of the patient being discharged, the enhanced team directly contributes to reducing the risk of poor patient outcomes and improving overall patient experience associated with hospital stays.

Working and Planning Together



Community hospital and step-down inpatient rehabilitation workstream

Aims to empower the role of non-acute hospitals in delivering timely in-patient assessment and rehabilitation for frail people within their localities. By embedding the principles of Planned Date of Discharge (PDD), ensuring appropriately staffed units with focus on rehabilitation, and facilitating early transfers from acute and frailty units, the goal is for patients in each locality to access these facilities without delay.

Dundee Enhanced Care at Home Team

Reshaping our workforce to Dundee Communities

There have been changes to how our teams work in Dundee, to better serve the community. Staff have been organised into smaller, local teams, dividing the city into East and West areas. Each area is then further divided into four smaller groups.

These smaller groups work closely with other local services, like GP practices, community nurses, social care, and other care providers. This closer collaboration means teams can work more efficiently, understand the specific needs of each community better, and provide more joined-up care for people in their own neighbourhoods.

Scottish Ambulance Service Test of Change

A collaborative partnership has been established with the Scottish Ambulance Service (SAS) to expand access to community-based urgent care services for individuals who are assessed as clinically safe to stay at home but require higher levels of support to do so. This initiative facilitates a professional-to-professional link for SAS personnel to directly refer patients to the DECahT team for appropriate community-based interventions. This process facilitates patient discharge from ambulance care with the assurance of timely, local follow-up, thereby reducing unnecessary hospital admissions and promoting care delivery within the patient's community.

Working and Planning Together

Physiotherapy and Occupational Therapy - Dundee HSCP

The Partnership continues to support primary care through the first contact physiotherapy service which can offer physiotherapy assessment and triage in a timely manner with most patients seen within five days. Having reviewed staffing and capacity the outpatient musculoskeletal waiting list continues to reduce towards the four week target and it is expected that the community therapy waiting list will follow a similar trend following a more recent review.

A physiotherapist within the pelvic and obstetric physiotherapy team has recently had two papers published and the team is working closely with partners in acute services to look at innovative ways of addressing the long waits for gynaecology assessment.

This builds on developments within Orthopaedics and Plastic Surgery where advanced physiotherapists can deliver appropriate assessment and intervention in what traditionally was a medical role.

Enablement Support Workers

Key Priority Areas:

Safety	Medication	Cognitive Supports	Skin Integrity Promotion	Continence Care
Meal Preparation	Equipment	Mobility and Falls Prevention	Moving and Handling	Technology
Personal Care Needs	Health	Daily Living	Physical Movements/ CAPA	Observations and Goal Setting

Case Study

Background

Over the weekend an elderly woman experience a suspected mini stroke, leading to significantly reduced mobility. Previously, she was independent in daily activities such as making tea and heating meals for herself and her husband. Her son and daughter had been providing assistance with toileting, meal preparation and other daily tasks. The son who has been off work for two days is scheduled to go on holiday for three weeks and the daughter will also be away for one week.

Request

The family requested temporary support, particularly for morning and evening routines to ensure their mother's safety and well-being during their absence.

Assessment

An Enablement Support Worker conducted a comprehensive assessment focusing on the following areas:

- Sit to stand
- Pivot turns
- Mobilising
- Kitchen assessment
- Bathroom assessment
- Getting in and out of bed

Findings and Recommendations

The ESW determined that the mother would benefit from an Occupational Therapy assessment to identify aids that could support her independence. The recommended equipment includes:

- Mowbray toilet frame
- Bed rail
- Personal walking aid

Additional advice was provided to the daughter who was present during the assessment

- Use alternative footwear as the current backless slippers are unsafe
- Consider a lighter kettle such as a travel kettle

The ESW noted that the mother is currently able to manage her venalink for medicines independently.

Outcome

No immediate social care input was deemed necessary. The focus was on promoting independent living with discussions and advice provided to both the mother and daughter. An OT referral was made to support the mother's independence through appropriate aids and adaptations.

Dundee and Angus Equipment Service

Dundee and Angus Health and Social Care Partnerships jointly provide community living and nursing equipment to support people at home with physical disability and illness.

Equipment can include:

- adjustable beds and mattresses
- toileting equipment
- seating accessories
- bathing equipment

Equipment can be provided following an assessment by a community nurse or occupational therapy worker.

- 44,066 people are supported by the Dundee & Angus Equipment Service.
- 87% people received their equipment within 1.7 days of the order being placed.
- 92% of collections were collected within 0.8 days.
- The service currently has 174,670 individual pieces of equipment out on loan which equates to £6,951,591 in value.
- 17,360 individual pieces of equipment were recycled and returned to shelf for reissue which equates to £2,836,474 in value, and a reissue rate of 68%. This evidences effective reissuing of stock with minimal new spend.
- 14,000 people responded to a satisfaction survey and of these responses, 99.8% rated the service as good.



Adult Support and Protection Multi Agency Audit

A multi agency audit of Adult Support and Protection took place between 29 October 2024 and 1 November 2024. This multi-agency audit was co-ordinated by the Self Evaluation and Continuous Improvement Subgroup of the Adult Support and Protection Committee (now the Adult at Risk Committee). The aim of the subgroup is to oversee regular partnership quality assurance activity and self-assessment, including against the Care Inspectorate quality improvement framework. This includes the organisation of a range of methods across the committee to gather evidence in relation to agreed frameworks. This activity should encourage partners to scrutinise and reflect upon practice and identify strengths and areas for improvement.

This audit focused on cases where the adult had been the subject of an investigation or case conference (initial or review) in the year between September 2023 to October 2024. The tool required case file readers to consider all stages from duty to inquire onwards and asked whether all partners were involved, all relevant files were shared, and what the quality of decision making, chronologies, risk assessments and outcomes were.

The audit process identified some areas of strength:

1. How partners work together to assess whether adults are at risk of harm. This includes how Adult Support and Protection legislation is applied and how inquiries are made to support the initial assessment of risk.
2. How case conferences are used to identify, assess and manage risk and to plan supports for adults at risk of harm.
3. How adult support and protection processes and supports make a positive impact of outcomes and quality of life for adults at risk of harm.

The audit also identified areas for improvement, including improving chronologies, risk assessments, information sharing and involvement of adults at risk and all relevant professional partners are each stage of the adult protection process.

Significant work has occurred in the partnership focusing on improving chronologies and risk assessments, however, this has been hampered by the impact of Covid and changes to the operational management structure. Nonetheless chronologies and risk assessments quality and quantity have been improving, e.g., chronologies - 60% were Good or better in 2020, improving to 82% Good or better in this audit; risk assessments - 67%, Good or better improving to 74% Good or better.



Working and Planning Together

To continue to address the areas for improvement, the Partnership is focusing on two areas of work:

1. Participating in a national pilot project alongside the Children and Families Social Work Service and IRISS focused on improving chronologies. A reflective practice tool has been developed nationally which is now been implemented across social work teams. Team managers are leading discussions within their own teams and testing different ways of using the tool, meeting every six weeks to learn from each others successes and agree what needs to change to support further improvement.
2. Working with multi-agency partners to implement a new pathway of support for adults at risk. This includes a multi-agency risk management approach (Team Around the Adult) and a collaborative approach to initial assessment of adult concern reports (Adults Multi-agency Safeguarding Hub). It will also include co-location of Partnership staff with colleagues from Police and NHS Tayside to help promote joint working and communication.



Performance, Finance, Workforce and Governance

Finance

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



Safe guarded



Properly accounted for



Used economically, efficiently and effectively

Performance, Finance, Workforce and Governance

The IJB spent £363.5 Million on community adult health and social care services during 2024/25 to support the needs of the people of Dundee. A breakdown of this is described in the table below.

	2020-21 £m	2021-22 £m	2022-23 £m	2023-24 £m	2024-25 £m
Total Spend	299.7	282.5	321.1	340.6	363.5
Older People	63.1	62.3	70.1	75.2	82.0
Mental Health	9.4	9.9	11.2	16.0	14.1
Learning Disability	28.7	31.2	34.1	35.3	38.5
Physical Disability	5.6	6.9	8.1	7.6	8.2
Drug and Alcohol Services	5.2	4.8	5.8	4.5	6.5
Community Nurse Services/AHP/Other Adult Services	16.8	16.1	12.8	18.5	19.7
Community Services (Lead Partner)	28.8	18.2	33.0	36.5	38.7
Other Services/Support/Management	60.8	51.4	60.8	58.0	61.4
General Medical Services (FHS) & Prescribing	81.4	81.7	85.2	89.2	94.3
Funding Received	301.8	290.4	328.6	336.8	356.3
Year-End Operational Surplus/(shortfall)	2.1	7.8	7.5	(3.7)	(7.2)

Performance, Finance, Workforce and Governance

The IJB reported a year end underlying operational overspend of £7.2m for 2024/25, arising from an underlying overspend of £5.8m in social care budgets and an underlying underspend of £2.6m in health budgets, alongside an anticipated shortfall within the integrated budget setting process for 2024/25 of £4.0m.

Increasing demand for Older People's community care has resulted in increased hours for services such as care at home which has seen an overspend of £3.4m. However, the increased care at home activity has continued to have a beneficial impact for in-patient services in Tayside through sustained reductions in Delayed Discharge, as well as reducing unmet need for service users in the community awaiting packages of care. Further demand pressures have also been experienced in Learning Disability services where individuals with particularly complex needs require enhanced and bespoke packages of care. The operational teams within the Partnership continued to experience workforce recruitment and retention challenges, which has resulted in use of agency, overtime and sessional staff where necessary with a total of £7.2m spent over 2024/25.

As a result of the higher than anticipated overspend during 2024/25, the IJB entered a period of Financial Recovery to address and minimise the unplanned overspend through enhanced actions and controls, while also maintaining performance and service delivery.

Dundee IJB, similar to other IJB's across the country, continues to face a challenging financial environment looking ahead to 2025/26 and beyond, with significant savings, efficiencies and transformation required to enable delivery of a balanced budget position. The Budget Consultation process assisted the IJB to make informed decisions regarding the proposed savings options.

Dundee Integration Joint Board

Budget Consultation



Budget Consultation

The IJB launched its first budget consultation in February 2025. Regular promotion of the consultation was undertaken during the consultation to encourage feedback from a variety of stakeholders, including people who use health and social care services and supports, unpaid carers, members of the health and social care workforce and providers of health and social care services in the third and independent sector. There were a total of 560 responses.

Key findings from the budget consultation exercise are summarised below:

- Respondents were asked about factors they felt should be given greatest priority by the IJB when it is making decisions about how available budgets should be allocated. Factors that respondents felt should be given greatest priority were:
 - meeting the needs of people who need services right now/are in crisis,
 - helping people with the highest levels of need and,
 - helping people to live independently in their own community.
 - In relation to how services are delivered in the future, respondents felt greatest priority should be given to timely access, services being free to access and use and, services being provided in-person.
- Respondents expressed most support for saving options to work with NHS Tayside to improve the use of digital technology across health and social care services and to work with Dundee City Council to maximise income from chargeable services. Least support was expressed for reducing flexibility in service budgets to respond to unexpected changes in demand and for reducing the amount of funding the IJB provides to the Third Sector. Respondents were most concerned that saving options would result in services not being available in crisis situations and on the number and length of delayed discharges.
- Many respondents took the opportunity to also provide further feedback on the potential impact of savings options (between 89 and 200 responses were received for each option). Overall, these responses focused on protecting those services which serve vulnerable people; many respondents mentioned the impact of the savings options on older people, disabled people and people with long-term health issues, including mental health issues and drug and alcohol use, and unpaid carers. Feedback also emphasised the impact in particular on those living in poverty in the city.

The full report of the budget consultation can be read [here](#).

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:

People's Wellbeing	Leadership	Staff Team	Setting	Care and Support Planning
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Each theme is assessed from one to six with one being 'unsatisfactory' and six 'excellent'.

In 2024/25, 46 services for adults and care homes registered with the Care Inspectorate in Dundee were inspected and 58 inspections were completed. Of the services that were inspected, 31 of the 46 received no requirements for improvement. 1 service received a statutory notice of improvement.

Seven of the services provided directly by the Partnership were inspected during 2024/25:

- MacKinnon Centre Care Home received grade 5's (wellbeing and staff) and no requirements.
- Janet Brougham House Care Home received grades 5 (wellbeing, setting and care and support planning) and no requirements.
- Menzieshill House Care Home received grades 5 (wellbeing, staff, setting and care and support planning) and grade 4 (leadership) and no requirements.
- White Top Centre received grades 6 (wellbeing and leadership) and no requirements.

Performance, Finance, Workforce and Governance

- Dundee Community Living Housing Support Service received grades 5 (staff), 4 (wellbeing) and 3 (leadership) and no requirements.
- Dundee Care at Home Citywide Housing Support Service received grade 5 (staff) and 4 (wellbeing) and no requirements.
- Dundee Homecare Social Care Response Housing Support Service received grades 5 (staff and wellbeing) and no requirements.

42 of the 58 inspections in Dundee which were subject to a Care Inspectorate inspection last year received grades of '4 - good', '5 - very good' or '6 - excellent'.

A full list of Care Inspectorate inspections with gradings can be viewed [here](#).

Seven services received one or more complaint.

One care home service regulated by the Care Inspectorate was issued an improvement notice. A large scale investigation commenced in Benvie Care Home during July 2024 with voluntary cessation of new admissions. These measures ended during August 2024 and a follow up inspection during August 2024 identified that all improvement notice requirements had been met.

Mental Welfare Commission for Scotland

The Mental Welfare Commission for Scotland conducted an announced visit to Kingsway Care Centre on 1 October 2024.

Ward 4 is a 14-bedded, mixed-sex unit that provides care for older adults, typically aged 65 and older, who require assessment for a functional mental illness.

Summary of recommendations

Recommendation one: Managers should ensure that individuals and their relatives (where appropriate) are involved in developing care plans, where possible. Their participation should be recorded in the care records, and they should be offered a copy of their care plans. If individuals choose not to or cannot be involved, this should be recorded.

Recommendation two: Managers should ensure that all MDT document sections are completed comprehensively.

Recommendation three: Managers should ensure that all older format MDT document templates should be taken out of circulation and newer templates used consistently.

Recommendation four: Managers should ensure a robust system is in place to notify ward staff that an individual is subject to a guardianship order or has a power of attorney.

Performance, Finance, Workforce and Governance

Recommendation five: Managers must ensure welfare proxies who have powers to decide on medical treatment are consulted and their consent to proceed with treatment is obtained.

Recommendation six: Managers should ensure all individuals receiving care and treatment in Ward 4 are made aware of their rights with regards to locked door policy and these conversations should be documented in the care records.

Recommendation seven: Managers should ensure the existing fencing in the garden area is altered to one which fits with this natural environment and provides privacy for individuals using the garden.

The full report can be viewed [here](#).

Complaints

Since the 1st April 2017 both NHS and social work complaints follow the Scottish Public Service Ombudsman Model Complaint Handling Procedure. Both NHS Tayside Complaint Procedure and the Dundee Health and Social Care Partnerships Social Work Complaint Handling Procedures have been assessed as complying with the model complaint handling procedure by the SPSO.

Complaints are categorised by two stages: Stage one: Frontline Resolution and Stage two: Investigation. If a complainant remains dissatisfied with the outcome of a Stage one: Frontline Resolution complaint, it can be escalated to a Stage two. Complex complaints are handled as a Stage two: Investigation complaint. If a complainant remains dissatisfied with the outcome of Stage two: 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.

179 number of complaints were received in 2024/25 of which 142 were received through the NHS Tayside Complaints Process and 29 were received through the Dundee City Council Complaints Process.

50% of complaints received by Dundee City Council and 52% of complaints received by NHS Tayside were upheld or partially upheld.

You can view our quarterly complaints reports [here](#).

Upheld Complaint Example:

A complaint which was received regarding incorrect medication. A message was sent out to all Home Care and Housing with care staff across the city reminding them of the importance of checking the name at every prompt and when putting new venalinks (venalinks are methods of organising medicines using blister packs to assist patients and their carers) in place when they come in from the pharmacy to a service user. This was discussed at Team meeting with Home Care and Housing with Care Organisers for immediate action.

Feedback

As well as complaints the Partnership also receive feedback from people who use services, family members, representatives and staff.

"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"



"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 two weeks and have now had two 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."



"Following diagnosis of fracture I underwent an operation at Ninewells Hospital, Dundee. I was then referred to MSK Physiotherapy at Kings Cross Hospital. 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 3x daily 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."



"I have had excellent care and support from Ninewells Oncology Dietitians during Chemo-Radiation treatment last year. During the treatment and for a year after, I have had contact with the dietitians and been given good helpful advice. I followed this and felt the benefit, such that in terms of nutrition diet and weight I am now back to normal. I was very impressed indeed with the care and interest shown by the Oncology Dietitians, and I am very grateful to them. Thank You."



Equalities

Public Sector Equality Duty

Over the last year access to learning on equality and fairness matters increased. An Equality & Human Rights Workforce Learning Network was established and communication methods were reviewed and made more accessible. Detailed Integrated Impact Assessments are completed on all proposed changes that might affect protected groups.

Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025 can be viewed [here](#).

Core Equality Training provided through NHS and Council E- Learning

All Social Service Employers and Workers must comply with Scottish Social Services Council Codes of Practice. Employers are expected to provide good quality accessible induction and learning and development opportunities to support workers to carry out their role safely and effectively. This means the workforce will have Equality and Human Rights learning that supports them to respect and promote the rights and, where appropriate, the views, wishes and choices of individuals and carers; respect and maintain the dignity and privacy of individuals; and promote diversity and respect for all identities, values and culture.

From April 2023 until November 2024, 290 council colleagues working in HSCP completed equality e-learning as part of their induction to a variety of roles including social care workers, social workers, peer support workers, administration colleagues and domestic assistants. In November 2024 92% of HSCP colleagues working in NHS Tayside had completed e-learning at Foundation Level - Equality, Diversity and Human Rights (1,523 colleagues in total). Eight care and support workers in contracted third sector and independent sector agencies will be supported to fulfil their equality learning requirements and providers can arrange to access the e-learning available from the Council and NHS if desired.



Transgender People

As part of discussions around the Plan for Excellence in Health and Social Care in Dundee 2023-2033, it was noted that it had not been possible to hear from local people who identified as Transgender. It was acknowledged that not enough was known about what is needed to achieve the ambition of 'excellence' in Health and Social Care in Dundee with regards to Transgender people.

Engagement with Transgender people continued into 2024, enabling ongoing discussion and feedback and this included follow-on engagement with a number of organisations including;

- the Scottish National Gender Identity Clinical Network;
- NHS Tayside Public Health;
- Dundee Health and Social Care Partnership Psychology Services;
- the local Managed Care Network for Sexual Health & BBV;
- some local Third Sector Agencies; and,
- 'Scottish Trans' (a national third sector organisation funded by Scottish Government).



Through engagement with Transgender people and supporting organisations and services key themes emerged in terms of health and social care needs, preferences and experiences. In response to these themes Partnership services, supported by the Strategic Planning Advisory Group, have identified a number of areas for improvement in relation to delivering the strategic shifts within the Plan for Excellence for Transgender people in Dundee:

- Strengthening the focus on the needs and experiences of Transgender people within the Trauma Informed Practice and Leadership programme of work that is in place within Dundee.
- Identifying and implementing approaches to sharing good practice approaches and positive feedback / impacts with the health and social care workforce and with Transgender people.
- Developing local information web resources around services and supports for Transgender people and enhancing the use of social media to communicate key information.
- Working with local Transgender people to develop learning and development resources for the health and social care workforce, with an initial focus on Primary Care, Community Pharmacy, A&E and Mental Health crisis support services.
- Providing learning and development opportunities for those in leadership and governance roles, including IJB members.
- Considering further opportunities to clarify and improve pathways of care for Transgender people, including meeting both clinical and wider health and wellbeing needs.

Race Discrimination in the Workplace

The health and social care workforce includes people from ethnic minority communities who, as well as being valuable and valued colleagues, can be a rich source of information relating to workforce matters and who have cultural and language insights to share about their wider community. It is important to acknowledge that racial inequalities and race discrimination do exist in health and social care in Scotland and will have affected colleagues across the Dundee Health and Social Care Partnership workforce. It is known that colleagues can also be subject to, and observe racism in interactions with service users, carers and the public while at work. Although there is little or no, reported racism from colleagues and managers it is also recognised that members of the workforce may also experience racism from colleagues.

72 NHS employees and 46 Dundee City Council employees stated they were from a minority ethnic background, which is 4% and 5% of employees respectively. This is lower than the 16% of Economically Active and Employed Dundee residents ages 16+ who stated they were from a minority ethnic group in the 2022 Census.

There are very few formal grievance and/or disciplinary cases in either Dundee City Council or NHS Tayside for Partnership staff where race or ethnicity has been a factor. This does not mean that race discrimination has not happened in the workplace and may reflect under reporting and low confidence in reporting.

Significant work has been progressed with a view to better understanding the experiences of the Dundee health and social care workforce, including direct engagement with workforce members and with their employers (particularly in Care at Home Services). This engagement has identified a significant increase in the number of Social Care Workers in Dundee who are of Black African origin, having moved to Scotland as economic migrants. It has also identified that members of the workforce delivering Care at Home Services are experiencing race discrimination and other equality discrimination from services users, unpaid carers and wider family members. Workforce members and their employers have shared that individuals have felt vulnerable whilst carrying out their duties, both in people's homes and within the wider community.

Performance, Finance, Workforce and Governance

Across Health and Social Care in Scotland there is a strong desire to eliminate discrimination and inequality both in service delivery and in the workplace overall. The following progress has been made within Dundee:

- Connections have been made between local officers and relevant national networks and organisations, including attendance at learning and development events.
- Identification of work being undertaken by the Scottish Social Services Council to develop resources to inform and upskill social workers about anti-racist practice and consideration of how these can be promoted and used within Dundee.
- Connections have been strengthened to the NHS Tayside Employee Network (which is available to NHS and Council employed staff, but not third and independent sector), as an important site through which to gather ongoing feedback about local workforce experiences and regarding anti-discriminatory work being progressed by the corporate bodies.
- Identification of work progressing between NHS Education for Scotland and the Coalition for Racial Equalities and Rights (CREAR) to develop learning materials for the NHS and integrated health and social care workforce.
- Promoting the 'Help Tackle Racism' survey from CREAR for the health and social care workforce. Results are not yet available but will be utilised to inform future actions and planning.
- Provision of local learning and development opportunities, including a Hate Incident, Hate Crime session for 30 colleagues across social care, housing support and employability services, and a Mental Health Foundation session on Engaging with Refugees and Asylum Seekers for 20 colleagues across the health and social care workforce.
- Identifying Renfrewshire Health and Social Care Partnership as an example of a best practice approach to tackling race discrimination, including having developed a policy framework within which to address instances of race discrimination that applies across all employers.

Workforce

The Dundee IJB's Plan for Excellence in Health and Social Care in Dundee (2023-2033) sets out six strategic priorities, including a commitment focused on valuing the workforce.

Strategic Priority: Workforce Valuing the workforce



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

The Health and Social Care Partnership workforce is made up of people employed by Dundee City Council and NHS Tayside, as well as the workforce employed in the third and independent sectors. The combined workforce is the single biggest asset available to the Partnership to enable them to provide the services and supports that the IJB has commissioned from them.

The first Partnership Workforce Plan was approved by the IJB in June 2022 in response to guidance from Scottish Government. The National Workforce Strategy for Health and Social Care (published March 2021), led to a requirement for Partnership's to develop and submit three-year workforce plans. After this the plan has been refreshed on an annual basis.

The most recent version of the Workforce Strategy can be found [here](#).

Our workforce plan reflects these strategic commitments and aims to enable the Health and Social Care Partnership to:

- Meet future workforce requirements – identify the number and types of health and social care professionals needed to meet future service demands.
- Promote skill development and training – ensure that the workforce has the necessary skills and competencies through access to continuous professional development and training programmes.
- Support recruitment and retention – support strategies to attract and retain skilled professionals in the health and social care sector.
- Develop integrated workforce planning – promote collaboration between health and social care services to create a more cohesive and efficient workforce.
- Support workforce wellbeing – implement measures to support the physical and mental well-being of health and social care workers.
- Adapt to change – ensure the workforce is supported to adapt to changes in technology, policy and service user needs.

Performance, Finance, Workforce and Governance

There are several challenges

- Ageing workforce, including in key staffing groups delivering frontline care and support.
- Decreasing social care workforce set against ageing population, rise in demand for social care services and complexity of need.
- The demographic profile of the workforce does not reflect the diversity of the community that it serves.
- High absence levels across both employers, with mental health and wellbeing as a specific driver of absence levels.
- There are specific workforce availability challenges relating to Occupational Therapists, Social Care Workers and G.P.s. Challenges are also experienced, to a lesser extent in relation to, Advanced Nurse Practitioners and Physiotherapists.
- There is a risk of reduced workforce availability, particularly for social care services, due to planned changes to immigration rules.



For 2024, the iMatters* process identified four areas to further improve across the Partnership (based on 54% response rate across all Partnership aligned staff):

- Performance management – I am confident performance is managed well within my organisation.
- Confidence and trust in management – I have confidence and trust in Board members who are responsible for my organisation.
- Partnership working – I am sufficiently involved in decisions relating to my organisation.
- Visible and consistent leadership – I feel that board members who are responsible for my organisation are sufficiently visible.

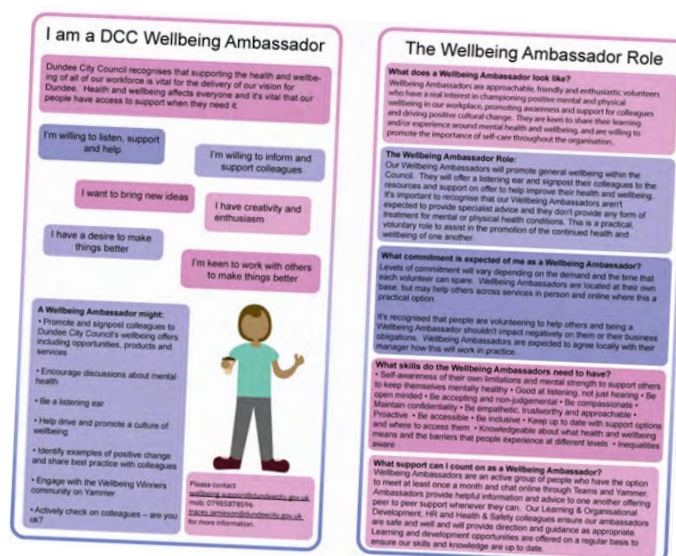
The Dundee City Council Annual Employee Survey (based on 14.3% response rate across all Council employed staff aligned to the Partnership) also identified areas for improvement, including staff being involved in decisions about their work, having enough time to do their job well and feeling that day-to-day decisions demonstrate that quality and improvement are top priorities.

*iMatters is a staff experience continuous improvement tool which is used to understand and improve how staff feel at work.

Supporting Employees

NHS Tayside Employee Networks are available for all Council and NHS Tayside employees in DHSCP. DHSCP can access the following groups which are supported by NHS Tayside Corporate Equalities Team Leads: LGBTQA+, BAME, Disability, Armed Forces and Carers Network.

Dundee City Council hosts a 'Workforce with Lived experience of Trauma' Project which is a support for employees of the council who experienced Trauma for any reason including related to Protected Characteristics. In addition to this, Dundee City Council also have a dedicated Employee Health and Wellbeing Support Service, employ a full-time Employee Wellness Advisor, and have a network of peer Wellbeing Ambassadors who support embedding a culture of wellbeing across all services. In Health and Social Care, we have 12 Wellbeing Ambassadors who are DCC employees. The Employee Wellness Advisor for DCC links in with NHS Wellbeing Champion network to ensure there is a strong ethos of partnership, sharing of best practice and learning, and minimising of duplication.



In 2024, members of the team from Oakland Daycentre presented at both Dundee City Council's Corporate Leadership Conference (a gathering of senior leaders from across the council, HSCP and LACD) and at a conference for all Wellbeing Ambassadors, showcasing their experiences of developing a culture of wellbeing within their team. Their presentation was powerful and impactful and highlighted the differences small actions and activities can make in improving wellbeing.

"It has benefited staff morale"

"The curry lunch got staff mixing together and brought the team together"

"With the 'shout out board' I feel appreciated, and comments make me feel good"

"By helping others we bond with each other and focus on common goals"

"The suggestion box has been great as we now have a toasty machine which enables me to have better lunches"

"The meetings let you vent and see how your colleagues are feeling"

Performance, Finance, Workforce and Governance



Images of some of the activities the team have undertaken and some feedback within their presentation used at the events.

Additionally, the council's Employee Wellness Advisor works with Homecare, an area within the Partnership with higher-than-average sickness absence rates. Since starting in post in September 2024, the Advisor has delivered 33 Team Wellbeing Introductions, events or 1:1 support sessions focusing on topics such as burnout, vicarious stress and reflective practice.

"All in all, D had given us a lot of information which is ever so helpful. She is very professional, and the session was really interactive, I would give her a solid 10/10 for the work she is doing"

"100% this service. D was amazing, very caring and thoughtful, thank you"

Quotes are from the feedback survey issues after each interaction to teams and individuals.



Employee Absence

Between June and December 2024, work was undertaken to look at the reasons for absence within certain areas of the council where absence rates were significantly higher. A survey, focus groups and some 1:1 discussions with managers and others highlighted some areas for improvement which are being progressed.

Key Actions identified were:



Enhance Support Systems: Increase the frequency and quality of face-to-face interactions between staff and occupational health professionals to provide more personalised support. Implement more flexible working arrangements and workplace adaptations to accommodate employees' health needs and promote quicker returns to work.



Improve Communication: Ensure clear and consistent communication between occupational health, hospital consultants, and managers to avoid conflicting advice and support decisions. Encourage regular and empathetic check-ins by line managers to maintain employee engagement and well-being.



Review Absence Procedures: Reevaluate the absence monitoring system to reduce stress on employees, particularly those with long-term health conditions or those returning from bereavement.

Some quotes from participants who were involved in this work include:

"I have spoken to occupational health in the past and recently and the outcome of my meeting was that certain adaptations were put into place to help me at work. My manager has been extremely helpful ensuring my runs have been manageable and checking in with me regularly ensuring all is well."

"Absence Review Meeting with my manager who was very understanding and provided support and guidance on my return to work, was very helpful"

"I found speaking with my councillor on PAM (Occupational Health) very helpful. I have more confidence and a better positive attitude about everything not just work."



Performance, Finance, Workforce and Governance

Kingsway Care Centre introduced Wellbeing Champions in 2023 and there are now three champions.



The images are from a recent Kingsway Care Centre Day of Happiness which was held to celebrate the International Day of Happiness on 20th March 2025.

Achievements so far:

- Identified wellbeing spaces on the wards and outside to support staff mental wellbeing.
- Asked all staff for their feedback via a survey on what is important to them.
- Had a successful Support Workers Day to celebrate the hard work that is carried out by Support Workers in Kingsway Care Centre.
- Celebrated Happiness Day to bring about cheer and joy to brighten up staff's day to promote self-care.
- Wellbeing Champions have supported staff on individual basis and signposted to appropriate supports.

Kingsway Care Centre Support Workers



Performance, Finance, Workforce and Governance

Developing the Young Workforce: Myth Busting Event into working in a care home (March 25)

Recruitment and retention continues to be a challenge for social care and attracting new people to the sector in competition with other sectors. Working in conjunction with the Developing the Young Workforce Team (Dundee), a pilot event was organised in Baldrigon Academy to showcase a day in the life of a care home and demonstrate the many different roles that make up a team including qualifications and career pathways into working in social care.

Managers and staff from a number of care homes set up a round robin event with ten tables, providing pupils with a very interactive insight to working in a care home. There was also input from some of our younger workforce who spoke about their journey/experience of working in social care and also three residents spoke about their day to day living in their care home and what, in their opinion makes a good carer.

Some of the tables:



Residents and our younger workforce



How to support different types of dietary needs



Safe moving and handling practices



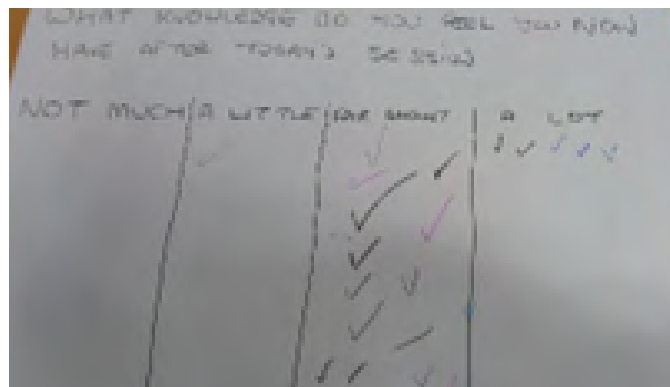
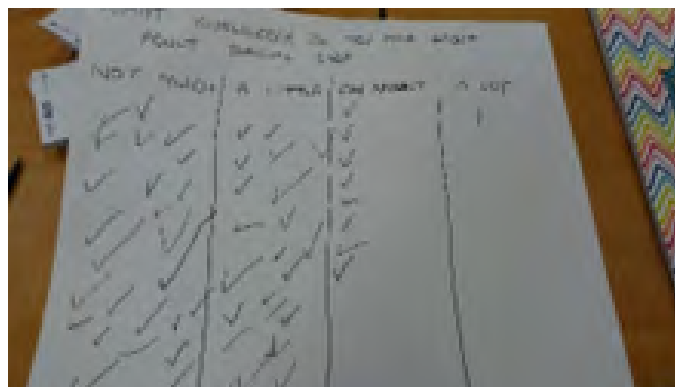
Pupils creating a personal support plan for Taylor Swift

Performance, Finance, Workforce and Governance

Some of the words collated for the event were:



Most pupils at the start of the session indicated that they did not know much or very little about adult social care but at the end of the session many more felt that they knew a fair amount/more about adult social care. A number of the pupils also asked about work experience, jobs and apprenticeships that may be available to them.



The pilot event in Baldrigon Academy was the springboard to holding a larger event in September 2025, which will involve all schools across Dundee to continue to promote social care as a career and in discussion with other services, a number of Care at Home, LD and DHSCP providers have stated that they would also like to get involved in the events going forward.

Primary Care

The following actions took place to maintain a healthy workforce in Primary Care:

- A training framework to improve the experience of the physiotherapists and build resilience into the system to assist with cover.
- New ways of working with a multi-organisation approach being explored including a possibility of some Multi-Disciplinary Team development.
- Providing colleagues with the opportunity to learn about quality improvement and the opportunity to work across different teams. For example, bringing together Physiotherapy colleagues, GP Practice teams and members of the Primary Care team to improve patient access to First Contact Physiotherapy.
- A Staffnet page to host educational material and links which provide a central repository of information for GPs is under development.



Awards and Accreditations

Veterans First Point Tayside (V1P) service has been awarded with accreditation by the Royal College of Psychiatrists. V1P is a service that support veterans and their families and offers a range of services including mental health support, information and signposting and peer support.



Performance, Finance, Workforce and Governance

Hello in there wee one won the award for Creative and Innovative Practice and was declared Overall Winner at the Advancing Healthcare Awards UK 2025.

The book was created in partnership between NHS Tayside's infant mental health team, Dundee Contemporary Arts (DCA), Dundee City Council and University of Dundee. It is given to all expecting families across Dundee, free of charge, at their 16-week midwifery appointment to support expectant parents to communicate and bond with their baby.



Since launching last year, the book has already reached 600 families and has been translated into multiple languages, including Dundonian Scots.

Performance, Finance, Workforce and Governance

Liam McGinlay was a finalist in the Outstanding Community Link Worker of the Year Award at the Scottish Community Link Worker Network Conference.

Liam works in the Sources of Support Service, which operates in all General Practices in Dundee. As a Primary Care Link Worker, he supports patients whose physical mental health and wellbeing is impacted by social and mental health issues. Liam works alongside the patient for up to 20 weeks, offering non-medical interventions and co-ordinated care to improve patients personal circumstances.

"We are delighted to see Liam being recognised as a finalist for this award. It was a huge achievement to make it to the final three and we are very proud of him" Theresa Hendry, Sources of Support Team Leader.



Liam McGinlay,
Sources of Support Worker

The Corner, Dundee's Health and Wellbeing Service for young people, has been awarded for their commitment to providing a safe, inclusive, and empowering environment for women across the city.

The team has received the Welcoming Women Award from the Dundee Violence Against Women Partnership (DVAWP). The certification is for organisations who actively think about the needs of women.

The Corner has worked alongside the DVAWP over the past year to identify areas of service delivery that could be improved. The Welcoming Women Award recognises efforts made to understand and address the unique challenges, issues, and needs faced by women in Dundee.



Zara Cargill, Clinical Team Lead said, "We are delighted to be recognised for our commitment to making The Corner a welcoming and supportive environment for women. This award reflects the hard work of our entire team and our ongoing dedication to meeting the needs of the community we serve."

The Corner is a health and wellbeing service based in Dundee City Centre for young people aged 11-19 years or up to age 25 for vulnerable young people. An NHS Tayside multi-disciplinary team provides a range of supports including sexual health, emotional health, crisis intervention, drug and alcohol use, young carer support and counselling.

Performance, Finance, Workforce and Governance

DFN (David Forbes-Nixon Family Charitable Foundation) Project SEARCH Ninewells aims to support young people with diverse additional needs into meaningful employment. A partnership between Dundee & Angus College, NHS Tayside and Dundee HSCP has developed a local Project SEARCH initiative which is based at Ninewells Hospital.

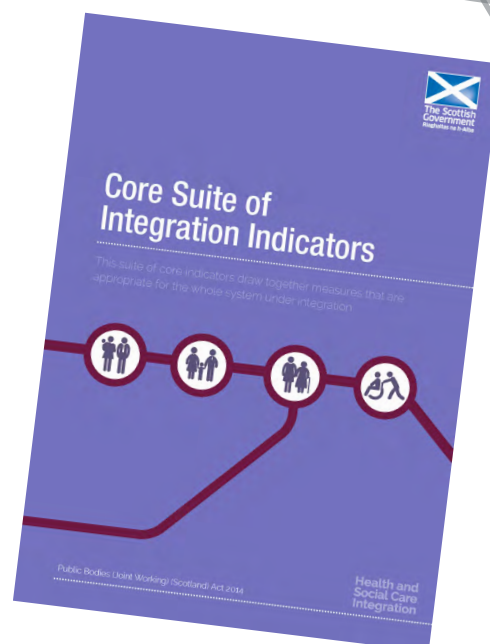
The project addresses areas of key skills shortage within NHS Tayside, whilst transforming the lives of the learners and their families. Dundee and Angus College provide a structured, supportive pathway to meaningful employment. Support is highly individualised, with one-on-one training provided for young people who have complex barriers to employment. There is significant support throughout the 36-week programme as well as an extensive aftercare period to ensure sustainability. An additional benefit of the programme has been a wider recognition of the needs of employees with disabilities, not just those within Project SEARCH. Removing Barriers to Employability.

The logo for SURF AWARDS features the word "SURF" in a bold, dark blue font, with a light blue star graphic positioned above the letter "F". Below "SURF", the word "AWARDS" is written in a larger, bold, dark blue font.


Project SEARCH won the SURF Awards for Best Practice in Community Regeneration in 2024 for Removing Barriers to Employability.

Performance

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 from this survey are used to calculate National Health and Wellbeing Indicators 1-9. The results of the 2023-24 survey for Dundee Health and Social Care Partnership can be accessed [here](#).



Where the Partnership improved from the 2019/20 baseline year:

- Hospital emergency bed day rate for people aged 18 and over decreased by 8.6% and for the last five years the Dundee rate has been less than the Scotland rate.
- The proportion of the last six months of life spent at home or in a community setting increased from 89.5% in 2019/20 to 90.8% in 2024 and since 2019/20 Dundee's performance has been better than the performance for Scotland.
- The % of adults with intensive care needs receiving care at home increased from 57.8% in 2019 to 65.4% in 2024.
- The number of days people aged 75+ spent in hospital when they were ready to be discharged, per 1,000 population decreased from 443 in 2019/20 to 245 in 2024/25 and for the last 5+ years, the Dundee rate has been lower than the Scotland rate.

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](#).

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: 2024 calendar year or 2024/25 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](#).

	Better than Scotland		Worse than Scotland		Same as Scotland
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National Indicator	Improvement from 2019-20	Improvement from 2021-22	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.			
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 six 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.			

DUNDEE IJB SIGNING DOCUMENT

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

Dave Berry

Chief Officer

25th July 2025

Date

Christine Jones

Acting Chief Finance Officer

29th July 2025

Date

Roger Mennie

Clerk and Standards Officer

25th July 2025

Date

Councillor Ken Lynn

Chairperson

28th July 2025

Date

Bob Benson

Vice Chairperson

29th July 2025

Date

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REPORT TO: PERFORMANCE & AUDIT COMMITTEE –24 SEPTEMBER 2025

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2024-25 QUARTER 4

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC23-2025

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to update the Performance and Audit Committee on 2024-25 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. For Q4 2024-25, quarterly performance reports performance is measured against the 2019-20 baseline year and because 2019-20 performance was affected by the Covid-19 Pandemic, 2018-19 data has also been provided for all indicators as a supplementary baseline.

5.0 QUARTER 4 PERFORMANCE 2024-25 – KEY ANALYTICAL MESSAGES

- 5.1 Key analytical messages for the Quarter 4 2024-25 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 against the 2019-20 baseline and the 2018-19 baseline for rate of emergency admissions 18+, 28-day readmissions rate 18+, emergency admissions as a rate of all A+E attendances 18+ and rate of hospital admissions due to a fall 65+.
- Performance has improved for emergency bed days rate per 100,000 18+ and standard delayed discharge bed days lost rate per 1,000 75+ compared with both the 2019-20 and 2018-19 baselines.
- Delayed discharge (code 9) bed day lost rate per 1,000 shows a deterioration against the 2019-20 baseline but an improvement against the 2018-19 baseline.
- The rate of emergency admissions per 100,000 population aged 18 and over increased by 12% compared to the 2019-20 baseline and increased by 10.3% compared to the 2018-19 baseline. This represents a deterioration in performance, with increases observed across all Local Community Partnerships (LCPP). The largest increase was in The Ferry with an increase of 29.7% compared to 2019-20 and an increase of 24.6% compared to 2018-19.
- There was an improvement in performance compared with the 2019-20 baseline for the emergency bed day rate per 100,000 population aged 18 and over, with a decrease of 6.3% compared to 2019-20 baseline and 10.9% decrease when compared to 2018-19. This is a positive trend which reflects local improvements in community care that support earlier discharge. Four LCPPs (West End, Strathmartine, Maryfield, Coldside and Lochee) had a lower rate of emergency bed days in Q4 than both 2018-19 and 2019-20 baseline years. In East End, the rate of emergency bed days was lower in Q4 than the 2018-19 baseline (indicating improvement), but higher in Q4 than the 2019-20 baseline (indicating deterioration). Dundee ranked 10th in Scotland for this indicator and was the top performer in the family group.
- At Q4 2024-25 the rate of emergency readmissions within 28 days of any admission was 1% higher than both 2019-20 and 2018-19 baselines, indicating a small deterioration. However, East End and Lochee showed improvement, with lower readmission rates compared to both baseline years. Five LCPPs, Lochee, East End, North East, Strathmartine and Maryfield, showed an improvement against the 2018-19 baseline only.
- At Q4 2024-25 the rate of hospital admissions due to a fall was 5% higher than both the 2018-19 and 2019-20 baselines, indicating a deterioration in performance. Coldside and West End were the only two LCPPs to show an improvement compared to both baseline years. Lochee and North East also showed improvement but only compared with the 2019-20 baseline.
- At Q4 2024-25, the rate of bed days lost to standard delayed discharge for people aged 75 and over was 63% lower than the 2019-20 baseline and 51% lower than the 2018-19 baseline, indicating a significant improvement. All eight LCPP showed an improvement. In Q4, the LCPP with the highest rate was West End with 197 bed days lost per 1,000

people aged 75 and over. The lowest rate was in North East with 75 bed days lost per 1,000 people aged 75 and over.

- At Q4 2024-25, the rate of bed days lost to complex (code 9) delayed discharges for people aged 75 and over was 42% higher than the 2019-20 baseline (deterioration) and 3% lower than the 2018-19 baseline (an improvement). Compared to the 2019-20 baseline year, Lochee, North East, Maryfield and West End showed improvement. Against the 2018-19 baseline, Lochee, North East and Stathmartine showed improvement. In Q4 2024-25, Coldside had the highest bed days lost (code 9) per 1,000 population aged 75 and over while Maryfield had the lowest.
- Updated figures for proportion of last 6 months of life spent at home or community settings, show an improvement, with 90.9% of time spent in these settings. Dundee ranked 7th in Scotland and was the top performer within the family group.
- There has been an increase in the proportion of people with intensive care needs receiving care at home, rising from 58.7% in 2018 to 65.9% in 2024. This is slightly higher than the Scottish average. Dundee ranked 12th in Scotland and was the top performer in Tayside.
- There has been an improvement in proportion of care services graded 'good' or 'better' in the Care Inspectorate Inspections. Following a drop to 74% during the pandemic, this figure has now risen to 82.6% which is slightly higher than the Scottish average.

- 5.2 Public Health Scotland publishes a report on the number of people who are waiting for a 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 reflects improved definitions and therefore caution should be taken when comparing with figures prior to this date.

The number of people waiting for packages of care is showing a slight upward trend, following a period of low numbers.

In Dundee, as of 30 June 2025:

- 0 people waited in hospital and 124 people waited in the community for a social care assessment. 0 people have waited in hospital each week since 17 October 2022.
- 14 people were assessed and waiting for a care at home package in hospital (168 hours yet to be provided).
- 13 people were assessed and waiting for a care at home package in the community (42 hours yet to be provided).
- For those already in receipt of a care at home package 153 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

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

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 10 August 2025

Shahida Naeem
Senior Officer, Quality, Data and Intelligence

Lynsey Webster
Lead Officer, Quality, Data and Intelligence

APPENDIX 1 – Performance Summary

Table 1a: Performance in Dundee's LCPPs - % change in Q4 2024-25 against baseline year 2019-20



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+12%	+7.3%	+4.9%	+15.4%	+5.8%	+15.2%	+9.3%	+10%	+29.7%
Emer Bed Days rate per 100,000 18+	-6.3%	-13%	+8.9%	-12.3%	+9.2%	-6.3%	-15.4%	-16.9%	+4.4%
28 Day Readmissions rate per 1,000 Admissions 18+	+1%	-6%	-10%	+14%	+0%	+1%	+3%	+1%	+12%
Hospital admissions due to falls rate per 1,000 65+	+5%	-9%	+40%	-5%	-10%	+1%	+28%	-2%	+10%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-63%	-56%	-70%	-72%	-44%	-65%	-24%	-69%	-63%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	42%	-41%	+357%	155%	-84%	+50%	-100%	-49%	+435%

Source: NHS Tayside BSU and PHS (delayed discharge data)

Note: This table shows the position against the 2019-20 baseline. Where performance is poorer than 2019-20 baseline, it is coded as red (worse than 2019-20). Where the performance is better than 2019-20 this is coded as green (better than 2019-20).

Key: Improved/Better Stayed the same Declined/Worse

Table 1b: Performance in Dundee's LCPs - % change in Q4 2024-25 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+	+10.3%	+3.9%	+8.1%	+9.5%	+4.4%	+17.8%	+12.6%	+3%	+24.6%
Emer Bed Days rate per 100,000 18+	-10.9%	-22.3%	-0.2%	-12.4%	+3.6%	-8%	-21%	-19.5%	+1.2%
28 Day Readmissions rate per 1,000 Admissions 18+	+1%	-3%	-14%	+23%	-3%	-2%	-2%	+16%	+5%
Hospital admissions due to falls rate per 1,000 65+	+5%	+12%	+19%	-8%	+20%	+3%	+32%	-16%	+7%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-51%	-60%	-73%	-35%	-70%	-40%	-47%	-40%	-37%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-3%	-56%	+24%	+47%	-85%	-65%	0%	+34%	+104%

Source: NHS Tayside BSU and PHS (delayed discharge data)

Note: This table shows the position against the 2018-19 baseline. Where performance is poorer than 2018-19 baseline, it is coded as red (worse than 2018-19). Where the performance is better than 2018-19 this is coded as green (better than 2018-19).

Key: Improved/Better Stayed the same Declined/Worse

Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q4 2024-25 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+	13,954	15,711	18,192	16,221	13,008	15,591	12,001	9,253	13,473
Emer Bed days rate per 100,000 18+	106,911	122,777	147,394	128,179	93,448	110,278	81,970	65,937	120,581
28 Day Readmissions rate per 1,000 Admissions 18+	142	137	142	158	126	149	145	152	124
Hospital admissions due to falls rate per 1,000 65+	32	28	39	37	23	31	34	31	32
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	136	178	84	137	75	136	138	197	129
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	89	63	105	316	13	31	0	20	86

Source: NHS Tayside BSU

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

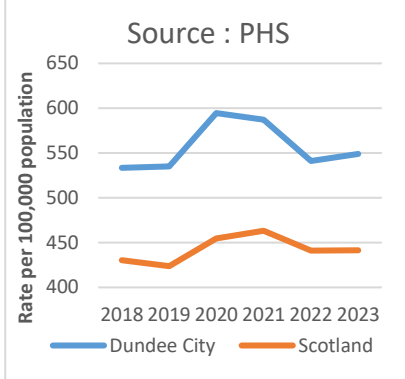
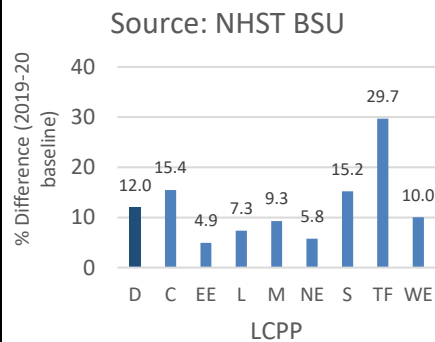
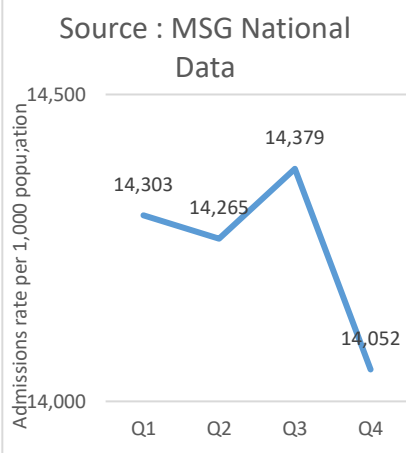
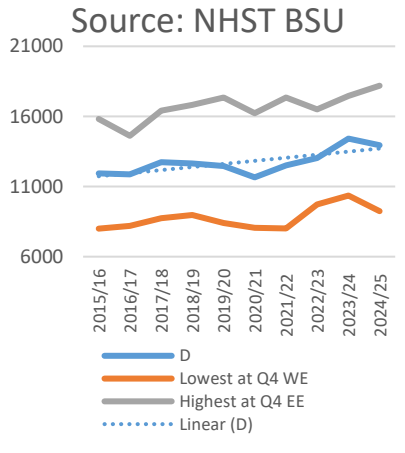
Key: Improved/Better Stayed the same Declined/Worse

Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q4 2024-25 compared to Dundee

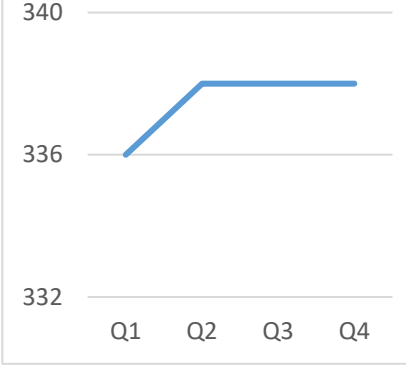
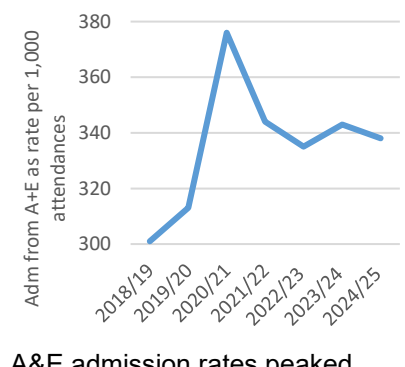
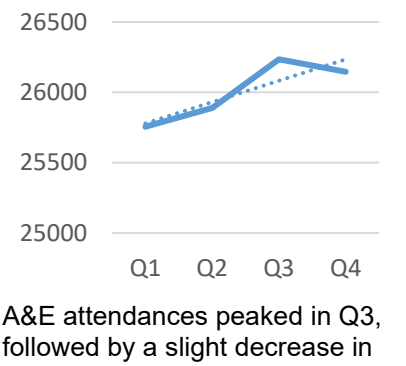
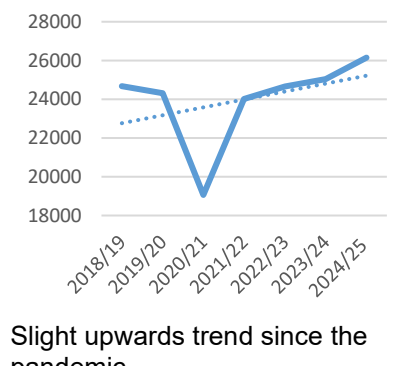
Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF

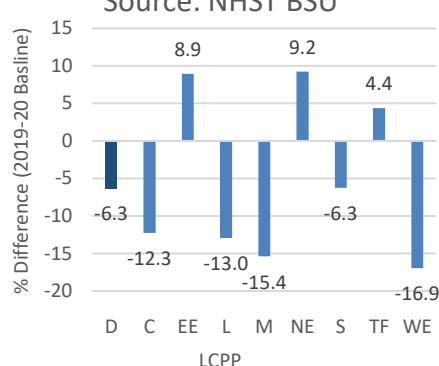
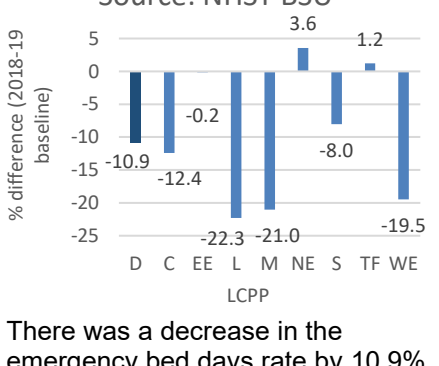
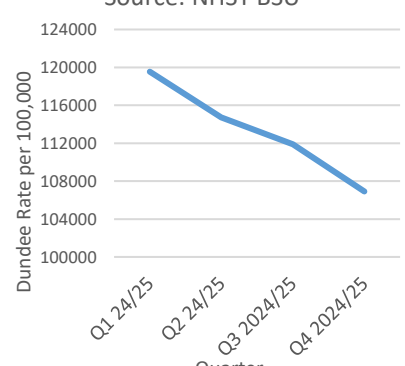
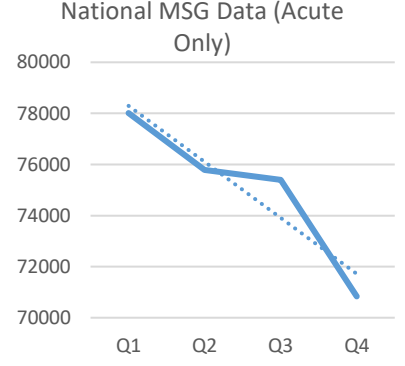
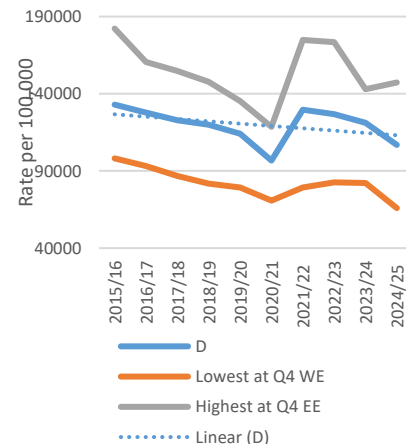
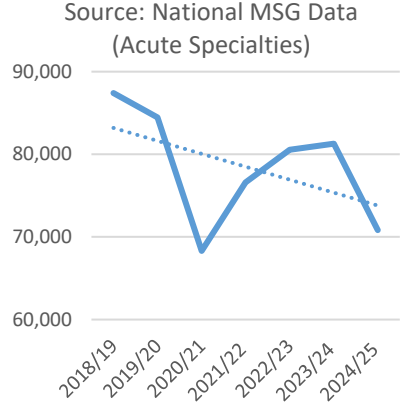
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
1.% of adults able to look after their health very well 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 th (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 Baselines (2018-19 and 2019-20)	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 st (77%)	2nd
10. % staff who say they would recommend their workplace as a good place to work	Not Available Nationally iMatter is used to gather feedback from DHSCP staff. For the 2024 survey the response rate was 54%. 76% of staff reported that they would recommend their organisation as a good place to work.	Not Available Nationally	Not Available Nationally			

National Indicator	Difference From Baselines (2018-19 and 2019-20)	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																																																																										
11. Premature mortality rate per 100,000 persons	There was a 2.9% increase in 2023 than 2018, indicating a deterioration. Premature mortality rate rose during the pandemic years. 2023 is latest available published data	Not Available	Source : PHS  <table><caption>Premature Mortality Rate per 100,000 population (2018-2023)</caption><thead><tr><th>Year</th><th>Dundee City</th><th>Scotland</th></tr></thead><tbody><tr><td>2018</td><td>535</td><td>430</td></tr><tr><td>2019</td><td>535</td><td>425</td></tr><tr><td>2020</td><td>595</td><td>455</td></tr><tr><td>2021</td><td>585</td><td>465</td></tr><tr><td>2022</td><td>545</td><td>440</td></tr><tr><td>2023</td><td>550</td><td>440</td></tr></tbody></table>	Year	Dundee City	Scotland	2018	535	430	2019	535	425	2020	595	455	2021	585	465	2022	545	440	2023	550	440	30th	7th	3rd																																																					
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12. Emer Admissions rate per 100,000 18+	Source: NHST BSU  <table><caption>% Difference (2019-20 baseline) by LCPP</caption><thead><tr><th>LCPP</th><th>% Difference</th></tr></thead><tbody><tr><td>D</td><td>12.0</td></tr><tr><td>C</td><td>15.4</td></tr><tr><td>EE</td><td>4.9</td></tr><tr><td>L</td><td>7.3</td></tr><tr><td>M</td><td>9.3</td></tr><tr><td>NE</td><td>5.8</td></tr><tr><td>S</td><td>15.2</td></tr><tr><td>TF</td><td>29.7</td></tr><tr><td>WE</td><td>10.0</td></tr></tbody></table> There was an increase in emergency admissions rate by 12% in Q4 2024-25 compared with the 2019-20 baseline. This equates to an increase of 1,833 emergency admissions (deterioration).	LCPP	% Difference	D	12.0	C	15.4	EE	4.9	L	7.3	M	9.3	NE	5.8	S	15.2	TF	29.7	WE	10.0	Source : MSG National Data  <table><caption>Admissions rate per 1,000 population (Q1-Q4)</caption><thead><tr><th>Quarter</th><th>Admissions rate</th></tr></thead><tbody><tr><td>Q1</td><td>14,303</td></tr><tr><td>Q2</td><td>14,265</td></tr><tr><td>Q3</td><td>14,379</td></tr><tr><td>Q4</td><td>14,052</td></tr></tbody></table> Following a peak in Q3, the admissions rate has begun to decrease (improve).	Quarter	Admissions rate	Q1	14,303	Q2	14,265	Q3	14,379	Q4	14,052	Source: NHST BSU  <table><caption>Emergency Admissions Rates (2015/16 - 2024/25)</caption><thead><tr><th>Year</th><th>D</th><th>Lowest at Q4 WE</th><th>Highest at Q4 EE</th></tr></thead><tbody><tr><td>2015/16</td><td>11,500</td><td>7,500</td><td>15,500</td></tr><tr><td>2016/17</td><td>11,500</td><td>7,800</td><td>15,000</td></tr><tr><td>2017/18</td><td>11,800</td><td>8,000</td><td>16,000</td></tr><tr><td>2018/19</td><td>11,800</td><td>8,200</td><td>16,500</td></tr><tr><td>2019/20</td><td>11,800</td><td>8,000</td><td>16,800</td></tr><tr><td>2020/21</td><td>11,500</td><td>7,800</td><td>16,000</td></tr><tr><td>2021/22</td><td>11,800</td><td>8,000</td><td>16,800</td></tr><tr><td>2022/23</td><td>12,000</td><td>8,500</td><td>16,000</td></tr><tr><td>2023/24</td><td>12,500</td><td>9,000</td><td>17,000</td></tr><tr><td>2024/25</td><td>12,000</td><td>8,500</td><td>17,500</td></tr></tbody></table> Note - Linear (D) is the trendline for Dundee	Year	D	Lowest at Q4 WE	Highest at Q4 EE	2015/16	11,500	7,500	15,500	2016/17	11,500	7,800	15,000	2017/18	11,800	8,000	16,000	2018/19	11,800	8,200	16,500	2019/20	11,800	8,000	16,800	2020/21	11,500	7,800	16,000	2021/22	11,800	8,000	16,800	2022/23	12,000	8,500	16,000	2023/24	12,500	9,000	17,000	2024/25	12,000	8,500	17,500	29th	7th	3rd
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	Source: NHST BSU % difference (2018-19 baseline) LCPP There was an increase in the emergency admissions rate by 10.3% in Q4 2024-25 compared with the 2018-19 baseline. This equates to an increase of 1,603 emergency admissions (deterioration).		Source: National MSG Data Increase during post pandemic recovery period.			
Emergency Admissions Numbers from A&E (MSG)	1,2744 more emergency admissions from A+E in Q4 24/25 compared with the 2019/20 baseline. 1,409 more emergency admissions from A+E in Q4 24/25 compared with the 18/19 baseline.	Source: MSG National Data Admissions from A+E Numbers Peak at Q3 but a reduction in Q4.	Source: MSG National Data Increase during post pandemic recovery period which continued to Q4 2024/25.	NA as number and not rate	NA as number and not rate	NA as number and not rate

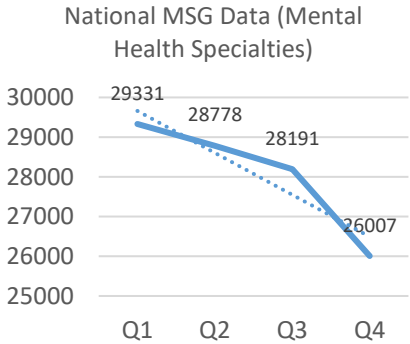
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances (MSG)	Rate has increased by 25, from 313 at the 2019/20 baseline to 338 at Q4 2024/25. This is an increase of 8%. Rate has increased by 37, from 301 at the 2018/19 baseline to 338 at Q4 2024/25. This is an increase of 12%.	Source : MSG National Data  Rate has stabilised at 338 admissions from A&E as rate per 1,000 admissions	Source: MSG National Data  A&E admission rates peaked during the pandemic. Since then there has been a decline, with rates now stabilising.	Not Avail	Not Avail	Not Avail
Number of Accident & Emergency Attendances (MSG)	1829 (8% increase) more A&E attendances in Q4 2024/25 than the 2019/20 baseline. 1467 (6% increase) more A&E attendances in Q4 2024/25 than the 2018/19 baseline.	Source: MSG National Data  A&E attendances peaked in Q3, followed by a slight decrease in Q4.	Source: MSG National Data  Slight upwards trend since the pandemic.	NA as number and not rate	NA as number and not rate	NA as number and not rate

National Indicator	Difference From Baselines (2018-19 and 2019-20)	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
13. Emer Bed days rate per 100,000 18+	Source: NHST BSU  There was a decrease in the emergency bed days rate by 6.3% between the 2019-20 baseline and Q4 2024-25. This equates to a decrease of 8,678 emergency bed days (improvement). Source: NHST BSU  There was a decrease in the emergency bed days rate by 10.9% between the 2018-19 baseline and	Source: NHST BSU  The emergency bed days rate has shown a consistent downward trend over the past 4 quarters (improvement). National MSG Data (Acute Only) 	Source: NHST BSU  Source: National MSG Data (Acute Specialties) 	10th	1st	2nd

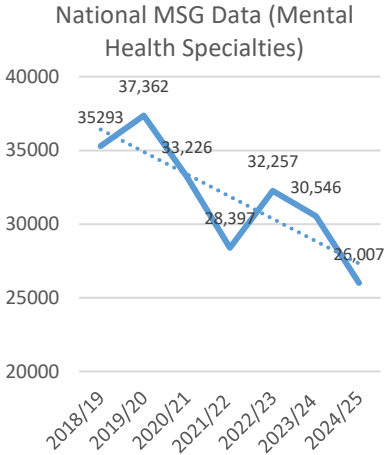
Q4 2024-25. This equates to a decrease of 15,907 emergency bed days (improvement).

11355 (30%) less mental health bed days in Q4 2024-25 compared with the 2019-20 baseline (improvement) (source: MSG)

9286 (26%) less mental health bed days in Q4 2024-25 compared with the 2018-19 baseline (improvement) (source: MSG)



A decrease in the rate of mental health emergency bed days since Q1 2024/25 (improvement)

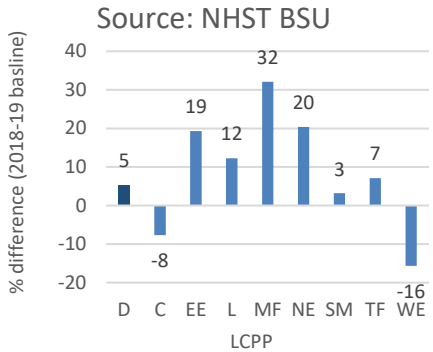


There has been a steady decrease since the pandemic, indicating an overall downward trend.

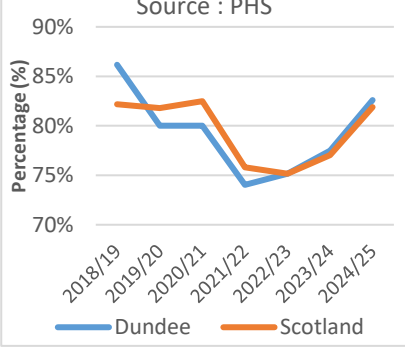
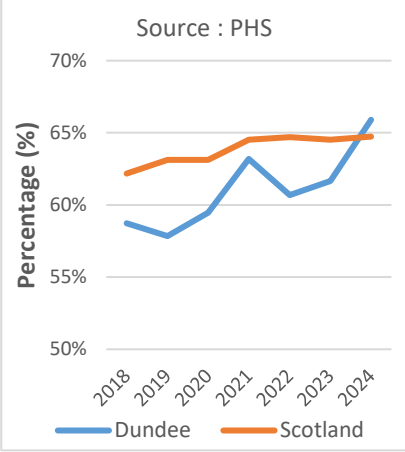
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
14. Emergency Readmissions rate per 1,000 Admissions 18+	Source: NHST BSU The rate is 1% higher at Q4 2024-25 than 2019-20. The number of readmissions (numerator) increased by 708 readmissions between the 2019-20 baseline and Q4 2024-25. Source: NHST BSU The rate is 1% higher at Q4 2024-25 compared with the 2018-19 baseline. The number of readmissions (numerator) increased	Source: NHST BSU Decreasing trend over the last 4 quarters (improvement).	Source: NHST BSU Legend: — Dundee — highest at Q4 Coldside — lowest at Q4 The Ferry Linear (Dundee)	29th	8th	2nd

	by 819 readmissions between the 2018-19 baseline and Q4 2024-25.					
National Indicator	Difference From Baselines (2018-19 and 2019-20)	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
15. % of last 6 months of life spent at home or in a community setting	Increase from 89.2% in 2018/19 and 89.5% in 2019/20 to 90.9% in 2024 (improvement). Dundee is 7 th best in Scotland and 1 st in the family group.	Not Available	Source : PHS Dundee Scotland Linear (Dundee)	7th	1st	2nd
16. Hospital admissions due to falls rate per 1,000 65+ population	Source: NHST BSU % Difference (2019-20 baseline) D C EE L MF NE SM TF WE LCPP	Source: NHST BSU Rate per 1,000 65+ popln 24/25 Q1 24/25 Q2 24/25 Q3 24/25 Q4 Quarter A small decrease in rate between Q2 and Q4.	Source: NHST BSU Rate per 1,000 popln 65+ 2015/16 2016/17 2017/18 2018/19 2019/20 2020/21 2021/22 2022/23 2023/24 2024/25 Dundee Highest at Q4 EE Lowest at Q4 NE Linear (Dundee)	31st	8th	3rd

The rate of admissions has increased by 5% in Q4 24-25 from the 2019-20 baseline. This equates to an increase of 71 fall related hospital admissions. The greatest increase (deterioration) in the number of falls related admissions was in East End with a 40% increase (33 fall related admissions) (deterioration). East End had the 3rd lowest rate of admissions in 2019-20 and the highest rate of admissions in Q4 2024-25.

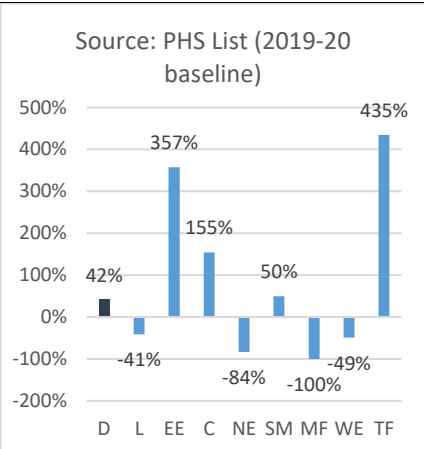


The rate of admissions has increased by 5% in Q4 24-25 from the 2018-19 baseline. This equates to an increase of 74 fall related hospital admissions. The greatest increase (deterioration) in the number of falls was in Maryfield with a 32% increase (21 fall related admissions) (deterioration).

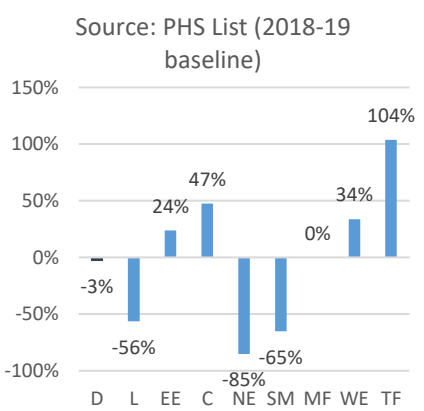
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
17. % care services graded 'good' (4) or better in Care Inspectorate inspections	A deterioration of 3.6% compared to the 2018/19 baseline but a 2.6% improvement compared to the 2019/20 baseline. Grading during the pandemic deteriorated significantly to a low of 74% in 2021/22, followed by an improving trend.	Not Available	Source : PHS 	17th	6th	1st
18. % adults with intensive care needs receiving care at home	There has been an increasing trend in the proportion of adults receiving intensive care needs at home. In 2024, 66% received intensive care at home, representing an increase of 8% compared to 2019 and 7% compared to 2018 baseline.	Not Available	Source : PHS 	12th	5th	1st

National Indicator	Difference From Baselines (2018-19 and 2019-20)	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
19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)	Source : PHS List (2019-20 baseline) 63% decrease (improvement) since the 2019/20 baseline. Source : PHS List (2018-19 baseline) 51% decrease (improvement) since the 2018/19 baseline.	Source: PHS List The trend shows a decrease over the last four quarters	Source: PHS List Decline in rate of standard delays since 2022/23. This is an improving trend.	NA	NA	NA

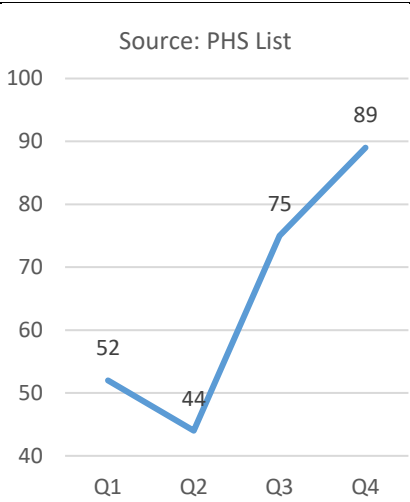
19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)



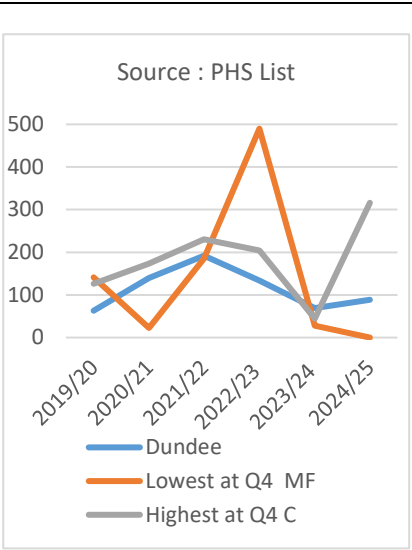
42% increase (deterioration) since 2019-20 and decrease (improvement) in 4 LCPPs.



3% decrease (improvement) since 2018-19 and decrease (improvement) in 3 LCPPs.



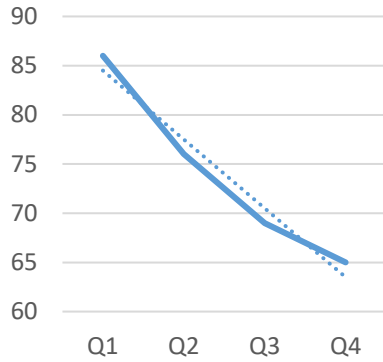
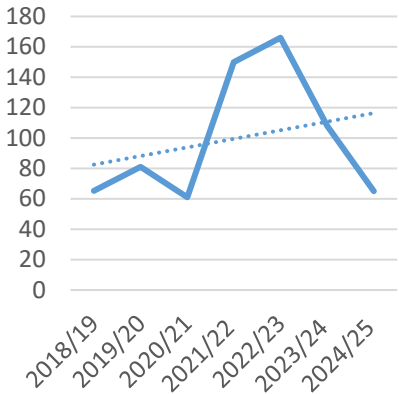
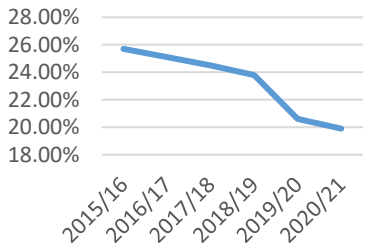
An increase (deterioration) between Q2 and Q4.



NA

NA

NA

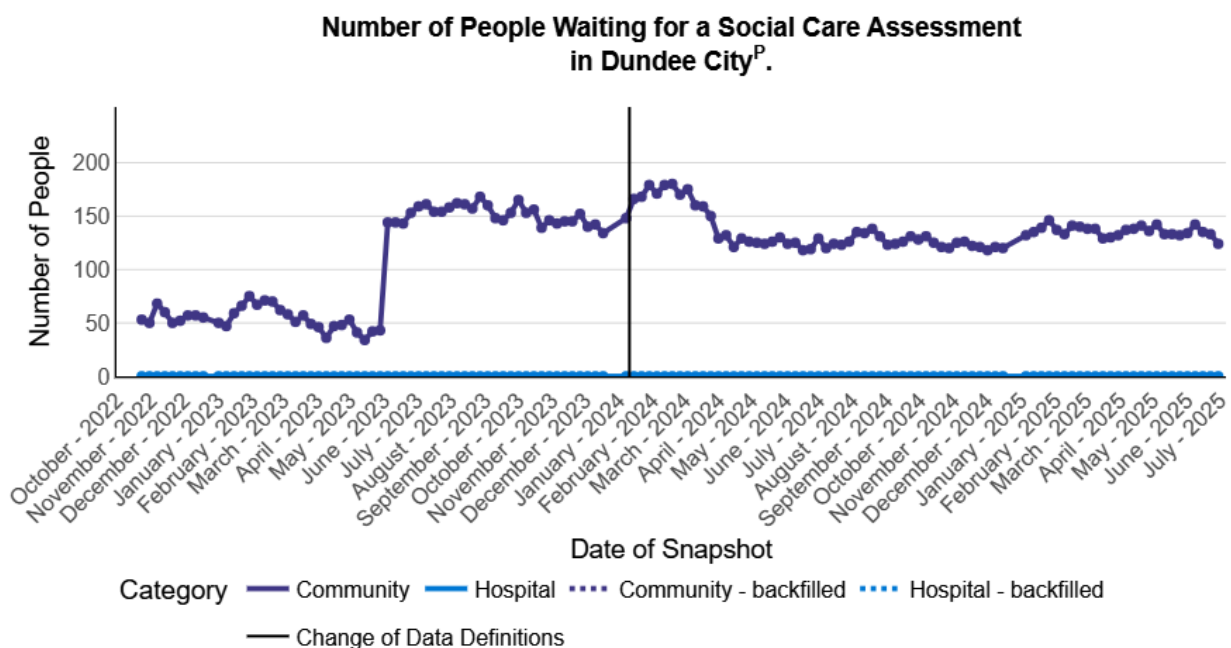
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)	Bed days have decreased since the 2019-20 baseline. In 2019-20 there were 9,861 bed days lost and this decreased to 8,401 at Q4 2024-25. Bed days have decreased since the 2018-19 baseline. In 2018-19 there were 9,376 bed days lost and this decreased to 8,401 at Q4 2024-25.	Source: MSG National Data  Reduction (improvement) over the last 4 quarters.	Source: MSG National Data  A decrease in bed days lost rate since 2022/23.	NA	NA	NA
20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency	5.8% less in 2020/21* than 2015/16 (improvement) *latest data available	Not Available	Source: PHS 	18th	3rd	3rd

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

This report is an assessment of the demand for Care at Home services provided by Health and Social Care Partnerships. The information shows the number of people waiting for an assessment for a package of care to allow them to live at home or in the community and 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 services to be delivered.

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

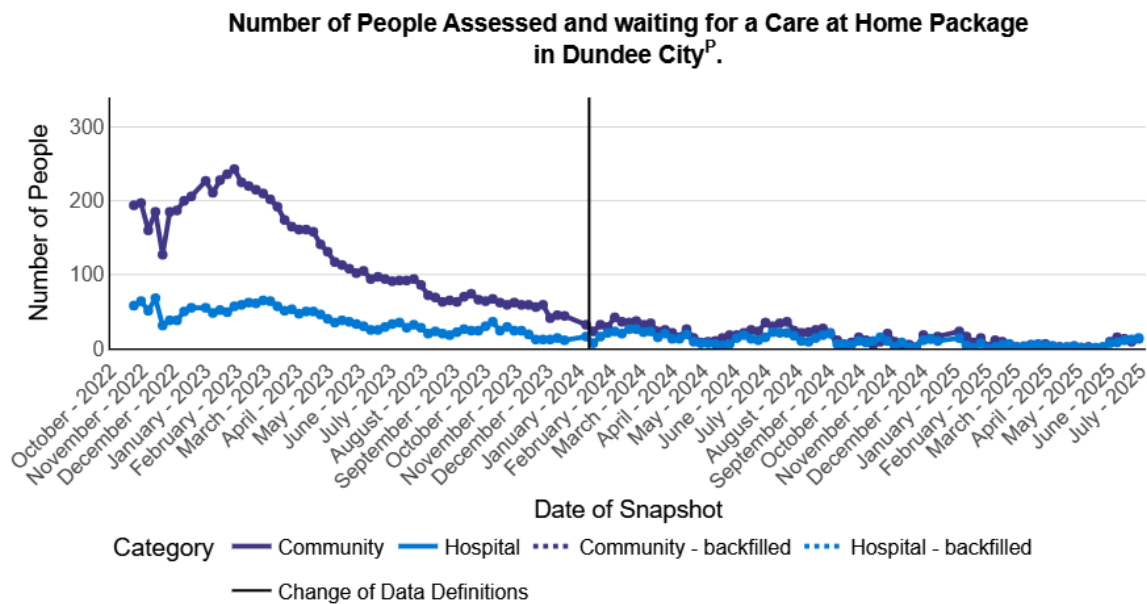
Chart 1



In Dundee as at 30 June 2025:

- 0 people waited in hospital and 124 people waited in the community for a social care assessment.
- 0 people have waited in hospital each week since 17 October 2022.

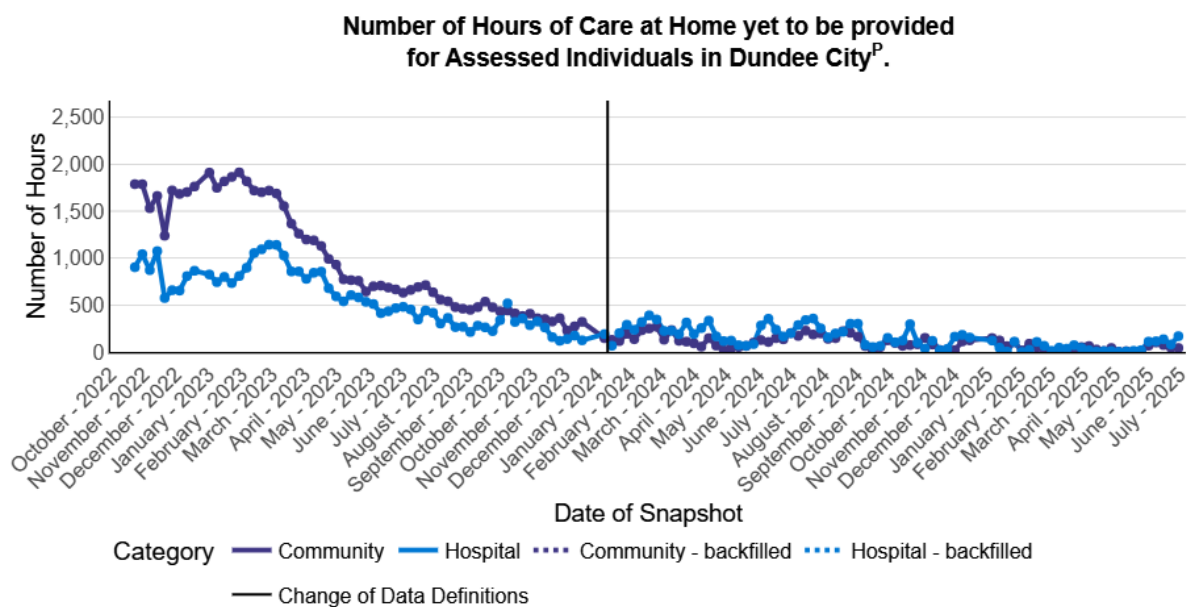
Chart 2



In Dundee as at 30 June 2025:

- 14 people was assessed and were waiting in hospital for a care at home package.
- 13 people were assessed and were waiting in the community for a care at home package.

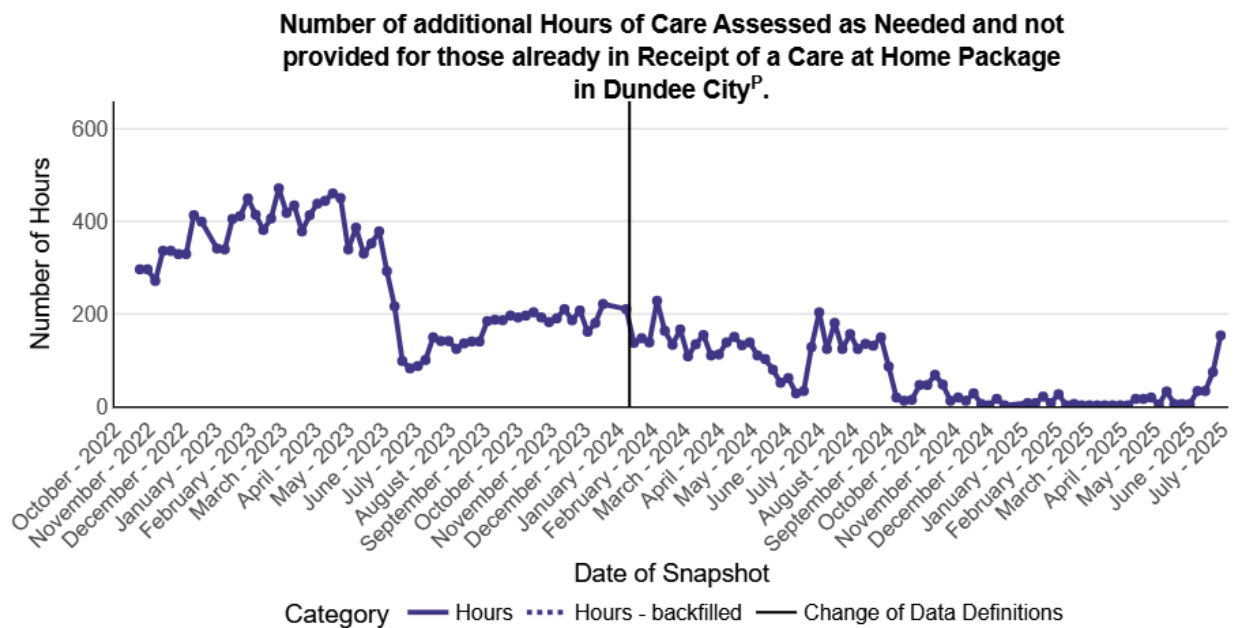
Chart 3



In Dundee as at 30 June 2025:

- 14 people were assessed and waiting for a care at home package in hospital (168 hours yet to be provided).
- 13 people were assessed and waiting for a care at home package in the community (42 hours yet to be provided).

Chart 4

**In Dundee as at 30 June 2025:**

- For those already in receipt of a care at home package 153 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 rolling¹ 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.

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

¹ For Q4 the data is for the period 1 April 2024 – 31 March 2025.

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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 SEPTEMBER 2025

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

REPORT BY: CLINICAL DIRECTOR

REPORT NO: PAC31-2025

1.0 PURPOSE OF REPORT

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

- Assurance - Reasonable

This report relates to:

- Emerging issue
- Government policy/directive
- Legal requirement
- Local policy

This aligns to the following NHSScotland quality ambitions:

- Safe
- Effective
- Person-centred

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 Health and Social Care Partnership. The timescale for the data within this report is to 31 July 2025.
- 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 Dundee 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 BACKGROUND

4.1 This report will highlight key risks, mitigations and impact. The report will also include recent improvement activity and any issues that require escalation.

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

Each service attends DHSCP CCPGG and presents an annual Quality Assurance Report. The Quality Assurance Report is based on the Clinical Governance Framework with the primary drivers focusing on ensuring that:

- Clearly defined governance function and roles are performed.
- Values of openness and accountability are promoted and demonstrated through actions.
- Staff are supported and developed.
- All actions are focused on the provision of high quality, safe, effective, and person-centred services.

Exception reports are presented at each CCPG Group highlighting emerging issues.

- 4.3 Strategic Risks and Service Risks are reported to DHSCP Risk Management Group bi-monthly and are subject to scrutiny by the group.

5.0 ASSESSMENT

a.1

Service	Current or Emergent Concern
Community Mental Health & Learning Disabilities	Clinical and management capacity continue to be the main risks associated with Mental Health and Learning Disability services. Learning Disabilities Within Learning Disabilities, capacity to support transitions from child to adult services and capacity to exercise guardianship duties are the key risks. The team have prioritised transition cases to manage this risk with support from across the mental health teams to also support, but there is a risk that demand will outstrip capacity over the coming months leading to increased pressure on families and unpaid carers. The capacity to support guardianship duties is being further explored through a capacity and demand improvement group. Mental Health Risks are identified in relation to the operational management of the Perinatal Mental Health Team as the management currently sits outwith the DHSCP structure due to limited capacity. The Nurse Director for Mental Health continues to support this team. A formal risk has now been raised regards the inability to undertake timely Morbidity and Mortality reviews and implement recommendations with the potential of failing to learn from these adverse events. Additional time has been realised by commissioning a retired consultant psychiatrist to work three sessions per week and utilising a limited amount of time from a single improvement advisor to support this work. There are currently 123 outstanding adverse events. Some mitigation exists in all events being considered when they happen, and any required immediate actions progressed through operational management systems. Tayside Eating Disorder Service have appointed to a consultant psychiatrist post after a three-year period of mitigating the medical risks associated with this vacancy.

	Community Mental Health Team (CMHT) Referral rates continue to rise with no sign of plateauing. For CMHT West, the pre-COVID average of 65, which increased to 109 from April 2020 onwards, for the last two months has had an average of 150. For CMHT East, those same rates are 65, 94 and 120, i.e. nearly double the pre-COVID rate. Referrals for assessment and treatment of ADHD account for a very significant proportion of the increased referral rate. The ultimate solution to the difficulties being experienced will lie in the redesign of Community Mental Health Services.
Dundee Alcohol Service	Drug & Recovery DDARS continues to record six risks. The majority are showing a reducing risk exposure rating score, and one risk (1129) is to be transferred to the Alcohol and Drugs Partnership to link in with national work regarding the Benzodiazepine Pathway. Significant delays in receiving postmortem and toxicology are impacting on the ability to identify key learning for the organisation. This minimises the ability to implement any potential changes to practice that could mitigate any risks to patient care. A key risk for the service currently relates to the required activity to manage adverse events, in particular Morbidity and Mortality reviews. The required demands relating to this includes on a weekly basis - 1 wte administrator, 1 day Medical/Nurse team leader report collation and analysis per patient. 1.5-2 days of a manager chairing reviews and managing adverse event system. Within each mortality review required their needs to be attendance from Service Manager, Nurse Team Leader, Consultant/Medical staff, Pharmacy, Administration, and Police to ensure that a robust review has been undertaken.
Urgent and Unscheduled Care	Indicators of concern have become apparent within Dundee Enhanced Care at Home Team (DECaHT) over recent month which relates to the triage process, culture and case load management, with variations in the quality of nursing assessments. An independent quality of care review has been commissioned and is underway to enable accurate understanding of the challenges. New leadership was in place immediately prior to the initial visit and had identified similar themes with initial measures progressing to address these issues. Further work will be identified and monitored following completion of the review. Early improvement work had already been identified and implemented consistent with areas highlighted in the initial feedback and by the Team Lead, and a longer-term action plan will be developed upon receipt of the completed reports.
Nutrition & Dietetics	Ongoing risk 1105 is in relation to significant increased demand for Adult Weight Management Service, where referrals have seen a 700% increase from pre-COVID levels. The waiting list and waiting times continue to increase. Waiting time for tier 3 interventions is approximately 2 years. Waiting time for tier 2 service has reduced due to the ongoing review and redesign. In addition to the increase in demand the service is managing long term sickness absence and vacancies. Recruitment to band 6 posts is extremely challenging. A fixed term band 5 will be recruited to address the issue. Service redesign including the delivery of a dietetic support worker-led tier 2 weight management intervention, close working with partners and waiting list validation have supported increased capacity. It is however recognised that additional funding and a pause on referrals will be required to address current waiting lists and long-term service provision, and this is currently being explored through the Dundee HSCP management team.
Primary Care and Health Inequalities	A draft comprehensive sustainability plan is under review and will be finalised for approval. This plan focuses on:

	• Premises: Reviewing current buildings and exploring opportunities for improved space, co-location, or refurbishment. • Workforce: GP practices seek to recruit and continue to support training GPs. Consideration is given to job design and supporting career development to improve retention, including in the wider MDT roles. • Collaborative Working: Enhancing cross-practice and multi-agency partnerships to share resources, reduce duplication, and improve service delivery. <u>Governance Structure Development</u> The formal governance structure required to oversee, prioritise, and measure the impact of sustainability initiatives has not yet been fully established. <u>Barriers to Risk Reduction</u> Key barriers include ongoing national GP shortages, limited availability of suitable practice premises, and the complexity of implementing large-scale changes in a short timeframe. Indicators show an overall increasing demand for primary care services when considering the whole MDT resulting in waiting lists for some services and longer waits for access to routine monitoring appointments. The additional demands are placing staff under increasing pressure. Staff are working at full capacity to deliver day to day activities, with little or no scope to consider further service development.
Psychological Therapies	In September 2024 the Scottish Government wrote to NHS Tayside outlining that NHS Tayside Psychological Therapies Service was one of seven mainland Boards being placed in “enhanced support,” consequent to referral to treatment time (RTT) performance being below the 90% RTT 18-week target. Performance in April 2025 was 71.4% with 425 of the 595 patients commencing treatment within 18 weeks of referral. The total number waiting over 18 and over 52 weeks has a small but consistent downward trend. Waiting times are impacted by the higher volume specialities, particularly Clinical Neuropsychology and adult services (Adult Psychological Therapies and Psychology within CMHTs). Adult services are balanced in terms of demand and new patients seen each month but are not impacting on the total volume of people waiting. New staff scheduled to start will be used for some test of change work to reduce demand, allowing total numbers waiting to reduce. Actions being taken to impact performance include: • Agreement to recruit limited number of additional staff despite saving target (2.6wte have commenced work in late July/August) • All additional staff will be allocated to areas of greatest need; replacement and additional posts are with HR for advertising. • Tests of change in Clinical Health Psychology to ensure full matched care model being used and only those requiring specialist and enhanced psychological care are placed on waiting list. • Advertise Clinical Neuropsychology posts that involve more integrated working (beginning with certain neurology sub-specialities) • Work to retain current specialist trainees due to qualify September 2025 • Psychology Director participating in Neurology whole system change work.

Community Services	Community Treatment and Care Services (CTACS) Increasing referrals (Transfer of Chronic Disease Monitoring from GP Practices and Reshaping Diabetes Pathway), reduced admin capacity and rescheduled appointments due to adverse weather (320) have led to an increase in waiting times, particularly for Phlebotomy Services. The new Cardiovascular DES is anticipated to generate additional workload for the team. The changeover to the new Laboratory Information Management System (LIMS) planned for later this year will also result in a period of reduced capacity, and this will also have an impact on waiting times. Actions have been taken to reduce the impact of this, including ongoing recruitment, monitoring of clinics to ensure full utilisation and additional sessions (recognising that lack of available clinic space limits the ability to deliver these). Blood Bikes Scotland has increased its support to the service, reducing the need for healthcare support workers to deliver samples to Laboratory Services. Work is ongoing to identify funded service capacity to allow mapping with demand on an ongoing basis. Performance data is reported through the Primary Care Improvement Group.
Inpatient & Day Care	Services on the Royal Victoria Hospital site have recorded risks for concerns around the health environment. Risks are assessed on a regular basis, with support from Estates colleagues.
Older People's Mental Health / Care Homes	There are ongoing risks regarding the health environment due to the poor integrity of the roof on Kingsway Care Centre. This is assessed on a regular basis with Estates colleagues.

a.2

Service	Quality Improvement
Community Mental Health Team	Alloway Centre has completed the 15 Steps Challenge – Quality from a patient's perspective. An action plan is to be developed based on the recommendations. There was a level of dedication apparent from all members of the team in relation to the standards of care that they were striving to deliver in a challenging environment. It is an ageing building with several challenges, yet with the potential to create a more welcoming, trauma-informed environment if funding can be obtained.
Hope Point	Hope Point is delivered through partnership working between Penumbra and Dundee Health and Social Care Partnership. Hope Point, Dundee Wellbeing Support, opened in August 2023. Designed to provide immediate support to people experiencing emotional distress, Hope Point is open 24/7 and people can seek support in person, by phone or by text. Support is delivered exclusively by peers. The model of care, the name and physical design of the rooms in which people are supported was fully co-produced with the people of Dundee. Hope Point has established excellent working relationships with services providing mental health care and treatment to ensure that people truly experience the principle of 'no wrong door', receiving support at the point of greatest need whilst being actively helped to navigate to the resources that will best meet their needs. A dedicated pathway for Police Scotland colleagues is in place to ensure that people who require a compassionate and supportive response to distress as opposed to Police intervention can be directed to receive immediate help. In March 2025, Hope Point and Distress Brief Intervention partners were awarded 'Policing Partner of the Year' at the Tayside Division, Divisional Commander's Annual Awards & Recognition ceremony for "delivering an outstanding level of performance in support of individuals in distress and experiencing

	mental health concerns". The original design of Hope Point included accommodation with support and this is now available, however the demand for this to date has been negligible. This will be kept in place as more detailed operationalisation of the pathway may result in more frequent use. During the financial year 2024/25, Hope Point supported 1078 individuals with a total of 6015 supports carried out via drop-in, phone and text. The evaluation of the support received is overwhelmingly positive. People report feeling welcome, heard and understood. The most recent Flash Report outlines that 100% people feel valued and respected by the Hope Point Team. Importantly, 100% of people considered they would reach out for support again in the future if it was required. The best evaluations come from those who access the support. Within a model driven by the philosophy of "There is Always Help. There is Always Hope", the following two quotes say it all: <i>"I have never experienced something as that has helped me as much as Hope Point has."</i> <i>"Talking to you made me realise that I was not alone, and my feelings were not unusual or weird."</i> Hope Point's report on the first two years of operation will be published on 28th August 2025.
Community Services	Community Nursing workshops held to further develop locality working, updating on the recent successful tests of change for weekend and evening working. Final work is to be carried out following the implementation of the Morse system.
AHP Design Sprint	A system-wide design sprint was held for four allied health professions, seeking to identify the best way to utilise the AHP resources across Tayside. There was excellent participation from the HSCPs and Acute. The AHP leadership team are developing an action plan for implementation. Key themes included: professional identity & visibility, wellbeing and retention, referral pathways & access, sustainable services & skill mix, advancing practice and data & outcomes.
Discharge without Delay	Boards and HSCPs across Scotland are working together to develop a consistent approach to developing the key principles required for successful management of capacity and flow as part of the national DWD Collaborative. This work is continuing to support good performance in Dundee against the local and national delayed discharge targets with a consequent positive impact on planned care activity and improved outcomes for frail older people.

a.3 New Current Risks

There were two new current risks added to the system in this reporting period:

- Medicine for the Elderly relating to Dundee Enhanced Care at Home Team (DECaHT) – quality of care
- Mental Health Service relating to Hub Spoke Model – Patient Assessment Liaison Mental Health Service (PALMS) Development.

b. Workforce Risks

- b.1 There are a number of risks (8, this is a decrease of 1 since last reporting period) 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.

A number of these risks have now been closed with recruitment to the vacant posts permitting this. The table below outlines the existing workforce risks across the HSCP, including those recently closed.

The open risks are reliant on successful recruitment and/or new models of care being agreed and implemented, for example risk 1129. In a number of these risks, which have been open for a number of years, while the staffing resource has increased, the expectation from staff within that service has also increased, maintaining the overall risk exposure rating.

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ID	Clinical Care Group/Locality	Title	Rating (initial)	Rating (current) as at 10th Feb 25	Rating (current) as at 3rd April 25	Rating (current) as at 3rd June 25	Rating (current) as at 4th August 25	Risk Trend	Rating (Target)
233	Dundee Drug and Alcohol Recovery Service	Increasing patient demand in excess of resources	20	15	15	15	15	→	12
612	Dundee Drug and Alcohol Recovery Service	Insufficient numbers of ISMS staff with prescribing competencies	25	15	15	15	15	→	9
1129	Dundee Drug and Alcohol Recovery Service	Lack of resource to deliver the benzodiazepine dependence pathway compliant with guidelines	20	16	16	16	16	→	9
999	Mental Health (Dundee)	Specialist psychiatrist time in Tayside Eating Disorders Service	15	9	9	9	9	→	6
1086	Mental Health (Dundee)	recruitment of clinical staff	15	12	12	12	12	→	8
1341	Mental Health (Dundee)	Staffing for delivered services	15	12	12	12	12	→	9
933	CBIR	Consultant medical staff	9	6	6	6	6	→	2
1434	Allied Health Professionals (Dundee HSCP)	Capacity issue due to vacancy and new staff -- Diabetes Team	20	12	12	12	12	→	6
877	Tayside Sexual and Reproductive Health	SRH Consultant Role	16	9	9	9	Treated/Archived 29/07/2025		

b.2 Clinical & Care Governance Arrangements

MEETING DATE	24-Apr-24		20-Jun-24		14-Aug-24		09-Oct-24		04-Dec-24		29-Jan-25		26-Mar-25		21-May-25		16-Jul-25	
EXCEPTION REPORT	Report	Speaker	Report	Speaker	Report	Speaker	Report	Speaker	Report	Speaker	Report	Speaker	Report	Speaker	Report	Speaker	Report	Speaker
Learning Disability & Mental Health	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
Psychology	Y	N	N	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N
DDARS & Sexual Health	N	Y	N	Y	N	N	Y	Y	Y	Y	N	N	N	Y	Y	Y	N	N
Nutrition & Dietetics	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Community Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Acute & Urgent Care	N	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Inpatients & Day Care	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Older People MH & Care Homes	Y	Y	N	Y	N	Y	Y	N	Y	N	Y	Y	Y	Y	Y	Y	Y	N
Primary Care	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N
Specialist Services /Perinatal MH Team/ Maternity & Neonatal Psychology	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Y	Y

- b.3 During this reporting period, exception reports were presented to the CCPG Group from the following services as outlined in the table above.

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

To support enhanced compliance and to meet internal audit recommendations, the production and presentation of exception reports is being more closely monitored. The CCPG Group are also reviewing frequency of annual reports and exception reports to support management capacity. The following table details where assurance reports have been submitted and if a member of the service was present to speak to the report or provide a verbal update.

b.4 Key Elements Reported in CCPG Group

Community Services

- An engagement event was held for Community Treatment and Care Services (CTACS) across Tayside regarding the requirement to provide services to children and young people. Further consultation, engagement and training will be required in line with the NHST Tayside organisational change processes to progress this.
- Physiotherapy and Occupational Therapy leadership structures within adult services are being redesigned to drive enhanced effectiveness across pathways.
- There is an ongoing risk in relation to damp and mould in Ardler Clinic. Concerns have been raised with regard to staff health and absence due to respiratory conditions – this is being monitored.

Mental Health and Learning Disability

- Community Mental Health Team (CMHT): Referral rates continue to rise with no signs of plateau. For CMHT West, the pre-COVID average of 65 which increased to 109 from 4/20 onwards, for the last two months has an average of 150. For CMHT East, those same rates are 65, 94 and 120, i.e. double the pre-COVID rate.
- Locum Psychiatry provision has stabilised again with the return of a second psychiatrist to CMHT West.
- From Datix analysis: Cluster of violence and aggression incidents: Small number of patients (Police already involved and behavioural management plan in place) involving verbal aggression over the phone, there have been three other in-person violence and aggression incidents within the clinic setting and one home-based incident. Weapons were involved in two of these (no bodily harm to anyone but property damage in one).

Psychological Therapies

- The Psychological Therapies Clinical Care and Professional Governance Group (PCCPGG) has a new Chair and has reconfigured to allow the Specialist Services Group to form. Where there is crossover (for example, around the Psychological Therapies Specification reporting) between the two groups, the Chair of the Specialist Group will also participate in PCCPGG. The gap in reporting evident above is resultant from this and work being undertaken to modernise the agenda in line with required reporting.

Psychiatry of Old Age (POA) In-patient and Community Services

- Community teams are now fully staffed and staff levels across the wards are improving.
- Kingsway Care Centre (KCC) building has a great number of issues for repair, especially concerning the roof. Due to recent heavy rain, it has been necessary to take some rooms out of use. Twelve desks are currently inaccessible for community staff. Ongoing Health and Safety review of the building.
- Anti-ligature work has now been completed in four rooms in Ward 4, KCC.

Primary Care

- The lease process remains unclear. A Paper has been drafted for Executive Leadership Team to seek clarity and support moving this forward.
- Accommodation remains an issue for supporting clinical services across a number of areas, in terms of reduced availability and poor condition. Concerns have been raised about the

potential impact on CTACS services if sufficient space cannot be found to house additional clinics.

Nutrition and Dietetics

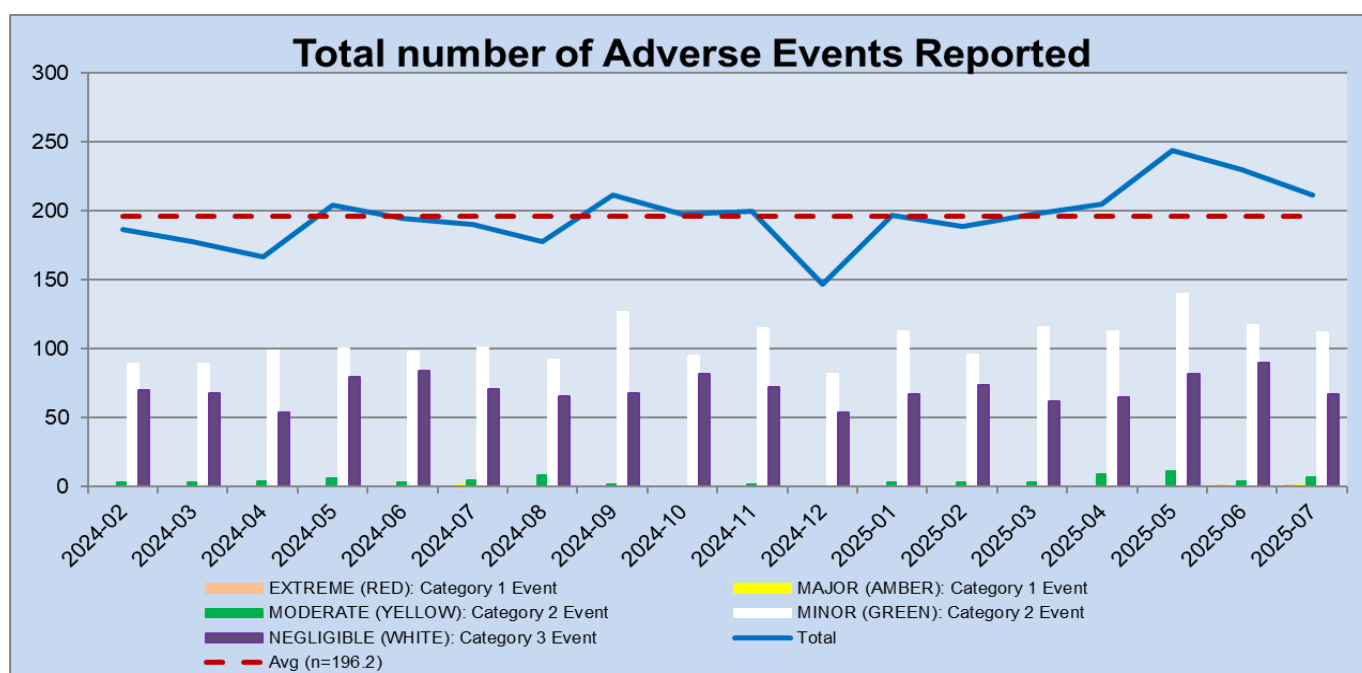
- The Adult Weight Management waiting list continues to grow with referral rates 700% higher than pre-COVID levels. Significant redesign has occurred across the service and a paper has been compiled to seek additional funding to reduce this waiting list.
- The Paediatric service, which requested mutual aid 18 months ago is now fully staffed and delivering well across all aspects of paediatric dietetic care.
- Challenges have presented with the provision of the home enteral tube feeding contract, with potential for patients to be left without feed. Work is ongoing across the whole system to address and mitigate and although not completely resolved the situation has significantly improved.

c. Adverse Event Management

- c.1 Dundee CCPG Forum regularly discusses the themes from adverse events reported, with a view to learning from adverse events and supporting quality improvement. The forum scorecards include good evidence of scrutiny and management of frequently reported adverse events.

A weekly governance huddle is well-established and supports review and management of adverse events, providing an overview of adverse events across the HSCP and early identification of changes in reporting patterns.

There has been a rise in adverse events in April and May 2025 following several adverse events related to the provision of home enteral feeding. This has affected adult and paediatric services and relates to both an international shortage of products and the implementation of a new pathway for the prescribing and provision of supplements. Work is ongoing with primary care, Procurement and supplement providers to address the identified issues.



Significant Adverse Event Reviews (SAERs)

- c.2 There are currently five 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.

132774	Awaiting level 2 sign off
189452	Final Stage Sign off 23/07/2025
180810	Under review
217481	Draft report bring circulated for comment
240162	Lead Reviewer Identified. Review to commence

c.3 The table below shows the number of overdue events by the year and department.

Department	2020	2021	2022	2023	2024	2025	Total*	Change**
Community Mental Health Services	2	2	14	29	27	23	97(87)	↑
Primary Care (DDARS)	0	2	6	14	8	8	38(36)	↑
West (DDARS)	0	2	1	7	18	7	35(35)	↔
East (DDARS)	0	3	3	2	12	14	34(32)	↑
Central (DDARS)	0	1	1	5	20	4	31(31)	↔
Community Learning Disabilities - Dundee HSCP	0	0	4	4	1	7	16(18)	↓
District Nursing (Dundee HSCP)	0	0	0	0	0	20	20(18)	↑
Psychiatry of Old Age - Older People Services (Dundee)	0	0	0	6	7	5	18(16)	↑
Area Psychological Therapy Service - MH (Dundee)	0	1	0	0	8	5	14(12)	↑
Other - Mental Health (Dundee)	0	0	3	3	4	2	12(11)	↑
Other (DDARS)	0	0	0	0	6	6	12(8)	↑
Other - Specialist Palliative Care	0	0	0	0	0	3	3(7)	↓
General Practice - Dundee HSCP	0	0	1	3	0	23	27(6)	↑
Nutrition and Dietetics (Dundee HSCP)	0	0	0	0	0	15	15(5)	↑
Allied Health Professions (Dundee HSCP)	0	0	1	2	2	2	7(5)	↑
MFE (Medicine for the Elderly) - OPS (Dundee)	0	0	0	0	0	3	3(5)	↓
Specialist Community Nursing (Dundee HSCP)	0	0	0	0	0	0	0(3)	↓
Adult Psychotherapy Service - Mental Health (Dundee)	0	0	1	0	1	1	3(3)	↔
General Practice - Dundee	0	0	0	0	1	0	1(2)	↓
(Risk Only) System-Wide Mental Health Risk - Dundee HSCP	0	0	0	0	2	0	2(2)	↔
Palliative Medicine	0	0	0	0	0	1	1(2)	↓
(blank)	0	0	0	0	2	0	2(2)	↔
Adults and Older People	0	0	0	0	0	4	4(2)	↑
Speech and Language Therapy (AHPs, Dundee HSCP)	0	0	0	0	1	0	1(1)	↔
Learning Disability - Social Work - DHSCP	0	0	0	0	1	1	2(1)	↑
CMHT - Social Work - DHSCP	0	0	0	1	0	0	1(1)	↔
Physiotherapy (Allied Health Professionals Dundee HSCP)	0	0	0	0	1	0	1(1)	↔
Health Inclusion Team, Dundee HSCP PCS	0	0	0	0	0	1	1(1)	↔
Corporate Services (Dundee)	0	0	0	0	1	0	1(1)	↔
Stroke and Neuro Rehab unit RVH	0	0	0	0	1	1	2(1)	↑
Total	2	11	35	76	124	156	404(355)	↑

* Figures in brackets relate to the end of March 2025 report

** Since end of March 2025 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	2020	2021	2022	2023	2024	2025
EXTREME (RED): Category 1 Event	1(1)	0(0)	1(1)	1(1)	0(0)	2(0)
MAJOR (AMBER): Category 1 Event	0(0)	0(0)	0(0)	0(0)	1(1)	0(0)
MODERATE (YELLOW): Category 2 Event	0(0)	0(0)	1(1)	8(7)	11(11)	29(10)
MINOR (GREEN): Category 2 Event	0(0)	0(0)	4(4)	12(13)	29(32)	49(31)
NEGLIGIBLE (WHITE): Category 3 Event	0(1)	0(0)	1(6)	5(6)	8(8)	26(15)
MORTALITY LEARNING EVENT (PURPLE)	1(3)	11(13)	28(33)	49(57)	75(74)	50(25)
(blank)	0(0)	0(0)	0(0)	1(1)	0(0)	0(0)
Total	2	11	35	76	124	156

d. Feedback

d.1 Complaints

Complaints management continues to perform moderately well across the partnership. Ongoing collaboration with the Patient Experience Team to continue to improve this position will remain in place.

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.

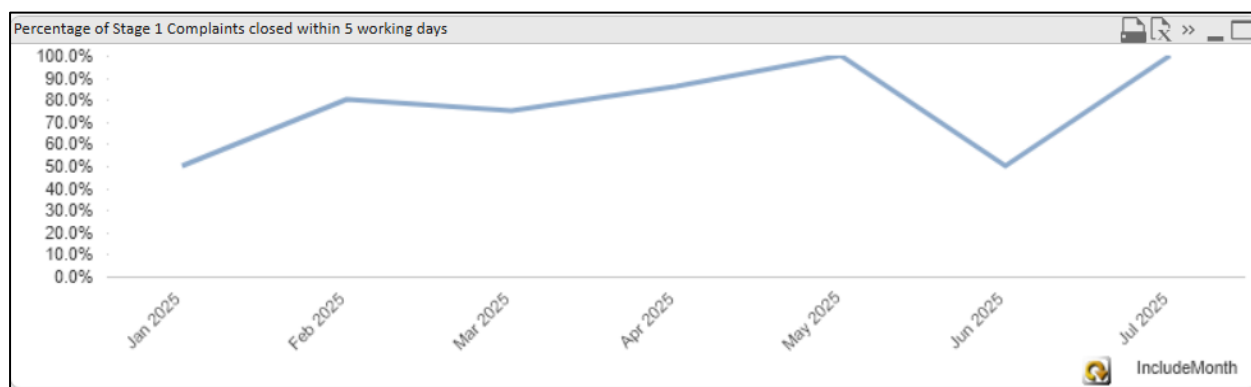
d.2 Performance for number of complaints received, number of complaints closed, and the percentage closed within timescales.

- Stage 1 complaints are within 5 working days.
- Stage 2 complaints are within 20 workings days.

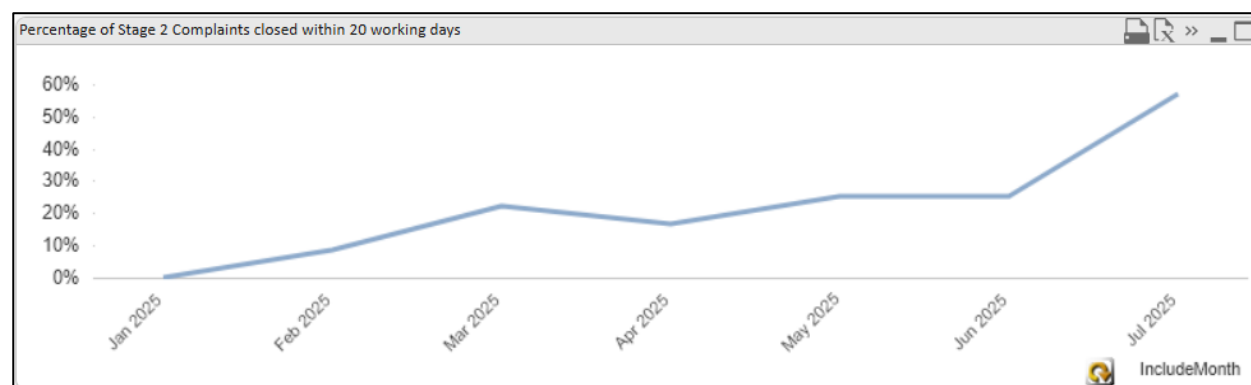
The complaints performance update for 1 January to 31 July 2025 for DHSCP is:

Month	New cases received
Jan 2025	10
Feb 2025	21
Mar 2025	13
Apr 2025	15
May 2025	9
Jun 2025	11
Jul 2025	5
Total	84

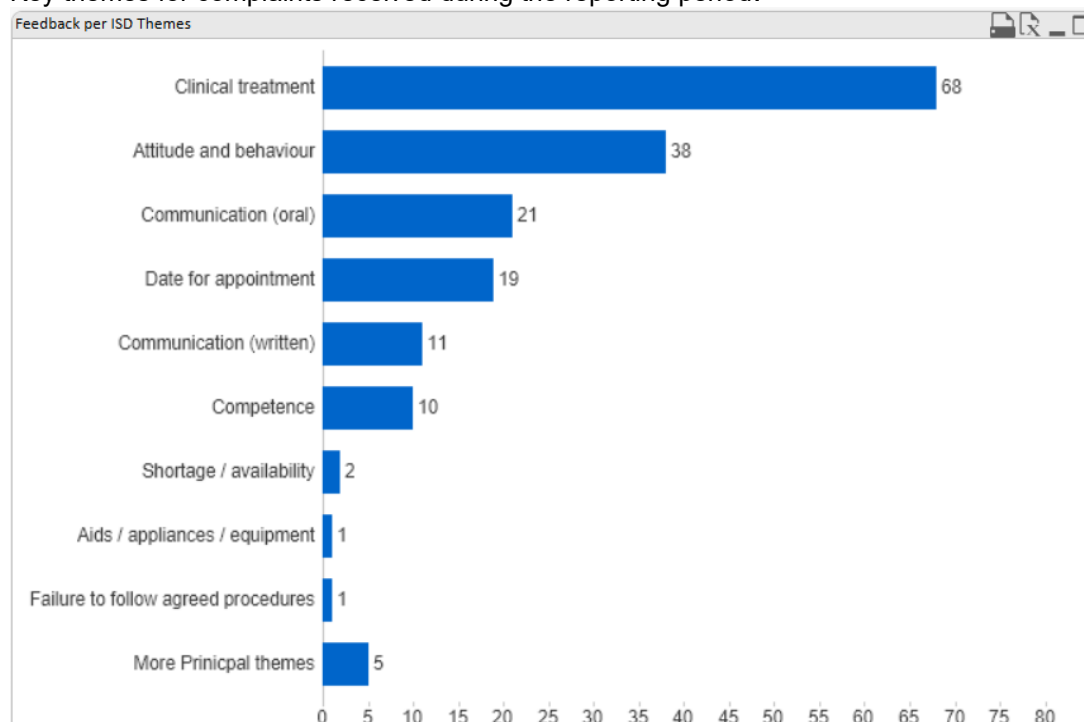
Performance of stage 1 complaints closed within 5 working days:



Performance of stage 2 complaints closed within 20 working days:



Key themes for complaints received during the reporting period:



d.3 Positive feedback

The development of the Care Opinion feedback system continues across the HSCP. This will provide additional direct patient feedback for teams to reflect upon.

d.4 Scottish Public Services Ombudsman Reports

There are currently no cases with the Ombudsman under investigation.

d.5 External Reports & Inspections

Service	Audits/Inspections
Psychiatry of Old Age	The Mental Welfare Commission for Scotland Inspection at Kingsway Care Centre, Ward 4 in October 2024. The final report was published in March 2025. There are seven recommendations within the SMART action plan (see Appendix 3). Six of the seven recommendations have been actioned: • MDT documentation completion • Use of updated MDT document templates • Guardianship / power of attorney notification system • Consultation with welfare proxies • Locked door policy awareness • Involvement of patient and relatives in care planning One of the seven recommendations is still in progress: this is ongoing with temporary screening in place. The teams have been successful in securing funding from the Charitable foundation to upgrade the garden spaces. • Garden fencing improvements

6.0 POLICY IMPLICATIONS

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

7.0 RISK ASSESSMENT

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

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

- 9.1 Appendix 1: Dundee HSCP Governance Structure

Dr David Shaw
Clinical Director

DATE: 28 August 2025

Jenny Hill
Head of Service

Angela Smith
Interim Head of Health and Community Care

Matthew Kendall
Allied Health Professions Lead

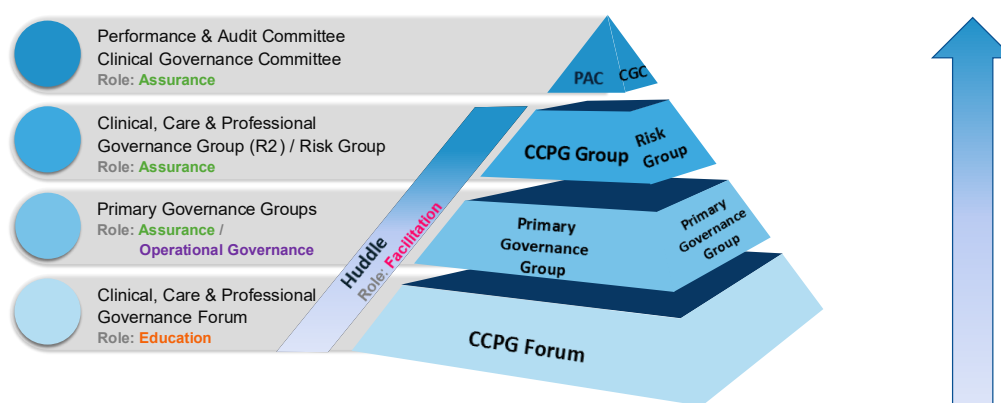
Niki Walker
Clinical Governance Facilitator

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.

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 CCPG 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.



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 SEPTEMBER 2025

REPORT ON: MENTAL HEALTH SERVICES INDICATORS – 2024/25 QUARTER 4

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC29-2025

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 functions 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 2nd highest rate in Scotland of adults (aged 16+) who reported that they lived with a mental health condition in the 2022 Census. Dundee has a rate of 162 per 1,000 population (16+) compared to 131 per 1,000 population (16+) for Scotland. Dundee has 20,242 people in the 16+ age group who identified themselves as having a mental health condition; this equates to 16% of the 16+ population. The highest rate per 1,000 population was for the 16-34 age group. 17% of all females (16+) reported they had a mental health condition and 11% males. In the 2022 Census, Maryfield and Coldside had the highest rate per 1,000 population (16+ age group) and The Ferry had the lowest rate per 1,000 population. Maryfield had more than double the rate of people with a mental health condition, compared to The Ferry.

- 5.2 In the 2022 Census 24% of people with mental health conditions in Dundee rated their health as bad or very bad. This compares with 7% for the general Dundee population who rated their health as bad or very bad. There is variation between LCPP areas in terms of self-reported mental health conditions, ranging from 30% in the East End to 14% in the West End, of people who rated their health as bad or very bad.
- 5.3 In Dundee life expectancy is ten years lower for people with a mental health condition (66.8 years) compared with the general Dundee population (76.9 years). (Source: NRS)
- 5.4 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. 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.
- 5.5 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%).
- 5.6 At 30 June 2025 there were 69 children on the child protection register. Approximately half of these children were placed on the register due to the impact of parental mental health on their safety and wellbeing.
- 5.7 In August 2024, the National Records of Scotland published its statistics for probable deaths by suicide during 2023. Across Scotland there was an increase in probable suicides (30 deaths) from the 2022 figures, with a total of 792 deaths in 2023. In Dundee specifically, in 2023, 30 people died by probable suicide, 22 males and 8 females, this is an increase of one person from 2022 (for comparison 2022=29, 2021=25, 2020=34). At council level, the rate was higher (statistically significant) than the Scottish average in Dundee City, Highland, and East Ayrshire. In Scotland, male suicides increased by 34 to 590 deaths in 2023, while female suicide deaths decreased by 4 to 202 deaths in the latest year. The rate of suicide mortality in the most deprived areas in Scotland was 2.5 times higher than the least deprived areas in Scotland.

6.0 WHAT THE DATA IS TELLING US

- 6.1 For the 18-64 age groups, trends for mental health (MH) admissions show a slight decrease, following a peak in Q4 2023/24. For the 65+ age group there has been a gradual increase since Q3 2022/23 and peaking in Q3 2024/25. The trend applies for all MH admissions and MH emergency admissions.
- 6.2 The rate for 18-64 MH admissions has gradually declined from a peak in Q4 2023/24. Lochee has the highest rate per 1,000 population while The Ferry has the lowest. The trend for the 65+ population is less positive, with fluctuations in the rate per 1,000 for both all admissions and emergency admissions. East End has the highest rate per 1,000 population and Strathmartine has the lowest.
- 6.3 When benchmarked across the 8 Family Group Partnerships and the national average for Scotland, Dundee had the 2nd highest rate of mental health emergency bed days for ages 18-64 and the 4th highest rate for those aged 65 and over.
- 6.4 Delayed discharge for Mental Health specialties, show a downward trend across all categories, including standard delays, code 9 delays and other reasons. However, the percentage of delayed discharge bed days that attributed to Mental Health specialties, show an upward trend for standard delays and downward trend for code 9 delays and other reasons.

- 6.5 There has been a steady increase in referrals for Psychological Therapies peaking in Q4 2023/24. Since then, there has been a slight decrease. Strathmartine and Maryfield have the greatest number of new referrals. The percentage of patients who commenced their treatment within 18 weeks of referral has shown a gradual decline. These fell from 75% in Q1 22/23 to 67% in Q4 2024/25.
- 6.6 There has been a steady increase in referrals to CMHT teams, despite this the acceptance rate has remained stable over time, with 62% accepted in Q4 2024/25. The number of community-based mental health appointments from Dundee Crisis Team has shown a decrease and the CMHT West team has shown a significant increase with the CMHT East having a stable number of appointments offered. The number of people discharged without being seen has been declining steadily, a drop is observed in the number of people not seen for the crisis team. In Q4 2024/25 the number of community-based mental health return appointments for every new patient seen was an average of 11.
- 6.7 There has been a steady increase in new referrals to Psychiatry of Old Age with numbers beginning to stabilise since Q1 2023/24. In Q4 24/25, The Ferry had the highest number of new referrals and Maryfield had the lowest. The proportion of referrals accepted has stabilised at 61%. In Q4 2024/25, the average number of return appointments for every patient seen was 12. There has been an increasing trend in the number of people discharged without being seen, peaking at Q1 24/25, followed by a slight decline. The Ferry had the highest number of people who were discharged without being seen and North East had the lowest.
- 6.8 The number of new referrals to Learning Disabilities services shows an upward trend, peaking at 464 in Q2 2024/25. West End and Lochee had the highest number of new referrals, and The Ferry had the lowest. The proportion of referrals accepted has increased from 51% in Q1 2023/24 to 78% in Q4 2024/25. The average number of return appointments for every new patient seen at Q4 24/25 was 14. There is an increasing trend in the number of people who are discharged without being seen. Coldside has the highest number of such discharges.
- 6.9 Overall, there is a downward trend in referrals to the Mental Health Officers (MHO) team, with a small increase observed in recent quarters. Referrals to Social Work Community Mental Health Teams (CMHT) are also showing a decline in numbers. Caseloads for the Mental Health Officers team have slightly decreased while caseloads for Community Mental Health teams have remained relatively stable.
- 6.10 There has been an increase in both local authority and private guardianship applications. Short Term Detentions have shown an upward trend from Q1 2022/23 to Q4 2024/25, peaking in Q3 2023/24. Emergency detentions in hospital have remained relatively stable, while the number of Compulsory Treatment Orders has shown a downward trend.

7.0 OPERATIONAL CONTEXT / ACHIEVEMENTS / AREAS FOR FURTHER DEVELOPMENT

- 7.1 Tayside Psychological Therapies Service, along with six other Mainland Health Board areas, has been placed in Enhanced Support by Scottish Government. This is the result of not meeting the 18-week referral to treatment waiting times standard (where 90% of people given first appointments should have waited less than 18 weeks). This does not attract any additional resource for the service and, in the first instance, has meant additional analyst time to further examine locally held and used data.
- 7.2 An Improvement Plan has been provided to the Chief Officer and shared with Scottish Government colleagues. Tayside currently has an above average accepted referral rate but the third lowest level of Clinical and other Doctorate level staff in Scotland. This has been offset somewhat by

enhanced skill mix but, overall, remains below average. An 'immediately realistic recruitment plan' and a 'further required investment plan' has been shared with the total required extra investment (to meet the 90% target) approximating £1.5M. This is not currently affordable and a small increase in resource (in the Region of 7 additional posts) has been agreed in the first instance. The first wave of this recruitment – 3 WTE Masters level staff have started work within adult services over July and August 2025.

- 7.3 There is a specific Scottish Government focus on reducing waiting over 52 weeks. These are concentrated within Clinical Neuropsychology and there will be a specific focus on recruitment to this speciality within the next two months.
- 7.4 There continues to be significant challenges with Community Mental Health Teams, with rising referral rates. Staff absence has decreased. The Transformation finance approved for use to improve processes around ADHD assessment and treatment is not yet being utilised, but discussions have begun about achieving better alignment with autism services

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

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

9.0 CONSULTATIONS

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

10.0 BACKGROUND PAPERS

10.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 27 August 2025

Shahida Naeem
Senior Officer, Quality, Data and Intelligence

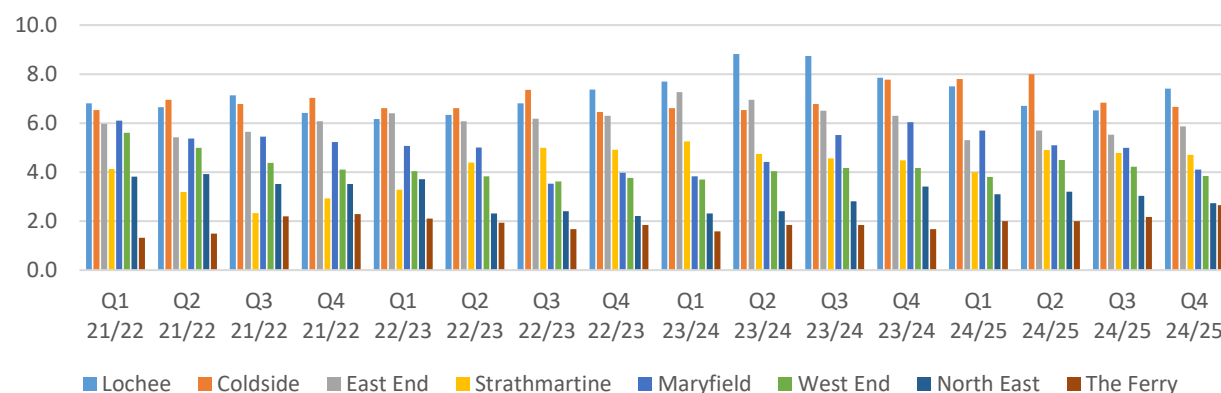
Linda Graham
Clinical Lead for Mental Health and Learning Disabilities

Lynsey Webster
Lead Officer: Quality, Data and Intelligence

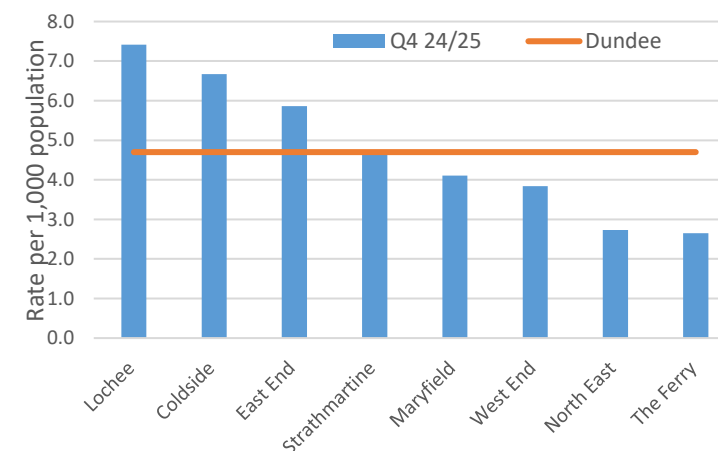
APPENDIX 1 – MENTAL HEALTH SERVICES INDICATORS

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Admission Summary for People Age 18-64													
Number of Mental Health <u>ALL</u> Admissions for people aged 18-64	443	435	433	437	451	472	489	498	471	481	456	451	Admissions peaked in Q4 2023/24 followed by a slight decline
Rate per 1,000 Mental Health <u>ALL</u> Admissions for people aged 18-64	4.7	4.6	4.6	4.6	4.8	5.0	5.2	5.2	4.9	5.1	4.8	4.7	Rates per 1,000 population have declined gradually to 4.7 in Q4 24/25 following a peak of 5.2 in Q4 2023/24. Lochee and Coldside have the highest rate per 1,000 population.

Rate per 1,000 MH ALL Admissions by LCPP 18-64

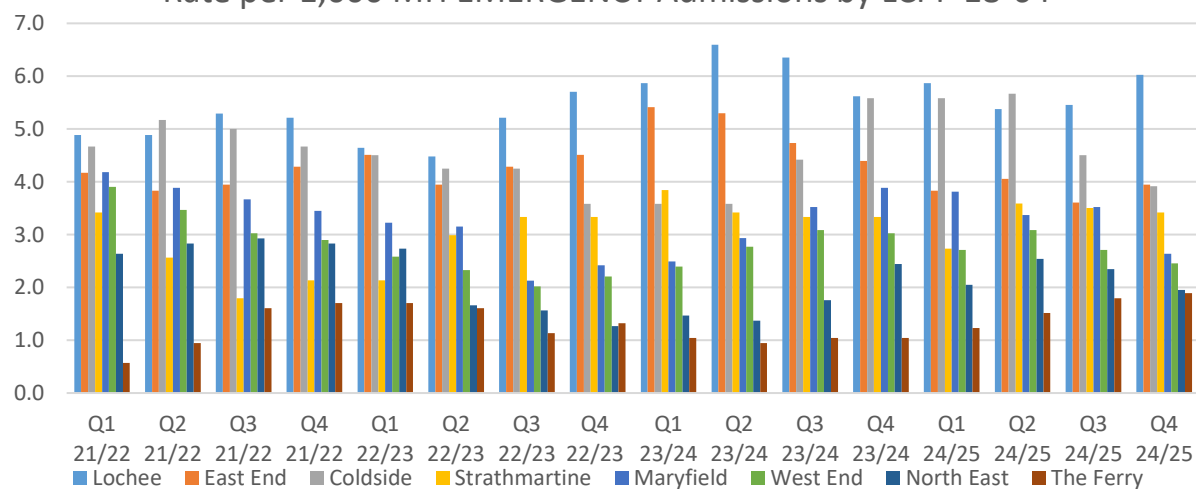


Q4 2024/25

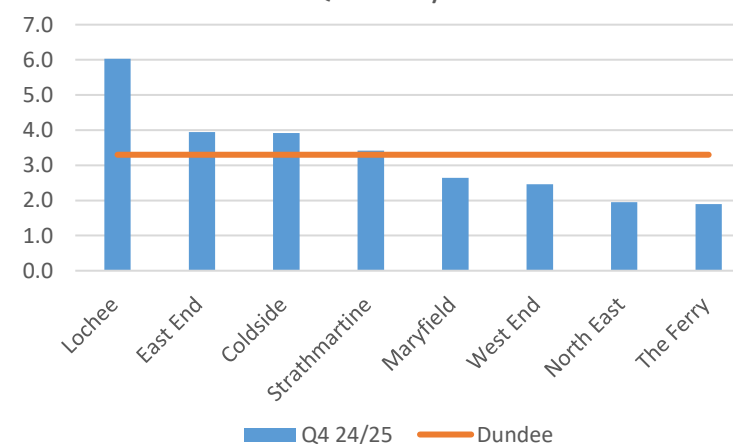


Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Admission Summary for People Age 18-64													
Number of Mental Health EMERGENCY Admissions for people aged 18-64	307	290	281	287	306	319	338	351	334	349	328	311	Emergency Admissions peaked at 351 in Q4 23/24 followed by a slight decline to 311 in Q4 2024/25
Rate per 1,000 Mental Health EMERGENCY Admissions for people aged 18-64	3.2	3.1	3.0	3.0	3.2	3.4	3.6	3.7	3.5	3.7	3.4	3.3	The rate per 1,000 dipped to 3.0 in Q3 and Q4 22/23, followed by a steady rise to a peak of 3.7 in Q4 23/24 before dipping to 3.3 for Q4 23/24. Lochee has the highest rate per 1,000 population and The Ferry the lowest.

Rate per 1,000 MH EMERGENCY Admissions by LCPP 18-64

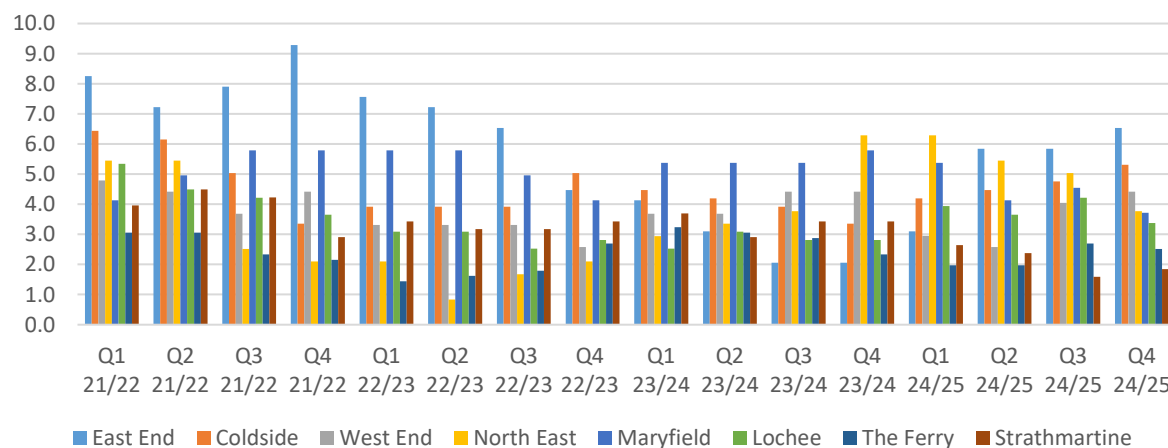


Q4 2024/25

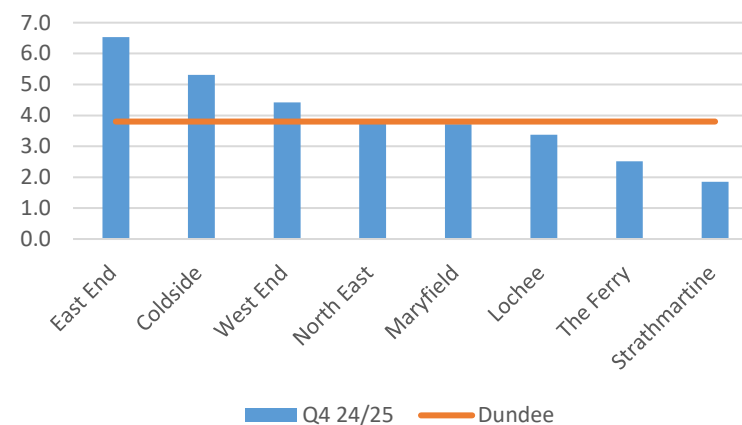


Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Admission Summary for People Age 65+													
Number of Mental Health <u>ALL</u> Admissions for people aged 65+	96	92	89	91	99	94	93	95	95	96	104	101	There has been a gradual increase since Q3 22/23, reaching a peak at 104 in Q3 24/25.
Rate per 1,000 Mental Health <u>ALL</u> Admissions for people aged 65+	3.7	3.5	3.4	3.5	3.8	3.6	3.5	3.6	3.5	3.6	3.9	3.8	The rate of admissions has generally fluctuated between 3.5 and 3.6 but rose to 3.9 in Q3 24/25. East End has the highest rate while Strathmartine has the lowest.

Rate per 1,000 MH ALL Admissions by LCPP 65+

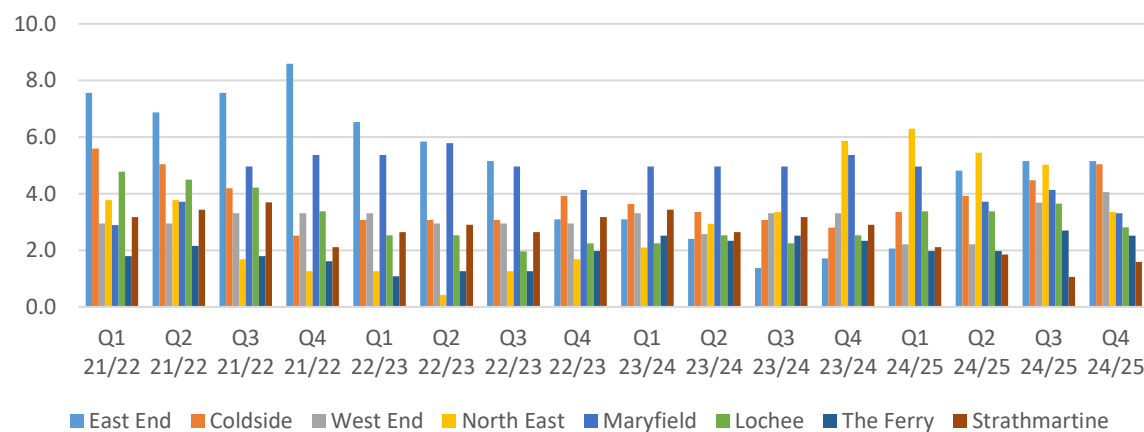


Q4 2024/25

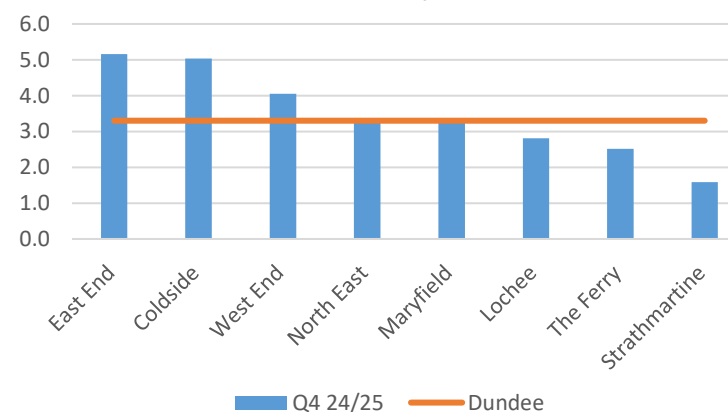


Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Admission Summary for People Age 65+													
Number of Mental Health <u>EMERGENCY</u> Admissions for people aged 65+	80	79	74	75	83	76	78	83	82	86	95	90	Following a dip in Q3 22/23 the number of emergency admissions gradually increased and peaked at 95 in Q3 24/25.
Rate per 1,000 Mental Health <u>EMERGENCY</u> Admissions for people aged 65+	3.0	3.0	2.8	2.9	3.2	2.9	3.0	3.2	3.0	3.2	3.5	3.3	The rate has fluctuated between 2.8 and 3.2, rising to 3.5 in Q3 24/25. East End has the highest rate and Strathmartine has the lowest.

Rate per 1,000 MH EMERGENCY Admissions by LCPP 65+

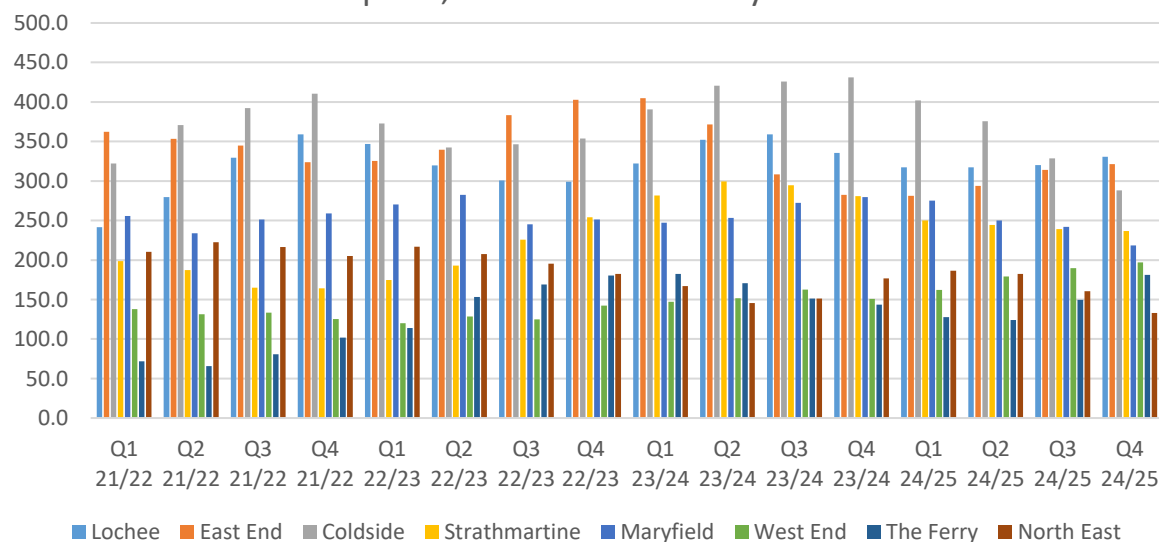


Q4 2024/25

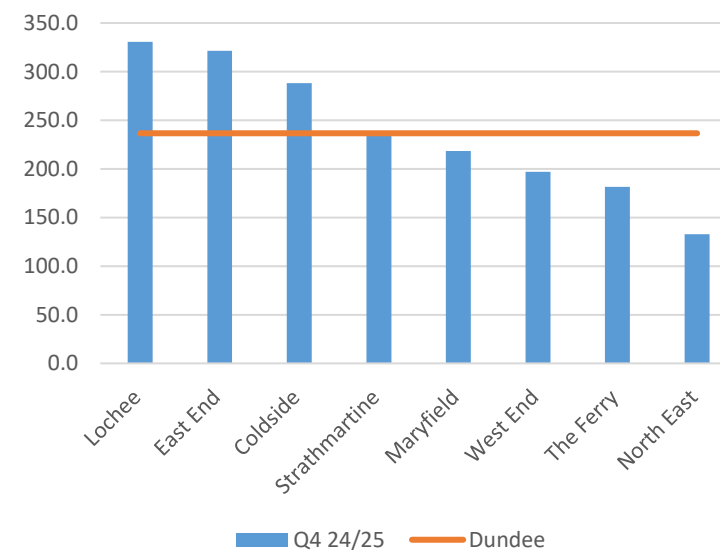


Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Bed Days for People Aged 18-64													
Number of Mental Health <u>ALL</u> Bed Days for people aged 18-64	22683	22935	23009	23926	24800	25326	25146	24614	23722	23303	22996	22516	Following a peak in Q2 23/24 there has been a gradual decrease, with Q4 24/25 showing the lowest number of bed days
Rate per 1,000 Mental Health <u>ALL</u> Bed Days for people aged 18-64	238.9	241.6	242.3	252	262	266.7	264.8	259.2	249.3	244.9	241.6	236.6	Q2 23/24 had the highest rate at 266.7. Since then there has been a steady decline. Lochee has the highest rate while North East had the lowest.

Rate per 1,000 ALL MH Bed Days 18-64

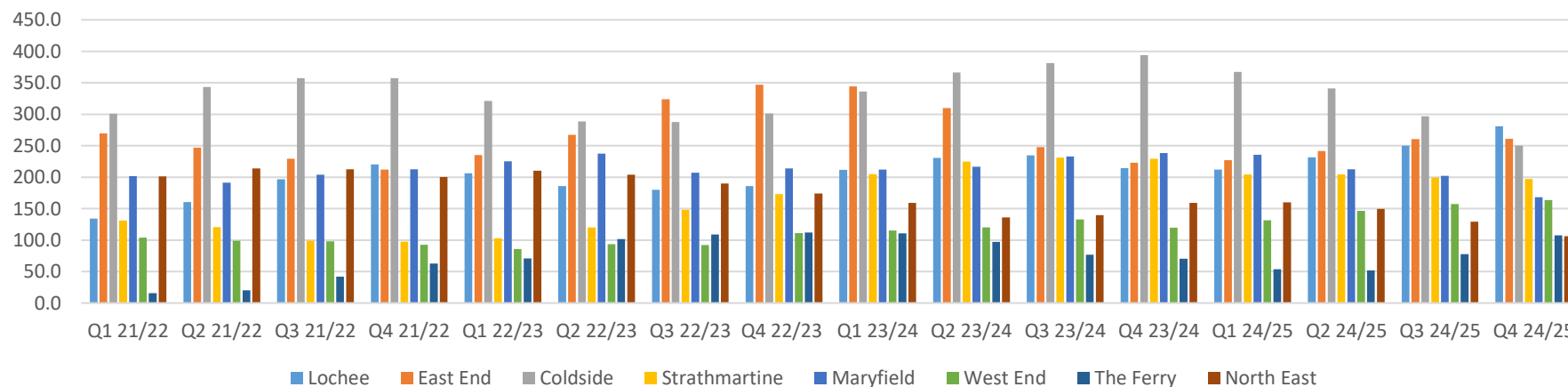


Q4 2024/25

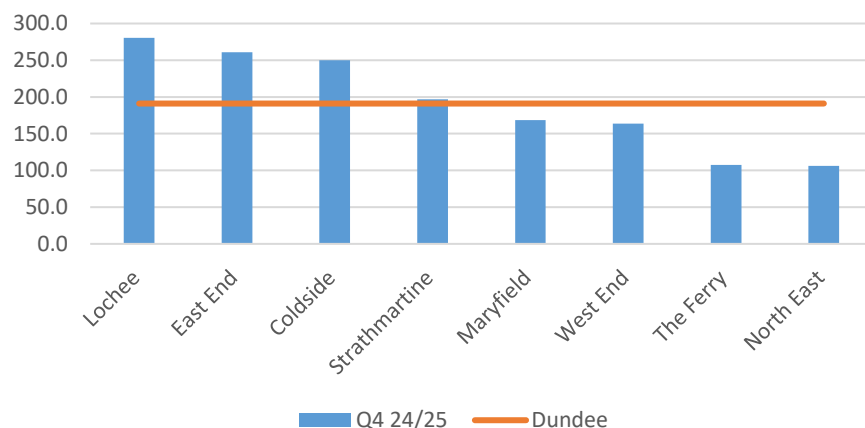
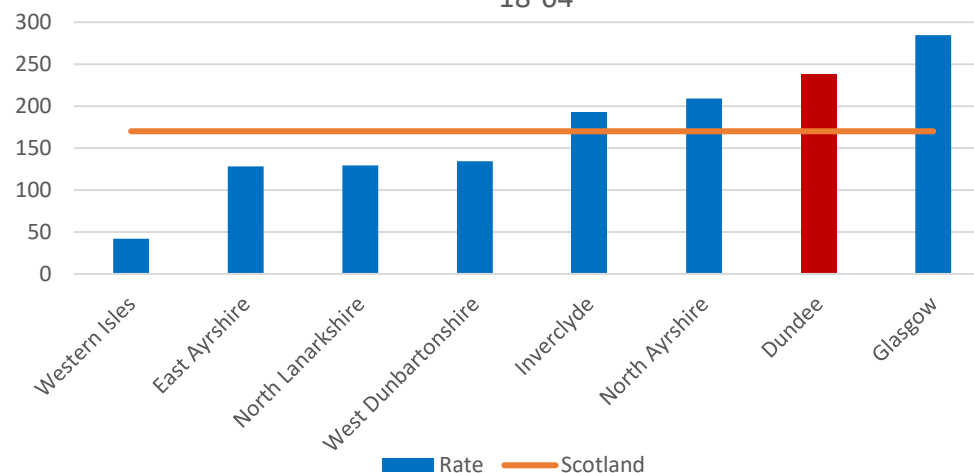


Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Bed Days for People Aged 18-64													
Number of Mental Health <u>EMERGENCY</u> Bed Days for people aged 18-64	17020	17401	17652	18650	19601	19874	19888	19547	18922	18768	18675	18180	Following a peak in Q3 23/24, there has been a steady decline with Q4 24/25 having the lowest number of emergency bed days
Rate per 1,000 Mental Health <u>EMERGENCY</u> Bed Days for people aged 18-64	179.3	183.3	185.9	196.4	206.4	209.3	209.5	205.9	198.8	197.2	196.2	191.0	Rates per 1,000 have been declining since Q3 23/24. Lochee has the highest rate and North East had the lowest.

Rate per 1,000 MH Emergency Bed Days 18-64

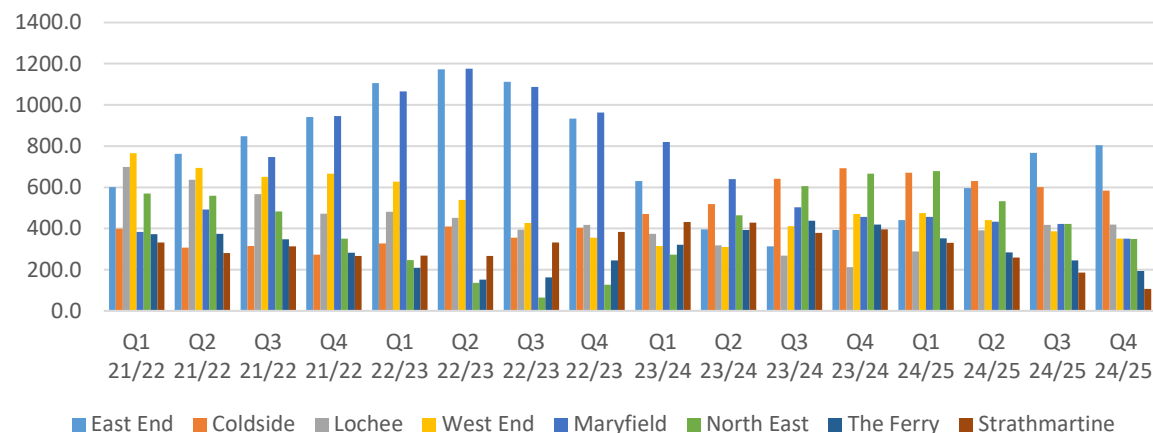


Q4 2024/25

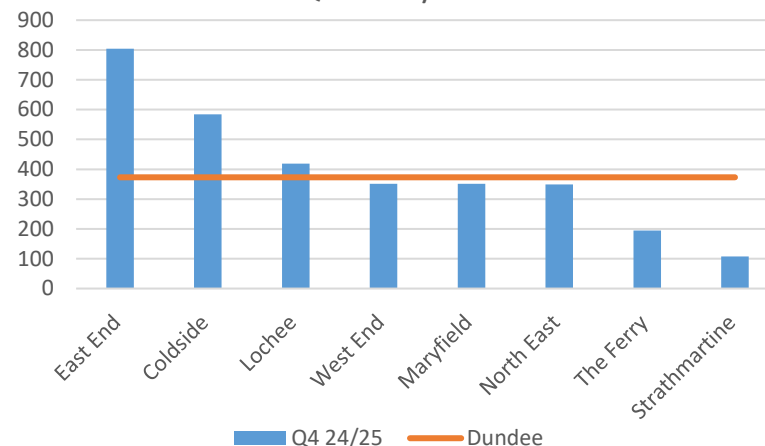
Rate per 1,000 MH EMERGENCY Bed Days by Family Group
18-64

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling2 3/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/Analysis
Bed Days for People Aged 65+													
Number of Mental Health <u>ALL</u> Bed Days for people aged 65+	13148	12971	12019	12052	11754	11438	11806	12173	11930	11451	11014	10041	There has been a gradual decline in bed days with the lowest number of bed days in Q4 24/25
Rate per 1,000 Mental Health <u>ALL</u> Bed Days for people aged 65+	501	494.3	458	459.2	447.9	435.8	449.9	463.9	443.2	425.4	409.2	373.0	There has been a consistent reduction in the rate. East End has the highest rate while Strathmartine had the lowest.

Rate per 1,000 ALL MH Bed Days 65+

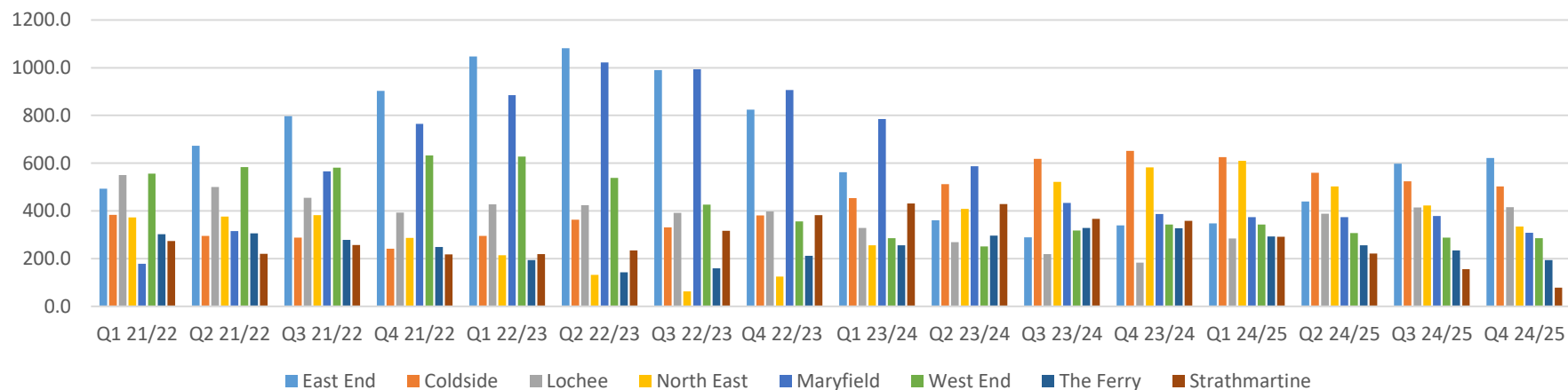


Q4 2024/25

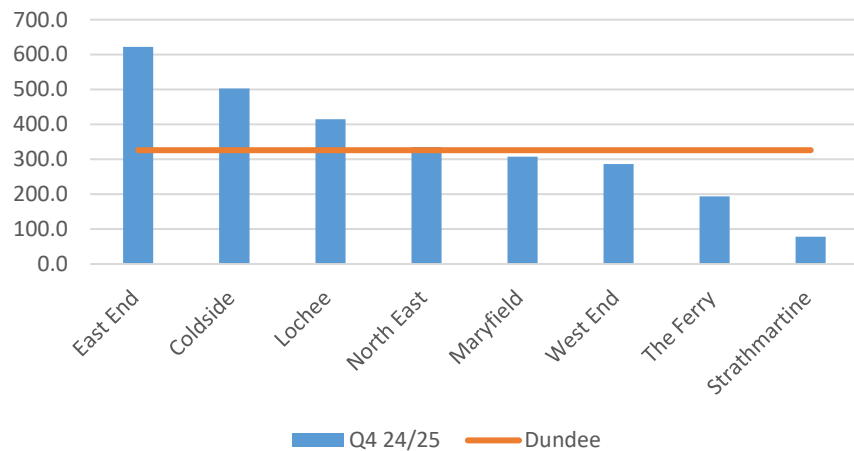


Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling2 3/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/Analysis
Bed Days for People Aged 65+													
Number of Mental Health <u>EMERGENCY</u> Bed Days for people aged 65+	11882	11881	11257	11268	10769	10188	10202	10407	10284	9863	9685	8779	There has been a gradual and consistent decline, indicating a clear downward trend.
Rate per 1,000 Mental Health <u>EMERGENCY</u> Bed Days for people aged 65+	452.8	452.7	429	429.4	410.4	388.2	388.8	396.6	382.0	366.4	359.8	326.1	The rate has been decreasing consistently, with Q4 24/25 showing the lowest rate, East End has the highest rate and Strathmartine had the lowest.

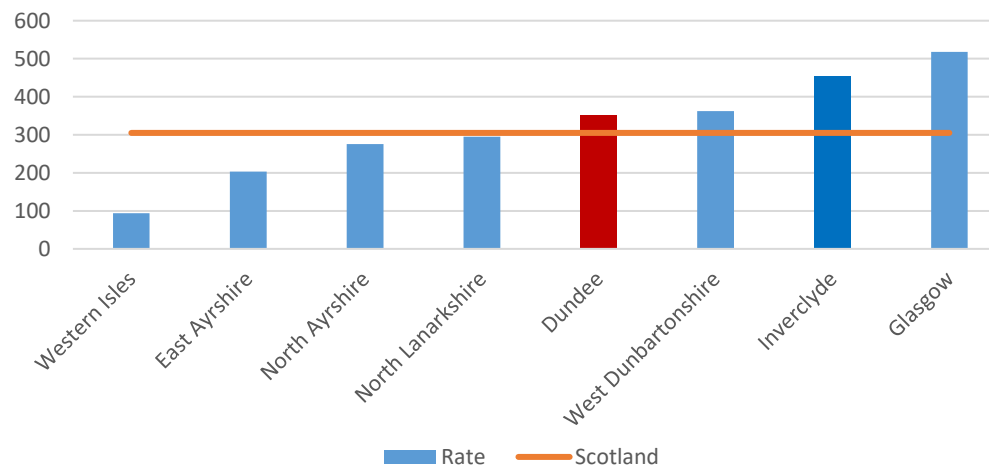
Rate per 1,000 MH Emergency Bed Days 65+



Q4 2024/25

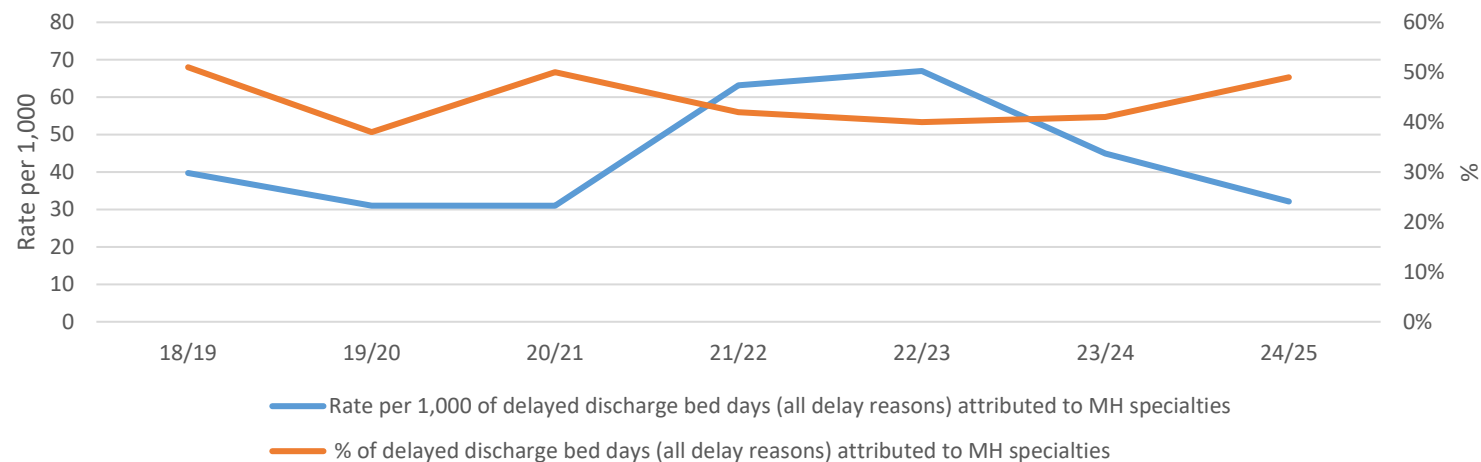


Rate per 1,000 MH EMERGENCY Bed Days by Family Group 65+



Delayed Discharge for Mental Health Specialities

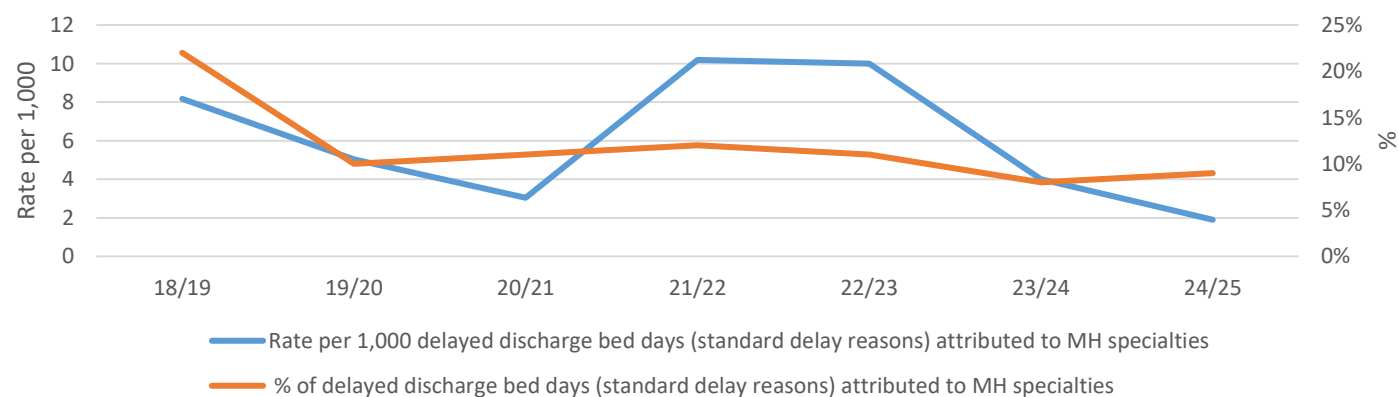
All Delay Reasons Bed Days



Source: PHS Publication June 2025, *Delayed discharges in NHS Scotland annual*
This data is available annually and not available by LCP level

The rate per 1,000 delayed discharge bed days (all reasons) attributed to MH specialties increased after the pandemic and peaked in 2022/23 followed by a declining trend. This indicates improvement in discharge efficiency. % of delayed discharge bed days (all delay reasons) attributed to MH specialties has increased from 40% in 2022/23 to 49% in 2024/25, this indicates that mental health accounts for a higher proportion of the delays.

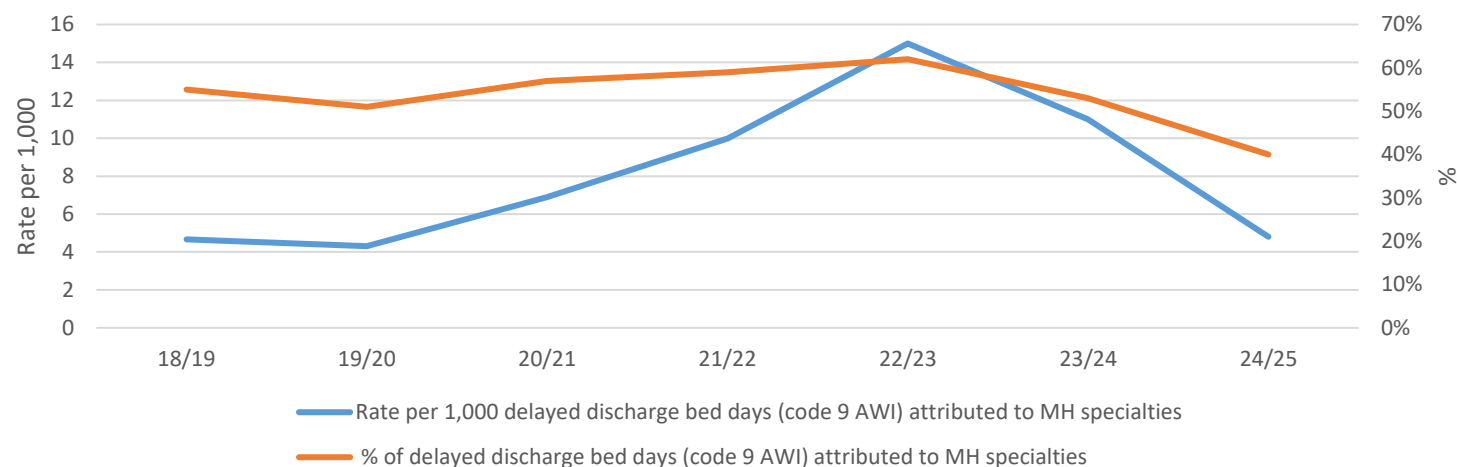
Standard Delay Reasons Bed Days



Source: PHS Publication June 2025, *Delayed discharges in NHS Scotland annual*
This data is available annually and not available by LCP level

The rate per 1,000 delayed discharge bed days (standard delay reasons) attributed to MH specialties has declined since 2022/23. The percentage of delayed discharge bed days (standard delay reasons) attributed to MH specialties shows a downward trend therefore mental health contributes to a small share of the standard delays.

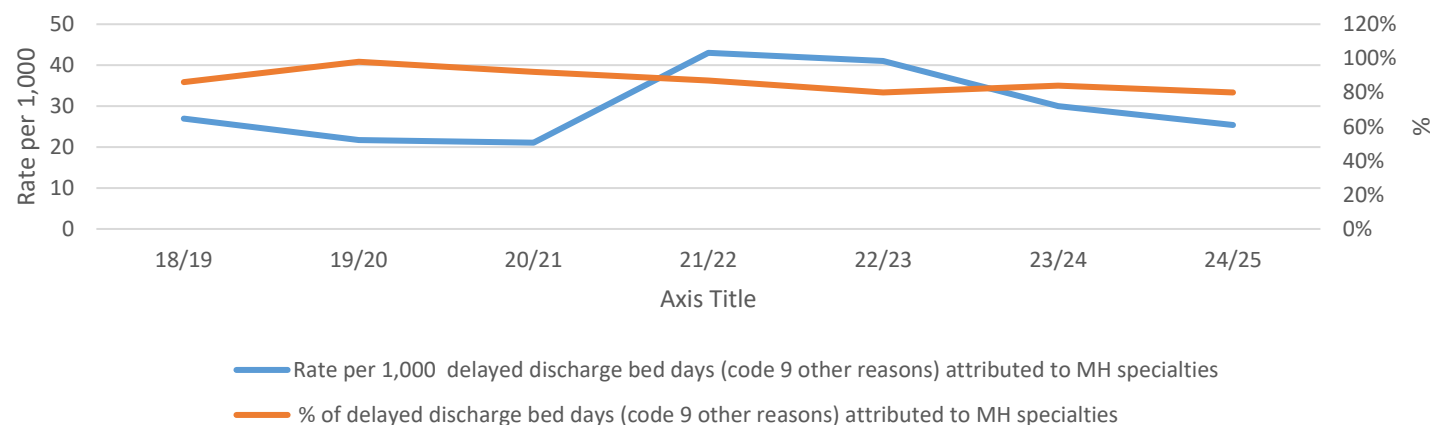
Code 9 AWI Bed Days



Source: PHS Publication June 2025, Delayed discharges in NHS Scotland annual
This data is available annually and not available by LCP level

The rate per 1,000 delayed discharge bed days (code 9 AWI) attributed to MH specialties shows a decreasing trend following a peak in 2022/23. The percentage of delayed discharge bed days (code 9 AWI) attributed to MH specialties has also declined since 2022/23

Code 9 Other Reasons (Bed Days)

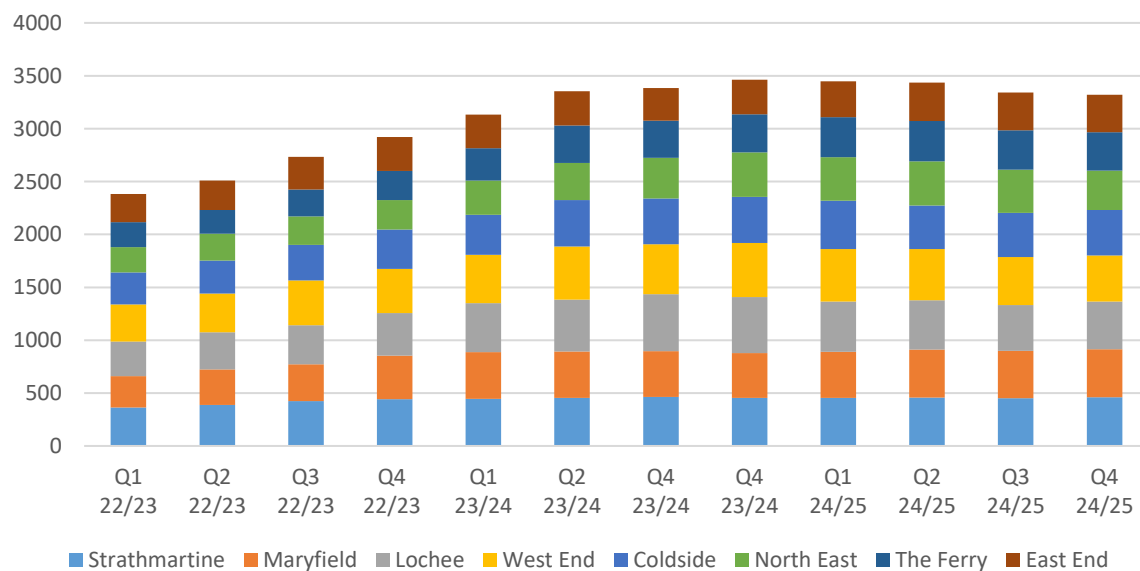


Source: PHS Publication June 2025, Delayed discharges in NHS Scotland annual
This data is available annually and not available by LCP level

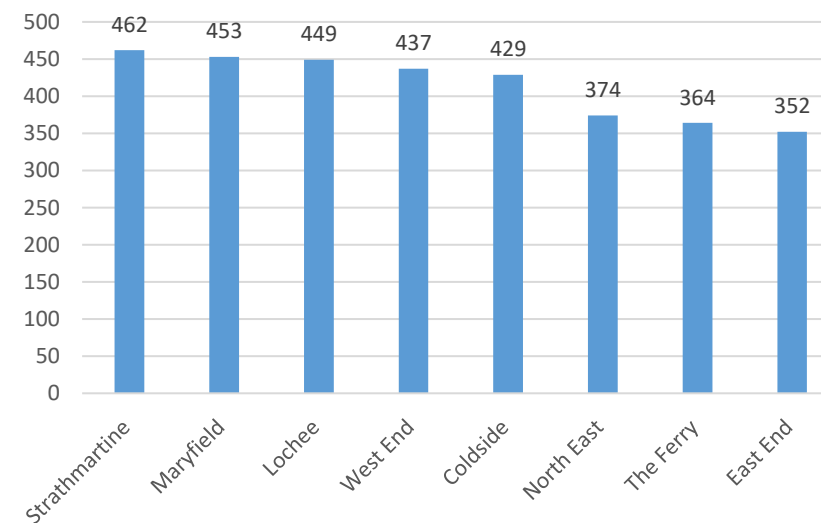
The rate per 1,000 delayed discharge bed days (code 9 other reasons) attributed to MH specialties decreased from 41 in 2022/23 to 25 in 2024/25. This indicates a downward trend. The percentage of delayed discharge bed days (code 9 other reasons) attributed to MH specialties fluctuated, but in recent years appears to have stabilised.

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Psychological Therapies													
Number of NEW referrals to psychological therapies (ALL)	2383	2514	2735	2926	3152	3423	3520	3631	3448	3436	3342	3320	There was a steady increase in referrals peaking in Q4 23/24. Since then, there has slight decline

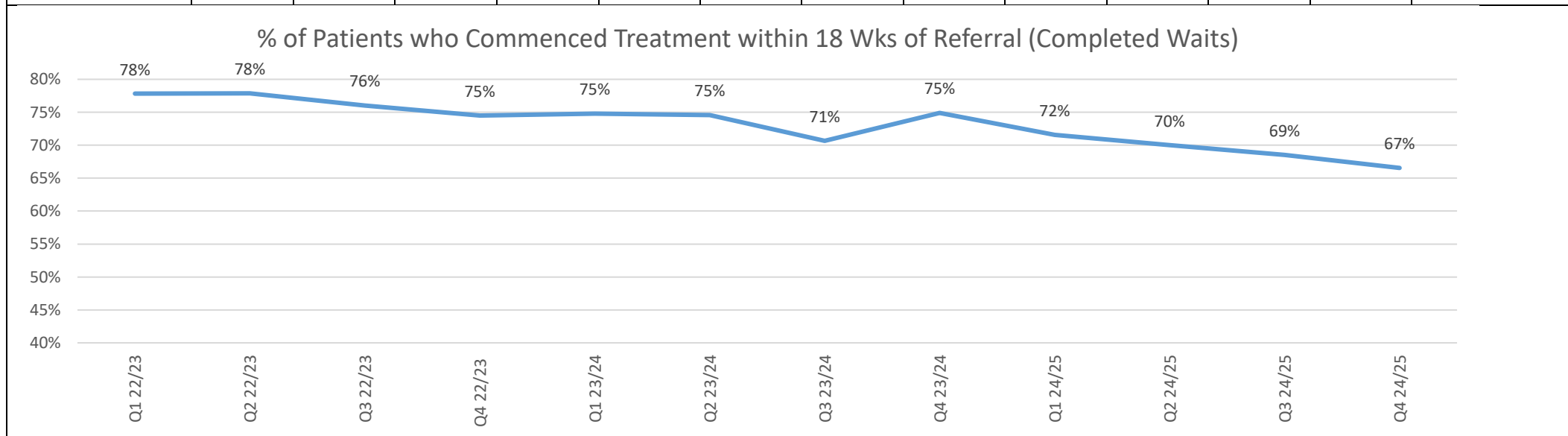
No. New Referrals to Psychological Therapies



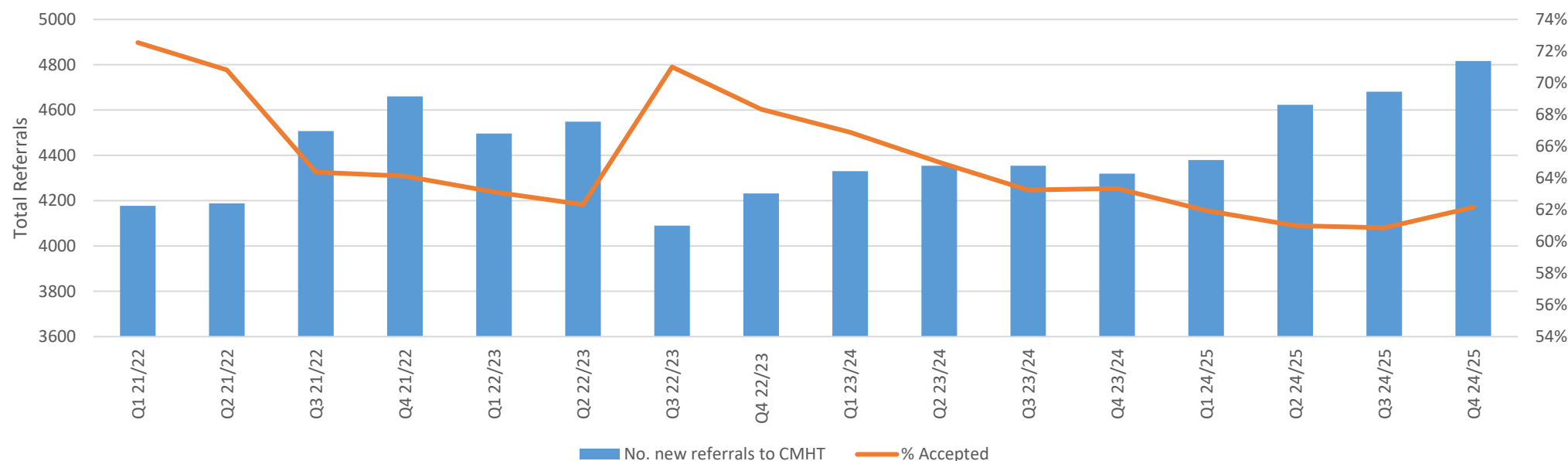
Q4 24/25



Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Psychological Therapies													
% of patients referred who commenced their treatment within 18 weeks of referral (completed waits)	75%	75%	73%	71%	71%	71%	71%	71%	72%	70%	69%	67%	The percentage of patients seen within 18 weeks of referral has shown a gradual and consistent decline over the period.

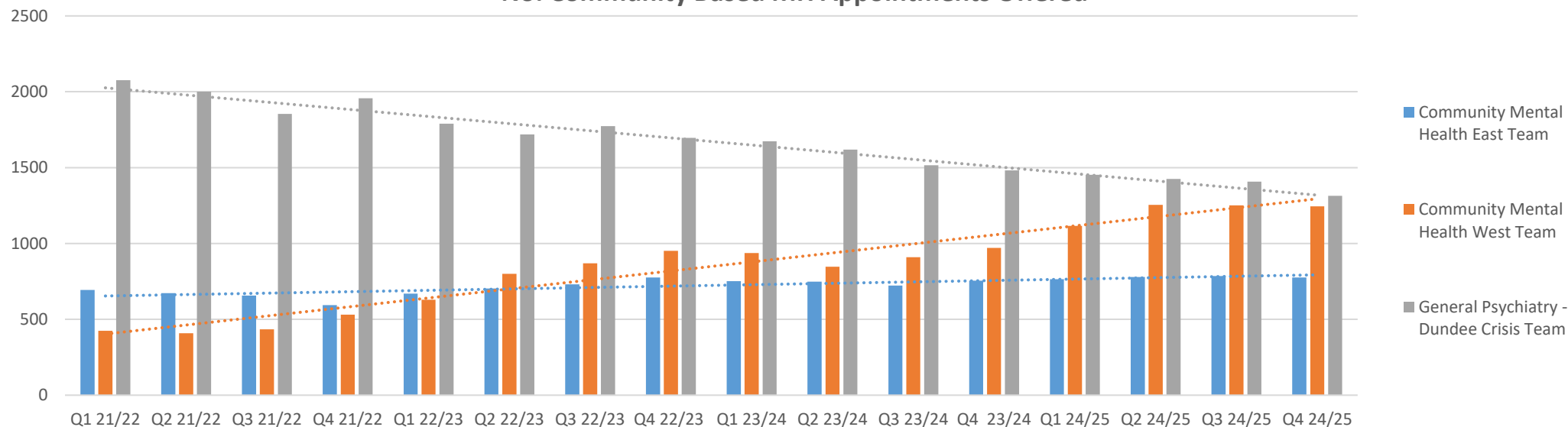


Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
CMHT teams (Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team)													
Number of new referrals to CMHT (and % accepted)	4496 (63%)	4549 (62%)	4090 (71%)	4232 (68%)	4330 (67%)	4354 (65%)	4354 (63%)	4319 (63%)	4379 (62%)	4623 (61%)	4681 (61%)	4817 (62%)	Despite a steady increase in referrals, the percentage of accepted referrals has remained relatively stable over time.



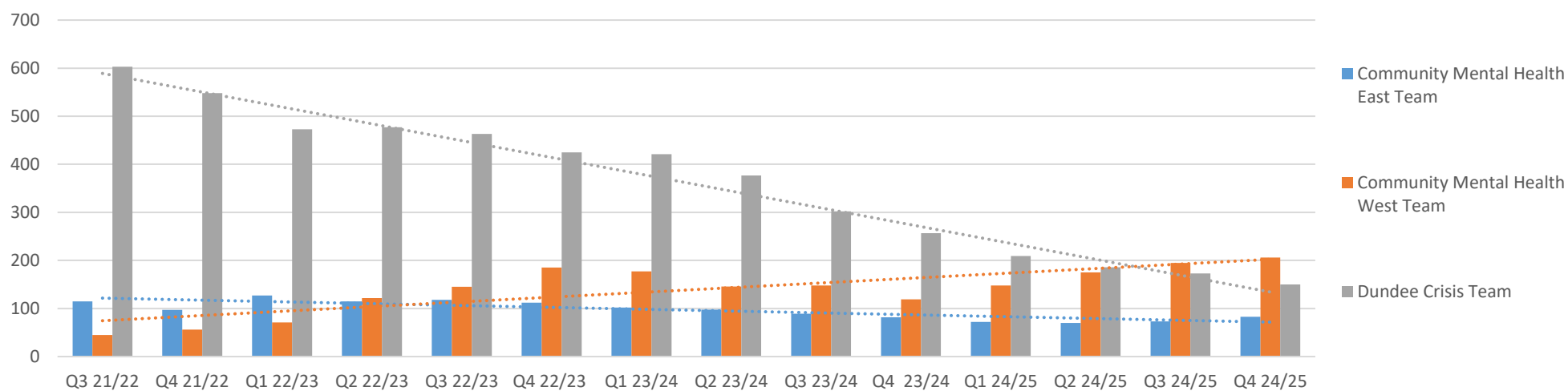
Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
CMHT teams (Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team)													
Number of community based mental health appointments offered (included attended and DNA)	3083	3216	3365	3414	3362	3214	3147	3207	3334	3459	3444	3334	Gradual upward trend in appts. CMHT East have a stable level of activity, CMHT West has shown significant increase and the Crisis team showing a drop in appts.

No. Community Based MH Appointments Offered



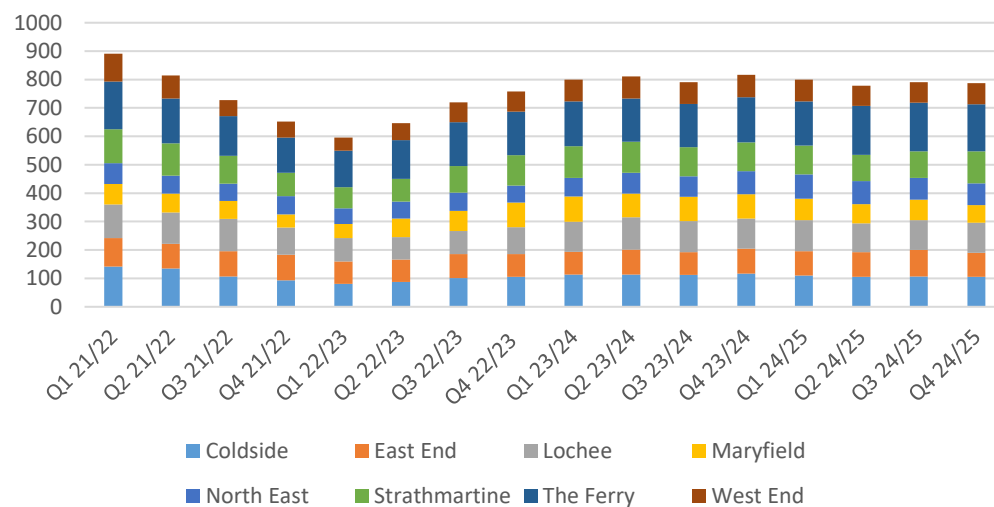
Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
CMHT teams (Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team)													
No. of return appointments for every new patient seen. (average per month over the previous 12 months)	13	13	12	11	11	11	12	11	11	10	10	11	A gradual decrease since Q2 22/23.
Number of people discharged without being seen	665	706	720	712	700	621	539	458	429	431	441	439	Steady decline since the peak in Q3 22/23. Notable drop for the Crisis Team

No. of People Discharged, Not Seen

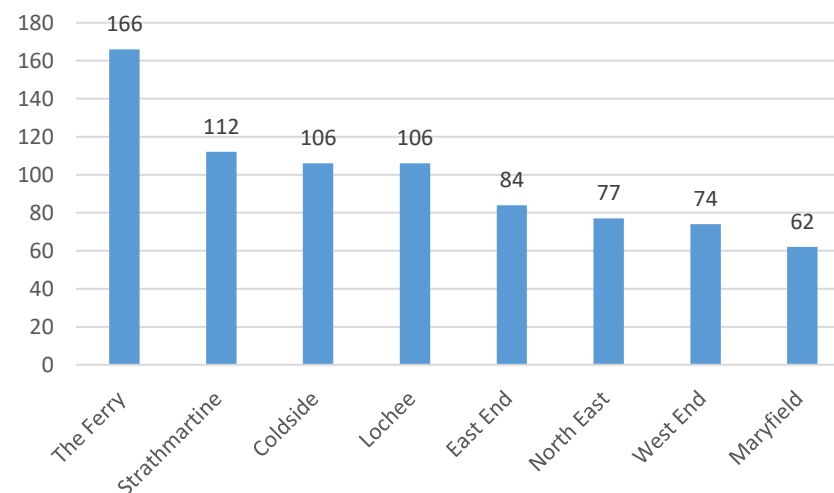


Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Psychiatry of Old Age													
Number of accepted referrals to Psychiatry of Old Age (and % accepted)	596 (70%)	646 (72%)	720 (72%)	758 (64%)	800 (63%)	811 (60%)	791 (58%)	816 (61%)	800 (61%)	778 (61%)	791 (61%)	787 (61%)	Steady increase reaching a peak in Q4 23/24. Slight fluctuations follow. % of accepted referrals declined from Q3 22/23 to a low of 58% in Q3 23/24 before stabilising. The Ferry has the highest number of referrals and Maryfield the lowest.

No. of accepted POA referrals



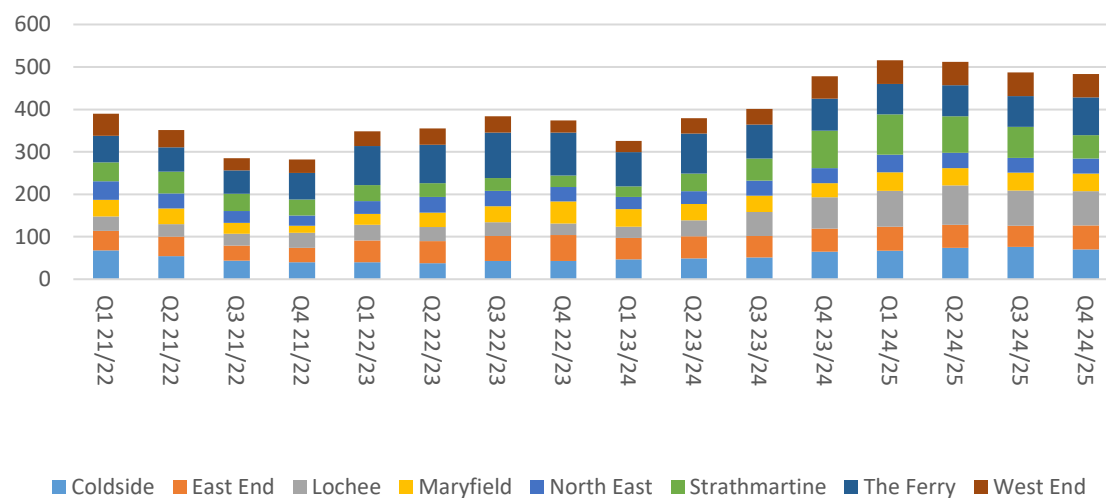
Q4 24/25



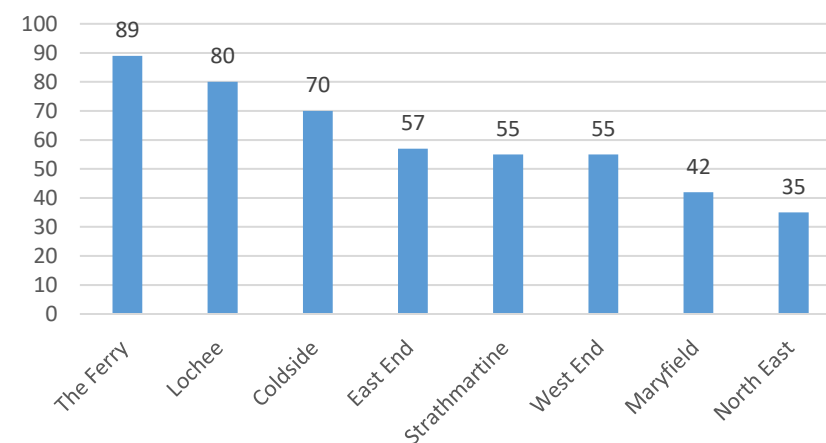
Please note: There has been a change in the way referrals are counted in 2023/24 reporting period

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Number of return appointments for every new patient seen.	9	9	9	9	11	11	12	12	12	12	12	12	Gradual increase since 22/23, holding steady at 12 return appts
Number of people discharged without being seen	348	355	384	370	322	375	401	478	516	512	487	483	Increase since Q1 23/24 with a peak in Q1 24/25 followed by a slight decline. The Ferry has the highest number discharged without being seen and North East the lowest.

No. POA Referrals Discharged but not Seen

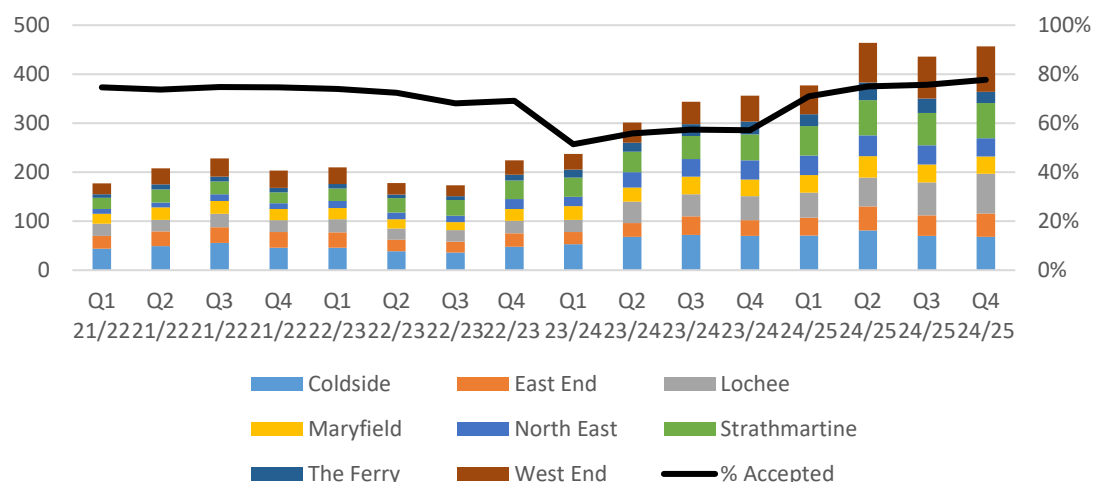


Q4 24/25

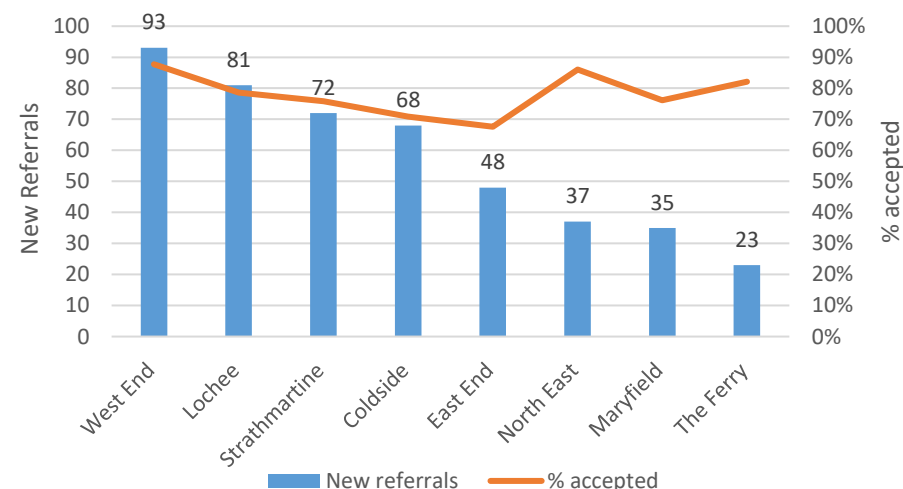


Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 23/24 Q1	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Learning Disability														
Number of new referrals to LD (and % accepted)	210 (74%)	178 (72%)	173 (68%)	224 (69%)	237 (51%)	301 (56%)	344 (57%)	356 (57%)	377 (71%)	464 (75%)	436 (76%)	457 (78%)		A steady increase peaking at Q2 24/25. Highest number of referrals are from West End and the lowest from The Ferry. The % accepted declined from Q1 22/23 to the lowest in Q1 23/24, followed by a gradual improvement. <i>Please note: There has been a change in the way referrals are counted so these numbers are different previous reporting</i>

No. New LD Referrals and % Accepted

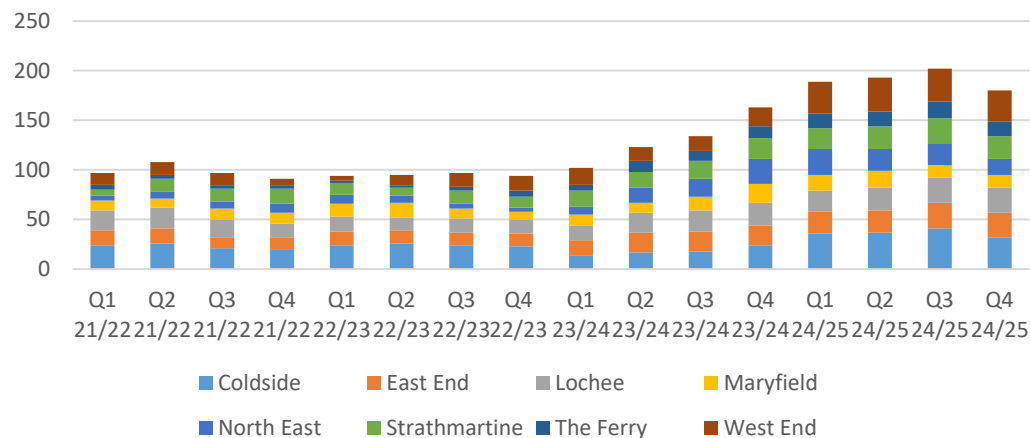


Q4 2024/25

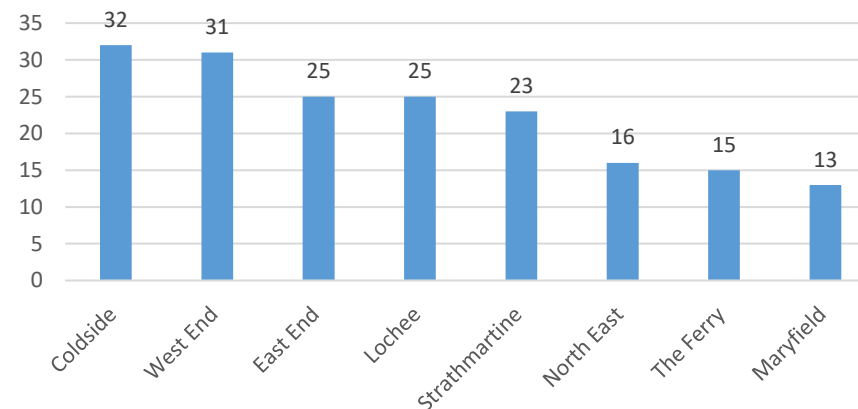


Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/Analysis
Learning Disability													
Number of return appointments for every new patient seen.	14	14	14	13	12	12	11	11	11	12	13	14	Numbers gradually declined and increased again, returning to average of 14, by Q4 24/25
Number of people discharged without being seen	94	95	97	94	102	123	134	163	189	193	202	180	A steady increasing trend people discharged without being seen. Coldside had the highest number of referrals discharges without being seen.

No. LD Referrals Discharged but Not Seen



Q4 2024/25



Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Social Work Demand Information													
MHO new referrals and Assessment	337	321	298	292	292	283	264	265	260	272	284	288	Following a downward trend, there has been increase in referrals over the last 18 months.
CMHT (SW team) new referrals	149	136	151	145	134	121	78	66	57	66	68	82	Overall downward trend with a recent slight increase
CMHT older people new referrals(SW team)	136	140	159	165	174	190	186	189	158	136	123	124	A decreasing trend since the peak in Q2 23/24.
LA Guardianship applications	41	48	49	40	52	54	55	60	60	70	72	74	An upward trend in both local authority and private guardianship applications
Private Guardianship application	58	59	64	63	64	70	69	73	80	88	90	99	
Emergency detention in hospital (up to 72 hours) (s36)	102	103	107	95	101	97	103	117	105	104	113	101	Numbers have fluctuated, reaching a peak in Q4 23/24, followed by downward trend.

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Short term detention in hospital (up to 28 days) (s44)	164	166	169	169	181	179	209	205	197	205	200	201	An upward trend
Compulsory Treatment Orders (s64)	52	47	52	55	58	59	63	60	54	45	44	41	After peaking in Q3 23/24, the data has shown a downward trend
No. of S44 with Social Circumstance report was considered	56	51	52	56	61	69	73	73	63	57	67	64	
No. of SCR that were prepared	41	35	34	32	35	38	42	46	41	44	52	51	Increase in the number of SCR that were prepared in Q4 2024/258
MHO team caseload at period end	265	251	265	273	264	263	255	251	250	251	214	196	Downward trend in caseload, after a peak in Q4 22/23.
MHO unallocated at end of quarter	49	46	53	44	37	36	51	42	52	40	17	15	Drop in number of unallocated cases
% MHO unallocated out of all cases	18%	18%	20%	16%	14%	14%	20%	17%	21%	16%	8%	8%	A reduction in % unallocated.
CMHT (SW team) caseloads at period end	456	412	410	429	474	491	471	467	492	506	525	525	Increasing trend since Q1 2022/23.
CMHT (SW teams) unallocated at end of quarter	4	0	2	11	57	38	42	45	28	19	14	18	A reduction in numbers since Q1 23/24.

[illegible]



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 SEPTEMBER 2025

REPORT ON: DRUG AND ALCOHOL SERVICES INDICATORS – 2024/25 QUARTER 4

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC30-2025

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 2024/25 (section 6 and appendix 1).
- 2.2 Note the range of ongoing improvement activity (section 7).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

- 4.1 Deprivation is high in Dundee. Dundee has one of the lowest employment rates and highest rates of people who are economically inactive in Scotland. Approximately 24,000 (25.5%) people in Dundee are recorded as economically inactive, this is 2% higher than the Scotland percentage of 23.5%. Health and wellbeing are 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. Life expectancy is 76.9 years, compared to 78.8 years across Scotland as a whole. Life expectancy varies substantially by deprivation level and the occurrence of morbidity including drug and alcohol use and mental illness. A significant proportion of the difference in life expectancy between Dundee and many other Partnerships can be accounted for by deaths at a young age from drugs, alcohol and suicide. Drug and alcohol use disproportionately affects the most vulnerable and socio-economically deprived 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 In November 2022, PAC received the first suite of indicators focused on performance in drug and alcohol service (article VI of the minute of the meeting of the Dundee IJB Performance and Audit Committee held on 23 November 2022 refers). This followed a request from PAC for the development of a wider suite of indicators related to drugs and alcohol that would better demonstrate progress against local priorities and areas for improvement. Appendix 1 details the suite of indicators for alcohol and drug services, which were developed in collaboration with information and pharmacy colleagues in the Alcohol and Drug Partnership (ADP) and utilises many indicators already developed by the ADP for assurance and scrutiny purposes. In all data reports with public accessibility, content and disaggregation is assessed in order to comply with General Data Protection Regulation and ultimately to ensure that individuals cannot be identified.
- 5.2 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.
- 5.3 Data for indicators 1 – 14 presents rolling averages for each quarter. This includes the reporting quarter plus the previous 3 quarters, to give an annual pattern based on the reporting quarter. For example, Q4 24/25 also includes data for Q1 24/25, Q2 24/25 and Q3 24/25. 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 the Scottish Ambulance Service and Police Scotland has shown a slight increase, rising from 192 in Q4 2023/24 to 206 in Q4 2024/25.
- 6.2 The proportion of people who started treatment within 21 days of referral has remained high, from Q1 2023/24 onwards, consistently ranging between 89% and 94%. Although there was a slight dip in Q1 and Q2 2024/25, the waiting times standard has been met in the past two quarters.
- 6.3 The number of referrals for alcohol treatment has gradually declined over time, reaching a low of 453 in Q2 2024/25. This was followed by a modest increase rising to 543 in Q4 2024/25. Across Dundee the services are meeting the Scottish Government Waiting Times Standard (90% referral to treatment in 21 days)
- 6.4 The number of referrals for drug treatment services declined from Q1 2022/23, reaching a low of 500, before steadily increasing and peaking at 606 in Q2 2024/25. This was followed by a slight decline for Q3 and Q4 2024/25.
- 6.5 The number of Alcohol Brief Interventions (ABIs) decreased by 23% between Q4 23/24 (1415 ABIs) and Q4 24/25 (1085). The number of ABI peaked in Q1 2024/25 and have declined since. This is not required for National reporting, but we are collecting the data locally. It is not being used for development purposes but reflects the current level of delivery. There is a training program that supports this.
- 6.6 The number of unplanned discharges where the service user disengaged decreased by 20% between Q4 23/24 and Q4 24/25 (from 353 to 281).
- 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 2024 (report available in full at: [Drug-related deaths in Scotland, 2024 - National Records of Scotland \(NRS\)](#)). In 2024 there were 1,017 deaths due to drug misuse in Scotland; this is 155 fewer deaths than in 2023. In 2024 in Dundee, there were a total of 42 deaths; this is a decrease of 4 deaths from 2023. 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 2020-2024).

7.0 SERVICE IMPROVEMENT AND PRIORITIES

- 7.1 The implementation of the national Medication Assisted Treatment (MAT) Standards continues to be a key aspect of the work of all ADPs across Scotland during 2024/25. The annual national benchmarking report on MAT implementation was published on 17th June 2025 providing an assessment on progress with local implementation of all 10 standards, demonstrating the considerable progress made in Dundee since 2022:

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						N/A	N/A	N/A	N/A	N/A	N/A
2023							N/A				
2024						N/A					N/A
2025						N/A					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	2025	MAT 6 & 10 were assessed jointly but no RAGB score provided.
	Green		

During 2024-25 Dundee continued to offer fast access to treatment (essentially no waits were recorded) and a range of treatment options. Those who have experienced a non-fatal overdose are quickly identified and supported to access treatment, and increasing numbers have opted out to be supported by the shared-care arrangements with Primary Care. We continue to prioritise Independent Advocacy and harm reduction support to all those accessing MAT.

A large proportion of frontline staff (89% on a Tayside basis) have completed appropriate psychologically and trauma informed training. Individuals with co-occurring drug and mental health difficulties can access mental health support in an integrated way.

- 7.2 The ADP has undertaken a review of the Alcohol Pathway for Dundee, including an overall review of the harm as well as the detox and rehabilitation processes. A revised multi-agency pathway is now being developed.
- 7.3 Following an initial process to develop a response to the impact of non-opioid use, a pathway for non-opioids brief-intervention and referrals was developed and is being tested. Specific workforce development sessions were delivered to help staff respond to non-opioids use. This work will continue as a key focus in the coming months. More specifically, the Cocaine treatment pathway for those using powdered cocaine is starting to take shape. A Cocaine brief intervention training has been developed and is being rolled out in a few pilot areas to begin with. This strategy along with the Public Health Needs assessment for Cocaine and local data is helping to inform what is needed to provide the best evidence-based support for people using Cocaine.
- 7.4 The Non-Fatal Overdose (NFOD) response has continued to develop and improve, with successful implementation of the A&E pathway. Work is also underway to improve harm reduction in acute hospital settings, primarily focussed on the provision of naloxone.
- 7.5 Dundee Recovery Network continues to develop, with more involvement from those with lived experience contributing to Local Community Planning Partnerships, to the work within local communities and to the projects funded through the ADP 'Decentralised fund'. Dundee Recovery Network is moving towards being constituted, and Recovery Month received funding

from the ADP which led to a range of more ambitious events being run to celebrate people's recovery.

- 7.6 Independent Advocacy (IA) continues to be available to all individuals accessing specialist substance use services, including the Shared Care scheme with Primary Care. Individuals with living experience report that this support has been key to help them remain in services and have access to all the support they need. Longer-term funding is still to be secured for this support to be mainstreamed.
- 7.7 The Multi-Agency Consultation Hub (MACH) continues to facilitate joint decision-making and supporting individuals affected by substance use and mental health (SUMH). Adult with co-occurring SUMH requiring additional support, specialist care, treatment for their mental health and wellbeing, self-harm and/or substance use have a whole system, safe, person-centred and evidence-based care plan. In addition to MACH the MAT 9 work hosted by Health Improvement Scotland has begun to explore the pathways for Mental Health Crisis Support, Home treatment and Inpatient Care for people with Drug and Alcohol problems and mental health issues. The attendance and buy in from all partners in this work should be noted. The Mental Health Models of Care work is another piece of work being taking forward from a multiagency point of view that draws together the needs of people who experience problems with Mental Health and Drug and/or Alcohol under a strategic plan.

8.0 RISK ASSESSMENT

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

9.0 POLICY IMPLICATIONS

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

10.0 CONSULTATIONS

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

11.0 BACKGROUND PAPERS

None.

Christine Jones
Chief Finance Officer

DATE: 10 August 2025

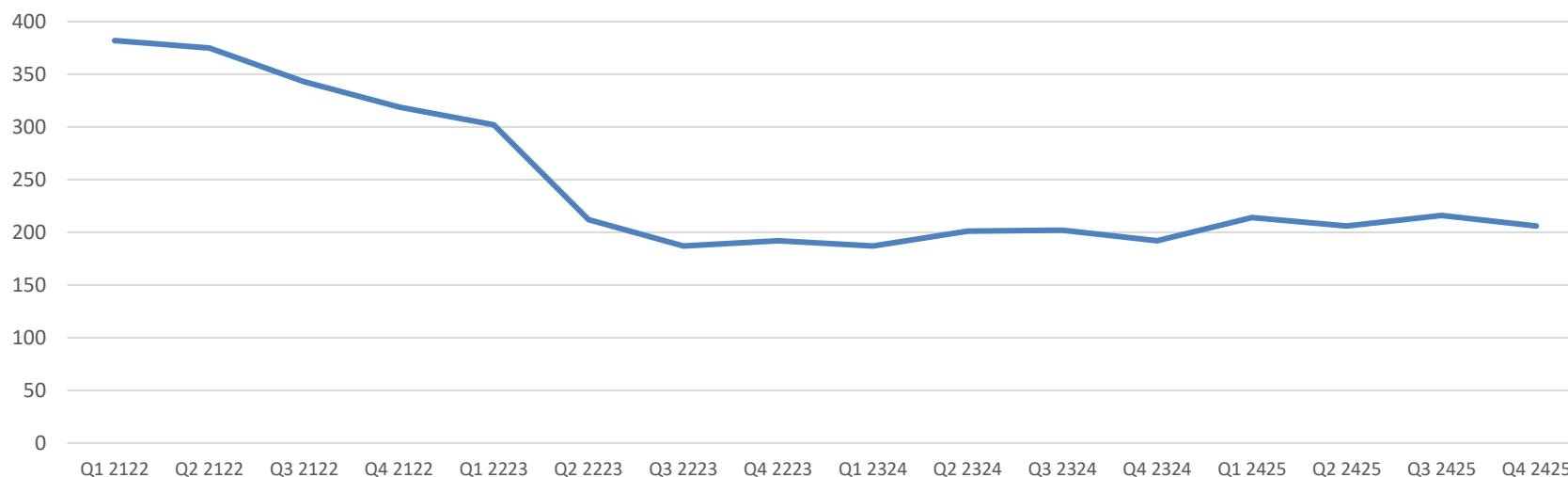
Shahida Naeem
Senior Officer: Quality, Data and Intelligence

Lynsey Webster
Lead Officer: Quality, Data and Intelligence

Appendix 1

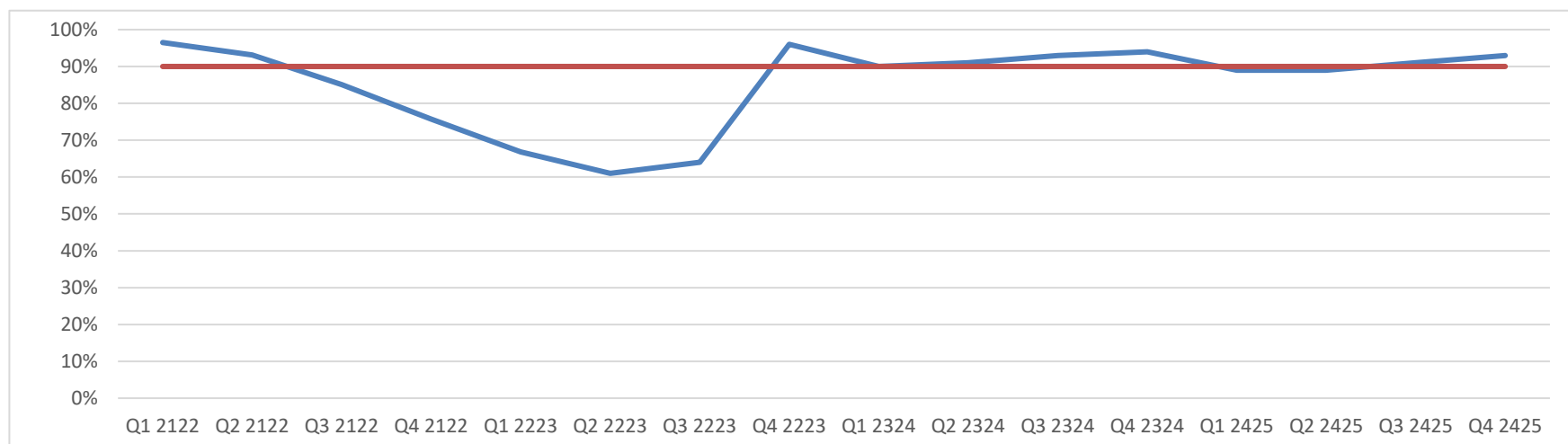
Drug and Alcohol Services Indicators – Q4 2024/25

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4
1. The number of suspected non- fatal overdose incidents reported by Scottish Ambulance Service (and Police)	302	212	187	192	187	201	202	192	214	206	216	206



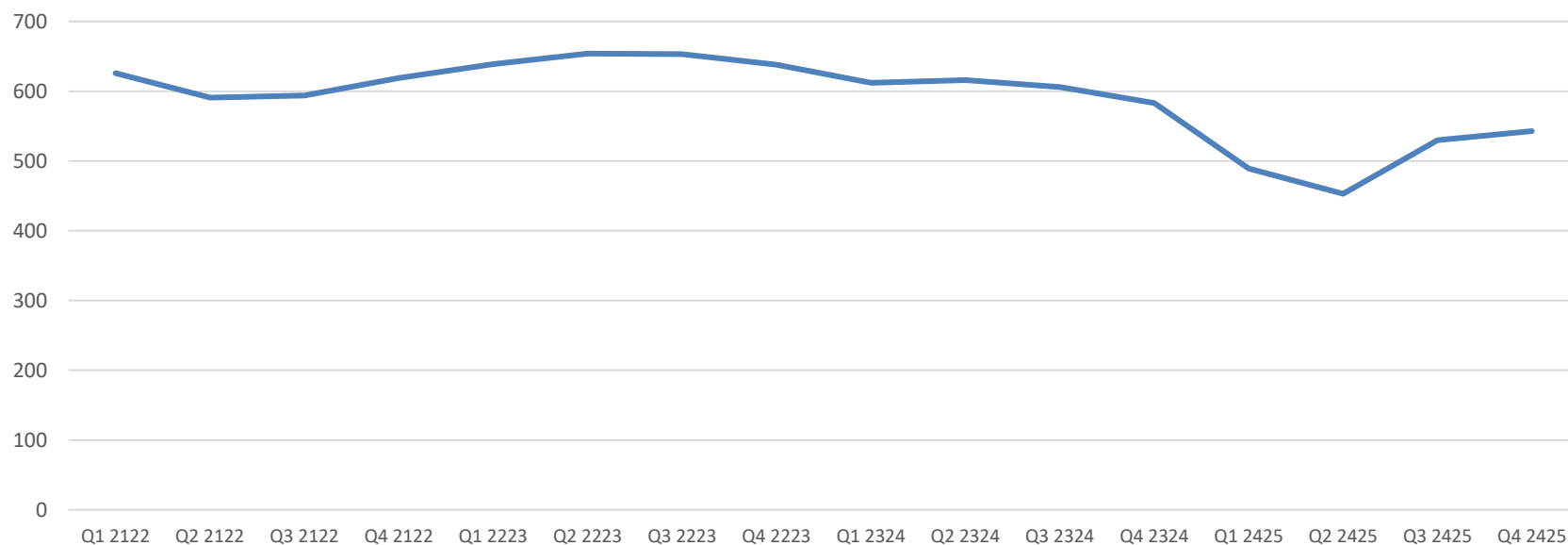
Over the last year a new referral route of direct notification from Ninewells has been incorporated into the existing NFOD pathway. This brought 43 referrals that would not have been notified via our previous procedures. As such comparing like to like for Q4 would indicate a decrease in NFODS reported via SAS.

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/24 Q3	Rolling 24/3 Q4
2. Percentage of people referred to services who began treatment within 21 days of referral	67%	61%	64%	96%	90%	91%	93%	94%	89%	89%	91%	93%



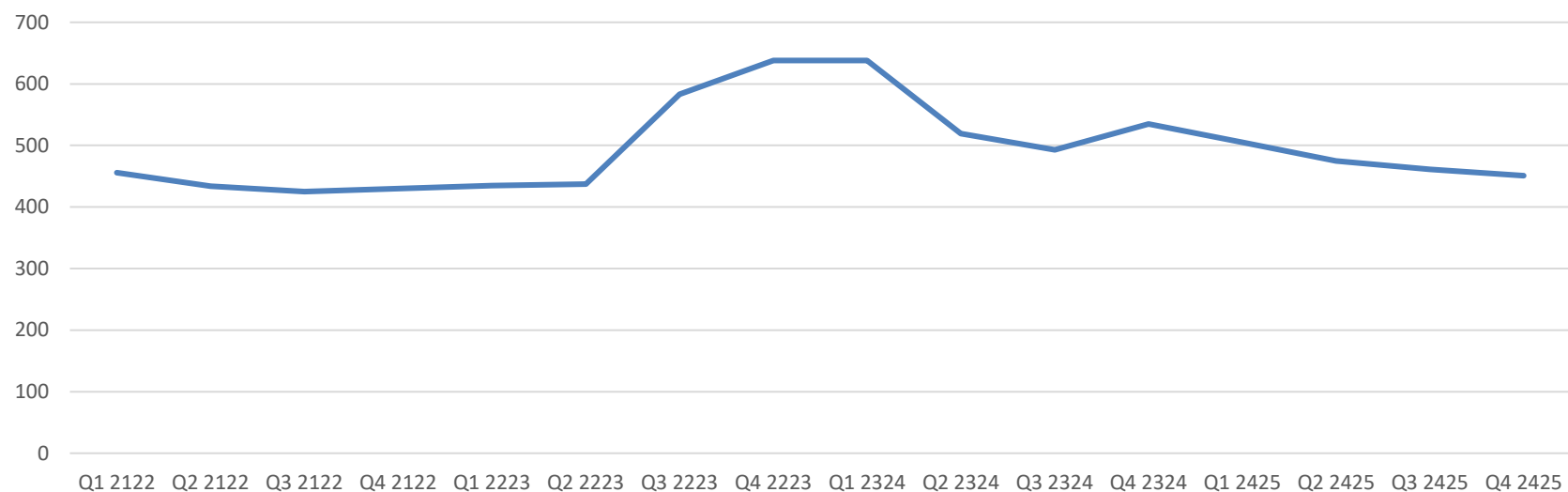
The 90% waiting standard is being met, represented by the red line on the chart.

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/24 Q3	Rolling 24/3 Q4
3. Number of referrals to alcohol treatment	639	654	653	638	612	616	606	583	489	453	530	543



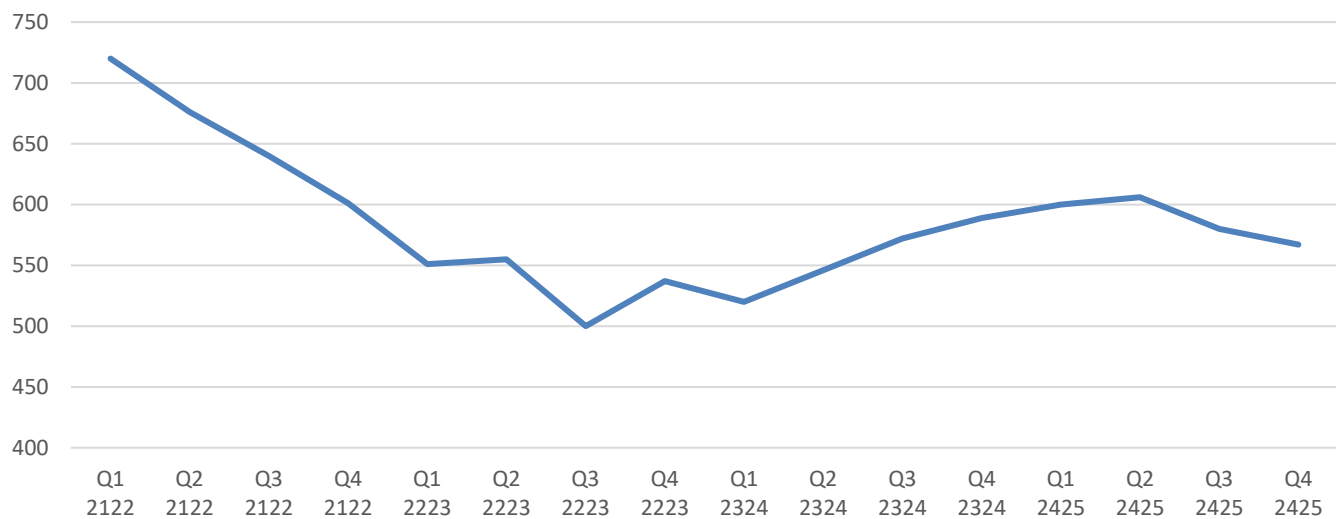
There continues to be a steady number of new referrals.

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/24 Q3	Rolling 24/3 Q4
4. Number of individuals starting alcohol treatment per quarter	435	437	583	638	638	519	493	535	505	475	461	451



This is remaining low relative to the large numbers of treatment starts at the end of 22/23

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/24 Q3	Rolling 24/25 Q4
5. Number of referrals to drug treatment	551	555	500	537	520	546	572	589	600	606	580	567



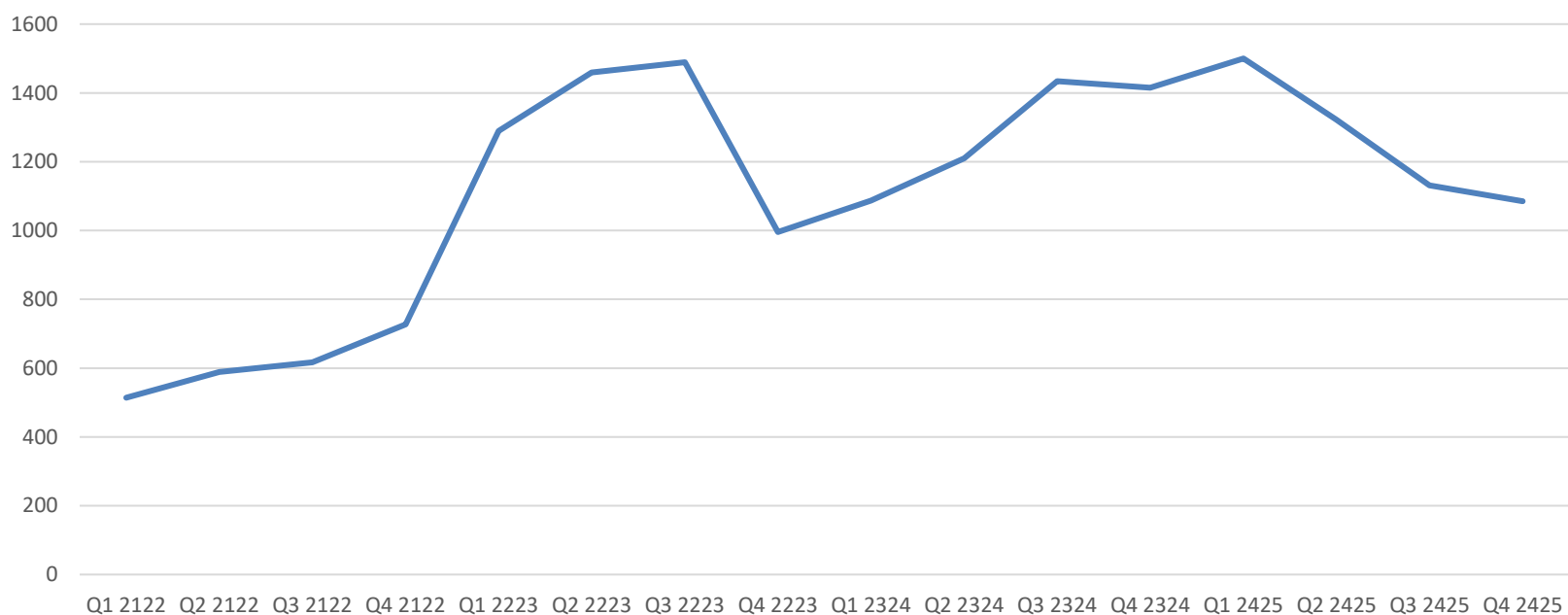
There continues to be a steady number of new referrals

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4
6. Number of individuals starting drug treatment per quarter	265	384	366	399	412	474	432	491	485	464	432	419



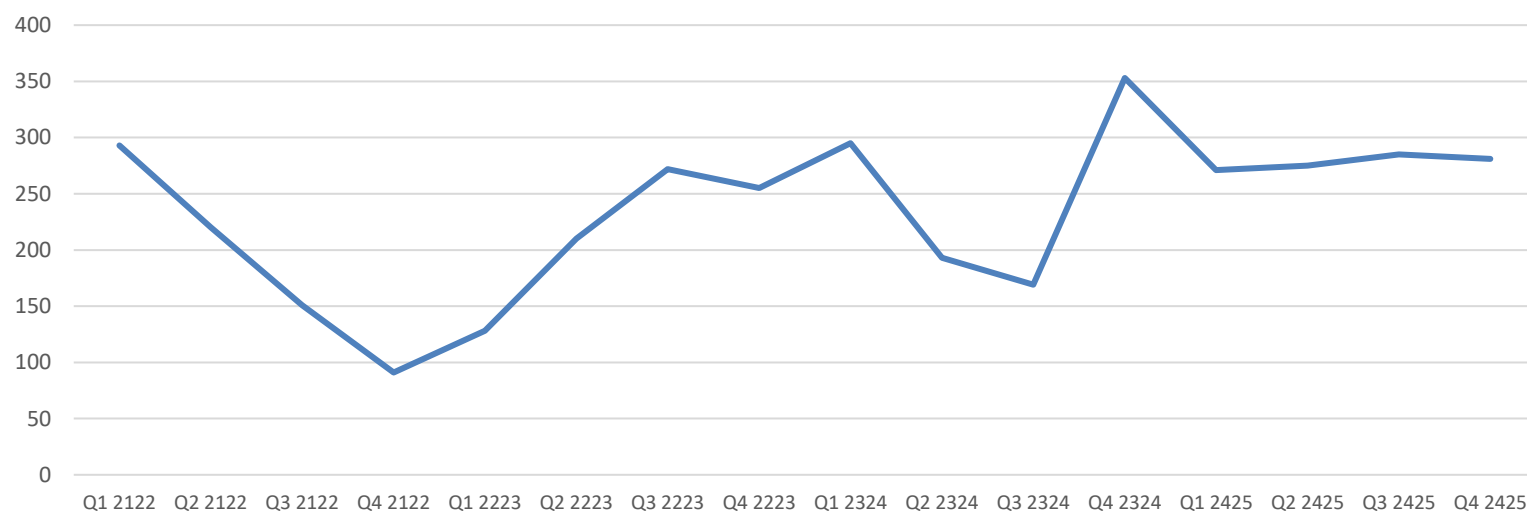
A decrease in treatment starts may reflect the changing profile in drug use in the city. 50% of people are self reporting cocaine as the main drug used and this is reflected in urine drug testing

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/24 Q3	Rolling 24/3 Q4
7. Number of alcohol brief interventions (ABI's) provided in Dundee	1289	1459	1489	996	1087	1210	1434	1415	1500	1322	1131	1085



Some GPs now considering this business as usual and not recording as not lucrative timewise to do so. PHS no longer recording this indicator.

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/24 Q3	Rolling 24/3 Q4
8. Number of unplanned discharges (service user disengaged) recorded in DAISY	128	210	272	255	295	193	169	353	271	275	285	281



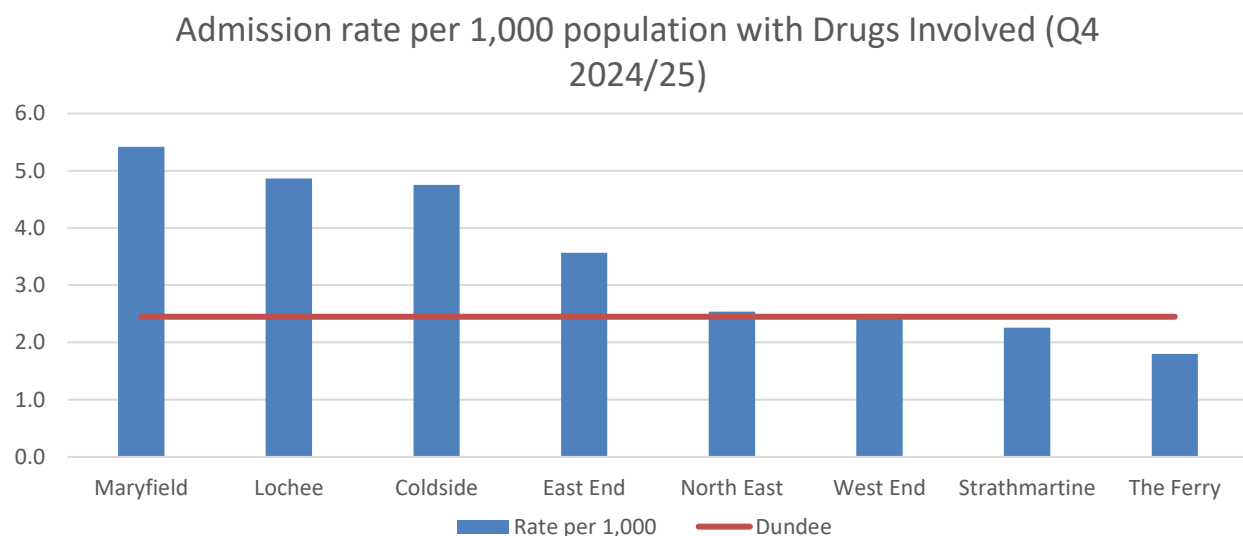
There are several caveats to this indicator. All 3 Tayside areas have chosen to no longer report on this indicator.

It is often the default option used for data cleaning and patient re-entered on the system so the indicator can be influenced by system coding changes and updates such as the recent DAISy review.

Changes to recording practice are also likely to be influenced by MAT 5 and MAT 7 where discharges, shared care and patient choice are not fully mirrored by DAISy recording options

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4
9. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to drug use	356 (3.2)	287 (2.9)	260 (2.4)	238 (2.1)	260 (2.0)	288 (2.4)	282 (2.3)	274 (2.2)	279 (2.3)	287 (2.4)	277 (2.3)	299 (2.4)

Decline since Q1 22/23. Rate per 1,000 has now stabilised



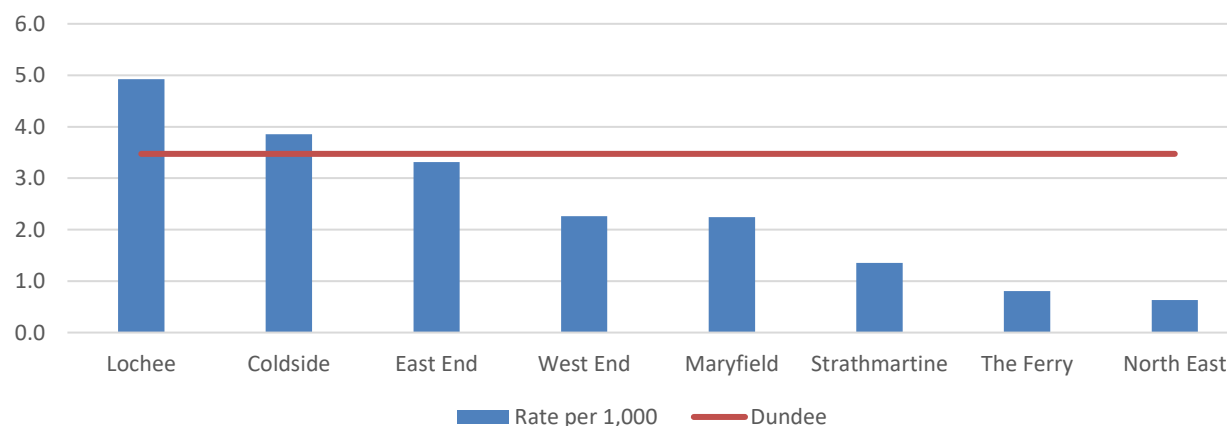
Source : Business Unit, NHS Tayside

For the period Q4 2024/25 (April 24 to March 25) Maryfield had the highest rate per 1.000 population and The Ferry had the lowest.

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4
10. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to alcohol use	466 (3.8)	456 (3.7)	438 (3.6)	422 (3.5)	462 (3.8)	488 (4.0)	472 (3.9)	487 (4.0)	461 (3.8)	445 (3.6)	446 (3.7)	424 (3.5)

Gradual decline since Q4 23/24. Rate per 1,000 fluctuating between 3.5 to 4.0

Admissions rate per 1,000 population with Alcohol Involved (Q4
2024/25)



Source : Business Unit, NHS Tayside

For Alcohol admissions, rate per 1,000 population, Lochee had the highest rate and North East the lowest. Lochee and Coldside were the only 2 LCPP that had a higher rate than Dundee.

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4
11. Naloxone Spend in Dundee	£64,098	£70,622	£80,675	£77,134	£82,549.4	£68,926.6	£55,817.9	£43,239.8	£35,342.7	£42,885.8	£47,242.6	£52,656.40
An overpayment was identified which was refunded to DHSCP in Feb 2024												
12. Naloxone – Resupply Used	353	388	398	410	323	293	268	255	243	238	258	266
All repeats have been consistently reported as it is accepted some may not disclose 'used' as the reason for repeat supply												
13. Total number of Naloxone Kits Issued	1944	1715	1602	1630	1528	1548	1456	1222	1303	1274	1394	1459
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 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 Q4 (Not Rolling)	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4
14. Total Spend on prescriptions generated by Dundee Drug and Alcohol Recovery Service (DDARS(and Dundee Drug Treatment Service (DDT)	£589,455	£531,573	£492,637	£426,306	Data for Q1 23/24 not available	£204,204.64	£196,178.98	£238,702.33	£825,912.32	£853,721.35	£869,670.96	

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

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REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 24 SEPTEMBER 2025

REPORT ON: UNSCHEDULED CARE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC22-2025

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 Dundee IJB's delegated financial resources continue to face a number of challenges in terms of in-year projected overspend and longer financial sustainability. Due to the current financial constraints, the IJB has had to approve a number of spend reduction proposals and implement financial recovery plans for 2025/26. As a result there is the risk that existing levels of activity and performance may not be able to be maintained.
- 3.2 While delegated community health and social care is a critical element of the overall unscheduled care pathways to support discharge without delay from hospital, the current levels of spend exceed the identified budgets and actions are being progressed to reduce overall spend levels. Whole-system efforts continue to be progressed to mitigate the impact on discharges for individuals through prioritisation of resources aligning to those of greatest assessed need.

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:
1. 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.
 2. Performance 95 - Improving the flow through the Emergency Department in order to ensure the 4-hour national target is achieved.
 3. Integrated Health & Community Care - Linked closely to the Optimising Access workstream, this focuses on improving and expanding the role of Urgent Care services in the community setting. With additional funding from Scottish Government, an expansion of the urgent care service is planned in order to provide an enhanced healthcare assessment service across extended hours and over 7 days. This will link closely to the ongoing Out of Hours Reform work hosted in Angus HSCP.
 4. Optimising Flow/Discharge Without Delay - focussing on supporting every ward area in Tayside to achieve upper quartile length of stay in relation to the national benchmarking data. This will be achieved through embedding the principles of Discharge without Delay which supports clear and efficient practice in discharge planning.
- 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 data pack monthly.

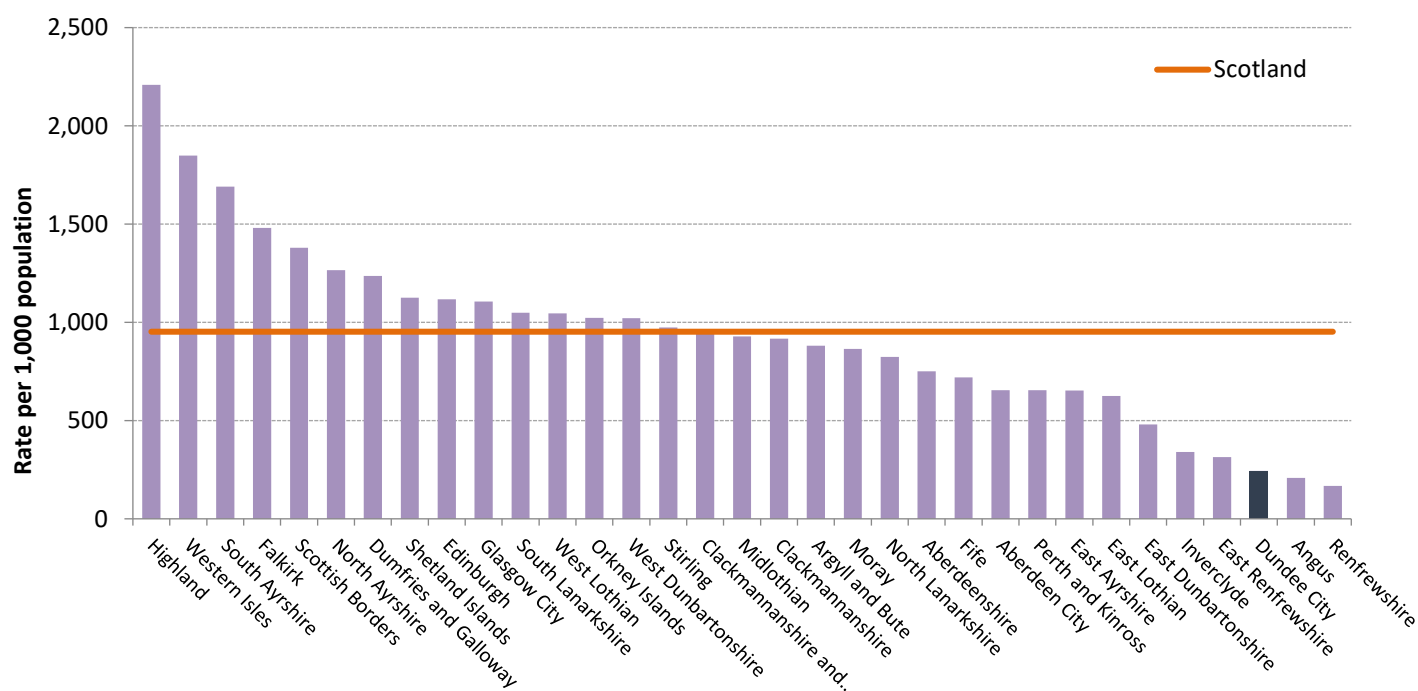
In addition, on a weekly basis a snapshot report of the delayed discharge position in Dundee is provided to the Dundee Health and Social Care Partnership Chief Officer, the NHS Tayside Chief Operating Officer and other key senior staff across Dundee Health and Social Care

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 204/25 annual performance for every HSCP.

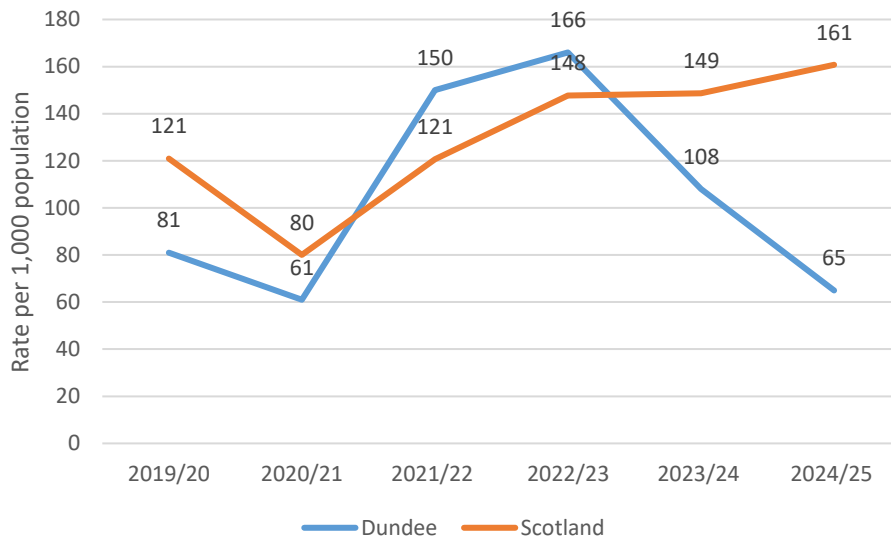
Chart 1 Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population 2024/25



- 5.2 Dundee performs well against the National Indicator and is 3rd best in Scotland with a rate of 244.6 per 1,000 population compared with the Scotland rate of 952.3 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 Local Community Planning Partnerships 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



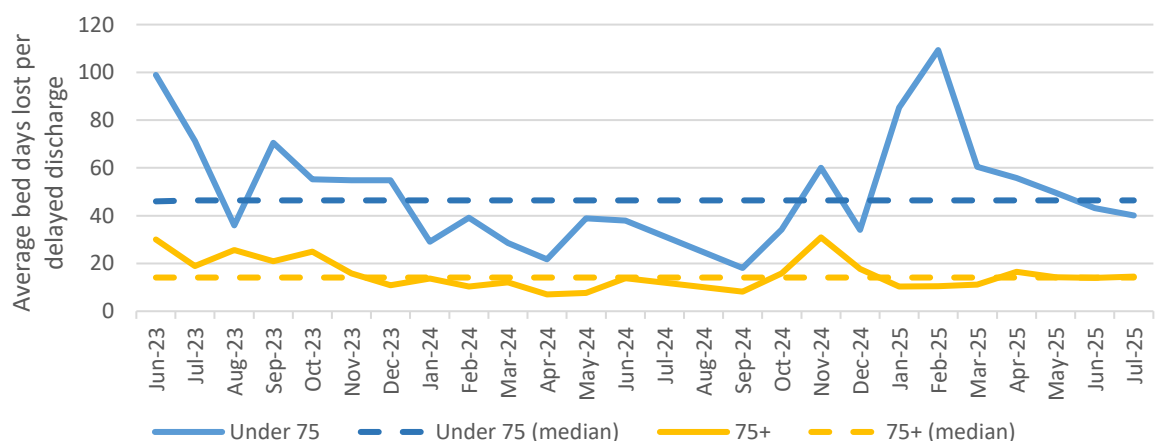
Source: NSS PHS Scotland

- 5.6 Comparing 2024/25 performance with the 2019/20 baseline shows an improved performance in Dundee whereas a poorer performance for Scotland as a whole.

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.

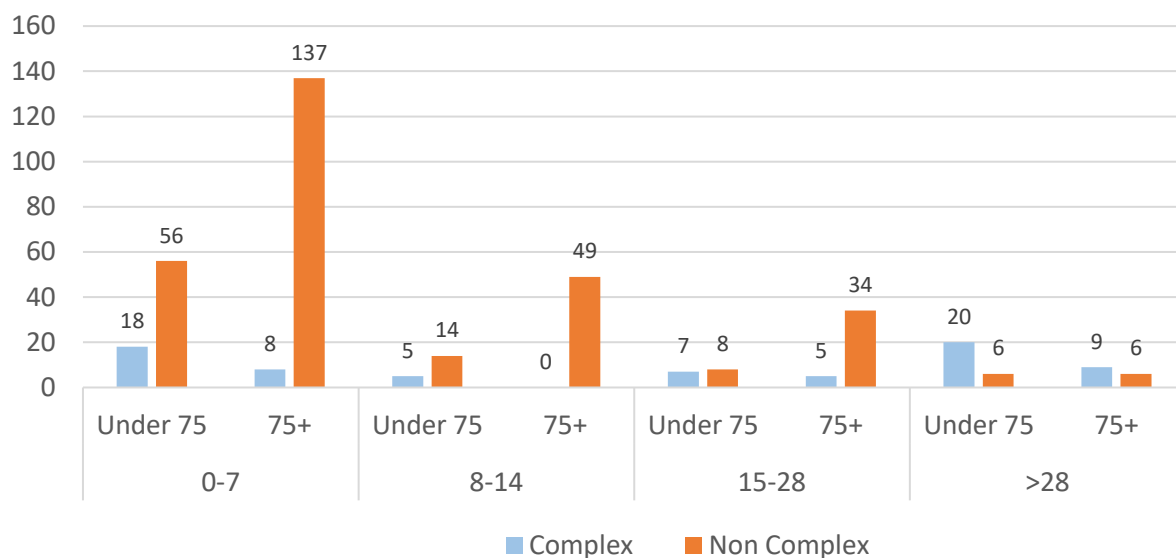
Chart 3 Average Duration of Delay by Age Group in Days



Source: Health and Business Intelligence Unit NHS Tayside

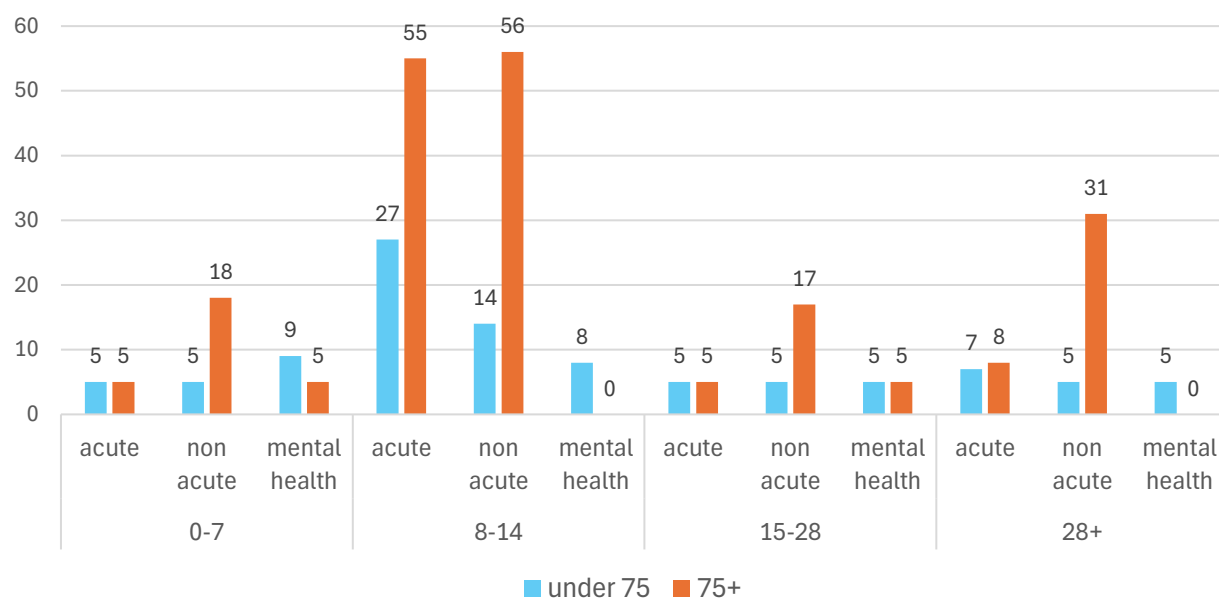
- 6.2 Chart 3 illustrates the average length of delay per month. Using the data available between June 2023 and July 2025, the median length of delay for people under 75 is 46 days. This reflects the complexity often associated in the younger adult inpatient population, particularly within General Adult 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 median length of delay for people over 75 is 14 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 September 2024 – July 2025



Source: Health And Business Intelligence Unit NHS Tayside

Note: there were no values <5 therefore rounding up to 5 for GDPR purposes was not required on this occasion.

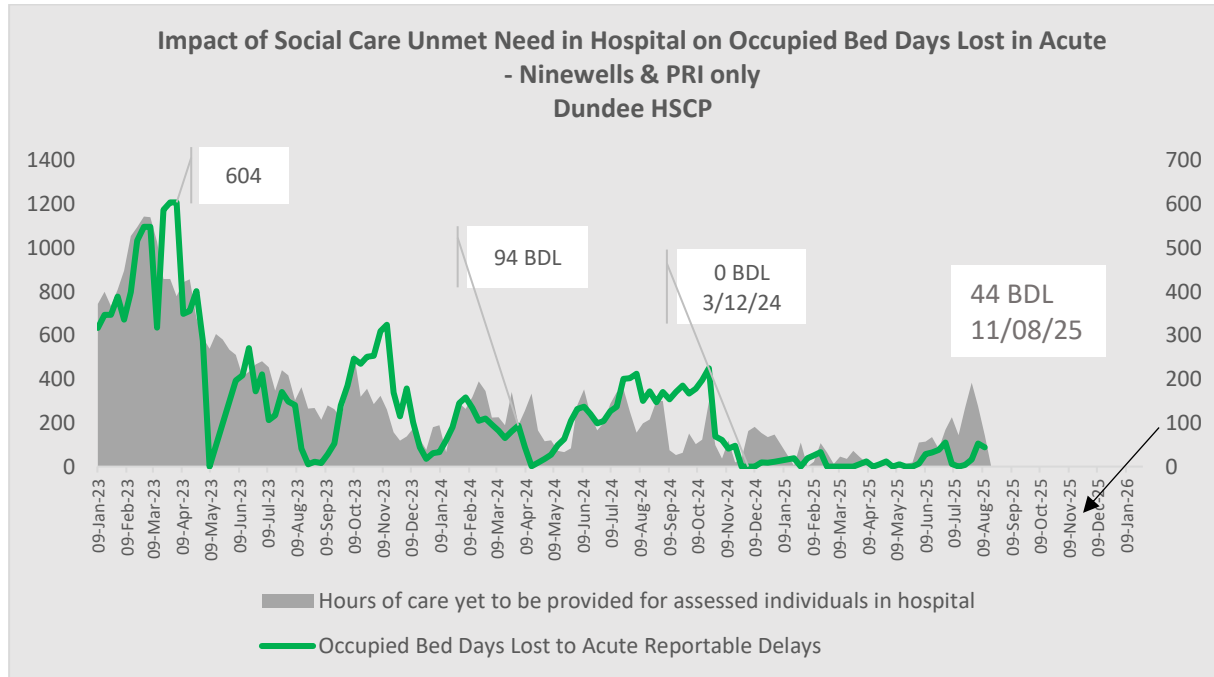
6.5 **Chart 5 Average Duration of Delay by Age and Location**

Source: Health and Business Intelligence Unit NHS Tayside

Note: Where a value is recorded as 5, this includes all values of 5 and less as values less than 5 have been rounded up to 5 to comply with GDPR.

- 7.0** As a result of the ongoing improvement work within DHSCP Care at Home services, the bed days lost due to delayed discharges demonstrates a longitudinal decrease. In April 2023, 604 acute bed days were lost due to reportable delays, compared to 94 in April 2024. This performance continued to improve to zero bed days lost in the acute hospital in early December 2024, however increases in unmet need have resulted in an increase in bed days lost. At 11 August 2025, there were 44 bed days lost to delayed discharges.

Chart 6 Impact of Social Care Unmet Need on Bed Days Lost Delayed in Acute Hospital - Dundee HSCP

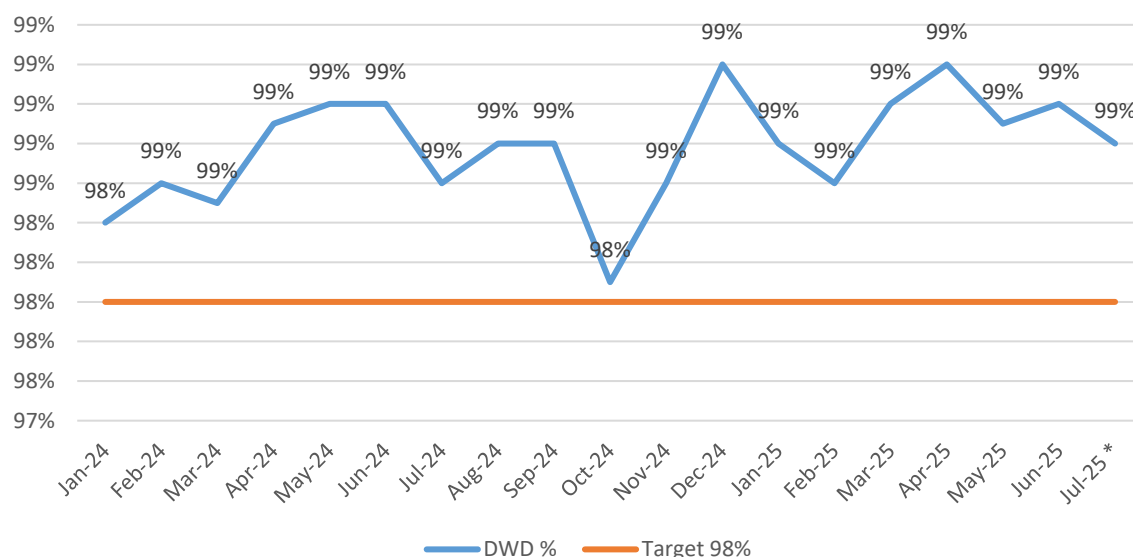


- 7.1** An increase in unmet need resulted in an increase in 44 bed days lost at 11 August 2025, showing the impact social care unmet need has on delays within the hospital system.

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.
- Expansion of DECAHT into evening period and over 7 days with the aim of providing alternatives to admission wherever appropriate. This will support (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.
- Development of suite of performance measures for community urgent care services to track expansion progress in relation to the targets set by Scottish Government and to evidence quality indicators e.g. all patients within the service having a RESPECT conversation documented
- 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 target of upper quartile length of stay set in all Medicine for the Elderly wards.

- Target Operating Model for SNRU now fully operationalised.
- Plan to undertake whole system stroke/neuro work across the acute and step-down bed base in 2025
- Senior Nurse UUC leading on Optimising Flow workstream targeted at achieving upper quartile length of stay in all ward areas in Tayside.
- Frailty unit bed base has been increased and now provides opportunity for specialised frailty assessment for all frail patients in Dundee with developing links through DECAHT and into the GP clusters through virtual wards activity
- Recruitment to additional inpatient Frailty ANPs to support the flow of frail older adults across the whole system pathway with the aim of reducing length of stay and promoting provision of care and treatment at home
- 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.
- Reinvigoration of Discharge to Assess model across the wider hospital as a means of minimising care home admissions and maximising social care efficiency/outcomes for people.
- Redesign of AHP services across whole system patient pathways

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

Risk 1 Description	Every unnecessary day in hospital increases the risk of an adverse outcome for the individual, drives up the demand for institutional care and reduces the level of investment that is available for community support.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	- Daily review of all delays. - Range of improvement actions underway to reduce risk of delays.
Residual Risk Level	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)
Approval recommendation	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

Risk 2 Description	Financial recovery plans for 2025/26 will impact on performance in relation to unscheduled care, including reduced levels of performance for delayed discharge.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 4 x Impact 5 = Risk Scoring 20 (Extreme Risk)

Mitigating Actions (including timescales and resources)	- Continuous monitoring of unscheduled care performance (as described in section 4). - A range of actions have been progressed by Care at Home Services to maximize the efficiency of the service. - The financial recovery plan for 2025/26 is subject of governance oversight, including risk assessment, meaning that impact on performance will be visible to IJB members.
Residual Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Planned Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Approval recommendation	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

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 2025

Lynne Morman
Associate Locality Manager, Acute and Urgent Care

Lynsey Webster
Lead Officer, Quality, Data and Intelligence



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 SEPTEMBER 2025

REPORT ON: CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/ OLDER PEOPLE AND OTHER ADULT SERVICES 2024-25

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC25-2025

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 2024 to 31 March 2025.

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 2024-25 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.
- 2.3 Note the range of continuous improvement activities progressed during 2024-25 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 Standards¹ 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.
- 4.1.2 During 2024-25 the Care Inspectorate played a key role in supporting the implementation of the Health and Care (Staffing) (Scotland) Act 2019 which came into effect on 01 April 2024. The Act aims to ensure safe and high-quality care through appropriate staffing levels in health and social care settings. The overall inspection framework for adult services continued to be supported by a series of sector specific quality frameworks, which support providers to self-

¹ <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>

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 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 concerns arising from the assessment of the core assurances during the actual inspection.

4.2 Gradings Awarded

4.2.1 Across the 44 registered services listed in the performance report contained within appendix 1, 53 inspections were undertaken during 2024-25. This included 24 inspections carried out across 17 care homes and 29 inspections carried out across 27 other adult services. Four care homes operated by Dundee Health and Social Care Partnership were inspected during the reporting year.

4.2.2 Table 1 illustrates the number of services receiving a grade of 1-6 in one or more key question along with a comparison from 2023-24:

Table 1: Grade Received by Service	Care Homes		Other Adult Services	
	2024-25	2023-24	2024-25	2023-24
Number of Services Inspected	17	24	27	22

6 'excellent' in one or more key questions	2	12%	2	8%	0	0	0	0
5 'very good' in one or more key questions	8	47%	5	21%	15	56%	11	50%
4 'good' in one or more key questions	11	65%	17	71%	20	74%	17	77%
3 'adequate' in one or more key questions	7	41%	15	63%	8	30%	7	32%
2 'weak' in one or more key questions	2	12%	4	17%	0	0	0	0%
1 'unsatisfactory' in one or more key questions	1	6%	-	-	0	0	-	-

4 'very good' and above in all grades (initial annual inspection)	10	59%	9	38%	18	67%	17	77%
3 'adequate' or below in all grades (initial annual inspection)	7	41%	8	33%	9	33%	0	0%

The number of inspections for care homes decreased and the number for other adult services increased during 2024-25 from the previous year. The grading data evidences an improvement in grades between 2023-24 to 2024-25 for care homes; particularly of note grades 5 'very good' and 6 'excellent'. Other adult services grades remained similar even although there was a 20% increase in the number of services inspected. Whilst other adult services did not receive an 'excellent' in any Key Question they also did not receive a grade of 'poor' or 'weak'. One inspected care home 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 7 of the 17 care homes and 8 of the 27 other adult services following inspection during 2023-24 (this is a small reduction from the proportion in 2023-24 which was 18 out of 46). 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. No enforcement measures were put in place during 2024-25.
- 4.2.5 Table 2(a) shows the overall percentage awarded at grades 1 to 6 for care homes. Of the 24 inspections carried out across 17 care homes, 80 grades were awarded against the key questions noted below:

Table 2(a) – Care Homes (24 inspections, 80 grades awarded)

Table 2(a): Grade 2024-25	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'	4%	1 (5%)	2 (14%)	0	0	0
5 'very good'	23%	6 (30%)	1 (7%)	5 (28%)	4 (31%)	3 (20%)
4 'good'	40%	8 (40%)	6 (43%)	7 (39%)	6 (46%)	5 (33%)
3 'adequate'	26%	4 (20%)	4 (29%)	4 (22%)	3 (23%)	6 (40%)
2 'weak'	3%	0	0	2 (11%)	0	0
1 'unsatisfactory'	4%	1 (5%)	1 (7%)	0	0	1 (7%)

Table 2(a) demonstrates that grades of 'very good' or excellent' were more evenly spread across Key Questions than has been the case in previous years (where they were more likely to be awarded in relation to supporting people's wellbeing and leadership of care home services).

Of the four Partnership operated care homes inspected during 2024-25, one ended the year with an evaluation of 'excellent' against all Key Questions inspected; another with an evaluation of 'very good' against all Key Questions inspected; and, two with an evaluation of 'good' or 'very good' against all Key Questions inspected.

Table 2(b) Support Services with Care at Home (11 inspections / 37 grades awarded)

Table 2(b): Grade 2024-25	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 (45.5%)	1 (10%)	5 (50%)	0	2 (33%)

4 'good'	38%	5 (45.5%)	2 (20%)	5 (50%)	0	2 (33%)
3 'adequate'	27%	1 (9%)	7 (70%)	0	0	2 (33%)
2 'weak'	0	0	0	0	0	0
1 'unsatisfactory'	0	0	0	0	0	0

Table 2(c) Care at Home with Housing Support (16 inspections / 44 grades awarded)

Table 2(c): Grade 2024-25	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'	32%	6 (38%)	1 (17%)	7 (44%)	0	0
4 'good'	61%	9 (56%)	4 (66%)	9 (56%)	0	5 (83%)
3 'adequate'	7%	1 (6%)	1 (17%)	0	0	1 (17%)
2 'weak'	0	0	0	0	0	0
1 'unsatisfactory'	0	0	0	0	0	0

Tables 2(b) and 2(c) 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, in one instance also supported by a voluntary cessation to 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 all 3 care homes improvements are now being evidenced, however enhanced monitoring and support is continuing until improvements have been embedded and validated.

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, Acting Head of Service, Strategic Services, 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.

Christine Jones
Acting Chief Finance Officer

DATE: 21 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 2024 – 31 MARCH 2025

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 2024 to 31 March 2025.

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 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.

The Care Inspectorate played a key role in supporting the implementation of the Health and Care (Staffing) (Scotland) Act 2019 which came into effect on 1 April 2024. The Act aims to ensure safe and high-quality care through appropriate staffing levels in health and social care settings.

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

OVERVIEW OF THE SERVICES INSPECTED

A total of 53 inspections were carried out in 44 services during 2024-25 (see Appendices A and B):

- 24 inspections in 17 care homes

- 29 inspections in 27 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. A breakdown of the requirements are listed in Appendix C for care homes and in Appendix D for other adult services.

Inspection/investigations are also carried out if complaints are made against a service and can result in a change to grades. Upheld complaints are recorded on the Care Inspectorate website (www.careinspectorate.com).

Table 1 shows which sectors received an inspection during 2024-25:

Table 1: Inspected Services - Sector Data	DHSCP	Private	Voluntary*	Total
Number of Care Homes	4	13	-	17
%	23.5%	76.5%	-	100%
*As of 2024-25 there are no voluntary care homes in Dundee due to recent closures				
Number of Other Adult Services	4	10	13	27
%	15%	37%	48%	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			
Year	2024-25	2023-24	2024-25	2023-24	2024-25	2023-24	2024-25	2023-24
Number of Services Inspected	17	24	27	22				
6 'excellent' in one or more key questions	2	12%	2	8%	0	0	0	0
5 'very good' in one or more key questions	8	47%	5	21%	15	56%	11	50%
4 'good' in one or more key questions	11	65%	17	71%	20	74%	17	77%
3 'adequate' in one or more key questions	7	41%	15	63%	8	30%	7	32%
2 'weak' in one or more key questions	2	12%	4	17%	0	0	0	0%
1 'unsatisfactory' in one or more key questions	1	6%	-	-	0	0	-	-
4 'very good' and above in all grades (initial annual inspection)	10	59%	9	38%	18	67%	17	77%
3 'adequate' or below in all grades (initial annual inspection)	7	41%	8	33%	9	33%	0	0%

There were 40% less inspections carried out in care homes this year compared to 2023-24 whilst a higher number were carried out in other adult services. The grading data evidences an improvement in grades between 2023-24 to 2024-25 for care homes particularly of note grades 4 'good' and 5 'very good'. Other adult services grades remained similar even although there was a 20% increase in the number of services inspected. Whilst other adult services did not receive an 'excellent' in any Key Question they also did not receive a grade of 'poor' or 'weak'.

Table 3(a) – Care Homes (24 inspections, 80 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'	4%	1 (5%)	2 (14%)	0	0	0
5 'very good'	23%	6 (30%)	1 (7%)	5 (28%)	4 (31%)	3 (20%)
4 'good'	40%	8 (40%)	6 (43%)	7 (39%)	6 (46%)	5 (33%)
3 'adequate'	26%	4 (20%)	4 (29%)	4 (22%)	3 (23%)	6 (40%)
2 'weak'	3%	0	0	2 (11%)	0	0
1 'unsatisfactory'	4%	1 (5%)	1 (7%)	0	0	1 (7%)

Table 3(a) demonstrates that grades of 'very good' or excellent' were more evenly spread across Key Questions than has been the case in previous years (where they were more likely to be awarded in relation to supporting people's wellbeing and leadership of care home services).

Table 3(b) Support Services with Care at Home (11 inspections / 37 grades awarded)

Table 3(b): Grade 2024-25	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 (45.5%)	1 (10%)	5 (50%)	0	2 (33%)
4 'good'	38%	5 (45.5%)	2 (20%)	5 (50%)	0	2 (33%)
3 'adequate'	27%	1 (9%)	7 (70%)	0	0	2 (33%)
2 'weak'	0	0	0	0	0	0
1 'unsatisfactory'	0	0	0	0	0	0

Table 3(c) Care at Home with Housing Support (16 inspections / 44 grades awarded)

Table 3(c): Grade 2024-25	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'	32%	6 (38%)	1 (17%)	7 (44%)	0	0
4 'good'	61%	9 (56%)	4 (66%)	9 (56%)	0	5 (83%)
3 'adequate'	7%	1 (6%)	1 (17%)	0	0	1 (17%)
2 'weak'	0	0	0	0	0	0
1 'unsatisfactory'	0	0	0	0	0	0

Tables 3(b) and 3(c) for other adult services cover different models of service provision 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 performing well with no grades of 'weak' awarded. Key Question 4 in the majority of other adult services is not inspected against as services are primarily provided in the service user's own home.

Balhousie St Ronan's Care Home (owned by Balhousie Holdings Limited) – Following on from an unsettled period during 2023-24, an Inspection carried out by the Care Inspectorate at the end of March 2024 again resulted in poor grades. The Care Inspectorate were also receiving a high volume of complaints whilst, at the same time, concerns were being raised by Dundee HSCP with the provider re practice issues. Enhanced contract monitoring re-commenced at this time to support the care home. In June 2024 grades improved slightly however in November 2024 the care home again met the criteria for a Large-Scale Investigation to be carried out which continued through to March 2025. The care home

continues to be monitored through the Enhanced Contract Monitoring process however with a permanent new manager taking up post in May 2025, considerable improvement has been evidenced. Close monitoring will continue until both the Care Inspectorate and Dundee HSCP are satisfied that the improvements will be sustained.

Benvie Care Home (owned by Duncare Limited) – Whilst carrying out an annual inspection at the care home, the Care Inspectorate issued a Letter of Serious Concern during the inspection followed by an Improvement Notice with requirements to be met in a relatively short time-scale. Grades of 1 'unsatisfactory', 2 'weak' and 3 'adequate' were given as a result of this inspection. During this time the then provider had met with Dundee HSCP and Large-Scale Investigation proceedings commenced with the provider voluntarily ceasing admissions to the care home. This process ended in August 2024 and continues to be monitored at present through Enhanced Contract Monitoring. A new manager was appointed in December 2024 and there has been noticeable improvements made since that time. Renaissance Care acquired the care home trading as Duncare Limited in October 2024.

Lochleven Care Home (formerly owned by Thistle Healthcare Ltd) – The Care Inspectorate visited the care home in May 2024 for their annual inspection and there were some concerns which led to requirements being imposed. Dundee HSCP instigated Large-Scale Investigation procedures in July 2024 with the concerns being quickly addressed and the process completed by September 2024. Enhanced Contract Monitoring followed to offer the care home support and ensure sustained improvement.

Care Inspectorate Key Messages – High Performing Services

White Top Centre (Dundee HSCP) and Harestane Care Home (Priority Care Limited)

These were pilot inspections to test a new way of inspecting to provide assurance that better performing services continue to deliver a very good level of care and support. No new evaluations (grades) have been awarded. This inspection is called a core assurance inspection. This is because research demonstrates that these core assurances are the key areas that are essential to a service being safe. The Care Inspectorate report on them under the headings: legal assurances, wellbeing, leadership, staffing, the setting, and planned care/support. The Care Inspectorate confirmed that the service continued to provide a very good level of care and support.

Ballumbie Court Care Home (HC-One Limited)

- Care and support promoted people's health and wellbeing.
- People were supported by a dedicated and committed staff team.
- Leadership was promoted at all levels of the staff team.
- Quality assurance systems were effective and led to positive change.
- People's opinions were valued and used as drivers for change.
- The service had creative responses to challenges

Right at Home Dundee Angus and North Fife (Roundstone Quality Care Ltd)

People receiving a service from Right at Home Dundee, Angus and North Fife spoke highly about the support they received. Their comments included:

- "The staff are very nice and friendly"
- "She is well trained and very good at her job"
- "They are very kind and caring"
- "I don't have any concerns, I'm very lucky"
- "They go out of their way to help"
- "The communication is very good."

Turning Point Scotland - Dundee

- People experienced a compassionate and person-centred service
- Staff had forged trusting and effective working relationships with the people they supported
- Professionals from other agencies told us that the service works well within the multidisciplinary team
- Turning Point involved supported people in developing the service and aimed to empower them to represent themselves
- The service's policies and procedures were clearly written, easy to follow and reviewed on a regular basis

- The service's commitment to adult support and protection was evident and well documented
- Staff felt part of a mutually supportive team
- Staff said that their seniors and the manager were approachable, knowledgeable and encouraging
- The service experienced some challenges regarding staff turnover but still maintained continuity in the support it provided

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 7 of the 17 (41%) care homes inspected and 8 of the 27 (30%) 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 2024-25 the Care Inspectorate received one or more complaints relating to 9 care home services. Of these, all were upheld or at least one of the following elements upheld. No complaints were received on behalf of adult care services who were inspected.

Complaints – Care Homes	Complaints – Other Adult Services
Wellbeing • Other • Social Healthcare • Palliative care • Inadequate healthcare or healthcare treatment • Continence care • Infection control issues • Medication issues • Nutrition • Tissue viability • Hydration • Other Staff • Levels Access • To other services eg advocacy/health Communication • Between staff and service users/relatives/ carers • Other Choice • Activities • Care and treatment Environment • Inadequate facilities • Other Food • Choice Privacy and Dignity	None for services inspected during 2024-25

• Privacy and Dignity Record-Keeping • Personal plans/agreements • Other Policies and Procedures • Complaints procedure Protection of People • Adults	
--	--

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 2024-25.

CONTINUOUS IMPROVEMENT

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

Care Home Services

The Care Home Team continues to provide support to care homes from a nursing and social work perspective. The Team now has a full complement of staff and continue to support, provide training and share knowledge and experience to care homes where required. Referral processes into the care home team have been reviewed in late 2024 / early 2025 to ensure easy access to supports.

Dundee Health & 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.

Turriff House continues to offer respite and intermediate care support. There has been an increase in the use of respite however this does fluctuate throughout the year with high usage being noted during traditional holiday seasons and lower use out with these periods. The criteria for intermediate care was reviewed in 2024 which has resulted in far greater use particularly from people from home in order to avoid unnecessarily hospital admission to Kingsway Care Centre.

Menzieshill House continues to be a leader across Scotland with regards to their inter-generational work with residents and children. They again received awards in 2024 for this work and have attended multiple events as guest speakers to showcase their success.

Janet Brougham House has been heavily involved with regards to ensuring equality and access for all service users in Dundee. Significant investigation has gone into the creation of a bedroom suitable to support bariatric persons. This has included input from professionals across Dundee HSCP and Dundee City Council. Whilst the adaptation work has not yet commenced, considerable development work has been progressed during the year.

In 2024 Mackinnon Centre respite service applied for a variation to their Care Inspectorate registration which was approved. Mackinnon Centre can now support up to 4 service users on a longer-term basis. This was taking place in 2023 however was not a permanent service until 2024. This has played a vital role in facilitating delayed discharges from hospital and providing a safe place for people with advanced complex needs or situations until full time care provision has been sourced. The unit is also providing a safe and appropriate space for service users in the community to access their power assisted bath / shower with support from their family or carers in the community.

Care at Home Services

DHSCP officers have continued to meet with providers to focus on making runs of work more efficient by collectively reducing gaps and proactively working together to meet service requests. Alongside the other positive developments, such as improved recruitment and retention within the service area as a result of the payment on shift model, this has meant the level of unmet in Dundee has been maintained at a relatively low level throughout the year. The challenge for 2025/26 will be to manage this alongside budgetary pressures by ensuring that services are deployed as efficiently as possible so that travel time and gaps on shift are kept to an absolute minimum.

Care At Home/Housing Support (Learning Disability & Mental Health)

During 2024-25 work has continued on Strategic Housing Investment Plan (SHIP) developments. These are new housing developments which provide supported accommodation to tenants who have a variety of assessed support needs and who have either a learning disability or mental health needs. One development was completed and handed over from to the Partnership during this year.

Support providers are identified/ agreed via the Dundee Collaborative Group, which uses a partnership working approach to decision-making and is viewed positively by providers involved in the process.

In 2024-25 a Test of Change was implemented to provide 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. This 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. Regular meetings were held to support the ongoing development and evaluation of the service, which has since been extended in duration and scope to allow for a more comprehensive review before confirming future commissioning intentions. The service has established links with statutory and other third sector provision across Dundee, supports individuals on the Tayside Adult Autism Consultancy Team (TAACT) waiting list, and is complementary to ongoing work developing the Neurodevelopmental

Substance Misuse / Homelessness

To follow

APPENDIX A
DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP
CARE INSPECTORATE GRADINGS FOR CARE HOMES IN DUNDEE - 1 APRIL 2024 TO 31 MARCH 2025

Name of Care Home and Provider Organisation	Service Type	Category DHSCP/ Private/ Vol	Inspection Completed Date	KQ1	KQ2	KQ3	KQ4	KQ5	Requirements	Upheld Complaint(s) received during 24-25	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	Last Inspected 11.12.23						No	No	No
Balhousie Clement Park Balhousie Holdings Limited	Care Home (Older People)	Private	10.04.24	4	4	4	4	4	No	Yes	No
Balhousie St Ronan's Balhousie Holdings Limited	Care Home (Older People)	Private	06.06.24	3	4	3	4	3	Yes	Yes	No
			13.01.25	3	-	2	-	-	Yes	Yes	No
Ballumbie Court HC-One Limited	Care Home (Older People)	Private	08.05.24	5	5	5	5	5	No	No	No
Benvie Duncare Ltd	Care Home (Older People)	Private	20.06.24	Letter of Serious Concern issued by Care Inspectorate on day of inspection visit					Yes	No	Yes
			25.06.24	1	1	2	3	1	Yes	Yes	No
			02.07.24	Improvement Notice issued by Care Inspectorate					Yes	No	Yes
			14.08.24	3	3	3	-	3	Yes	Yes	No
			20.11.24	4	-	4	4	4	No	Yes	No
Bridge View Sanctuary Care	Care Home (Older People)	Private	22.01.25	4	-	5	-	-	No	Yes	No

The Bugties Enhance Healthcare Ltd	Care Home (Older People)	Private	Last Inspected 01.02.24						No	No	No
Carmichael House Carmichael House (Dundee) Limited	Care Home (Older People)	Private	19.07.24	4	3	4	4	4	No	No	No
			21.11.24	-	-	-	3	-	Yes	No	No
			20.12.24	Visit by Care Inspectorate following complaint – no change to grades						No	Yes
Ellen Mhor Cygnnet Healthcare	Care Home (Learning Dis)	Private	Last Inspected – 14.12.23						No	No	No
Forebank Care Home Brookesbay Care Group	Care Home (Older People)	Private	07.11.24	4	-	4	-	-	No	No	No
Harestane Care Home Priority Care Group Limited	Care Home (Older People)	Private	03.12.24	5	6	-	-	-	No	No	No
			Pilot Core Assurances Inspection – grades carried forward from previous inspection dated 11.10.23								
Janet Brougham House Dundee HSCP	Care Home (Older People)	Dundee HSCP	13.06.24	5	4	4	5	5	No	No	No
Lochleven Thistle Healthcare Ltd	Care Home (Older People)	Private	09.05.24	4	3	3	5	3	Yes	Yes	No
			10.09.24	-	-	-	-	4	No	No	No
McGonagall House Enhance Healthcare Limited	Care Home (Adults-ARBD)	Private	22.08.24	5	-	5	-	-	No	No	No
Mackinnon Centre Dundee HSCP	Care Home - Respite (Phys/Sensory Impairment)	Dundee HSCP	06.05.24	5	-	5	-	-	No	No	No
Menzieshill House Dundee HSCP	Care Home (Older People)	Dundee HSCP	23.07.24	5	4	5	5	5	No	No	No
Moyness Care Home Balhousie Holdings Limited	Care Home (Older People)	Private	Last Inspected 25.04.23						No	Yes	No
Orchar Nursing Home Orchar Care Ltd	Care Home (Older People)	Private	Last Inspected 26.07.23. Visited on 26.07.24 to follow up a complaint – complaint not upheld						No	No	No

Pitkerro Care Centre Hudson Healthcare Ltd	Care Home (Older People)	Private	Last Inspected 14.02.24						No	Yes	No
Redwood House Redwood House (Broughty Ferry) Limited	Care Home (Older People)	Private	23.01.25	4	4	4	3	3	Yes	No	No
Riverside View Care Home HC-One Limited	Care Home (Older People)	Private	17.07.24	4	4	4	4	3	Yes	Yes	No
			18.12.24	-	-	-	-	4	No	No	No
Sense Scotland Dundee Respite Sense Scotland	Care Home (Learning Dis)	Private	Last Inspected 22.11.23						No	No	No
St Columba’s Care Home Priority Care Group Limited	Care Home (Older People)	Private	03.06.24	3	3	3	4	3	Yes	No	No
Thistle Care Home Cygnet Social Care	Care Home (Learning Disabilities)	Private	Last Inspected 09.01.24						No	No	No
Turriff House Dundee HSCP	Care Home (Older People)	Dundee HSCP	Last Inspected 25.01.24						No	No	No
White Top Dundee HSCP	Care Home (Learning Dis - Respite)	Dundee HSCP	25.11.24	6	6	-	-	-	No	No	No
			Pilot Core Assurances Inspection – grades carried forward from previous inspection dated 09.08.22								

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 2024 TO 31 MARCH 2025**

Name of Care Home and Provider Organisation	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	KQ1	KQ2	KQ3	KQ4	KQ5	Requirements	Upheld Complaints received during	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?			

SUPPORT SERVICES – WITH CARE AT HOME

Autism Outreach Service (Dundee) Scottish Autism	Support Service	Voluntary	06.12.24	5	4	-	-	-	No	No	No
Balmoral Dundee Balmoral Homecare Ltd	Support Service	Private	05.02.25	4	3	4	-	3	Yes	No	No
DHSCP – Homecare – Social Care Response Service	Housing Support Service	Dundee HSCP	31.01.25	5	-	5	-	-	No	No	No
DHSCP – Care at Home City Wide	Housing Support Service	Dundee HSCP	20.01.25	4	-	5	-	-	No	No	No
Family Friends	Support Service	Private	15.08.24	5	-	5	-	-	No	No	No
Home Instead Dundee & South Angus MIAY Limited T/A Home Instead Dundee & South Angus	Support Service	Private	16.05.24	5	3	5	-	5	Yes	No	No
			19.02.25	-	4	-	-	-	No	No	No
Hillcrest Futures – North Grimsby/ Dundee Outreach Service Hillcrest Futures Limited	Support Service	Voluntary	13.05.24	4	3	4	-	4	Yes	No	No
			14.03.25	-	3	-	-	-	No	No	No

MM Support Mitchell & Murdoch Care Limited	Housing Support Service	Private	11.12.24	4	3	4	-	4	Yes	No	No
Prestige Nursing and Care – Dundee Prestige Nursing (Scotland) Limited	Support Service	Private	14.03.25	4	3	4	-	3	Yes	No	No
Right at Home Dundee, Angus and North-Fife Roundstone Quality Care Ltd	Support Service	Private	28.03.25	5	5	5	-	5	No	No	No
TLA Neighbourhood Services TLA Neighbourhood Service Limited	Housing Support Service	Private	21.03.25	4	3	4	-	-	Yes	No	No

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

Rose Lodge Caalcare Care and Support Services	Care at Home/ Housing Support	Private	28.08.24	5	-	5	-	-	No	No	No
Carr Gomm Support Services 6 Carr Gomm	Care at Home/ Housing Support	Voluntary	18.02.25	4	4	4	-	4	No	No	No
Cornerstone Dundee Housing Support and Care at Home Cornerstone Community Care	Care at Home/ Housing Support	Voluntary	02.08.24	4	-	5	-	3	Yes	No	No
Cornerstone Dundee Supported Living	Care at Home/ Housing Support	Voluntary	04.03.25	5	5	5	-	4	No	No	No
Dudhope Villa and Sister Properties	Care at Home / Housing Support	Private	22.05.24	4	4	4	-	4	No	No	No
Dundee City Council – Dundee Community Living	Care at Home/ Housing Support	Dundee HSCP	04.12.24	4	3	5	-	-	No	No	No
Dundee City Council – Weavers Burn	Care at Home/ Housing Support	Dundee HSCP	13.02.25	4	-	5	-	-	No	No	No

Hillcrest Futures Dundee – Alexander Street, Lismore Terrace, Longfield Drive Hillcrest Futures Limited	Care at Home/ Housing Support	Voluntary	10.09.24	4	-	4	-	-	No	No	No
Hillcrest Futures – Dundee Learning Disability Services Hillcrest Futures Limited	Care at Home/ Housing Support	Voluntary	01.05.24	5	-	5	-	-	No	No	No
Hillcrest Futures – Dundee Tullideph, David Street, Martingale, Birkdale Services Hillcrest Futures Limited	Care at Home/ Housing Support	Voluntary	09.12.24	4	-	4	-	-	No	No	No
Magdalen House Priority Care Limited	Care at Home / Housing Support	Private	26.11.24	3	-	4	-	-	Yes	No	No
Sense Scotland Supported Living: Dundee 1 & Surrounding Areas Sense Scotland	Care at Home/ Housing Support	Voluntary	17.03.25	5	4	4	-	4	No	No	No
Sense Scotland Supported Living: Dundee 3 & Surrounding Areas Sense Scotland	Care at Home / Housing Support	Voluntary	11.04.24	4	-	4	-	-	No	No	No
Scottish Autism – Tayside Housing Support & Outreach Service Scottish Autism	Care at Home / Housing Support	Voluntary	19.12.24	5	-	4	-	-	No	No	No
Transform Community Development	Care at Home / Housing Support	Voluntary	29.07.24	4	4	4	-	4	No	No	No
Turning Point Scotland – Dundee Turning Point Scotland	Care at Home/ Housing Support	Voluntary	28.01.25	5	-	5	-	-	No	No	No

KEY:

- 6 excellent
- 5 very good
- 4 good

- 3 adequate
- 2 weak
- 1 unsatisfactory

ITEM No ...11.....

APPENDIX C

DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP – CARE HOME SERVICES
CARE INSPECTORATE REQUIREMENTS 2024-25

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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06.06.24	Balhousie St Ronan's	Care Home - Private	3	4	3	4	3
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6 outstanding requirements from previous inspections held during 2023-24 – 3 remain not met

13.01.25	Re-grading		3	-	2	-	-
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Requirement 1

By 31 March 2025, the provider must make proper provision for the effective assessment and management of pain and the proper provision of end of life care. In particular, the provider must:

- a) ensure a detailed, person centred and structured pain management care plan for individuals experiencing pain;
- b) ensure the pain management care plan includes the provision for symptom management prior to interventions;
- c) ensure the efficacy of pain relief is consistently assessed and the outcomes used to direct the pain management plan;
- d) ensure that the personal needs, wishes and choices for individual's end of life care are sought, agreed and fully recorded in the care plan;
- e) ensure individual's end of life needs, wishes and choices are facilitated and fully met;
- f) ensure all care plans, including those related to personal care, oral care, continence care and mobility fully reflect the individuals end of life needs, wishes and choices;
- g) ensure the consistent observation of the individual receiving end of life care to ensure their health, safety and welfare.

Requirement 2

By 31 March 2025 the service provider must, having regard for the size and nature of the care service, the statement of aims and objectives, and the number and needs of the service users:

- a) ensure that at all times 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;
- b) ensure that the dependency assessment tool accurately reflects people's care and support needs and takes account of staff and managers professional judgement.

A further 2 requirements remain outstanding from previous inspections referred to above (see 06.06.24)

20.06.24	Benvie	Care Home - Private	Letter of Serious Concern issued by Care Inspectorate				
25.06.24			1	1	2	3	1
02.07.24			Improvement Notice issued by Care Inspectorate				
14.08.24			3	3	3	-	3
20.11.24			4	-	4	4	4

Letter of Serious Concern**Requirement 1**

By 14 July 2024, you must ensure that service users experience compassionate, palliative and end-of-life care that meets their health, safety, and wellbeing needs. In order to achieve this, you must demonstrate that:

- a) Service users who need palliative and end-of-life care have accurate care plans in place which set out how their care needs and preferences, including physical, spiritual, and psychological needs, are to

be met. b) Nursing and care staff are familiar with and implement a service user's palliative and end-of-life care plan.

c) Nursing and care staff can identify, and respond to, any change in a service user's physical and/or mental health needs, including, but not limited to, any sign that a service user is experiencing pain, discomfort and/or distress, or transitioning to end of life care.

Recommendation 2

By 14 July 2024, you must ensure that service users are provided with regular fluids, and support to drink in accordance with their hydration needs and preferences. In order to achieve this you must demonstrate that:

a) Service users' care plans record their hydration needs and preferences.

b) Nursing and care staff are familiar with, and implement, service users' hydration needs care plan.

c) Nursing and care staff record fluid intake accurately as set out in the care plan which is reviewed daily, with action taken if targets have not been met.

d) Nursing and care staff can identify, and respond to, any change to a service user's hydration needs.

Recommendation 3

By 11 August 2024, you must ensure that there are, at all times, adequate numbers of skilled and competent staff on each shift, to meet service users' health, safety, and wellbeing needs. In order to achieve this you must:

a) Gather accurate information about service users' needs and use it to assess how many nursing and care staff with the right skill mix are required on each shift, and on each unit during the day and night.

b) Roster and deploy staff in accordance with your assessment informed by each service user's care plan. c) Demonstrate that you are able to anticipate and respond to changes in service users' needs, and will amend staff numbers accordingly when required.

Recommendation 4

By 11 August 2024, 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 order to achieve this you must:

a) Establish and clarify the roles and responsibilities of all staff providing leadership and/or care across the service, and ensure this is shared and understood by all staff.

b) Establish clear communication processes and systems to share information about service users current or changing needs on a daily basis. This should include but is not limited to wound care, falls, nutrition and hydration, palliative and end of life care, and assessment of pain.

c) Establish clear clinical oversight methods of care planning, and delivery of treatment and care. This may include but is not limited to observation of service users' care experiences, observation of staff practice and communication, and regular review/audit of care plans, daily notes and records.

4 additional requirements remain outstanding from previous inspections.

Follow up inspection 14.08.24 – **All requirements in Letter of Serious Concern met. Other requirements remain outstanding as not assessed at this inspection**

Follow up inspection 20.11.24 – **All outstanding requirements met**

19.07.24	Carmichael House	Care Home - Private	4	3	4	4	4
21.11.24			-	-	-	3	-

Requirement 1

By 2 February 2025, the service provider must ensure that water is supplied and maintained at temperatures suitable for the needs of people using the service.

09.05.24	Lochleven	Care Home - Private	4	3	3	5	3
10.09.24			-	-	-	-	4

Requirement 1

By 7 June 2024, the provider must ensure any restriction to people's right to freedom of movement is fully assessed and agreed prior to implementation. To do this, the provider must, at a minimum:

- a) ensure that the consideration of lap straps and/or sensor beams is based on a thorough and individual risk assessment with appropriate records to reflect decisions made. This should involve the person and/or their representatives and other professionals as appropriate
- b) ensure that the use of forms of restraint is regularly reviewed and reflects any changes to the person's health and wellbeing.

Follow up inspection 10.09.24 – **Outstanding requirements met**

23.01.25	Redwood House	Care Home - Private	4	4	4	3	3
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Requirement 1

By 1 April 2025 the provider must ensure people are supported to keep safe and well as their health and wellbeing needs are fully considered. To do this the provider must, at a minimum, ensure:

- a) care and support plans include any relevant risk to them that could affect their health and wellbeing
- b) risks and associated support measures are clearly stated and with sufficient detail within people's care and support plans and assessed at agreed intervals
- c) care and support plans include information on all important care needs and health conditions
- d) that all care documentation is kept up to date and used to evaluate and amend people's care as needed and
- e) quality assurance systems are effective at identifying and monitoring that risks and important care needs for people are suitably responded to in the care and support planning.

17.07.24	Riverside View	Care Home - Private	4	4	4	4	3
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18.12.24			-	-	-	-	4
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Requirement 1

By 9 October 2024, the provider must ensure that people are provided with high quality care and support and that this is evidenced by accurate recording of care. To do this, the provider must, at a minimum, ensure that:

- a) all care provided is in line with each person's personal plan and is recorded consistently on appropriate recording charts
- b) a robust process is put in place for the monitoring and review of personal care provided and any relevant recording charts.

Follow up inspection 18.12.24 – **Requirement met**

03.06.24	St Columba's Care Home	Care Home - Private	3	3	3	4	3
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Requirement 1

By 20 November 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:

- a) Put in place and effectively implement a system to provide assurance that people are having their prescribed medication administered in accordance with their individual needs.
- b) Ensure that monitoring arrangements identify any errors in administration or recording of a person's medication and appropriate actions are taken.
- c) Ensure staff competency in medication administration.

Requirement 2

By 29 July 2024, the provider must ensure people living in the care service are supported by staff who 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 adequate learning provision is made for staff to be able to meet people's needs and keep people safe.

Requirement 3

By 29 July 2024, the provider must ensure people receive care and support that is right for them. To do this the provider must at a minimum:

- a) Ensure care plans and risk assessments contain accurate and up to date information.
- b) Ensure care plans are subject to review with the person and/or their legal representative at least once in every six-month period.

A further 2 requirements remain outstanding from a previous inspection.

Legend:

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

APPENDIX D
DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP - ADULT SERVICES (EXCLUDING CARE HOMES)
CARE INSPECTORATE REQUIREMENTS 2024-25

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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05.02.25	Balmoral Dundee	Support Service – with care at home Private	4	3	4	-	3
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Requirement 1

By 9 May 2025 the provider must ensure people are safe and receive care and support that is well-led and managed and which results in better outcomes for people. This should be achieved through establishing a culture of continuous improvement, with robust and transparent quality assurance processes. To do this, the provider must:

- a) ensure there are effective systems in place to monitor all aspects of the service provided.

Requirement 2

By 6 June 2025, the provider must ensure that each person's care plan and daily recording reflects their current individual care and support needs. To do this, the provider must, at a minimum ensure:

- a) care plans and recordings are sufficiently detailed, written in a person-centred manner, and reflect the care assessed and provided; and
b) care plans are monitored and evaluated routinely to ensure the care and support remains effective.

16.05.24	Home Instead Dundee and South Angus	Support Service – with care at home Private	5	3	5	-	5
19.02.25			-	4	-	-	-

Requirement 1

By 31 July 2024, the provider must make proper provision for the health, welfare and safety of people using the service. To do this, the provider must evidence that all required staff have registered with the appropriate body within statutory timescales.

Follow up inspection 19.02.25 – **Requirement met**

13.05.24	Hillcrest Futures-North Grimsby/ Dundee Outreach Service	Support Service-with care at home Voluntary	4	3	4	-	4
14.03.25			-	3	-	-	-

Requirement 1

In order ensure service improvements are made, by 31 May 2024, the provider must submit a plan to the Care Inspectorate to make proper provision for the health and welfare of service users. Providers must ensure that robust quality assurance systems are put in place which are regularly monitored by managers of the service. This must include but is not restricted to:

- a) Update and improve consistency of information within service user support plans and risk assessments across the service.
b) Ensure support plans accurately reflect support outcomes agreed with service users at commencement of service provision.
c) Ensuring six monthly reviews are carried out and support plans are updated accordingly.
d) Stakeholder engagement is carried out, to inform improvements to the service and are included within service development plans.

Recommendation 2

In order to ensure that staff are supported, and have the knowledge and skills required to carry out their roles, by 30 November 2024, providers must ensure that staff receive:

- a) Supervision at intervals set within service own policies and procedures.
- b) Observations of staff practice are carried out and recorded at regular intervals.
- c) Staff meetings/consultations are carried out to ensure that staff have information and updates about the service, have opportunities to provide feedback, and are involved in service developments.

In addition, 1 requirement from 25 April 2019 remains unmet.

Follow up inspection 14.03.25 – **All outstanding requirements met**

13.05.24	MM Support	Support Service – with Care at Home Private	4	3	4	-	4
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By 31 March 2025, the Provider must ensure that all relevant accidents and incidents are notified to the Care Inspectorate.

- a) Notifications must be submitted in line with "Records that all registered services (except childminding) must keep and guidance on notification reporting" (February 2012, Care Inspectorate).
- b) All relevant staff responsible for providing such notifications must have their knowledge of 'Records that all registered services (except childminding) must keep' and 'guidance on notification reporting (February 2012, Care Inspectorate)' evaluated to ensure compliance.

14.03.25	Prestige Nursing and Care - Dundee	Support Service – with Care at Home Private	4	3	4	-	3
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Recommendation 1

By 31 May 2025, the provider must ensure that all relevant accidents and incidents are notified to the Care Inspectorate. To do this the provider must, at a minimum:

- a) Ensure that notifications are submitted in line with 'Adult care services: Guidance on records you must keep and notifications you must make' (March 2025, Care Inspectorate).
- b) All relevant staff responsible for providing such notifications must have their knowledge of 'Adult care services: Guidance on records you must keep and notifications you must make' evaluated to ensure compliance.

Recommendation 2

By 31 May 2025, 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. To do this the provider must, at a minimum: a) Ensure that the quality of service users' care is 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 documentation.

- b) Ensure that where quality assurance processes identify areas for improvement, leaders take action and make any improvements to service users' care and the environment at the time.
- c) Ensure that quality assurance processes are used to identify any further staff training or support that is necessary to ensure service users' health, safety, and wellbeing needs are met.

21/03/25	TLA Neighbourhood Services	Housing Support Service – with Care at Home Private	4	3	4	-	-
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Recommendation 1

By 31 May 2025, the provider must ensure that all relevant accidents and incidents are notified to the Care Inspectorate. To do this the provider must, at a minimum:

- a) Ensure that notifications are submitted in line with 'Adult care services: Guidance on records you must keep and notifications you must make' (March 2025, Care Inspectorate).
- b) All relevant staff responsible for providing such notifications must have their knowledge of 'Adult care services: Guidance on records you must keep and notifications you must make' evaluated to ensure compliance.

02/08/24	Cornerstone Dundee Housing Support and Care at Home	Housing Support Service – with Care at Home Voluntary	4	-	5	-	3
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Recommendation 1

By 2nd November 2024, the provider must ensure that people's health and wellbeing is supported by comprehensive and accurate records. To do this, the provider must, at a minimum:

- ensure care plans accurately and consistently reflect the current health and care needs of the person with priority given to nutrition and dietary requirements
- ensure risk assessments 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
- ensure that there is a system in place to regularly review care plans and risk assessments and that they are updated when required
- ensure that all staff are confident and competent operating electronic systems which are used to document care plans, reviews, and risk assessments
- ensure the management implements an ongoing quality assurance system which creates effective oversight in monitoring reviews, risk assessments and updated care plans.

26/11/24	Magdalen House	Care at Home/ Housing Support Service Private	3	-	4	-	-
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Recommendation 1

By 07 February 2025, you must ensure people's health and wellbeing is consistently supported by their care and the provider must ensure all care documentation is in place, updated in response to any health changes and reflective of people's care needs. In particular you must: ensure MUST assessments are in place and appropriately monitored.

Legend:

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



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 SEPTEMBER 2025

REPORT ON: DHSCP STRATEGIC RISK REGISTER UPDATE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC24-2025

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, including the extract from the strategic risk register contained within Appendix 1.
- 2.2 Note the ongoing work, led by the Partnership's Senior Management Team, to revise the strategic risk register.
- 2.3 Instruct the Chief Officer to submit a report detailing proposed revised arrangements for recording, managing and reporting strategic risk across the IJB and the Health and Social Care Partnership to the IJB no later than 31 December 2025.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None

4.0 STRATEGIC RISK REGISTER UPDATE

- 4.1 There have been no changes to the content of the Strategic Risk Register since the last report to PAC in May 2025 (article IX of the minute of the meeting of the Performance and Audit Committee held on 21 May 2025 refers). A full extract of the risk register is attached as Appendix 1 for information. Key points include:
- Six risks have a score of 20 or above (high risk categories), with four having the maximum score of 25: Staff Resource; Lack of Capital Investment in Health and Social Care Integrated Community Facilities (including Primary Care); Unable to Maintain IJB Spend; and Restrictions on Public Sector Funding.
 - No new risks or archived risks have been identified since the last report. New risks regarding prescribing costs and fire safety are being fully developed as part of the review of the strategic risk register (see section 5).

5.0 REVIEW OF THE STRATEGIC RISK REGISTER

- 5.1 The Senior Management Team has identified the need to undertake a review of arrangements for recording, managing and reporting strategic risk across both the IJB and the Health and Social Care Partnership. Current arrangements have evolved since the establishment of the IJB in 2016 in response to the IJBs own needs as well as recommendations made by Internal Audit and changes made in the corporate risk management systems in place within NHS Tayside and

Dundee City Council. However, recent developments have prompted a more focused review of arrangements to ensure that strategic risk management arrangements in both the IJB and the Partnership are fit for purpose, this has included:

- The outcomes of the 2025/26 budget setting process for the IJB and associated transformation and savings plans.
- Changes to the national legislative and policy landscape, with a focus on health and social care reform.
- The conditions faced by external providers of health and social care services, and significant concerns regarding sustainability within the third and independent sectors.
- The interface with both NHS Tayside and Dundee City Council in relation to key areas of strategic risk.

In addition, the Governance Action Plan contains a number of outstanding recommendations and actions relating to the risk management, with a focus on risk appetite, reporting and escalation (see report PAC26-2025 for further details).

5.2 The review will include:

- A comprehensive review of all risks currently contained within the strategic risk register, with a focus on:
 - Relevance – with the aim of rationalising the number of risks. This will also include ensuring a clearer separation between strategic risks for the IJB (related to the IJB's strategic functions) and those for the Health and Social Care Partnership (Non-delegated operational delivery functions).
 - Horizon scanning – to identify new and emerging risks, including from the budget setting process and changing national policy landscape.
 - Fully updating risk descriptors, scoring and control measures.
- Fully incorporating risk appetite within the risk register format and reporting mechanisms, alongside revised risk categories (see section 5.3 for further detail).
- Updating the Risk Management Plan for submission to the IJB.
- Revising reporting formats and associated guidance for report writers, including the structure of strategic risk reports submitted to the IJB and PAC and the risk assessment element of the standard report template for the IJB.
- Consider the assurance interface with NHS Tayside and Dundee City Council where this relates to assurance to the IJB regarding relevant strategic risks.

In parallel to this process, the Senior Management Team will also be revising the arrangements within the Partnership for recording, managing and reporting strategic risks that relate to non-delegated operational delivery functions.

5.3 The review will be incorporate outputs from the IJB Development Session on Risk and Assurance held on 11 June 2025. At this session members agreed to rationalise the risk categories used by the IJB and adopt the following categories within the revised strategic risk register: Compliance/Legal/Regulatory; Reputational; Performance / Quality; Financial / Workforce. These revised categories are closely aligned to those used by NHS Tayside and the other IJBs in Tayside. Members also set risk appetite against these categories:

Risk Category	Risk Appetite
Compliance / Legal / Regulatory	Minimal

Reputational	Open
Performance / Quality	Cautious
Financial	Cautious
Workforce	Open

- 5.4 It is anticipated that the review process, as outlined in section 5.2, will be completed and reported to the IJB no later than the end of 2025.

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, Acting Head of Strategic Services 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: 22 August 2025

Description	Lead Director/Owner	Current Assessment			Status	Date Last Reviewed
		L	C	Exp		
Unable to maintain IJB Spend IJB is unable to maintain spend within allocated resources which could lead to being unable to deliver on the Strategic & Commissioning Plan. Latest update An update of the financial recovery plan for delegated health and social care services for 2024/25 was presented to the IJB on the 11.12.2024 Control factors - Financial monitoring systems - Increase in reserves - Management of vacancies and discretionary spend - MSG and external audit recommendations - Savings and Transformation Plan - Financial Recovery Plan	Dundee HSCP Chief Finance Officer	5	5	25	→	22.08.25
Restrictions on Public Sector Funding Continuing restrictions on public sector funding will impact on Local Authority and NHS budget settlements in the medium term impacting on the ability to provide sufficient funding required to support services delivered by the IJB. This could lead to the IJB failing to meet its aims within anticipated timescales as set out in its Strategic and Commissioning Plan. Latest Update Budget Outlook paper was presented to the IJB on the 11.12.24. Given the scale of the cost pressure gap and public sector financial position, the risk has been escalated to a score of 25 Control factors - Budgeting Arrangements - MSG and external audit recommendations - Savings and Transformation Plan Financial Recovery Plan	Dundee HSCP Chief Finance Officer	5	5	25	→	22.08.25
Staff Resource The volume of staff resource required to develop effective integrated arrangements while continuing to undertake existing roles / responsibilities / workload of key individuals may impact on organisational	Dundee HSCP Chief Officer	5	5	25	→	22.08.25

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. Latest update Ability to progress strategic plan actions are impacted by staff resource available and proposed future budget reductions will exacerbate this. Implementation of safe staffing act is demonstrating the levels of staffing operationally. Impact of half hour reduction of NHS workforce for Agenda for Change will mean that across services available working week hours will reduce. Control factors • Additional focus on Absence Management • Development of new models of care • Organisational Development Strategy • Recruitment • Safe Staffing Act recording tools • Service Redesign • Workforce plan • Workforce wellbeing actions.						
Lack of Capital Investment in Community Facilities (including Primary Care) Restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new developments to enhance community-based health and social care services. Latest update This continues to be an extreme risk. 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 Control factors	Dundee HSCP Chief Officer and Chief Finance Officer	5	5	25	→	22.08.25

Development of IJB Property Strategy Joint working with Partner Bodies over alternative opportunities Reshaping non-acute care project						
National Care Service The recent legislation published on the establishment of the National Care Service sets out plans to introduce Local Care Boards with the abolition of Integration Joint Boards Latest update National Care Service (Scotland) Bill - draft Stage 2 amendments were posted in June 2024 with a 'Call for Views'. There is recognition by Scottish Government that work is needed to confirm which legislative approach would best deliver the intended changes. COSLA issued a statement on 27th September 2024 to advise that Council Leaders have withdrawn support for the Scottish Government's revised National Care Service Bill. It is currently anticipated that Integration Joint Boards will reform to become local Care Boards. The degree of uncertainty about future arrangements and timing for implementation of planned changes means there is a significant level of risk for IJB's	Dundee HSCP Chief Officer	4	5	20	→	22.08.25
Primary Care Sustainability Continued challenges around the sustained primary care services, arising from recruitment, inadequate infrastructure including IT and location, and inadequate funding to fully implement the Primary Care improvement plan. Latest update Sustainability of General Practice: If there continues to be huge pressure on general practice due to increasing demand and complexity of health needs together with the increase in GP vacancies due to retirement and recruitment and retention issues then we will be unable to meet the health needs of the population. Current Controls: Implementation of MOU under GMS 2018. Programme of work around sustainability encompassing GP strategy and GP premises strategy. Improved access to other services within primary care that support general practice. Informing patients about those services. Informing Reception Teams on service availability and access, further developing care navigation across all practices. Monitoring position through sustainability survey. Planned Controls: There is further work to be done to understand critical components of this risk including premises, funding, other services and staff groups (e.g. ANPs, nurses).	Dundee HSCP Chief Officer	4	5	20	→	22.08.25

If GP practices requests for lease assignation cannot be considered as a result of a lack of an agreed processes for practices, HSCPs and NHS Tayside regarding leases acquisition, including defining the necessary governance arrangements, then this will have a negative impact on GP partner recruitment and retention. Current Controls: GP Premises Strategy developed. Process in place in Dundee HSCP to consider local requests in the context of the property strategy. RAG process defined. Planned Controls: Draft process developed. Draft paper for submission to ELT (proposed Nov 2024) to be agreed across all four parties for consideration and approval of lease acquisition						
National Insurance Increase The increase in National Insurance contributions poses a financial risk particularly to third sector organisations. These organisations which often operate on tight budgets and limited funding streams face additional financial strain. This could lead to reduced capacity to deliver essential services, weakening the partnership's ability to meet its strategic objectives and compromising care delivery to vulnerable populations. Control Factors are being developed	Dundee HSCP Chief Officer and Chief Finance Officer	4	4	16	→	22.08.25
Cost of Living Crisis Cost of living and inflation will impact on both service users and staff, in addition to the economic consequences on availability of financial resources. This is likely to have a significant impact on population health and the challenge this will present to the IJB in delivering its strategic priorities. Latest update Sub-analyses of Engage Dundee have been undertaken for a range of at-risk groups including carers and long-term sick and disabled. Findings have been fed into a range of SPGs to identify appropriate actions. Developments include a new mental health and wellbeing section on the NHST website linking people to a service directory, including money/benefits advice, and self-help materials. Public Health has led on the production of a mental health promotion leaflet, which is being co-produced with partners, communities and	Dundee HSCP Chief Officer and Chief Finance Officer	4	4	16	→	22.08.25

services users. This will be targeted at the digitally excluded, linking in with local community centres and foodbanks/ larders. A multi-agency Engine Room has been formed to develop interim indicators to link work at a local and service level to the city's strategic objective of reducing inequalities in health, and assess whether services are being provided in an equitable manner. The HSCP is involved in the city's Local Fairness Initiatives and Employability Pathfinder. Tests of change are being explored with GP practices in the North-East and East End to raise awareness of community supports. Control Factors - Engage Dundee - Fairness and Equality Workstreams - Focus of Services identifying those most vulnerable						
Viability of External Providers Financial instability / potential collapse of key providers leading to difficulty in ensuring short / medium term service provision. * Inability to source essential services * Financial expectations of third sector cannot be met * Increased cost of service provision * Additional burden on internal services * Quality of service reduces Latest update Contracts Team are currently looking at improved interface with contract/finance teams to ensure more robust monitoring when risk is identified - this part of internal audit recommendations. Control factors - Consistent engagement with service providers - Internal audit review to partnership's approach to viability of external providers - Potential Local or Scottish Government Intervention - Robust Contract Monitoring - Co-ordination to provider services	Dundee HSCP Chief Officer	4	4	16	→	22.08.25

Escalation of Property Safety Issues 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 Latest update Current areas of concern highlighted are at Kingsway Care Centre and RVH. Control factors include Property Rationalisation programme and escalation of these issues by Chief Officer.	Dundee HSCP Chief Officer	4	4	16	→	22.08.25
Capacity of Leadership Team Capacity of management team Latest update Several factors have contributed to the increase in likelihood for this risk, including the retirement of the Chief Officer. 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 intro of the NCS develop over the coming period. The implementation of the new Leadership structure on a permanent basis will consolidate and provide clarity to roles. Control factors • Response from Partner bodies • Review of Senior Management Team Structure • Sharing of Management Team duties	Dundee HSCP Chief Officer	4	4	16	→	22.08.25
Data Quality Data Quality of information on Mosaic case recording system is not accurate leading to difficulties in providing statutory government returns and accurate billing for billable services delivered. Latest Update Strategy and Performance research team are working with operational staff to improve data quality.	Service Manager	4	4	16	→	22.08.25

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).						
Increased Bureaucracy Governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the assurance arrangements required to be put in place. Latest update Potential for additional bureaucracy through Scot Gov Covid enquiry and National Care Service development. Control factors • Support and roles • Work with partner bodies to streamline report requirements for respective accountabilities	Dundee HSCP Chief Officer	4	4	16	→	22.08.25
Changes to IT Systems 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. Latest Update Changes to IT Systems remain to cause challenges for DHSCP workforce. This includes differences in implementation of O365 across DCC and NHST. Implementation of Morse in NHST is also ongoing. The IT system used by DDARS for prescribing is coming to its end of life and another solution is yet to be identified. The company that owns Vision, used by NHS, is going into administration, and there is uncertainty around this.	Dundee HSCP Chief Officer	4	4	16	→	22.08.25
Information Governance Capacity and ability to comply with increasing number of Subject Access Requests in DCC leading to potential action from Information Commissioner		3	4	12	→	22.08.25

Latest Update A year-on-year increase in Subject Access Requests has meant that this is causing a significant impact on staff who undertake this task. In addition, changes to IT mean that manual redaction is no longer secure and must be undertaken by a specific software that only certain staff have access to. The move away from Sharefile to o365 file sharing has caused issues for securely sharing large amounts of electronic documents with external requesters. Risk that we will not comply with Data Protection rules and face action from Information Commission. Control factors • Posts identified in Strategy and Performance section to undertake these tasks. Recruitment processes to begin in next six months.						
Category One Responder Additional responsibilities associated with Category 1 responder status are not supported by additional resources from Scottish Government and existing resources are not sufficient to meet statutory duties. Latest update Risk to remain on register due to finalisation of list of available DHSCP senior staff to manage rest centres, and to include Category One Responder duties in the next revision of the IJB Standing Orders in 2025. It is anticipated that once these actions are completed this risk will be able to be deactivated.	Head of Health and Community Care	2	4	8	→	22.08.25
Employment Terms Differing employment terms could expose the partnership to equality claims and impact on staff morale. Latest Update Management continue to have an overview of where issues arise within integrated teams with differing employment terms, and continue to assess and review within integrated teams.	Dundee HSCP Chief Officer	3	3	9	→	22.08.25
Governance Arrangements being Established fail to Discharge Duties Clinical, Care & Professional Governance arrangements being established fail to discharge the duties required. The IJB's Governance arrangements were assessed as weak/unsatisfactory. Latest update	Dundee HSCP Chief Officer	2	4	8	→	22.08.25

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. This risk will be revisited when we receive the Internal and External Audit governance report conclusions, with a view to potentially archiving. Control factors • Development of IJB Member Governance development sessions • Implement Governance Action Plan • Review of processes established						
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New Risks for entry

Prescribing Costs						
Fire Safety						

Archived

None						
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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



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
24 SEPTEMBER 2025

REPORT ON: BEST VALUE ARRANGEMENTS & ASSESSMENT 2025/26

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC32-2025

1.0 PURPOSE OF REPORT

The purpose of this report is to provide assurance that the Integration Joint Board and partners have arrangements in place to demonstrate that Best Value is being achieved.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the content of this report and the full Best Value assessment as set out in Appendix 1 to this report
- 2.2 Notes that the outcome of this assessment provides assurance that Best Value is being achieved through the Integration Joint Board's governance arrangements and activities.

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

4.1 Background

- 4.1.1 It is the duty of the Integration Joint Board to secure Best Value as prescribed in Part 1 of the Local Government in Scotland Act 2003. Best Value is defined as the 'continuous improvement in the performance of the organisation's functions.
- 4.1.2 The IJB's first Best Value Self Assessment report was presented to the Performance and Audit Committee in September 2020 (Article XXIII of the minute refers) with has been updated annually since December 2023. This will continue to be subject to annual review.
- 4.1.3 The Best Value framework developed by the Scottish Government was revised in 2020 and has been applied to the IJB's governance arrangements and activities in order to demonstrate that the IJB is delivering Best Value and is securing economy, efficiency, effectiveness and equality in service provision.
- 4.1.4 This review of the IJB's systems and processes is currently being undertaken. The outcome of this assessment is attached as Appendix 1 to this report and concludes that Dundee IJB has sufficient evidence to determine that Best Value is being achieved.

5.0 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.

6.0 RISK ASSESSMENT

Risk Description	Risk that the IJB is unable to demonstrate it delivers best value across its activities
Risk Category	Governance
Inherent Risk Level	Likelihood 3 x Impact 5 = 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	Implementation of a Best Value framework with associated actions
Residual Risk Level	Likelihood 2 x Impact 4 = 8 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate Risk)
Approval recommendation	Given the mitigating actions in place the risk should be accepted

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Christine Jones
Acting Chief Finance Officer

DATE: 29 August 2025

Theme 1: Vision and Leadership

Effective political and managerial leadership is central to delivering Best Value, through setting clear priorities and working effectively in partnership to achieve improved outcomes. Leaders should demonstrate behaviours and working relationships that foster a culture of cooperation, and a commitment to continuous improvement and innovation.

In achieving Best Value, an Integration Joint Board will be able to demonstrate the following:

- Members and senior managers have a clear vision for their area that is shared with citizens, key partners and other stakeholders.
- Members set strategic priorities that reflect the needs of communities and individual citizens, and that are aligned with the priorities of partners.
- Effective leadership drives continuous improvement and supports the achievement of strategic objectives.

Theme 1	Measure/Expected Outcome	Evidence/Outcome
1	The IJB's vision for its area is developed in partnership with its citizens, employees, key partners and other stakeholders.	The IJB vision is set out in the Strategic Commissioning Framework. In June 2023 the IJB agreed the new, replacement plan. You can read The Plan for Excellence in Health and Social Care in Dundee: Strategic Commissioning Framework 2023 – 2033 on our website. This Plan describes our 6 strategic priorities for the next ten years and the key actions required to deliver on our ambitious vision for the city. This Plan is also influenced by a series of Partnership strategies, each of which respond in detail to different needs across the city. These local strategies are led by Strategic Planning Groups, which comprise of people who use services, their carers and people delivering services (from the HSCP, NHS, Council and other agencies in the Third and Independent Sector)
2	Members set strategic priorities that contribute to achieving the IJB's vision, reflect the needs of communities and individual citizens, and are aligned with the priorities of partners. They take decisions that contribute to the achievement of those priorities, in particular when allocating resources and in setting and monitoring performance targets.	Dundee City Integration Joint Board's Strategic and Commissioning Plan sets out the context within which integrated services in Dundee operate. The IJB 2023-2033 Strategic Commissioning Framework can be accessed here. The strategic and commissioning plan is informed by the strategic needs assessment for health and social care, which is updated regularly (update completed in June 2023). The overarching strategic needs assessment is supported by more focused assessments for specific care groups and specific localities. The strategic and commissioning plan is aligned to the Dundee City Plan (local outcome improvement plan for community planning partners). This includes a health, care and wellbeing theme that is led by the Health and Social Care Partnership In October 2024 The Dundee Health and Social Care Partnership's delivery set out the plan for the 18 months from October 2024 to March 2026, which will support the achievement of the ambition, strategic priorities and changes within Dundee Integration Joint Board's (IJB) Strategic Commissioning Framework 2023-2033. This working document that will be monitored by the Partnership and the IJB throughout the year to check that actions are progressing and having the positive impact that has been planned. Where things are not going as planned, or where new risks or challenges emerge the delivery plan will be adjusted in agreement between the Partnership and the IJB.

Theme 1	Measure/Expected Outcome	Evidence/Outcome
3	The IJB's vision and strategic priorities are clearly communicated to its citizens, staff and other partners.	The Strategic Commissioning Framework is accessible through the Dundee Health and Social Care Partnership (HSCP) website . A summary version of the plan has been produced to aid public accessibility here
4	Strategic plans reflect a pace and depth of improvement that will lead to the realisation of the IJB's priorities and the long-term sustainability of services.	The Strategic Commissioning Framework focuses on 6 strategic priorities which are: • Inequalities -Support where and when it is needed 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. The 2023-2033 plan is consistent with the aspirations set out within the City Plan for Dundee 2017-26 and NHS Tayside Annual Operating plan and medium term plan.
5	Service plans are clearly linked to the IJB's priorities and strategic plans. They reflect the priorities identified through community planning, and show how the IJB is working with partners to provide services that meet community needs.	The Strategic Planning Groups have developed strategic plans. The following strategic plans have been approved by the IJB: • A Caring Dundee 2: A Strategic Plan for Supporting Carers in Dundee 2021-24 https://www.dundeehscp.com/sites/default/files/publications/a_caring_dundee_2_.pdf - This Plan follows on from the foundations laid by the previous local Carers Strategy; building on the achievements of this and continuing to maintain A Caring Dundee. This Strategy provides a framework for a Delivery Plan that will be developed with local Carers and agencies to ensure that the Strategic Vision becomes a reality. While also acknowledging that a growing number of Carers have continued to give vital care and support to partners, family members and friends. A review has been undertaken with a revised document to go to the IJB no later than 31st October 2025 • Dundee Alcohol and Drug Partnership's Strategic Framework 2023-2028 – This plan sets out a commitment to work together to prevent harm and support recovery. We have developed a performance management framework, investment plan and strategic risk register to support the implementation of the strategic framework and delivery plan. • Dundee Mental Health and Wellbeing Strategic Plan 2019-2024 - Our vision is that the people of Dundee will have positive wellbeing and a good quality of life to help prevent mental health problems occurring, and that those with mental ill health will get the respect, support, treatment and care they require to recover without fear of discrimination or stigma. A review of this plan went to the IJB meeting on 20th August 2025, as well as the approach and steps that have been taken to co-produce the new Dundee Mental Health and Wellbeing Strategic Plan for 2026-2031 with key stakeholders. The plans below show the collaborative work being undertaken between IJBs and wider Tayside partners:

Theme 1	Measure/Expected Outcome	Evidence/Outcome
		• Tayside Primary Care Strategy 2024-2029. The development of the Tayside Primary Care Strategy has been jointly commissioned by the Chief Officer of Angus Health and Social Care Partnership (AHSCP) and NHS Tayside Medical Director to support the delivery of excellent, high quality, accessible and sustainable primary care services for the population of Tayside. AHSCP, Dundee and Perth & Kinross HSCPs have a role in working with the NHS Tayside Board and Primary Care Contractors to promote the sustainability of primary care services, for example responding to business continuity difficulties and workforce planning. • NHS Tayside Winter Resilience Plan 2024/25 - NHS Tayside, the Health and Social Care Partnerships of Angus, Dundee and Perth & Kinross, Scottish Ambulance Service and other key stakeholders have continued to take a collaborative approach towards preparedness and planning for winter 2024/25 supported by Tayside Urgent and Unscheduled Care Board (UUCB) and the Winter Resilience Delivery Group. The Winter Resilience Plan has been developed based upon the key areas highlighted in the checklist to ensure early prevention and response, to minimise potential disruption to services and ensure that we continue to provide safe and effective care of our population and timely access to services.
6	Priority outcomes are clearly defined, and performance targets are set that drive continuous improvement in achieving those outcomes.	The vision sits alongside Scotland's long term aim for people to live longer, healthier lives at home or in a homely setting. Scotland's National Health and Wellbeing Outcomes guide our work: Outcome 1: People can look after and improve their own health and wellbeing and live in good health for longer. Outcome 2: People, including those with disabilities or long-term conditions, or who are frail, can live, as far as reasonably practicable, independently and at home or in a homely setting in their community. Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected. Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. Outcome 5: Health and social care services contribute to reducing health inequalities. Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being. Outcome 7: People using health and social care services are safe from harm. Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services. You can see the Partnership's quarterly performance reports on our website.

Theme 1	Measure/Expected Outcome	Evidence/Outcome
		https://www.dundeehscp.com/publications Performance against the national health and wellbeing indicators (aligned to the national outcomes) is scrutinised by the Performance and Audit Committee on a regular basis. Additional indicators contained within the managing performance under integration suite are also reported quarterly. Historically measuring performance under integration indicators have been subject of target setting, however the IJB agreed that this was not appropriate for 2022/23 due to the pandemic and the Scottish Government also did not require Partnership's to set targets (as had been the case in previous years).
7	There are clear and effective mechanisms for scrutinising performance that enable the taking of informed decisions and the measuring of impacts and service outcomes.	During 2024-25 the Performance and Audit Committee (PAC) of the Integration Joint Board (IJB) continued to be responsible for scrutinising the performance of the Partnership in achieving its vision and strategic priorities, including overseeing financial performance and other aspects of governance activities. The PAC receives quarterly local performance reports, including benchmarking data from other Health and Social Care Partnerships across Scotland.
8	There is a corporate approach to continuous improvement, with regular updating and monitoring of improvement plans.	Benchmarking with other Partnerships assists the interpretation of data and identifies areas for improvement. Partnerships with similar traits, including population density and deprivation have been grouped into 'family groups', which consist of eight comparator Partnerships. Dundee is placed in a family group along with Glasgow, Western Isles, North Lanarkshire, East Ayrshire, Inverclyde, West Dunbartonshire and North Ayrshire. You can see the Partnership's quarterly performance reports on our website. https://www.dundeehscp.com/publications
9	The IJB and its partners agree on how the key elements of Best Value will contribute to achieving the commonly agreed local priorities and outcomes. These key elements include the need to: • secure continuous improvement, in particular for those services aligned to the IJB's priorities • provide customer- and citizen-focused public services, which meet the needs of diverse communities • achieve the best balance of cost and quality in delivering services (having regard to economy, efficiency, effectiveness and equalities) • contribute to sustainable development • encourage and support innovation and creativity.	In the Annual Performance Report 2024-25 (currently unaudited) we reorganised our focus to have a more direct connection with the 6 Strategic Priorities as set out in the Dundee Strategic and Commissioning Framework 2023-33. We have organised our Performance under these 6 Strategic Priorities and the performance and actions reported, link across to each of the 8 Best Value themes and 9 National Health and Wellbeing Outcomes.
10	Members and senior managers communicate the approach to Best Value methodically throughout the IJB in terms that are relevant to its staff and set out clear expectations of them. The IJB has a	The Partnership has been part of and has contributed to the statutory Best Value Audit of Dundee City Council which was published in September 2020. The Accounts Commission is the public spending watchdog for Local Authorities and is responsible for assessing Best Value. The Council's audit focused on their vision and strategic direction, performance,

Theme 1	Measure/Expected Outcome	Evidence/Outcome
	positive culture in which its people understand its vision and objectives and how their efforts contribute to their achievement, and they are engaged with and committed to improvement.	planning for use of resources, delivery of services with partners and continuous improvement. The Accounts Commission found that whilst the Council and its partners have a clear and ambitious vision for Dundee, that there is a need to accelerate the pace of change in addressing complex and deep-rooted challenges such as poverty and drug and alcohol use. The Commission also noted risks in relation to the financial sustainability of the IJB and the likelihood that this would be further exacerbated by the impact of the pandemic. A Best Value thematic review was completed 2022/23 where it was acknowledged that progress had been made since the audit but further recommendations and agreed action points were set out. The IJB members sign off audit reports and have sight of Audit Scotland reports and are aware of and promote best value
11	Members and senior managers are self-aware. They commit to training and personal development to update and enhance their knowledge, skills, capacity and capabilities to deliver Best Value and perform their leadership roles, and they receive sufficient support to do so.	Reliance is placed on the established and documented systems of performance and development reviews embedded within each partner for all senior managers. Multiple IJB development events have currently been held/scheduled through 2024-25, covering topics that aim to enhance the knowledge of IJB members to support them to enhance delivery of Best Value.
12	Leadership is effective and there is good collaborative working. Members and senior managers have a culture of cooperation and working constructively in partnership, informed by a clear understanding of their respective roles and responsibilities and characterised by mutual respect, trust, honesty and openness and by appropriate behaviours.	Several IJB development events have been held. See below the sessions currently organized for this year : • 23rd April Workforce • 14th May Social Care Demand and Response • 11th June Assurance and Risk • 27th August Mental Health and Adult Support & Protection • 17th September Engagement and Co-production • 29th October Equalities • 26th November <i>topic to be confirmed</i> • 17th December Budget. Members & senior managers often come together to focus on specific issues such as budget and risk so they have a clear understanding of their role as a member.

Theme 2 – Governance and Accountability

Effective governance and accountability arrangements, with openness and transparency in decision-making, schemes of delegation and effective reporting of performance, are essential for taking informed decisions, effective scrutiny of performance and stewardship of resources.

In achieving Best Value, an integrated Joint Board will be able to demonstrate the following:

- A clear understanding and the application of the principles of good governance and transparency of decision-making at strategic, partnership and operational levels.
- The existence of robust arrangements for scrutiny and performance reporting.
- The existence of strategic service delivery and financial plans that align the allocation of resources with desired outcomes for the short, medium and long terms.

Theme 2	Requirement	Evidence/Outcome
1	Members and senior managers ensure accountability and transparency through effective internal and external performance reporting, using robust data to demonstrate continuous improvement in the IJB's priority outcome measures.	Data is routinely reported through quarterly performance reports and the statutory Annual Performance Report (both internally and externally, as detailed in Theme 1.
2	Management information and indicators that allow performance to be assessed are widely and consistently used by the IJB. Senior management regularly receives information that is used to inform members about performance.	Data is routinely reported through quarterly performance reports and the statutory Annual Performance Report (both internally and externally, as detailed in Theme 1. Each month a senior management summary is sent out detailing the financial position with key areas of concern noted before figures are taken to the IJB on a quarterly basis
3	Performance is reported to the public, to ensure that citizens are well informed about the quality of services being delivered and what they can expect in future.	Performance and Audit committee minutes and papers are available on the HSCP and Dundee City Council websites. The Annual Performance Report is published on the Partnership website and a summary version is produced and published to aid public accessibility.
4	Learning from previous performance, and from the performance of other local authorities, informs the review and development of strategies and plans to address areas of underperformance.	Across public protection responsibilities, including adult support and protection as delegated function, extensive arrangements are in place through learning review process and regional and national networks to share learning to support improvement. National networks are utilised to share best practice and gain learning from other partnership areas, this includes Chief Officers and CFO networks, integration managers networks and networks focused on specific care groups, such as the Scottish Government's carers leads meeting.
5	Key organisational processes are linked to, or integrated with, the planning cycle; these include strategic analyses, stakeholder consultations, fundamental reviews, performance management, staff appraisal and development schemes, and public performance reporting.	The Strategic Commissioning Framework and the corresponding delivery plan are part of our continued conversation with the people of Dundee and our partners. We will work through established community and citywide engagement structures, listening to the voices of people using services, carers, volunteers, the third and independent sectors to plan flexible,

Theme 2	Requirement	Evidence/Outcome
		sustainable services. As part of our commitment to collaboration, the Partnership will monitor progress of this Plan on an ongoing basis, and will report through the Integrated Strategic Planning Group, to the IJB and other partner bodies. Strategic needs assessment processes are linked to strategic planning cycles; with the strategic needs assessment being a key companion document to the strategic and commissioning plan. Stakeholder consultation is a statutory requirement when reviewing or developing strategic plans, as well as a core commitment across all service planning, development and improvement. Further work is required to fully develop and align a performance management framework that explicitly supports the strategic and commissioning plan.
6	The IJB has a responsible attitude to managing risk, and business continuity plans (including civil contingencies and emergency plans) are in place to allow an effective and appropriate response to planned and unplanned events and circumstances.	The IJB's Strategic Risk Register is reported to the IJB. The IJB also has oversight of each partner's risks as they relate to the delegated functions. A risk section is included within each IJB and Performance and Audit Committee Report to provide oversight to the Board or Committee of the risks associated with the decisions they are being asked to make. These risks are reflected within the IJB's risk register and monitored through the Pentana risk management system The risk management strategy sets out escalation process.
7	Key discussions and decision-making take place in public meetings, and reasonable measures are taken to make meeting agendas, reports and minutes accessible to the public, except when there are clear reasons why this would be inappropriate.	IJB meetings are open to the public. IJB and Performance and Audit committee minutes and papers are available on the HSCP website. As they now meet virtually the recordings are also available on the website
8	The IJB's political structures support members in making informed decisions.	The IJB members when acting on IJB business act in the interest of the IJB and not their political affiliation
9	The scrutiny structures in the IJB support members in reviewing and challenging its performance.	The IJB standing orders and the Terms of Reference of the Performance and Audit Committee can be accessed here. This is reviewed annually with the next report due to go to the December 2025 IJB
10	Members and senior managers promote the highest standards of integrity and responsibility, establishing shared values, mutual trust and sound ethics across all activities. Effective procedures are in place to ensure that members and staff comply with relevant codes of conduct and policies. This includes ensuring that appropriate policies on fraud prevention, investigation and whistleblowing are established and implemented.	The Code of Conduct, Register of Interests and Register of Gifts and Hospitality are in place for the IJB. Reliance is placed on each partner's arrangements for the investigation of fraud, whistle blowing and procurement processes. Reliance is placed on the policies and procedures in place for partnership staff to report breaches of the IJB/partner's values. This includes whistleblowing policies, competency-based recruitment, induction courses, online training, and mechanisms to raise concerns/seek feedback, including confidential routes and the promotion of equality and dignity at work.

Theme 2	Requirement	Evidence/Outcome
11	Members and senior managers understand and effectively communicate their respective and collective roles and responsibilities to members and staff. They understand that effective delegation enables and supports the IJB's ability to achieve Best Value.	The induction process provides an overview of responsibilities. The scheme of delegation assists that decisions are made by those best placed to make those decisions
12	An information governance framework is in place that ensures proper recording of information, appropriate access to that information including by the public, and legislative compliance.	Dundee IJB has adopted the Model Publication Scheme 2014 which has been produced and approved by the Scottish Information Commissioner. It is approved until 31 May 2018 and updated 26 March 2021. The IJB has recently had submitted it's Records Management plan to the NRS (National Records Scotland). The IJB handles very little personal data but is registered with the Information Commissioners Office
13	Technological innovation and digital transformation are promoted and used to ensure accessibility of performance information and public accountability	IJB and Performance and Audit committee minutes and papers are available on the HSCP and Dundee City Council websites. All formal meetings are recorded electronically. Annual Accounts and Performance reports are published on the website. Partners social media accounts are relied on to promote key IJB publications and information
14	Members and employees across the IJB understand and implement their responsibilities in relation to its Standing Orders and Financial Regulations.	The Financial Regulations were revised in 2024 and sets out the respective responsibilities and duties of the Chief Officer and the Chief Finance Officer of the Integration Joint Board. Scheme of delegation (revised in 2024) sets out the powers conferred to the IJB by the Public Bodies (Joint Working) (Scotland) Act 2014 and what is delegated to the IJB from the partners Both of these reports are reviewed annually and due to go to the October 2025 IJB The IJB places reliance on the robust frameworks of corporate governance within each partner to provide assurance to the IJB that there are effective internal control systems in operation to meet the strategic commissioning intentions and to comply with all relevant legislation, policies and guidance, as appropriate. The Annual Governance Statement is published in the IJB Annual Accounts drawing on a wide range of evidence to inform the view on the implementation of the directions.
15	There are clear governance and lines of accountability when delivering services via a third party, and there is evidence of the application of the principles within the 'Following the Public Pound' guidance when funding is provided to external bodies.	Services delivered through third parties are bound by a contractual agreement. A contract monitoring process examines actual against planned outcomes. The IJB benefits from a dedicated Social Care Contracts Team that forms part of the delegated workforce. Working in partnership with corporate procurement teams in both Dundee City Council and NHS Tayside the delegated team provides expert advice and support for procurement

Theme 2	Requirement	Evidence/Outcome
		functions as well as strategic commissioning.

Theme 3 – Effective Use of Resources

Making the best use of public resources is at the heart of delivering Best Value. With clear plans and strategies in place, and with sound governance and strong leadership, an integrated Joint Board will be well placed to ensure that all of its resources are deployed to achieve its strategic priorities, meet the needs of its communities and deliver continuous improvement.

In achieving Best Value, an integrated Joint Board will be able to demonstrate the following:

- It makes best use of its financial and other resources in all of its activities.
- Decisions on allocating resources are based on an integrated and strategic approach, are risk-aware and evidence-based, and contribute to the achievement of its strategic priorities.
- It has robust procedures and controls in place to ensure that resources are used appropriately and effectively, and are not misused.
- It works with its partners to maximise the use of their respective resources to achieve shared priorities and outcomes.

Theme 3	Requirement	Evidence/Outcome
Staff	1. A workforce strategy is in place that sets out expectations on how the IJB's staff will deliver its vision, priorities and values. 2. The strategy is translated into workforce plans, covering employee numbers, skills, knowledge, competencies and organisational structures, that demonstrate how staff will be deployed to deliver the services planned for the future. Plans are regularly reviewed at appropriate intervals according to a clear review cycle. 3. All employees are managed effectively and efficiently, and know what is expected of them. Employee performance is regularly assessed through performance appraisal, with individuals and teams being supported to improve, where appropriate. 4. Members and senior managers understand and demonstrate that effective delegation is an important contribution to the IJB's ability to achieve Best Value. 5. The contribution of staff to ensuring continuous improvement is supported, managed, reviewed and acknowledged. 6. The IJB demonstrates a commitment to fairness, equity and safety in the workplace; it adopts relevant statutory guidance through progressive workplace policies and a commitment to best practice in workplace relationships. 7. Leaders ensure that there is the organisational capacity	The Integrated Workforce Plan 2025-28 was published in June 2025 . The Dundee Health and Social Care Partnership (DHSCP) Integrated Workforce Plan 2025–2028 sets out a strategic vision for building and sustaining a skilled, resilient, and person-centred workforce across health and social care services. Developed in alignment with the Scottish Government's National Workforce Strategy for Health and Social Care (2022), this plan reflects our commitment to delivering high-quality, integrated care that meets the evolving needs of Dundee's population. At the heart of this plan is a recognition that our workforce is our greatest asset. The plan is structured around five key pillars—Plan, Attract, Train, Employ, and Nurture—each designed to support the development of a sustainable and valued workforce. Our workforce plan reflects these strategic commitments and aims to enable the Health and Social Care Partnership to: ➤ Meet future workforce requirements – identify the number and types of health and social care professionals needed to meet future service demands. ➤ Promote skill development and training – ensure that the workforce has the necessary skills and competencies through access to continuous professional development and training programmes. ➤ Support recruitment and retention – support strategies to attract and retain skilled professionals in the health and social care sector.

Theme 3	Requirement	Evidence/Outcome
	to deliver services through effective use of all employees and other resources. They communicate well with all staff and stakeholders, and ensure that the organisation promotes a citizen- and improvement-focused culture that delivers meaningful actions and outcomes.	➤ Develop integrated workforce planning – promote collaboration between health and social care services to create a more cohesive and efficient workforce. ➤ Support workforce wellbeing – implement measures to support the physical and mental well-being of health and social care workers. ➤ Adapt to change – ensure the workforce is supported to adapt to changes in technology, policy and service user needs. Partner processes are used to communicate with staff and provide learning and workforce development opportunities
Asset management	1. There is a corporate approach to asset management that is reflected in asset management strategies and plans, which are subject to regular review. 2. There is a systematic and evidence-based approach to identifying and managing risks in relation to land, buildings, plant, equipment, vehicles, materials and digital infrastructure. 3. The IJB actively manages its asset base to contribute to its objectives and priorities. 4. Fixed assets are managed efficiently and effectively, taking account of availability, accessibility, safety, utilisation, cost, condition and depreciation.	Whilst no assets are delegated to the IJB, we recognise the need to continue to improve the way that people move between large hospitals and the community, how we would redesign models of non-acute hospital-based services and re-invest in community-based services including our response to protecting people concerns. Fixed assets including land, property, IT, equipment and vehicles are managed efficiently and effectively by each partners and are aligned appropriately to shared priorities.
Information	1. Information is regarded as a strategic resource and is managed accordingly. 2. There is a clear digital strategy in place, which includes resilience plans for information systems. 3. Information is shared appropriately, and the IJB seeks to develop data compatibility with its partners.	Reliance is placed on the processes and controls for information sharing which have been established by each partner. This includes: • compliance with General Data Protection Regulations • the arrangements for the Data Protection Officer, Senior Information Risk Owner • learning from events to raise the level of resilience across the partnership e.g. the response by the DCC partner to IT disruption due to power failure. All IJB formal board meetings and committees are minuted and made public for transparency
Financial management & planning	1. There is clear alignment between the IJB's budgets and its strategic priorities. 2. Regular monitoring and reporting of financial outturns compared with budgets is carried out, and corrective action taken where necessary to ensure the alignment of budgets and outturns.	The IJB Scheme of Delegation and Financial Regulations are in place ensuring an effective framework for budgetary control. IJB financial monitoring reports are presented to the IJB Committee. The IJB's financial monitoring position is also reported regularly to the

Theme 3	Requirement	Evidence/Outcome
	3. Financial plans show how the IJB will fund its services in the future. Long-term financial plans that include scenario planning for a range of funding levels are prepared and linked to strategic priorities. 4. An appropriate range of options is considered when taking decisions, and robust processes of option appraisal and self-assessment are applied. 5. The IJB has clear plans for how it will change services and realise efficiencies to close future budget gaps. 6. Members and senior managers have a clear understanding of likely future pressures on services and of how investment in preventative approaches can help alleviate those pressures, and they use that understanding to inform decisions. 7. Financial performance is systematically measured across all areas of activity, and regularly scrutinised by managers and members. 8. There is a robust system of financial controls in place that provides clear accountability, stakeholder assurance, and compliance with statutory requirements and recognised accounting standards. 9. The IJB complies with legal and best practice requirements in the procurement and strategic commissioning of goods, services and works, including the Scottish Model of Procurement. There is clear accountability within procurement and commissioning arrangements. 10. There are clear and effective governance and accountability arrangements in place covering partnerships between the IJB and its arm's-length external organisations (ALEOs), including for performance monitoring and the early identification of any significant financial and service risks; there is evidence of the application of the principles of 'Following the Public Pound.' 11. The IJB has a reserves policy that supports its future financial sustainability, and its reserves are held in accordance with that policy.	partner agencies Level of financial detail reported to the IJB increased on areas with significant variances or risk. Explanations within the monitoring reports to members in relation to changes to the approved budget was incorporated Reliance is placed on the financial monitoring and financial planning arrangements which have been established by each partner to achieve financial balance. Reliance is placed on the strategies for procurement and the management of contracts (and contractors) which have been established by each partner to demonstrate appropriate competitive practice. A Social Care Procurement Policy is in place which sets out the framework within which the service purchases care services. This combines the fundamentals of the corporate procurement strategy with social care specific issues. The service hosts the social care contracts team which ensures this policy is adhered to. The IJB has no Arms Length external organisations. External service providers have social care contracts in place along with a contracts monitoring process. The reserves policy is audited annually as part of the annual accounts process
Performance management	1. Effective performance management arrangements are in place to promote the effective use of the IJB's resources. Performance is systematically measured across all areas of	The IJB can demonstrate that continuous improvement is incorporated into its strategy and plans. Areas for improvement have been identified through the governance self-assessment process and Annual Internal Audit Report.

Theme 3	Requirement	Evidence/Outcome
	activity, and performance reports are regularly scrutinised by managers and elected members. The performance management system is effective in addressing areas of underperformance, identifying the scope for improvement and agreeing remedial action. 2. There is a corporate approach to identifying, monitoring and reporting on improvement actions that will lead to continuous improvement in priority areas. Improvement actions are clearly articulated and include identifying responsible officers and target timelines. 3. The IJB uses self-evaluation to identify areas for improvement. This includes the use of comparative analyses to benchmark, monitor and improve performance. 4. The IJB takes an innovative approach when considering how services will be delivered in the future. It looks at the activities of other organisations, beyond its area, to consider new ways of doing things. A full range of options is considered, and self-assessment activity and options appraisal can be demonstrated to be rigorous and transparent. 5. Evaluation tools are in place to link inputs, activities and outputs to the outcomes that they are designed to achieve. There is evidence to demonstrate that improvement actions lead to continuous improvement and better outcomes in priority service areas. 6. The IJB seeks and takes account of feedback from citizens and service users on performance when developing improvement plans. 7. Improvement plans reflect a pace and depth of improvement that will lead to the realisation of the IJB's priorities and the long-term sustainability of services. 8. Performance information reporting to stakeholders is regular and gives a balanced view of the IJB's performance, linked to its priority service areas. The information provided is relevant to its audience, and clearly demonstrates whether or not strategic and operational objectives and targets are being met. 9. The IJB demonstrates a trend of improvement over time in delivering its strategic priorities.	Progress against these is monitored by the Performance and Audit Committee. An audit of performance management was undertaken during 2020/21 and reported in November 2021. This identified significant strengths in relation to performance management arrangements, with areas for improvement to be taken forward in 2021/22 and through the review of the strategic and commissioning plan. IJB's outcomes are monitored across a set of performance indicators that has been developed to cover the delegated functions and the nine national health and well-being outcomes. These performance measures are reported to the Performance and Audit Committee. A range of additional datasets and performance monitoring arrangements have been developed during the pandemic period, for example regular datasets relating to care home oversight, unmet need within social care and delayed discharge. In 2021/22 the IJB was a partner within the Alcohol & Drug Partnership's self assessment of progress against the recommendations of the Dundee Drug Commission. The HSCP uses a comprehensive performance monitoring system - Pentana to support recording and reporting on performance for some suites of indicators. HSCP participate in Local Government Benchmarking Framework and provide input to monitoring of the Council Plan, City Plan and NHST Annual Operational Plan. Performance data is validated by Public Health Scotland (PHS). Internal Audit and External Audit conduct periodic reviews of the accuracy of reporting. Dedicated Local Intelligence Support Team Analysts and the HSCP's internal performance management resources are sourcing, linking and interpreting data in order to better understand and project patterns of service demand. This analytical work is providing insights into delivering better plans, designing improved service user pathways and contributing to the achievement of the Health and Social Care outcomes. Feedback from citizens is obtained in a variety of ways, this includes through complaints and compliments as well as feedback through

Theme 3	Requirement	Evidence/Outcome
		engagement activities. During 2020/21 engagements activities included carers engagement and large-scale public surveys undertaken with the Dundee Partnership to evidence the impact of the pandemic on citizens. Quarterly performance reports are presented to the Performance and Audit Committee. An Annual Performance Report is produced, and the Carers Partnership also now produce an annual performance report. The CSWO report and the annual report of the Adult Support and Protection Committee both contain information relating to delegated services and are presented to the IJB. A review of IJB and Performance and Audit Committee reports provides evidence of performance against: • objectives, targets and service outcomes • past performance • improvement plans • other relevant bodies being used but not all together all the time.

Theme 4 – Partnerships and Collaborative Working

The public service landscape in Scotland requires local authorities to work in partnership with a wide range of national, regional and local agencies and interests across the public, third and private sectors. An integrated Joint Board should be able to demonstrate how it, in partnership with all relevant stakeholders, provides effective leadership to meet local needs and deliver desired outcomes. It should demonstrate commitment to and understanding of the benefits gained by effective collaborative working and how this facilitates the achievement of strategic objectives. Within joint working arrangements, Best Value cannot be measured solely on the performance of a single organisation in isolation from its partners. An integrated Joint Board will be able to demonstrate how its partnership arrangements lead to the achievement of Best Value.

In achieving Best Value, an integrated Joint Board will be able to demonstrate the following:

- Members and senior managers have established and developed a culture that encourages collaborative working and service provision that will contribute to better and customer-focused outcomes.
- Effective governance arrangements for Community Planning Partnerships and other partnerships and collaborative arrangements are in place, including structures with clear lines of responsibility and accountability, clear roles and responsibilities, and agreement around targets and milestones.

Theme 4	Requirement	Evidence/Outcome
1	Members and senior managers actively encourage opportunities for formal and informal joint/integrated working, joint use of resources and joint funding arrangements, where these will offer scope for service improvement and better outcomes.	The Dundee City IJB was established during 2015/2016. Integrated delivery of health social care services commenced on 01 April 2016. 2025/2026 is the tenth year of operation for the IJB. Partnership working is supported through active participation in and leadership of the Dundee Partnership, including themes for health, care and wellbeing. Key partnerships are also in place in relation to public protection responsibilities through the Chief Officers Group and public protection committees.
2	The IJB is committed to working with partner organisations to ensure a coordinated approach to meeting the needs of its stakeholders and communities. This includes: • scenario planning with partners to identify opportunities to achieve Best Value • collaborative leadership to identify Best Value partnership solutions to achieve better outcomes for local people • proactively identifying opportunities to invest in and commit to shared services • integrated management of resources where appropriate • effective monitoring of collective performance, including self-assessment and reviews of the partnership strategy, to ensure the achievement of objectives • developing a joint understanding of all place-based capital and revenue expenditure.	Partnership working is supported through active participation in and leadership of the Dundee Partnership, including themes for health, care and wellbeing. Key partnerships are also in place in relation to public protection responsibilities through the Chief Officers Group and public protection committees. Close working and collaboration with the third and independent sector is in place.
3	Members and senior managers identify and address any	Barriers to joint working previously identified within the MSG self-

Theme 4	Requirement	Evidence/Outcome
	impediments that inhibit collaborative working. The IJB and its partners develop a shared approach to evaluating the effectiveness of collaborative and integrated working.	assessment have been reflected in ongoing work to review the Dundee Integration Scheme. Reliance is placed on the personal development, performance appraisal and formal supervision processes in place within each partner to ensure all employees are managed effectively and efficiently, know what is expected of them and are assisted to maximise their full potential. This also includes the learning and professional development required to support statutory and professional responsibilities and achieve organisational objectives and quality standards. Staff governance arrangements are well embedded across the partnership and recognise the contribution to ensuring continuous improvement and quality.
4	In undertaking its community planning duties the IJB works constructively with partners to agree a joint vision for the Community Planning Partnership and integrates shared priorities and objectives into its planning, performance management and public reporting mechanisms. Service plans clearly reflect the priorities identified through community planning, and show how the IJB is working with partners to provide services that meet stakeholder and community needs.	The Chief Officer chairs the Health, Care and Wellbeing Executive Board of the Dundee Partnership. The Partnership also hosts the strategic support team for public protection arrangements. The Partnership participates in performance reporting arrangements for community planning / city plan – including both performance data and narrative updates on progress achieved against priorities. The IJB Strategic Commissioning Plan is consistent with the priorities set out within the City Plan for Dundee 2017-26 and the NHS Tayside Annual Operating plan. These priorities are also consistent with and support the Scottish Government nine National Health and Wellbeing Outcomes which apply across all health and social care services. Hosted services arrangements are in place with Perth and Angus Health & Social Care Partnerships

Theme 5 – Working with Communities

Local authorities, both individually and with their community planning partners, have a responsibility to ensure that people and communities are able to be fully involved in the decisions that affect their everyday lives. Community bodies – as defined in the Community Empowerment Act 2015 (section 4(9)) – must be at the heart of decisionmaking processes that agree strategic priorities and direction.

In achieving Best Value, an Integration Joint Board will be able to demonstrate the following:

- Early and meaningful engagement and effective collaboration with communities to identify and understand local needs, and in decisions that affect the planning and delivery of services.
- A commitment to reducing inequalities and empowering communities to effect change and deliver better local outcomes.
- That engagement with communities has influenced strategic planning processes, the setting of priorities and the development of locality plans.

Theme 5	Measure/Expected Outcome	Evidence/Outcome
1	Members and senior managers ensure that meaningful consultation and engagement in relation to strategic planning take place at an early stage and that the process of consultation and engagement is open, fair and inclusive.	<u>Dundee Health and Social Care Participation and Engagement Strategy</u> sets out the approach that the IJB will deploy in working with key stakeholders to strategically develop Health and Social Care services in Dundee. Extensive consultation was undertaken to develop the Strategic Commissioning Framework including events and surveys of which is documented in an <u>involvement report</u>. Local Health and Wellbeing networks feed into strategic planning groups to reflect views of the community, particularly those that are more disadvantaged The performance framework has been developed to support the implementation of the strategic commissioning intentions. The IJB has approved a Communication and Engagement Strategy (DIJB49-2019 – IJB meeting of the 17 December 2019)
2	Members and senior managers are proactive in identifying the needs of communities, citizens, customers, staff and other stakeholders; plans, priorities and actions are demonstrably informed by an understanding of those needs.	The overarching strategic needs assessment is maintained through regular reviews. Care group needs assessments have also been developed to support service planning and improvement. We have published Locality Profile information about the people who live in each of the eight Community Planning Partnership areas. This information helps inform planning in these areas and supports us to analyse if progress has been made towards the Partnership outcomes for people living in these areas. The IJB Performance and Audit Committee receive regular Performance Reports, with statistics comparing Dundee with other areas and including differences in Local Community Planning Partnership areas. This information is analysed, and comparisons made between areas of deprivation regarding important statistics like: Emergency Hospital Admissions rates; number of bed days; and amount of Delayed Discharge. This information informs plans to address health inequalities.

Theme 5	Measure/Expected Outcome	Evidence/Outcome
		HSCP officers are represented on Local Community Planning Partnerships. Data in locality health profiles is being linked with that from other sources (benefits and housing) to enhance understanding of issues affecting residents in more deprived areas, specifically the Local Fairness Initiative datazones. The HSCP is heavily involved in the PHS Partnership Pathfinder which is focusing on poverty and attempting to support identification of short term inequalities indicators for the city
3	Communities are involved in making decisions about local services, and are empowered to identify and help deliver the services that they need. Suitable techniques are in place to gather the views of citizens, and to assess and measure change in communities as a result of service interventions.	The IJB has actively involved and consulted with stakeholders on the development of the 2 previous Strategic Commissioning Plans (2016/21 and 2019/22), the new Strategic Commissioning Framework (2023-2033) and the implementation of transformational changes. Reliance is also placed on the participation and engagement arrangements each of the partners has in place. Three Local Health and Wellbeing Networks (HWBN) comprising of residents and local staff are the agreed mechanism for the IJB and SPGs to gain a community and wider stakeholder perspective in the development and implementation of plans. The recently formed Community Health Advisory Forum(CHAF) with residents from all deprived parts of the city are now being consulted on a range of strategic and service developments
4	Active steps are taken to encourage the participation of hard-to-reach communities.	The IJB's equalities outcomes were reset for 2023-2027. The engagement programme related to the Strategic and commissioning Framework 2022/23 see involvement report. Included engagement with people from protected Characteristic groups and the equality outcomes align with the priorities in the Framework. Links with HWBNs/ CHAF for the views of people affected by poverty. HSCP is also represented on Dundee's Fairness Leadership Panel with a focus on the impact of poverty on mental health and wellbeing
5	The IJB and its Community Planning Partnership work effectively with communities to improve outcomes and address inequalities.	The IJB has set equality outcomes and publishes a mainstreaming update report at least every 2 years. The report for 2023 is available here. Officers participate in the equality mainstream groups within both NHST and DCC as well as advancing the IJB's only equalities activities. In April 2025 the IJB published their Equality Mainstreaming and Outcomes Progress Report 2023-25 reporting on progress against these four equality outcomes and wider mainstreaming equality work. Significant contributions have been made to arrangements within NHST and DCC for their BSL action plans. Inequalities is one of the 6 strategic priorities within the strategic and commissioning plan. The range of work taken to address inequalities is evidenced in the Annual Performance Report.

Theme 5	Measure/Expected Outcome	Evidence/Outcome
		HSCP is represented on LCPPs, which comprise officers, elected members and local people
6	A locality-based approach to community planning has a positive impact on service delivery within communities, and demonstrates the capacity for change and for reducing inequality in local communities by focusing on early intervention and prevention.	Locality managers' portfolios currently include a combination of service specific responsibilities which are city wide (e.g., older people care at home, learning disabilities) as well as an overview of the needs of their locality areas as part of the transition to full locality based integrated health and social care services. A dedicated officer focusing on community health inequalities complements the integrated responsibilities to address inequalities and focus on early intervention and prevention in HSCP locality managers roles.
7	Members and senior managers work effectively with partners and stakeholders to identify a clear set of priorities that respond to the needs of communities in both the short and the longer term. The IJB and its partners are organised to deliver on those priorities, and clearly demonstrate that their approach ensures that the needs of their communities are being met.	The IJB Strategic Commissioning Framework set out the intention to review the way care is delivered in a number of settings. The IJB relies on the frameworks established by each partner to undertake rigorous reviews and option appraisal processes of all areas of partnership activity from a whole system perspective. There are clear processes for stakeholder engagement in reviews. The HSCP involvement in Dundee Partnership ensures strategic and cross cutting engagement in the priority areas for improvement identified in the City Plan, including reducing inequalities in income, attainment and health
8	The IJB engages effectively with customers and communities by offering a range of communication channels, including innovative digital solutions and social media.	HSCP website is a useful source of information and easily accessible reference point. Reliance is placed on the provision of communication support by NHST and DCC. Dundee Carers Centre is contracted to provide carers with information and advice and the Carers of Dundee website is maintained by Dundee carers centre with a wide, extensive amount of information for carers and those they support. Information related to the IJB is shared on social media channels supported by its community partners to ensure wide access to health related information
9	The IJB plays an active role in civic life and supports community leadership.	The Engage Dundee survey was developed in partnership between Public Health Scotland, HSCP, Community Learning and Developments, NHST, Dundee City Council and the Third Sector. It went live in Oct/ Nov 2023 and explores the impact of the cost of living crisis on Dundee residents, including on their health and wellbeing. Figures will be used to shape local, service and strategic responses. The information from this survey was presented to the IJB at the June 2024 meeting.

Theme 6 – Sustainable Development

Sustainable development is commonly defined as securing a balance of social, economic and environmental wellbeing in the impact of activities and decisions, and seeking to meet the needs of the present without compromising the ability of future generations to meet their own needs. The United Nations Sustainable Development Goals provide a fuller definition and set out an internationally agreed performance framework for their achievement. Sustainable development is a fundamental part of Best Value. It should be reflected in an integrated Joint Board's vision and strategic priorities, highlighted in all plans at corporate and service level, and a guiding principle for all of its activities. Every aspect of activity in an integrated Joint Board, from planning to delivery and review, should contribute to achieving sustainable development.

In achieving Best Value, an integrated Joint Board will be able to demonstrate the following:

- Sustainable development is reflected in its vision and strategic priorities.
- Sustainable development considerations are embedded in its governance arrangements.
- Resources are planned and used in a way that contributes to sustainable development.
- Sustainable development is effectively promoted through partnership working.

Theme 6	Measure/Expected Outcome	Evidence/Outcome
1	Leaders create a culture throughout the IJB that focuses on sustainable development, with clear accountability for its delivery across the leadership and management team.	The No Poverty, Zero Hunger and Good Health & Wellbeing Sustainable Development Goals of the Scottish Government are strongly reflected within the Strategic Commissioning Framework (SCF) of the IJB. The National Performance Framework (NPF) is the main mechanism for localising and implementing the SDG's, including the National Health and Wellbeing Outcomes and Indicators that are fully incorporated into the SCF. Delivery and accountability of the SCF is the main focus of the leadership and management team as evidenced in all reports to the IJB and Performance and Audit Committee. Outcomes focused on sustainable development and tackling poverty and inequality are reflected across all of the strategic priorities contained within the SCF. Sustainable development is key to the IJB achieving its own priorities
2	There is a clear framework in place that facilitates the integration of sustainable development into all of the IJB's policies, financial plans, decision making, services and activities through strategic-, corporate- and service-level action. In doing so, the IJB will be able to demonstrate that it is making a strategic and operational contribution to sustainable development.	HSCP work closely with its parent bodies to support the implementation of the relevant climate change plans and strategies of DCC and NHST. Financial sustainability is a key priority for the IJB and the partners and work continues to be progressed to develop medium to longer term financial planning. A five-year financial framework (2025/26 to 2029/30) was approved in August 2025. This will be updated annually as part of the budget setting process and reflecting the impact of current pressures. The impact on Equalities and Partnership goals, with particular focus on Human Rights, is included in all reports presented to the IJB.
3	The IJB has set out clear guiding principles that demonstrate its, and its partners', commitment to sustainable development.	Reliance is placed on the arrangements each partner has to progress sustainability action plans.
4	There is a broad range of qualitative and quantitative measures	The National Performance Framework is Scotland's Wellbeing framework

Theme 6	Measure/Expected Outcome	Evidence/Outcome
	and indicators in place to demonstrate the impact of sustainable development in relation to key economic, social and environmental issues.	and the Sustainable Development Goals of the Scottish Government share the same aims contained in this. The IJB's outcomes are monitored across the set of performance indicators that has been developed to cover the delegated functions and the nine national health and well-being outcomes.
5	Performance in relation to sustainable development is evaluated, publicly reported and scrutinised.	The IJB report on the Public Bodies Climate Change Duties 2017: can be accessed here .

Theme 7 – Fairness and Equality

Tackling poverty, reducing inequality and promoting fairness, respect and dignity for all citizens should be key priorities for local authorities and all of their partners, including local communities.

In achieving Best Value, an integrated Joint Board will be able to demonstrate the following:

- That equality and equity considerations lie at the heart of strategic planning and service delivery.
- A commitment to tackling discrimination, advancing equality of opportunity and promoting good relations both within its own organisation and the wider community.
- That equality, diversity and human rights are embedded in its vision and strategic direction and throughout all of its work, including its collaborative and integrated community planning and other partnership arrangements.
- A culture that encourages equal opportunities and is working towards the elimination of discrimination.

Theme 7	Measure/Expected Outcome	Evidence/Outcome
1	The IJB demonstrates compliance with all statutory duties in relation to equalities and human rights.	The IJB is fully compliant with their statutory equality duties. During 2024/25 there has been a specific focus in ensuring compliance with, and improving the quality of, equality impact assessments supporting IJB decision-making. This has included changes to processes, templates and briefings / educational sessions for both IJB members and supporting officers. Both the IJB's Equality Outcomes and Mainstreaming Update reports are up-to-date: Board Equality Mainstreaming Report 2023-2027. In addition to maintaining their own equality framework, the IJB also co-operates with and places reliance on each partner's Equality and Diversity framework. Equality and diversity is at the center of all that the IJB and the partners do – this is reflected in the outcomes contained within the Strategic Commissioning Framework. The approach to equality and diversity covers both as a service provider and in support of the health and social care workforce is supported by the equality and diversity frameworks and actions against general and specific duties are monitored. Information is available in accessible formats, plain English approaches are increasingly being adopted and reasonable requests for adapted versions of any work will be met. Interpreting services are available via NHS Tayside (supplemented by external providers where required). All budgets, policies and service changes are subject to Equality and Diversity Impact Assessment which highlights any specific adjustments required
2	The IJB is taking active steps to tackle inequalities and promote fairness across the organisation and its wider partnerships, including work and living conditions, education and community participation.	The Dundee Integration Joint Board Equality Mainstreaming Report 2023-2027 details its Equality Outcomes and how these will be measured so that everyone in Dundee to have the highest achievable level of health and wellbeing.

Theme 7	Measure/Expected Outcome	Evidence/Outcome
3	The IJB and its partners have an agreed action plan aimed at tackling inequality, poverty and addressing fairness issues identified in local communities.	The IJB is committed to engagement. The Dundee Health and Social Care Partnership Participation and Engagement Strategy outlines the approach that the IJB will deploy in working with key stakeholders to strategically develop health and social care services in Dundee.
4	The IJB engages in open, fair and inclusive dialogue to ensure that information on services and performance is accessible to all, and that every effort has been made to reach hard-to-reach groups and individuals.	The Dundee Health and Social Care Partnership Participation and Engagement Strategy complements the well-developed methods of participation and engagement adopted by DCC, NHST and the Third and Independent sectors. Although the strategy provides a consistent approach, alternative forms of engagement are adopted to involve individuals, groups and communities who may be harder to reach.
5	The IJB ensures that all employees are engaged in its commitment to equality and fairness outcomes, and that its contribution to the achievement of equality outcomes is reflected throughout its corporate processes.	Reliance is placed on NHS Tayside and DCC's programme of training and awareness raising.
6	The IJB engages with and involves equality groups to improve and inform the development of relevant policies and practices, and takes account of socio-economic disadvantage when making strategic decisions	Engagement and consultation processes are in place and the IJB liaises with the Scottish Government and the Scottish Health Council. All major change programmes are delivered within the parameters recommended in the relevant best practice guidance.
7	The equality impact of policies and practices delivered through partnerships is always considered. Equality impact information and data is analysed when planning the delivery of services, and measuring performance.	Equality and diversity impact assessment is an integral part of the IJB's and the partner's processes in particular policy or service change proposals. Equality and Diversity Impact Assessment Guidance and Forms are available for staff. Training and support is also available on request. In 2022-23 a revised format for Integrated Impact assessments was developed and learning sessions delivered. These are still under review. See equality matters pages on Dundee HSCP website for European Human Rights Commission information
8	The IJB's approach to securing continuous improvement in delivering on fairness and equality priorities and actions is regularly scrutinised and well evidenced.	Dundee IJB has its own mainstreaming equality duties. Reliance is placed on the arrangements each partner has in place to mainstream equality and diversity. The equality outcomes help the IJB and the partners understand the impact on equality groups. Mainstreaming Reports published by the partners include the equality outcomes. Further work which continues to be progressed to embed equalities matters across the HSCP. The IJB Equality Outcomes and Mainstreaming Equality Framework sets out the priorities for addressing equality issues. Regular monitoring and reporting on progress against the agreed equality outcomes is performed.



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 24 SEPTEMBER 2025

REPORT ON: GOVERNANCE ACTION PLAN PROGRESS REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC26-2025

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 Note the content of the report and the progress made against the actions within the Governance Action Plan (contained within appendix 1).

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

- 4.1 Appendix 1 contains an overview report detailing the current status of the actions within the Governance Action Plan. Since May 2025, a further 6 actions have been completed, 11 additional actions have been added (Internal Audit Annual Report 2024/25 and outstanding actions from the 2023/24 report, and 2 of which have subsequently been completed) and 23 remain ongoing.
- 4.2 Of the 23 ongoing actions there has been no further progress towards implementation for 11 actions since the last update was provided to PAC. This mainly reflects actions that are currently being progressed via the review of the IJB's Strategic Risk Register and statutory review of the strategic commissioning framework. Both of these processes will be priority areas of the next six-month period, and it is therefore anticipated that associated actions within the Governance Action Plan will demonstrate progress over this period. Significant progress (25% or more) has been achieved in actions relating to: regular reporting against savings and transformation proposals; implementation of risk appetite; workforce – modelling future service demand and workforce requirements; and, workforce – workforce planning group reporting.

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 a Moderate Risk Level)
Mitigating Actions (including timescales and resources)	• All actions have now been uploaded to Ideagen system to support efficient and effective monitoring arrangements. • The process of updating the progress against each action currently being undertaken by officers across the Partnership. • Governance Action Plan updates are now being routinely reported to PAC. • A process is being established for new actions to be added to GAP, for example recommendations from audit reports.
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.

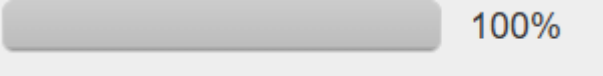
Christine Jones
Acting Chief Finance Officer

DATE: 21 August 2025

IJB Outstanding Actions – Governance Action Plan

Completed since last update

		Title and Description	Due Date	Ownership	Latest Update
1		DHSCPGAPIA20220622-2 Consideration will need to be given to how the IJB will receive assurance and monitor progress against these actions. Having carried out the statutory review of the current strategic and commissioning plan, the Strategic Planning Advisory Group found that the vision and strategic priorities, as well as the overall format of the plan, remained fit for purpose but work was required to update the action lists associated with each priority. An addendum to the original plan was published which is supported by care group strategic planning / commissioning statements and transformation plans and reflects priorities arising from Covid19 remobilisation activity. These actions will be monitored by the Strategic Planning Advisory Group (SPAG).  100% Completed since last update	31 Dec 2022	Chief Finance Officer	21.08.25 Full update on progress against the Annual Delivery Plan was submitted to the IJB on 20 August 2025. This format will now be adopted to provide 6 monthly reports.
2		DHSCPGAPIA20250129-2 Workforce - risk register development The Workforce Strategic Risk Register is not yet fully developed and currently does not support management in determining the most	31 Mar 2025	Head of Service, Strategic Services	21.08.25 The revised workforce plan was approved by the IJB in June 2025. The content includes a fully updated strategic risk register for risks

		pressing workforce issues facing the HSCP, or in assessing the control framework in terms of the impact of the controls which are in place or the controls which would be required to mitigate risk to an acceptable degree. Register Scoring indicates that the majority of identified workforce risks are unmitigated. Internal controls for all risks have not yet been identified. The Workforce Strategic Risk Register should be developed such that it provides at least: • Risk Scoring to a level of detail and consistency that allows management to distinguish the most severe risks from the those which are less critical. • An assessment of the internal controls which are already in place, and those which are not in place but would be required to reduce the level of risk to within tolerance. Ideally such an assessment would be based on an analysis which quantifies the impacts and likelihood of the risks identified, to ensure objective risk scoring. However, in the context of the HSCP's current resource constraints, it is likely that in the medium term this will require a number of assumptions to be made on the basis of management knowledge and experience. Where they are required, assumptions should be recorded so that their effect on the analysis is clear and can be updated if and when other information becomes available.  Completed since last update		Head of Health and Community Care Lead Officer, Strategic Planning and Business Support	associated with workforce matters. This will now be monitored via the Workforce Planning Group with risks escalated via reporting lines where necessary.
3	✓	DHSCPGAPIA20250129-4 Workforce - workforce action plan The articulation of actions in the Workforce action plan is overly broad and not clearly linked to any approach to prioritisation. As a consequence, progress is difficult to assess, and the action plan	31 Mar 2025	Head of Service, Strategic Services Head of Health and	21.08.2025 The revised workforce plan was approved by the IJB in June 2025. The content includes a fully update action plan.

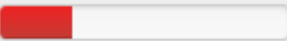
		provides limited assurance that it addresses the areas in which management action can have the greatest impact. HSCP Management should refine the action plan with a focus on identifying specific deliverables and realistic timescales. This will likely involve breaking down some of the existing high level actions into a number of sub tasks. The elements of the action plan should reflect the required internal controls which are identified within the Workforce Strategic Risk Register. As this may result in a plan containing more actions than are realistically achievable, management should identify and pursue those actions which will deliver the maximum impact within the resource available, supported by the risk register scoring. 100% Completed since last update		Community Care	
4		DHSCPGAPIA20220622-8 CCPG Annual Report Dundee HSCP provides regular, high-quality assurance reports to the NHS Tayside Care Governance Committee as well as the PAC. An annual report for the year is planned for the June IJB. The report is comprehensive and well-written, but does not reference relevant strategic risk, or areas for development. There might be benefit in it being used to reflect on key concerns during the year and priorities for the coming year, as well as views on the relevant Strategic Risks. 100% Completed since last update	30 June 2023	Chief Officer Clinical Director	21.08.25 Annual report for 2025 was submitted to IJB on 20 August 2025. Elements regarding risks and areas for development were incorporated.

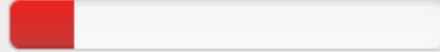
5		DHSCPGAPIA20250618-3 Publication and monitoring of the Strategic Commissioning Framework's Delivery Plan In October 2024 Dundee HSCP's Delivery Plan October 2024 to March 2026 was approved but has not yet been uploaded and available to the public on the Dundee HSCP website. No monitoring of progress with the Delivery Plan has been received by the IJB. 100% New action – completed	30 Sept 2025	Acting Head of Strategic Services	The October 2024 version of the delivery plan was published as part of the IJB papers but has also now been published as a standalone document. Full update on progress against the Annual Delivery Plan was submitted to the IJB on 20 August 2025. This format will now be adopted to provide 6 monthly reports.
6		DHSCPGAPIA20250618-2 Update of Governance Action Plan The Governance Action Plan presented to the January 2025 PAC does not include recommendations from Internal Audit report D03/25-DIJB Annual Report 2023/24, issued on 13 June 2024. Internal Audit have undertaken to follow up on these actions within this report see Section 3. 100% New action – completed	30 Sept 2025	Chief Finance Officer	21.08.15 These actions have now been added, alongside actions from the Internal Audit Report for 2025.

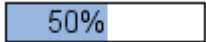
In progress

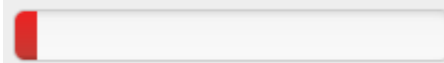
		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
7		DHSCPGAPAIAR20190212 Improved hosted services arrangements Development of improved Lead Authority Services arrangements around risk and performance management for lead authority services  55% 5% increase since last update	31 Oct 2020	Chief Officer Chief Finance Officer	21.08.25 Bi-monthly meetings in place to discuss key risks and strategic priorities. Financial summary of Lead Partner services included in monthly finance report to HSCP managers as well as finance report to IJB. Key performance measures and activity levels are being developed to aid Tayside-wide understanding. Internal Audit of Lead Partner arrangements scheduled for 2025.
8		DHSCPGAPEA20201124 Regular reporting against savings and transformation proposals Updates on the IJB's transformation programme and efficiency savings are not reported to the Board on a regular basis. The position on the achievement of savings proposals and transformation should be clearly and regularly reported to members.  75% 25% increase since last update	31 Aug 2021	Chief Officer Chief Finance Officer Head of Service, Strategic Services	21.08.25 Routine reporting for savings and transformation work within the 2025/26 is now being implemented. A comprehensive update was provided to the IJB on 20 August 2025.

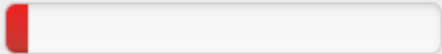
9		DHSCPGAPEA20211124 Reporting against risk management improvement actions and strategic risk register Further improvement actions remain to be progressed associated with the IJBs risk management arrangements, including reviewing the IJB's risk management policy and developing further an understanding of the IJBs risk appetite. The Board and PAC should continue to be updated on progress on the delivery against the remaining risk management improvement actions and updates to the Strategic Risk Register.  90% 10% increase since last update	31 Oct 2022	Chief Officer Head of Service, Strategic Services	21.08.2025 IJB has now set risk appetite via Development session held in July 2025. This will be incorporated via the overall review of the IJB's strategic risk register which is currently being progressed by the Senior Management Team.

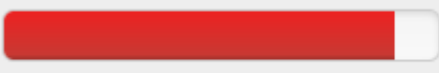
10	 DHSCPGAPIA20210623-6 Compliance from Partner Bodies There is currently no direct reporting to the IJB on its risk profile; nor direct, overt assurance on each of its strategic risks with risk monitoring occurring at the CCPG and the PAC receiving assurance on the overall system of risk management as above. Where controls sit within the partner bodies, the IJB receives only a general annual assurance through the year end processes. To further develop good governance arrangements, an IJB assurance plan could be implemented to ensure assurance on all risks is provided to the IJB, including where necessary assurances from partner organisation.  75% No change in % achieved	31 Dec 2021	Chief Finance Officer	21.08.25	Final actions required to complete this recommendation are to be considered and implemented as part of the ongoing review of the IJB's Strategic Risk Register. This will include consideration of the reporting format to the IJB and adjustments that might be required to include assurances from partner bodies where relevant.
11	 DHSCPGAPIA20211124-1.1 Revision of Integration Scheme As set out in the Integration Scheme, 'a list of targets and measures, which relate to the non-integrated functions of the partners that will have to be taken into account by the Integration Joint Board when preparing their Strategic Plan' should be included  25% 5% increase since last update	30 Jun 2022	Head of Service, Strategic Services	21.08.25	There has been limited further progress over the summer period due to need to focus on completion of range of statutory annual reports and data returns. Some preparatory work focused on mapping of existing reporting and datasets has been progressed.

12		DHSCPGAPIA20211124-1.2 Enhanced Performance Reporting Further developments of the performance management arrangements should include the following: Assurance and performance reports should be related to specific risks and should contain an overt conclusion on whether the performance reports indicate that controls are operating effectively to mitigate the risk as intended.  90% No change in % achieved	30 Jun 2022	Head of Service, Strategic Services	21.08.25 The narrative contained within performance reports continues to be developed and improved to have a clearer focus on risk. The review of the IJB's Strategic Risk Register will support this improvement; allowing a clearer structure to which performance reports can be linked.
13		DHSCPGAPIA20211124-1.5 Development of Strategic Plan Performance Measures – 2023/24 The IJB should monitor the work of the ISPG to ensure that it develops the new SCP in such a way it embeds meaningful performance measures which can be reported regularly to allow a conclusion on whether the SCP is being implemented effectively and is delivering the required outcomes (not just inputs or outputs).  15%	31 Mar 2024	Head of Service, Strategic Services	21.08.25 Performance measurement considerations will be a significant focus of the Strategic Planning Advisory Groups work on the statutory review of the strategic plan. It is anticipated that the group will make recommendations to the IJB regarding a sustainable approach to performance reporting as part of their recommendations from the strategic plan review.

		No change in % achieved			
14		DHSCPGAPIA20220622-4 The IJB should receive relevant, reliable and sufficient assurances against its strategic risks especially high scoring ones (above the risk appetite to be established)  15% increase since last update	31 Dec 2022	Chief Finance Officer	21.08.25 IJB has now set risk appetite via Development session held in July 2025. This will be incorporated via the overall review of the IJB's strategic risk register which is currently being progressed by the Senior Management Team.
15		DHSCPGAPIA20220622-5 Clinical and care governance arrangements will feed into the formation of IJB directions A draft Directions Policy & Procedure is being considered as an associated document with the revised Integration Scheme. We would reiterate our position that as part of any further developments in this area, consideration should be given as to how clinical and care governance arrangements will feed into the formation of IJB directions.  No change in % achieved	31 Dec 2022	Chief Officer Clinical Director	05.09.25 Further review of IJB Directions Policy initiated with a view to bring back to the IJB by December 2025. This will include considering the interface with CCPG.

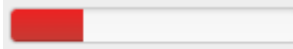
16	 DHSCPGAPIA20220622-7 Overall assessment of progress in delivering the Risk Management Action Plan is included in the Governance Action plan (40% progress as at February 2022) but the individual actions are not reported to the PAC. Reporting should clearly set out progress against individual actions to allow for clear monitoring of the maturity assessment.  50% No change in % achieved	30 Nov 2022	Chief Finance Officer	21.08.25	An update on actions within the Risk Management Action Plan will be provided to the IJB prior to the end of 2025.
17	 DHSCPGAPIA20220720-1 Cat 1 Responder -Definition of IJB Duties Category 1 responder resilience arrangements have not been fully and adequately incorporated into the IJBs governance structure. In addition to implementing the recommendation contained within the Internal Audit Annual Report 2020/21 (Action Point 3) relating to the PAC, it should be ensured that the duties of the IJB are fully defined.  5% No change in % achieved	31 Oct 2022	Head of Service, Strategic Services Head of Health and Community Care	23.10.24	This will be added to the next revision of the IJB Standing Orders in 2025.

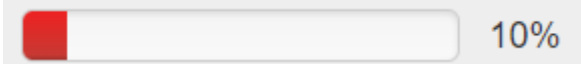
18	 DHSCPGAPIA20230130-1 Sustainability of Primary Care - assurance from lead partner Angus IJB, as the lead partner for primary care, should provide assurance to Dundee IJB regarding progress against the audit recommendations and management actions arising from the Internal Audit of the Sustainability of Primary Care.  5% No change in % achieved	31 Mar 2023	Head of Health and Community Care	05.09.25 Action to be followed up by Dundee IJB Chief Officer.
19	 DHSCPGAPIA20230621-1 Sustainability - Delivering the IJB's strategic and commissioning priorities within the budget and resources that it has available will be a significant challenge. Delivering the IJB's strategic and commissioning priorities within the budget and resources that it has available will be a significant challenge. In these circumstances monitoring of the implementation of the SCF and of the development and then implementation of the supporting documents including the Annual Delivery Plan, Resource Framework, Workforce Plan and Performance Framework will be fundamental. Management should clearly set out how the IJB will receive assurance, including assurance over transformation. Reporting on implementation of Strategy and financial monitoring should have a clear focus on the success of transformational projects i.e. what has changed and how services are better delivered, with savings achieved, as a result of transformation.	31 Dec 2023	Chief Finance Officer	21.08.25 Routine reporting for savings and transformation work within the 2025/26 is now being implemented. A comprehensive update was provided to the IJB on 20 August 2025. Full update on progress against the Annual Delivery Plan was submitted to the IJB on 20 August 2025. This format will now be adopted to provide 6 monthly reports. Further work will also be progressed via the statutory review of the strategic commissioning framework during 25/26.

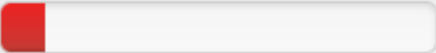
		 90% 15% increase since last update			
20		DHSCPGAPIA20230621-2.1 Consideration is given to how IJB members could be involved in the development and agreement of the organisation's risk profile. The Risk Management Strategy agreed in April 2021 states that the IJB Board is responsible for 'receipt, review and scrutiny of reports on strategic risks'. The latest risk update was provided to the May 2023 PAC meeting and noted that "target risk scores will be revisited following planned Risk Appetite sessions for the recent development work around risk appetite". We welcome this intention and note that further work will also be required to identify how the new risk appetite will affect Strategy, decision-making prioritisation and budget setting and organisational focus, the 'so what?' question, which will be fundamental to making risk appetite real.  90% 15% increase since last update	31 Dec 2023	Chief Finance Officer	21.08.25 IJB has now set risk appetite via Development session held in July 2025. This will be incorporated via the overall review of the IJB's strategic risk register which is currently being progressed by the Senior Management Team. The submission of the revised strategic risk register will provide a further opportunity for discussion and involvement of IJB members.
21		DHSCPGAPIA20230621-2.2 Implementation of Risk Appetite	31 Dec 2023	Chief Finance Officer	21.08.25

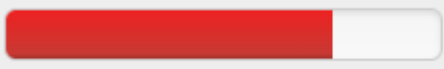
		To help implementation of the Risk Appetite to be agreed, we recommend that the IJB sets out clearly how: · risk appetite is to be taken into consideration as part of decision making · risk appetite affects monitoring and escalation processes for individual risks · Risk appetite is reflected in target risk scores and how the IJB will understand whether target is actually being achieved.  40% increase since last update			IJB has now set risk appetite via Development session held in July 2025. This will be incorporated via the overall review of the IJB's strategic risk register which is currently being progressed by the Senior Management Team. Elements relating to monitoring and escalation process will be considered as part of the review.
22		DHSCPGAPIA20230927-1.1 Viability of External Providers - Financial Monitoring Process It is recommended that the Monitoring and Review Protocol is enhanced to include a clear escalation process in the event that financial sustainability of a Care Provider is deemed to be at risk. This should include thresholds for each of the ratios considered in the financial monitoring template which would trigger escalation for enhanced monitoring, or other appropriate action, to ensure a consistent approach is taken. To ensure sufficiently regular financial monitoring of annual accounts is conducted for each provider, a review should be performed at least annually, including ensuring that a copy of the Care Provider's recent annual accounts is held. Overall assurance against this risk should then be reported to a pertinent Committee, or the IJB itself, and could include KPI reporting relating to the financial sustainability ratios.	31 Dec 2023	Head of Service, Strategic Services	21.08.25 Regular 6 monthly meeting now in place to consider risk register. Senior (Contracts) and Chief Finance Officer meeting to discuss and agree any follow up actions. Although it was originally intended to update the Inspection Gratings Report to reflect finance, operational and quality risks, further discussion and reflection has identified an alternative approach is needed. The Chief Finance Officer is leading work to develop a more comprehensive risk assessment matrix to support the HSCP to identify, monitor, mitigate and escalate provider risks. Examples of formats have been obtained

		 80% 5% increase since last update			from other Partnerships to inform this ongoing work.
23	●	DHSCPGAPIA20230927-2.1 Viability of External Providers - contract monitoring template It is recommended that a single standardised template is developed and implemented for quarterly monitoring to ensure an agreed minimum level of quality monitoring is undertaken in respect of performance, quality, staffing levels and financial information. The template should also contain a further section which can be tailored to include any metrics specific to the provider to enable tailored monitoring as needed, above the minimum expected monitoring activities. Any monitoring reports identified which lack sufficient documentation of the quality assessment should be escalated and discussed with the Contracts Officer to ensure appropriate action is taken in conjunction with the provider. When providers are subject to external review (e.g. through the Care Inspectorate), these findings should be triangulated with previous internal quality assessments to review whether pertinent issues were picked up, and therefore if the quality of the internal assurances is sufficiently robust or requires further improvement.  95% 5% increase since last update	31 Dec2024	Head of Service, Strategic Services	21.08.25 Agreed monitoring templates now being used routinely for each care portfolio. As part of the formal monitoring all relevant qualitative and quantitative data is considered including any recent Care Inspectorate. Inspections/Feedback sessions. Work around quality accreditation continues but current wording in Contract has once again been signed off by Legal colleagues without any need for change. Sub-group established with Social Care Contracts Team to consider contract/payment/uplift workload with the aim to preparing as much of the contractual paperwork as possible in advance of the Scottish Government uplift decisions.

24	 DHSCPGAPIA20240131-1.1 Operational Planning - Development of operational plans All transformation boards should articulate the pathway towards the development of their underpinning operational plan, and report on its progress to a relevant governance group.  55% No change in % achieved	30 Sept 2024	Chief Finance Officer Head of Service, Strategic Services	21.08.25 Strategic Planning Advisory Group workshop to review strategic planning and transformation group structure is scheduled for 02 September 2025.
25	 DHSCPGAPIA20240131-2.1 Operational Planning - Review of Terms of Reference Terms of reference for governance and management groups and committees should specify the review period, generally annually, and Terms of Reference should be updated if necessary. This should, at a minimum, require that the remit of groups is reviewed each time the Strategic Commissioning Plan, or relevant strategic objectives, are updated.  25% No change in % achieved	30 June 2024	Chief Finance Officer Head of Service, Strategic Services	21.08.25 Strategic Planning Advisory Group workshop to review strategic planning and transformation group structure is scheduled for 02 September 2025.
26	 DHSCPGAPIA20240131-3.1 Operational Planning - project management arrangements	30 June 2024	Chief Finance Officer	21.08.25 No further progress at this time. It should be noted that the HSCP delegated workforce does not include

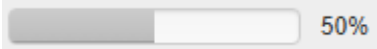
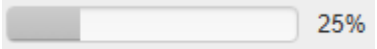
		The HSCP should outline the circumstances in which it is considered appropriate that formal project management is applied, and the minimum set of controls that should be applied. The complexity of the arrangements for delivery of the Strategic Commissioning Plan, and its underpinning delivery plans and programmes of transformation, is such that it may be appropriate to adopt a principles based approach.  No change in % achieved		Head of Service, Strategic Services	corporate project management capacity. Some specific areas of work have dedicated project managers aligned to improvement work, for example unscheduled care.
27		DHSCPGAPIA20240131-4.1 Operational Planning - alignment to strategic plan The HSCP has committed to the development of a revised set of Strategic Plan performance measures throughout 2023/24. Groups responsible for the implementation of delivery plans and supporting performance management frameworks should take cognisance of this work, and in developing their own suites of performance measures, should: • Align the objectives of their implementation plans to the performance measures identified for the Strategic Plan, where it makes sense to do so • Consider other workstreams within delivery plans that contribute to the same objectives, and the relative impact. Measurement of indicators and their reporting should account for the situation where indicators at a service level are improving, while deteriorating for the HSCP as a whole, or vice versa.	30 June 2024	Chief Finance Officer Head of Service, Strategic Services	21.08.25 Progression of this recommendation will follow on from the Strategic Planning Advisory Group workshop to review strategic planning and transformation group structure, scheduled for 02 September 2025.

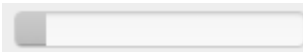
		 10%			
		No change in % achieved			
28		DHSCPGAPIA20250129-1 Workforce - modelling future service demand and workforce requirements The HSCP has not yet developed an approach to modelling Service demand to a level of detail which supports effective planning for future workforce requirements. In the absence of an understanding of the way in which future workforce requirements are likely to develop, there is a risk that workforce planning interventions may not be applied in the areas of highest risk. While there are a number of actions related to understanding Service demand and modelling staff requirement reflected in the Workforce Planning action plan, these are expressed as open ended ambitions and, as a consequence, it is difficult to gain assurance over the extent to which progress has been made towards implementation. Audit Recommendation: The Workforce Planning subgroup should establish an approach to modelling future service demand and therefore workforce requirements which can be implemented within its currently available resources. This approach should be predicated on the basis of data already available and documented assumptions where data is not available. SMART Actions within the action plan should be refined such that they set out specific deliverables which can be used to update and refine the initial assessment of future service demand, ideally with expected timescales.	30 Apr 2025	Head of Service, Strategic Services Head of Health and Community Care Lead Officer, Quality Data and Intelligence	21.08.25 The revised workforce plan was approved by the IJB in June 2025. The content reflects the extent of modelling that is possible within current resources, which remains limited. Further discussions will be progressed with national bodies, including Public Health Scotland regarding any additional resource that they can contribute. It is also noted that the Care Reform (Scotland) Bill includes provisions for national development and publication of demand profiles.

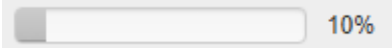
		 75% 50% increase since last update			
29		DHSCPGAPIA20250129-5 Workforce - workforce planning group reporting There is no clear and explicit link between the information which is formally reported to the Workforce Planning Group and relevant risks and controls. As such, the reporting does not provide assurance over the effectiveness of arrangements to mitigate workforce risks.  75% 50% increase since last update	31 Mar 2025	Head of Service, Strategic Services Head of Health and Community Care	21.08.25 The revised content and structure of the Workforce Plan, approved by the IJB in June 2025, will significantly improve the relevance and clarity of future reports to the IJB on workforce matters, including risks. This action will be fully completed following the submission of the next workforce planning report to the IJB, due in 2026.

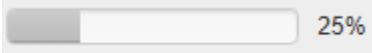
New Actions (including initial update)

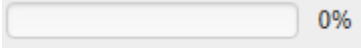
		Title and Description	Due Date	Ownership	Initial Update
30		DHSCPGAPIA20240619-10 Financial monitoring and reporting	31 Oct 2025	Chief Finance Officer	21.08.25 Improvements have been made to enhance reporting information

		Financial monitoring data should be enhanced to allow the Board to gauge progress against the budget especially in areas where brought forward reserves are being used to balance a budget and in savings targets. Financial reports should show actual savings assessed against planned savings. Savings should be categorised as recurring or non-recurring. 			however the complexity of the integrated budgets and tracking of some savings continues to present challenges. Additional budget development sessions with IJB members were implemented during 2024/25 and a further increase is planned for 2025/26. Dedicated Budget Delivery Group meetings with senior management team have also been implemented, and meetings are also being held with Partner Body finance colleagues – all of which allows the opportunity for in-depth discussion.
31		DHSCPGAPIA20250618-2 Budget planning Budget monitoring reports, identifying significant variances, are provided to each IJB meeting. Overspends are reported in almost every delegated services, and a financial recovery plan had to be put in place after Q1 in 2024/25. It could be helpful to examine initial planning assumptions to establish whether the adverse variances can be attributed to these. Lessons learned from previous years experiences should be built into the financial planning process for future years. 	31 Aug 2025	Chief Finance Officer	21.08.25 Enhancement of financial monitoring report content and detail will be reviewed and implemented noting the recommendation. Updated financial recovery plan report to be presented to October 2025 IJB

32		DHSCPGAPIA20250618-5 Fraud assurances to PAC The Terms of Reference (ToR) for the PAC were updated in December 2023 to reflect their responsibility for the core areas of counter fraud and corruption. The remit of the PAC now includes "to receive assurances that effective counter fraud arrangements are in place within the partner bodies governance arrangements." No specific assurances have been presented to the PAC since update to the ToR.  10%	31 Dec 2025	Chief Finance Officer	21.08.25. Officers to liaise with partner body colleagues to obtain and report relevant assurances to PAC annually. Assurance report to be built into PAC workplan.
33		DHSCPGAPIA20250618-7 Committee papers, links to strategic risk and risk appetite Whilst papers to the IJB and PAC include a risk section, these are not always explicitly linked to the extant strategic risk. All papers that the IJB or PAC consider should be linked to, or contributing to mitigation of, a strategic risk. Where a link cannot be made to a strategic risk then consideration should be given as to whether the IJB or PAC needs to devote time and resource to it. The IJB has committed to taking forward the Committee Assurance Principles during 2025/26 and the adoption and application of these will help to ensure links to risk and performance. Example reports from ICE fieldwork include: • The financial recovery plan presented in December 2024 linked to a risk around delivering a balanced budget. However, this description doesn't appear in the strategic risk register, where the financial risks	31 Oct 2025	Chief Finance Officer Acting Head of Strategic Services	21.08.25 The Senior Management Team is currently reviewing the IJB's Strategic Risk Register. This will include review of all current risks to ensure alignment with reports previously submitted to the IJB. Some initial progress has been made with report writers in terms of risk assessment sections being directly related back to strategic risks. Further work will be progressed as part of the review and implementation of the risk register.

		are (1) Unable to maintain IJB spend and (2) Restrictions on Public Sector Funding. • In October 2024 the IJB considered the development and implementation of the Dundee HSCP Workforce Plan 2022-2025. This report did not include a risk section on the basis that the report is for information only. However, implementation of a workforce plan links directly to mitigation of the workforce strategic risk. The IJB should consider whether the progress that was reported is, in any way, mitigating the risk and lowering the risk score. 			
34	✓	DHSCPGAPIA20250618-8 Revised NHS Tayside Clinical Governance Framework CCPG minutes record discussion around their assurance role within NHS Tayside's revised clinical governance framework, considering spending development time to align with this structure and facilitate reporting into the new Clinical Governance Quality Assurance Meeting. The CCPG should agree what is expected of it, and what the existing Primary Governance Groups are accountable for within this revised framework. 	31 Dec 2025	Allied Health Professionals Lead	21.08.25 NHS Tayside Governance Team to attend HSCP Extended Management Team Meeting and provide onsite roadshows at Kings Cross and Kingsway (RVH roadshow already complete). Further development of the Quality Management System will continue through the remainder of 2025/26.
35	✓	DHSCPGAPIA20250618-9 Information governance assurances	31 Oct 2025	Acting Head of Strategic Services	21.08.25 The Information Sharing Agreement will be finalised and presented to the IJB by October 2025. Thereafter

		The revised Integration Scheme, section 11, covers information sharing and data handling. Para 11.1 – The Parties.... will adhere to the Information Sharing Protocol Para 11.3 – The Data Protection Officers of NHST, DCC and the IJB.... will meet annually, or more frequently if required, to review the Information Sharing Protocol and will provide a report detailing recommendations for amendments, for the consideration of the IJB, the Council and NHST. A draft Information Sharing Agreement with NHST and DCC was provided to us during our Annual Report work in June 2024. This was dated 2019 and we were informed that this was to be revisited to ensure it was signed by all parties and finalised. This has not come before the IJB yet, neither has an annual report been provided. The IJB was sighted on GDPR regulations in October 2018 (DIJB54-2018) but no formal assurances from the partners have been received since. We have previously commented that the IJB should receive assurance that its strategies and statutory responsibilities are supported by the asset and IT strategies and information governance arrangements of its partners and that these are appropriately prioritised, resourced, and monitored, as an important enabler for the delivery of genuine transformation. The outstanding resource framework to support the Strategic Commissioning Framework is intended to include digital. 			an Annual Report will be submitted at the end of each Financial Year.
36		DHSCPGAPIA20250618-10 Consolidated transformation reporting and results Partnership working to transform services into a sustainable operating model is recognised as the way to deal with the ever-increasing demand for services and to improve outcomes for people.	31 Dec 2025	Chief Finance Officer	21.08.25 Routine reporting for savings and transformation work within the 2025/26 is now being implemented. A comprehensive update was

		Consolidated transformation programme updates were to be provided to the IJB, but this has not progressed. We have been informed that this is in the pipeline and will be a focus in 2025/26, with reliance on the partners making transformations. 			provided to the IJB on 20 August 2025. Further consideration is required in relation to how results are reported as transformation work progresses.
37	✓	DHSCPGAPIA20250618-11 Control document for suite of governance documents We previously made recommendations about updating statutory documents and including a document control form to evidence update and review on a regular basis. DIJB has been working through the revision to documents such as financial regulations, standing orders etc. These have been updated at various times. To ensure that the IJB is given assurance that these are subject to regular review and kept current, a control document that would allow review of the 'suite' at a glance might be appropriate. 	31 Dec 2025	Chief Finance Officer	21.08.2025 Not yet progressed. To be prioritised before end of 2025.
38	⚠	DHSCPGAPIA20250618-12 PAC Annual Report Our 2021/22 Annual Report recommendation that the PAC should provide an annual report to the IJB "with a conclusion on whether it has fulfilled its remit and its view on the adequacy and effectiveness of the matters under its purview" featured in DIJB's Governance Action Plan. The first PAC annual report was in 2023 and, in our annual report 2023/24 we recommended again that the report should conclude on	31 Aug 2025	Chief Finance Officer	21.08.25 Although verbal assurance was provided when the 2025 report was presented to PAC, a written assurance statement was not included within the body of the report. This will be incorporated within the report for 2026.

	the adequacy and effectiveness of the work of the PAC and provide assurance that it has fulfilled its remit. This was accepted with a completion date of August 2024. The November 2024 GAP update to the PAC showed this action as completed with the second annual report submitted in December 2024. However, the PAC Annual Report submitted to the IJB in December 2024 still does not offer this assurance, with the purpose of the report being described as “an overview of the activities of the PAC over 2023/24”. 25%			
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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 SEPTEMBER 2025

REPORT ON: DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN 2024/25 PROGRESS REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC34-2025

1.0 PURPOSE OF REPORT

- 1.1 This paper provides the Performance and Audit Committee (PAC) with an update on progress of the 2024/25 internal audit plan. The audit plan for 2025/26 is included on the agenda of the PAC as a separate item.
- 1.2 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 ongoing work undertaken on the 2024/25 plan.
- 2.2 Note that the Annual Internal Audit Plan for 2025/26 is included at item X of the agenda.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

- 4.1 The Global Internal Audit Standards 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 2024/25 Internal Audit Plan at the September 2024 meeting (PAC35-2024, Article XVI of the minute of meeting of 25 September 2024 refers). Internal audit work undertaken to deliver the 2024/25 plan is set out in Appendix 1.
- 4.3 FTF Internal Audit, working with our partners in Dundee City Council, is 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		In progress with minor delay
Red		Not on track (reason to be provided)

4.4 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 the 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:

Report Description	Assurance	Key findings
T10/26 Annual Report	Reasonable	The Annual Report to the NHS Tayside Audit & Risk Committee provides details on the outcomes of the 2024/25 internal audit and my opinion on the Board's internal control framework for the financial year 2024/25. Based on work undertaken throughout the year the CIA concluded that: - The Board had adequate and effective governance, risk management and internal control arrangements in place. - The 2024/25 Internal audit Plan had been delivered in line with the Public Sector Internal Audit Standards. In addition, the CIA did not advise management of any concerns around the following: - Consistency of the Governance Statement with information we are aware of from our work.

		• The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected. • The format and content of the Governance Statement in relation to the relevant guidance. • The disclosure of all relevant issues.
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Dundee City Council reports:

Report Description	Assurance	Key findings
Risk Management	Reasonable	This review assessed the adequacy and effectiveness of the Council's risk management framework, with particular focus on risk identification, ownership, scoring and prioritisation, mitigation, monitoring, and reporting. We found that the Council has established a structured approach to risk management, underpinned by a Risk Management Policy and Strategy that sets out roles, responsibilities, and the process for assessing and managing risks. The use of a 5x5 risk scoring matrix and supporting procedural guidance reflects standard practice and provides a consistent method for assessing risk severity and likelihood. Risks are regularly discussed at both operational and strategic levels through established governance forums, including the Risk and Assurance Board and the Council Leadership Team. These forums play a central role in overseeing the Corporate Risk Register and ensuring ongoing scrutiny and challenge of risk positions. However, we have highlighted several areas for improvement, including inconsistencies in the application of risk scoring, missing mitigating actions, and the absence of target risk scores across sampled risks. Additionally, while review frequencies were generally set, there were instances where reviews were overdue or lacked sufficient commentary to justify the current position of the risk.
Payroll – change of circumstances	Reasonable	The Council has established effective processes for managing changes to employee circumstances with appropriate controls for verification and authorisation. Our review identified several areas for improvement, though these are relatively minor in nature and many are already being addressed by management. Implementing our recommendations will complement these ongoing initiatives and further strengthen the control environment for processing payroll changes accurately and efficiently.

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
Acting Chief Finance Officer

Date: 29 August 2025

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
2024/25								
D01-25	Audit Planning	Audit Risk Assessment & Operational Planning.	Complete 	✓	✓	✓	✓	N/A
D02-25	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at PAC.	Ongoing/ May 2025 	✓	✓	✓	✓	N/A
D03-25	Internal Control Evaluation	Holistic assessment of the internal control environment in preparation for production of the 2024/25 Annual Report. Follow up of previously agreed governance actions including Internal Audit recommendations.	IJB meeting June 2025 	✓	✓	✓	✓	Both the Internal Control Evaluation (ICE) and the Annual Report 2024/25 were reported at the June 2025 IJB meeting. Progress to address ICE findings will be reported to the IJB PAC within the Governance Action Plan.
D04-25	Annual Report 2024/25	Chief Internal Auditor's annual assurance statement to the IJB with fieldwork to support this.	IJB meeting June 2025 	✓	✓	✓	✓	

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
D05-25	Lead Partner Services	Lead Partner Governance and Assurance arrangements Scope to review status of information sharing related to finance / financial outlook / risks / clinical and care governance / activity and strategic planning. Update: Assignment plan was agreed with the Chief Officer on 19 August 2025 and fieldwork is ongoing.	May 2025 September 2025 November 2025 	✓	✓			



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 24 SEPTEMBER 2025

REPORT ON: INTERNAL AUDIT PLAN 2025/26

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC35-2025

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this paper is to seek approval of the 2025/26 Annual Internal Audit Plan for Dundee City Integration Joint Board (IJB) 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 the continuing Chief Internal Auditor arrangement for 2025/26. This will be the tenth year of FTF providing the lead role, with the annual plan delivered jointly by the NHS Tayside and the Dundee City Council internal audit teams.
 - Approve the 2025/26 Annual Internal Audit Plan as set out in Appendix 1.

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).
- 4.2 Resources to deliver the 40 days for the 2025/26 plan will be provided by the NHS Tayside and Dundee City Council Internal Audit Services and have been included in the approved 2025/26 Internal Audit Plans for NHS Tayside and Dundee City Council.
- 4.3 Global 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 2025/26 add maximum value.
- 4.6 It is proposed that in 2025/26, the Internal Control Evaluation (ICE) work will be undertaken in early 2026 with management advised of key findings by March 2026. This approach will minimise demands on officers time at year end.
- 4.7 The scope of the ICE will be a holistic overview of governance 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 2025/26 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.

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 considers 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 2025/26 annual plan is designed 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 Chief Officer, The Clerk 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: 29 August 2025

	Audit	Indicative Scope	Days NHS Tayside	Days DCC	Target Audit Committee
D01-26	Audit Planning	Audit Risk Assessment & Operational Planning.	1	-	September 2025
D02-26	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at Audit Committee.	4	-	Ongoing
D03-26	Internal Control Evaluation (reported in March)	Holistic assessment of the internal control environment in preparation for production of 2025/26 Annual Report. Follow-up of previous agreed governance actions including Internal Audit recommendations.	12	-	March 2026
D04-26	Annual Report 2024/25 (reported in July)	CIA annual assurance statement to the IJB and fieldwork to support this.	3	-	IJB meeting June 2025
D05-26	Partner Bodies Support Services	Review of support services received from partner bodies (NHST and DCC) as stated within the Scheme of Integration: <i>'It will be the responsibility of the Parties to work collaboratively to provide the Integration Joint Board with support services which will allow the IJB to carry out its functions and requirements', including 'professional, technical and administrative resource.'</i>	-	20	TBC
Total			20	20	

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PERFORMANCE AND AUDIT COMMITTEE – ATTENDANCES - JANUARY 2025 TO DECEMBER 2025

COMMITTEE MEMBERS - (* - DENOTES VOTING MEMBER – APPOINTED FROM INTEGRATION JOINT BOARD)					
<u>Organisation</u>	<u>Member</u>	<u>Meeting Dates 2024</u>			
		31/01	22/5	25/9	20/11
NHS Tayside (Non Executive Member)	Bob Benson *	✓	✓		
Dundee City Council (Elected Member)	Siobhan Tolland *	✓	✓		
Dundee City Council (Elected Member)	Dorothy McHugh *	✓	✓		
NHS Tayside (Non Executive Member)	David Cheape *	✓	A		
Chief Social Work Officer	Glyn Lloyd	✓	A		
Chief Officer	Dave Berry	✓	A		
Acting Chief Finance Officer	Christine Jones	A	✓		
NHS Tayside (Registered Medical Practitioner – not providing primary medical services)	Sanjay Pillai	A	A		
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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