PERTH AND KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP

Integration Joint Board

4 November 2016

CHIEF OFFICER UPDATE

Chief Officer

PURPOSE OF REPORT
This report provides an overview and update of work across the Health and Social Care Partnership. The report is intended for information and to allow Board members to remain aware of the progress of the major projects and any issues arising in between formal reports. Comments and advice from board members will be noted and fed back to Lead Officers.

1. RECOMMENDATION

The Board is asked to note progress on each of the projects listed

2. MAIN ISSUES

2.1 Performance Framework – Jane Smith

At the March meeting the CFO was remitted to develop a core suite of performance indicators that would form the basis of the Performance Framework. This core suite would be drawn from the data sets provided in the March paper but would be at a higher level to allow for meaningful interpretation. To date an initial set of indicators has been developed to show progress against six strategic objectives, drawn from the Strategic Commissioning Plan's 19 key priorities, the proposed core suite of indicators are:

- Early Intervention and Preventing Ill Health
- Shifting the Balance of Care
- Reshaping Older Peoples' Services
- Improving Quality and Efficiency
- Tackling Inequalities, and
- Cost Per Capita

Each of these indicators has a sub set of information outlined that creates an overall picture of the work of the IJB.

The next stage of this work is to host a workshop with a wider range of stakeholders across Perth and Kinross, Angus and Dundee.

The workshop will be designed to support a shared vision of the Performance Framework so that each of the IJBs is able to move forward at a pace that is appropriate to their needs. It is acknowledged that each IJB will have differing priorities and different timescales for delivery of their strategic objectives, however agreeing a high level suite of indicators will allow customisation of underpinning data to meet each IJBs' needs; the aim is that the proposed workshop will facilitate agreement on these

At present wider consultation process across Perth and Kinross is now underway to identify the suite of indicators and a paper is expected to be available for the January IJB meeting.

2.2 Out of Hours – Gillian Galloway

NHS Tayside Out of Hours Service (OOH) provide urgent primary care to around 400,000 patients across Tayside. The service is managed through the Hub in Kings Cross Health and Community Care Centre in Dundee, with care being delivered in patients homes and in each of the Primary Care Emergency Centres (PCEC) in Kings Cross, Perth Royal Infirmary (PRI) and Arbroath Infirmary.

A chronic shortage of GPs working within the Out of Hours service drove a decision in September 2015 (supported by NHS Tayside Board), to consolidate the service to the Out of Hours Hub and Primary Care Emergency Centre in Kings Cross Health and Community Centre. This brought GPs and nurses together to ensure a safe clinical environment. Home visiting GPs remained in Perth & Kinross and Angus, though the PCECs were closed.

The Out of Hours Service remains committed to providing urgent care as close to the home of the patient as possible. When staffing allows, GP Clinics are held in PRI and Arbroath from 19:00 to 23:30 Monday to Friday and from 13:00 to 19:00 at the weekends. The service has reinstated a nurse led service in Perth PCEC between 10:00 and 13:00 which has been very successful.

OOH currently employs 39 salaried GPs working just over 500 hours per week, almost 12.5 WTE. It is intended to increase the numbers of salaried GPs to address the challenge in covering weekend shifts. There are also around 36 GPs who work on a regular sessional basis, often only a few shifts per month. The model offers the opportunity to cover annual leave for sessional GPs and to recruit new GPs into the service.

As part of the national review and Transforming Urgent Care report, Scottish Government have made funding available to test new models of care. NHS Tayside OOH have successfully bid for funding for;

- Additional GP time in OOH Perth and Kinross to see patients in Perth and prevent travelling to Dundee
- Nurse led telephone triage within the OOH service
- Band 2 HCAs hours in Emergency Medicine to allow Band 5 nurses to safely redirect patients
- A test of change in the Emergency Medicine Department providing a Senior Primary Care Nurse at peak times at the weekend to better manage patients presenting with primary care issues.

These tests commenced in May. A national implementation plan from the national review will be published in November 2016

2.2.1 Assessment

- The service is working well with the addition of short surgeries in both Perth and Angus.
- There is no evidence of increased referrals to Ninewells.
- There is no change to the referral pathway for ED. (Urgent, Medical, Surgical and Paediatric cases come via the Out of Hours Service and are seen within one hour).
- There is ongoing partnership working between OOH, NHS 24, Primary Care and ED to ensure safe and efficient care.

Delivery, Performance and Sustainability

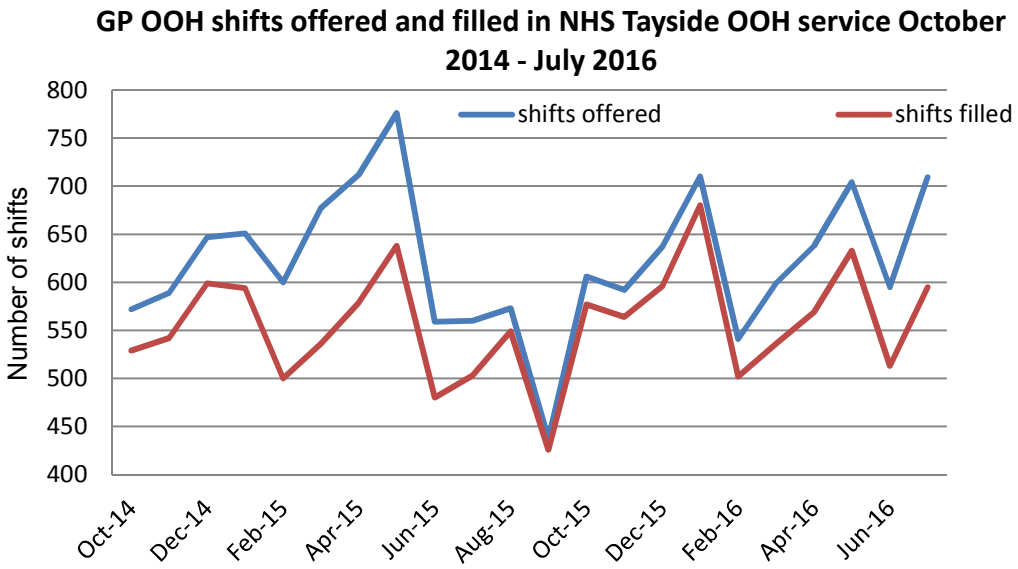
The service aims to maintain its performance in relation to compliance with time stratification. However the data shows a variable performance when comparing weekday and weekend performance. Weekend performance tends to be weaker due to greater utilisation of the workforce and greater variability of staffing numbers compared with weekdays.

Time Stratification	Week day Call Volume	Weekday Performance	Weekend Call Volume	Weekend Performance
1 Hour	1.4 – 1.9	75%-85%	2.1 - 6.3	75%-85%
2 Hour	5.0 - 7.3	90%-95%	11.4 - 23.7	80%-90%
4 Hour	10.5-14.0	96%-100%	47.8 – 82.7	90%-95%

GP Shift Uptake

There is some improvement in GP shift uptake and more shifts are being offered than this time last year. Figure 1 shows the uptake in shifts offered over the period October 2015 – June 2016. During 2015, 9 incidents were recorded reflecting inadequate staffing levels and 5 more have been raised to July 2016.

Figure 1



The Out of Hours service continues to face significant challenges in sustaining adequate, safe cover across Tayside. The services has been providing clinical support to Brechin and Lochee practices.

2.2.2 Progress

Additional GP in Perth & Kinross

The additional GP in the Perthshire rota has kept the PRI Primary Care Emergency Centre open most of the time. This is well received by clinicians, staff and the public using the service. Patients are seen closer to home, complaints have decreased and feedback in the Perth PCEC is very positive.

Establish nurse led telephone triage within the OOH service

The initial bid funded nurse led telephone triage to support the OOH service. This has been modified to form part of the role of the primary care nurse working in the ED, picking "call-backs" from the list of patients on the NHS24 "Speak to a Doctor" list. Formalising this test was delayed by nursing staff shortages, supporting Brechin and Lochee practices.

Introduce band 2 HCAs hours into Emergency Medicine to free up Band 5 nursing time

This has been well received in ED and a formal evaluation is awaited.

Primary Care Nurse assessing patients in ED in PRI

Caseload data for Primary care nurse workload in ED shows that of 210

- Note the work undertaken to support the safe and sustainable delivery of the service.
- Note the current arrangements within out of hours to ensure adequate safe levels of cover.

patients seen from the start of the test in May, until the end of June

- 4% of patients were discharged to their own GP,
- 6% were admitted,
- 28% given advice only,
- 30% directed to NHS24 for triage and
- 31% (n=66) appointed in the PCEC..
- 48% of patients aged between 21 and 50.
- 90% (n=190) patients self referred to ED.
- Presenting problems are wide ranging with skin problems and infections the most common.

Further work will be done with ED to evaluate whether this project has improved the patient journey.

These changes are well received by patients and GP Services alike as many of these cases would have been redirected to NHS24 and then on to the PCEC several hours later and several of these patients have needed admission to Secondary Care.

2.2.3 Recommendations

- Note the work undertaken to support the safe and sustainable delivery of the service.
- Note the current arrangements within out of hours to ensure adequate safe levels of cover.
- Support on-going developmental work to further integrate services in and out of hours and to create a multidisciplinary approach to service delivery.

2.3 Transforming AHP Services – Jane Dernie

2.3.1 Background and Context

Jane Dernie Allied Health Profession (AHP) Lead in Perth and Kinross Health and Social Care Partnership is leading on a Transformation Programme around Allied Health Profession staff working in Perth and Kinross.

Allied Health Professions are a group of individual professions that have a commonality of joint registration and all NHS Staff are professionally managed by AHP Director, Karen Anderson.

AHPs provide advice and treatment services across primary, secondary, acute and intermediate care, child health, learning disabilities, education, care of the elderly and mental health. AHP intervention includes health promotion and improvement, therapeutic intervention, education and training and consultancy.

With the advent of the Health and Social Care Partnership, AHP staff will align with the national and local priorities for care, utilising their unique skills within all care settings and communities to support delivery of the 9 National Health and Well Being Outcomes. This will be achieved through a Transformation Programme commissioned by the Health an Social Care Partnership and supported by the AHP Director.

2.3.2 Current Progress

The AHP Transformation Programme will maximise the contribution that AHPs will make to the health and wellbeing of the population of Perth and Kinross.

The work will initially cover Occupational Therapy and Physiotherapy, which are operationally managed within P&K Health and Social Care Partnership. The focus of these services are adult care across various clinical and care pathways in localities and across hospitals. The vision for the project is

"AHPs will enable people in Perth and Kinross to live healthy, active and independent lives by supporting personal outcomes for Health and Wellbeing".

A project Initiation document will describe scope and key objectives with an initial focus on:

- Data gathering - current state of service delivery.
- Identification of priority areas for transformation.
- Clinical staff engagement.
- Broad stakeholder engagement.
- Learning from best practice locally and internationally.
- Tayside AHP Professional Involvement.

The work streams are based on triple aim principles:

- Better Health of the Population
- Better Care for Individuals
- Lower Cost through Improvement

Financial Implications: The programme will not deliver fully on its targets in the first year but will plan for full savings by end of 2018/19.

2.4 GP Clusters – Morag Martindale

2.4.1 Situation and Background

The GP contract introduced in 2004 will end at the end of March 2017 and the Scottish Government intends to launch a new contract from April 2017. The Cabinet Secretary attended the annual UK Royal College of GPs conference in Glasgow in October 2015 and announced that the Quality and Outcomes Framework (QOF) would cease at the end of March 2016. The Scottish General Practitioners Committee (SGPC) of the British Medical Association (BMA) is currently negotiating the new contract with the SGPC and it is envisaged that GP practices will form into groups which will be referred to as clusters. Scotland's GP surgeries face significant workload challenges . The average number of consultations requested by patients has almost doubled in 10 years to just under 6 per patient per year.

The reasons for this include:-

- Greater numbers of older patients with multiple long term conditions
- Work previously done in hospital now being done in the community , including pre-referral investigations and post referral follow up.
- A significant rise in prescribing work as a result of new guidelines and QOF recommendations

Many older GPs have found the workload to be too onerous and have chosen to retire early. Younger doctors have been put off coming into General Practice and many of those in the middle have chosen to reduce their hours - male and female GPs. While GP headcount has risen the number of GP hours available has fallen. Perth and Kinross has so far been protected from the practice closures affecting other parts of Tayside but we have had several practices requesting that their practice catchment area is reduced in size.

The new contract is still being developed and it is hoped that agreements will be in place by March 2017. It is intended that some aspects of surgery work such as immunisations (excluding influenza) will be dealt with by other practitioners. Reducing bureaucracy around QOF will free some GP time although many of the checks included in QOF will still need to be done. There is an intention to create community hubs centred around GP practices with a range of health professionals available to patients. The GP will be considered the "expert medical generalist" and effective triage, possibly by trained nurses,

will enable patients to , for example see a pharmacist for medication issues or a physiotherapist for musculoskeletal problems.

2.4.2 GP Clusters

GP surgeries will join together in groups or clusters and the function of clusters can be classed in two ways.

2.4.2.1 Internal cluster work will focus on quality care within the practice . Practices will eventually be provided with data from the Scottish Primary Care Information Resource (SPIRE) which they can then use to inform discussion on inter-practice variation in prescribing, referral and admission. Other aspects of care which could be discussed could be prevalence rates of illnesses, e.g. dementia. In the short term the QOF system will be used for data extraction until SPIRE is fully up and running. Information on how data will be provided was sent to Chief Officers of Health and Social Care Partnerships as well as NHS and Local Authority Chief Executives by the Scottish Government in July. Data will be provided no more than quarterly starting soon after the second quarter of 16/17.

The Scottish Government plans a national event for cluster leads on the 22nd November. The Primary Care Directorate has also put together draft guidance for clusters which is expected to be published in the next month. Guidance will include templates for reporting on practice access to health professionals and anticipatory care plans. There is also a new term for an “old” concept; High Health-Gain Patients who stand to gain the most from health and social care interventions.

2.4.2.2 External cluster work will focus on services within the locality of the cluster. For example, Strathmore cluster has approached the Community Mental Health Team to meet up to discuss a range of issues. This will include referral rates from the five cluster practices and also DNA (did not attend) rates; do these vary between practices and if so, why?

2.4.3 Assessment

Perth and Kinross has achieved the objectives set by the Scottish Government in the first two quarters of the transitional year of 2016/17. The objectives are:-

- Quarter1 Practice Quality Leads (PQL) appointed, start to consider quality issues
- Quarter 2 Cluster Quality Leads (CQL) appointed
- Quarter 3 PQL and CQLs build relationships within and with local systems and begin to agree a workplan referred to as Clinical Quality Improvements (CQI)
- Quarter 4 Practices and system take action on priorities agreed in workplan

We have established five clusters as follows. The two practices in Coupar Angus are planning a merger in October 2016.

Locality	South	Strathearn	Perth City	Highland	Strathmore
Cluster Lead GP	**Dr Sandra Smith**	**Dr Phil Tipping**	**Dr Neil McLeod Dr Daniel Carey**	**Dr Iain Taylor Dr Roddy Gunn**	**Dr Morag Martindale**
Practices	St Serfs	Crieff red	Drumhar Mauve	Aberfeldy	Ardblair
	Orwell	Crieff blue	Drumhar Yellow	Pitlochry	Strathmore
	Bridge of Earn	Comrie	Whitefriars Red	Dunkeld	Alyth
	Errol	Auchterarder	Whitefriars Green	Stanley	Coupar Angus
			The Medical Centre		
			Glover St Victoria and Methven		
			Glover St Kings		
			Taymount and Scone		

A Practice Quality Lead GP has been appointed in each GP surgery . These GPs currently attend a cluster meeting once per quarter for an afternoon. Locum backfill has been provided by the Health and Social Care Partnership. However practices have just begun to receive a payment for additional cluster work directly in their monthly payments and the cluster leads plan to discuss the most effective use of this funding.

Locality Medicine for the Elderly consultants have been invited to the cluster meetings as well as invited speakers. Presentations have included the Local Development Strategy and Social Prescribing.

The Cluster Lead GPs meet monthly at the Primary Care Board . This Board also includes a representative from AHPs, Nursing and Pharmacy. Dr Neil McLeod chairs this meeting and produces a summary which he sends to all GPs in Perth and Kinross. He has a very high readership .

The lead GP for each IJB has also been invited to sit on the GP subcommittee of the Area Medical Committee (The Area Medical Committee also has a consultants subcommittee) The GP subcommittee has hitherto been the mechanism for GPs providing advice to NHS Tayside on issues which affect patients in primary care. It should not be confused with the Local Medical Committee which is effectively a branch of the BMA and deals with work issues which affect GPs themselves.

It is felt that the GP Subcommittee should continue to operate as it has done to ensure that there is communication between GPs across the three IJBs . It will also be a source of support and advice for the lead GP in each cluster. The Clinical Director of each IJB is also invited to sit on the GP subcommittee as well as the Chief Officers. There is also a representative from the consultants committee, the Director of Public health, a practice manager rep and a GP trainee.

The SGHD and SGPC have agreed that CQIs should be more reliant on practitioner involvement which should result in outcomes which will have greater relevance to local communities and the wider health and social care system locally. It is envisaged that the focus of the current year will be on establishing good working relationships within clusters and that in future years there will be incremental steps towards the 2020 vision.

2.4.4 Prescribing

The challenges around cost effective prescribing have been discussed at both cluster groups and the Primary Care Board. GPs are keen to be involved in discussion on polypharmacy reviews and other pharmacy work. However work also needs to be done to reduce the prescribing workload within practices to free up GP time from prescribing activities which add little or no value to patient care. A good example is the Tayside coeliac pathway which is an award winning pathway led by Jacqueline Walker, Tayside Nutrition Managed Clinical Network Improvement and Development Manager. Before its creation the electronic prescription page was filled with lasagne , biscuits for cheese, bread rolls and 20 or so other foods which should never have appeared on a prescription. Other drugs and sometimes potentially toxic drugs were lost in a sea of groceries. Post-pathway coeliac patients still receive their foodstuffs from pharmacies but the GP has been taken out of the equation and prescribing is ,without doubt, a great deal safer.

However, we have now seen an exponential rise in the demand for oral nutrition supplements particularly in care homes. These drinks are provided by their producers at very low cost in hospitals but at far greater cost in the community. We must acknowledge that it is far easier to give an elderly person a carton with a straw rather than assist her/him to have a bowl of soup. However, the cost of these cartons is around 20 times the cost of a bowl of soup and over forty times the cost of over the counter nutritional products. There are many genuine reasons why a patient may require these supplements but in the majority of cases there is no dietetic involvement in the decision to prescribe. In NHS Lanarkshire there has been much more dietetic involvement in the management of nutritional supplements with a consequent significant reduction in prescribing costs.

A second high cost area which could be targeted is dressings in care homes. At present these need to be prescribed and labelled with the patient's name. If the patient no longer needs the dressings, or passes away, all dressings including unopened packs must be incinerated. In contrast, PRI and community hospital wards have supplies that can be used for any patient and this considerably reduces waste. This has been discussed with pharmacy and a process for central supply is planned. Obstacles with transport and IT within care homes now need to be overcome.

Prescribing costs in Perth & Kinross covers all prescribing issues from all professions ie GPs, qualified nurses. AHPs, etc. To reflect the different professional involvement and to bring focus to prescribing, the Terms of Reference for Medicines Management Group in the Partnership has been revised. This is intended to

- Improve the work and focus around prescribing; and
- Ensure clarity around prescribing improvement, accountability and resource usage

A programme of work has commenced in 2016 to address technical efficiencies, transform service models, reduce waste and improve efficiency. Headline activity work focuses on

- Rolling programme of improvement/quality visits to GP practices across Perth & Kinross;
- Move from branded statin prescribed medications to generic medications;
- 'Lets Talk' campaign to improve inappropriate requests for repeat medications and the subsequent hoarding and then destruction of unused medications;

2.4.5 Recommendations

1. Perth and Kinross Integrated Joint Board note this report as a record of the current position with regard to GP cluster working.
2. IJB continue to support funding for cluster work until such time that an alternative is established.
3. The IJB supports locality based staff to engage with the GP clusters.
4. The IJB supports increased prescribing efficiency without detriment to patients.

2.5 Transformation Programme – Jane Smith

The Chief Officers Group established a Transformation Board to oversee the development and implementation of transformation plans to deliver the IJB Strategic Aims within an agreed financial strategy.

The Transformation Board is a key component of the overall governance and decision making process for the Partnership. It will oversee the full change programme for the Partnership and have responsibility for undertaking scrutiny and review to ensure that the IJB's aims and objectives are being met in a timely manner.

The Transformation Board will provide guidance and support and will seek to ensure connectivity between different aspects of the transformation programme to ensure the full benefits of integration are achieved.

The Transformation Board sits within the overall governance and management structure of the Partnership and will provide a review and scrutiny function across joint projects.

2.5.1 Consultation

Through meetings with senior managers across Perth and Kinross Council and NHS Tayside, draft Terms of Reference were created and consulted on prior to presentation to the first meeting of the Board. Membership of the Transformation Board was considered in parallel. Membership is designed to represent a wide cross section of partners. In establishing and developing Terms of Reference and operational arrangements for the P&K HSCP Partnership Transformation Board, a formal consultation was undertaken to ensure existing governance and management arrangements were understood and considered. Board effectiveness and membership will be formally reviewed in six months.

The role, remit and membership for each project sub committee is currently being developed for formal consideration.

2.5.2 Progress

The Inaugural meeting of the Partnership Transformation Board was held on 21st August 2016 and the first business meeting on the 21st September. At the first meeting the Board agreed the terms of reference, overall governance structure and membership.

A presentation on the current status of project, priorities and financial planning for savings was provided by the Chief Finance Officer. It was agreed that the Verto project management system would be formally adopted.

A rolling programme is being developed to enable the Transformation Board to begin its role of scrutiny and review. This programme has been agreed and the first projects will be formally presented at the next meeting on 24th October. The first meeting of the Audit Committee will take place on 28th October – this is the first of the formal meetings of the sub structure and a major step forward in the implementation of the overall management arrangements.

Verto training has been undertaken and in accordance with the transformation Board's agreement licenses are being purchased. Project management arrangement are under review to ensure a smooth transition to the Verto system.

2.6 Workforce Planning – Jim Foulis

2.6.1 Situation

NHS and Councils have their own respective Workforce Plans which have been used to support workforce development during the early stages of integration. The NHS Tayside plan describes a commitment to develop a Workforce planning process in conjunction with Chief Officers of the IJB's, HR and OD colleagues across the 3 Local Authorities by December 2016.

Perth and Kinross Strategic commissioning plan gives a commitment to develop an integrated workforce development plan to engage, support and develop staff across all sectors. A working group was established in August 2016 Chaired by the Associate Nurse Director with the responsibility to develop the joint OD and workforce plan. The purpose of this paper is to provide an update on progress to date, and timetable for progression of this work.

2.6.2 Background

The integrated Joint Board has responsibility for the Strategic direction and development of workforce planning, for prioritisation, monitoring and review of the Workforce and Organisational Development plan.
Perth & Kinross Health & Social Care Partnership have developed a joint Workforce and Organisational Development Strategy document which was presented to and approved by the IJB in March 2016. The IJB;

1. Approved the direction outlined in the joint Workforce and Organisational Development Strategy.
2. Agreed the commencement of the short-term organisational and learning and development activity noted within the Joint Workforce and Organisational Development Strategy.
3. Approved the continued collection of workforce data analysis to enable future Influence around the medium to longer term delivery of workforce and organisational development planning.
4. Approved the commencement of Communication and Engagement activity related to the organisational development and workforce requirements, in line with the P&K HSCP Participation and Engagement Strategy.

The integrated workforce plan will be developed over 2016 /17 to enable sharing and analysis of systems wide information across health and social care and partner organisations. This will link directly to the Perth & Kinross Health and Social Care Strategic Plan, Participation and Engagement plan and Organisational Development Plan.

2.6.3 Assessment

The working group (with representation from across the partnership) has met twice during September to begin to develop the workforce plan and has agreed the following principles.

A crude requirement of the workforce plan should be to support the partnership and locality management teams determine the needs of our population, our workforce, what they do, what we believe we need (numbers, skill mix, distribution), an analysis of risks challenges in respect to variation, and how we will address workforce supply .

Whilst there is no prescriptive template for development and submission of a workforce plan for the Partnership the group has agreed to utilise the business-workforce dialogue PPMA framework as a template which focuses on the following 3 questions

- *What will we do and how will we be organised?*
- *How will we need to behave?*
- *How will we get the right people with the right skills?*

The workforce plan will set out the Strategic Intent, Aims and Priorities for the development of the workforce across the Perth & Kinross Partnership and will support Locality management teams in identifying actions in response to the requirements of the specific local context. The following areas are suggested as being the strategic priorities for Workforce and Organisational development to support the three year period of the strategic plan and would be laid out as priorities for Year 1, Year 2 and Year 3.

1. *Workforce Information, Demographics and Role Development*
2. *Workforce Training and Development*
3. *Leadership and Management Development*
4. *Workforce Engagement and support*
5. *Organisational Design and Processes*

Due to the complexity of the work and time available, the working group are not in a position to present a completed Workforce Plan for consideration by the IJB at the November meeting.

2.6.4 Recommendations

1. Note the next meeting of the working group will focus on articulating the population and workforce demographics, challenges and opportunities.
2. Support the initial focus on strategic development of Locality Management Teams and once structures are established, development of granular, locality-specific plans.
3. Note the plan for a "world café" style event for COG/wider representation in November to agree strategic priorities and supporting actions to populate the workforce plan.
4. Defer formal presentation of the Workforce plan to the January meeting of the IJB .

2.7 Audit Scotland Report - Social Work Scotland
Diane Fraser/Colin Johnston

The Audit Commission for Scotland published their report "Social Work in Scotland" September 2016. This wide ranging report will form the basis of a paper to the next IJB in which the Head of Social Work and Social Care and the Chief Social Work Officer will describe the implications for Perth and Kinross Health and Social Care Partnership.

In broad terms, the report outlines the challenges facing Social Work and the population who use Social Work Services. The report issues the challenge to Councils and Health and Social Care Partnerships to be working collaboratively with the public and government to determine how the future requirements of the population will be met at a time of reducing public finance and increasing population demand.

2.8 Dalweem Update
Evelyn Devine

The communities of Aberfeldy and surrounding area have been involved in an extensive consultation process on a future model for health and social care. As part of the community generated solutions, the combining of both Dalweem Residential Care Home and the patient services delivered from Aberfeldy Community Hospital are being progressed to provide a single health and care facility in the area.

In the last progress report provided In August 2016, the Partnership had agreed to proceed under option 1 to provide a hospital inpatient 4 bedded unit in the South Wing of Dalweem whilst continuing the recruitment process for registered nurses. In addition the refurbishment works continued within the communal areas of the residential units.

The refurbishment of the communal area has now been completed.

The tender process for the inpatient and external area was returned in August with these being reviewed by the architect and quantity surveyor. The prices from all contractors were significantly over the original estimated cost and it was therefore necessary to review the extent of the works being carried out. The Partnership have therefore agreed to proceed with the internal works but to remove the external works to ensure the cost is in line with the approved capital funding. Currently NHS Tayside's architect is negotiating this change with the Contractors that tendered for the work and seeking to agree a commencement date for the works.

Recruitment continues to be a significant challenge. Several rounds of interview have failed to secure the required levels of registered nurses. These issues were discussed with the local community planning group who are keen to work in partnership with us around formulating another advert which might further promote the local area, We continue to pursue solutions for the recruitment challenge with NHS Tayside's Nursing Directorate for Nursing to agree options and incentives to recruit and to explore alternate models to support Dalweem. The recruitment difficulties are recorded on NHS Tayside Risk Register as a Red Risk.

We are reviewing how we support and train our Band 2 workforce who worked in Aberfeldy Community Hospital and who will work in Dalweem. Work shadowing with health, social care and local home care will create opportunities to enhance the model of care in the Aberfeldy, Kinloch Rannoch area as we continue to recruit to the In-patient unit.

3. CONCLUSION

Further updates will be presented at each meeting of the Integration Joint Board

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NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.