



Council Building
2 High Street
Perth
PH1 5PH

21 June 2020

Attached is a supplementary agenda for the Virtual Meeting of the **Audit and Performance Committee of the Perth and Kinross Integration Joint Board** to be held via Microsoft Teams on **Monday, 22 June 2020 at 09:30**.

If you have any queries please contact Committee Services - Committee@pkc.gov.uk.

Gordon Paterson
Chief Officer/Director – Integrated Health & Social Care

Please note that the meeting will be streamed live via Microsoft Teams, a link to the Broadcast can be found via the Perth and Kinross Council website. A recording will also be made publicly available on the Integration Joint Board pages of the Perth and Kinross Council website following the meeting.

Members

Councillor Callum Purves, Perth and Kinross Council (Chair)
Councillor John Duff, Perth and Kinross Council
Pat Kilpatrick, Tayside NHS Board
Ronnie Erskine, Tayside NHS Board
Bernie Campbell, Carer Public Partner

**Audit and Performance Committee of the Perth and Kinross Integration Joint
Board**
Monday, 22 June 2020

AGENDA

- 4.1 PERTH AND KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP COVID-19 PANDEMIC RESPONSE** **5 - 12**
Report by Chief Officer (copy herewith G/20/61)



PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

22 June 2020

PERTH AND KINROSS HSCP COVID-19 PANDEMIC RESPONSE

Report by Chief Officer (Report No. G/20/61)

PURPOSE OF REPORT

This report provides members of the Audit and Performance Committee with an update on the Health and Social Care Partnership's response to Covid-19 and the next phase of our planned activity.

1. BACKGROUND

Over the past three months, the HSCP's Executive Team has been working exclusively on our response to the Covid-19 pandemic; prioritising services; redeploying staff; delivering new approach; responding to emerging issues; and sustaining effective service delivery to our most vulnerable service users and patients.

I would wish to pay tribute to Perth and Kinross Council and NHS Tayside staff working in the HSCP during the most challenging time and to commend colleagues to the Audit and Performance Committee for their resilience, professionalism, adaptability and for the compassion and commitment they have shown to the people we support, during this time.

A detailed report of our preparation for and response to Covid-19 was presented to the IJB on 29th May and is available through the following link; [HSCP Covid-19 Pandemic Response - 29 May 2020](#)

This report provides the Audit and Performance Committee with an update on the earlier report to the IJB. In support of this, some key data and performance information is attached (appendix one) for Members' consideration.

2. PROPOSAL

Since reporting to the IJB last month, the HSCP has been working concurrently on several different activities, as we develop our response to the pandemic, in its next phase.

Covid's Continuing Impact

We are continuing to respond to the impact the pandemic is having on our inpatient and community health and care services, providing care and support to people affected by Covid-19, their families and carers. Thankfully, as a result of the effectiveness of the government's social interventions, we are seeing reduced prevalence of Covid-19. However, we cannot underestimate the impact of the pandemic on those that it directly affects, on their family members and carers. This is particularly the case in Care Homes for Older People, and we continue to direct significant activity towards supporting the sector with guidance, information and advice, clinical support and oversight, P.P.E. and significant increased testing of asymptomatic care home staff.

Retaining Capacity to Respond to a Second Surge

With the reduced prevalence of Covid-19 we are seeing the planned remobilisation of NHS acute services, of elective activity, outpatients and clinics. Similarly, the HSCP is considering which of our services can be remobilised. However, we are very sensitive to the potential for a second surge in Covid-19 and therefore our planning is taking account of the need to maintain capacity and to retain ability to respond swiftly, should this occur. This challenges us to not assume every service can be reinstated or can again be delivered in the same way as pre-Covid.

Responding to the 'New Normal'

By necessity, our planning is also taking full account of the continuing social interventions required of us by the UK and Scottish Governments. The limitations on physical contact and on travel, the effects of shielding and the potential impact that 'Protect and Test' might have on staff who will have to self-isolate are amongst the factors we are taking account of when planning service delivery.

Winter Planning

In addition, as we move into the Summer months, we are now planning for winter pressures. Recognising that the NHS's ability to meet increased demand in the winter months is critically influenced by the capacity in and responsiveness of community health and social care services, each year we plan for winter, in summer. However, it remains difficult to anticipate and plan this year, with uncertainty about the progression of the pandemic and what it will mean for us in six months' time.

Reviewing Plans and Ambitions

We commenced this year with a programme of work, outlined in a range of plans.

- Our **Strategic Commissioning Plan** set our strategic direction and our priorities and ambitions for the next five years.
- Our **Improvement Plan** articulated how we intended to address those areas for improvement identified in inspections, audits and self-evaluations.
- Our **Transformation Plan** set our ambition for reviewing and revising our service offer, by shifting the balance of care and delivering more effective services in a way that achieved best value and supported us towards financial balance.

The HSCP is now having to revisit our plans and strategies ‘through a Covid-19 lens’, taking account of the factors outlined above and reviewing whether they remain valid, relevant, achievable and perhaps even affordable, in the context of our response to Covid-19.

Committing significant effort, attention, resource and energy in response to Covid-19 has, understandably, prevented the HSCP from advancing the plans and work programmes that we had identified at the beginning of the year. It has also limited the progress that we have been able to make in respect of a number of developments that we will be reporting to the Audit and Performance Committee. The HSCP Executive Team would intend to bring forward revised plans and timescales, as well as further reports to future Committees.

3. RECOMMENDATION

The Audit and Performance Committee is asked to:-

- Note the contents of this report and the summary data included in the accompanying appendix.

Author(s)

Name	Designation	Contact Details
Gordon Paterson	Chief Officer	g.paterson2@nhs.net

AUDIT AND PERFORMANCE COMMITTEE JUNE 22ND – PERFORMANCE DATA

Table 1 Total Count of COVID-19 Deaths. This table contains additional local authorities and a Scotland count for comparison and information only.

Source: National Records Scotland - All Ages: w/c 2nd Mar - 1st Jun															
Count of Deaths where COVID-19 was mentioned on the death certificate															
	02-Mar-20	09-Mar-20	16-Mar-20	23-Mar-20	30-Mar-20	06-Apr-20	13-Apr-20	20-Apr-20	27-Apr-20	04-May-20	11-May-20	18-May-20	25-May-20	01-Jun-20	Year to Date
Perth and Kinross	0	0	0	2	4	9	10	13	5	11	8	3	1	0	66
Dundee City	0	0	0	8	21	29	27	22	17	12	13	8	3	3	160
Angus	0	0	0	1	2	8	12	19	7	5	5	3	4	6	72
Stirling	0	0	0	0	11	12	11	5	5	5	2	2	0	1	54
Dumfries and Galloway	0	0	0	0	12	9	10	3	6	6	1	0	0	0	47
Scotland	0	0	10	62	282	610	650	659	526	415	336	230	131	89	4,000

Table 2 demonstrates that at the last update, Perth and Kinross had a smaller ratio of deaths in Care Homes (20) versus Hospital (41) essentially a 1:2 ratio, than the Scotland figures of deaths in Care Homes (1861) versus Hospital (1854) essentially a 1:1 ratio. Other local authorities / Partnerships are listed for comparison.

Source: National Records Scotland											
2nd Mar - 1st Jun											
All Ages											
	COUNT of Deaths where COVID-19 was mentioned on the death certificate by Location						Count of Deaths from all causes				
	Care Home	Home / Non-institution	Hospital	Other institution	All locations		Care Home	Home / Non-institution	Hospital	Other institution	All locations
Perth and Kinross	20	5	41	0	66		264	249	386	19	918
Dundee City	80	15	65	0	160		244	295	448	0	987
Angus	47	6	19	0	72		200	236	277	0	713
Stirling	19	8	27	0	54		130	149	181	2	462
Dumfries and Galloway	9	1	37	0	47		190	301	464	0	955
Scotland	1,861	278	1,854	7	4,000		8,588	9,392	13,224	108	31,312

Table 3 enables a comparison between different Local Authorities / Partnerships. To date, Perth and Kinross demonstrates a tendency to be at the lower end of COVID-19 deaths per 10,000 population when compared to other local authorities and with Scotland as a whole

Source: National Records Scotland											
2nd Mar - 1st Jun											
All Ages											
	Deaths per 10,000 population where COVID-19 was mentioned on the death certificate by Location						Deaths per 10,000 population from all causes				
	Care Home	Home / Non-institution	Hospital	Other institution	All locations		Care Home	Home / Non-institution	Hospital	Other institution	All locations
Perth and Kinross	1.3	0.3	2.7	0.0	4.3		17.4	16.4	25.4	1.3	60.4
Dundee City	5.4	1.0	4.4	0.0	10.7		16.3	19.8	30.0	0.0	66.1
Angus	4.0	0.5	1.6	0.0	6.2		17.2	20.3	23.8	0.0	61.4
Stirling	2.0	0.8	2.9	0.0	5.7		13.8	15.8	19.2	0.2	49.0
Dumfries and Galloway	0.6	0.1	2.5	0.0	3.2		12.8	20.2	31.2	0.0	64.2
Scotland	3.4	0.5	3.4	0.0	7.3		15.7	17.2	24.2	0.2	57.3

Note: Other institutions include clinics, medical centres, prisons and schools.

Table 4 provides Perth and Kinross resident planned/elective admissions.

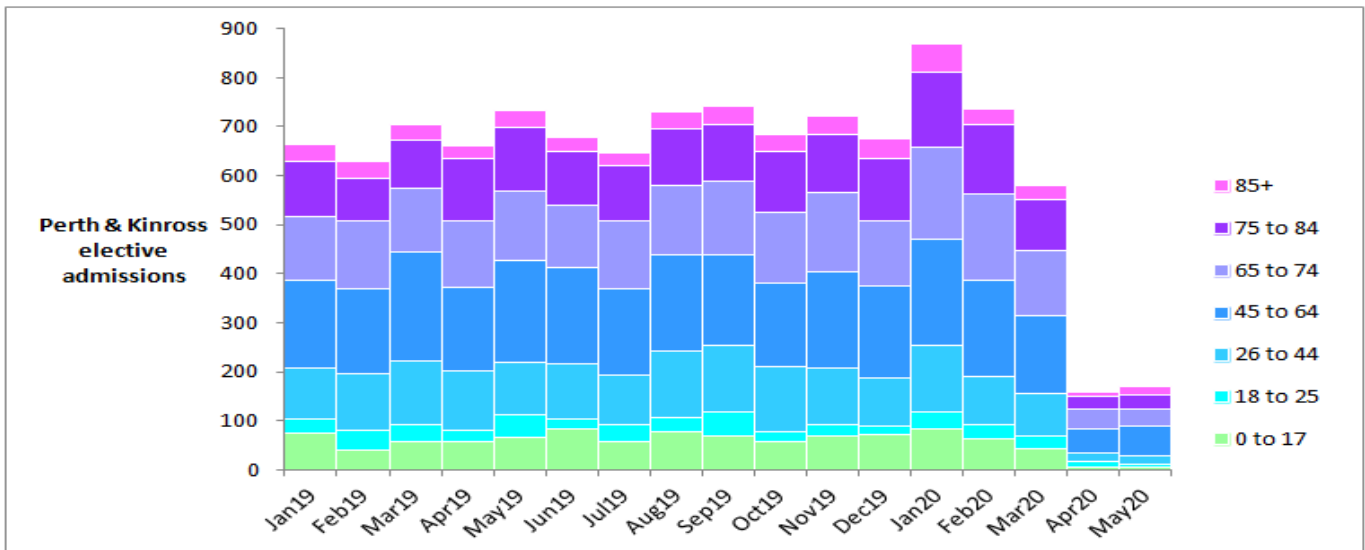


Table 5 provides Perth and Kinross resident emergency admissions

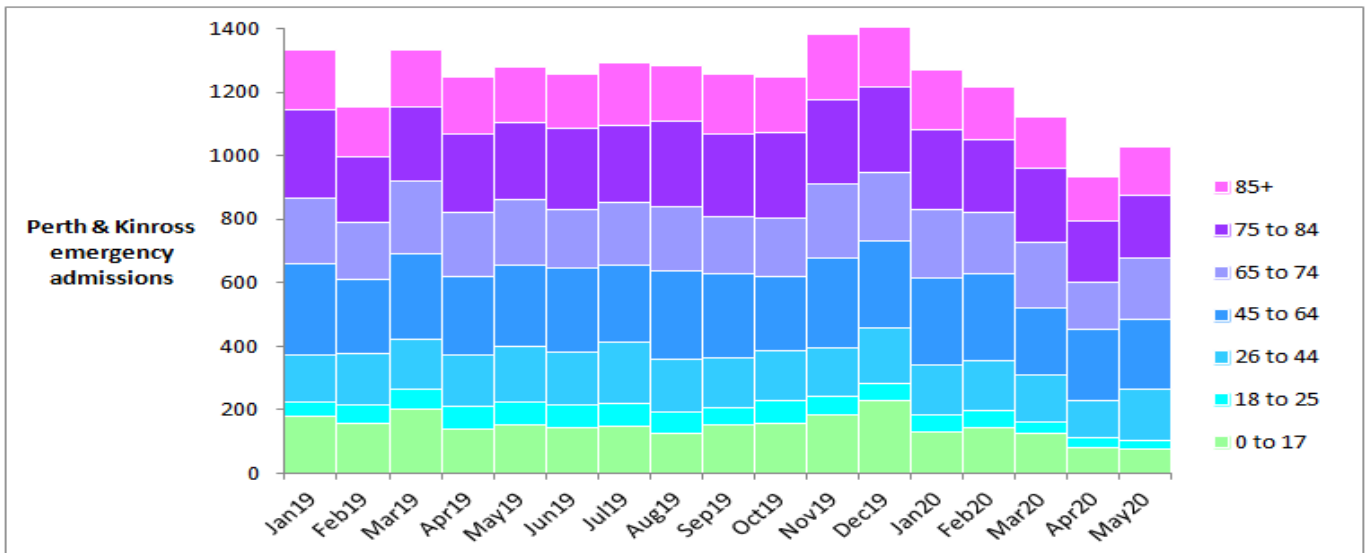
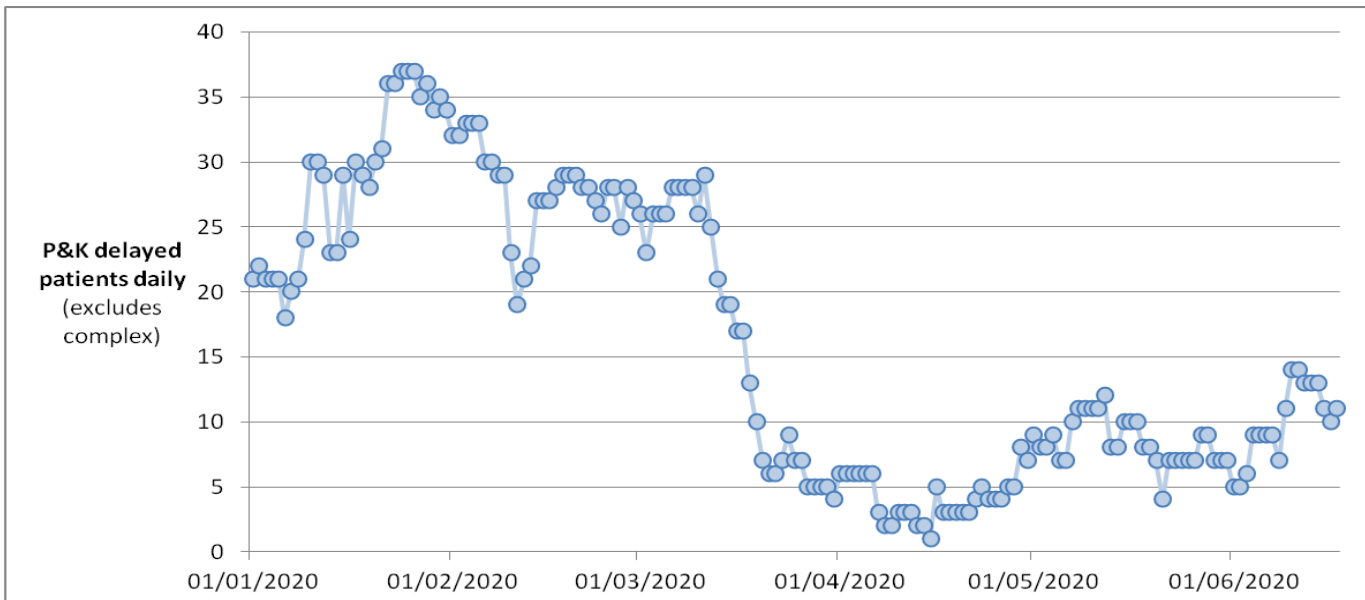


Table 6 shows the number of patients whose discharge has been delayed.



Care Home Data - COVID 19

In order to ensure consistency of reporting and recording we are using the Scottish Government key themes and tagging system to highlight any issues within our Care Homes.

	Red	Amber	Green
<p>Regarding the amount of covid-19 suspected or confirmed in each care home, how many care homes are Red/Amber/Green? Green – 0 positive cases and 0 symptomatic residents Amber – issues emerging, symptomatic and /or confirmed cases Red – Deep concerns with home’s ability to cope or sustain best practice</p>	0	1	39
<p>Regarding the amount of PPE in each care home, how many care homes are Red/Amber/Green? Green – No concerns about PPE supply Amber – Emerging issues, have a mechanism in place to get enough PPE Red – Deep concerns with home’s ability to cope or sustain best practice</p>	0	0	40
<p>Regarding the knowledge and adequacy of infection control measures in the care home, how many are judged to be Red/Amber/Green. Green – no issues Amber = issues emerging, but assurance gained that collaborative and proactive work can manage this Red = live issues now, deep concerns with home’s ability to cope or sustain best practice</p>	1	2	37
<p>Regarding the staffing position in each care home, how many are rated Red/Amber/Green? Green – no issues Amber = issues emerging, but assurance gained that collaborative and proactive work can manage this Red = live issues now, deep concerns with home’s ability to cope or sustain best practice</p>	0	0	40
<p>Overall performance, how many care homes would you classify as Red/Amber/Green? Green – No current concerns Amber – Emerging concerns, with modest changes expect them to be able to manage Red – Deep concerns with home’s ability to cope or sustain best practice</p>	1	8	31

Care Homes Statistics During Covid 19

Care Homes who have had Covid-positive residents.	7	The Care Homes who have had an outbreak are spread across Perth and Kinross, with all localities being impacted.
Care Homes that have been closed to new admissions	21	Twenty-one care homes have closed at some point during Covid 19, of these, the number reopening has fluctuated.
Care Homes who remain closed	4	Three of the remaining closed care homes chose to close and haven't accepted admissions during Covid 19. The other one is closed due to a current Covid 19 outbreak.
Number of beds unavailable in closed Care Homes	17	Closed Care Home total = 118 beds in the 4 homes. 118 beds as a percentage of 1428 = 8% of total beds. 17 of these beds are unavailable = just over 1% of total beds.
Numbers of staff tests undertaken	344	This represents 17% of the overall care home staffing group. Staff testing referrals will now begin to rise for a period of time with the implementation of surveillance testing.
Numbers of Covid-related deaths	23	These deaths have occurred across six care homes. There are 1316 residents across all Perth and Kinross Care homes, the number of deaths equates to 1.7% of the overall resident population.