

Agenda Item 8

Overview: Local Oversight Arrangements



Falkirk IJB Clinical and Care Governance Committee

25 February 2022

Overview: Local Oversight Arrangements

For Consideration and Comment

1. Executive Summary

- 1.1 The purpose of this report is to provide an overview of local oversight arrangements that are relevant to the Falkirk Health and Social Care Partnership (HSCP).

2. Recommendations

The Clinical and Care Governance Committee is asked to:

- 2.1 consider and comment on the contents of this report.

3. Background

- 3.1 The report presents to Committee a summary of local oversight arrangements that operate at a Forth Valley and Falkirk level. It is intended to provide assurance to the Committee members of these arrangements, as relevant to the scope of the HSCP.

4. Falkirk Public Protection Chief Officers Meeting

- 4.1 The Public Protection Chief Officers Group (COG) has a statutory duty to protect the most vulnerable by providing effective oversight, leadership and governance of public protection arrangements within the Local Authority area. COGs are collectively accountable for public protection and have, as a minimum, Chief Officer representation from the Local Authority (Chief Executive of the Council); Police Scotland (usually the Area Commander); NHS (Chief Executive or designated Chief Officer); Health and Social Care Partnership (Chief Officer); and the Chief Social Work Officer for the Council.
- 4.2 Chief Officers are responsible for ensuring that constituent agencies, individually and collectively, agree and disseminate a clear vision, shared values and aims to promote work to protect children, young people, vulnerable adults, the wider community and reduce reoffending as effectively as possible. Chief Officers are expected to demonstrate effective collaborative working to discharge their responsibilities and consistently promote effective joint working within and across services.

- 4.3 The most recent meeting of the COG was on 16 December 2021. Chief Officers considered the latest developments of the COG Risk Register. The COG Risk Register details have been updated by relevant Lead Officers to include the following:
- Risk Statements
 - Risk Scoring (likelihood and impact)
 - Mitigations, additional actions, and sources of assurance.
- 4.4 Chief Officers considered a detailed report outlining significant changes to the risks, mitigation actions, and partners' risk and governance arrangements. The COG Risk Register is now in a steady state and Lead Officers will feed changes into reviews at each COG meeting. The full risk register will be presented to COG annually, with exception reporting to every COG meeting moving forward.
- 4.5 Chief Officers considered exception reports based on fortnightly child protection and adult protection data reporting to Scottish Government.
- 4.6 A report was presented to COG highlighting key points from the Adult Protection Joint Inspection. Chief Officers heard that Inspectors advised that much of their inspection activity across Scotland is looking at how Adult Support and Protection activity has been supported through Covid. They showed specific interest in the staffing and recruitment challenges facing the Partnership and were pleased to hear that COG was focused on those challenges.
- 4.7 COG was advised that during the first months of 2022 we will review what we have learned from the inspection process and receive further feedback from the Inspectors, including feedback from the staff survey. A draft of the report will be shared for checking and comment in mid-January, ahead of publication of the final report on 8 February 2022. The ASP joint inspection report is a separate agenda item.
- 4.8 A Workforce Planning Report (Falkirk Child and Adult Protection Committees) was presented by the independent chairperson, Alan Small. The changing policy landscape in child protection was outlined as a pressure area, and in particular the implementation requirements of the new National Guidance for Child Protection which will require significant system change for all partners involved in child protection. Partnership work is ongoing to fully understand and scope the changes. This work is at an early stage and the full scale of change is still being investigated. There will be a requirement for workstreams relating to:
- review and refresh of local guidance
 - review and production of training strategies/practice development
 - review of systems and refresh as appropriate
 - practice development
 - communications, participation and engagement.

- 4.9 Work is ongoing in Health, Education, Social Work and Police to understand the resources required to implement the changes and what the burden will be when they are implemented. This work will not be concluded until there is a clear plan for implementation and resourcing considerations are worked through.
- 4.10 Work to look at and resolve issues around recruitment and retention is being taken forward through a stepped plan assisted by a short life working group who are examining issues across Children and Adults' services. There is a focus on:
- improving the recruitment process from advertising to job offer/start date and attracting potential interview candidates through the development of open evenings 'meet the staff, learn about our value base'
 - financial remuneration for staff undertaking Practice Educator roles
 - developing approaches to peer and group mentoring/supervision
 - proposals to support unqualified staff to gain professional qualifications in Social Work
 - consideration of introduction of an Advanced Practitioner role
 - enhancing links with colleges and universities providing relevant courses to attract current students
 - increasing the number of placements for Social Workers (and others) in training
 - improving the training and support 'offer' to newly qualified and more experienced staff.
- 4.11 This is set against a backdrop of a potential shortage in qualified and unqualified staff in the sector.
- 4.12 In addition, the meeting in December considered written update reports on the following areas of public protection:
- Child protection
 - Adult protection
 - Public protection data briefings
 - Community Justice
 - MAPPA
 - Gender Based Violence
 - Clinical and Care Governance.

5. Falkirk Adult Protection Committee (APC)

- 5.1 The APC has a range of duties linked to what is happening locally to safeguard adults. These include: reviewing adult protection practices, improving co-operation, improving skills and knowledge, providing information and advice and promoting good communication.
- 5.2 Since the last report to Committee, the ASP has met in December 2021 and considered reports on the following areas of work:

- communication received by Chief Officers about new Large Scale Investigation (LSI) notification requirements and agreed to set up a working group to update the LSI protocol
- a revised Risk Register, incorporating additional risks identified
- an update on ASP joint inspection activity
- an update on Initial Referral Discussion (IRD) improvement activity
- Subgroups updates:
 - Learning and Development subgroup
 - Communication and Engagement subgroup
 - Continuous Improvement subgroup
 - Escalating Concerns subgroup

5.3 **Learning and Development subgroup**

The ASP inspection findings reported that the partners had a comprehensive and robust multiagency training programme. It also highlighted training had been developed and delivered to the third and independent sector and that organisations reported a good level of awareness of ASP and had supported their knowledge in this area.

- 5.4 New workstreams include 'train the trainer' full day courses for care home and care at home practitioners planned for April. This will allow experienced care staff to become 'ASP Champions' and develop an ASP Plan for their service. The champions will be supported following the training by quarterly forums facilitated by subgroup.

5.5 **Communication and Engagement subgroup**

The improvement plan focusses on 3 key groups – adults at risk of harm and where applicable their carers, the ASP workforce and Falkirk communities.

- 5.6 The subgroup have been working to ensure good reach and communication of our inspection findings. This has included internal briefings, presentations at team meetings, staff newsletters and developing messaging for media coverage. A central message in all communications has been to thank and recognise the work and dedication of our ASP workforce.

- 5.7 Planning for the national ASP day on 20 February is underway. This will utilise national ASP communications group materials including the revised 'Tricky Friends' animation developed by Norfolk Safeguarding Board which will be available alongside a media release supported by Social Work Scotland. In addition to online activity a partnership ASP walk will take place on Monday 21 February supported by Forth Valley Recovery Committee.

5.8 **Continuous Improvement subgroup**

The subgroup are making good progress towards the 2020 – 2022 improvement plan and expect to deliver the planned work and evidence improvement by October 2022. The subgroup have resumed their planned audit activity with multiagency full case file audits completed in January and scheduled at agreed intervals for the remainder of 2022.

- 5.9 The early indicators of concern group have hosted two practitioner forums (December and February) to strengthen the launch of the 'Adult Support and Protection in Care Homes Practitioner Guide'. These were attended by 45 practitioners from the partnership and independent sector.
- 5.10 **Escalating Concerns subgroup**
An audit has been carried out by the subgroup, with the purpose to learn more about adults experiencing escalating concerns, our multiagency responses to these and whether these follow our 'Adult Care Harm Reduction Protocol'.
- 5.11 The records of 69 adults were reviewed. The audit provided assurance that in almost all cases multiagency partners are working collaboratively, sharing information, applying good standards of risk assessment and management and applying a partnership problem solving approach. The subgroup has identified areas for improvement and will take forward action.
- 5.12 A separate agenda report on the ASP Joint Inspection Report is a separate agenda item.

6. Alcohol and Drug Partnership (ADP)

- 6.1 Alcohol and Drug Partnerships were established in 2009 and are responsible for strategic planning and commissioning of drug and alcohol treatment and support services and harm prevention programmes in each local authority area. Preventing problem drug and alcohol use across the whole population is the key objective of ADPs.
- 6.2 The transfer of the Falkirk Alcohol and Drug Partnership to the HSCP has strengthened the partnership, increasing opportunities for partnership working and joint planning. Strengthened governance arrangements are now in place to assure senior leaders of the progress being made by FADP and this includes reporting aligned with the Clinical and Care Governance Committee.
- 6.3 **Key ADP achievements and deliverables**
The ADP has continued to meet throughout the pandemic, working with statutory services and the third and independent sector, to maximise their impact and support for Covid-19 remobilisation.
- 6.4 Work is underway to refresh the ADP Needs Assessment, in partnership with NHS Forth Valley Public Health Directorate. This will help to determine population need relating to substance use.
- 6.5 Strong links have been maintained with both the Child and Adult Protection Committees and Chief Officers Group through regular reports and meeting attendance.

- 6.6 The ADP has continued to support the work of Falkirk Council Licensing Board and Licensing Forum throughout the pandemic.
- 6.7 The ADP portfolio of workforce development has commissioned a training programme for Motivational Interviewing. This has been successful, and plans are in place for another tranche of training next financial year. This work will underpin the Medication Assisted Treatment Standards.
- 6.8 Work continues on the implementation of the Medication Assisted Treatment (MAT) Standards. The initial national timeframe of April 2022 has been revised and this is now to become a five-year plan, with a focus on standards one to five as an initial priority. A steering group is in place as are subgroups. The appointments to two key posts is underway, Project Manager and Quality Improvement Lead. These posts will support improved practice and delivery of the MAT standards across Forth Valley.
- 6.9 The Impact of Parental Substance Use (IPSU) Risk Assessment Tool also requires the workforce to be up skilled in order to identify risk early. The ADP commissioned Every Child Has a Story, which is a programme that identifies the harm caused to children due to parental substance use.
- 6.10 The ADP will continue to work with families affected by substance use. Additional funding was awarded to the ADP to develop a Whole Family Approach (WFA) and this work will be progressed by the new ADP Lead Officer.
- 6.11 More recently the ADP supported the development of the substance use priorities within the Falkirk Plan, supporting family members and people in recovery to actively participate in the process.
- 6.12 The Naloxone Programme (Opioid Reversal Drug) continues to grow and develop, and distribution of this drug is still a key priority for the partnership. Performance in this area is strong and Forth Valley is a leading health board area in the spread of community provision. The ADP has brought forward a Peer Naloxone Programme which is supported by Forth Valley Recovery Community and Scottish Drugs Forum. It is hoped that this project will reach areas of Falkirk that are more challenging to engage.
- 6.13 Work is ongoing on the assertive outreach referral process that each Health Board has to undertake to facilitate referral for those who experience a non-fatal overdose (NFO). Work is progressing on the Standard Operating Procedure (SOP) which will lead the way for the area team to start delivery of support to those most at risk.
- 6.14 Work to support a whole system approach to substance use has been further delayed within the Acute Hospital, due to the resurgence of Covid-19. It is anticipated this will resume once the system pressures have eased. Early data from the Change Grow Live Service was encouraging as the process was yielding referrals from Acute, and this will be built on in the coming months.

- 6.15 All commissioned ADP services continue to be monitored and are achieving the set key performance indicators. Change Grow Live (CGL) has reported an unprecedented increase in referrals which has resulted in additional investment being made available to the service.
- 6.16 Prevention and Education work is a key aspect of ADP work. Refreshed approaches to our Social Influence Programme within schools is in progress, a review of the teaching pack has been undertaken and online training has been delivered to teaching staff.
- 6.17 Work continues with engaging services with the National Drug and Alcohol Information System (DAISy) which went live within local services in April 2021. The next phase is the roll out of the Outcomes Star measurement tool.
- 6.18 The Drug Death / Suicide Strategic Coordinator post is now in place. We will bring forward an area wide prevention plan for Drug Deaths and Suicide. Drug death reviews are still taking place and more recently these have been themed to each local authority.
- 6.19 The FADP Lead Officer recruitment process is ongoing and anticipated timescales to be in post are Spring.
- 6.20 The FADP Delivery Plan was reviewed at mid-term with the results shared with various committees. It was noted that good progress is being made despite the issues facing teams due to the impact of the pandemic.

7. NHS FV Clinical Governance Arrangements

- 7.1 **NHS FV Clinical Governance Committee (CGC)**
NHS Forth Valley is accountable for the quality of care delivered by its staff and received by its patients. It receives assurance that the Clinical Governance processes are working as intended through the activities of the Clinical Governance Committee.
- 7.2 The Clinical Governance Committee meets quarterly and follows a structured agenda and forward planner to ensure the delivery of effective Clinical Governance.
- 7.3 The Clinical Governance Committee met in November 2021 and received and considered information and documents under the relevant agenda headings which were adapted from the Vincent Framework.
- 7.4 Table 1 details the reports, updates and presentations and discussions given under each headings, which gives assurance of safe, effective, person-centred care.

Table 1: CGC Agenda and Updates received

CGC Agenda Item	CGC Reports and Updates received
In Our Services: Is Care Safe Today? (for assurance)	The committee received an update on the Clinical Governance COVID-19 Risk Assessment
Was Care Safe in the Past? (for assurance)	The agenda items under this heading are reports and presentations which are standard items on the CGC agenda. These reports contain key safety metrics and narrative which provides assurance of overall safety in our services. The reports presented at this meeting were: <ul style="list-style-type: none"> ▪ Safety and Assurance report July – August 2021 ▪ Standards and Reviews Report July - August 2021 ▪ Healthcare Acquired Infection (HAI) Quarterly Report July – September 2021
Will Care be Safe in the Future? (for assurance)	Risk Management Quarter 2 Update was presented to the committee
Is Our Care Person-Centred? (for assurance)	The NHS FV Complaints and Feedback Performance Report July 2021 was presented to the committee The Person Centred Care Annual Report 2021 was presented to the committee.
Are We Learning and Improving? (for assurance)	The Significant Adverse Event Reviews (SAER) report was presented to the committee
Are Our Systems Reliable? (for assurance)	Further Clinical Governance verbal updates were given to the committee

7.5 Clinical Governance Working Group

The Clinical Governance Working Group (CGWG) is a whole system governance group chaired by the Medical Director, with senior colleagues from Medicine, Nursing, Public Health and Infection Control alongside Service Leaders. It is responsible for providing assurance that all NHS Forth Valley services have a focus on quality and safety.

7.6 Since the last report the CGWG met in December 2021 and January 2022 and followed the same agenda headings as NHS FV CGC. Table 2 details the reports and updates:

Table 2: CGWG Agenda and Updates received

CGWG Agenda Item	CGWG Reports / Updates
<p>In Our Services: Is Care Safe Today?</p> <p>(for discussion and scrutiny)</p>	<ul style="list-style-type: none"> ▪ The Clinical Governance COVID-19 Risk Assessment was presented to the group. The Risk Assessment reflected current operational pressures, risks and risk mitigation to ensure the provision of safe care ▪ 'Assuring Care and Safe Staffing During Times of Pressure' paper was presented to the group. ▪ 'Care Home Position' paper was presented to the group ▪ A Patient Safety Conversation visits update was presented to the group
<p>Was Care Safe in the Past?</p> <p>(for discussion and scrutiny)</p>	<p>The agenda items under this heading are reports and presentations which are standard items on the CGWG agenda. These reports contain key safety metrics and narrative which provides assurance of overall safety in our services. The reports presented at this meeting were:</p> <ul style="list-style-type: none"> ▪ Safety and Assurance Report including Directorate Assurance Statements ▪ Standards and Reviews Report ▪ Healthcare Associated Infection Quarterly Report ▪ HAIRT Report ▪ JAG Endoscopy Audit
<p>Will Care be Safe in the Future?</p> <p>(for discussion and scrutiny)</p>	<p>'Healthcare Improvement Scotland Hospital Inspections Safe Delivery of Care' was presented to the group</p> <p>'Point of Care Testing Governance and Advisory' paper was presented to the group</p>
<p>Is Our Care Person-Centred?</p> <p>(for discussion and scrutiny)</p>	<p>The NHS FV Complaints and Feedback Performance Report was presented to the group</p>
<p>Are We Learning and Improving?</p> <p>(for discussion and scrutiny)</p>	<p>The Significant Adverse Event Reviews (SAER) report was presented to the group 'Maternity and Neonatal (Perinatal) Adverse Event Review Process for Scotland' paper was presented to the group</p>
<p>Are Our Systems Reliable?</p> <p>(for discussion and scrutiny)</p>	<p>Adult Support and Protection update was given to the group</p>

8. Care Home Assurance

8.1 The Committee has received regular updates on Care Home Assurance work. Since May 2020 the HSCPs and NHS Forth Valley have been working with care homes and care home staff to support and assure infection prevention and control measures, support outbreak management and to ensure that fundamental care needs of residents are being met.

8.2 This section of the report provides an update on work since the last update in November, as well as providing assurance to the Committee members of these arrangements.

8.3 Social Care CHART team

The social care CHART team continue to work collaboratively with other clinical health teams and considers the following priorities and deliverables to ensure a robust, comprehensive and efficient response to supporting care homes, residents and staff. The team will be established on a permanent basis and this is continuing to go through the relevant processes.

8.4 Care Home Reviews

The CHART team has increased staffing by 2 agency social workers on a temporary basis. This is to meet the Scottish Government requirement for Local Authorities to review care plans for all residents if that has not happened in the past 6 months.

8.5 There is a clear, robust and flexible plan in place for reviews to be completed. This has enabled the CHART team to respond to external factors and ensure reviews are actioned if risk levels increase, or early indicators of concern are identified.

8.6 The current completed review information is set out below:

Month	Reviews complete
October 21	18
November 21	34
December 21	32

8.7 The CHART team has continued to make good progress to complete reviews as noted. During the period between October - December 2021 there are a number of factors impacting on the completion of reviews in many care homes. CHART team staffing levels have been variable and the team now has the equivalent of 5.75 workers including one part time social worker who is now working full time, due to 2 staff members leaving post.

- 8.8 There is additional context to the above review figures over this period:
- increasing Covid presence within care homes (residents and staff) – high community spread of Omicron Covid-19 variant
 - staffing levels due to annual leave, sickness and isolation to support the review process, including the gathering of information for the review workers and care home staff availability to contribute to reviews
 - increased support for care home as part of the large-scale investigation process, including a focus on audit work, risk assessment planning and moving and positioning plan support
 - Early Indicators of Concern work – an increase of care management role, including supporting families and care home with complaints process and investigation.
- 8.9 The CHART team have been required to revisit completed reviews from earlier in 2021 due to resident deterioration, legal issues requiring completion, as well as the investigation of concerns and complaints in some care homes.
- 8.10 These reviews are ensuring a robust review of resident views, outcomes, care needs, environment, family views, as well as assessing the impact of Covid-19. Additional assessment tools have been created to ensure a robust scrutiny of Covid-19 visiting plans, as well as isolation support plans as part of the pandemic impact.
- 8.11 The current care home resident reviews still to be completed are as follows:

Locality	Reviews to be completed
East	37 (impacted by an outbreak and early indicators of concern work)
West	17 reviews in one care home
Central	31 reviews in one care home

- 8.12 Falkirk residents who live out of area (within other local authority areas but funded by Falkirk HSCP) is currently 187 people. Negotiations with local authorities are required to ensure the review processes progress for all residents within care homes.
- 8.13 In relation to the above out of area reviews, 3 care homes totalling 71 reviews will be allocated in January 2022 within the Falkirk area. Once complete, the CHART team will start on plans and reviews with Falkirk's residents who are out of area.
- 8.14 [CHART visiting data](#)
From October to December 2021, the CHART team completed 48 care assurance visits.

- 8.15 In response to the changing situation regarding covid-19 community transmission, calls are now made 3 times a week to care homes and housing with care. During these calls information and intelligence is gathered, scrutinised and disseminated as appropriate including vacancy information. TURAS completion, staffing levels and dependency and recently, updates and information sharing regarding the Covid-19 vaccine and staff lateral flow testing are also all discussed with care home management. New visiting guidance is incorporated into discussions, and there is work being considered as to how to measure meaningful contacts for residents in line with this guidance.
- 8.16 Support is offered and requests for support /information are responded to as appropriate pending information shared within the structural supports (the Care Home Focus group, the Care Home Strategy group and the Care Home Assurance groups).
- 8.17 Since November 2020, there have been a total of 380 CHART assurance visits.
- 8.18 **TURAS data & identifying / gathering anticipatory information**
The CHART team continue to support and prompt care homes to submit timely and accurate information through the national TURAS Care Management system. There continues to be ongoing contact with care homes to continue to try to improve compliance. It is noted that outbreak management and changes within the management structure can impact on compliance rates across the area.
- 8.19 Average completion rates are detailed below:

	Staff screening average	Huddle average
October 2021	73% completion	78% completion
November 2021	79% completion	75% completion
December 2021	74% completion	76% completion

- 8.20 **Open with Care**
The CHART team continue to monitor the care home visiting arrangements to improve visiting, as well as maintaining data on visiting arrangements and why (if relevant) these change. As part of this work and support, the team have been gathering data on what care homes different arrangements are which has shown some different and diverse responses. The focus of Open with Care is to ensure visiting and contact is a quality experience for wellbeing.
- 8.21 Following further guidance from the Scottish Government in July 2021, a short life working group has been developed jointly with Falkirk HSCP, Clackmannanshire and Stirling HSCP and health colleagues to support a

consistent approach to communication and support in this area across Forth Valley.

- 8.22 Open with Care implementation has also started to be monitored via TURAS during this reporting period. At present, TURAS reports 30 (100%) of care homes recording full compliance with outdoor visits and essential visits. The team has provided support to care homes to ensure recording accuracy and consistency within this area. The team will continue to monitor and scrutinise this data to ensure the best outcomes for care home residents.
- 8.23 There have been recent oversight changes within Forth Valley and Falkirk HSCP. The Care Home Strategy Group has been stepped down due to system pressures related to Covid-19, however there is a mechanism for escalation to call a meeting as and when members feel necessary. This was agreed via the Assurance Group. The Partnership hold twice weekly focus groups to discuss covid presence and care home intelligence. In exception focus groups are called by the chair or members of the group. During this reporting period, an exception care home focus group was called at the peak of Omicron transmissions.
- 8.24 **Clinical and Professional Oversight Group for Care at Home and Community Health**
The Community Health and Care Oversight Group is now in place and is jointly chaired by the Chief Officers of Stirling and Clackmannanshire and Falkirk. The group has approved its Terms of Reference and now meets fortnightly reviewing, scrutinising and seeking assurance around areas of focus including:
- Current challenges in relation to delivery of care at home services and mitigating actions being implemented. A key challenge has been staffing and a care at home staff modelling tool has been developed to project impact of various scenarios including increased sickness absence levels. This allowed the services to effectively plan to ensure safe delivery of the service, in particular during the Christmas period.
 - Care at home covid position using the assurance tool produced by Public Health
 - Care at home demand including pending assessments, reviews and individuals awaiting assessment
 - The group has undertaken a deep dive into outstanding packages of care including trends, size of packages required
 - The group has reviewed trends in delayed discharges due to people awaiting a package of care, and the actions being undertaken to reduce delays related to people waiting for a package of care. These actions include commissioning of additional interim beds, medication reviews, proportionate care and discharge to assess using a reablement approach.
- 8.25 An ongoing plan for deep dives and areas of focus over the next few months has been agreed by the oversight group.

9. Command Structure

- 9.1 In response to the extreme system pressures that are being experienced in health and social care, a command structure was stepped up at the end of August 2021. This command structure includes a Gold Command meeting, chaired by the Chief Executive of NHS Forth Valley. This now meets twice a week. It directs areas of work to relieve pressure across the system, as well as being the strategic decision maker for actions identified and developed through the Silver Command.
- 9.2 Silver Command now meets twice a week and is co-chaired by the Heads of Service of Falkirk HSCP, Clackmannanshire and Stirling HSCP, and NHSFV Acute sector. It has wide cross system representation, including both partnerships, departments across NHS FV, Emergency Planning and Scottish Ambulance Service.
- 9.3 The current situation is shared from each area of the system, allowing for wide situation awareness, constructive challenge to identify and implement solutions. The group commissions pieces of work which seek to address the challenges, escalating decisions to Gold command as required.

10. Conclusions

- 10.1 This report provides a summary of the relevant oversight arrangements and meetings for the CCGC.

Resource Implications

There are no resource implications arising from this report.

Impact on IJB Outcomes and Priorities

The meetings represented in the report will ensure oversight of key areas and provide assurance to the IJB on the delivery of services in line with the Strategic Plan.

Directions

A new Direction or amendment to an existing Direction is not required as a result of the recommendations of this report. 2

Legal & Risk Implications

There are no legal and risk implications arising from this report.

Consultation

There are no consultation implications arising from this report.

Equalities Assessment

There are no equality implications arising from this report.

11. Author Signature

Suzanne Thomson, Senior Service Manager

12. List of Background Papers

Meeting agendas as noted in the report.

13. Appendices

n/a