



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## AGENDA

INTEGRATION JOINT BOARD MEETING WILL BE HELD ON  
FRIDAY 31 MAY 2024 AT 10.00 AM  
THIS WILL BE A VIRTUAL MEETING AND JOINING  
INSTRUCTIONS ARE INCLUDED IN THE APPOINTMENT  
Participants Are Asked to Join Ten Minutes  
Ahead of the Scheduled Start Time

NO	TITLE	PRESENTED BY	PAGE
1	CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES	Arlene Wood	-
2	DECLARATION OF MEMBERS' INTERESTS	Arlene Wood	-
3	MINUTES OF PREVIOUS MEETING AND ACTION NOTE 28 MARCH 2023	Arlene Wood	3-11
4	CHIEF OFFICER UPDATE	Nicky Connor	-
5	COMMITTEE CHAIR ASSURANCE REPORTS	Audrey Valente	12-25
6	STRATEGIC PLANNING & DELIVERY 6.1 Digital Strategy 6.2 Workforce Strategy Action Plan Year 2: Update	Audrey Valente Roy Lawrence	26-152 153-198
7	LIVED EXPERIENCE & WELLBEING 7.1 People Story – Early Onset Dementia	Lynn Barker	-
8	INTEGRATED PERFORMANCE & QUALITY 8.2 Performance Report – Executive Summary	Fiona McKay	199-214

9	<b>GOVERNANCE &amp; OUTCOMES</b>		
	<b>9.1 Recruitment for Director of HSCP</b>	David Miller / Sharon Mackenzie	215-219
	<b>9.2 Governance Committee Assurance Statements</b>	Audrey Valente	220-248
	<b>9.3 Directions Policy Update</b>	Audrey Valente	249-261
	<b>9.4 NHS Fife Annual Duty of Candour Report 2022/2023</b>	Chris McKenna/ Helen Hellewell	262-287
	<b>9.5 Fife Council Duty of Candour Report 2022/2023</b>	Jennifer Rezendes/ Helen Hellewell	288-299
10	<b>LEGISLATIVE REQUIREMENTS &amp; ANNUAL REPORTS</b>		
	<b>10.1 Risk Management Annual Report</b>	Audrey Valente	300-335
	<b>10.2 United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024</b>	Lisa Cooper	336-341
11	<b>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED</b>		
	<b>Audit &amp; Assurance Committee</b> Confirmed Minute from 15 March 2024	Dave Dempsey	342-347
	<b>Finance, Performance &amp; Scrutiny Committee</b> Confirmed Minute from 12 March 2024	Alistair Grant	348-358
	<b>Quality &amp; Communities Committee</b> Confirmed Minute from 8 March 2024	Sinead Braiden	359-369
	<b>Local Partnership Forum</b> Confirmed Minute from 13 March 2024	Nicky Connor/ Eleanor Haggett	370-375
	<b>Strategic Planning Group</b> Confirmed Minute from 7 March 2024	Graeme Downie	376-381
12	<b>AOCB</b>	All	-
13	<b>DATES OF NEXT MEETINGS</b>	All	-
	<b>IJB DEVELOPMENT SESSION – FRIDAY 21 JUNE 2024</b>		
	<b>INTEGRATION JOINT BOARD – FRIDAY 26 JULY 2024</b>		

Nicky Connor  
Director of Health & Social Care  
Fife House, Glenrothes, KY7 5LT

Copies of papers are available in alternative formats on request from Vanessa Salmond, Head of Corporate Services, 6<sup>th</sup> Floor, Fife House – e:mail [Vanessa.Salmond@fife.gov.uk](mailto:Vanessa.Salmond@fife.gov.uk)



## UNCONFIRMED

### MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) THURSDAY 28 MARCH 2024 AT 2.00 PM

<b>Present</b>	Arlene Wood (AW) (Chair) Graeme Downie (GD) (Vice-Chair) Fife Council – David Alexander (DA), Dave Dempsey (DD), Rosemary Liewald (RLie), Mary Lockhart (ML), Lynn Mowatt (LM) and Sam Steele (SS) NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Colin Grieve (CG), John Kemp (JK) Janette Keenan (JK), Director of Nursing, NHS Fife Ian Dall (ID), Service User Representative Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative Wilma Brown (WB), Interim Staff Representative, NHS Fife
<b>Professional Advisers</b>	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Jackie Drummond (JD), Medical Representative Lynn Barker (LB), Associate Director of Nursing
<b>Attending</b>	Lisa Cooper (LC), Head of Primary & Preventative Care Services Lynne Garvey (LG), Head of Community Care Services Rona Laskowski (RLas), Head of Complex & Critical Care Services Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning Jennifer Rezendes (JR), Principal Social Work Officer Roy Lawrence (RLaw), Principal Lead Organisation, Development & Culture Vanessa Salmond (VS), Head of Corporate Services Hazel Williamson (HW), Communications Adviser Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO	TITLE	ACTION
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1	<b>CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES</b>	
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Arlene Wood, IJB Chair welcomed everyone to the Integration Joint Board and advised that apologies had been received from Margaret Kennedy, Sinead Braiden, Chris McKenna, Helen Hellewell, Joy Tomlinson and Chris Moir.

Arlene Wood, on behalf of the Board, congratulated Dr Allie Ramsay, who works as a Speciality Doctor within Fife Specialist Palliative Care Service. Allie recently graduated from Keele University with a Masters in Medical Ethics and Palliative Care.

Arlene Wood also congratulated Janet Stirrat, District Charge Nurse at Valleyfield Health Centre, Carol Hunter, Team Leader and Practice Assessor at Cowdenbeath Health Visiting Team and Irene Scott, Practice Nurse at Inverkeithing Medical Centre who have been selected to take part in the prestigious Queen's Nurse Programme.

This is the last IJB Meeting for Rona Laskowski, Head of Complex & Critical Care Services and on behalf of the Board Arlene Wood acknowledged the work and contributions made by Rona during her time with the partnership and wished her a long, healthy and happy retirement.

Those present were reminded that they should mute their mobile phones for the duration of the meeting and also mute their microphone when not talking and that, in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible.

A recording pen was in use at the meeting to assist with Minute taking and the media have been invited to listen in to proceedings.

## **2 DECLARATION OF MEMBERS' INTERESTS**

There were no declarations of interest.

## **3 MINUTES OF PREVIOUS MEETING & NOTE 2 FEBRUARY 2024**

The Minute and Action Note were both approved as accurate records.

## **4 CHIEF OFFICER UPDATE**

Nicky Connor began her update by thanking all staff within the partnership for their contribution over the challenging winter period .

This meeting was also the last one for Wendy Anderson, H&SC Co-ordinator and Nicky Connor, Arlene Wood and Rosemary Liewald thanked Wendy for her valued contribution the IJB over the time she has been in post.

Nicky Connor issued her regular SWAY briefing prior to the Board meeting and highlighted ministerial visits which had taken place as well as the ongoing work to support our workforce including via the Care Academy and Apprentice Week.

A visit took place recently to the Addictions Service in Kirkcaldy and it is planned that a programme of IJB visits to different services areas will take place regularly in the coming year.

## **5 STRATEGIC PLANNING & DELIVERY**

### **5.1 Transformation – Community Rehabilitation and Care Model**

Arlene Wood introduced Lynne Garvey who presented this report, which is the final Transformation project awaiting approval from the IJB as per the Medium-Term Strategy agreed by the Board in March 2023. The report was most recently discussed at the Quality & Communities Committee on 8 March 2024, the Finance, Performance & Scrutiny Committee on 12 March 2024 and the Local Partnership Forum on 13 March 2024.

Lynne Garvey outlined the process to date in getting the report to the IJB and the highlights of the report.

Arlene Wood then invited in turn Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities (Q&C)), Alastair Grant, Chair of Finance, Performance & Scrutiny(FP&S) and Wilma Brown, Co-Chair of the Local Partnership Forum (LPF) to comment on discussions at that meeting before questions from Board members. Rosemary Liewald advised that Q&C had discussed the report at length and all Committee members were content with the oversight shown. Alastair Grant advised FP&S discussed the report in detail, had taken assurance on the route to the IJB and the ongoing engagement meant they were happy to recommend this report to the IJB for approval.

**5 STRATEGIC PLANNING & DELIVERY (CONT)****5.1 Transformation – Community Rehabilitation and Care Model (Cont)**

Wilma Brown advised the LPF had discussed the report and considered how it may impact our workforce. They were reassured that there would be no job losses as a result of the new model and fully supported the report.

The Board approved the proposed model, took assurance from the work done to develop the model and commended the extensive scrutiny and challenge opportunities afforded through the various governance routes to date, including an extended Finance, Performance & Scrutiny Committee meeting. Members agreed the proposed model. The Board also undertook to support the Senior Leadership Team to operationalise the model with partners and provide periodic updates to the appropriate governance Committees

**5.2 Strategic Plan 2023-2026 - Year One Delivery Plan – Update (2023) and Year Two Delivery Plan (2024)**

This report had been discussed at the Strategic Planning Group (SPG) on 7 March 2024, Quality & Communities Committee on 8 March 2024 and the Finance, Performance & Scrutiny Committee on 12 March 2024. Arlene Wood introduced Fiona McKay who presented this report which was a look back over the 1<sup>st</sup> Year Delivery Plan and gave an update on progress within each area. A log of engagement has been undertaken as part of this process and an easy read version of strategies are being produced.

Arlene Wood then invited in turn Graeme Downie, Chair of Strategic Planning Group, Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities) and Alastair Grant, Chair of Finance, Performance & Scrutiny to comment on discussions at that meeting before questions from Board members.

Graeme Downie advised that SPG had a good discussion on the report which they felt was well presented and they welcomed the RAG status which showed progress made. The SPG were happy to recommend the report to the IJB.

Rosemary Liewald confirmed that Q&C had discussed the report in detail, welcomed the emphasis on short and medium-term strategies and were assured by the content.

Alastair Grant advised that FP&S had taken assurance from the report, welcomed the implementation of the plan and were happy to recommend it to the IJB.

Discussion took place around the second year of the plan and digital requirements and policies. Fiona McKay advised that the Digital Strategy is on track to come to the IJB later in the year and this will link into the Strategic Plan.

The Board took assurance that the Partnership is progressing implementation of the Strategic Plan 2023 to 2026 and effectively monitoring performance of the actions in the Year One Delivery Plan (2023) and reviewed the report and provided final approval of both the Year One Update (2023), and the Year Two Delivery Plan (2024).

### 5.3 Alcohol and Drugs Partnership (ADP) Strategy 2024-2027

This report had been discussed at the Strategic Planning Group on 7 March 2024, Quality & Communities Committee on 8 March 2024 and the Finance, Performance & Scrutiny Committee on 12 March 2024. Arlene Wood introduced Fiona McKay who presented this report which gives an overview of drug and alcohol use in Fife and throughout Scotland. It also looked at areas brought forward from 2023, including progress on MAT standards which are used to measure performance. Committee feedback had asked that the report be more user friendly and this has been taken on board.

Arlene Wood then invited in turn Graeme Downie, Chair of Strategic Planning Group, Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities) and Alastair Grant, Chair of Finance, Performance & Scrutiny to comment on discussions at that meeting before questions from Board members.

Graeme Downie advised that SPG had an open discussion around the report and had highlighted a small number of issues. They were then content to recommend the report to the IJB.

Rosemary Liewald reported that Q&C had discussed the report in detail, including the work of the KY Clubs which were embedding into business as usual and were happy to progress the report to the IJB.

Alastair Grant advised that FP&S had discussed the report in detail and had no further questions or points to raise. The committee were happy to recommend the report to the IJB.

Nicky Connor, who chairs the ADP, expressed her thanks to everyone within the partnership who were involved in the work of the ADP and who had contributed to the report. The voice of lived experience is driving this work forward.

Arlene Wood asked that the thanks of the Board be passed to the team involved in the production of this report.

The Board discussed and approved the Alcohol and Drug Partnership (ADP) Strategy 2024 to 2027 with no amendments.

## 6 LIVED EXPERIENCE & WELLBEING

### 6.1 People Story – Sharon’s Journey – Benore Care Home

Arlene Wood handed over to Lynn Barker who introduced this item which featured Sharon’s inspirational journey which had been supported by her family and the whole team around her.

Paul Dundas expressed his appreciation for the multi-agency work reflected in the video which had enabled Sharon to make amazing progress following a life-changing event.

Discussion took place around the role of Care Homes in re-enabling people to make good recovery from illness and the place of Homes within the local community.

Arlene Wood thanked all those involved in producing the video.

**7 INTEGRATED PERFORMANCE****7.1 Revenue Budget 2024-2025 and Medium-Term Financial Strategy 2024-2027**

This report had been discussed at the IJB Development Session on 23 February 2024, the extra FP&S Committee (Combined Committee) on 18 March 2024 and an Extraordinary Local Partnership Forum 19 March 2024. Arlene Wood introduced Audrey Valente who presented this report.

Audrey outlined the content of the report which reflected a budget gap of £39m, given the budget available to the partnership at the beginning of the new financial year. This may change during the year depending on any additional Scottish Government funding, which is unknown at this time. Updates will be provided to the Board on a regular basis. Directions will be issued to NHS Fife and Fife Council. The Medium-Term Financial Summary was based on the information which has been available to date, outlines future savings opportunities and further discussion is required on these.

The 2024-2025 savings opportunities, aligned to the Medium-Term Financial Strategy, will be a mix of business as usual, efficiency savings, service redesign and transformation.

Arlene Wood thanked Audrey Valente and her team for the robust report.

Arlene Wood then invited in turn Graeme Downie, who chaired the Extra FP&S Extended Committee (Combined Committee) and Nicky Connor, Co-Chair of the Local Partnership Forum to comment on discussions at those meetings before questions from Board members.

Graeme Downie expressed appreciation for the work done on this paper by staff given the tight timescales. The paper was discussed, further detail and clarity was sought on; the NHS contribution, how delivery and progress of savings would be tracked and savings from care packages. These questions have been answered and members were content to recommend the report to the Board.

Nicky Connor updated on behalf of the LPF who had agreed that good communications and staff engagement were vital.

Discussion took place around previous savings targets, the continual monitoring of the budget and ensuring that updates are brought through the appropriate governance arrangements.

Paul Dundas acknowledged the complexity and challenge of setting this budget and commended the quality leadership which had made this possible.

The Board examined and considered the budget for 2024-25 and associated savings, approved the budget for the next financial year 2024-25 and considered and agreed the Directions to both partner organisation's which will instruct both NHS Fife and Fife Council as appropriate. Furthermore, the Board examined and considered the medium-term financial position of the IJB, recognising that the information may be subject to change as a result of various potential external factors, such as Scottish Government funding, Changes in Inflation and demographic growth.

## 7.2 Finance Update

This report was discussed at the Finance, Performance & Scrutiny Committee on 12 March 2024 and the Local Partnership Forum on 13 March 2024. Arlene Wood introduced Audrey Valente who presented this report and advised that as at 31 January 2024 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £6.725m. The two main areas of overspend are GP Prescribing and the use of locums and supplementary staff. Savings agreed as part of the 2023-2024 budget are on track to be delivered. The report included an update on the current Reserves position.

Arlene Wood then invited in turn Alastair Grant, Chair of Finance, Performance & Scrutiny Committee and Wilma Brown Co-chair of the Local Partnership Forum to comment on discussions at the Committee before questions from Board members.

Alastair Grant advised that FP&S understood the drivers behind the report and the use of Reserves. They also took assurance from the recommendations in the report and were content to refer it to the Board.

Wilma Brown and Nicky Connor confirmed that the Local Partnership Forum had no concerns about the content of the report.

Arlene Wood questioned if there would be opportunities to optimise the use of committed Reserves and Audrey Valente advised that permission had been granted from Scottish Government to re-provision some of these.

The Board were assured that there is robust financial monitoring in place, approved the financial monitoring position as at March 2024 and approved the use of Reserves as at March 2024.

## 7.3 Joint Inspection of Adult Services (JIAS)

This report was discussed at the Quality & Communities Committee on 8 March 2024 and the Finance, Performance & Scrutiny Committee on 12 March 2024. Arlene Wood introduced Jennifer Rezendes who presented this report which was produced as a result of a national rolling programme of inspections. There are 24 actions on the Inspection Improvement Plan and all of the activities have been completed or moved to existing monitoring arrangements as they progress through to completion. There have been regular JIAS Improvement Group meetings to monitor progress.

Arlene Wood then invited in turn Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities) and Alastair Grant, Chair of Finance, Performance & Scrutiny to comment on discussions at that meeting before questions from Board members.

Rosemary Liewald advised that Q&C commended the work undertaken and were delighted to see the improvements undertaken. Alastair Grant advised that following discussion of the report FP&S were content to recommend it to the Board.

The Board took assurance that actions have been identified to support recommendations and that improvements are being taken forward in services in line with statutory and quality expectations.



NO	TITLE	ACTION
8	<p data-bbox="159 190 1324 235"><b>GOVERNANCE &amp; OUTCOMES</b></p> <p data-bbox="159 246 1324 324"><b>8.1 Ministerial Strategic Group (MSG) – Integration of Health and Social Care: Self-Evaluation 2024</b></p> <p data-bbox="223 336 1324 593">This report was discussed at the Quality &amp; Communities Committee on 8 March 2024 and the Finance, Performance &amp; Scrutiny Committee on 12 March 2024. Arlene Wood introduced Fiona McKay who presented this report which included a look back to 2019-2020 when the ratings were initially established. Evidence on actions taken and proposals for future actions were included. Following feedback from Committees the report had been revamped and is now a smaller document.</p> <p data-bbox="223 604 1324 750">Arlene Wood then invited in turn Rosemary Liewald (for Sinead Braiden, Chair of Quality &amp; Communities) and Alastair Grant, Chair of Finance, Performance &amp; Scrutiny to comment on discussions at those meeting before questions from Board members.</p> <p data-bbox="223 761 1324 884">Rosemary Liewald advise that Q&amp;C members discussed the report in detail and felt it was well laid out and easy to understand. They were content to recommend it to the IJB for approval.</p> <p data-bbox="223 896 1324 1019">Alastair Grant advised that FP&amp;S felt good progress was being made with MSG Indicators and suggested changes had been included in the final report to the IJB.</p> <p data-bbox="223 1030 1324 1176">Discussion took place on the most appropriate route for this report in the future and it was agreed that Fiona McKay and Vanessa Salmond would provide a generic process for all self-assessment to support good governance arrangements.</p> <p data-bbox="223 1187 1324 1299">The Board noted the Partnership’s progress towards the Ministerial Strategic Group (MSG) integration proposals and reviewed the MSG Self Evaluation 2024, advised of updates required and provided final approval for the report.</p>	FM/VS
9	<p data-bbox="159 1321 1324 1400"><b>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP - ITEMS TO BE ESCALATED</b></p> <p data-bbox="159 1411 1324 1534">Arlene Wood handed over to Nicky Connor who invited each of the Chairs in turn to provide an update from their meetings and on items to be escalated to the Board.</p> <p data-bbox="159 1545 1324 1579"><b>Audit &amp; Assurance Committee</b></p> <p data-bbox="159 1590 1324 1668">Dave Dempsey advised that the committee had been advised of the fees for external audit for the coming year and approve the self-assessment report.</p> <p data-bbox="159 1680 1324 1713"><b>Finance, Performance &amp; Scrutiny Committee</b></p> <p data-bbox="159 1724 1324 1758">Alastair Grant had nothing to raise with the Board from his meetings.</p> <p data-bbox="159 1769 1324 1803"><b>Quality &amp; Communities Committee</b></p> <p data-bbox="159 1814 1324 1892">Rosemary Liewald (on behalf of Sinead Braiden) had nothing to raise with the Board from these meetings.</p> <p data-bbox="159 1904 1324 1937"><b>Local Partnership Forum</b></p> <p data-bbox="159 1948 1324 2060">Wilma Brown and Nicky Connor had nothing to raise with the Board from these meetings.</p>	

**9 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP - ITEMS TO BE ESCALATED (Cont)**

**Strategic Planning Group**

Graeme Downie advised the Group had nothing to raise with the Board at this meeting. He informed the Board that future meetings of the Strategic Planning Group would include updates on the progress of existing strategies in the context of expected financial challenges and these would form part of verbal update to future IJB meetings.

**10 AOCB**

As Arlene Wood had not been alerted prior to the meeting of any other business to be raised under this item the meeting, she thanked those present for their contribution to the meeting and updated on the dates of the next meetings.

**11 DATES OF NEXT MEETINGS**

**IJB DEVELOPMENT SESSION – FRIDAY 26 APRIL 2024**

**INTEGRATION JOINT BOARD – FRIDAY 31 MAY 2024**

DRAFT

**ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 31 MAY 2024**

<b>REF</b>	<b>ACTION</b>	<b>LEAD</b>	<b>TIMESCALE</b>	<b>PROGRESS</b>
1	<b>Ministerial Strategic Group (MSG) – Integration of Health and Social Care: Self-Evaluation 2024</b> - it was agreed that Fiona McKay and Vanessa Salmond would provide a generic process for all self-assessment returns to ensure proper governance arrangements are followed.	<b>Fiona McKay / Vanessa Salmond</b>	<b>30 September 2024</b>	

**COMPLETED ACTIONS**

<b>Local - Locality Planning Outcomes Progress Report</b> – agreed to bring this to a future Development Session for further discussion.	<b>Fiona McKay / Vanessa Salmond</b>	<b>2024 Development Session</b>	<b>On workplan for a future Development Session</b> <b>Complete</b>
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<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>31 May 2024</b>
<b>Agenda Item No:</b>	<b>5</b>
<b>Report Title:</b>	<b>Chairs Assurance Reports</b>
<b>Responsible Officer:</b>	<b>Audrey Valente, Chief Finance Officer</b>
<b>Report Author:</b>	<b>Vanessa Salmond, Head of Corporate Governance and IJB Secretary</b>

## 1 Purpose

The aim of this report is to enhance governance arrangements by providing assurance to the IJB on Committee business.

**This Report is presented to the Board for:** ·

- Assurance

**This Report relates to which of the following National Health and Wellbeing Outcomes:**

- 9 Resources are used effectively and efficiently in the provision of health and social care services.

**This Report Aligns to which of the Integration Joint Board 5 Key Priorities:**

- Sustainable
- Outcomes
- Integration

## 2 Route to the Meeting

Agreement on the principles of these reports have been discussed at the following:

- Senior Leadership Team, 25 April 2024;
- Strategic Planning Group, 2 May 2024;
- Quality and Communities Committee, 10 May 2024;
- Finance, Performance & Scrutiny Committee, 15 May 2024; and
- Audit & Assurance Committee, 17 May 2024.

### **3 Report Summary**

#### **3.1 Situation**

The Chair Assurance reports are intended to provide assurance to the IJB around the risks, key issues and delivery of the workplan that the Governance Committees have considered.

#### **3.2 Background**

The Committee Assurance Principles were developed by a working group comprising Auditors, Board Secretaries and Risk Managers from NHS and IJBs across Tayside, Fife and Forth Valley areas. These principles were developed to provide a consistent and coherent approach to the provision of assurance.

As the Audit and Assurance Committee have responsibility for assessing the adequacy and effectiveness of the systems of internal control, governance and risk, it was appropriate to this Committee to review and agree the implementation of these principles for the IJB and Governance Committees which will strengthen assurance.

The Chair Assurance Reports are an integral part of these principles.

#### **3.3 Assessment**

This is the first Committee cycle since adoption of these principles and the format / content of the Chair Assurance Reports is an iterative process. These reports use a standard format, however will be reviewed following IJB members feedback.

It is proposed that these reports will be a standing agenda item for IJB at each Committee/Board cycle and will be approved by each Chair.

It is envisaged that in time, these reports will provide more fuller detail of an agreed level of assurance by Committee. A future Development Session will explore these levels of assurance and test their application on practical examples prior to their introduction into Committee business.

It is anticipated that these Assurance Reports would be of particular use to Committee Chairs as they plan agendas for each Committee and keep under regular review each Committee's workplan and development needs.

To reduce duplication and ensure the effective use of resources, the Chairs Assurance Report will supersede the Chairs Brief currently produced.

##### **3.3.1 Quality / Customer Care**

The Assurance reports enhance focused, risk-based assessment of the quality and safety of care where applicable.

##### **3.3.2 Workforce**

The principles would enhance focused, risk-based assessment of staff health and wellbeing, compliant with the mitigation of workforce risks.

##### **3.3.3 Financial**

There are no financial implications identified arising from this report.

##### **3.3.4 Risk / Legal / Management**

These reports are designed to focus attention on the adequacy and effectiveness of associated controls of strategic risks and on the quality of assurances received.

### **3.3.5 Equality and Diversity, including Health Inequalities**

There are no implications identified arising from this report.

### **3.3.6 Environmental / Climate Change**

There are no implications identified arising from this report.

### **3.3.7 Other Impact**

There are no implications identified arising from this report.

### **3.3.8 Communication, Involvement, Engagement and Consultation**

Internal Audit initially presented the Committee Assurance Principles to the Senior Leadership Team and the Head of Corporate Governance. The merit and contribution to good governance was recognised and the practicalities of implementation were explored. A similar presentation was provided to the Audit and Assurance Committee to endorse.

## **4 Recommendation**

- **Assurance** – These reports are presented to IJB to provide assurance that Governance Committees are discharging their functions and remit and escalating any issues appropriately.

## **5 List of Appendices**

The following appendix is included with this report:

Appendix 1 - Strategic Planning Group Chair Assurance Report

Appendix 2 - Quality and Communities Chair Assurance Report

Appendix 3 - Finance, Performance & Scrutiny Committee Chair Assurance Report

Appendix 4 - Audit and Assurance Chair Assurance Report

## **6 Implications for Fife Council**

Not applicable.

## **7 Implications for NHS Fife**

Not applicable.

## **8 Implications for Third Sector**

Not applicable.

## **9 Implications for Independent Sector**

Not applicable.

**10 Directions Required to Fife Council, NHS Fife or Both**

<b>Direction To:</b>		
<b>1</b>	<b>No Direction Required</b>	X
<b>2</b>	<b>Fife Council</b>	
<b>3</b>	<b>NHS Fife</b>	
<b>4</b>	<b>Fife Council &amp; NHS Fife</b>	

**Report Contact**

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**Author Job Title:** Head of Corporate Governance and IJB Secretary

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<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>31 May 2024</b>
<b>Agenda Item No:</b>	<b>5 - Appendix 1</b>
<b>Report Title:</b>	<b>Chair's Assurance Report Strategic Planning Group</b>
<b>Group Chair:</b>	<b>Graeme Downie</b>
<b>Responsible Officer:</b>	<b>Fiona McKay, Head of Strategic Planning and Commissioning</b>
<b>Report Author:</b>	<b>Vanessa Salmond, Head of Corporate Governance</b>

## 1 Introduction

This Assurance Report from the Chair of the Strategic Planning Group (SPG) is intended to provide the Integration Joint Board (IJB) with assurance around the monitoring function of the Group in relation to integrated strategic planning and commissioning; development and progress within strategic planning; responses to emerging strategic issues, and new national and local drivers, to ensure the delivery of key objectives in the Strategic Delivery Plan.

## 2 Performance Against Work Plan

The Strategic Planning Group has an approved Annual Workplan. All items of business scheduled to be reported at the May meeting as per the Groups' workplan were presented.

At the meeting on 2 May the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Annual Reports: Draft Performance Report - 2023-24 and Draft Digital Strategy.
- Strategy Flash Reports: Advocacy Strategy, Carers Strategy and Commissioning Strategy, Home First Strategy, Local Housing Strategy, Primary Care Strategy and Prevention and Early Intervention Strategy.
- Governance and Compliance: Terms of Reference Annual Review

## 3 Group Levels of Assurance / Decisions / Recommendations

The Strategic Planning Group made the following decisions at its meeting on 2 May 2024:-



## Assurance

- **Strategy Flash Reports** – The SPG were assured by the updates on progress reported within the Flash reports. With the exception of the Local Housing Strategy Flash Report (see below) there were no issues requiring escalation.

## Decisions

- **Terms of Reference** – Following review, the SPG agreed their Terms of Reference and membership.

## Recommendations

- **Annual Performance Report** – Reviewed and supported by the Group to proceed through the Finance, Performance and Scrutiny Committee prior to submission to the IJB.
- **Digital Strategy** - Commended as good practice and supported by the Group to proceed through relevant Governance Committee's prior to submission to the IJB.

## **4 Escalations/Highlights to the IJB**

A Strategy Flash Report for the Local Housing Strategy was presented to the Group. Although it is recognised housing is not a delegated function of the IJB, due to the potential impact on delegated services it is appropriate to provide an update. In summary, there are key financial challenges around the affordable housing programme due a national reduction in funding, the Fife funding position has not yet been confirmed. The Finance Update attached (SPG Appendix A) highlights the potential risk for the Partnership and impact.

## **5 Forward Planning/Horizon Scanning**

There were no specific issues under horizon scanning for the attention of the IJB.

## **Graeme Downie, Chair, Strategic Planning Group**

SPG Appendix A: Local Housing Strategy, Finance Update

### Local Housing Strategy Finance Update

Reporting Quarter:	Quarter 4, 2023/2024
Completed by:	Paul Short
Date completed:	24th April 2024
Reporting Quarter:	Quarter 4, 2023/2024

### Status

#### **Amber**

There needs to be a review of the strategy at this point of time - some elements of the plan may need to be delayed or scaled back.

### Summary

The key financial challenge for the Local Housing Strategy is around the Affordable Housing Programme. There has been a cut to national funding in relation to this and housing organisations across the country are waiting to find out the scale of the cut within their area. Here within Fife, there will be a review of all planned developments to see what can still be delivered in relation to this scaled down level of resources, what will be delayed and what developments we may not be able to deliver.

Key impacts on Health and Social Care could potentially be around -

- Delivery of Care Villages (in particular Anstruther).
- Delivery of specialised housing units on some sites.
- Delivery of Retirement Housing / Very Sheltered Housing.

We will advise of the impact around this once a review of the programme has been completed.

It should also be noted within Fife a Housing Emergency has been declared. At present we are working through developing a Housing Emergency Action Plan. A Board has been established to oversee this with a range of partner organisations involved including the Health and Social Care Partnership.

In terms of service redesign, we have a number of developments within our Housing Plus Programme -

- Independent Living Hub has been completed at Kirkcaldy High Street. A launch for this will take place in June. This will deliver joined up services from a range of agencies focussed on supporting customers to make positive choices around living independently.
- Digital Inclusion - in partnership with Connecting Scotland we have developed a lending library for digital equipment (e.g. I-Pads, MiFi devices (Mobile WiFi)) and we will be working in partnership with Connect Fife to deliver digital inclusion coaching across Older Persons Housing. In particular we are encouraging Older Persons housing tenants to use the Life Curve app to plan for healthy aging.
- Alexa Show pilot - in partnership with Amazon, Scottish Government and a consortium of other local authorities we will be taking part in a test of change using a customised Amazon Alexa show in a test group of Older Persons Housing properties. This will allow us to undertake video chat checks with tenants and provide customised reminders etc. This has the potential to significantly reduce costs across warden call / community alarm services and provide an improved service offering.

### Any Other Comments

We will update on potential changes to Affordable Housing Programme at a future meeting



<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>31 May 2024</b>
<b>Agenda Item No:</b>	<b>5 – Appendix 2</b>
<b>Report Title:</b>	<b>Chair’s Assurance Report Quality and Communities Committee</b>
<b>Committee Chair:</b>	<b>Sinead Braiden</b>
<b>Responsible Officer:</b>	<b>Helen Hellewell, Deputy Medical Director Lynne Barker, Director of Nursing, HSCP Jennifer Rezendes, Principal Social Work Officer</b>
<b>Report Author:</b>	<b>Vanessa Salmond, Head of Corporate Governance</b>

## 1 Introduction

This Assurance Report from the Chair of the Quality and Communities Committee is intended to provide the Integration Joint Board (IJB) with assurance regarding the risks, and key issues and delivery of the workplan that the Committee has considered in line with its Terms of Reference.

## 2 Performance Against Work Plan

The Quality and Communities Committee has an Annual Workplan. All items of business scheduled to be reported at the May Committee cycle as per the Committee workplan were presented. The Committee can therefore give assurance of performance against the workplan. In summary, at their meeting on 10<sup>th</sup> May the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Governance and Outcomes: Quality Matters, QCC Strategic Risk Register, Deep Dive Review: Whole System Capacity, United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024.
- Strategic Planning: Draft Digital Strategy, Mental Health Estates Initial Agreement, Spring Booster Campaign.
- Legislative Requirement and Annual Reports: Duty of Candour Annual Report 2022-23 and Annual Assurance Statement.

Committee requested an update on Occupational Therapy Waiting Times be added to the workplan, this has been actioned.

### 3 Update on Risks

The Quality and Communities Committee have oversight of all relevant strategic risks, ensuring these are accurately identified, assessed, evaluated, recorded and monitored.

Quality and Communities Strategic Risk Register: Committee reviewed all 9 strategic risks and were assured that these are currently being managed with appropriate mitigations in place however requested to be regularly sighted on the progress on transformational projects including status of risks appended to each project.

A deep dive - Whole System Capacity was also considered, Committee were in agreement with the 'reasonable' level of assurance given in this report. No issues for escalation were highlighted.

### 4 Committee Levels of Assurance / Decisions / Recommendations

The Audit and Assurance Committee made the following decisions at its meeting on 15<sup>th</sup> May 2024:-

#### Assurance

- **Quality Matters Report** - The Committee requested further information on the number of adverse events. The Committee accepted assurance from the data overview provided from the Quality Matters Assurance Group and Safety Huddles that took place during this Committee cycle period. The Committee asked for a change in format of report to assist in informing future levels of assurance. Lead officers are taking this action forward.
- **Mental Health Estates** – Committee assured on continued commitment to patient safety and quality of care within current constraints.
- **COVID Spring Booster** - Committee assured on readiness and delivery of this vaccination programme

#### Decisions

- **Annual Assurance Statement** - Supported by Committee for remit to Audit and Assurance Committee prior to formal approval by IJB

#### Recommendations

- **United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024** – Committee assured on organizational readiness for implementation and to remit to the IJB for oversight
- **Draft Digital Strategy** – Supported by Committee for formal approval by IJB
- **Duty of Candour 2022-23** – Committee assured that the duties placed upon our partner bodies have been discharged appropriately and support onward progression to IJB for Assurance.

## **5 Escalations/Highlights to the IJB**

There were no other significant areas of concern or items requiring escalation to the IJB identified at this meeting other than those reports identified above to be remitted to the IJB.

## **6 Forward Planning/Horizon Scanning**

There were no specific issues under horizon scanning for the attention of the IJB.

**Sinead Braiden, Chair, Quality and Communities Committee**



<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>31 May 2024</b>
<b>Agenda Item No:</b>	<b>5 – Appendix 3</b>
<b>Report Title:</b>	<b>Chair’s Assurance Report Finance, Performance and Scrutiny Committee</b>
<b>Committee Chair:</b>	<b>Alastair Grant</b>
<b>Responsible Officer:</b>	<b>Fiona McKay, Head of Strategic Planning and Commissioning</b>
<b>Report Author:</b>	<b>Vanessa Salmond, Head of Corporate Governance</b>

## 1 Introduction

This Assurance Report from the Chair of the Finance, Performance and Scrutiny Committee is intended to provide the Integration Joint Board (IJB) with assurance regarding the risks, and key issues and delivery of the workplan that the Committee has considered in line with its Terms of Reference.

## 2 Performance Against Work Plan

The Finance, Performance and Scrutiny Committee has an Annual Workplan. All items of business scheduled to be reported at the May Committee cycle as per the Committee workplan were presented. The Committee can therefore give assurance of performance against the workplan. In summary, at their meeting on 15<sup>th</sup> May the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Finance: Finance Update, Finance, Performance and Scrutiny Strategic Risk Register.
- Performance: IJB Performance Report April 2024, Directions Annual Report 2023-24.
- Transformation: Transformation and Project Management Officer (PowerPoint Presentation to Committee)
- Strategies: Workforce Strategy Action Plan Year 2 – Update, Digital Strategy
- Governance: Annual Assurance Statement, Committee workplan

### 3 Update on Risks

The Finance, Performance and Scrutiny Committee have oversight of all relevant strategic risks, ensuring these are accurately identified, assessed, evaluated, recorded and monitored.

Finance, Performance and Scrutiny Strategic Risk Register: Committee were assured that all 9 strategic risks are currently being managed with appropriate mitigations in place. This included the 4 high scoring risks which are Finance, Primary Care Services, Workforce and Demographics/Changing Landscapes.

### 4 Committee Levels of Assurance / Decisions / Recommendations

The Finance, Performance and Scrutiny Committee made the following decisions at its meeting on 15<sup>th</sup> May 2024:-

#### Assurance

- **Mental Health Estates** – Committee assured on progress.

#### Recommendations

- **Finance Update** – Committee were assured that there is robust financial monitoring in place and agreed to remit the provisional outturn position to the IJB for formal approval following an update to the SBAR to include more detail on the movement in outturn at end 2023-24 financial year . In addition, the Committee agreed to seek formal approval from the IJB for the use of reserves and issue of Directions.
- **Draft Digital Strategy** – Commended as good practice and supported by Committee for formal approval by IJB.
- **Directions Annual Report and Revised Policy** - Supported by Committee for formal approval by IJB.
- **Workforce Strategy Action Plan Year 2** – Supported by Committee for formal approval by IJB.
- **Annual Assurance Statement** - Supported by Committee for remit to Audit and Assurance Committee prior to formal approval by IJB

### 5 Escalations/Highlights to the IJB

Committee members were assured that the performance report provides a high-level overview of performance across HSCP services. Committee agreed to a rotation between deep dive reports and performance overview reports being presented at each Committee cycle to allow members to make a more informed decision around the level of assurance being provided by these reports.

There were no other significant areas of concern or items requiring escalation to the IJB identified at this meeting.

### 6 Forward Planning/Horizon Scanning

A Development Session for Committee members is being arranged to allow a collective deeper dive into financial governance.

**Alastair Grant, Chair, Finance, Performance and Scrutiny Committee**



<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>31 May 2024</b>
<b>Agenda Item No:</b>	<b>5 – Appendix 4</b>
<b>Report Title:</b>	<b>Chair’s Assurance Report Audit and Assurance Committee</b>
<b>Committee Chair:</b>	<b>Dave Dempsey</b>
<b>Responsible Officer:</b>	<b>Audrey Valente, Chief Finance Officer</b>
<b>Report Author:</b>	<b>Vanessa Salmond, Head of Corporate Governance</b>

## 1 Introduction

This Assurance Report from the Chair of the Audit and Assurance Committee is intended to provide the Integration Joint Board (IJB) with assurance regarding the risks, and key issues and delivery of the workplan that the Committee has considered in line with its Terms of Reference.

## 2 Performance Against Work Plan

The Audit and Assurance Committee has an approved Annual Workplan. All items of business scheduled to be reported at the May Committee cycle as per the Committee workplan were presented with the exception of an Internal Audit Report on Contract/Market Capacity. This report will be deferred until the July Committee cycle.

At the meeting on 17<sup>th</sup> May the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Items related to Audit: Internal Audit Plan Progress report, Follow-up Actions, Annual Internal Audit Plan (2024-25) and Updated Internal Audit Charter, Internal Audit Report for Fife Equipment Loans Store and Resilience & Business Continuity Planning.
- Risk: Annual Risk Management Report and IJB Strategic Risk Register
- Governance and Compliance: Revised Direction Policy
- Business Cycle: Committee Workplan (2024)

## 3 Update on Risks

There are no IJB Strategic Risks assigned to the Audit and Assurance Committee, however the role of the Committee is to ensure an effective risk management process is in place and provide overarching scrutiny of the IJB



Strategic Risk register. This is achieved through regular reporting to the Committee. During this review period there is no change to the risk score for any risk. There remain 4 high-level risks (residual score of 16), which Committee were content with.

#### 4 Committee Levels of Assurance / Decisions / Recommendations

The Audit and Assurance Committee made the following decisions at its meeting on 17<sup>th</sup> May 2024:-

##### Assurance

- **Loans Store Audit Report** – Report provided *reasonable assurance* to Committee, no issues requiring escalation.
- **Resilience Audit Report** – Report provided *reasonable assurance* to Committee, no issues requiring escalation.

##### Decisions

- **Internal Audit Plan for 2024-25** – Committee agreed in principle but subject to tripartite discussions with Partners around resource capacity.
- **Internal Audit Charter** – Approved by Committee
- **Assurance Statements** – Approved by Committee to forward to IJB

##### Recommendations

- **Annual Risk Management Report** – Supported by Committee to forward to IJB
- **Directions Report** - Supported by Committee for formal approval by IJB

#### 5 Escalations/Highlights to the IJB

Following an update on staffing by the Chief Internal Auditor, Committee agreed to escalate their concerns around the fulfilment the proposed audit plan due to current staff vacancies and the overall lack of qualified auditors within the wider job marketplace. Committee requested this risk be considered at the next risk register review, scheduled for June 2024.

Committee were assured that learning from the programme of deep dive risk reviews will be incorporated into a report to be presented during the next Committee cycle.

#### 6 Forward Planning/Horizon Scanning

There were no specific issues under horizon scanning for the attention of the IJB.

**Dave Dempsey, Chair, Audit and Assurance Committee**



**Meeting Title:** Integration Joint Board

**Meeting Date:** 31 May 2024

**Agenda Item No:** 6.1

**Report Title:** Digital Strategy

**Responsible Officer:** Audrey Valente, Chief Financial Officer – Digital Lead

**Report Author:** Eileen Duncan, Programme Manager, PMO

## 1 Purpose

**This Report is presented to the Board for:**

- Discussion and Decision.

**This Report relates to which of the following National Health and Wellbeing Outcomes:**

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 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.
- 7 People who use health and social care services are safe from harm.
- 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.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

## **This Report Aligns to which of the Integration Joint Board 5 Key Priorities:**

- Local.
- Wellbeing.
- Outcomes.
- Integration.
- Sustainable

## **2 Route to the Meeting**

This Digital Strategy has been considered by the following groups as part of its development.

- Senior Leadership Team (SLT), Strategic – 20 November 2024. SLT requested changes which necessitated a rework of certain sections and the Action Plan for the Digital Strategy.
- Senior Leadership Team (SLT), Strategic - 29 April 2024. SLT approved the Digital Strategy could proceed to Strategic Planning Group (SPG) for discussion and feedback. SLT recommended the following changes, which have been actioned prior to this IJB meeting.
  - Information on outcomes/what impact the work will have to be included on the Action Plan.
  - A revised Action Plan Indicative Timeline which should focus on short-term, medium-term, and long-term project delivery of the proposed work.
  - Reference to the Partnerships Climate Change duties and the impact of the Digital Strategy on Climate Change.
  - Wording changes in the Digital Strategy and the Participation and Engagement Report.
- Strategic Planning Group – 2 May 2024. This group approved the Digital Strategy and agreed that it should be presented for approval to the Qualities and Communities Committee.
- Qualities and Communities Committee – 10 May 2024. This Committee approved the Digital Strategy and agreed that it should be presented for approval to the Finance, Performance and Scrutiny Committee.
- Finance, Performance and Scrutiny Committee - 15 May 2024. This Committee approved the Digital Strategy and agreed that it should be presented to IJB for approval.

## **3 Report Summary**

### **3.1 Situation**

This report is being brought to the attention of the Integration Joint Board (IJB) to provide assurance regarding the development and progress of the HSCP Digital Strategy (Appendix 1). IJB is asked to:

- consider the Digital Strategy and confirm the report is fit for purpose, aligns to the HSCP Strategic Plan, and meets the IJB's statutory duty and policy requirements.

- agree that the Action Plan within the Strategy reflects our digital ambitions for the next 3 years. The action plan has been discussed at length with our digital partners and the consensus is that the level of detail described is as much as we can provide at this stage.

## **3.2 Background**

In 2022, Fife HSCP took the decision to develop a Digital Strategy which aligns to the outcomes of their Strategic Plan and focusses on the needs of the people of Fife. We are one of the few HSCP's to develop our own digital strategy as most others are reliant on the digital strategies of their partner organisations i.e., Local Authority and NHS IT Services. Developing this strategy has enabled us to engage and consult with our staff, the independent sector, and the people of Fife to ensure we are focussing on delivering what is important for us.

## **3.3 Assessment**

In developing this strategy, we followed the Strategic Planning Team's guidance document. Our key actions are below:

- Undertook research & horizon scanning and produced a map of this work.
- Developed a TOR and established a working group.
- Created an EqlA and Risk Register.
- Completed consultation exercises.
- Developed our Draft Strategy Document and Action Plan

### **3.3.1 Quality / Customer Care**

Our strategy document sets out how we propose to leverage digital solutions to improve the quality of care and services we provide.

### **3.3.2 Workforce**

Our strategy document aligns to the HSCP workforce development plan and includes information on proposed digital champions networks across both Fife Council and NHS.

### **3.3.3 Financial**

As our Action Plan evolves and digital programmes and projects are established the financial impacts will be assessed and managed using our PMO processes and methods.

### **3.3.4 Risk / Legal / Management**

As our Action Plan evolves and digital programmes or projects are established risk and legal impacts will be assessed and managed using our PMO processes and methods.

### **3.3.5 Equality and Diversity, including Health Inequalities**

An EqlA has been completed and comments from the Digital Strategy Working Group, the Strategic Planning team and the Information Governance team have been incorporated – Appendix 3.

### **3.3.6 Environmental / Climate Change**

[ClimateActionPlan2020\\_summary.pdf \(fife.gov.uk\)](#)

As our Action Plan evolves and digital programmes or projects are established environmental and climate change impacts will be assessed and managed using our PMO processes and methods.

### **3.3.7 Other Impact**

**Resource impacts:** As our Action Plan evolves resource implications will require to be assessed and monitored.

### **3.3.8 Communication, Involvement, Engagement and Consultation**

Significant consultation has taken place across our staff groups, the independent sector and the people of Fife and the full engagement report is appended to the Digital Strategy document. All stakeholders are identified within this report. The 2<sup>nd</sup> Consultation exercise completed on 6 May 2024 and the report is also appended – both reports at Appendix 4.

## **4 Recommendation**

It is recommended that the IJB gives final approval of the Digital Strategy.

## **5 List of Appendices**

The following appendices are included with this report:

Appendix 1 - Fife HSCP Digital Strategy

Appendix 2 – Details of the feedback from all Governance Committees who have reviewed and approved the Digital Strategy.

Appendix 3 – EqIA

Appendix 4 – Participation and Engagement Report/2<sup>nd</sup> Consultation Report.

Appendix 5 – Easy Read Version of the Fife HSCP Digital Strategy

## **6 Implications for Fife Council**

Fife Council BTS have been involved in the development of this strategy. As our action plan evolves any direct implications will be managed and monitored via a Digital Oversight Board.

## **7 Implications for NHS Fife**

NHS Fife, Digital & Information have been involved in the development of this strategy. As our action plan evolves any direct implications will be managed and monitored via a Digital Oversight Board.

## 8 Implications for Third Sector

As our action plan evolves any direct implications for third sectors will be managed and monitored via our PMO processes.

## 9 Implications for Independent Sector

As our action plan evolves any direct implications for the independent sector will be managed and monitored via our PMO processes.

## 10 Directions Required to Fife Council, NHS Fife, or Both (must be completed)

Direction To:		
1	No Direction Required	
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	x

### Report Contact

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**Author Job Title:** Programme Manager

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**Fife Health  
& Social Care  
Partnership**



Supporting the people of Fife together

# Digital Strategy 2024-2027

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# Foreword

Helping people to stay well and live well is at the core of all services within Fife Health and Social Care Partnership (HSCP). The Partnership's Strategic Plan 2023 to 2026 sets out how services will be delivered, and digital systems and solutions play an integral part of this work providing the technology and tools to support it. Fife HSCP has taken the decision to develop a Digital Strategy to focus on developing our digital capabilities.

Having our own Digital Strategy is an important step for the Partnership and we believe it will help us transform and enhance the services we deliver. Digital systems and solutions can help us streamline administrative tasks, manage records efficiently and automate processes that require little or no human intervention enabling us to focus on quality of care and delivery. It can enable better communication and collaboration, further expand our use of remote consultations, and facilitate secure information sharing across all our providers. Digital solutions can provide quick and easy access to information, empowering us to make informed decisions, with an emphasis on enhancing and tailoring a more person-centred care approach.

Our Digital Strategy will also contribute to meeting the Partnership's climate change responsibilities. A reduction in our carbon footprint will be evidenced by the introduction of solutions which will enable online access to services, self-help information and apps and virtual consultations. Additionally increased use of digital solutions will accelerate the move to the paperless office.

We know that digital devices and applications can monitor health remotely, tracking vital signs and other health indicators enabling early detection of potential issues and facilitating early intervention. We want to exploit this technology within Fife HSCP, transforming how we use digital to be inclusive, thus reducing digital exclusion.

We have vast amounts of data which can be analysed to identify patterns, trends and insights and we want to better use this information to improve our services.

We are confident digital technology has the potential to improve the quality, efficiency, and accessibility of health and social care services, leading to better outcomes for the people of Fife.

This Digital Strategy has been developed in collaboration with colleagues from Fife NHS Digital, Fife Council Business Technology Solutions (BTS), and representative colleagues from across the Partnership, the independent and third sectors and NHS Fife and Fife Council – our thanks go to all those involved.



**Nicky Connor**  
Director, Fife Health & Social Care Partnership

# Executive Summary

This is the first Digital Strategy for Fife HSCP and seeks to improve access for the people of Fife, enhance our staff experiences and promote better systems integration across the Partnership. It outlines our vision to introduce inclusive digital solutions which will improve the delivery of integrated care and enhance health and wellbeing outcomes for the people of Fife and contributes to climate change targets.

Our aim is to foster a digital-first mindset and culture, ensuring that digital approaches are considered from the beginning of any project or initiative and that those initiatives are as inclusive as possible using Equality Impact Assessments (EQIA). Our guiding principles seek to ensure our solutions are developed in collaboration with our partner organisations and are integrated, inclusive, secure, reliable, trusted, and ethical. Of paramount importance is our need to work with those partners to allow information to be shared across both health and social care sectors – this embraces our ‘tell us once’ motto.

We will seek to re-use digital systems and solutions where we can, enabling person-centred approaches and data-driven decision making with a focus on benefits. Our strategic goals take direction from current national initiatives and are aligned to the Partnership’s Strategic Plan. The majority of our underpinning strategies recognise the need for digital solutions.

Our strategic actions, if agreed, will build on current digital solutions, implement new inclusive solutions and alternative care models.



**Audrey Valente**  
Chief Finance Officer/Digital Lead

# Introduction and Context

A need has been identified by the Partnership for its own organisational digital strategy, one which reflects its digital needs now, and in the future. However, one of the biggest challenges the Partnership faces is the interoperability of the many business systems spanning health and social care in Fife, and the sharing of information, data, and digital deployment resources. The Partnership relies on its parent organisations to provide digital platforms, technology, data informatics and to deliver the technical aspects of digital transformation on its behalf.

A considerable amount of work has been, and continues to be, progressed on the digital front within the Partnership, and this strategy is designed to build on, enhance and improve initiatives already underway, as well as introduce new ones. We will recommend the way ahead for digital, ensuring that both current and new initiatives are joined up, inclusive and aligned to the Partnership's strategic priorities and the national direction for digital.

As part of the development of this strategy we have consulted with our staff and the people of Fife to ensure inclusivity and representation, and the insights gathered have shaped our strategy.

## National Direction

Ensuring alignment with the current national direction has been key in developing this strategy. The key findings are highlighted below.

Linking to the Scottish Government's Health & Social Care Delivery Plan, the National Digital Platform will bring together digital components and services making it easier to build or enhance

technology solutions for the public sector in Scotland. The end goal is to enable seamless integration and sharing of health and social care information, improving co-ordination, efficiency, and outcomes for individuals.

Scottish Government's "My Health, My Care, My Home" Framework sets out the requirement to "fully embrace the digital world and use data and technology appropriately to enable people to live well." This work also helps to build digital skills, confidence, and awareness of technology opportunities for staff, service providers, and those they support.

We have paid particular attention to the priorities of Scotland's Digital Health & Care Strategy, Enabling, Connecting and Empowering: Care in the Digital Age ([www.gov.scot](http://www.gov.scot))

1. Digital Access
2. Digital Services
3. Digital Foundations
4. Digital Skills and Leadership
5. Digital Futures
6. Data Driven Services and Insights.

This strategy recognises it is crucial to ensure that health and care services are integrated and developed with a focus on person-centred, tailored, and individual needs, while also being safe, secure, timely and ethical. It emphasises the need for wellbeing to be safeguarded and enhanced through the greater use of digital technology. The strategy highlights the growing problems caused by digital exclusion, acknowledging that digital inclusion should be at

the heart of what we do. There is a commitment to putting people first and offering digital and non-digital choices to our citizens. Data driven services and insights is a key priority, nationally and locally, and we recognise the need for secure and reliable access to accurate data to increase efficiencies and develop new and innovative ways of working. Using virtual consultations as a choice available for all appropriate appointments and services across health and care is also a national priority, and we plan to continue the growth of this in Fife.

The Digital Front Door is a key commitment in the national Digital Health and Care Strategy to deliver a platform for people to get access to their health and care information and to health and care services, directly. It will allow people to access, self-manage, and contribute to their own health and care information online.

The Care in the Digital Age: Delivery Plan 2023-24 gives a steer on a national delivery plan for 2023/24. The plan aims to ensure that people receive high-quality care that is personalised, safe and effective while also promoting independence and wellbeing.

The plan focuses on several key areas, including:

- **Digital Health and Care Records**  
The government aims to implement a national digital health and care record system that enables sharing of information between different care providers improving co-ordination and continuity of care.
- **Telehealth and Telecare**  
The plan aims to expand the use of telehealth and telecare services, helping to reduce hospital admissions and improve

access to care.

- **Digital Skills and Workforce**  
The government recognises the importance of developing digital skills among care staff and ensuring they have the training and support to effectively use digital technology.
- **Innovation and Research**  
The plan recognises the need for ongoing innovation and research in the field of digital health and care. This includes exploring new technologies and approaches to improve care outcomes and experiences. Overall, this plan seeks to harness the potential of digital technology to transform care services in Scotland.

In alignment with the national direction, we are actively seeking to work more collaboratively with our partner organisations taking account of their respective digital strategies.

Further information about these strategies is available online:

- **Scottish Governments Health & Social Care Delivery Plan**  
[www.gov.scot/publications/health-social-care-delivery-plan](http://www.gov.scot/publications/health-social-care-delivery-plan)
- **Scottish Government's My Health, My Care, My Home Framework**  
[www.gov.scot/publications/health-care-home-healthcare-framework-adults-living-care-homes/pages/3](http://www.gov.scot/publications/health-care-home-healthcare-framework-adults-living-care-homes/pages/3)
- **Scotland's Digital Health & Care Strategy**  
[www.digihealthcare.scot](http://www.digihealthcare.scot)
- **Care in the Digital Age Delivery Plan 2023-24**  
[www.gov.scot/publications/care-digital-age-delivery-plan-2023-24](http://www.gov.scot/publications/care-digital-age-delivery-plan-2023-24)

We cannot develop our strategy without recognising the constant advances in technology, and the need to keep a focus on what is coming next. We must keep abreast of advances in automation, artificial intelligence (AI)\*, 5G, Internet of Things (IoT), apps, tools, and products that we increasingly use in our everyday lives, such as smart connected devices in the home and the ever more powerful devices in our pockets.

Access to and working collaboratively with Scotland's Innovations Centres, such as Digital Health and Innovation (DHI) Scotland, will also play a key role in helping us deliver on our strategic digital ambitions. Some of their current work includes the development of an Integrated Health & Social Care Record to support the National Care Service as well as the development of the Right Decision Service, a digital tool that enables people to make safe decisions quickly "on the go" based on validated evidence.

\*The Partnership will be guided by the processes and protocols that our partners put in place for AI governance and operation.

# Vision and Mission for Strategy

## The Digital Vision for Fife Health & Social Care Partnership

“Our vision is to become a digitally innovative Health and Social Care Partnership. By leveraging the use of digital solutions, we will enable our workforce to deliver effective, integrated care that supports improved health and wellbeing outcomes for the people of Fife, promoting self-care and independence.”

Our mission is to actively promote digital solutions across the Partnership to enhance delivery of our health and social care services. This includes not only our adult patients and service users, but also our children and young people. This will be evidenced by an increase in the uptake of technologies such as telehealth, telecare, tele coaching and self-care applications, and ensuring that technology enabled care services are available and accessible, enabling value maximisation and improved models of care.

In addition, we will improve the digital experience for staff ensuring flexible access to the right tools and systems. We will work with our partners to improve system integration and access to information, enabling our staff to deliver services efficiently and effectively with the emphasis being on a person-centred approach.

Below is our strategic framework which provides an overview of our vision, guiding principles, strategic priorities, goals, and actions within this digital strategy.

## The Digital Strategy Strategic Framework

<b>Vision</b>	To become a digitally innovative Health and Social Care Partnership. By leveraging the use of digital solutions, we will enable our workforce to deliver effective, integrated care that supports improved health and wellbeing outcomes for the people of Fife, promoting self-care and independence.								
<b>Guiding Principles</b>	Collaborative	Trusted and ethical	Re-use and maximise	Integrated and inclusive	Secure, reliable and sustainable	Benefits	Person-centred	Data driven	Skilled digital workforce
<b>Strategic Goals</b>	<b>LOCAL</b> Ensure, as far as possible, that the people of Fife are digitally connected within their community			<b>SUSTAINABLE</b> Promote and support digital inclusion for those choosing to use digital solutions			<b>WELLBEING</b> Expand on current and provide new digital solutions to support prevention, early intervention and living well at home for longer		
	<b>OUTCOMES</b> Explore and offer digital solutions which will promote dignity, equality and independence			<b>INTEGRATION</b> Increase systems and referral integrations and improve information sharing			<b>DATA INSIGHTS &amp; ANALYTICS</b> Better utilise data by creating management dashboards enabling accurate insights and well-informed and evidenced decision making		
<b>Strategic Actions/ Outcomes</b>	Increase number of consultations using video & use of other self help digital solutions	Embed digital solutions and alternative models of care	Fuller access to digital across health & care settings	Training and support to users of health & social care services	Improve staff experience and training	Systems access & integration			

## How our Digital Goals link to the Partnership's Strategic Plan

The goals within our Digital Strategy are clearly aligned to the priorities within the Fife Health and Social Care Strategic Plan and our design principles underpin and support these priorities.

## The HSCP Strategic Priorities

### LOCAL

A Fife where we will enable people and communities to thrive

- Ensure, as far as possible, that the people of Fife are digitally connected within their communities.

### SUSTAINABLE

A Fife where we will ensure services are inclusive and viable

- Promote and support digital inclusion for those choosing to use digital solutions.

### • INTEGRATION

A Fife where we will strengthen collaboration and encourage continuous improvement

- Increase systems and referral integration and improve information sharing.



### WELLBEING

A Fife where we will support early intervention and prevention

- Expand on current and provide new digital solutions to support prevention, early intervention and living well at home for longer.

### OUTCOMES

A Fife where we will promote dignity, equality and independence

- Explore and offer digital solutions which will promote dignity, equality, and independence



## Digital Strategy Design Principles

As part of the development of this digital strategy we have established a set of design principles which will help guide the creation of effective and user-friendly digital products and experiences which meet the needs of our users as well as aligning us to national and local strategies.



### Collaborative Partner

We will work together with our Partner organisations to achieve the digital goals of the Partnership fostering a culture of co-operation, teamwork and shared responsibility. We will share knowledge, skills, resources and responsibilities to achieve positive digital outcomes.



### Integrated and inclusive

We will ensure that everyone feels valued, respected and empowered to contribute. We will strive to bridge the digital divide within Fife promoting equality and social inclusion and seek to address the barriers to digital access and skills.



### Person-centred

We will promote better outcomes using digital solutions wherever possible ensuring our service users have a sense of dignity and empowerment as we assess digital needs.



### Trusted and ethical

We will ensure our digital solutions adhere to fairness and transparency guidelines. All parties involved in digital delivery will be trustworthy, respect confidentiality and strive for the best outcomes from our digital solutions.



### Secure, reliable and sustainable

We will work with our partners to ensure our digital solutions adhere to national and local standards around encryption, authentication and access controls safeguarding against risks and vulnerabilities. We will ensure systems operate effectively and are reliable, resilient, protected against cyber threats and that longevity is considered in all solutions.



### Data driven

We will use digital methods to collect, analyse and interpret data to gain meaningful insights and ensure decisions are based on accurate and quantifiable information.



### Re-use and maximise

We will work with our partners, to leverage existing digital tools wherever possible, systems and solutions flexing, scaling and adapting them to fit the needs of the Partnership.



### Benefits

We will recognise, identify and realise benefits as we implement digital solutions with a focus on cost savings, increased efficiencies and improved access to and accuracy of data.



### Skilled digital workforce

We will work to improve workforce digital literacy, technical proficiency and promote a culture of adaptability and continuous learning around all things digital, aligning to our workforce strategy.

*The Fife Health & Social Care Partnership's Strategic Plan 2023-26 is available here: [Fife-Strategic-Plan-2023-to-2026.pdf](https://www.fifehealthandsocialcare.org/fife-strategic-plan-2023-to-2026.pdf) ([fifehealthandsocialcare.org](https://www.fifehealthandsocialcare.org))*

# National Health & Wellbeing Outcomes and Public Priorities

Our Digital Strategy will support the national health and wellbeing outcomes and public health priorities shown in Appendix 1. We will continue to implement solutions to support individuals in maintaining and improving their overall wellbeing by enabling access to online health and wellness resources, fitness apps, and wearable devices which can track physical activity and vital signs. Using virtual services, we will continue to promote remote consultations and monitoring, ensuring timely access to professionals when needed.

Our digital solutions will provide opportunities for social connection and mental health support, reducing isolation and promoting emotional wellbeing.

As part of the Transforming Overnight Care Project, we will implement digital smart home technologies such as sensor technology, voice-activated assistants or home automations systems and use digital to assist with daily tasks enabling people to live independently and with dignity in their own homes for longer. This project will also explore assistive technologies such as mobility aids or communication devices to empower people with disabilities to maintain their independence and participate fully in society.

Using telehealth and telemedicine services we will reach individuals in remote or underserved areas, providing access to healthcare professionals and specialists who may not be available in person.

Work is also underway to develop our digital solutions which will facilitate data collection and analysis to identify and address health disparities across our localities.

We will continue to use digital to protect individuals from harm wherever possible, exploiting wearable devices with emergency response features which can provide immediate assistance in case of emergencies. We will continue to improve digital platforms and access to applications which can provide resources and support for individuals experiencing abuse, violence, or mental health crises, connecting them to helplines, counselling services or emergency contacts.

By leveraging digital tools and platforms we will ensure the citizens of Fife can access healthcare services, manage their wellbeing, and connect with support networks regardless of their location or circumstances.

# HSCP Medium-Term Financial Strategy

The financial position for public services continues to be challenging and the Integration Joint Board (IJB) must operate within significant budget restraints and pressures. It is therefore critical that our resources are targeted at the delivery of the strategic priorities identified in the Strategic Plan 2023 to 2026. To support this the IJB has developed the Medium-Term Financial Strategy (MTFS) which sets out the resources available and ensures that they are directed effectively to help deliver the outcomes identified in the Strategic Plan 2023 to 2026. The MTFS will inform decision making and actions required to support financial sustainability in the medium term. This includes transforming how we provide services to ensure these are safe, timely, effective, high quality and based on achieving personal outcomes.

Our Digital Strategy will be delivered in accordance with the MTFS and the funds that are made available to meet our statutory obligations in relation to service provision, and our performance targets in accordance with the National Health and Wellbeing Outcomes for Health and Social Care.



# Other Fife Health & Social Care Partnership Strategies

The Digital Strategy is one of 6 supporting strategies for Fife HSCP and is a component of all other supporting strategies.



Full details of those strategies can be found in Appendix 2 and a summary of the digital components are in the table below.

Strategy	High Level Digital components
<b>Workforce</b>	<ul style="list-style-type: none"> <li>✓ To support a digitally enabled workforce via a digital competency framework</li> <li>✓ To nurture workplace culture via Digital Champions</li> <li>✓ To introduce new work styles, ways of working and best practice</li> <li>✓ To upskill the workforce</li> <li>✓ Improve access for staff information sharing.</li> </ul>
<b>Participation and Engagement</b>	<ul style="list-style-type: none"> <li>✓ To continue to engage with individuals directly impacted by the changes which will be brought about by the development and delivery of the Digital Strategy.</li> </ul>
<b>Commissioning</b>	<ul style="list-style-type: none"> <li>✓ To embrace the opportunities that digital platforms can provide and implementing digital solutions to increase choice and availability of social care services.</li> <li>✓ To increase use of technology enabled care, empowering individuals to successfully manage their own care and well-being.</li> </ul>

Strategy	High Level Digital components
<b>Primary Care</b>	<ul style="list-style-type: none"> <li>✓ General Practice. Continue the move of the General Practitioner IT system from EMIS to Vision.</li> <li>✓ Urgent Care Service Fife (UCSF) <ul style="list-style-type: none"> <li>▪ e-Consultations via Near Me Technology</li> <li>▪ Alternative digital solutions for individuals with no access to video calls</li> <li>▪ e-prescriptions and digital prescribing</li> <li>▪ Improved digital interface between clinical systems which will ensure that all urgent care consultations can be accessed in a central location</li> <li>▪ Improved urgent care website allowing self-assessment guidance on how and when to access urgent care and up to date information on seeking the right care, in the right place by the right professional.</li> </ul> </li> <li>✓ Community Pharmacy. Replace the paper prescription will be replaced with a digital solution, providing an easier and more efficient way to order and receive prescriptions.</li> <li>✓ Dentistry <ul style="list-style-type: none"> <li>▪ To install digital radiography in clinics</li> <li>▪ Continue to make use of the liberty converse system on our dental advice line</li> <li>▪ Make more use of Near Me in the surgical service</li> <li>▪ Remove the need for paper records</li> <li>▪ Use of animation to allow children to see how a theatre visit would be instead of having to make two trips to our clinic at VHK. Patient s will access it through a QR code.</li> </ul> </li> <li>✓ Optometry. Explore opportunities to accelerate the implementation of the Openeyes Electronic Patient Record.</li> </ul>
<b>Local Housing</b>	<ul style="list-style-type: none"> <li>✓ To promote awareness of Smart Life in Fife</li> <li>✓ To develop a TEC Demonstrator Home</li> <li>✓ To develop one stop shops to promote independent living</li> <li>✓ To improve the use of Technology Enabled Care to support people living independently in the community.</li> </ul>

Strategy	High Level Digital components
<b>Advocacy</b>	<ul style="list-style-type: none"> <li>✓ To introduce an effective communications strategy that raises awareness of services using digital communications.</li> <li>✓ To develop online support.</li> </ul>
<b>Alcohol &amp; Drugs</b>	<ul style="list-style-type: none"> <li>✓ Improving levels of digital equality and opportunities for people across all communities</li> <li>✓ To consider the development of a Fife Alcohol and Drug Partnership App for public use, to help find the right service at the right time</li> <li>✓ To improve Technology Enabled Support to reach people who previously may have gone unsupported due to barriers presented by face-to-face engagement</li> <li>✓ Supporting/understanding the work of Reducing Drug Death Innovation Challenge which, aims to develop innovative technologies that help reduce drug-related harms/save lives.</li> </ul>
<b>Carers</b>	<ul style="list-style-type: none"> <li>✓ To use digital technologies to support young carers in Fife by contributing to the costs, and ensuring deprivation and financial hardship are not a barrier to learning and social connections.</li> <li>✓ To create a carers information website.</li> </ul>
<b>Dementia</b>	<ul style="list-style-type: none"> <li>✓ Develop Subject Expert Senior Practitioners to support the operational Social Work teams by identifying and implementing digital opportunities for people in Fife as well as helping develop a skilled and knowledgeable workforce.</li> <li>✓ Promote effective use of the current and future technologies which can support individuals with dementia to engage with support and live more independently in the community.</li> <li>✓ Promote digital inclusion for anyone living with dementia, to support them living at home.</li> </ul>
<b>Home First</b>	<ul style="list-style-type: none"> <li>✓ To utilise digital systems and applications to create a single point of access for care management and build capacity in communities to embed a new model of care.</li> <li>✓ To utilise digital systems and applications to enable relevant multi agency access to a single Anticipatory Care Plan.</li> </ul>
<b>Learning and Disability</b>	<ul style="list-style-type: none"> <li>✓ To develop a strategy that encompasses digital technology to realise benefits for individuals with learning disabilities.</li> </ul>

Strategy	High Level Digital components
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>✓ To develop a strategy that encompasses digital technology to realise benefits for individuals with mental health challenges.</li> </ul>
<b>Prevention and Early Intervention</b>	<ul style="list-style-type: none"> <li>✓ To provide accessible learning opportunities for the workforce on Prevention and Early Intervention opportunities</li> <li>✓ To support the use of data in decision making</li> <li>✓ To adopt a targeted and future care approach</li> <li>✓ To enable individuals to proactively manage their own health.</li> </ul>



# Locality plans and locality planning approach.

The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires integration authorities to work within localities and in Fife we have established seven locality groups which are aligned to the Fife Council local area committees. Health and Social Care Local Action Plans are currently based on improved joined up working across local teams by the staff who have the insight and knowledge regarding delivery of health and social care services in the local community. The locality planning groups focus on changing the way we work to improve health and wellbeing outcomes.

The overarching aims of localities are to:

- promote healthy lifestyle choices and self-management of long-term conditions.
- support people to live healthy well independent lives while living in their own home for as long as possible.
- reducing the number of avoidable emergency admissions to hospital and minimise the time people are delayed in hospital.
- efficiently and effectively manage resources available to deliver Best Value.
- support staff to continuously improve information and the support and care that they deliver.
- support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing.

To achieve the aims, the locality planning groups take a systematic approach to gathering and analysing the data to provide an

accurate and timely evidence base that will influence locality priorities. When reflecting on all the evidence across the seven localities, it is key that to make a positive impact in regard to the Digital Strategy, locality planning groups ensure that people who use health and social care services get the right care and support, at the right time and in the right setting, with a focus on community-based and preventative care.

# Current Situation

Within Fife HSCP, we have already come a long way in our digital journey, and we want to continue to capitalise on our existing achievements as well as embracing new initiatives. We must understand what is already in place and working well for us and identify and assess these solutions with a view to customising and integrating wherever possible to align with our service requirements, whilst ensuring that the solutions are inclusive for everyone. Utilising what we have, as well as introducing new, will help us drive innovation and improve efficiencies. We must work together with our partner organisations to tackle a wide range of challenges, from better systems integrations, which will enable more joined up working, to ensuring users of health and care services in Fife have better access to digital means and solutions. The current direction of their work priorities is listed in Appendix 3

Thanks to that collaborative working with our partners and the rapid response to digital during the COVID-19 pandemic, we have adopted digital hybrid working at a fast pace, meaning staff can operate seamlessly between home and office, giving our staff the flexibility, they need to thrive with a good work/life balance.

Working with colleagues in the Housing Plus Programme, we are exploring a wide range of sensor technologies, and in particular smart home digital solutions, enabling our more vulnerable people to interact with their surroundings using voice activation or touch to help with daily activities. The various initiatives are below: -

Details of Housing initiative	Key dates
Promote awareness of Smart Life in Fife (SLIF). The Housing Plus Team have trained all Older Persons Housing (OPH) staff on how to use SLIF so they can encourage tenants to get involved.	Completed
Life Curve Test of Change - Housing Plus Team are working with 5 tenants (in Sheltered Housing) to test the benefits of the Life Curve. This includes digital inclusion through tenants using the Life Curve online offering and regular Near Me video calls from the Housing Plus Team. This is part of a wider project with the HSCP team.	By October 2024
One Stop shops to promote independent living. One stop shop in High Street, Kirkcaldy will provide a tech library. With at present approx. 15 organisations linking with the Independent Living Advice Hub (ILAH) this will provide an opportunity for all organisations to support service users becoming digitally included. Idea is to loan out I-pads and other tech with MiFi (mobile wireless internet) hot spot devices funded through Connecting Scotland to cover digital inclusion aspects.	Completed

Details of Housing initiative	Key dates
Develop a Technology Enabled Care demonstrator home.	<b>By November 2024</b>
Improve the use of Technology Enabled Care to support people living independently in the community Charm 3 - test of change. Will involve working with a small number of tenants to test the benefits of a wearable device that records health data. The intention is to work with a tenant also participating in the Environmental Sensor test of change. Environmental Sensors measure the environmental condition of a home. This will provide the opportunity to test any links with the env condition of a property to an individual's health. This project is on hold at present as the company involved are experiencing changes.	<b>By March 2025</b>
Alexa test of Change. Improve the use of Tech Enabled Care to support people living in the community by developing Alexa in conjunction with Amazon, Scottish Government, Digital Office, Scottish Enterprise, Censis, other Local Authorities (all social care reps). The developed Alexa will have smart properties in addition to a built in I-sim, back up battery and added cyber security. This device will not be available off the shelf. The added resilience will support the opportunity to test the effectiveness of this device to voice activate help to the new digital ARC. This test of change will be carried out in phases as the Alexa device develops. The added functionality will support independent living and if the proof of concept successful a new way of delivering services. There is an opportunity in future phases to integrate care scheduling and repairs systems.	<b>Phase 1 developed devices should be available from March 2024</b>
Online lunch ordering and payment offering to provide an opportunity for tenants to order lunches online.	<b>March 2024</b>
Test of Change - installation of broadband in a new build Very Sheltered Housing complex. This will include broadband, Alexa device with a service charge for the user.	<b>November 2024</b>

Using Near Me, we have an established way of offering online virtual appointments giving choice to our service users.

The Home First Strategy has been agreed by the Partnership in Summer 2023, and digital technology will play a key role in transforming community care models. One of the main objectives of the delivery programme is to use digital systems and applications to create a single

point of access for care management and build capacity in local communities to embed a new model of care.

We will be working with our partners in NHS Fife and Fife Council to explore the best digital technology available to help achieve the Home First outcomes. This will result in streamlined access to community care, excellence in scheduling by ensuring the right person with the right skills visits people's houses therefore reducing footfall. Care co-ordination within localities will result in people being cared for at the right time, in the right place.

Another key aim of Home First is to use digital systems and applications to enable relevant multi agency access to a single Anticipatory Care Plan. This will increase the number of service users with an agreed Anticipatory Care Plan, and the number of agencies that can access the plans to provide enhanced and coherent care.

The Primary Care Strategy has a key priority of embedding and accelerating digital technology solutions (such as Near Me, e-consult) to support recovery and underpin the transformation of primary care, so that it reflects modern needs and expectations. The action plan intends to introduce digital solutions to enhance capacity and support the care delivery model and to ensure the environment is more supportive of digital health innovation, supporting effective collaboration and new ways of working.

More specifically, in the main areas of primary care, there are the following digital priorities: -

- **General Practice**

- Continue the move of the General Practitioner IT system from EMIS to Vision.

- **Urgent Care Service Fife (UCSF)**

- e-Consultations via Near Me Technology improve clinician and patient confidence, effective clinical decision making and enabling multi-disciplinary consultations with individuals and family members not be available to attend local urgent care centres.
- Alternative digital solutions for individuals who do not have access to video calls, can safely and securely send images of ailments during telephone consultations enabling effective clinical decision making for individuals and family members who may not be available to attend local urgent care centres.
- e-prescriptions and digital prescribing allows for prescriptions to be sent electronically to an individual's pharmacy of choosing, with no need for a paper prescription, this is a more secure and efficient way to get urgent access to medication.
- Improved digital interface between clinical systems which will ensure that all urgent care consultations can be accessed in a central location, improving multi-discipline access to health records, more efficient for continued patient journeys and improve security for the transfer of patient records.
- Improved urgent care website allowing self-assessment guidance on how and when to access urgent care and up to date information on seeking the right care, in the right place by the right professional.

- **Community Pharmacy**

- Engage with digital prescribing and Dispensing Pathways Programme which focuses on revolutionising the prescribing and dispensing process in Scotland. Ultimately the paper prescription will be replaced with a digital solution, providing an easier and more efficient way to order and receive prescriptions, creating efficiencies in both General Practice and Community Pharmacy to provide a more seamless patient journey.”

- **Dentistry**

- To install digital radiography in all our clinics, subject to resource allocation.
- Continue to make use of the liberty converse system on our dental advice line which allows us to reach more patients in pain much more efficiently.
- Make more use of Near Me in the surgical service.
- Remove the need for paper records in our dental anaesthetic system.
- Use of animation to allow children to see how a theatre visit would be instead of having to make two trips to our clinic at VHK. Patients will access it through a QR code.

- **Optometry**

- Explore opportunities to accelerate the implementation of the Openeyes Electronic Patient Record system for the community glaucoma service (CGS), to allow better sharing of information between primary and secondary care. The purpose of the CGS is to facilitate the discharge of certain lower risk glaucoma

patients from the hospital eye service and enable them to receive care from accredited providers in the community.

In the last 12 months the Care at Home Service has successfully introduced Carelink for managing service user information to assist with scheduling of care via the Total Mobile Solutions, which has been in place for a number of years. The service is in the process of integrating Carelink and the Liquid Logic Social Work system to realise further benefits.

The Care at Home Service also use telecare solutions for providing community alarms to service users. The Telecare service recently moved over from analogue to digital and worked very closely with the ARC (Alarm Receiving Centre) to ensure a successful upgrade for all users.

The NHS Fife Psychology Service has a long history of excellence in digital innovation. The earliest of these developments was the Psychology Service’s Moodcafe website. Launched in April 2007, Moodcafe was the first of its kind in offering accessible and high-quality mental health and wellbeing self-help resources, for a wide array of difficulties.

Following this, the Service was also the first in Scotland to develop the Access Therapies (AT) Fife Website, a bespoke self-referral portal for its Primary Care Services. Launched in November 2018, the AT Fife website has become incredibly popular and provides the people of Fife with easy access to a range of effective, evidence-based psychological treatments and support programmes, without the need for GP or professional referral. In the coming years, the service will increase the availability of services through the AT Fife portal.

In the last decade the Fife Psychology Service, in collaboration with partners in Scottish Government, has been at the forefront of Technology Enabled Care (TEC) through the delivery of a suite of Digital Therapeutics. These include a range of self and professional-referred web and app-based Computerised Cognitive Behavioural Therapies (cCBTs). These interventions now include depression, generalised anxiety, insomnia, resilience, stress, adaptation, and management of various physical health difficulties. Most of these are delivered in a self-help or supported self-help format, thereby increasing accessibility, reach and potential for self-management. Thanks to Scottish Government funding, 2023 saw the formation of the Service's first dedicated Digital Therapies Team. Future work will look towards enhancing this provision, through activities such as independent procurement to support gaps in service and increase access to effective treatments.

Following the COVID-19 pandemic, the NHS Fife Psychology Service was quick to respond, forming a Service-wide Digital Service Delivery Working Group (DSDWG). The group worked quickly alongside partners in NHS Fife's Digital and Information, and Information Governance departments, as well as with Scottish Government specialists to contribute to emerging national guidance and technologies to support the transition to online services.

Today, the Psychology Service continues to offer a range of fully online and blended treatment options, including online individual and group therapies. The DSDWG continues to support the best use of digital services through development of subject area expertise, quality improvement efforts, and contributions to local and national digital projects. These include the national programme to evaluate

NearMe for group therapies and the pilot of the ConnectMe Remote Health Monitoring pathway for Mental Health.

Below are some key statistics and outcomes:

- Average of 72,000 visits to the Moodcafe website every year, meaning people are better informed about various Mental Health conditions and are empowered to manage these better.
- Nearly 11,000 referrals made through the AT Fife website to date, giving people access to high-quality psychological therapies with the majority of these referral have resulted in treatment.
- Over 3,000 self-referrals to our Sleepio and Daylight digital therapeutics since they were launched in 2020 and over 3,000 referrals and over 2,500 self-referrals for adults and children to our Silvercloud Digital therapeutics since they launched in 2021. People have had near instant access to high quality evidence based therapies. These services have improved access, reduced waiting times and reduced demand on other parts of our services. Most of these referrals translated into active treatments.

Fife Health and Social Care Partnership has been using the 'Smart Life in Fife' self-assessment tool for a number of years now and are currently working to improve the process and increase uptake of the system, which allows service users to get the right advice and personalised solutions to assist them in their daily life, reducing the need for Community Occupational Therapy intervention for non-complex issues. That service is further enhanced by the introduction of the LifeCurve App which is live on Smart Life in Fife and will be rolled out to the Partnership Care Homes within the next six months, and then to the wider Community Care Services. The

LifeCurve App enables service users to plot where they are in the ageing process and introduce techniques to reduce the acceleration of ageing/frailty and to keep on living independently.

The Health and Social Care Portal is being continually improved, most recently a new interface was introduced. The next part of the project will be to link to the Liquid Logic social work system.

The e-Rostering solution is part of a national e-Rostering programme led by National Services Scotland. The system will become the master system for the compilation of rosters, management of leave and time recording for all NHS staff. NHS Digital & Information has started the roll-out of e-Rostering here in Fife and are working with key teams in the early adopter phase.

We are currently developing a new HSCP website which will serve as a comprehensive and accessible platform for the people of Fife to access information, support and services related to their health and social care needs. This will play an active role in supporting people to manage their own health.

In collaboration with our partner organisations, we are enhancing the use of the suite of powerful tools available within Microsoft Office 365 helping us to collaborate, communicate and create like never before in new and exciting ways.

A project has recently been established as part of the MTFS programme to Modernise Administration Services with the outcome to develop a modern and digitally enabled Administration Service in the Partnership which will fit with public expectation.

We recognise all this good work, and our strategy will enable us to

build on this whilst prioritising our digital initiatives in line with our strategic priorities.

# Participation and Engagement

Public, staff, and third and independent sector engagement activity has taken place as part of the development of this strategy.

## Staff Engagement

### Business Needs Identified

The response to our staff engagement was high with 368 staff responding and 2,500 comments made. This was very encouraging. Many comments were positive towards digital and, in particular, the benefits that our Microsoft tools have brought. Staff can clearly see how digital can improve their ability to provide a better service and are keen to see us progress what they see as their digital priorities.

These priorities can be themed as below:

- **Increased access to systems across NHS Fife and Fife Council** – there is inconsistency in the access to systems across the HSCP with some staff having access where others do not. There are restrictions placed on some systems with 'access only' rights tied down to either NHS Fife or Fife Council leading to "full picture" information being difficult to establish.
- **Systems Integration** – there is a requirement within most roles to use multiple systems which do not integrate or "talk to each other." Staff find they are wasting time having to duplicate information across many systems.
- **Enhanced use of data** (utilising dashboard tools) – there is an acknowledgement that we have a lot of rich information stored in multiple ways across multiple systems. Our staff would like to see

tools developed which help us provide real time data and insights allowing them to make informed decisions quickly.

### Workforce Needs Identified

Almost half of the respondents (41.2%) highlighted that training is very important in supporting the digital awareness of staff. Many people highlighted that there needs to be more allocated time for staff to be able to do necessary training or work on raising their digital awareness.

## Public Engagement

Most of the public engagement took place face to face, however members of the public also had the opportunity to respond to questions online using a QR code or a link which was shared. Public engagement took place across all seven Fife Localities and people were able to give their views in GP surgeries, supermarkets, carer groups, coffee mornings and at a City Conference.

There were four clear priority themes from the public engagement, these include:

- **Wi-fi in Care Homes** – this came across very strongly as a priority issue. There are inconsistencies in the models of wi-fi provision in care homes leading to many residents having no access to wi-fi, therefore no access to digital. This is contributing to the digital exclusion of many and having a direct impact on the mental health and welfare of our residents.
- **Bookable appointments online** – the people of Fife feel that



being able to book appointments online would vastly improve their access to our services.

- **Increased use of monitoring and sensor technology** – the people of Fife see the benefits of this type of technology enabling them to live independently at home for longer and benefiting early intervention of health conditions.
- **Access to information online** – the people of Fife would like to be able to access HSCP information more easily. As well as enhancing our services, this will support people to self-help potentially reducing early-stage referrals.

A high-level SWOT analysis of the output from the Participation and Engagement activity is found in Appendix 4

# Action Plan

The priority for the next three years, to 2027, is to actively promote digital solutions across the Partnership to enhance delivery of our health and social care services.

This means completing current projects and initiatives which introduce digital solutions, this will include: -

- increasing the number of consultations delivered using virtual consultations.
- increasing the use of self-assessment tools and other self-help digital solutions
- fuller access to digital across health and care settings
- ensuring digital solutions and alternative models of care are fully embedded across all relevant health and social care services.
- providing training and support to maximise opportunities enabling individuals to successfully manage their own care and wellbeing.

This will be evidenced by an increase in the uptake of technologies such as telehealth, telecare, tele coaching and self-care applications. Ensuring that Technology Enabled Care services are available and accessible will enable us to maximise value and introduce improved models of care.

To progress this strategy, we then must work with our partners to improve system integration and access to information, enabling our staff to deliver services efficiently and effectively with the emphasis being on a person-centred approach. We must also work to improve the digital experience for staff ensuring flexible access to the right tools and systems.

As a result we have agreed with our partners, that our priority action is to create an HSCP Digital Oversight Board which will enable us to build a complete and comprehensive digital picture for the Partnership. Our priority actions as detailed in the following High Level Action Plan, and which are aligned to our partners' strategies, will be governed, and managed via this joint working board. A detailed programme of digital work for HSCP will be created based on this action plan and this will be made available by August 2025.

## Patient/client/service user Digital priorities

You asked for	What we need to do	Who we need to work with	Outcomes/what impact will this work have
Wi-Fi in care homes	Establish current wi-fi access status and progress a model, or models, of wi-fi provision in care homes with a view to ensuring access is available to all.	Fife Council BTS	This will ensure that our care home residents can be digitally connected with their families and wider communities, improving their physical and mental wellbeing, and digital inclusion.
Bookable appointments online	Establish current status around online booking systems and apps and progress a prioritised workplan to introduce these to all suitable HSCP services	Fife Council BTS NHS Fife Digital	Providing this functionality will: <ul style="list-style-type: none"> <li>• improve user access, experience and choice.</li> <li>• improve organisational and workforce efficiency, and reduce costs.</li> <li>• reduce the carbon footprint associated with printing and posting, which can be quantified and tracked as part of project implementation.</li> </ul>
Increased use of sensor technology	Explore the opportunities for greater use of sensor technology, building on the solutions implemented in Transforming Overnight Care project.	Fife Council BTS NHS Fife Digital	We will support individuals in a more person-centred way helping us to promote independence and living well at home or in a homely setting for as long as possible.
Access to information online	Continue to develop the new HSCP website so that the people of Fife can easily access the right information at the right time regardless of their point of enquiry.	Fife Council BTS NHS Fife Digital	A user friendly HSCP website will enable the people of Fife to: <ul style="list-style-type: none"> <li>• access accurate, up-to-date information about services, self-help/ support and self-referral options</li> <li>• Increase awareness of video consultation options</li> <li>• Improve access to the right service at the right time</li> <li>• Improve awareness of the community chest fund and other opportunities</li> <li>• Improve awareness of our third sector and independent sector partner organisations</li> <li>• Promote HSCP services and roles as a career path/vacancy opportunity.</li> <li>• This will contribute to a sense of empowerment and dignity.</li> </ul>

## Staff/workforce Digital priorities

You asked for	What we need to do	Who we need to work with	Outcomes/what impact will this work have
Increased access to systems across NHS Fife and Fife Council	Establish requirements for access to systems, identify barriers to access and implement workable solutions that benefit the partnership staff.	Fife Council BTS NHS Fife Digital	Improved access will <ul style="list-style-type: none"> <li>• Improve communication and co-ordination of care, ensuring appropriate, well informed, and person-centred decisions are made.</li> <li>• Reduce the number of times the service user is required to repeat their story.</li> <li>• Create a more digitally enabled workforce with access to the right information at the right time.</li> </ul>
Systems integration	Programme of work to explore what systems are currently integrated, identify future integration requirements (or new system requirements) and develop a plan for implementation.	Fife Council BTS NHS Fife Digital	Improved system integration will undoubtedly avoid duplication of effort, remove perceived and actual barriers to collaborative working, and enhance the digital experience and efficiency of our workforce.
Enhanced use of data and analytics	Understand the work under development to implement additional dashboards to aid decision making based on data and analytics. We will ensure this aligns with the HSCP Performance Framework.	Fife Council BTS NHS Fife Digital	Enhanced use of data and analytics will provide better insights to operational service delivery leading to service improvement, increased service user satisfaction and organisational and workforce efficiencies. In the longer-term better insights will improve service user health and care outcomes

# Action Plan Indicative Timeline

3 Year Action Plan					
Patient/Client/Service User - Digital Priorities	Links to other programmes / strategies	Description	Year 1	Year 2	Year 3
1. Wif-fi in care homes	Fife Council Digital Strategy Fife NHS Digital Strategy	Investigate and plan to deliver consistent, secure, reliable Wi-Fi access across Fife Care Home estate	●		
2. Bookable appointments online	Fife Council Digital Strategy Fife NHS Digital Strategy	Explore potential digital solutions to enable suitable HSCP appointments to be booked online	●	●	
3. Increased use of sensor technology	Overnight Stays	1. Improve/ extend Technology Enabled Care to support independent living 2. Further rollout of Digital Apps and tools to enable individuals to pro-actively manage their own health	●	●	
4. Access to information online	New HSCP Website	1. Complete development of the HSCP Website 2. Promote awareness of SmartLife in Fife /Lifecurve apps- 3. Expand the use of Near Me technology for e-Consultations	●	●	
Staff/workforce priorities	Links to other programmes/ strategies				
1. Increased access to systems across NHS Fife and Fife Council	Fife Council Digital Strategy Fife NHS Digital Strategy	1. Transform Business Administration - Enhance use of Microsoft e.g. Teams, Power BI, Forms, exploring new digital opportunities 2. Continue the move of GP IT system from EMIS to Vision 3. To nurture a digital first culture across the workforce 4. To enable information sharing	●	●	
2. Systems Integration	Fife Council Digital Strategy Fife NHS Digital Strategy Home First Programme	1. Develop our approach to systems integration including improved digital interfaces between systems 2. Create a digital solution for centralised scheduling of appointments for care services			●
3. Enhanced Use of Data	Data Dashboards	Develop digital solutions to enhance the use of data and analytics			●

This plan is linked to the digital guiding principles, the priorities of our digital partners, and the priorities of the HSCP, as demonstrated below

Patient/Client/Service User - Digital Priorities	Links to other programmes /strategies	Links to HSCP					Links to guiding principles								
		Local	Sustainable	Outcomes	integrated and inclusive	Wellbeing	Collaborative	Trusted & Ethical	RE-use and Maximise	Integrated and Inclusive	Secure, reliable and sustainable	Benefits	Person Centred	Data Driven	Skilled Digital Workforce
1. Wif-fi in care homes	Fife Council Digital Strategy Fife NHS Digital Strategy	●	●	●	●	●	●	●		●		●	●		
2. Bookable appointments online	Fife Council Digital Strategy Fife NHS Digital Strategy	●	●	●	●		●	●		●	●		●		
3. Increased use of sensor technology	Overnight Stays	●	●	●	●	●	●	●		●	●	●	●		
4. Access to information online	New HSCP Website	●	●	●	●	●	●	●	●	●	●	●	●		
Staff/workforce priorities	Links to other programmes														
1. Increased access to systems across NHS Fife and Fife Council	Fife Council Digital Strategy Fife NHS Digital Strategy				●		●	●	●	●	●	●			●
2. Systems Integration	Fife Council Digital Strategy Fife NHS Digital Strategy Home First Programme				●		●	●	●	●	●	●			●
3. Enhanced Use of Data	Data Dashboards	●		●	●		●		●	●	●	●		●	●

Patient/Client/ Service User - Digital Priorities	Links to other programmes / strategies	Links to Medium Term Financial Strategy								Links to priorities with NHS Scotland Digital Health & Care Strategy					
		Ensuring Best Value	Whole System Working	Prevention and Early Intervention	Technology First Approach	Commissioning Approach	Transforming Models of Care	Prescribing - reduce waste/realistic prescribing	Bridge the Budget Gap/ Financial Stability	Digital Access	Digital Services	Digital Foundations	Digital Skills and Leadership	Digital Futures	Data Drives services and Insights
1. Wif-fi in care homes	Fife Council Digital Strategy Fife NHS Digital Strategy		●		●					●	●	●		●	
2. Bookable appointments online	Fife Council Digital Strategy Fife NHS Digital Strategy		●		●				●	●	●		●	●	
3. Increased use of sensor technology	Overnight Stays	●	●	●	●	●	●		●	●	●	●	●		
4. Access to information online	New HSCP Website	●	●	●	●	●	●	●	●	●	●	●	●	●	
<b>Staff/workforce priorities</b>	<b>Links to other programmes</b>														
1. Increased access to systems across NHS Fife and Fife Council	Fife Council Digital Strategy Fife NHS Digital Strategy		●		●						●	●	●	●	
2. Systems Integration	Fife Council Digital Strategy Fife NHS Digital Strategy Home First Programme		●		●			●			●	●	●	●	
3. Enhanced Use of Data	Data Dashboards		●	●	●			●	●		●	●	●	●	

# Partnership Digital Skills and Culture

Progressing our digital workplan is reliant on ensuring we align closely to what is set out in the Fife HSCP Development Action Plan. This plan proposes to develop and implement a digital competency framework with a communication strategy for the HSCP workforce that supports training and upskilling requirements.

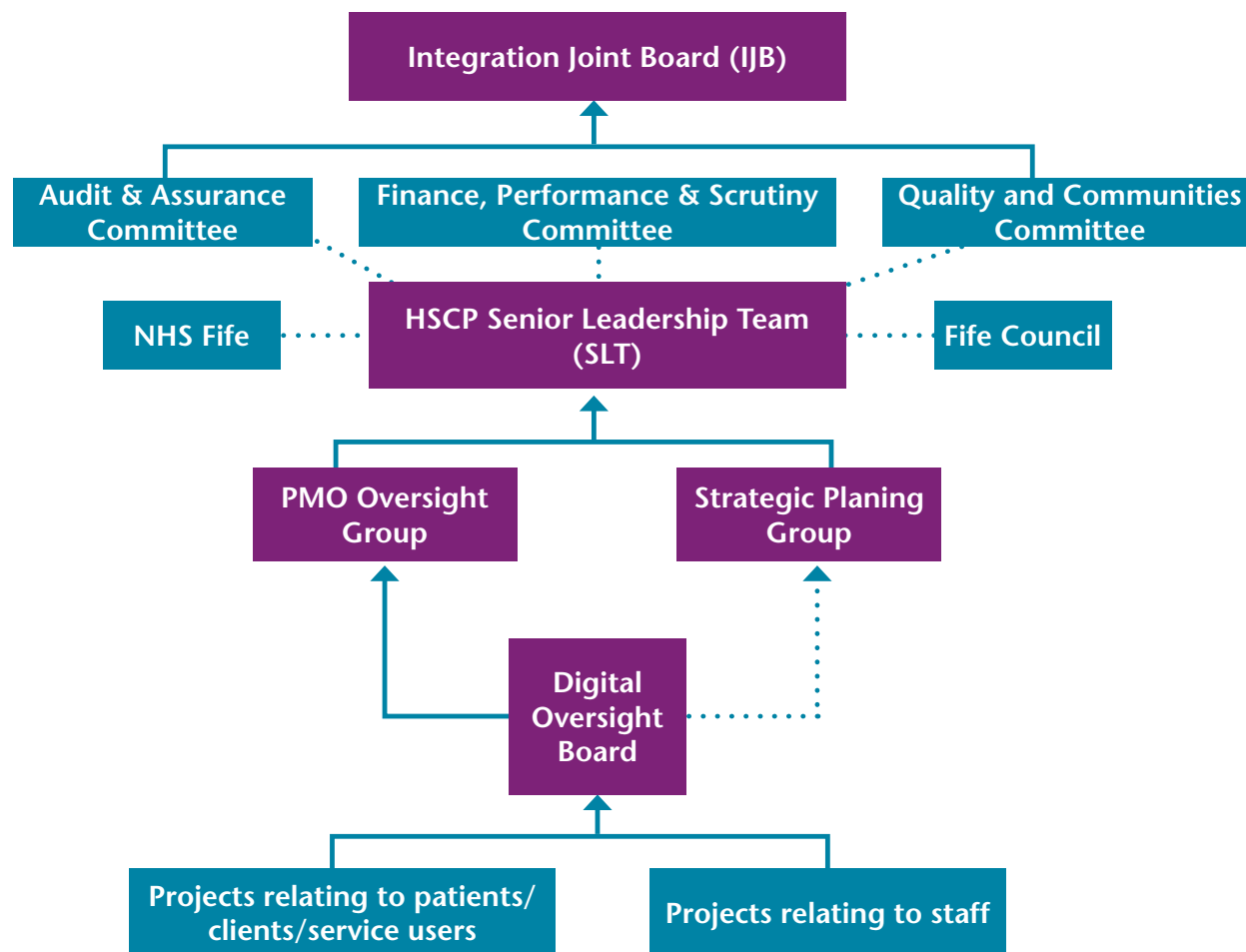
The Workforce Development Plan seeks to introduce a Digital Champion's Programme. This is an opportunity for the workforce to develop a network headed up by service digital leads across Fife HSCP to support workforce development and skills improvement. The inclusion of a Champion's Network Programme is aimed at upskilling the workforce, and improving the retention of staff as technology enhanced care evolves. NHS Fife currently embed Digital Champions within their solution delivery process. They are currently establishing a more formal Digital Champion Group as part of their Digital enablement work, which is central to the new strategic intent and will be outlined in their refreshed Digital Strategy.

Furthermore, the Fife HSCP Workforce Development Plan will monitor the effectiveness of systems training and consider progressing a sustainable training pathway for the workforce that incorporates a range of learning styles.



# Monitoring and Review

The Digital Strategy will be monitored and reviewed by the Strategic Planning Group. Any change/project activity will be monitored and reviewed by the Digital Programme Oversight Board which, will be accountable to the Programme Management Office (PMO) Oversight Group, the HSCP Senior Leadership Team (SLT) and, the Integration Joint Board (IJB)



# Appendix 1 - National Health and Wellbeing Outcomes

## National Health and Wellbeing Outcomes

1.	People are able to look after and improve their own health and wellbeing and live in good health for longer.
2.	People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3.	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4.	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5.	Health and social care services contribute to reducing health inequalities.
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 wellbeing.
7.	People who use health and social care services are safe from harm.
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.
9.	Resources are used effectively and efficiently in the provision of health and social care services.

## Public Health Priorities

1.	A Scotland where we live in vibrant, healthy, and safe places and communities.
2.	A Scotland where we flourish in our early years.
3.	A Scotland where we have good mental health.
4.	A Scotland where we reduce use of harm from alcohol, tobacco, and other drugs.
5.	A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
6.	A Scotland where we eat well, have a healthy weight and are physically active.

# Appendix 2 - HSCP Strategy Information

## Workforce Strategy

The **Workforce Strategy 2022/25** commits to supporting the development of a digitally enabled workforce in line with new models of working and care delivery, working with partners including Housing. Ensuring that our belief and ethos in fostering a nurturing workplace culture is at the heart of strategic and policy decision-making forums, to support a digitally enabled workforce.

The Year 2 Workforce Action Plan is designed around the five pillars set out in the National Workforce Strategy and will deliver the following:

### Plan - strengthening our workforce planning.

Strategic/Operations Goal to develop new work styles to support more flexible and inclusive working across the partnership.

- Starting November 2023 - Facilitate workforce training to upskill staff to utilise digital care technology for night care provision.

Strategic/Operational Goal to review all services running available Workforce and Workload Planning Tools, giving cognisance to Safe Staffing Legislation, digital opportunities, the national standards scrutinised by the Care Inspectorate and Health Improvement Scotland (HIS) and national difficulties in recruitment across certain professional groups/specialities.

- Rollout of the workforce planning tool to Hospital at Home teams in line with HIS timescales.

## Train – Supporting the training and development of our workforce.

Strategic/Operational goal – establish Digital and Information for Paperlite solutions, in a way that supports a future workforce and upskills the current workforce.

- By March 2024 – Provide required development to maximise digital access for the dispersed workforce to meet the need to progress to paperless systems needed in Home Care Services is rolled out for monitoring and recoding of emergency care visits and vehicle checks.

Strategic Goal - Support for a digitally enabled workforce

- By August 2024 - To develop and implement a digital competency framework with a communication strategy for the HSCP workforce that supports training and upskilling requirements aligned with the HSCP Digital Strategy.
- By May 2024 - To introduce a Digital Champions programme opportunity for the workforce and headed up by service Digital Leads across the HSC to support workforce development and skills improvement.

## Employ – Increasing our employment into Health and Social Care.

Strategic/Operational Goal – develop recruitment platforms including greater presence across social media and higher education institutions.

- By April 2024 – Complete the new Colleague Hub on the refreshed HSCP Website to share information across the

integrated workforce.

### **Nurture – Nurturing our workforce.**

Strategic/operational goal – support our workforce to take responsibility for their own health and wellbeing and use training and development to engage and focus employees on their own health and wellbeing.

- By November 2024 issue information to the workforce via digital and social platforms promoting best practice and self-care initiatives on health and wellbeing to the workforce.

### **Participation & Engagement Strategy**

The Participation and Engagement strategy 2022/25 outlines that the principles of participating and engagement call for and underlines the need to engage with and listen to individuals directly impacted by the changes which will be brought about by the development and delivery of the Digital Strategy action plan.

The action plan states that Localities exist to ensure that the benefit of better integration improves health and wellbeing outcomes. They provide a local forum for professionals, communities, and individuals to inform redesign and improvement for their locality and avoid a top-down approach.

Working from a “top-down, bottom-up” approach Participation and Engagement aim to reach all our communities and ensure their voices are heard.

### **Commissioning Strategy**

The Commissioning Strategy 2023/26 outlines the vision ‘To commission high quality, local, sustainable, and collaborative services that are person-centred and outcome-focussed, that support the delivery of care provision at the right time and in the right place and enable people to live independent and healthier lives in their own home, and within their own community.

The strategy aims to promote health and wellbeing and strengthen early intervention and prevention, and for individuals to embrace the opportunities that digital platforms can provide. Fife communities have changed significantly over the years, the size, the health conditions that people live with for longer, healthcare and how people use digital technology have all changed and continue to change.

By 2026, one of the key priorities of the Commissioning Strategy to be achieved is that through our commissioning practice, there will be an increase in the choice and availability of social care services through implementation of digital solutions where appropriate.

The result will be an increase in technology enabled care, empowering individuals to successfully manage their own care and wellbeing, where suitable to individual needs.

## Local Housing Strategy

The Local Housing Strategy 2022/27 outlines that the Fife Council Housing Service and the wider Fife Housing Partnership are committed to greater digital opportunities for people across Fife. This is captured in the Local Housing Strategy within Priority 3 - "A suitable home". The vehicle for delivering most of this work is the Housing Plus project.

Within the Local Housing Strategy, are the following actions –

- By March 2024 – Promote awareness of Smart Life in Fife
- By March 2024 – Develop a TEC Demonstrator Home
- By March 2025 – Develop one stop shops to promote independent living
- By March 2025 – Improve the use of Technology Enabled Care to support people living independently in the community

## Primary Care Strategy

The Primary Care Strategy has a key priority of embedding and accelerating digital technology solutions (such as Near Me, e-consult) to support recovery and underpin the transformation of primary care, so that it reflects modern needs and expectations. The action plan intends to introduce digital solutions to enhance capacity and support the care delivery model and to ensure the environment is more supportive of digital health innovation, supporting effective collaboration and new ways of working.

For the main areas of primary care, there are the following Digital priorities:

- Continue the move of the General Practitioner IT system from EMIS to Vision.

## Urgent Care Service Fife (UCSF)

- e-Consultations via Near Me Technology improve clinician and patient confidence, effective clinical decision making and enabling multi-disciplinary consultations with individuals and family members.
- Alternative digital solutions for individuals who do not have access to video calls, can safely and securely send images of ailments during telephone consultations enabling effective clinical decision making for individuals and family members.
- e-prescriptions and digital prescribing allows for prescriptions to be sent electronically to an individual's pharmacy of choosing, with no need for a paper prescription.
- Improved digital interface between clinical systems which will

ensure that all urgent care consultations can be accessed in a central location, improving multi-discipline access to health records.

- Improved urgent care website allowing self-assessment guidance on how and when to access urgent care and up to date information on seeking the right care, in the right place by the right professional.

### **Community Pharmacy**

- Engage with Digital prescribing and Dispensing Pathways Programme which focuses on revolutionising the prescribing and dispensing process in Scotland. Ultimately the paper prescription will be replaced with a digital solution, providing an easier and more efficient way to order and receive prescriptions.

### **Dentistry**

- To install digital radiography in all clinics, subject to resource allocation.
- Continue to make use of the liberty converse system on our dental advice line which allows us to reach more patients in pain much more efficiently.
- Make more use of Near Me in the surgical service.
- Remove the need for paper records in our dental anaesthetic system.
- Use of animation to allow children to see how a theatre visit would be instead of having to make two trips to our clinic at VHK. Patients will access it through a QR code.

### **Optometry**

- Explore opportunities to accelerate the implementation of the Openeyes Electronic Patient Record system for the community glaucoma service (CGS), to allow better sharing of information between primary and secondary care.

### **Advocacy Strategy**

The Advocacy Strategy 2023/26 does not directly refer to digital or digital solutions, although the current service provides access to online specialist support. The priorities of the Strategy refer to the need to develop an effective communications strategy and raise awareness of services, which will likely use digital communications.

A detailed delivery plan will be developed once the Advocacy lead is appointed (Date tbc).

### **Alcohol and Drugs Strategy**

The Alcohol & Drugs Strategy 2023/26 is currently being refreshed. In relation to digital, the revised strategy will focus on: -

- improving levels of digital equality and opportunities for people across all communities.
- consider the development of a Fife Alcohol and Drug Partnership App for public use, to help find the right service at the right time, and will seek a sustainable resource to support the app development.
- improving the use of Technology Enabled Support to reach people who previously may have gone unsupported due to barriers presented by face-to-face engagement.

- supporting/understanding the work of Reducing Drug Death Innovation Challenge which, aims to develop innovative technologies that help to reduce drug-related harms and save lives.

## Dementia Strategy

Fife Health and Social Care Partnership is committed to supporting individuals in Fife who are living with dementia to live independent and healthier lives and ensure that they have access to appropriate care services in suitable environments.

As part of this commitment, the Partnership has recently developed and recruited two Subject Expert Senior Practitioners whose primary focus is Technology and Dementia. These posts will support the operational Social Work teams by identifying and implementing digital opportunities for people in Fife as well as helping develop a skilled and knowledgeable workforce.

The postholders will promote effective use of the current range of technologies, such as Near Me, Just Checking and existing telecare devices, as well as maximising the use of new and emerging digital technologies which can support individuals with dementia to engage with supports and live more independently in the community.

A key aspect of the roles will also be joint working across the Partnership, as well as with third sector partners to ensure that anyone living with dementia in Fife and their carers have equal opportunities to access digital technologies to support them living at home.

## Home First Strategy

The Home First Strategy 2023/26 will be delivered by a combination of the Home First Programme and Service led initiatives. The structure is composed of subgroups/workstreams that each focus on key transformational areas of the Home First model.

The priorities for the Home First Strategy which relate to digital are:

Priority 2 – we will utilise digital systems and applications to enable relevant multi agency access to a single Anticipatory Care Plan. This will increase the number of service users with an agreed Anticipatory Care Plan, and the number of agencies that can access the plans.

Priority 3 - we will utilise digital systems and applications to create a single point of access and build capacity in communities to embed a new model of care.

The Digital Strategy will enable this vision to happen by seeking the best digital technology available to help achieve the Home First outcomes. This will result in streamlined access to community care, and less footfall in people's houses.

Care co-ordination within localities will result in people being cared for at the right time, in the right place. The Home First delivery plan will commence in 2023 and run until March 2026

## Learning Disability Strategy

The Learning Disability Strategy will start being developed in 2024.

## Mental Health Strategy

The Mental Health Strategy is currently in development and is aiming for approval in spring 2024.

## Prevention and Early Intervention Strategy

- The Prevention and Early Intervention Strategy 2024-2027 and delivery plan is under development, targeting approval in early 2024.
- The delivery plan assumes the use of digital in the undernoted priority areas: -
- Provision of accessible learning opportunities for the workforce on Prevention and Early Intervention by March 2026.
- Supporting the integration of data from sources across the partnership to inform how resources are deployed to increase prevention and early intervention activity by March 2027.
- Adopting a targeted and future care planning approach (anticipatory) to maximise opportunities for individuals by March 2027.
- Enabling individuals to proactively manage their own health, wellbeing and social circumstances by promoting preventative measures, healthy lifestyles and social connections by March 2027.

## Carers Strategy

The Carers Strategy 2023/26 refers to the past success using digital resources such as purchasing access to support/ information and resources for carers. Looking ahead, the Carers strategy notes the use of digital in the intended outcomes, outcome 5: Supporting young carers in Fife.

- By 2026, the plan is to support digital connectivity for young carers by contributing to the costs, and ensuring deprivation and financial hardship are not a barrier to learning and social connections. The measure for this is the number of young carers accessing study support – at least 200 young carers accessing study support.



# Appendix 3

## Digital Priorities of our partners

A summary of the current digital priorities of our partners, which are relevant for the Partnership is below.

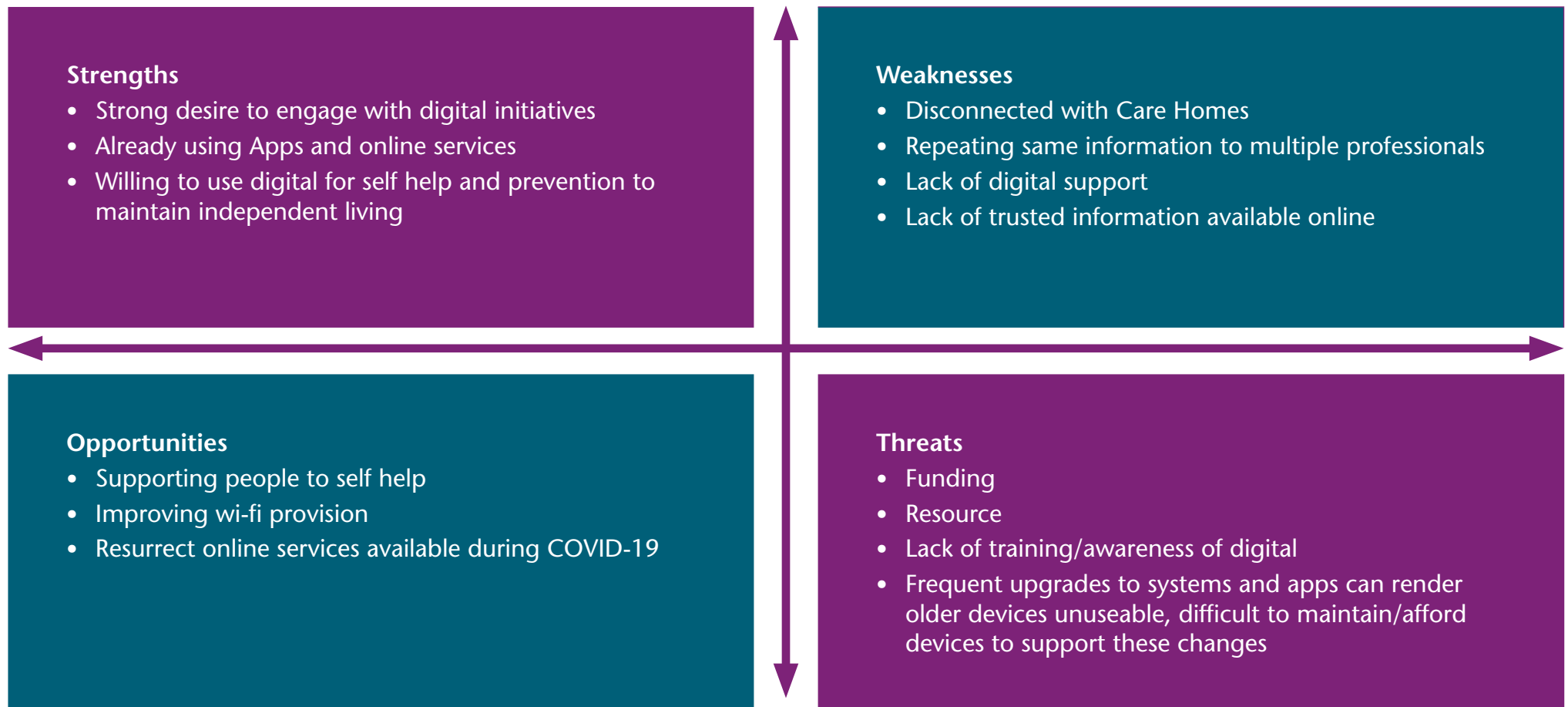
<b>Fife Council Digital Strategy priorities</b>
Development of IoT (internet of things) to connect and exchange data with other IoT devices and the Cloud.
Development of sensor technologies.
Delivery of high-speed wireless or fibre networking in anchor tenant locations.
Single Directorate structure supported by unified approaches, data, and systems to customer case management
Re-use of existing Information and Communications Technology investments and greater use of combined data, systems, and platforms to create a sustainable, more tightly integrated, set of systems/solutions.
Unified customer and case management platforms and data as related to the area of "people-based services - i.e., wellbeing, protection and intervention" likely to include social care case management, financial, social, housing, educational and other aspects.
Council-wide platforms and approaches and the development of more agile "Minimum Viable Product" MVP approaches to new digital requirements.
<b>NHS Fife Digital Strategy priorities</b>
Electronic Health Record/Digital Hub (to ensure communication in relation to patient care is digitally accessible to the patient) <ul style="list-style-type: none"> <li>• further inclusion of Community &amp; Mental Health Services</li> <li>• transition of Tiara (Clinical Information system) to this service.</li> </ul>
Community and Mental Health system (Morse) <ul style="list-style-type: none"> <li>• Transition of Tiara</li> </ul>
Mental Health Pathways digitisation
Technology Enabled Care <ul style="list-style-type: none"> <li>• Remote Health Pathways,</li> <li>• Blood Pressure monitoring</li> </ul>
Bedside risk assessment <ul style="list-style-type: none"> <li>• Smartpage implementation, task manager and handover</li> </ul>

<p>GP related activity</p> <ul style="list-style-type: none"> <li>• Communication between GP/Community Services and Acute Services. Supporting connectivity of Scottish Care Information (SCI Gateway) and other systems e.g., Link Life Fife.</li> <li>• Seeking to support a future referral world that support the full range of services our population can access.</li> <li>• GP IT replacement – Full Business Case to be presented in early 2024.</li> <li>• Consolidation GP Business Systems – Modernising GP estate e.g., printing options</li> </ul>
Vaccination Transformation Programme enhancements
<p>Child Health Replacement</p> <ul style="list-style-type: none"> <li>• Replacement of the Child Health System</li> </ul>
<p>Health &amp; Social Care Portal</p> <ul style="list-style-type: none"> <li>• Leverage the data sharing opportunities associated with Fife Council’s Liquid Logic case management system</li> </ul>
<p>eRostering implementation</p> <ul style="list-style-type: none"> <li>• Implementation across NHS Fife and HSCP (NHS Staff only) is at risk due to the need for business-as-usual support.</li> </ul>
<p>Office 365 deployment</p> <ul style="list-style-type: none"> <li>• Extension of use and further development with a view to sharing and collaborating on information through a single common and federated platform in use between NHS Fife and Fife Council employees</li> </ul>

# Appendix 4

## SWOT Analysis from Participation and Engagement Exercise

### Digital Strategy Public Engagement SWOT Analysis



## Digital Strategy Staff Engagement SWOT Analysis

### Strengths

- Increased use of Microsoft tools - Outlook, calendar, Teams, Planner, Notes, Forms
- Hybrid working allowing a more agile workforce
- Investment already made in digital solutions including Morse and Liquid Logic
- Enthusiasm towards better use of digital

### Weaknesses

- Access to systems and information across NHS and Council is problematic and piecemeal
- Lack of systems integration leading to duplication of effort and poor communication and information flows
- Limited access to support and confusion about where to go for support
- Poor communication flows across NHS/Council departments

### Opportunities

- Remove barriers for staff by better sharing of information and improved communication
- Develop our online presence and offerings (bookable appointments, online access to health care professionals, self-help tools)
- Paperless/paperlite environments
- Improve access to accurate, meaningful data to provide improved services
- To upskill staff and develop a digital literate workforce

### Threats

- Funding
- Resource
- Lack of training time
- Legacy systems
- Concerns about amount of screen time / time on devices

# Glossary of Terms

Analytics	The systematic computational analysis of data or statistics.
Apps	An app is a software program that's designed to perform a specific function for the user, or in some cases, for another application program.
AT - Access Therapies	Access Therapies Fife provides information to help deal with mental health problems and to access a range of local services.
Artificial Intelligence (ai)	Artificial Intelligence is a rapidly evolving technology that tries to simulate human intelligence using machines, enabling them to perform a wide range of tasks, from simple to complex.
BP monitoring	Blood Pressure monitoring.
Carbon Footprint	A measure of the amount of carbon dioxide released into the atmosphere as a result of human action. An increase in carbon dioxide can head to an increase in global temperature.
Carelink	Software which helps healthcare professionals to better manage patients on diabetes therapy by transforming data from insulin pumps, continuous glucose monitors and blood glucose meters into trends, patterns and insights about their patients' glycaemic control.
Care at Home Service	A service that provides help to allow people to live at home independently, safely for as long as possible.
Climate Change	Climate change is the long-term shift in temperature and weather patterns. In general temperatures are rising.
ConnectMe	An application to support communication via audio and video with Health Professionals.
Digital	Using electronic devices/technology to share data and information, usually replacing a manual process.
DHI Scotland	Digital Health and Innovation Centre is one of seven Innovation Centres funded by the Scottish Government and Scottish Funding Council, which supports transformational collaboration between universities and businesses aimed at creating opportunities to connect academics with designers, healthcare providers, SMEs, charities and other key stakeholders.
Digital Device	A piece of physical equipment (e.g., a mobile phone, tablet) that uses digital data, by sending, receiving, or storing it.
Digital Front Door	A concept referring to the initial point of access for individuals seeking digital health and care information and services.

Digital Inclusion	Digital inclusion is about ensuring the benefits of the internet and digital technologies are available to everyone, through apps on digital devices, like smartphones and tablets, or on more traditional computers and laptops. This means ensuring that people have the ability to use the internet and digital tools and that the resources and services are available to them.
Digital Platform	The software and technology used to unify and streamline business operations and IT systems.
Digital Vision	A digital vision is a clear and compelling statement of what you want to achieve with your digital initiatives
eRoosting	An electronic system, used by NHS Fife, which manages when staff are needed to work.
EQIA	Fife HSCP carries out an EQIA Equality Impact Assessments (EQIAs) for all new initiatives. This involves using an evidence base to predict any potential outcomes of the changes on any of the nine protected characteristics and then making any necessary adjustments to reduce or eliminate any negative impact.
Federated	A federation is a group of computing or network providers agreeing upon standards of operation in a collective fashion. The term may be used when describing the inter-operation of two distinct, formally disconnected, telecommunications networks that may have different internal structures.
GP	General Practitioner
High Level Action Plan	This term describes a detailed plan outlining specific actions and steps to achieve strategic goals
HIS Scotland	Healthcare Improvement Scotland is the national healthcare improvement organisation for Scotland and part of the NHS in Scotland. The HIS works with staff who provide care in hospitals, GP practices, clinics, NHS Boards and with patients, carers, the community and the public to drive improvements in the quality of healthcare people receive by providing quality improvement support to healthcare providers.
HSCP	Health and Social Care Partnership ensures that health and social care provision across Scotland is joined-up and seamless, especially for people with longer term and often complex needs, many of whom are older or disabled.
Integrated Care	This is where medical, social, psychological, and nursing services are delivered on one site of care. An example of this would be a care home for the elderly who require care from all the different skill sets to provide a quality of life for the residents.

Integrated Care Record	Is the record of the above care.
Interoperability	The ability of different information systems and software applications to communicate, exchange data, and use the information that has been exchanged.
ICT	Information and Communication Technology is an umbrella term that includes any communication device or application, encompassing radio, television, cellular phones, computer and network hardware and software, satellite systems, and so on, as well as the various services and applications associated with them.
Integration Joint Board (IJB)	A board of representatives from Fife Council, NHS Fife and representatives for the public and partners who commission health and social care services in Fife.
Leverage	Leveraging technology means updating, replacing or optimising the use of digital tools to help us in the workplace and support the delivery of high-quality services.
Liquid Logic	Software used by Social Workers and professionals in partner agencies.
Medium-Term Financial Strategy	A strategy that promotes the financial sustainability of Fife HSCP over the medium term between 2022 to 2025.
Minimum Viable Product	A version of a product with enough features to be usable by early customers, who can then provide feedback for future product development.
MORSE	System that gives access to patient information which can be collated from many different systems, providing both historic and current care activities, ensuring the clinician is fully informed.
Near Me	Near Me is a video consulting service that allows people to have health and social care appointments from home or wherever is convenient.
Office 365	A hosted, online version of Microsoft Office Software.
Partnership Care Home	A Care Home run by the Health and Social Care Partnership and excludes privately run care homes.
Person Centred Approach	This term signifies an approach to care that prioritises the individual's needs and preferences.

SCI Gateway	Scottish Care Information Gateway is a national system that integrates primary and secondary care systems using familiar yet highly secure Internet technology. SCI Gateway enables GPs to access SCI services on-line and can also be integrated with commercial systems.
Self-Assessment Tools	Software applications or systems used for individuals to assess their own health
Self-help digital solutions	Digital resources aimed at empowering individuals to manage their own health and well-being.
Sensor Technology	Technology that uses sensors to acquire information by detecting the physical, chemical, or biological, property quantities and convert them into readable signals.
Smart Devices	Electronic devices, generally connected to other devices or networks via wireless protocols (e.g., wi-fi, Bluetooth) that can operate to some extent interactively or autonomously.
Smartpage	A smartphone and web-based app for hospital communication and task management.
SWOT Analysis	A SWOT analysis is a planning tool which seeks to identify the Strengths, Weaknesses, Opportunities and Threats involved in a project or organisation. It's a framework for matching an organisation's goals, programmes and capacities to the environment in which it operates.
Systems Integration	The process of combining different systems to work together efficiently.
Technology	Technology is the application of scientific knowledge to achieve practical ends. In this context it means computers, software, Audio Visual equipment, phones and tablets, smart watches, sensors.
Technology Enabled Care	The term refers to services that use technology to support and enhance care delivery
Telehealth (also known as Telemedicine)	The provision of healthcare remotely by means of telecommunications technology.
Telecare	The use of technologies, such as remote monitoring and emergency alarms, to receive care at home, which enables individuals to live independently.
Tele coaching	Coaching at a distance, by use of telecommunications.



TIARA	Information system used by Clinical Staff.
Transforming Overnight Care project	A project aimed at designing and embedding a person-centred model of care for overnight support, which is least restrictive, promotes independence, privacy and respect of service users and delivers best value with both the application and utilisation of technology enabled care, our workforce and available revenue.
Virtual Consultations	Remote appointments or services conducted through digital platforms, such as video calls, rather than in-person visits.
Wearable devices	Wearable devices are health monitoring devices worn on the body, such as the wrist, to help monitor the wearer's health data. These devices use biosensors to collect different data from the patient, such as heart rate, blood pressure, sleep patterns, and activity.
Wi Fi	A facility allowing computers, smartphones, or other devices to connect to the internet or communicate with one another wirelessly within a particular area

## APPENDIX 2

<b>Feedback from SLT Meeting on 20th November 2023</b>	<b>Action Taken</b>
We will need to consider Easy Read and layman's terms.	An Easy Read document has been created. The Communications team has undertaken an internal review, to ensure layman's terms as far as possible and any terms needing explained are in the glossary.
<p>Add the NHS Scotland Digital Health and Care Strategy Priorities in this section and align our priorities to them (strategic alignment): Enabling, Connecting and Empowering: Care in the Digital Age (<a href="http://www.gov.scot">www.gov.scot</a>)</p> <ol style="list-style-type: none"> <li>1. Digital Access</li> <li>2. Digital Services</li> <li>3. Digital Foundations</li> <li>4. Digital Skills and Leadership</li> <li>5. Digital Futures</li> <li>6. Data driven services and insights.</li> </ol>	These priorities now added to the HSCP Strategy document in the National Direction section and added to the table in the Action plan section where links to other strategies and priorities are shown.
Action Plan needs to be 'delivery plan' and need a table of the current delivery roadmap across the three partners. It will need SMART objectives with input from NHS and FC.	Following discussion with our Partners we have agreed that our priority action is to create an HSCP Digital Oversight Board (a joint working board) which will enable us to build a complete and comprehensive digital picture for the Partnership. A detailed programme of digital work for HSCP will be created based on this action plan and this will be made available by August 2025.
Please can there be references to Liquid Logic specifically mentioned.	<p>The document has the following references: -</p> <ol style="list-style-type: none"> <li>1. NHS Fife Digital update - HSCP portal - leverage the data sharing opportunities associated with Fife Councils Liquid Logic case management system</li> <li>2. Current Situation - Care at Home - the service is in the process of integrating Carelink and the Liquid Logic Social Work System</li> <li>3. The HSCP Portal is being continually improved and the scope of the project covers linking of the website to the Liquid Logic social work system.</li> <li>4. SWOT analysis - strength of digital staff engagement - investment in Liquid Logic.</li> </ol>
There are a number of tests of change happening in housing that have not been included.	The content about the Housing Programme in the Current Situation section has been expanded to include details of all Tests of Change.

<p>The psychological therapies example talks about referral numbers but need to include information about outcomes.</p>	<p>The outcomes have been included in the information about The NHS Fife Psychology Service.</p>
<p>Feel that we have not captured enough about Home First or the Primary Care Improvement Plan (&amp; unscheduled care programme).</p>	<p>New wording has been added in the Current Situation section to give an overview of Home First, Primary Care Improvement Plan and the Unscheduled Care programme. These updates have been confirmed with Lynne Garvey and Lisa Cooper.</p>
<p>We will also need to include 'Appendix 2 Strategy Information' in the main body of the report, in a table format with the key/high-level digital requirements. It was noted specifically that Optometry and unscheduled care digital elements are not covered.</p>	<p>A table has been added in the section showing links to other strategies with a summary of the Digital priorities.</p>
<p>We may have the language wrong in terms of digital prescriptions, can we explore that to ensure we have captured this correctly.</p>	<p>Revised wording has been agreed with Lisa Cooper and her team.</p>
<p>Can we add Medium Term Financial Strategy MTFS alignment to the diagram showing how the action plan links to other strategies and priorities.</p>	<p>An additional section has been added to the diagram.</p>
<p>How our plan links with the strategy We need to link this table to any changes made to the page 6 national strategies section.</p>	<p>An additional section has been added to the diagram.</p>
<p>The P&amp;E report and patient stories can be removed. The SWOT can remain. There was a comment that the patient stories didn't seem to be balanced.</p>	<p>The Participation &amp; Engagement full report has been removed from the Strategy. The SWOT remains. Regarding the comment about the stories not being balanced, there were also stories covering a young couple and a young mum gathered but not included as it was felt that the stories used in the report had more impact.</p>
<p>Digital inclusivity/poverty needs to be drawn out specifically. Also is there anything in the EqIA we need to address in the report?</p>	<p>The HSCP Digital Strategy document has been reviewed and more references to Digital Inclusion have been added, together with a definition of the term.</p> <p>A revised and agreed EqIA is available with the report.</p>

<b>Feedback from SLT on 29<sup>th</sup> April 2024</b>	
The Action Plan (page 29) will need an 'outcomes/what impact this will have' after the 'who we need to work with' column to allow IJB approval.	Outcomes/what impact column has been added to the tables outlining the priorities on page 29.
The Action Plan Indicative Timeline was requested in a 3 year and priority format.	A revised Action Plan has been created and added to page 31.
Can we be more specific about what bookable appointments will people be able to book in the future.	The action plan has had the word suitable included, included in the table on page 29 also.
Lisa Cooper (Climate Change Lead for the Partnership) noted that there is no mention of climate change in the EQIA or main body of the report	Additional wording collated via Avril Sweeney, to reflect Climate Change responsibilities, has been added to the foreword, executive summary, and glossary in the strategy document.
The number of Heads of Service in the P&E report is incorrect. Can the P&E team be more specific i.e., is the number high because it represents Heads of Service across Health and Social care, independent and 3rd sector?	The report has been corrected to reflect the correct number of Heads of Service and that all references are correct.
Jennifer Rezendes would like any reference to 'monitoring' replaced when it is in conjunction with the Transforming Overnight Care project.	The use of monitoring has been removed and reference to sensor technology only on page 29, 31 and 32.
Lisa Cooper indicated page 43 references enhancements in flow navigation centre, FNC has not transferred to acute services for operational management so it should be removed from HSCP strategy	NHS Digital & Information Team provided the original information, however, has now been removed from Page 43 and the glossary.
<b>Feedback from Strategic Planning Group (SPG) 2<sup>nd</sup> May 2024.</b>	SPG supported the digital strategy giving feedback that it was easy to read, and they liked the format. Attendees also loved the patient and workforce stories. There were lots of questions, and lots of interest in the Wi-Fi in Care Homes and how we will work with independent, and 3rd sector more as we mature the digital oversight board.

<b>Feedback from Quality and Communities Committee (Q&amp;CC)10<sup>th</sup> May 2024</b>	The digital strategy was supported by QC&C. They liked the new 3-year action plan.
<b>Feedback from Finance, Performance and Scrutiny (FP&amp;S) Committee 15<sup>th</sup> May 2024</b>	The digital strategy was supported by FP&S. Positive comments received from Cllr Graeme Downie, Cllr Dave Dempsey and John Kemp NHS non-exec board member.
<b>Changes following the 2<sup>nd</sup> Participation and Engagement Consultation</b>	Added additional explanations to the glossary to reflect a small amount of feedback.

## Equality Impact Assessment including Children’s Rights and Wellbeing Impact Assessment (CRWIA)

### Part 1: Background and Information

<b>Title of proposal</b>	HSCP Digital Strategy
<b>Brief description of proposal (including intended outcomes &amp; purpose)</b>	<p>To develop a new Fife HSCP Digital Strategy which aligns to the Partnerships' strategic vision and priorities within the Strategic Plan 2023 to 2026 <a href="https://www.fifehealthandsocialcare.org/fife-strategic-plan-2023-to-2026-final.pdf">Fife-Strategic-Plan-2023-to-2026-FINAL.pdf</a> (<a href="https://www.fifehealthandsocialcare.org">fifehealthandsocialcare.org</a>).</p> <p>This strategy which includes an Action Plan -sets out our digital vision and priorities that the Partnership will take forward over the next 3 years. Having our own digital strategy is an important step for the Partnership and we believe it will help us transform and enhance the Services we deliver. Our priority Action plan has been worked up following an extensive Participation and Engagement exercise which included, members of the public, our workforce and the third and independent sector. We also engaged with the voluntary care sector and a young carers group.</p> <p>Our priority actions have been agreed with our partners Fife Council BTS Services and NHS Digital and Information and we will work collaboratively to deliver the strategy outcomes over the next 3 years.</p>
<b>Lead Directorate / Service / Partnership</b>	Fife Health and Social Care Partnership
<b>EqIA Lead Person</b>	Eileen Duncan, Digital Programme Manager, Fife Health & Social Care Partnership
<b>EqIA Contributors</b>	<ul style="list-style-type: none"> <li>• Members of the Digital Strategy Working Group</li> <li>• HSCP Staff</li> <li>• NHS Digital &amp; Information</li> <li>• Fife Council BTS</li> <li>• Senior Leadership Team</li> <li>• Strategic Planning Group</li> </ul>

	<ul style="list-style-type: none"> <li>• Qualities and Communities Committee</li> <li>• Finance &amp; Performance Committee</li> <li>• Integration Joint Board</li> </ul>
<b>Date of EqIA</b>	

**How does the proposal meet one or more of the general duties under the Equality Act 2010?**

Please refer to the HSCP Equality Impact Assessment Guidance.

Consider proportionality and relevance (*See Page 10 of Guidance*).

<b>General duties</b>	<b>Please Explain</b>
Eliminating discrimination, harassment and victimisation	<p>Fife Health and Social Care Partnership is committed to promoting dignity, equality, and independence for the people of Fife. The Digital Strategy will ensure that we continue to work effectively with partners, local communities, and individuals to challenge sources of inequality such as discrimination, harassment, and victimisation, and to promote equality of opportunity for all. examples of this are Near me, a digital solution which enables people with mobility issues to access GP's and healthcare professionals from home and supports the inclusion of family members/carers in video consultations from any location. Connectivity across our care home estate is within our action plan to ensure residents are fully digitally connected as far as possible.</p> <p>The Partnership's Equality Outcomes and Mainstreaming Report provides a summary of what we have completed over the last two years. The Partnership's equality outcomes have been updated to align with the new Strategic Plan and the Digital Strategy supports the new equality outcomes as below:</p> <ul style="list-style-type: none"> <li>• Respect and dignity for all must be integral to all work.</li> <li>• Effective involvement and engagement with communities and individuals.</li> <li>• Responsive service delivery and excellent customer and user care.</li> </ul>
Advancing equality of opportunity	Digital inclusion is threaded throughout the strategy document and the Partnership is committed to ensuring that wherever possible no-one is left behind with advancing digital solutions. We will build on current good practices around digital services and systems implementation for example Alarm

	installations and regular testing, utilising digital champion networks and support and offering user training in multiple formats ensuring we build confidence and enthusiasm for our digital offerings. We will ensure communication campaigns promoting digital solutions are widespread, and available in different formats including appropriate languages and easy read. This will be a priority within the Programmes yet to be established from the digital strategy action plan
Fostering good relations	<p>In developing this, the first digital strategy for Fife HSCP, we have undertaken extensive consultation and engagement with service users and the wider public and our action plan and priorities within, reflects the outcomes from this engagement.</p> <p>The digital strategy seeks to offer additional options for consuming our Services. It will build on opportunities for improving outcomes for the people of Fife and improve our engagement with national initiatives. Our new website currently under development will enable the public to consume our services in different ways ie access to self-help tools, clear signposting to services offered and will enable people to self-refer<del>al</del> to request services. Easy read versions of all our strategies are now available online and BSL (British Sign Language) and videos of our weekly briefings are available for staff.</p>

If the decision is of a strategic nature, how does the proposal address socio-economic disadvantage or inequalities of outcome?

<b>Fairer Scotland duty</b>	<b>Please Explain</b>
Socio-economic disadvantage	As part of our consultation and engagement we explored and understood the barriers people face to accessing or using digital solutions. Some of these barriers are from those who are socio-economically disadvantaged ie low income and reduced access to resources. As we develop our action plan and progress the delivery of digital solutions, we will ensure we explore how we mitigate these barriers.



	<ul style="list-style-type: none"> <li>• Understanding cultural context</li> <li>• Need to adapt communications</li> </ul> <ul style="list-style-type: none"> <li>• Access to the Internet</li> <li>• Access to devices</li> </ul> <ul style="list-style-type: none"> <li>• People are unaware of available services</li> <li>• Lack of trust in self-assessment and self-help tools</li> </ul>
<p>Inequalities of outcome</p>	<p>Inequality of outcomes occurs when individuals do not possess the same level of material wealth, opportunities or overall living economic conditions.</p> <p>The Digital Strategy will ensure that the people of Fife have equal access to digital solutions across all localities and will work to reduce disparity between localities.</p>

Having considered the general duties above, if there is likely to be no impact on any of the equality groups, parts 2 and 3 of the impact assessment may not need to be completed. Please provide an explanation (based on evidence) if this is the case.

An Equalities Impact Assessment is required.

**Part 2: Evidence and Impact Assessment**

**Explain what the positive and / or negative impact of the strategy is on any of the protected characteristics. If there is no impact, please explain why.**

<b>Protected characteristic</b>	<b>Positive impact</b> (May benefit an equality group.)	<b>Negative impact</b> (Could disadvantage an equality group.)	<b>Mitigations</b> (Steps we will take to reduce the risk of disadvantage by an equality group.)	<b>No Impact</b>
Age (including older people aged 65+)	<p>More choice in digital solutions/services. Ensuring the digital content is accessible and easy to understand and navigate should encourage people to access/use online services and solutions helping them to become digitally skilled and independent.</p> <p>Wider reaching and easier access to information to aid self-help and prevention via the new HSCP website</p> <p>Potential savings in changing the way we offer and deliver services.</p>	<p>The move to digital solutions may cause some concern and or challenges for people in relation to access, reliability, confidence in using solutions, less human contact.</p> <p>This may be due to financial constraints, lack of knowledge of digital and age-related health conditions.</p>	<p>We will seek to ensure that wherever possible digital is a choice. The strategy acknowledges we must promote digital solutions with caution and being mindful of the barriers and challenges faced.</p> <p>We can provide easy-read versions, and information that is accessible to individuals with a range of competences, reading skills, and different levels of capacity.</p> <p>Also providing opportunities for people to access services in different ways, for example digital, telephone, and face-to-face.</p> <p>Also providing support so that older people are included, such as technical</p>	

<b>Protected characteristic</b>	<b>Positive impact</b> (May benefit an equality group.)	<b>Negative impact</b> (Could disadvantage an equality group.)	<b>Mitigations</b> (Steps we will take to reduce the risk of disadvantage by an equality group.)	<b>No Impact</b>
			support in care homes to help residents use ipad's for family skype calls etc. This could be basic things such as laminated A4 picture instructions/guidance on how to open skype and make a video call.	
Disability (Mental, Physical, Sensory, and Carers of Disabled People)	<p>More choice in accessible digital solutions/services.</p> <p>Access to information to aid self-help and prevention.</p> <p>Potential savings in changing the way we offer and deliver services.</p>	The move to digital solutions may cause some concern and or challenges for some people with mental, physical, or sensory disabilities in relation to useability and perceived less human contact	<p>We will seek to ensure that wherever possible digital is a choice. The strategy will focus on embedding and promoting digital solutions with caution and being mindful of the barriers and challenges faced.</p> <p>We can ensure easy read versions of documents and other information is available as well as induction loops, interpreters, or technical support for devices (employees), specialist</p>	

<b>Protected characteristic</b>	<b>Positive impact</b> (May benefit an equality group.)	<b>Negative impact</b> (Could disadvantage an equality group.)	<b>Mitigations</b> (Steps we will take to reduce the risk of disadvantage by an equality group.)	<b>No Impact</b>
			software, screen readers, ergonomic mice/keyboards, guidance on using large fonts, training for families to use digital equipment, technology enabled care, GPS trackers for people with dementia and smart wearables.	
Gender Reassignment	24/7 access to information about our services via the new HSCP website  Access to wellbeing apps in particular mental health wellbeing eg Moodcafe	Perceived feelings of exclusion	Providing digital forms that include appropriate options for pronouns and gender (natal, identified, and expressed).  Ensuring that databases used for training and other digital systems are representative and do not have a negative impact on particular groups, for example in predictive modelling, demographic forecasts etc.	

<b>Protected characteristic</b>	<b>Positive impact</b> (May benefit an equality group.)	<b>Negative impact</b> (Could disadvantage an equality group.)	<b>Mitigations</b> (Steps we will take to reduce the risk of disadvantage by an equality group.)	<b>No Impact</b>
Marital Status (Marriage and Civil Partnerships)		Some groups of married Women may be more likely to experience digital exclusion. For example, social and patriarchal norms. Some married women may be prohibited from owning/using smartphones or may have restricted access to online services.	<p>Ensuring digital information and systems are available and accessible 24/7 and can be accessed from any device anywhere.</p> <p>This is reflected in our design principle to ensure secure, reliable and sustainable systems and solutions.</p> <p>Also providing opportunities for people to access services in different ways, for example digital, telephone, and face-to-face.</p>	
Pregnancy and Maternity	24/7 access to information about our services via the new HSCP website	<p>Pregnancy/maternity absence from work may have an impact on the digital skills and confidence of female employees.</p> <p>For example, if new digital</p>	Ensuring where appropriate our systems enforce re-training prior to use after a set period eg 6 months.	

<b>Protected characteristic</b>	<b>Positive impact</b> (May benefit an equality group.)	<b>Negative impact</b> (Could disadvantage an equality group.)	<b>Mitigations</b> (Steps we will take to reduce the risk of disadvantage by an equality group.)	<b>No Impact</b>
		systems or rotas or processes are introduced when they are off work for 6 months or longer. For some female employees this issue may occur several times.		
Race (All Racial Groups including Gypsy/Travellers)	24/7 access to information about our services via the new HSCP website	Potential barriers include consistent access to Wi-Fi, access to devices such as smartphones, requirements for alternative formats and languages, social expectations/norms, and individual skills/confidence in accessing digital services safely.	Ensuring digital information and systems are available and accessible 24/7 and can be accessed from any device anywhere. This is reflected in our design principle to ensure secure, reliable and sustainable systems and solutions.	
Religion, Belief, and Non-Belief	24/7 access to information about our services via the new HSCP website	Some religions prohibit the use of digital devices/services at certain times, or on some days of the week.	Ensuring health and social care services are inclusive and can be accessed through different routes for	

<b>Protected characteristic</b>	<b>Positive impact</b> (May benefit an equality group.)	<b>Negative impact</b> (Could disadvantage an equality group.)	<b>Mitigations</b> (Steps we will take to reduce the risk of disadvantage by an equality group.)	<b>No Impact</b>
			example digital, telephone, and face-to-face.  ensuring that digital content does not include biased or potential discriminatory content.	
Sex (Women and Men)				No impact
Sexual Orientation (Heterosexual, Gay, Lesbian and Bisexual)	24/7 access to information about our services via the new HSCP website		Ensuring that digital content does not include biased or potential discriminatory content.	

**Please also consider the impact of the policy/strategy/process change in relation to:**

	<b>Positive impact</b>	<b>Negative impact</b>	<b>Mitigations</b>	<b>No Impact</b>
Armed Forces Community	24/7 access to information about our services via HSCP website	Potential barriers for veterans include digital	Ensuring systems are integrated, inclusive and person centred as	

	<p>Access to details of Fife partner agencies and organisations available via the National Forces Connect App</p>	<p>knowledge/skills/confidence to access/use digital services; vision or hearing difficulties; mental health and/or stress; and lack of understanding/training in civilian health and social care teams of the challenges veterans face when using digital services.</p> <p>For AFC families and children, potential barriers include inconsistent access to services and support because families may need to relocate frequently (multiple accounts in different areas, repeatedly joining new waiting lists for treatments, different digital platforms etc in different areas, challenges transferring digital records to new areas).</p>	<p>reflected in our action plan.</p> <p>We can ensure easy read, large font and braille versions of documents and other information is available as well as induction loops for those hard of hearing.</p> <p>Our new HSCP focussed website will offer a wide range of information and clear signposting of our services. Self-referral via the website will be a feature during phase 2 implementation. This will be available 24/7.</p>	
Carers	<p>Carers may benefit from digital solutions that can supplement the caring role such as smart devices in the home, electronic pill dispensers, sensors and wearable devices.</p> <p>Access to online services</p>	<p>Supplementary digital solutions may cause concern for carers in relation to service users confidence in using solutions and a perception of less human contact.</p>	<p>Wherever possible digital should be a choice. The strategy will focus on embedding and promoting digital solutions with caution ensuring a person-centred approach and</p>	



	for support and advice.		transparency.	
Looked After Children and Care Leavers	Care leavers may benefit from access to a range of digital services which can assist with their transitioning to independent living. These might include apps such as Moodcafe.	Financial constraints may impact on access to devices.	Ensuring health and social care services are inclusive and can be accessed through different routes for example digital, telephone, and face-to-face.	
Privacy (including information security, data protection, and human rights)				No impact. All digital solutions will be delivered by our Partner organisations (NHS Digital and Fife Council Business Technology Solutions) who adhere to national information security and data protection legislation.
Economy		People on low income or from deprived areas may not have access to devices or wifi connectivity.	Ensuring health and social care services are inclusive and can be accessed through different routes for example digital, telephone, and face-to-face.	

	Digital access to Services and online bookings will reduce the need for people to travel helping towards climate targets.			
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- Please record the evidence used to support the impact assessment. This could include officer knowledge and experience, research, customer surveys, service user engagement.
- Any evidence gaps can also be highlighted below.

Evidence used	Source of evidence
Input from members of Digital Strategy Working Group	Meeting minutes
Knowledge and experience of Officers	Officers working within the digital space
Engagement with the people of Fife	Participation & Engagement Report
Evidence gaps	Planned action to address evidence gaps

If this proposal will impact on children/young people’s rights either directly or indirectly, please complete Part 3. If this proposal will have no impact on children/young people’s rights please provide an explanation below and continue to Part 5.

*A Children’s Rights and Wellbeing Impact Assessment (CRWIA) is not required because .....*

**Part 3 – Children’s Rights & Wellbeing Impact Assessment**

Which UNCRC Articles are relevant to the policy/procedure/strategy/practice (Please check Guidance for information)	Article 17 – access to information from the media Article 24 – health and health services
What impact will the policy/procedure/ strategy/practice have on children’s rights?	<input type="checkbox"/> Negative <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Neutral
Will there be different impacts on different groups of children and young people?	The Fife Young Carers Group (YCG) was consulted during our participation and engagement exercise and feedback gathered. As we move forward this group will benefit from more advanced digital solutions offered to support their caring role. These solutions will be specifically defined as the digital workplan evolves and we will ensure the voice of young carers is heard throughout this journey.
What options have you considered to modify the policy/procedure/strategy/practice or mitigate any negative impact?	The digital strategy will not have a negative impact on the rights of children.
How will the policy/procedure/strategy/practice contribute to the wellbeing of children and young people?	An outcome of this strategy will be a digital programme of work and the digital solutions offered as part of this work are likely to benefit the (YCG).
How will the policy/procedure/strategy/practice promote the Rights of the Child?	This strategy promotes the rights of children via Article 17 - access to information from the media, and Article 24 – health and health services.
Have you engaged with children & young people in the development of this policy/procedure/ strategy/practice?	<input checked="" type="checkbox"/> Yes – Please complete Part 4
	<input type="checkbox"/> No – please explain why.

- Please record the evidence used to support the children’s rights and wellbeing impact assessment. This could include demographic information, academic research, service monitoring/inspection reports, user surveys etc. Look at what existing evidence tells you about children and young people’s views and experiences. Identify any gaps in the evidence base and advise how you will address these.

Evidence used	Source of evidence
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Feedback from Fife Young Carers group	Face-to-face interviews
<b>Evidence gaps</b>	<b>Planned action to address evidence gaps</b>

#### Part 4 – Children’s Rights & Wellbeing – Engagement and Participation of Children and Young People

Engagement and participation with children and young people should incorporate the 7 golden rules of participation. Please tell us how you made sure these were followed during participation and engagement.

1.	Understand my rights	How did you ensure that the child/children or young people had an understanding about their rights?
		Prior to the engagement session the participation and engagement (P&E) team verbally informed the group of young people that they had a right to choose to participate in the activity or not. They were also informed that they could withdraw at any point.
2.	A chance to be involved	Did children and young people understand the project, and what is being asked of them How did you ensure that all communication was accessible? How did you meet the needs of all children and young people taking part?
		To ensure the communication was accessible, 2 members of P&E visited the Young Carers Group (YCG) in person. Feedback was gathered by way of informal conversations. This ensured the young people were in a familiar environment and that they felt safe and comfortable. The staff explained to the young people what they project was about and informed them that they would ask a series of questions which they could choose to either answer or not. The group of young people were informed that they could add to their thoughts after the session via the Staff at the Young carers centre, staff had a contact detail to contact the project team if it was required.
3.	Remember it’s my choice	How did you make sure you gave children and young people choices?

	<p>The young people were informed about their rights to participate in the conversation as well as not; the staff also spoke about their right of withdrawal from the session at any time should they feel they no longer wished to participate. Staff were made aware that should young people wish to withdraw their contribution that there was an option to do so by contacting the project team.</p>	
4.	Value Me	How did you make sure that children and young people know their views have been taken seriously and have made an impact?
	<p>The staff explained that the views of the young people would be taken into consideration, and they would be used within a participation and engagement report which would be shared with the group.</p>	
5.	Support Me	How did you identify and overcome any barriers to participation?
	<p>To ensure the session was accessible to all, the P&amp;E team liaised with staff at the YCG to plan the session around the needs of all in attendance. At the session, the YCG staff facilitated the conversation to ensure everyone had an equal opportunity to contribute.</p>	
6.	Work Together	How well did working together achieve aims of participation?
	<p>Staff from the P&amp;E team and the YCG worked together to plan and deliver a session which fitted the needs of the young people in attendance. This gave them the opportunity to give their views and feel heard.</p>	
7.	Keep in Touch	What have you planned to ensure that children & young people are informed of the outcome/decision?
	<p>The report is available on the website and was shared with staff from YCG.</p>	
<p>What impact has the engagement/participation made?</p>		
<p></p>		

Removing barriers to participation and focusing on the specific needs of this community of young people has ensured their voices have been heard albeit they are often considered to be one of the hardest groups to reach and engage with. This has ensured our digital strategy is representative of the needs of **all** those living in fife.

### Part 5: Recommendations and Sign Off

(Recommendations should be based on evidence available at the time and aim to mitigate negative impacts or enhance positive impacts on any or all of the protected characteristics).

Recommendation	Lead Person	Timescale
1. <i>Consider review of this EQIA including CRWIA either by **/**/** or following a significant change relating to the policy/procedure/ strategy/practice</i>		
2.		
3.		
4.		
5.		

By signing off the EqIA including CRWIA, you are agreeing that the EqIA including CRWIA represents a thorough and proportionate analysis of the policy based on evidence listed above and there is no indication of unlawful practice, and the recommendations are proportionate.

Date completed:	Date sent to Compliance Team: <a href="mailto:FOI.IJB@fife.gov.uk">FOI.IJB@fife.gov.uk</a>
Senior Officer Name:	Designation:

FOR COMPLIANCE TEAM ONLY

EqIA Ref No.	
Date checked and initials	



# Fife Health and Social Care Digital Strategy 2023 – 2026 Engagement Report

Authors	Tatiana Zorina Ewan Heeles Participation and Engagement Team
Date	18 September 2023



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## Executive Summary

The Fife Health and Social Care Partnership's Participation and Engagement Team supported the Digital Strategy Working group from April 2023 to September 2023 to plan, develop and deliver an engagement activity to support the development of the first ever Digital Strategy for the Fife Health and Social Care Partnership (Fife HSCP).

Most of the public engagement activity has taken place face to face, however members of the public also had the opportunity to respond to questions asked online, with the QR code and a link to the questions being shared with as many people as possible.

Public engagement has taken place at all seven Fife Localities (Appendix 1). Stakeholders were able to give their views in GP surgeries, supermarkets, in both adult and young carer groups, at coffee mornings and a City Conference. As a result, we have gathered the views of 188 people. Most of the engagement took place over the summer school holidays, which proved to be a barrier in reaching some of the existing groups.

Due to the time constraints it was decided to carry out the staff consultation online via MS Forms, which received 368 responses.

Throughout this consultation it was evident that people are keen to support digital, however they would require appropriate training and support to use modern and innovative technology. Although there is evident support in general towards "the digital world", most of the people we have spoken to highlight the importance of "human contact". Those who engaged in the consultation spoke about the importance of having a choice, for example GP appointments could be offered face to face, online or over the phone; where service users are able to make a choice of the way they interact with their GP and wider health and social care services. Having more resources available online would be supported by both the public and staff working within Fife.

"I think digital support needs to be balanced with face-to-face interactions. Connection is what keeps us well."

"As a minimum please can we have self-booking for appointments."

"Knowledge is power, to ensure services are delivered in a more streamlined and faster efficient manner technologies can be used to ensure this."

Fife Health and Social Care Partnership would like to thank everyone who has responded to this consultation for their time, and for sharing their views on the draft of the Commissioning strategy 2023 – 2026.

## Introduction

Fife Health and Social Care Partnership is on a journey to develop its first Digital Strategy 2023-2026. The working group decided the development of the strategy would be best supported if engagement took place with staff working for the Partnership, as well as our service users and public.

The objective of the consultation was to not only “go back to basics” and find out what word “digital” meant for people but also gather what is important, what currently works and what does not.

Although Fife Council and NHS Fife have digital strategies in place, Fife Health and Social Care Partnership did not. Having our own digital strategy is an important step for the Partnership, as we believe it will help us transform and enhance the services we deliver.

This report is a summary of the feedback that has been received from both public and staff consultations. A substantial amount of feedback has been gathered during the process, all comments received during the consultation period have been themed into the strategic priorities of the partnership: local, wellbeing, integration, outcomes and sustainable.

Prior to starting this engagement activity, the team was aware of possible “consultation fatigue” and that people are “getting fed up” with completing numerous online forms. The decision was made to engage with public face to face to help further our understanding of what is important from their perspective. Members of the public were very keen to speak to us and to share their views, while a few people commented on the importance of taking public views into consideration when writing a brand-new strategy.

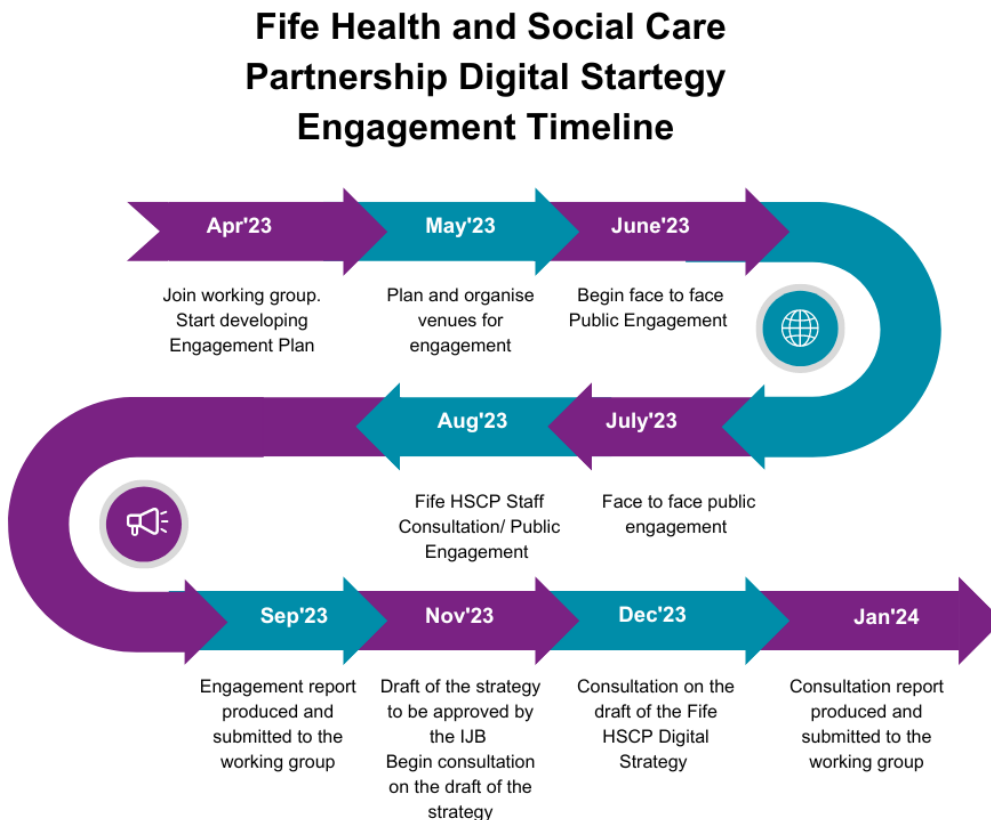
The feedback from both public and staff will influence the design of the Draft of the Digital Strategy 2023 – 2026.

## The Engagement Timeline

Public Engagement has taken place over 3 months, from June to August 2023, both face to face and online.

Staff consultation has taken place online via MS Forms and was open for 4.5 weeks.

The Engagement Timeline below includes the engagement that has taken place so far, as well as planned engagement around the draft of the Digital Strategy 2023-26, once its approved for the public consultation.



Pic 1

## Stakeholder Engagement

### Designing the engagement

A short time working group was created to design the questions for the public consultation. Final version of the questions was approved during the working group meeting on 14 June 2023.

The same questions were used for the staff consultation with added questions around team digital priorities.

### Engagement methods

#### Public engagement

Public engagement has been completed throughout Fife through a variety of methods.

These include:

- Facebook Engagement – 5 days of targeted questions on the HSPC Facebook page.
- Visiting GP surgeries speaking to patients
- Attending public events including coffee mornings, City of Dunfermline launch, Kirkcaldy Open Day
- Attending organised groups including The Stand, Fife Carers, Fife Young Carers, Change Mental Health
- Attending Care Homes
- Stalls at supermarkets
- Survey posted on Fife Carers Facebook page with specific questions for carers.

Opportunities for a 1 to 1 meeting was offered should anyone wish to either expand on their thoughts, had a genuine interest in the subject or some experience that they wished to share with the team.

## Who did we engage with?

Public engagement took place across all 7 Fife localities. Most engagement was in the form of face-to-face discussions. We have spoken to staff and residents in care homes; service users at various GP surgeries; members of groups we visited including carers groups, lunch clubs and a city conference; and members of the public at a stand in a local supermarket. We also engaged with several Fife residents on a one-to-one basis to hear their stories about what digital experiences they have had with Fife HSCP. The map below highlights the geographical scope of this engagement exercise.

## Who did we engage with (public)?

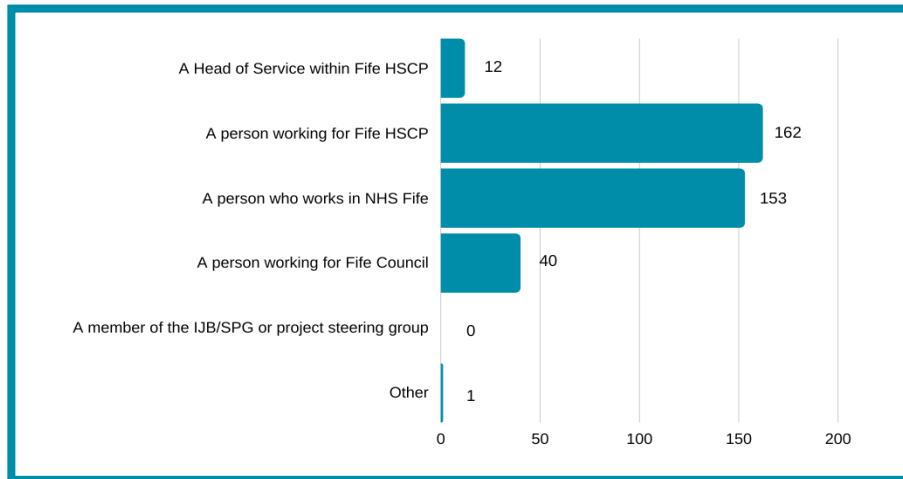


Pic 2 (also in Appendix 1)

## Staff consultation

Staff consultation was on hold due to an ongoing digital maturity assessment, however later it was agreed that the staff consultation should take place. Due to time constraints, it was been decided to use the online platform MS Forms to seek staff feedback. The consultation was open for just over 4 weeks, and was shared widely, receiving 368 responses in total.

The Staff consultation received 368 responses with over 2500 comments, 12 Heads of Service replied to the consultation.



Pic 3 Digital Strategy, Staff consultation. Q. Which of the following best describes you?

# Engagement feedback

## Public Engagement

A significant amount of feedback was gathered during the public consultation. It has been broken down into five themes to mirror the Strategic Priorities within Fife HSPC's Strategic Plan for 2022-25. These are:

- Local
- Integration
- Outcomes
- Wellbeing
- Sustainable.

### Local

*"A fife where we will enable people and communities to thrive."*

Eight Care Homes were visited during the public consultation to influence the development of Digital Strategy 2023-26. It was very apparent that most residents and staff at our care homes feel digitally disconnected from the world, which is contributing to a sense of social isolation and loneliness. 87.5% of care homes didn't have a Wi-Fi connection, in the remainder, access to the internet was very poor.

Sandra has shared her story (Appendix 2), showcasing how her life has changed when she moved to a care home. She now receives excellent care to support her physical wellbeing, however her mental wellbeing is being affected due to lack of Wi-Fi facilities at the care home she lives in. Unfortunately, Sandra isn't alone and there are many similar stories where residents aren't able to stay in touch with their family and friends as easily and/or as often as they wish to. Another resident of the care home was awaiting discharge as we were speaking to him and his main reason for wanting to go home was access to a computer and a Wi-Fi; he said that his stay at care home would have been a lot more pleasant should he have had access to technology.

Some care homes currently have iPads that residents can use to speak to their families on "FaceTime". However, because this resource is kept in a staff room and use has to be supported by a staff member, family members are required to make an appointment to speak to their family member who resides at the care home which causes time delays in communication and reduces residents' independence.

Not Being able to download books on Kindle was another issue highlighted by the residents.

The Jean Mackie Centre have smart TVs in residents' rooms; however, the 'smart' function is not available for use due to the lack of Wi-Fi. One care home resident said that *"In 20 years there will be more people used to digital technology as people are growing up with it now so the homes will need to have it"*, staff member replied: *"Having more technology would improve life in the care home for residents."*



## Integration

*“A life where we will strengthen collaboration and encourage continuous improvement.”*

A significant number of members of the public have talked about streamlined processes and “easier” access to doctors and other appointments, saying that it should be a similar system to booking a table at a restaurant. *“It would be great to go on app and see what appointments are available and book.”* The app could have options of online, face to face, or telephone appointment, with a space to say why you require an appointment.

Another system was mentioned where patients can send a photo to a doctor surgery and if the issue can be dealt with online or over the phone, noting this would save a lot of time for both – staff, working within service and public.

The majority of people were complementary about the online services and online doctors’ appointments they were able to access during Covid-19 Pandemic, stating that in some doctor surgeries this has now stopped. Although not suggesting that the services should move online, the majority were highlighting the choice that service users could have while accessing services.

*“Would be great to have online GP appointments where appropriate, not always need to see a doctor face to face; especially if it’s just to discuss change of medication etc.”* – care home staff member.

*“Booking system for the GPs and doctors would really enhance the service. A service where I can see the calendar and can book myself to an available spot. An app would be a great solution; it can be very easy and straightforward.”* Male, Age 19

A significant number of members of the public also highlighted experience of repeating their ‘story’ many times, suggesting that better communication systems should be available within the Health and Social Care Sector to resolve this issue.

## Outcomes

*“A Life where we will promote dignity, equality, and independence.”*

During care home visits, staff were involved in discussions and in agreement with residents, that access to Wi-Fi and modern technology could lead to them having a more ‘normal life’, similar to what they have experienced when living in their own community. It would allow more opportunities and resources to open up to residents which might lead to a better quality of life, boost their independence and sense of freedom and connection. These could include:

- Access to digital content including visual and audio on an individual and group basis – encouraging socialising during possible movie nights and music evenings;
- Virtual connections to friends and family in addition to face-to-face visits;
- Virtual connections to other groups in the community including Care Homes;
- Virtual connection to online activities and events such as Exercise classes;
- Artificial intelligence such as ‘Alexa’ service being available in rooms for residents. Giving access to knowing the time and setting reminders; and taking advantage of features such as streaming the radio or listening to audiobooks.

Both staff and residents at the care homes highlighted the lack of training and support. Some residents do have their own technology however are losing the knowledge via lack of use and said it

would be beneficial to have refresher sessions around how to set up and use technology they already have.

While speaking to a group of carers it has been highlighted that it would be beneficial to have access to funding information, where carers can apply for funding to be used towards buying technology that would improve their caring responsibilities.

Indoor CCTV systems were mentioned as an alternative to a paid carer, allowing unpaid carers to have some free time from their caring responsibilities. This was an example given by one carer, who shared that she is using the 'Blink system' through-out her house, allowing her to go out but still keep an eye on her husband.

*"I currently use my mobile phone to keep in touch with the person I care for and family, order medication and do my online shopping."* Unpaid Carer

## Wellbeing

*"A fife where we will support early intervention and prevention."*

While discussing early prevention and intervention with members of the public and service users; the majority have commented on a lack of trusted information being available on the internet; or perhaps an awareness of determining which information is correct and reliable, and which is not. We asked the public: thinking of Prevention and Early Intervention; how can technology improve your experience?

*"Access to information and services without having to leave home."* Service user

*"Finding out symptoms or red flags that encourage us to seek advice."* Service user

The use of appropriate equipment and the necessary training was also mentioned as something that would allow people to stay in their own homes longer.

There was a suggestion from a staff member working in care home, that availability of Wi-Fi would support an overall wellbeing of those living in care home and their family:

*"Personally, I feel that families would spend more time within the home with loved ones if technology was improved. For example, putting on a film in the cinema room, the kids would want to watch it and spend more time, instead of the families 'dropping' in."*

Care home staff member

A group of carers suggested that joint training where carers and patients learned together would improve relationships and would make a challenging a lot easier. They said: this would allow us to learn together, and would not only help the relationship, but would also allow us to remind each other of what we had learned.

## Sustainable

*A Fife where we will ensure services are inclusive and viable.*

In terms of sustainability members of the public have raised concerns around the longevity of the applications, websites, and other digital solutions. Although public is keen to go digital, they suggested that there needs to be more support and advice available regarding use of the suggested digital solutions. One public member said: *"I am happy to download an app*

where I can look up an info or book appointments, but I need to know it will not be out of date tomorrow and that I will not need to download updates everyday”.

## **We asked, you said, we did**

Having read through the public engagement feedback within the report, it is clear that there are priority themes which we (the Fife HSC Partnership) must include in our recommended delivery plan within the Digital Strategy.

These themes are:

- **Wi-Fi in care homes**
  - ✓ enhancing digital inclusion;
  - ✓ improving mental health and welfare of residents.
- **bookable appointments online**
  - ✓ improving access to services.
- **increased use of monitoring and sensor technology**
  - ✓ enabling people to live independently at home for longer;
  - ✓ enabling prevention and early intervention of health conditions, falls and hospital admissions.
- **easily accessible access to information online**
  - ✓ supporting people to self-help thus reducing referrals.

## Staff Engagement

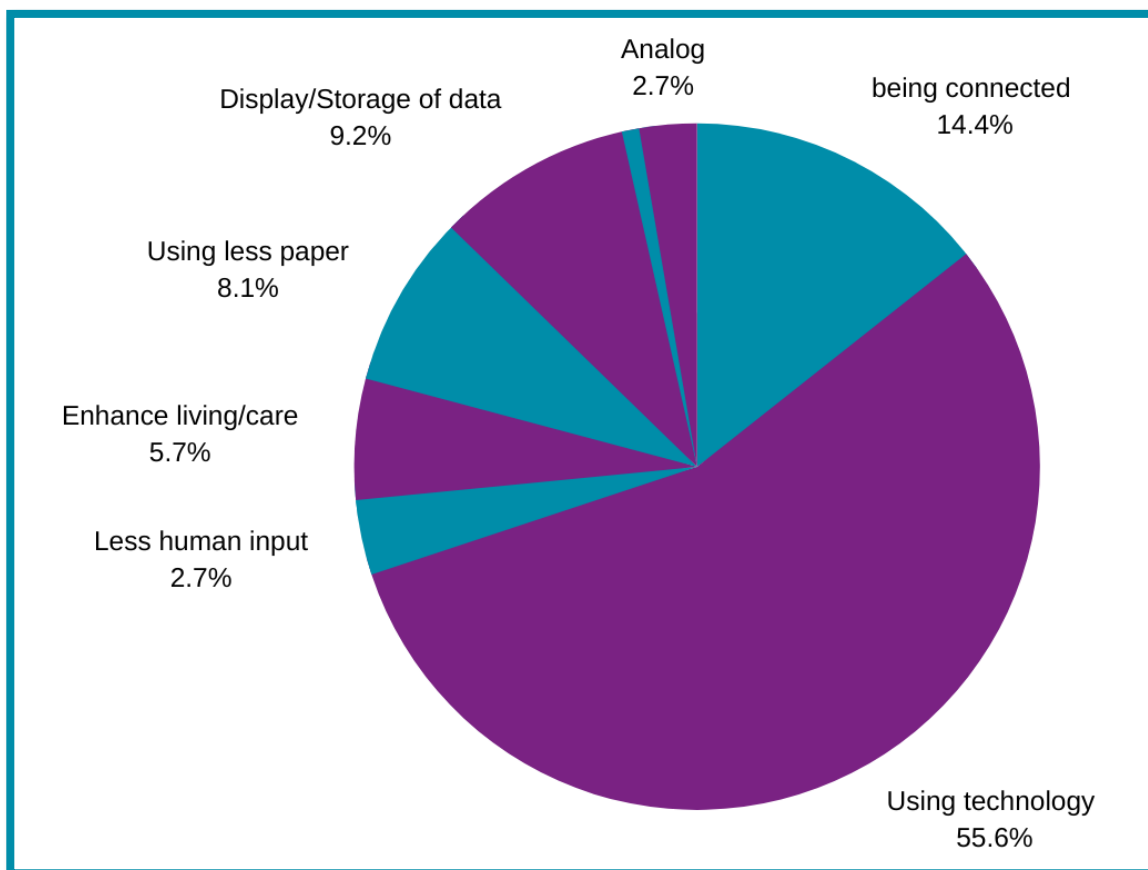
Staff engagement has been broken down under the same themes to allow a clear analysis to be made, and overall themes to be identified. 368 staff replied to the consultation with over 2500 comments made.

### Local

*“A life where we will enable people and communities to thrive.”*

Staff were first asked to describe what the word digital meant to them (pic 4). 69% said that it meant being connected and using technology. One summarised it as *“Connecting and information sharing with others via an online or computer-based platform”*, and another stated *“[digital] allows for better collaboration with colleagues and brings people together”*.

A lot of positive comments were made towards digital connection and the benefits the introduction of MS Teams has brought; with teams now able to interact with wider teams, helping to avoid social isolation. In contrast, however, some have highlighted the importance of face-to-face interactions.

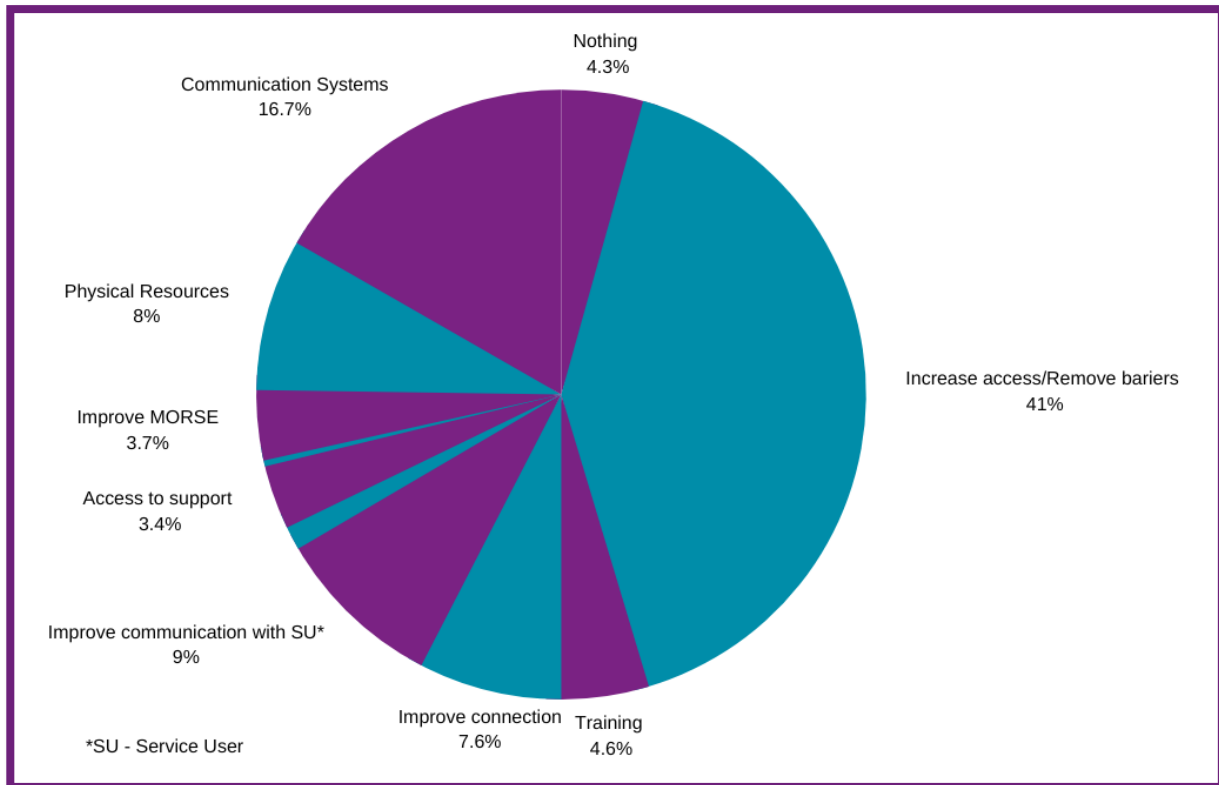


Pic 4 Digital Strategy, Staff consultation. Q. In this modern world, what does DIGITAL mean to you?

## Integration

*“A fife where we will strengthen collaboration and encourage continuous improvement.”*

We asked staff what digital solution could improve their work? An overwhelming majority of 41% of staff said that they need to have increased access and removed barriers. A lot of comments were made in relation to the potential merge of Fife NHS and Fife Council systems.



Pic 5 Digital Strategy, Staff consultation. Q. What digital solutions could improve the way you work?

*“NHS and Council staff having either access to both intranets, or developing a HSCP Intranet for staff. Integrated IT systems to minimise the amount of time a patient has to tell "their story".*

*“I work in Fife Health and Social Care Service on the local authority side. I am continually frustrated that the information systems between health and social care are not accessible to all. My colleagues in health do get access to the Social Work system but staff working in Social Care do not get access to any health patient information systems which is not equitable between services. From Social Work we have to write to the GP which bears a cost as we are charged for this information!”*

*“The fact that none of the electronic patient data / activity clinical notes etc systems speak to each other and this then leads to double reporting / time consuming workload.”*

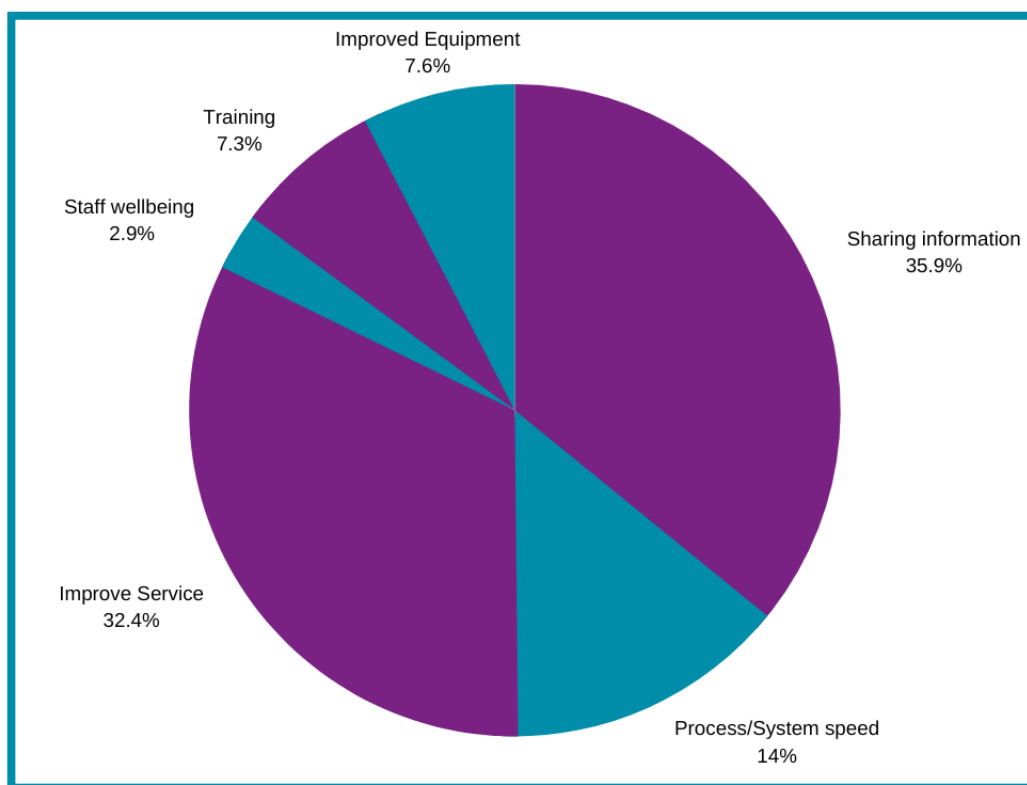
Over a quarter (25.7%) of responses were in relation to improvement of communication process, covering both internal communication with staff (16.7%) and external communication with service users (9%). In terms of internal communications, comments were similar to the above with staff stating that systems are not joined and sometimes staff struggle to get in touch with each other if they are either an NHS or Council employee. There were several comments saying that although MORSE is a great tool, it requires an update and “a bit of tweaking”. The new Patient Hub has been highlighted as a good example of a communication tool being used with Service Users. A text

messaging service was suggested as a potential service for communication with the public and video resources with accessibility for children and young people has been highlighted as having the potential to improve service and avoid repeat of information, as well reducing the need for face-to-face appointments.

We then asked staff how digital solutions can support current processes (pic 6). Most people highlighted the importance of information sharing between the services and the need to improve our services. In a lot of cases, staff were talking about integration and integration of services, as per the previous question, one of the standout suggestions was for Fife Councils and NHS Fife computer systems be compatible, with several staff noting the frustration to this not being the case.

In terms of sharing information this included:

- ✓ Linking the Fife Council and NHS systems.
- ✓ Combining health care and social care notes (one database).
- ✓ Having access to all applications and having selected ones identified across the service.
- ✓ Better links between primary and secondary care service.
- ✓ One universal system to make the patients journey much easier.



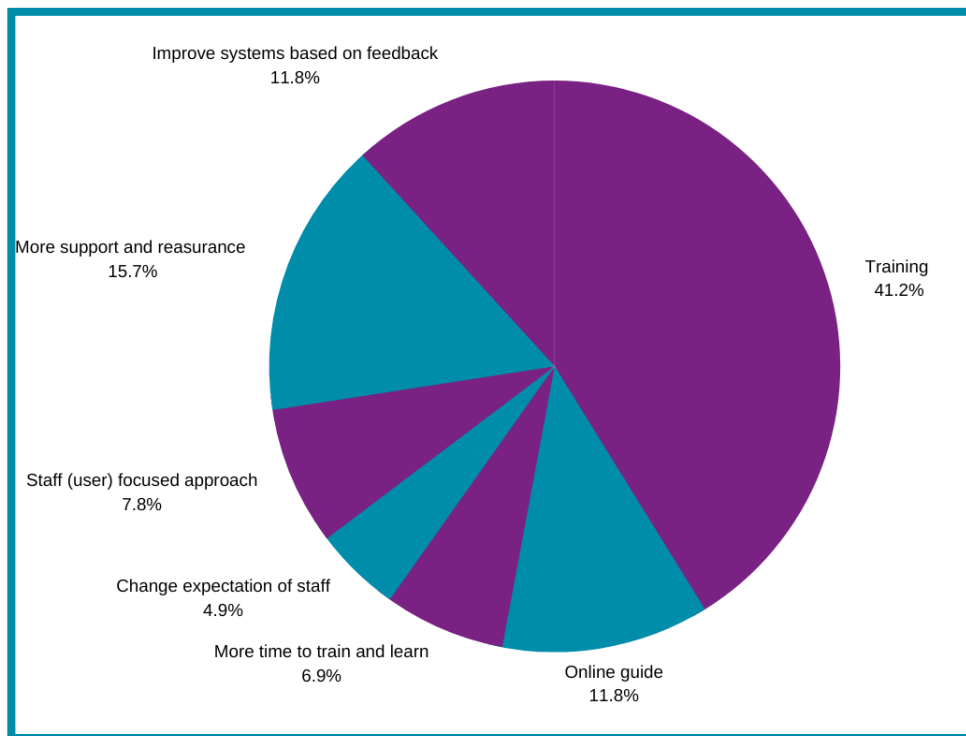
Pic 6 Digital Strategy, Staff consultation. Q. How can digital solutions support current process?

## Outcomes

*“A Fife where we will promote dignity, equality, and independence.”*

Almost half of the respondents (41.2%) highlighted that training is very important in supporting the digital awareness of staff. Many people highlighted that there needs to be more allocated time for staff to be able to do the necessary training, as there isn't the time necessary within their working day to complete training and understand what systems are available and how to use them. Along

with the training, almost 16% of staff said that they need more support and reassurance in using technology and digital solutions.



Pic 7 Digital Strategy, Staff consultation. Q. How can we support your digital awareness?

“Give time in the working day to be trained/refresher. Have a person on hand to ask a question or be shown how to...”

“Provide training near to the time of a new system going live - often given months in advance and then forgotten what to do when it starts. Provide backup support when new systems introduced.”

A member of staff who currently work at our care homes, highlighted paper still being the main resource they use for taking notes, issuing medications, write observations and take food orders. The majority said that handheld devices would allow them to be more efficient in their work.

“Wish there was Wi-Fi at the care home and handheld devices so we can record mars charts online, saving time and avoiding loss of data and mistakes. Currently everything must be done on paper and then transferred onto the system in the office. Similar with care plans, currently all done on paper and then require going into the office and type up, so double work. Admin takes a lot of staff time, taking away time we can spend with residents.”

The potential of new systems improving efficiency was highlighted in particular, by one care home staff member, who was very enthusiastic about the new system that had just been introduced at their care home saying:

“Recently, the kitchen food auditing system moved to a digital platform. Many staff hours have been saved due to not having to manually check each item and submitting paper recording request forms. The click of a button has also allowed the kitchen staff to spend more to speaking and engaging with residents.” Staff member, Lindsay House

## Wellbeing

*“A life where we will support early intervention and prevention.”*

When talking about wellbeing – staff mainly highlighted the need to have a balance and the time necessary to take a break from the screen. Here are some quotes from the staff survey:

- *“We need digital solutions that allow inclusivity so if you have a disability, you can still engage and participate eg electric wheelchair, voice activated technology, switches for cause and effect.”*
- *“Remembering how each system works, particularly ones I don't use regularly. Also spending too much time on a screen or having emails/messages constantly coming in can be really overwhelming. I need time away from technology to function well at work.”*
- *“It is difficult to release clinical time from staff to facilitate learning and implementing digital and new technology due to competing demands on staff, eg. waiting lists.”*
- *“The reliance on them (digital solutions) has made working smarter but at the cost of staff mental health. There needs to be limits on time spent on teams on emails and an understanding that staff are not constantly sitting at their desks to be contacted via teams/emails.”*
- *Many of our staff and patients lack confidence in the use of digital technologies and services. This can lead to ineffective or non-optimal use and in some instances complete avoidance. With appropriate training we could support more patients to support themselves.*

## Sustainable

*“A life where we will ensure services are inclusive and viable.”*

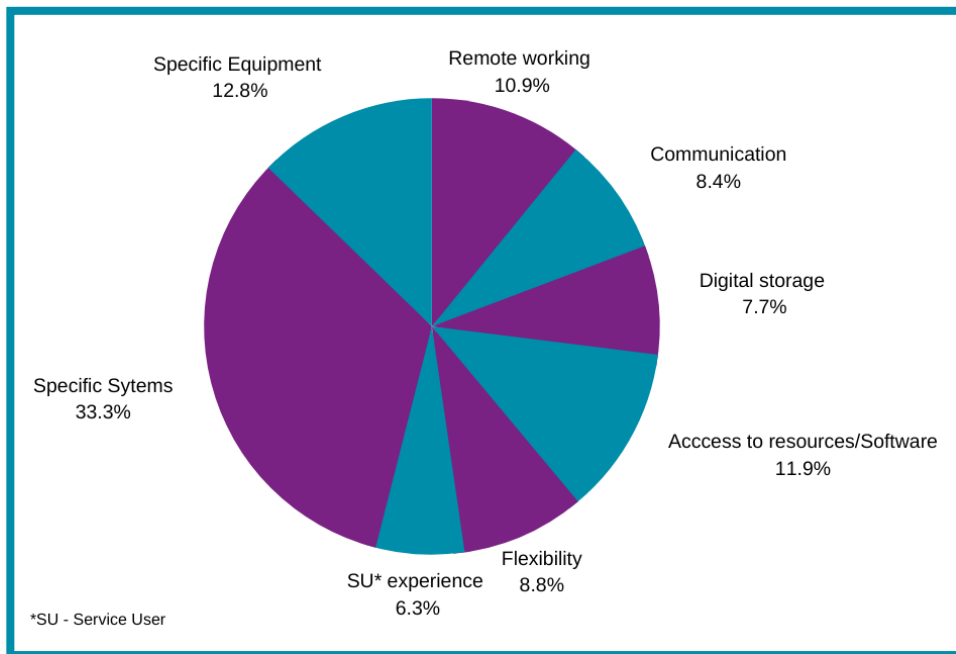
A third of the staff who took part in the consultation have highlighted specific systems that currently work well, allowing staff to be efficient in their work. The following have been mentioned:

- MORSE
- Microsoft: Outlook, Calendar, Teams, Planner, Notes, Forms
- Near Me

*“Our service has recently moved to MORSE system for electronic notes, we are an MDT service, and this system is a valuable way to ensure the most up to date communication across the whole team to ensure continuity in patient care. We also use several digital rehabilitation resources that support neuro rehabilitation of in-patients and out-patients to increase independence and reduce long-term disability. Near Me has allowed the opportunity for patients to have a choice of where they receive their rehabilitation - this is particularly beneficial to those in rural locations or those that cannot travel due to their health condition. It also reduces need for staff travel and makes review appointments more time efficient.”*

Remote working and flexibility have been highlighted as a positive by almost 20% of staff.





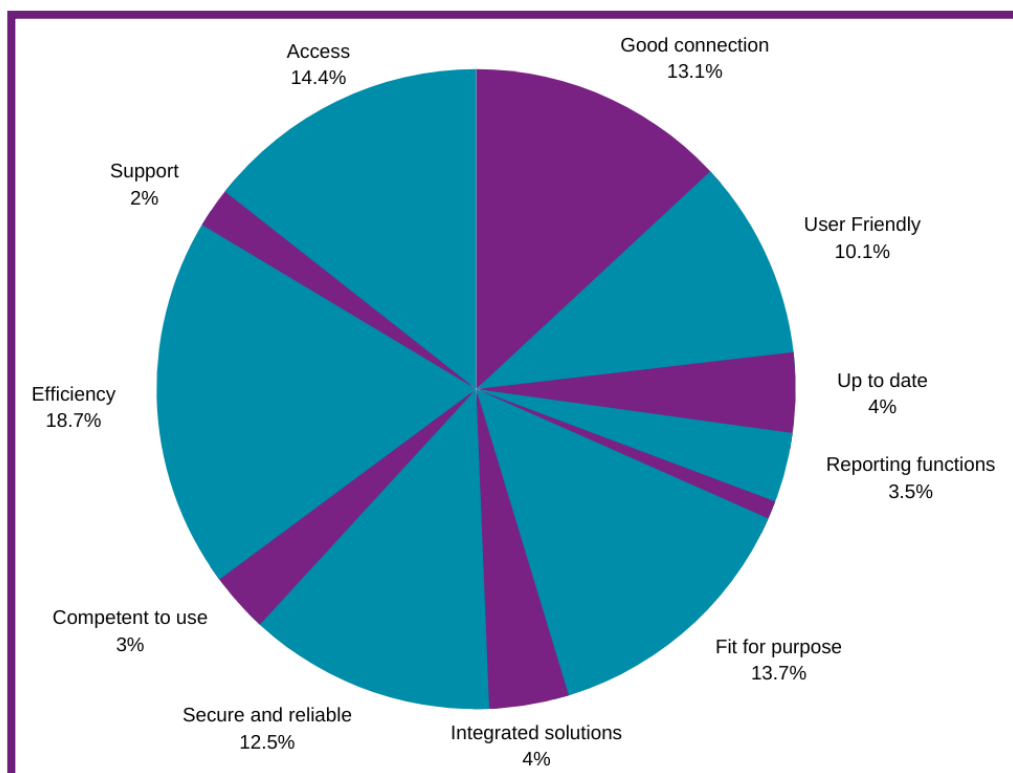
Pic 8 Digital Strategy, Staff consultation. Q. Thinking about all things DIGITAL and the way you work, what currently works well for you?

There was a significant number of comments throughout the consultation that communication has hugely improved with the digitalised way of working; this includes communication within teams and with the service users. Almost 7% of staff think that new way of working and access to digital solutions have improved Service User experience, as people now have more choice on how they receive the service.

An option to store valuable documents online was also mentioned by a significant number of staff and highlighted as important.

“Having files saved online rather than paper files - easier to access when not based within the office.”

Staff were also asked: In terms of DIGITAL, what is important to you while you work?



Almost 19% of staff replied that efficiency is the most important thing for them, followed by access (14.4%), fit for purpose (13.7%) and secure and reliable (12.5%) systems and digital solutions. One of the participants said: “For the applications to be easy and quick to use without having to duplicate information over a number of forms” with another adding: “Simple, quick solutions that add value and give me more time back in my working day”.

“Very important to me is to have all I need at my fingertips, not having to log into 3 different systems to get my work done.”

## Heads of Service Feedback

During the staff consultation, Heads of Service were asked to identify themselves and share what their priorities are, in terms of DIGITAL. As a result, twelve Heads of Service replied. It felt important to the group to highlight this as a separate summary as below.

More than half of the Heads of Service mentioned an online booking system to streamline the appointment booking management; and the potential to enhance online support for patients, in the form of videos focusing on what to expect prior to appointment/operation and how to support your recovery afterwards. Child friendly versions of videos were highlighted as important.

About one third of the comments suggested that Fife HSCP need to have an enhanced use of data to support and streamline current work and reduce duplication, to allow staff to be more efficient and concentrate on other work. Specific software packages such as Edison and Power Bi were suggested.

Joined up systems and training for staff and patients was also mentioned as a priority for some departments.

Other suggestions include:

- Remote accessibility.
- Funded support for creating digital leaflets.
- Efficient electronic patient recording.
- Online project management systems.
- Research around what our patients' digital needs are.
- Text messaging service.

## We asked, you said we did

Having read through the staff engagement feedback within the report, it is clear that there are priority themes which we (the Fife HSC Partnership) must include in our recommended delivery plan within the Digital Strategy.

These themes are:

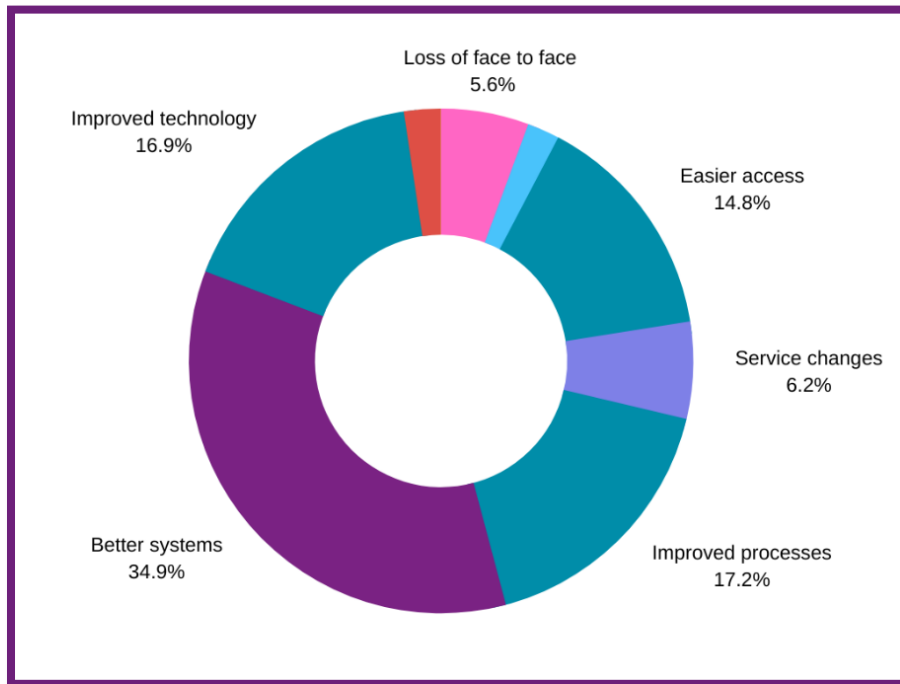
- **Increased access to systems across NHS Fife and Fife Council**
  - ✓ enabling staff to provide better services with "full-picture" information;
  - ✓ reduced time for staff seeking information from various systems and sources.
- **Systems integration**
  - ✓ avoiding duplication of effort;
  - ✓ enhancing ease of access to service user/patient information;
  - ✓ enabling faster decision making and action to benefit service users / patients.
- **Enhanced use of Data (utilising Dashboard tools)**
  - ✓ enabling access to accurate, live, dynamic information;
  - ✓ enhancing faster decision making and action to benefit service users / patients.

## Final consultation comments

The final question of the consultation with both staff and public was:

**Its 2040... What does Health and Social Care Sector look like with access to modern technology?**

When speaking to members of the public, it was evident that many are hopeful that the H&SC services become better and more streamlined by 2040. There were concerns raised that technology might take over the human contact. Most agreed that the digital world enables staff to be more efficient, however hoped that staff would still be there for that human interaction. The staff survey mirrored the public response as can be seen in the table below.



Pic 10 Digital Strategy, Staff consultation. Its 2040...

What does Health and Social Care Sector look like with access to modern technology?

The majority of staff said they hope that in 2040, the Health and Social Care sector will have better systems and improved processes. Here are some further comments:

“The workforce is mobile and flexible in the way they work. Customers are able to access help and support easily and can identify solutions to help themselves rather than wait on long waiting lists for assessments or for queries to be resolved.”

“Ability to provide quick and sufficient care to those when it’s needed through use of technology to enable better quality care and higher levels of independence. Technology will allow reduction in need for care packages and therefore will allow more independence for people in the community. Technology will be available to all and there will not be a poverty gap for technology care.”

“It will probably be a lot less face to face and using technology which can be a positive but also be a negative and it’s about getting the balance right. Humans are interactive beings and many people including me like to be face to face with people. I think technology has its place to make things more efficient, greener, and cost effective but we need to keep many of the human elements too - suppose it’s about giving people choice.”

## Conclusion

The majority of respondents were supportive of technology and the digital world as a whole. However, it is important to note a small proportion were less keen, especially the older population. Many of those who were apprehensive said that they do not trust the digital world and do not know how to use it, so perhaps with the appropriate training and support this can be addressed.

There were also concerns around the cost and forever improving devices and applications that require updates. Some participants shared that although they would be keen to have some technology to support their health and wellbeing; they were not sure what to purchase.

Both staff and public agree that there needs to be a system where services talk to each other and have access to the same information, to avoid the repeat of the service user story, which at times can be a painful experience.

Digital awareness and training were also highlighted by both staff and public as something that should be going in line with any introduction of new technology or new digital approaches to services.

Overall, there was a support from both staff and public for the development of the first Digital Strategy for the Fife HSCP.

Finally, to mention something that was highlighted by one of the services, that the digital world is not for everyone. People who live with several mental health problems like schizophrenia, delusional thoughts and paranoia can be adversely affected using technology and it can further aggravate issues with their mental health. So, with any new implementation, this has to be taken into consideration; and perhaps would require a softer approach to change.

And to finish off this report, the final thought from one staff member:

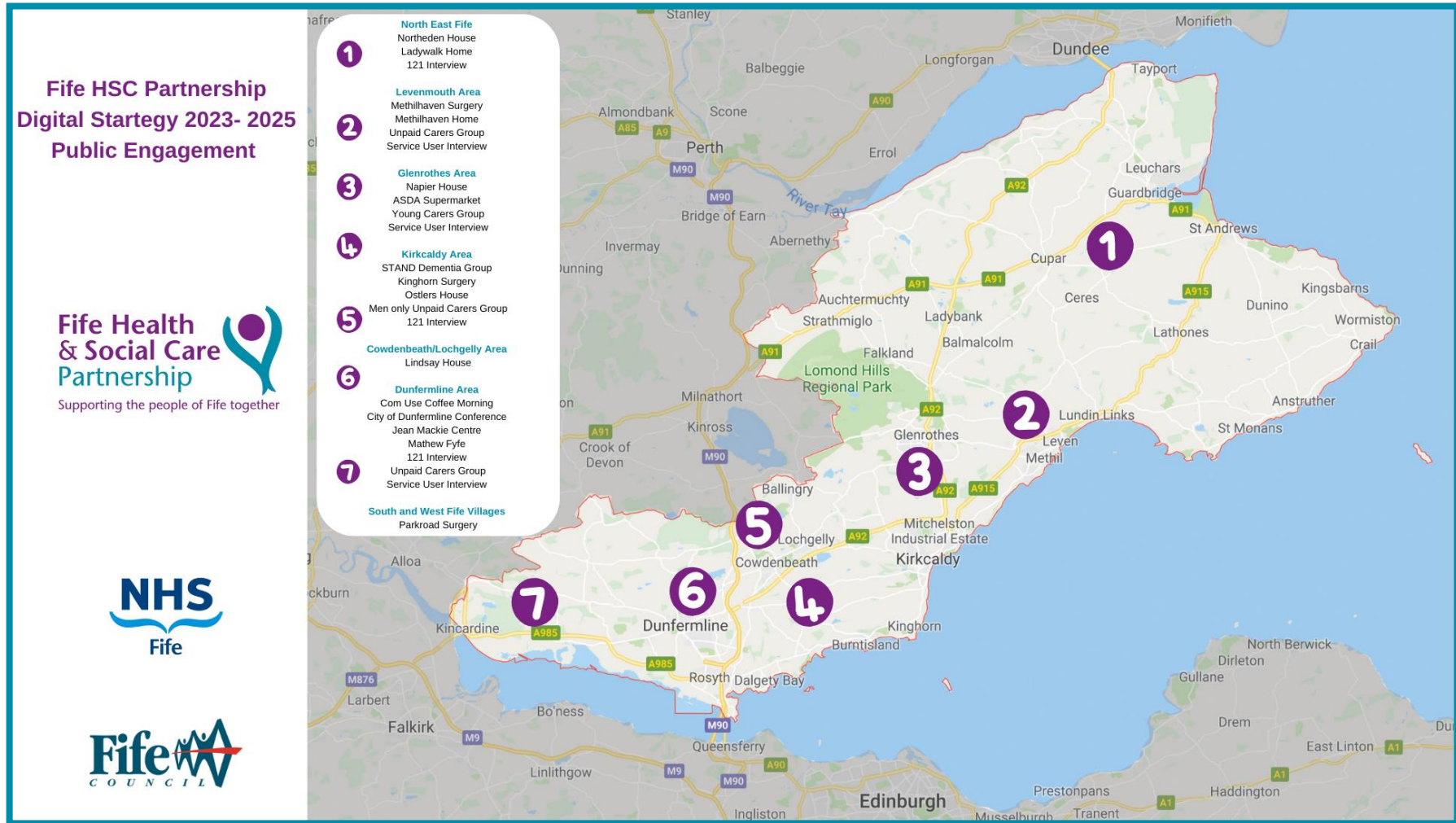
“No other comments, other than it is great news that HSCP [Fife Health and Social Care Partnership] is developing a digital strategy :)”

Further information about the strategic planning process in Fife, including opportunities to get involved in consultation or other engagement events, is available on our website:

[www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org).

# Appendices

## Appendix 1 Engagement Map



# SANDRA

67 YEAR OLD



Due to various health issues and not having support from her family Sandra lives in a care home



While living in her own home, Sandra had access to a tablet, a phone and a pc with Wi-Fi throughout her house. Sandra enjoyed playing games on her devices 'to stimulate her brain' and speaking with her many friends all around the world. Sandra said she enjoyed having access to the digital devices and the simplicity of being able to talk to her friends no matter where they were. Sandra's TV was also connected to the internet and she enjoyed watching various movies on Netflix.



Due to various health difficulties, at the age of 67, Sandra had to move to a care home. She is really enjoying her life there and says that the staff are very caring, and that she is well looked after. Before her move to the care home, Sandra purchased a brand-new tablet and phone but isn't able to use them. The care home does not have Wi-Fi leaving her lost and unable to do what she did in her own home. She misses chatting with her friends, playing games and watching Netflix.



# PETER

75 YEAR OLD



Peter permanently lives in a care home



Peter stayed himself for a number of years in his own home, which often led to associates stopping round unannounced for a social alcoholic drink. This turned into 'binge' sessions for Peter, and he was becoming concerned for his physical and mental health. The prospect of having company is what continued this type of socialisation for a number of years...



Before his 75th birthday Peter moved into a care home.



Thanks to his confidence with technology, Peter was able to re-connect with family and friends around the world via Skype, from the comfort of his care home. Peter voiced that this technology has allowed him to feel less isolated and more connected, which has also assisted with a healthy mind and body.

# TIM

82 YEAR OLD



**Tim has recently lost his wife to cancer. He lives in his own home**



Tim has recently lost his wife to cancer and now lives on his own, in his own home. He has regular contact with his children and grandchildren and describes himself as very able, but is conscious he is getting older. Tim worked for BT for 40 years and is keen on using digital technology. Recently he has begun putting things in place to keep him safe and living in his own home for as long as he can.

Tim has installed Alexa devices throughout his house, they are strategically placed and allow him to ask Alexa to call one of his children to inform them that he needs help should he have an accident or fall. He always carries his mobile phone in his pocket for the same reason. He said he would definitely recommend fall detectors and in house monitoring systems to his friends to allow them live at home for longer. He was also very complementary of the electronic books like Kindle, as they allowed his wife to stay busy when she wasn't well and wasn't able to do much.

# SUMMER\*

15 YEAR OLD



Summer lives at home with her mum and younger siblings. She is a young carer.



Summer is 15 year old girl who lives at home with her mum and younger siblings. Summer is a young carer for her mum, who has severe mental health difficulties.

Summer loves the digital world, however feels very restricted in accessing it as everything costs a lot of money.

Summer uses digital devices to remind her to do house chores and to give her mum medication but dreams of having some sort of robot to help her to do the house work. Summer would love to have a Smart TV so the whole family can have movie nights, play games together and even order shopping on a bigger screen that everyone can see.

Summer has an iPhone and an iPad but both are older models, meaning she is limited in what applications she can use as they only work with the latest software, which is incompatible with her devices. Some apps she cannot even use at all. Summer hopes if any new systems or technologies are being implemented, compatibility and cost is taken into consideration so they help everyone (or so everyone can use them)

\*Summer is an imaginary person. Her story has been written from feedback of a group of young carers.



# **Fife Health and Social Care Partnership Digital Strategy 2023-26**

## **Phase 2 Consultation Feedback Report**

Author: Tatiana Zorina

Date: 16 May 2024

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## Introduction

The development of the first Digital Strategy for Fife Health and Social Care Partnership has been supported through an extensive stakeholder engagement programme across Fife's communities. This has been carried out in two phases.

Phase one generated feedback that shaped components of the draft strategy.

"The Digital Strategy has been developed in collaboration with colleagues from Fife NHS Digital, Fife Council Business Technology Solutions (BTS), and representative colleagues from across the Partnership, the independent and third sectors and NHS Fife and Fife Council – our thanks go to all those involved".

"This is the first Digital Strategy for Fife HSCP and seeks to improve access for the people of Fife, enhance our staff experiences and promote better systems integration across the Partnership. It outlines our vision to introduce inclusive digital solutions which will improve the delivery of integrated care and enhance health and wellbeing outcomes for the people of Fife."

The objective of the second phase of the consultation was to share the Draft Digital Strategy with all relevant stakeholders and to seek respondents' views towards the following components of the strategy:

1. The Vision of the Digital Strategy 2023-26
2. Our Strategic Goals
3. Our Designing Principles
4. Our Staff and Public Digital Priorities

This report is a summary of the phase two feedback that has been received during the 6-week consultation period.

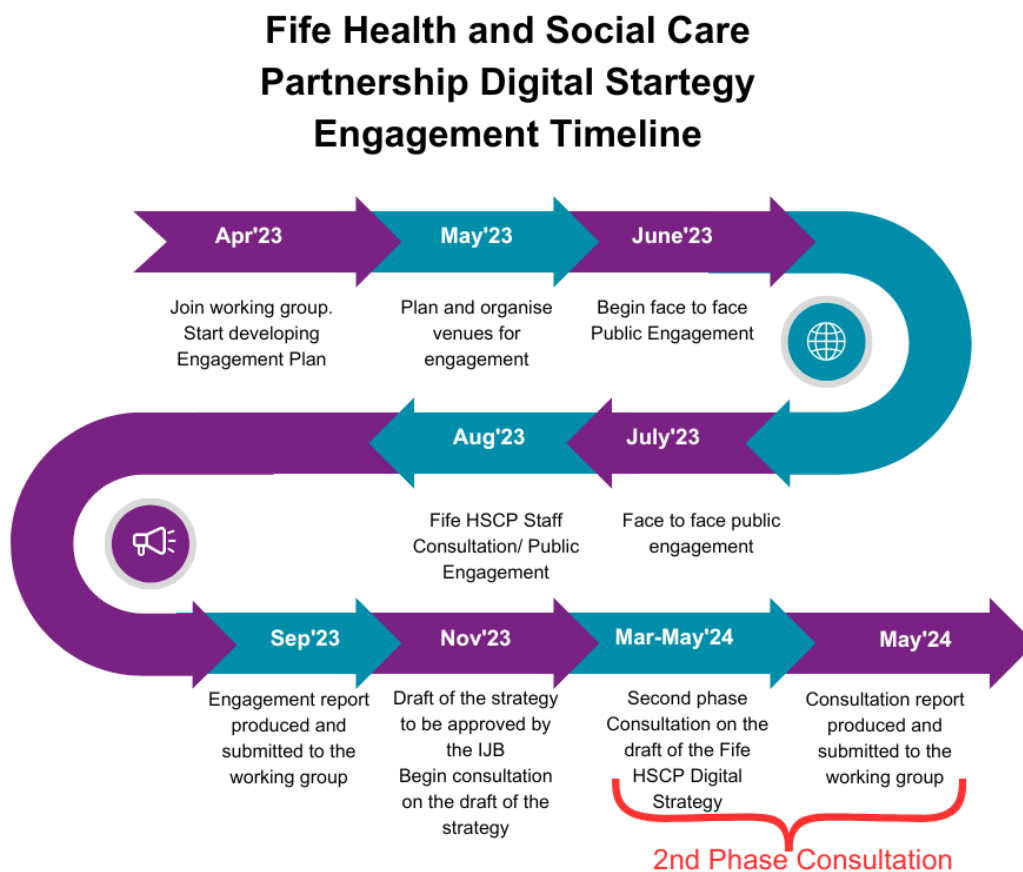
### **The Digital Vision for Fife Health & Social Care Partnership**

*"Our vision is to become a digitally innovative Health and Social Care Partnership. By leveraging the use of digital solutions, we will enable our workforce to deliver effective, integrated care that supports improved health and wellbeing outcomes for the people of Fife, promoting self-care and independence."*

## Engagement Timeline

Stakeholder Engagement took place online over a 6-week period, from 18 March to 6 May 2024.

The Engagement Timeline below shows the key engagement dates. Phase two of the consultation took place from March until May 2024, this is highlighted in red.



## Engagement Methods

Due to the Phase One engagement being carried out over an extensive period with people having opportunities to get involved face-to-face, it was agreed that Phase Two engagement would be available as an online survey via MS Forms. Paper copies of the consultation were available upon request, and an Easy Read Version of the consultation was produced.

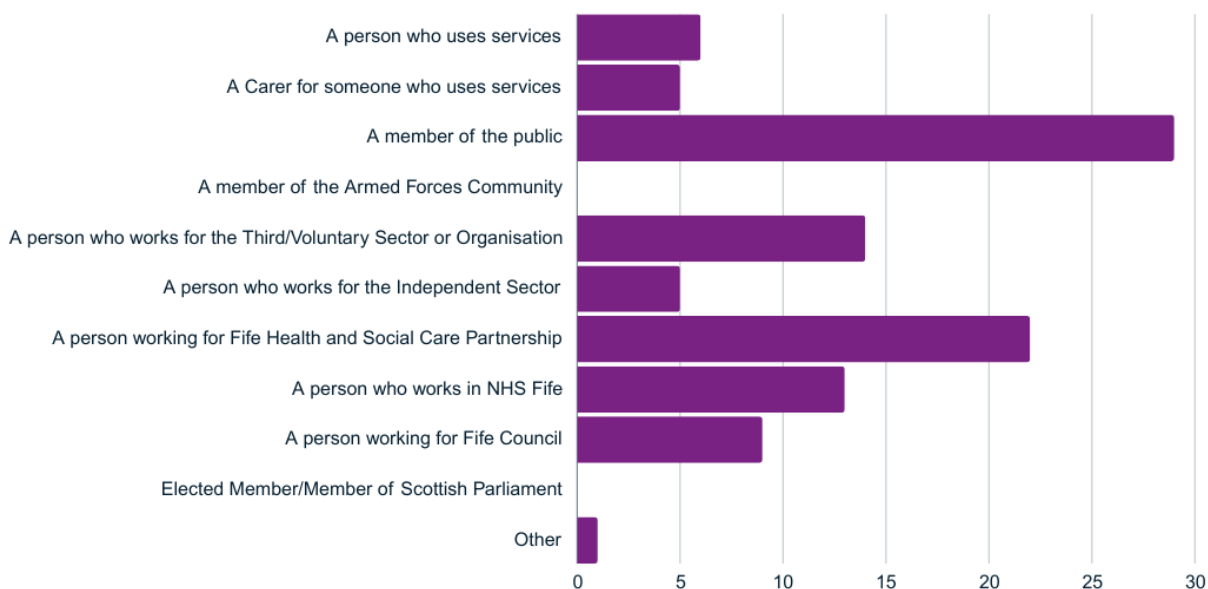
The opportunity to complete the consultation was promoted via a variety of methods, these included:

- Staff Virtual Notice Boards

- NHS Fife – Participation and Engagement Directory
- Fife Council – Peoples Panel
- Equality Groups across Fife, via the Fife Centre for Equalities
- Fife Wide Equalities Forum
- Locality Groups
- Social Media
- Internal Weekly Fife HSCP Staff Briefings

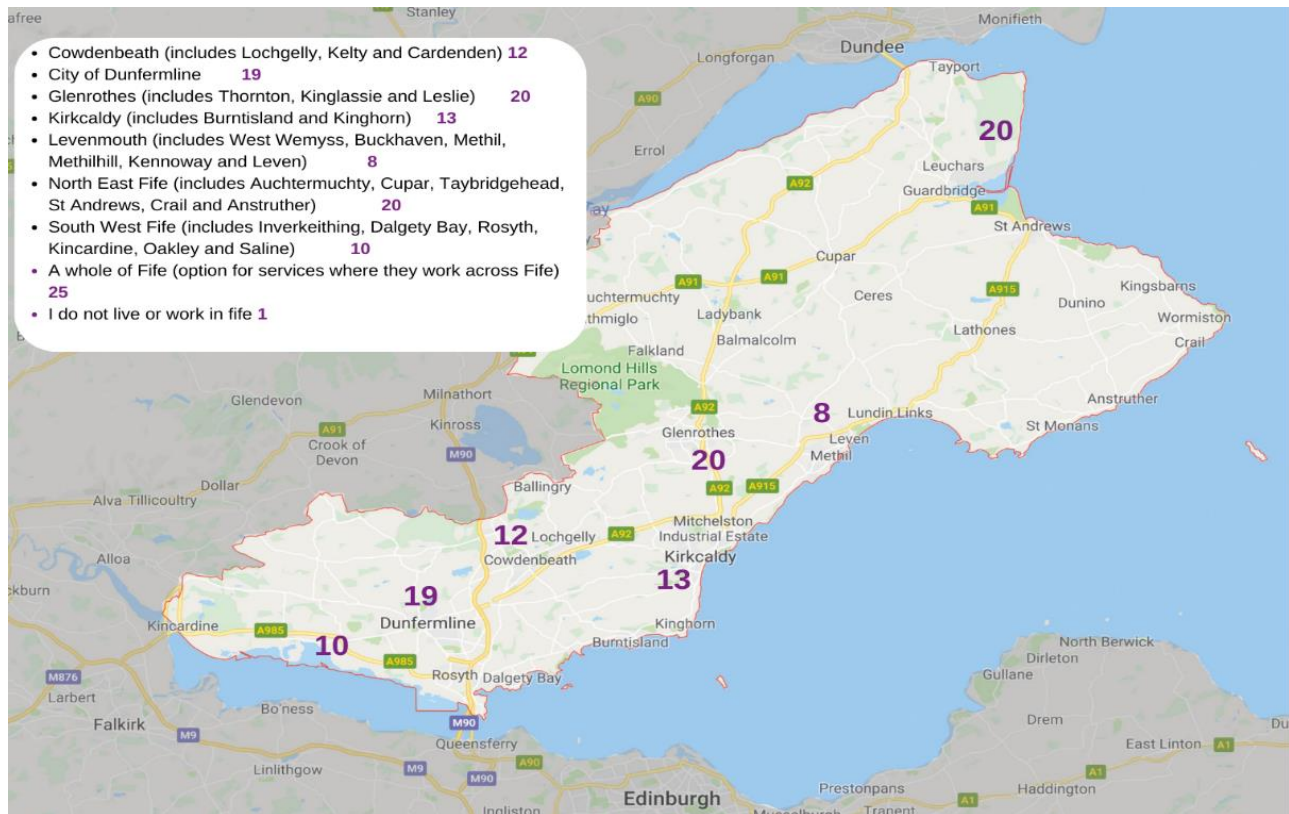
## Engagement Reach

The consultation received 107 responses from various stakeholder groups. The highest response came from members of the public (29 responses), with the second highest response being from those identifying as employed by Fife HSCP (22 responses) and the third highest response from those who identified as someone who works for the third sector organisation (14 responses).



Responses to the consultation were received from all 7 localities across Fife's communities. The highest response rate of 19% came from the North East Fife and Glenrothes localities (both 20 responses), and the lowest response rate of 7.5% from Levenmouth locality (8 responses).





Key points from the equalities data are summarised below, with further data shown in Appendix 1.

62% of overall respondents completed the equality and diversity section of this consultation paper.

### Age

32% of those completing the equalities section identified as being 65 and over (21 responses), with the lowest number of 3% being from the 25-34 age bracket (2 responses).

### Gender

70% of respondents identified their gender as female (46 responses) and 27% as male (18 responses), with 1 respondent selecting both the 'identity not listed' and 'non-binary' options.

### Sexual Orientation

91% have identified as straight/heterosexual (60 responses), compared to those who identify as pansexual (1 response), asexual (1 response), with 4 respondents selecting "prefer not to say" option.

### Ethnicity

98% of respondents identified as white Scottish or other British (65 responses), with one respondent selecting 'prefer not to say' option.

### Religion and Belief

53% of those who completed the form identified themselves as not having a religion or belief (35 responses), 21% identified with Church of Scotland (14 responses), 7.5% selected 'Roman Catholic' option (5 responses), Other Christianity (4 responses) and Pagan (1 response). 4 People selected the "prefer not to say" option and 3 respondents selected "other".

### Disability

73% of respondents identified as not having a disability (48 responses). 23% of respondents said they do have a disability (15 responses); and the other 3% chose the 'prefer not to say' option (2 responses).

### Pregnancy and new parents

1.5% of the respondents identified as being pregnant or breastfeeding (1 response each), while other 91% identified as neither breastfeeding nor being pregnant.

### Marriage and Civil Partnership

55% of respondents identified as married (36 responses), while 12% selected "living with partner" and 11% choose "single" option.

## Engagement Feedback

### Vision Statement

*"To become a digitally innovative Health and Social Care Partnership. By leveraging the use of digital solutions, we will enable our workforce to deliver effective, integrated care that supports improved health and wellbeing outcomes for the people of Fife, promoting self-care and independence."*

The above statement was designed with people across Fife and staff who work for the partnership. During this consultation (second phase engagement) we asked participants if they agree with the above statement. 72 % of respondents agree with the vision statement, where 20% weren't sure, and 8% disagreed with it.

64% (69 respondents) provided further comments to support their views. More than 50% of respondents showed their support for the vision statement, with one saying: *"Digital services will be quicker for patients to get the care that they need. Time is essence sometimes. Digital is the future."* 9% of respondents highlighted the use of language within the vision, some stating that it might not be understood by the general public with one respondent saying: *"...too jargonistic and not service user friendly..."*. 6% of those who commented, shared their concerns for those service users who might not have digital access or digital skills to be able to use digital devices to access and support their care needs. 5% respondents highlighted the need for extra funding to implement the digital solutions, however some view digital solutions as an aid to the financial constraints.

*“Budgets and funding are more restricted than ever and will continue to be so. Investing in digital solutions which aid not only the workforce but clients, especially up-flow - preventative stages - will help/support self-care and independence”.*

## **Our Strategic Goals**

Our strategic goals within the Digital Strategy 2023-26 are clearly aligned to the priorities within the Fife Health and Social Care [Strategic Plan 2023-2026](#).

76% have agreed with the strategic goals, 19% weren't sure and 5% disagreed. 60% of respondents provided further comments to support their views. 50% of respondents who further commented on the proposed strategic goals have provided supporting statements with one saying: *“These are relevant and admirable but are aspirational.”* 14% of respondents have highlighted that not everyone has access to the digital devices and another 14% stated that digital is simply “not for everyone”.

*“Not everyone has digital access for various reasons, with this in mind how can you achieve your goals?”*

*“Great to embrace technology to improve services, as long as there an element of choice. Not everyone has access to technology or want to engage remotely.”*

Some 6% found priorities too jargonistic.

## **Our Design Principles**

As part of the development of the Fife HSCP Digital Strategy 2023-26 a set of design principles were established. These principles will help guide the creation of effective and user-friendly digital products and experiences which meet the needs of our users, as well as aligning us to national and local strategies. Our design principles underpin and support the Partnerships [Strategic Plan 2023-2026](#) priorities.

The majority of respondents (70%) have agreed with the proposed digital priorities, 25% weren't sure and 5% disagreed. We asked: “What else should we consider? What else is important to you?” 61 respondents (57%) provided further comments to answer this question. 10% of the respondents suggested consideration for those who do not have hardware and network to enable them to use digital access to care. A further 7% suggested that people will need support with Wi-Fi access and suggested the addition of *“Affordable. Accessible at a local level if required - via NHS / Council facilities. Innovative.”* 5% suggested that the partnership needs to consider data protection and those users that do not wish for their data to be shared. Further 12% highlighted that some service users as well as staff may require support to use technology and have digital access. *“Maybe it will be in the detail, but there are increasing numbers of people digitally excluded due to the cost of Wi-Fi, data.”*

## **Our Staff and Public Digital Priorities**

Both public and staff engagement activity took place as part of the development of the Digital Strategy. The priorities have been identified as a result of public and staff feedback, collated during the first phase of engagement.

Staff Digital Priorities	Public Digital Priorities
<ul style="list-style-type: none"> <li>• Increased access to systems across NHS Fife and Fife Council</li> <li>• Systems Integration</li> <li>• Enhanced use of data</li> </ul>	<ul style="list-style-type: none"> <li>• Wi-fi in Care Homes</li> <li>• Bookable Appointments online</li> <li>• Increased use of Monitoring and sensor technology</li> <li>• Access to information online</li> </ul>

During the consultation we asked respondents to identify either as a member of the public or a member of staff; where public were able to comment on the digital priorities identified specifically for public; staff got the chance to comment on both.

54% of respondents identified as public and 46% as staff.

### Staff Digital Priorities

90% of staff have agreed with the identified priorities, 8% weren't sure and 2% (1 respondent) disagreed. 67% provided further comments.

46% of the staff that made further comments suggested that System integration should be prioritised, with one respondent adding: *"I would be delighted if a way could be found to reduce the need for duplication of information and support a better service for clients."* 6% suggest that to achieve on these priorities we should learn from other partnerships, with one adding: *"Ideally we should have a shared system and I know this is possible as this happens in Highlands region in Scotland."* 15% of those responded said to achieve on these priorities the partnership will require to enhance existing digital systems, and 12% suggest that further workforce development is required.

### Public Digital Priorities

78% of those responded have agreed with public priorities, 20% said they weren't sure and 2% disagreed.

61 further comments were received to suggest what should we do to achieve on these priorities. 18% of respondents highlighted that to achieve on the identified priorities we need to keep investing in digital, where 15% focused on the importance of ongoing staff training.

*"Ensure that staff training is rigorous and consistent. Have patience with members of the public and keep people informed at all stages."*

*"Overall, proactive collaboration between healthcare providers, technology partners, and customers is key to achieving these priorities effectively. By investing in infrastructure, providing education and support, and leveraging digital platforms, healthcare services can become more accessible, convenient, and responsive to customers' needs in Fife."*

### Final comments

At the end of the consultation, respondents were asked to share any final thoughts and ideas towards the Draft of the Digital Strategy 2023-2026. (Appendix 3 - detailed statistical data). 23% used this opportunity to highlight their support for the strategy and their excitement to see its progress, while 7% have highlighted the importance of face-to-face contact and care. 6% suggest that we must provide training and support to those digitally excluded, while another 6% highlight the need for ongoing financial support to be able to achieve on this strategy as well as financial support to those digitally excluded. 2% of respondents suggested that we need to be vigilant to ongoing security threats and ransom attacks.

*“The potential for digital systems to support, enhance and provide efficient healthcare for the public of Fife is enormous. The investment in sustainable systems and equal access to all areas of the organisation could bring about tangible change and efficiencies.”*

*“Your ideas are good and well researched. You know what people want, now they need to be put into action. Thank you.”*

## Conclusion

In conclusion, the feedback from the second consultation on the Draft Digital Strategy 2023-2026 shows the majority of respondents agree with the digital vision of the partnership, highlighting the overwhelming support for the strategy and its identified priorities, goals, and principles.

A significant number of respondents highlighted the need for ongoing training and support for both staff and members of the public, as well as financial support to those digitally excluded. Many focused on the importance of this work, highlighting the need for integrated systems as one of the main staff priorities which will benefit both staff and public. During the consultation some people have spoken about their anxiety around the ever-changing digital world, and how difficult it can be for individuals and organisations to 'keep up'. This suggests there may be a need to consider the implementation of the strategy using a staged approach, with thought given to how staff and the public can be supported to join us on this ever-evolving journey.

Effective communication that is universally understood, while prioritising education will be essential for achieving desired results outlined in the strategy. When developing the delivery plan to accompany the strategy, feedback from respondents told us it is important to them to ensure clear and accessible communication channels and terminology. This will ensure that stakeholders at all levels understand the strategy's objectives, processes, and expectations.

As the partnership moves forward, guided by this and previous consultations, it aims to deliver on the proposed vision 'To become a digitally innovative Health and Social Care Partnership. By leveraging the use of digital solutions, we will enable our workforce to deliver effective, integrated care that supports improved health and wellbeing outcomes for the people of Fife, promoting self-care and independence'.

*“In conclusion, by embracing digital innovation and prioritising customer-centric approaches, healthcare providers in Fife have the opportunity to transform the delivery of care and support*

*services. Through collaboration, investment, and a commitment to continuous improvement, they can create a healthcare system that is more accessible, efficient, and supportive of the diverse needs of the community. This vision not only promises to improve health outcomes but also empowers individuals to take control of their own health and well-being, ultimately leading to a healthier and more resilient society in Fife and beyond.”*

## Next Steps

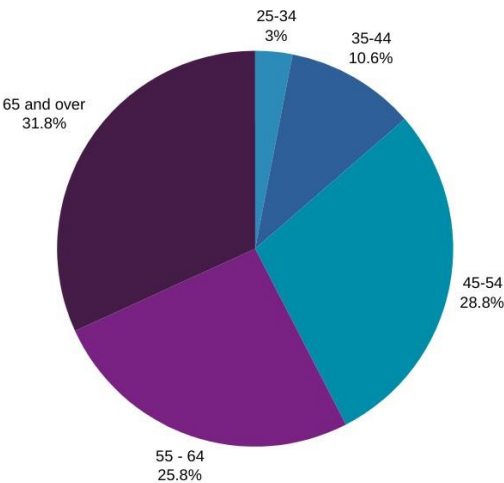
1. This report will be presented to the Fife HSCP Integration Joint Board (IJB) along with the Draft of the Digital Strategy on 31 May 2024. Thereafter the report will be published on FHSCP Website for public members to view.
2. The strategy will inform the accompanying delivery plan, which will also be published on the Fife HSCP website along with the final Strategy document.
3. The feedback will be utilised to shape the Strategy delivery plan ensuring its effectiveness and alignment with stakeholders' feedback. Following a close review of the feedback, we have already made some enhancements to better explain the terminology used within the document and we will continue to be mindful of this as we further develop our plans and communications.
4. In collaboration with our Digital Partners (Fife Council and NHS Fife), we have established a HSCP Digital Oversight Board which will enable us to build a complete and comprehensive digital picture for the Partnership and focus on delivering the Partnerships digital priorities. This permanent Board will meet bi-monthly.

Fife Health and Social Care Partnership would like to thank everyone who has responded to this consultation for their time, and for sharing their views on the First Fife HSCP Digital Strategy 2023 – 2026.

## Appendices

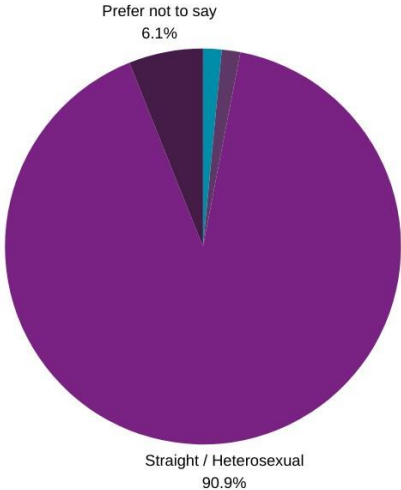
# Appendix 1

## Age



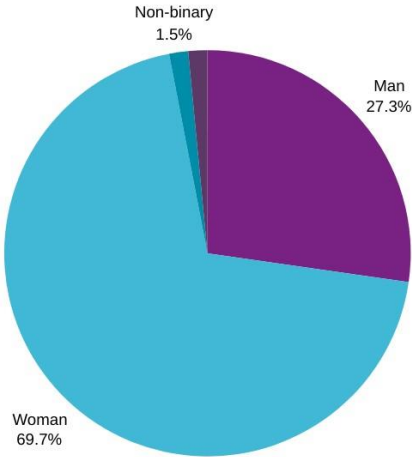
Under 18	0
18-24	0
25-34	2
35-44	7
45-54	19
55 - 64	17
65 and over	21
Prefer not to say	0

## Sexual Orientation



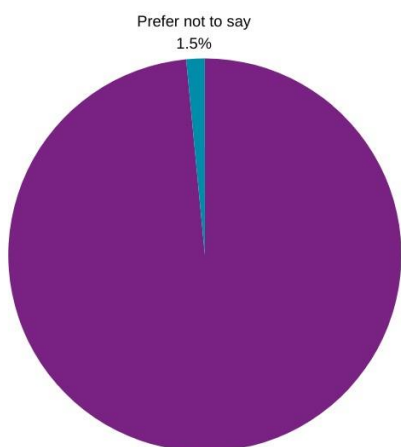
Asexual	1
Bi-sexual	0
Fluid	0
Gay man	0
Lesbian	0
Pansexual	1
Queer	0
Straight / Heterosexual	60
Identity not listed	1
Prefer not to say	4

## Gender



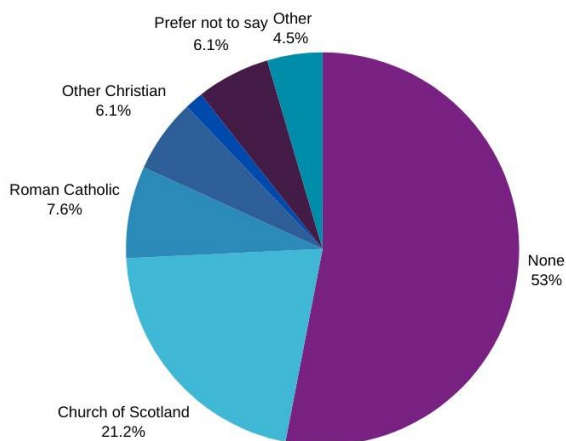
Man	18
Woman	46
Trans-man	0
Trans-woman	0
Non-binary	1
Identity not listed	1
Prefer not to say	0

## Race



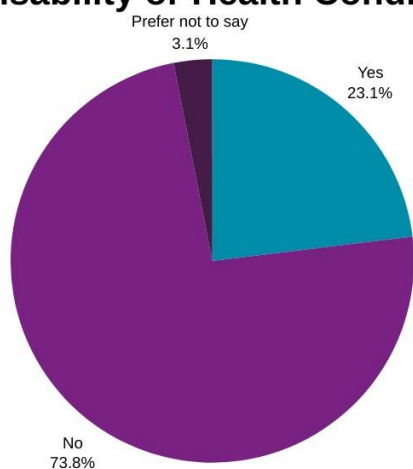
White	65
Mixed or multiple ethnic groups	0
Asian, Scottish Asian or British Asian	0
African, Scottish African or British African	0
Caribbean or Black	0
Other ethnic group	0
Prefer not to say	1

## Religion or belief



None	35
Church of Scotland	14
Roman Catholic	5
Other Christian	4
Muslim	0
Hindu	0
Buddhist	0
Sikh	0
Jewish	0
Pagan	1
Prefer not to say	4

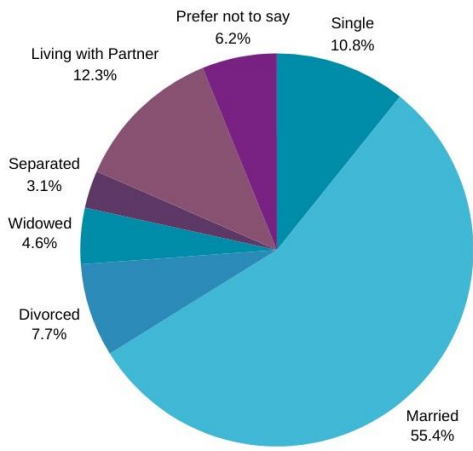
## Disability or Health Condition



Yes	15
No	48
Prefer not to say	2

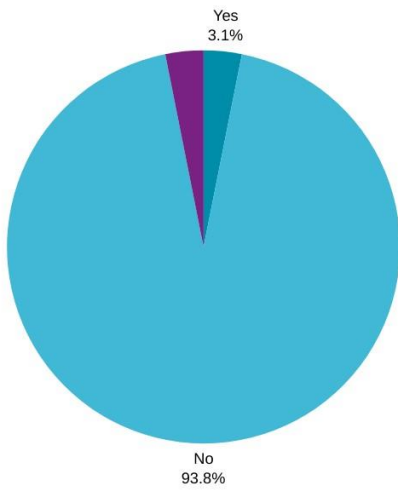


## Marriage and Civil Partnership



Single	7
Married	36
Divorced	5
Civil Partnership	0
Widowed	3
Separated	2
Living with a partner	8
Prefer not to say	4

## Pregnancy Maternity

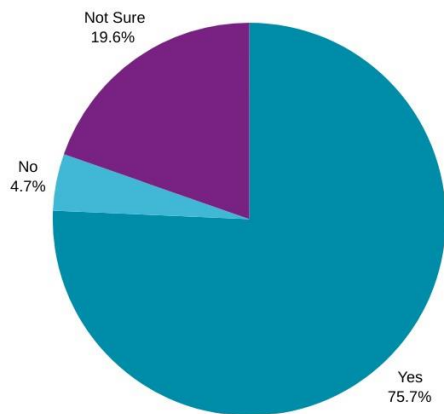


Yes	2
No	60
Prefer not to say	2

## Appendix 2

The goals within our Digital Strategy are clearly aligned to the priorities within the Fife Health and Social Care Strategic Plan 2023-2026 and our design principles underpin and support these goals.

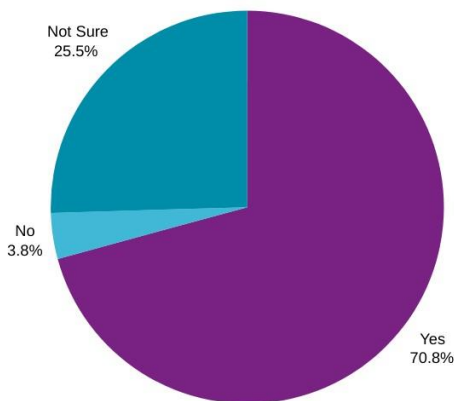
### Do you agree with our Strategic Goals?



Yes	81
No	5
Not Sure	21

As part of the development of this digital strategy we have established a set of design principles which will help guide the creation of effective and user-friendly digital products and experiences which meet the needs of our users as well as aligning us to national and local strategies.

### Do you agree with our Digital Strategy design principles?

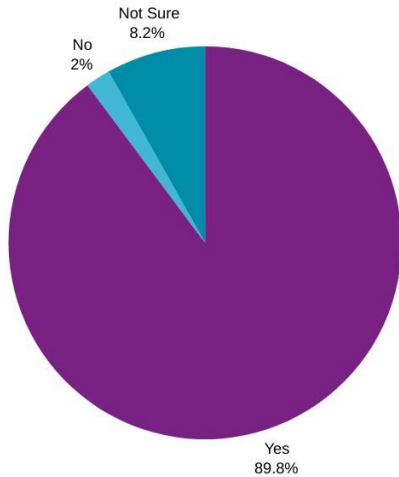


Yes	75
No	4
Not Sure	27

**Identified Staff Digital Priorities:**

- Increased access to systems across NHS Fife and Fife Council
- Systems Integration
- Enhanced use of Data (utilising dashboard tools)
- 

**Do you agree with these identified priorities?**

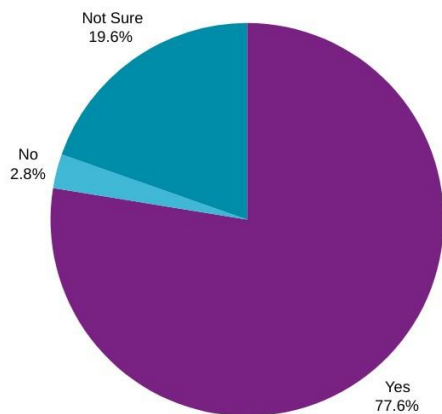


Yes	44
No	1
Not Sure	4

**Identified Public Digital Priorities:**

- Wi-fi in Care Homes
- Bookable appointments online
- Increased use of monitoring and sensor technology
- Access to information online

**Do you agree with these identified priorities?**



Yes	83
No	3
Not Sure	21

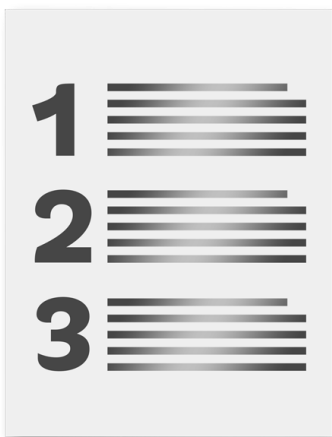


# Digital Strategy 2024 – 2027

## Easy Read Version



There may be words in this easy read that you haven't heard before. These words are written in thick black letters.



There is a list to explain these words at the end of this document.



**Fife Health and Social Care Partnership** want the people of Fife to live healthy, active and independent lives.



We plan to use more **digital devices** that can support people to lead more healthy and independent lives at home and in the community.



Our new digital **strategy** is a plan that explains how we will do this.



Our new digital strategy starts in 2024 and ends in 2027.



We will show people how digital devices can help them to be more independent at home.



We will support the people of Fife to be digitally connected in their communities and have access to health and social care information and services.



We will find new ways of using digital devices to ensure that people who need care and support can remain safely at home for as long as possible.



Our staff will explain the digital devices in a way that people understand, treat them with respect, listen to them and answer their questions.



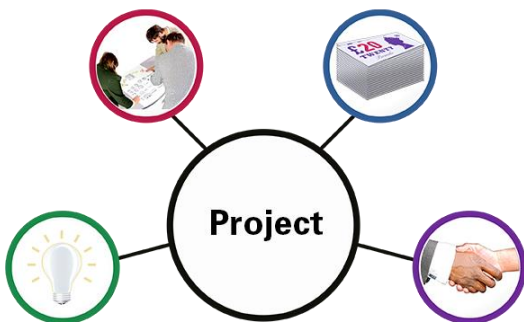
We will make sure that our staff can answer questions and know who to contact if a supported person or their carer has questions or concerns that they can't answer.



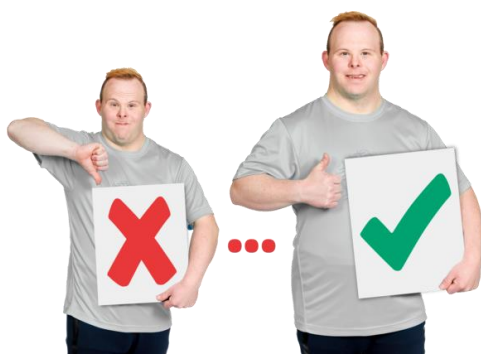
Some of the devices will provide us with useful information that we can use to make decisions with people.



There are lots of new digital devices available. We will find out about these devices and how we can use them to improve the services that we deliver and to increase people's independence.



When we start new projects, we will discuss digital devices and how these might help us to deliver a better service.



This strategy will help to improve health and social care services in Fife for people who use them and for staff who support them.



If you would like more information  
please contact  
[fife.hscprtransformationalchangeteam@nhs.scot](mailto:fife.hscprtransformationalchangeteam@nhs.scot) (email)



03451 55 15 03 (9am to 5pm)

## What these words mean

<b>Digital Devices</b>	A name to describe equipment such as computers, smart meters, smart TVs, i-pads, tablets, Alexa, google dot, smart phones and other devices.
<b>Fife Health and Social Care Partnership</b>	The name of the organisation that provides health and social care services to the people of Fife. This includes GPs, nurses, social workers, home carers and other staff.
<b>Strategy</b>	A strategy is the name given to a document or plan which explains what an organisation wants to do over the next few years.





**Meeting Title:** Integration Joint Board

**Meeting Date:** 31 May 2024

**Agenda Item No:** 6.2

**Report Title:** Workforce Strategy Action Plan Year 2: Update

**Responsible Officer:** Nicky Connor, Director of HSCP

**Report Author:** Roy Lawrence, Principal Lead for OD & Culture  
Dafydd McIntosh, OD & Culture Specialist

## 1 Purpose

**This Report is presented to the Integration Joint Board for:**

- **Assurance** – This mid-year report on the Partnership’s Year 2 Action Plan provides updates on all actions for assurance that the Partnership’s performance is delivering real progress in a range of areas related to our ability to Plan for, Attract, Employ, Train, and Nurture our existing and future workforce.

**This Report relates to which of the following National Health and Wellbeing Outcomes:**

- 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.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

**This Report Aligns to which of the Integration Joint Board 5 Key Priorities:**

- Local
- Sustainable
- Integration
- Wellbeing
- Outcomes

## 2 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- HSCP Workforce Strategy Group 26 October 2023
- NHS Fife Strategic Workforce Planning Group 28 November 2023
- Care Academy Strategic Group 06 December 2023
- HSCP Workforce Strategy Group 16 January 2024
- Care Academy Strategic Group 07 February 2024
- HSCP Workforce Strategy Group 27 February 2024
- Workforce Planning Process Subgroup 11 March 2024
- HSCP Anchor Working Group 25 March 2024
- HSCP Workforce Strategy Group 11 March 2024
- HSCP Workforce Strategy Group 09 April 2024
- SLT 19 April 2024
- Local Partnership Forum 14 May 2024
- Finance, Performance & Scrutiny Committee 15<sup>th</sup> May 2024

### **3 Report Summary**

#### **3.1 Situation**

This report is the first update for the Partnerships Workforce Year 2 Action Plan. The Integration Joint Board, Quality & Communities and Finance, Performance & Scrutiny Committees, Local Partnership Forum, and Senior Leadership Team endorsed the Partnership's Year 2 Workforce Action Plan in November 2023.

The Workforce Annual Plan 2023-24 set out how we will work towards the priorities defined in the Partnership's Workforce Strategy & Plan 2022 – 25. This update report provides assurance that the Year 2 Workforce Action Plan and actions therein are aligned to the Partnership's Medium-Term Financial Strategy and reflect the transformation priorities set out by operational and professional services. However, some actions have been reviewed or extended to accommodate changes to priorities that have taken place since the Plan was developed in 2023, including the challenges around the most recent savings opportunities agreed as part of our in-year financial challenge for 2024-25.

The Workforce Annual Plan utilises SMART methodology and was co-created in collaboration with around 50 Leads across the Partnership. The Plan describes what we aim to achieve, what success will look like for each of the actions and how we will know if we have achieved that aim. The Action Plan has been updated using responses from the Leads for actions as set out in the Plan. This format was welcomed by the IJB in Year 1 as an effective method of distributing the leadership and ownership for actions to the right people in the system, building a collaborative approach to our workforce strategy delivery.

## 2023 Internal Audit:

The Workforce Strategy and Plan was subject to a Fife IJB Workforce Plan Internal Audit in 2023. The outcome was reported to provide “reasonable assurance” and the report noted the *“inclusive working relationship and collaboration between the partners, NHS Workforce representatives, Fife Council, independent and Third Sector and the HSCP Organisational Development team”*. The findings were presented to the Audit & Assurance Committee, who recognised the positive aspects highlighted and the learning that has been taken on board quickly and shaped the Year 2 Plan at IJB in November.

The experience of working with the Internal Audit Team was very valuable, with recommendations to improve our delivery in 2023-24 taken on board in full. Those that were possible to address immediately were recognised and endorsed at the IJB in November 2023. A further key recommendation related to collection and utilising of data was included as a priority action in the Year 2 Action Plan for delivery at the IJB in November 2024. The positive endorsement of our work to date demonstrates the collaborative approach that underpins all our work to co-design and co-deliver the Year 2 Action Plan.

The Internal Audit stated: To *“augment the reporting arrangements of the Workforce Strategy and Action Plan 2022-25 by either providing the IJB or a delegated Standing Committee with the Action Plan at least every six months”*. It was agreed at the IJB that we would meet this recommendation through presentation at the Finance, Performance & Scrutiny Committee in May 2024. We have decided to enhance this recommendation by presenting the update to the IJB as well as the Committee. Feedback from the Committee and the LPF was very positive on the work done towards delivering the Annual Plan.

In addition, after consulting with Trade Union colleagues, we further agreed to provide a Flash Report to LPF out with the planned reporting cycle, which began in March 2024.

The Plan utilises the ‘RAG’ status indicators to provide an ‘at a glance’ guide to progress. The Audit recommended the following improvements: To give consideration *“to changing the RAG status to enable a clear indication of whether an action is not progressing, progressing, partially completed and ongoing and completed”*.

This has been **implemented** with each action showing ‘Action complete’ (Green), ‘Partially complete / progressing’ (Amber), or ‘Action delayed’ (Red). This approach was developed in consultation with the Audit Team who support the revised descriptors.

We have also completed a workforce risk ‘deep dive’ which was presented to the LPF in January & Finance, Performance & Scrutiny Committee in March. The discussion around the risk centred on learning from the process, which covered the considerable amount of factors that impact on our work that are external to the Partnership and out with our control. The

changing financial landscape was also understood as a risk as it has an impact on our ability to deliver certain areas at different points in the year, but the Committee recognised the need to continue to plan at key points and act throughout the ever-shifting challenges we face.

### 3.2 Background

The Workforce Strategy Year 2 Action Plan is the responsibility of the Integration Joint Board and was endorsed in November 2023. The Strategy and Plan is a live document that is flexible and adaptive and able to respond to change and is an underpinning element of the Partnership's Strategic Plan 2023-26. The Strategy complements Fife's NHS Workforce Plan, Fife Council's Our People Matter Strategy, the future Fife Population Wellbeing Strategy, and the Scottish Government's National Workforce Strategy.

In line with the DL 2022 (09), a Workforce Strategy Group was set up to co-produce the Strategy with representatives from the whole Partnership, including the NHS Fife Workforce Team, Fife Council Workforce representatives, Independent Sector, Third Sector, HSCP Senior Managers, Trade Unions, HR Business Partners, and Fife College. The progress of the Action Plan content developed by the Leads for each action is reported to the overarching Workforce Strategy Group as a standing agenda item for oversight of the ongoing work.

### 3.3 Assessment

As with the Workforce Strategy and Year 1 Action Plan, the Year 2 Plan is centred on the Five Pillars, established in the National Workforce Strategy and a RAG status is applied against each action. As demonstrated in the Action Plan update (Appendix 1) there is wide range of excellent work being undertaken to delivery on our priorities.

Key priorities of the Strategy and Action Plan are set out in the Partnerships overarching Strategic Plan 2023 - 26: The Year 2 update provides a range of evidence to support our achievement of these aims:

There are several Year 2 high priority actions that have **achieved completion** as planned and on time. This includes:

- By April 2024, "complete the Health and Care (Staffing) Act 2019 (HSCA) self-assessment to ascertain readiness for the implementation of the Act, and business continuity plans updated". The approaches the services have adopted are robust and well informed, and our regulator has expressed confidence in the programme we have taken forward. **This action is complete.**
- By March 2024, "Complete the 'ImproveWell' Programme with the Care Inspectorate, which centered on workforce risk and commissioning against the duties of the HSCA Act". The Care Inspectorate wrote to the group confirming, "*We appreciate the complexities of service planning and procurement for all HSCP's. However, we hope the testing process has informed you and the team in preparation for enactment on 1 April 2024. The work you all dedicated to this testing process has been integral to our work here*

*at the Safe Staffing Programme.” This action is complete.*

- By July 2024, “ensure the Care at Home Collaborative membership, participation, and engagement and regularity of meetings, wide stakeholder participation and agendas of priority are progressing”. The forum is now established and represented on HSCP strategic workstreams. **This action is complete.**
- By April, “develop a communication strategy to inform the Social Care/ Social Work workforce of the regulatory and legislative changes coming into force in 2024”. The workforce is informed via communication on the digital platforms. **This action is complete.**
- By May 2024, “collaborate with partnership employers to refresh the workplace component for the Foundation Apprenticeship Programme”. This activity included heads of nursing, quality and improvement managers in adults, older people, homecare, and community services. Independent and third sector employers from across the partnership were included in developing a database of employers and mentors for students to access for the 39-week programme duration. This approach seeks to improve communication and progression to employment. **This action is complete.**
- By March 2024, “develop a paperless system in Homecare service”. The service has now moved to a paperlite system including vehicle checks and call out recording. The workforce is upskilled in its use. **This action is complete.**
- By January 2024, “introduce frailty training to increase the discharge functions in the Integrated Hub.” This has included incorporating key speakers from specialist areas and third sector to monthly meetings as well as access to the Frailty Identification and Interventions e-learning course. Qualitative feedback from the teams reported how this has increased their knowledge within key areas such as Frailty, Stress and Distress and informed them of key voluntary services available to support discharge planning. **This action is complete.**
- By April 2024, “develop a colleague / staff portal hub on the refreshed HSCP website”. This was achieved and following a consultation exercise the title was settled as staff portal achieving a 61% preference response. **This action is complete.**

## Strengthening our workforce planning



Plan

Having the best real-time data available to support quality workforce planning is crucial. This was recognised in the recent Audit and is a recommendation that we are currently focusing on with all employer partners and sector leads, so that we are able to use this data to plan for our future workforce requirements with operational services. We will present our progress on this to the IJB in November 2024.

To date, we have utilised the Scottish Social Services Council (SSSC) collected workforce data which is published long after the data is collated, which makes understanding workforce trends and flows and acting on them in time challenging. There is sufficient data to understand the establishment gap, however estimating future workforce need in terms of overall numbers continues to be difficult due to the levels of uncertainty. We understand workforce needs are likely to increase and population changes and expectations will continue to shape our future workforce demands. Workforce tools to predict the establishment gap are not responsive to sudden changes in the workforce, however we continue to engage and work through this with external groups including Scottish Government Centre for Workforce Supply, and the Care Inspectorate who are considering appropriate tools for use.

The work to develop a repository of data including the Independent and Third sector is also progressing with data being collated via the Performance Team, however there can be inconsistencies in the frequency for providers submitting the information. The third sector is developing data for the sector, and this too will be used when ready.

A HCSA Communications Plan created and delivered by the NHS Fife communications team is in development to ensure that information is published on StaffLink.

Attracting into careers in Health and Social Care



Attract

The recruitment and retention of our workforce remains challenging, although there continues to be developing programmes / initiatives to improve the overall picture. The implementation of the Health and Care Staffing Act 2019, includes staffing level tools to be used to analysis the workforce to ensure current and future skills mix is available to meet the people outcomes when receiving a service.

### **Career Promotion work**

The attendance at various recruitment events is ongoing, with the HSCP Care Academy event attracting almost 200 people. Analysing conversions to employment is not easy as it relies on employers providing the information. Having the events regularly is a benefit to stakeholders who promote our talent pipelines and look to build on collaborative approaches. There were 30 employers attending the event representing Council, independent and third sector social care, nursing, AHP and volunteer's provision.

The Developing Young Workforce (DYW) embedded in Fife's 18 high schools are developing a business breakfast event in September specifically for S4/5 pupils who have indicated a specific interest in Health and Social Care. The event due to be hosted by DYW and NHS Fife is in response to requests to attend career events in Fife High Schools which places a high demand on our workforce time and does not always represent the right balance. The event will provide focus on 30 individual career types, including Medicine, Nursing, AHP Social Care, Social Work,

and domiciliary / catering ensures young people are provided with the right information to transition to the workforce post school.

There are two new programmes are in development for 2024.

The **Life chances – progressive recruitment programme** is an HSCP / NHS anchor ambition aligned to community wealth building to deliver a 13-week paid placement aimed at entry level posts. The guaranteed interview scheme seeks to offer job opportunities using vacancies to shift to a life chances approach and tackle poverty for people emerging from local employability support. The progress to date includes:

- Fife Council is seeking ratification of the Life Chances model from trade unions in May and will also seek approval from Cabinet Committee.
- NHS Fife colleagues are planning to take a paper to the Anchor Working Group and Executive Team to consider piloting the model.

The **Flourish in Fife** programme is a new Health and Care pathway delivered by the Fife College Care Academy and funded via credits targeting 51 senior pupils with a destination pathway to HSC roles including catering, domiciliary and entry level posts. The programme includes work placement and pupils are from Levenmouth, Glenrothes and Kirkcaldy localities.

### **Legislation Changes**

Regulatory body working groups in Fife Council and Scottish Care have been established to promote and support the changes related to the SSSC registers. The groups are also monitoring the Disclosure Scotland changes. To support this, communication plans to support our workforce through the transitional period includes additional information and links posted on digital platforms.

Most of the integrated social care workforce is already regulated by the SSSC who have now made proposals to the Scottish Government relating to other groups proposed including social work assistants and workers in adult day care services. Further details are to be announced in a yet unspecified time.

The simplification of the number of registers from 23 to just 4 will appeal to our current workforce and anyone interested in joining it. Also being introduced is the benchmarking qualification requirement which will enable people who hold a comparable qualification in childcare or similar be able to join the social care workforce without the need to requalify.

Whilst the reduction of potential barriers to employment is positive, there is a risk if there are significant numbers of qualified social care staff leaving to work in education services because of the reduced working calendar in an academic year which could impact on our capacity to build and retain our workforce.



The continued development opportunity for our workforce includes several changes across the partnership. The Newly Qualified Social Worker forum aims to embed the SSSC Supported Year activity, to promote Fife as the preferred area to start a Social Work career.

The development of the Healthcare Support Care Worker (HSCW) role to improve capacity to meet patient demand by changing the skill mix within the wards by enhancing the knowledge and increasing opportunity for development of our workforce. This approach seeks to provide opportunity and supports workforce retention aims.

The **ScotCOM** undergraduate medical programme, delivered in partnership with the University of St Andrews, NHS Fife and the HSCP is now in advanced stages for delivery. A team's event is arranged for over 20 education influencers, comprising of Skills Development Scotland (SDS) funded career advisors, developing young workforce coordinators and guidance teaching staff to understand and promote the programme across the high school landscape.

In addition, the **Reach Fife** program aimed at pupils entering S4 and S5 this autumn is now open for applications to Fife pupils, and **Experience Medicine** is for pupils currently in S5 who will be starting S6 this autumn and who are seriously considering applying to study medicine in October. These programmes attempt to connect school pupils to the longer-term aim of ScotCOM.

The work to increase capacity across the mental health wards, and across mental health community teams, by commissioning Third Sector partners to provide a skill mix and multi-agency approach grow the workforce is delayed. The mental health workforce is under review with recruitment and retention of staff across all mental health teams being considered as part of a workforce plan which is due for completion by June 2024.

The development of the Fife Council digital competency framework and associated champions is completed. The upskilling of our workforce to meet the demand for enhanced digital component is a key aspect of our transformation plans.

The Fife Care Academy has responded with funded places for the Professional Development Award in Technology Enabled Care (TEC) and only available to the HSCP workforce. The aim of the PDA in Technology Enabled Care is to equip Fife's workforce with the knowledge and skills required to help embed technology and digital knowledge into health and social care practice supporting positive health, care, and wellbeing outcomes for people. The number of places available is 150 with a cost value of £85,000, fully funded so reducing financial barriers to continued learning. The programme has been promoted across NHS, Council, Independent and Third Sector partners.

This funded learning opportunity with Fife Care Academy is in addition to the additional 30 HNC places, and 24 SVQ 2 places to support our regulated workforce to access registerable qualifications with a combined



financial saving for the Partnership and/or our workforce of £64,000. The delivery of the learning programmes is held online to further reduce the need to back fill posts to enable staff to attend college, again created in response the HSCP workforce needs.

## Increasing employment into Health & Social Care



Employ

The high-quality, partnership specific, induction resource for all staff is now created. The tool is interactive and can be updated with changes, ensuring sustainability. Work is underway to embed the resource in employer onboarding processes, although it does not replace the employer induction process, instead it seeks to bring additional value to support new staff by informing them of the partnership and how each part is joined up. The tool was featured at the Independent Sector Care at Home Collaborative and received a good response and invitations to FVA have been arranged. Further discussions are ongoing to monitor its use and reach will be analysed and feedback sought.

The Activity Coordinators in mental health and learning disability services to support increased workload capacity for qualified staff are under review. This is supported by the Mental Welfare Commission and is still planned for the in-patient wards within Mental Health and Learning Disabilities. These posts have not progressed to recruitment yet due to the financial position review, however there is still a commitment to progress the posts when the time is right.

## Nurturing our workforce



Nurture

The recruitment of an OD & Culture Specialist with a remit for Wellbeing across the partnership was successful and they have started in post. They are reviewing the actions detailed in the Hull University stress study and is progressing a Wellbeing Action Plan in collaboration with employer partners and sector leads through the established Partnership Wellbeing Group.

The introduction of quarterly Lead Nurse development sessions to make sense of their circumstances and help to recognise and use their personal and communal assets with a view to proactively develop their own wellbeing has progressed. A HSCP Professional Lead Nurse Group now meets monthly, and the Open Professional Forum has delivered 4 sessions, with 30 to 40 registered staff attending each time. The feedback has been positive, largely based on staffs' regular attendance however plans to carry out a staff feedback survey to evaluate it in more detail are being developed.

The first Integration Leadership Programme to further develop the leadership capabilities of our Integration Leadership Team (ILT). The new Leadership Programme aimed at this group was developed and launched

in October 2023. The programme was well received with 16 leaders from across the Partnership and associated services in attendance. Plans are in development for a second group.

We delivered the second ILT event in November 2023, and plans are well developed for a further event in early June 2024 which will be held online and focus on transformation, innovation, and a growth mindset to support the work being done across the Partnership in our Medium-Term Financial Strategy. A 'keeping connected' forum was also introduced following the November session based on the feedback form participants keen to keep discussions going in between sessions, and although there have been several promotions, the membership continues to grow slowly.

The Equality, Diversity, and Inclusion engagement series led in partnership with Fife Centre for Equalities (FCE) consist of group discussions, activities, and reflection spaces across 4 sessions between February and March. The sessions were supported by 29 trained Internal Facilitators who volunteered from across the system. The Internal facilitators all received in-depth training from FCE. The sessions have had over 200 signups however, there is still 2 months to go, and we are projected to host over 300 colleagues. To date 83% of participants have stated that the workshop increased their interest in Equality, Diversity, and Inclusion (EDI) initiatives.

The work to deliver the annual iMatter survey is progressing for 2024.

The iMatter responses in 2023 were a record high for the HSCP.

- The Employee Response Rate increased from 63% in 2022 to 73%
- The Action Plan completion increased from 53% in 2022 to 87%
- The overall Employee Experience score rose from 6.9 to 7.1

The Coach Approach training for managers to encourage active listening and an open, enabling style of communication continue to be well attended. The course supported 152 managers in five two-day courses and new dates planned are open to all managers across the whole Partnership.

### **3.3.1 Quality / Customer Care**

There is direct correlation to the Workforce Strategy & Plan and our care delivery to and for the people of Fife. The Plan demonstrates the work being done to tackle the workforce capacity challenges through recruitment and retention plans. It also addresses training and development of the workforce with a focus on increasing the pace and scale of integration and delivery of the National Health & Wellbeing Outcomes.

### **3.3.2 Workforce**

The plan aligns to the Workforce Strategy supporting what we need to achieve through transformation and service delivery and renews the commitment to positive staff experience in Fife Health and Social Care Partnership. The progress set out in the Plan demonstrates the challenges and opportunities to

support our current workforce, whilst building opportunity for the future workforce. The plan recognises the role of NHS Fife, Fife Council, Third Sector, and Independent Sector as employers and as key partners in our Team Fife culture and our Mission 25 ambition.

Through conversations with the Local Partnership Forum, we are also working at present to create visual career pathways that can be shared across the workforce to support their ability to plan their career, understand what qualifications allow them to take up which posts and begin to map this across the whole Partnership. This work is being led by an OD & Culture Specialist who has begun working with one of our Heads of Nursing on the design.

### **3.3.3 Financial**

We are acutely aware of the need to make best use of our resources when we are designing and delivering interventions to improve our workforce strategy. The Finance, Performance & Scrutiny Committee were supportive of the work done to date and recognised the significant range of activity that is in place to continue to meet the workforce challenges we face in health and social care.

Highlighted within the paper today are qualifications and training made available in partnership with Fife College through our Care Academy arrangements that have provided around £150k of awards to the Partnership at no cost. We continue to work with Fife College and partners to maximise the use of our collective resource for the benefit of our workforce to support, recruit, and retain our staff as well as provide further career opportunities.

There are also resources within employer agencies to deliver the training, qualifications and ongoing practice development set out in the Plan to support the workforce. The Senior and Extended Leadership Teams have also supported commitment to Organisational Development and Culture activity, monitored through SLT governance processes.

### **3.3.4 Risk / Legal / Management**

The development of the workforce is identified within the Integration Joint Board Risk Register: 'There is a risk that we do not have sufficient trained, skilled and experienced staff in the right place at the right time to deliver health and social care outcomes for the people of Fife.' The Year 2 Action Plan update seeks to provide mitigation and assurance related to this risk by demonstrating the progress made to date. The delivery of the Plan is monitored by the Workforce Strategy Group.

### **3.3.5 Equality and Diversity, including Health Inequalities**

An impact assessment has been completed in relation to the Workforce Strategy & Plan 2022-25 and was submitted alongside the document.

### **3.3.6 Environmental / Climate Change**

N/A

### **3.3.7 Other Impact**

N/A

### **3.3.8 Communication, Involvement, Engagement and Consultation**

The Year 2 Action Plan update has been generated through the reports submitted by Leads for each action across the Partnership.

Oversight of the work has been discussed at the Workforce Strategy Group.

Discussions have been held with all Leads as part of the Implementation Group.

## **4.4 Recommendation**

- **Assurance** – The IJB are asked to take Assurance that the work underway to deliver the Year 2 Action Plan is reactive to change, innovative, varied and being delivered at pace to ensure the Plan achieves its ambition to Plan, Attract, Employ, Train, and Nurture our existing and future workforce.
- **Discussion** – The IJB are also asked to discuss the contents of the paper and Year 2 Update to provide any comments that they believe would improve the reporting of this work.

## **5 List of Appendices**

The following appendices are included with this report:

Appendix 1 – Fife HSCP Year 2 Workforce Action Plan 2023-2024 (April 2024 Update)

## **6 Implications for Fife Council**

Fife Council, as responsible employer for their workforce within the Partnership have been key to the development of the Year 2 Action Plan through workforce planning leads who support the delivery of these actions. The Council's Workforce Strategy, 'Our People Matter', which sets out the responsibilities for the Council in this area has been considered within the work to assure alignment.

## **7 Implications for NHS Fife**

NHS Fife, as responsible employer for their workforce within the Partnership have been key to the development of the Year 2 Action Plan and the Workforce Planning Team have crucial partners in this work. The NHS Fife Workforce Plan 2022 – 25 sets out the priorities for the NHS and this has been considered to assure alignment.

## **8 Implications for Third Sector**

The Third Sector, as a composite of accountable employers hold responsibility for their workforce within the Partnership and there is collaborative working through the Workforce Strategy Group to support delivery of actions set out within Strategy and Plan. There is close working with Third Sector representatives to ensure close partnership working.

## 9 Implications for Independent Sector

The Independent Sector, as a composite of accountable employers hold responsibility for their workforce within the Partnership and there is collaborative working through the Workforce Strategy Group to support delivery of actions set out within Strategy and Plan. There is close working with Independent Sector representatives to ensure close partnership working.

## 10 Directions Required to Fife Council, NHS Fife, or Both (must be completed)

Direction To:		
1	No Direction Required	X
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

**Report Contact** Roy Lawrence, Principal Lead for OD & Culture

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**Fife Health  
& Social Care  
Partnership**  
Supporting the people of Fife together



# Workforce Strategy 2022-25 Year Two Action Plan | 2023-24



Supporting the people of Fife together



## Strengthening our workforce planning



Plan


### We will strengthen our workforce planning by:


- Improving workforce planning capability within the Health and Social Care Partnership, ensuring robust use of workforce and demographic data to inform gaps, pressure points and priorities aligned to our Strategic Plan and considering our Strategic Needs Assessment.
- Ensuring all portfolios develop workforce plans in conjunction with service and financial planning, detailing the actions they aim to take to ensure the sustainability of these services against current and future demand and projected staffing changes.
- Developing pathways that set out career progression, succession planning and retention to support a workforce that is representative of the communities we serve and in line with Equality Impact Assessments.
- Enabling the whole system to align with our Workforce, Strategic and Financial Plans and creating a culture of continuous improvement.
- Continuing to develop Integrated Services in the hearts of our communities in line with the priorities for the Strategic Plan and the legislative requirement for locality planning.
- Ensuring that workforce planning supports the capacity and capabilities required through our transformation and redesign of services and models, in line with the agreed funding model.
- Continuing joint working and support for the development of the Local Partnership Forum in line with our Staff Partnership Agreement
- Reviewing all business continuity plans, considering the learning through COVID, to support service and workforce resilience.
- Working closely with regulatory bodies such as the Care Inspectorate regarding the workforce requirements in line with national standards


**Strategic / Operational Goal:** Review sustainability of all services by running available Workforce and Workload Planning Tools, giving cognisance to Safe Staffing Legislation, Digital Opportunities, the national standards scrutinised by the Care Inspectorate and Health Improvement Scotland and national difficulties in recruitment across certain professional groups / specialties.

**Action required** - By April 2024, building on the Year One Plan, we will work with services to support them to complete the self-evaluation needed for compliance with the Health and Care (Staffing) (Scotland) Act 2019. We will promote the staffing tools aligned with regulatory requirements and use the information from the self-evaluation to inform workforce projections and understand capacity to meet workforce skill gaps.


**Success measure** - The self-assessment gathered to ensure compliance with the Acts duties will inform the testing programme. Gaps found in the analysis will include actions to address and reported through the governance structures.

<p>April 2024</p> 	<p>Each service has undertaken a self- assessment of their ability to meet the duties within the Act and has been asked to update their business continuity plans where required. The outcome of self-assessment indicates that our services in this area have the frameworks in place. There will be further implementation meetings post April 2024 to review how services are monitoring the staffing numbers.</p> <p style="text-align: right;"><b>COMPLETE</b></p>
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<p><b>Action required</b> - Following HIS timescales, Hospital at Home Fife taking part in the HIS development and testing of the specific workforce planning tool. This will be fully implemented when the tool has been ratified.</p>		<p><b>Success measure</b> - The tool will be rolled out to the Hospital at Home Teams and data used to review and improve planning, to address skills gaps in the workforce and build capacity to meet training and recruitment requirements. This work will report through the Workforce Strategy Group and updates to SLT.</p>
<p>April 2024</p> 	<p>This testing has started; however, progress is restricted by HIS timescales and the work appears to be progressing slowly at present.</p> <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>	


<p><b>Strategic / Operational Goal:</b> Directorates / Divisions to introduce Workforce Plans, detailing how they will manage sustainability and financial pressures named by the Workforce and Workload Planning Tools exercise, caused by factors such as the inability to recruit sufficient key professional groups; increased ability requirements; age demographics; and supports the capacity and capabilities required through our transformation and redesign of services and models.</p>		
<p><b>Action required</b> - By August 2024, in line with recommendation 4 in Fife IJB Workforce Plan Internal Audit Report, conduct a review to determine the capacity to provide an analysis and description of the establishment gap between the future workforce need and current staffing in terms of overall numbers (WTE/FTE).</p>		<p><b>Success measure</b> - The workforce information is on track to be available. An analysis and description of the establishment gap between the future workforce need and current staffing will be available to SLT.</p>
<p>April 2024</p> 	<p>To provide an analysis and description of the establishment gap between the estimated future workforce need and current staffing in terms of overall numbers continues to be challenging due to the levels of uncertainty. We continue to engage and work through this with external groups including Scottish Government Centre for Workforce Supply &amp; NES.</p> <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>	



<p><b>Action required</b> - By March 2024, continue to support the Third and Independent sectors to develop local workforce data collection to inform and influence the planning needs for Health and Social Care both at an Organisational and Partnership level.</p>		<p><b>Success measure</b> - The statutory partners workforce data will be enhanced with up-to-date data provided by the third and independent sectors. Workforce trends will be shared with sector leads to influence strategic planning to reverse or escalate trends.</p>
<p>April 2024</p> 	<p>Work is underway to improve the data gathering from a Partnership perspective across the full workforce so we will have a consistent workforce planning data source. The people to support this work are now in post and a planning timetable is being devised. The proposed date is now pushed back to July 2024.</p> <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>	

**Strategic / Operational Goal:** Evidence correlation with safe staffing levels and quality of care through regular updates from the Excellence in Care and Workforce Leads.


<p><b>Action required</b> - By April 2024, continue to develop actions around reducing nursing supplementary staffing including bank and agency nursing staff usage and check the impact on financial and quality of care through the remaining use of supplementary staffing and reconfiguration of the nursing workforce.</p>		<p><b>Success measures-</b> The sustainable workforce model is improved by increasing the number of permanent staffing. The cost of supplementary staffing for the Partnership is reduced to support our Medium-Term Financial Strategy.</p>
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<p>April 2024</p> 	<p>Progress has been made to reduce the reliance of non-framework agency for both HCSW and Registered Nursing shifts, noting that there will be a concerted effort to cease HCSW requests from framework agencies from April 2024. There is still a reliance on framework registered nursing shifts despite our best efforts through grip and control systems both in-hours and out-of-hours. Monitoring continues via the sustainable nursing group.</p> <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>	
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**Strategic / Operational Goal:** Develop new workstyles to support more flexible and inclusive working across the Partnership.


<p><b>Action required</b> - Commence review from November 2023, in line with the Medium-Term Financial Strategy, support Complex &amp; Critical Care Services to address the workforce challenges of introducing a new model of overnight care that looks to maximise the independence, dignity and privacy of the people who use our community service. Work with operational services to understand and support the cultural challenges around changes in working practices. Facilitate workforce training to upskill staff to utilise digital care technology for night care provision, furthering capacity to deliver care in social hours and</p>		<p><b>Success measure</b> - The workforce will increase capacity to work in daytime numbers that can be measured and evaluated. We can evidence we are supporting the workforce to change working practice through feedback on the delivery of OD and L&amp;D inputs. The benefits relating to improvement of health and wellbeing is reported through service review plans and staff consultation / engagement exercises.</p>
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increase flexibility in work routines, ensuring best value in terms of resource and workforce.	
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April 2024 	A phase of stakeholder engagement with internal and external providers and staff has commenced. Engagement sessions have started including a newsletter, roadshows, and discussions held with Senior Practitioners and Specialists within Social Work. Meetings with external providers will conclude at the end of April. Next steps are to facilitate representing groups to look at potential options (hub types, numbers, providers) and identify those in scope for change. <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>
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**Strategic / Operational Goal:** Continued engagement with the Care Home and Care at Home Collaborative Forum to ensure the independent sector have an equal voice in the safe delivery of care in this sector.

<p><b>Action required</b> - By July 2024, continue to promote and explore a range of themes that are affecting workforce capacity, resilience, and sustainability. The focus centres on mitigating unintended consequences of cross sectoral recruitment between Organisations and between Sectors. Local workforce data collection will be used to inform and influence the planning needs for Health and Social Care within Independent Fife Care Homes and Care at Home, both at an Organisational and Partnership level.</p>	<p><b>Success measure</b> - The Collaborative structures in Fife will have annual workplans that set out key outcomes. The success of this action will be measured against these. The Care at Home Collaborative Workplan – have this as target <b>outcome 2</b> with key tactics and measurable factors identified for 2023-24</p>
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April 2024 	<p><b>Care at Home Collaborative</b> Membership, participation, and engagement is fluid. The regularity of meetings, wide stakeholder participation and agendas of priority progressing as planned. Annual Workplan scheduled to be renewed June 2024. New Membership will be onboarded onto the Collaborative following additional Providers being accepted onto the Framework Contract. Membership of the Collaborative represented on HSCP strategic workstreams.</p> <p style="text-align: right;"><b>COMPLETE</b></p>
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<p><b>Action required</b> - Participation, Engagement and Collaboration will be promoted to optimise common interests of all employers and to generate solution focussed outcomes supported by the Fife HSCP and wider stakeholders.</p>	<p><b>Success measure</b> - The Fife Care Home Cooperative have become established. The Fife Care Home Collaborative is under construction. Key tactics and measures will be created to determine the success set against this action.</p>
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April 2024 	<p><b>Care Home Cooperative/Collaborative</b> Both the Cooperative and the Collaborative are formed. The inaugural meeting of the Care Home Collaborative took place in person on 19 March 2024. Participation and engagement are now in place. The amber status of this workstream relates to that of the Care Home Collaborative’s annual workplan. This is now in progress and will be in place and adopted by June 2024.</p> <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>
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**Strategic / Operational Goal:** Our Workforce Strategy and Plan 2022 – 2025 ensures there is continued Horizon Scanning to enable the partnership to meet future strategic opportunities and challenges

**Action required-** By November 2024, Develop an Anchor Workplan for 2024-25 which will align with the Plan for Fife workforce priority themes and NHS Population Health & Wellbeing Strategy 2023-28 and Anchor Strategy.

**Success measure** - We are showing thinking in service and strategy design that encompasses Anchor ambitions. We are a key partner to NHS Fife and can show our work through their Progression Framework. We are a key partner to Fife Council in their achievement of Anchor objectives and evidence through involvement in the Plan for Fife evidence gathering.

April 2024



A working group has met in March 24 to take this action forward with further dates planned in May. The March meeting involved inputs from NHS the NHS Anchor Lead and the Fife Council Lead for Community Wealth Building to start the work of connecting work. The group have been tasked to collate ideas to share in May that will inform planning and Fife Health Charities will attend to input around possible funding streams.

**ACTION PARTIALLY COMPLETE / PROGRESSING**

**Action required** - Throughout 2024, connect with national groups to issue information with partners in relation to the Scottish Social Services Council (SSSC) rollout of the Register for the Future and refreshed Continuous Professional Learning (CPL) requirements, including any implications for the regulated workforce by ensuring that updates are shared including social media / internal comms channels.

**Success measure** - Ensure the implementation of the new registers is cascaded to the workforce. Ensure content embedded into recruitment and supervision processes. Provide data showing a reduction of registration breaches to workforce individual registration.

April 2024



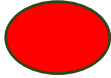
A working group has been established to carry forward the legislative changes coming into force this year including SSSC register for the future, Disclosure Scotland Act 2025 and the Health and Care Staffing Act 2019 post implementation monitoring to ensure we remain current in our processes and procedures. The working group aims to steer the implementation of these changes across our workforce to ensure consistency and a coordinated approach to our messaging has been established. The group connects with independent, and third sector leads to share information.

**ACTION PARTIALLY COMPLETE / PROGRESSING**

**Strategic / Operational Goal:** Prepare for the impact of staffing requirements in the 'Setting the Bar' report from Social Work Scotland.


**Action required** – By July 2024, continue our Year One work to analysis and evaluate demand in the system, caseload and currency and other priorities that teams carry to align with caseload accountancy, including statutory functions, supervision effectiveness and workforce capacity / contingency modelling.

Teams' caseloads are measured in line with the policy requirement. Workforce planning tools to determine capacity, caseload management tools will be introduced to support self-management of allocations of work. We will evidence compliance with the requirements of 'Setting the Bar' and report through the Workforce Strategy Group and governance structures for assurance.


<p>April 2024</p> 	<p>This work is subject to delay and will be progressed when the Principal Social Work Officer's team is in place. There is no confirmed time scale agreed for this yet.</p> <p style="text-align: right;"><b>DELAYED</b></p>
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**Strategic / Operational Goal** Prepare system readiness for the implementation of the Health and Care Staffing (Scotland) Act 2019.

<p><b>Action required</b> – By April 2024, for our NHS staff we will participate in the nationally led testing of chapters 4,5,6, and 7 of the Act using the nationally agreed SWOT analysis template to test the preparedness of the Board and to appreciate the impact of the implementation.</p>	<p><b>Success measured</b> - Granular detail will be captured allowing enhanced understanding and analysis of the gaps and plans for mitigating risks where gaps in staffing levels affect service delivery and the evidence required to begin to demonstrate our compliance with the requirements of the Act.</p>
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<p>April 2024</p> 	<p>Testing enabled feedback on the accessibility / usefulness and application of the proposed guidance and allowed HIS / SG to work with Boards to support the appropriate systems and processes in place to support compliance. Testing has provided invaluable shared learning and will inform any adaptations required to statutory guidance and the evidence required to begin to demonstrate our compliance with the requirements of the Act. The testing phase is concluding and remains Amber until Q3 is submitted.</p> <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>
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<p><b>Action required</b> – From November 2023, we will ensure the Health and Care (Staffing) (Scotland) Act 2019 is introduced to medical staff and the Act's rollout is communicated to inform the workforce, including monitoring testing requirement outcomes.</p>	<p><b>Success measure</b> - Evaluate the impact on the ability to deliver the benefits for quality care including measurement of workforce resourcing and compliance with the Act. This will be reported through the Workforce Strategy Group and updates to the SLT.</p>
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<p>April 2024</p> 	<p>Testing enabled feedback on the accessibility / usefulness and application of the proposed guidance and allowed HIS / SG to work with Boards to support the appropriate systems and processes in place to support compliance. Testing has provided invaluable shared learning and will inform any adaptations required to statutory guidance and the evidence required to begin to demonstrate our compliance with the requirements of the Act. The testing phase is concluding and remains Amber until Q3 is submitted.</p> <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>
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<p><b>Action required</b> - By March 2024, deliver the testing with the social care implementation group to self-assess compliance. The group will contribute to the Care Inspectorate Improve Well evaluation programme to test the preparedness for the implementation of the Health and Care (Staffing) (Scotland) Act 2019.</p>	<p><b>Success measure</b> -The self-assessment gathered to ensure compliance with the Acts duties will inform the testing programme. Gaps found in the analysis will include actions to address and reported through the governance structures.</p>
<p>April 2024</p> 	<p>The Care Inspectorate safe staffing lead has confirmed in writing in February that the testing of the two set questions from the Scottish Government which relate to Part 1, section 3(2) of the Health and Care (Staffing) (Scotland) Act 2019 is now concluded. The feedback confirmed they have sufficient information for the Scottish Government and that our anonymised responses will form part of their end of year report.</p> <p style="text-align: right;"><b>COMPLETE</b></p>

## Attracting people into careers in Health and Social Care



Attract

### We will attract people into careers in Health and Social Care by:

- Increasing workforce capacity and supply routes into Health and Social Care across all our sectors through a joined-up approach to advertising and marketing and creating the collaborative conditions that support integrated joint working.
- Exploring the potential for increasing the international workforce supply routes into Health and Social Care through engagement with NHS Fife, Fife Council and the Third and Independent Sector.
- Prioritising recruitment against our current workforce priorities including children’s services, mental health, social care, primary care, to support our recovery agenda.
- Putting in place infrastructure that will facilitate longer term workforce growth through enhancing the attractiveness of Health and Social Care services to prospective employees.
- Targeted and creative recruitment campaigns in Social Care emphasising the wide range of roles across the sector, the skills, and values of those working in these roles, and the potential for achieving recognised qualifications whilst employed to incentivise career progression.
- Increasing the number youth apprenticeships and employability programmes and initiatives into health and social care.
- Development of the professional structure across Social Work, Medicine, and Nursing, including collectively accountability and assurance.

**Strategic / Operational Goal:** Focused recruitment campaigns targeted at areas of greatest workforce pressures including social care, mental health, and children’s services.

**Action required** - By April 2024, Expand the HSCP recruitment forum approach to create a recruitment communication plan that reflects the Partnership’s ambitions and improves the marketing information / strategic approach, using data collated from workforce projections to optimise effective recruitment windows and presence at career events.


**Success measure** - We will improve our ability to measure the impact of our innovative recruitment activities to find best value approaches. Provision of Management Information reports showing success of the recruitment sources to the Workforce Strategy Group and through updates to SLT.


April 2024





The group met several times and did not manage to create a communication plan so instead the group is merging with the health and care staffing group to ensure workforce data and services staffing analysis are combined to inform recruitment planning. The group will continue to meet regularly to take this work forward. A recruitment plan will be developed over the coming months as the HCSA 2019 staffing analysis work develops, so the timeline is pushed back to July 2024.


**ACTION PARTIALLY COMPLETE / PROGRESSING**


<p><b>Action required</b> - By August 2024, building on the year One plan, develop the international recruitment for psychiatry and development of portfolio opportunities for general practice to increase the retention of the GP workforce - decreasing the use of locum contingency model.</p>		<p><b>Success measure</b> - The staffing analysis will show a reversal in the trends by showing:</p> <ol style="list-style-type: none"> <li>1. An increase in GP retention for Fife</li> <li>2. A decrease in the use of locums, which will improve patient experience.</li> </ol>	
<p>April 2024</p> 	<p>The application to the GMC has been submitted and is awaiting approval. Work is ongoing to progress, and oversight will align to the medical workforce strategy group which now meets monthly.</p> <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>		

<p><b>Action required</b> - By July 2024, adopt a more strategic approach to our Mission 25 social media recruitment campaign by working with operational services to target staff stories where recruitment is most difficult, and high vacancy levels are prevalent.</p>		<p><b>Success measure</b> - Our 2024 Mission 25 calendar will be complete with key operational areas in collaboration with SLT. We will measure, evaluate, and report the impact using analytics tools to inform further recruitment activity</p>	
<p>April 2024</p> 	<p>A timetable for campaigns is aligned to service requests and topics of interest. The resourcing is limited so decisions remain flexible to ensure the highest priority is considered. The analytics of the social media campaigns show we reached 93,637 people and saw an 36% increase in followers across all the social media platforms for period Nov 23 - April 24. The Lead will meet with operational senior management teams to identify the priorities for the year ahead.</p> <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>		

<p><b>Strategic / Operational Goal:</b> As part of the Directorate and Portfolio level Workforce Plans, consider succession planning implications for range of critical roles, including supervisor and practitioners' grades and above.</p>			
<p><b>Action required</b> - By April 2024, develop a workforce Succession Planning model for all levels of roles aligned to workforce projections to build capacity for operational delivery.</p>		<p><b>Success measure</b> - We will implement a consistent and effective succession planning model that supports workforce projection planning activity and report impact on retention in the workforce.</p>	
<p>April 2024</p> 	<p>We are building capacity to develop sustainable programmes through innovative recruitment and although the timescale is delayed, the work is progressing to recruit assistants who will take this work forward. The action will be red until the post role profiles are evaluated and approved for recruitment.</p> <p style="text-align: right;"><b>DELAYED</b></p>		

<b>Action required</b> - Throughout 2024, Develop a quality training experience that is supported by the Deanery for doctors in training to enhance recruitment and sustain retention levels. <b>Lead – Jackie Drummond</b>		<b>Success measure</b> - We will have implemented a training programme and will report impact on retention in the workforce.
April 2024 	A well-co-ordinated postgraduate teaching programme with robust supervision arrangements are in place. There is now established a bimonthly forum for trainees to meet with the Clinical Lead for Education and Training and completion of several actions from an action plan which was generated by NES following triggered visits. Progress towards completing the outstanding actions is on track and the next meeting with NES is in June 2024.	<b>ACTION PARTIALLY COMPLETE / PROGRESSING</b>

<b>Action required</b> - By April 2024, develop a communication strategy to inform the regulated workforce about the new requirements for the regulated workforce – this will include the move to an ‘Annual Declaration’ from the existing register and ensuring CPL is highlighted in induction and supervision processes.		<b>Success measure</b> - The workforce will have received communications and recruiting resources will be in place in time for the implementation of the changes. We will report on the impact of the changes annually through governance.
April 2024 	A communication strategy has been implemented and communications are now housed on Fife Council intranet and the HSCP website providing up to date guidance to the workforce. <b>COMPLETE</b>	

<b>Strategic / Operational Goal:</b> Implement the professional assurance structure across health and social care supporting quality, standards, and professional assurance.		
<b>Action required-</b> By April 2024, Implement the recommendations of the Safeguarding Audit by refreshing all role profiles to ensure consistency of information and compliance with the incoming SSSC register changes and supply updated guidance for recruiting managers.		Measure the impact of the shortlisting activity with recruiting managers to review understanding and develop communication information for inclusion on staff portals. We will report on the impact of the changes through governance.
April 2024 	The recommendation in the 2023 Safeguarding Audit is implemented. The role profile content relating to SSSC registration is updated with standard core wording. Further revisions in line with the SSSC register changes are underway including developing a communication plan aimed at hiring managers to ensure they are aware of the key changes so the timeline for this is pushed back to July, and the action remains at Amber.	<b>ACTION PARTIALLY COMPLETE / PROGRESSING</b>



**Strategic / Operational Goal:** Develop approaches for youth apprenticeship and employability.

**Action required** – By May 2024, implement a revamped approach to the Foundation Apprenticeship delivery model with schools to improve the progression rate into the HSC sector following the programme end.

**Success measure** -Evaluate the effectiveness of the work placement activity including the benefits and barriers to progression and sustainability regarding compliance to safe staffing requirements and formulate an action plan to support employers.

April 2024



The evaluation with employers for 2023/24 cohorts identified inconsistent communication about the sector and lack of progression pathways to employment. An integrated employers group collaborated to develop a database of work placements including a mentorship programme to support staff development and student mandatory attendance at the Care Academy career events.

**COMPLETE**

**Action required** - By June 2024, Develop a new ‘Internship Model’ youth programme within the Care Academy. This will introduce an integrated programme that supports access to a timebound, rotational work experience across all partnership sectors with mentorship / coach support with the aim to increase recruitment and improve retention for the workforce.

**Success measure** - The refreshed programme will collate data to measure the impact on: Attainment, Progression levels and Participant experience of the Model

April 2024



There are two programmes now available for 2024. **Life chances – progressive recruitment.** This is an HSCP anchor ambition aligned to community wealth building by using economic levers to deliver a 13-week paid placement. The guaranteed interview scheme seeks to offer job opportunities using vacancies to shift to a life chances approach and tackle poverty for people emerging from local employability support.

**NHS Health and Care pathway.** This is a Care Academy credit funded programme for 51 senior pupils with a destination pathway to HSC roles including catering, domiciliary and entry level posts. The programme includes work placement and pupils are from Levenmouth, Glenrothes and Kirkcaldy localities.


**ACTIONS ARE PARTIALLY COMPLETE / PROGRESSING**

**Strategic / Operational Goal:** Attract the right number of employees to deliver our services to our communities.


**Action required** – By March 2024, sustain a reduction in the use of framework and non-framework agency nurses, through recruitment to vacancies across Community Care Services, aligned to bed model including Monthly monitoring of requests and spend and include an agreed escalation process for in hours and out of hours period.

**Success measure** - The use of agency is measured and demonstrates consistent reductions. The escalation process is embedded.

There is an increase in our workforce to meet the needs of the revised model of delivery.

<p>April 2024</p> 	<p>Progress has been made to reduce the reliance of non-framework agency for both HCSW and Registered Nursing shifts, noting that there will be a concerted effort to cease HCSW requests from framework agencies from 1st April 2024. Unfortunately, there is still a reliance on framework registered nursing shifts despite our best efforts through grip and control systems both in-hours and out-of-hours, so the timeline is extended to July 2024 and remains Amber.</p> <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>
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<p><b>Action required</b> – By April 2024, ensure the Care Academy Strategic / Operational groups workstreams are aligned to Partnership employers’ recruitment strategies and continue to develop innovative ways to grow the workforce through HIE access and funding models.</p>	<p>Success measure - The opportunities and programmes are evaluated to measure the effectiveness and suitability for employers including the benefits of the mass recruitment events.</p>
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<p>April 2024</p> 	<ol style="list-style-type: none"> <li>1. The Care Academy is compiling data relating to volume and capacity of all HSC learning provision for the partnership to support better analysis of supply and demand requirements. The action remains Amber until this is available, the timeline is pushed back to July 2024.</li> <li>2. The Fife Industry Sector Board and DWP roundtable groups have merged with the academy strategic group as part of the college restructure to create single HSC faculty, this approach seeks to strengthen activity aligned to HSCP strategic priorities. This part of the action is complete.</li> <li>3. The Academy / HSCP recruitment event in February hosted 30 providers and attended by nearly 200 people. Providers from across all partners agreed to share their conversion levels of interest. This part of the action is complete.</li> </ol> <p style="text-align: right;"><b>ACTION IS PARTIALLY COMPLETE / PROGRESSING</b></p>
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## Supporting the training and development of our workforce




Train


### We will support the training and development of our workforce by:


- Working with partners in NHS Fife, Fife Council and the Third and Independent Sectors to support engagement with Higher Education, Local Colleges and Professional and Practice Developments, and the Scottish Social Service Council (SSSC) and NHS Education in Scotland to ensure that we have a comprehensive approach to training for roles at all levels, with new programmes directly aligned to developments in service design and strategic priorities.
- Implementing “grow your own” pathways for posts that are either specialist or in hard to recruit areas to support the required pipeline of roles within the medium term.
- Implementation of a training passport which recognises core training across sectors.
- Progressively expanding the role of locality-based training programmes to support pathways into Health and Social Care services, which enable existing staff to work flexibly across their practitioner licenses to improve service outputs and increase the pace of role-redesign to facilitate longer-term service reform.
- Supporting the development of digitally enabled workforce in line with new models of working and care delivery, working with partners including Housing.
- Supporting new entrants to Health and Social Care through developing and delivering robust induction for all new starts into Health and Social Care with support for Newly Qualified Practitioners.
- Enabling implementation of core and mandatory training including implementation of the National Infection Prevention Control (IPC) induction resources and a professional support tool.
- Supporting the development of a trauma-informed workforce via the National Trauma Training Programme.
- Developing skills to support changing needs and higher acuity or complexity within the community or home/homely setting through Hospital at Home, palliative care, and social care.
- Supporting Quality Assurance and Improvement across our services through skills development including care homes, care at home, adult resources, community care, preventative care, and complex care.


<b>Strategic / Operational Goal:</b> Increase the Partnership's ability to support the newly qualified workforce with post qualifying opportunities to enhance knowledge and skills.		
<b>Action required</b> – By January 2024, redesign / relaunch a model for the Newly Qualified Social Worker forum centred on the first year of practice, aligned with the SSSC National programme, including developing further resource to progress the SSSC supported year activity and sectorial Core Learning elements.		<b>Success measure</b> - Result of co-production with the NQSW workforce will determine the first year of practice content. Programme will be evaluated at end of delivery to ensure it has delivered on outcomes and inform next year design.
April 2024 	The new programme for the Adults NQSW Forum developed in collaboration with adults SW operational team managers was launched in September 2023 delivering a 2-hour face to face session every other month with themes designed to complement the SSSC Supported Year activity. The programme will be evaluated at the end of the delivery cycle, to determine whether outcomes have been achieved, as well as successes and areas for improvement so the timeline has been extended to September to accommodate this. Learner feedback will be crucial to help refine the programme for the next delivery.	<b>ACTIONS PARTIALLY COMPLETE / PROGRESSING</b>

<b>Strategic / Operational Goal:</b> Establish Digital and Information for Paperlite solutions, in a way that supports a future workforce and upskills the current workforce.		
<b>Action required</b> – By March 2024, provide required development to maximise digital access for the dispersed workforce to meet the need to progress to paperless systems needed in Home Care Services is rolled out for monitoring and recording of emergency care visits and vehicle checks.		<b>Success measure</b> - The Home Care Services workforce is trained and equipped to deliver the paperless systems needed. The analysis and value of training for the workforce to deliver the Paperlite model is evaluated, and actions developed to address gaps for future staff learning.
April 2024 	This action is complete as the service has now moved vehicles checks and call out recordings to digital recording, therefore there is no paperlite. The workforce has been upskilled to learn how to manage the digitalised data and the team continue to monitor and review its effectiveness.	<b>COMPLETE</b>

<b>Strategic / Operational Goal:</b> Expand locality-based training programmes that support pathways in health and social care.		
<b>Action required</b> – By September 2024, develop more locally based training programmes that reflect specific professional development needs and negate the need for excess travel, allowing great access for the workforce and limiting impact on service delivery.		<b>Success measure</b> - Measure the impact and evaluate to establish the benefits to operational capacity and uptake of the training.

<p>April 2024</p> 	<p>Scoping discussions with Social Care / Social Work Services, to determine learning and development needs for 2024/25 and include new learning that reflected professional developmental needs, as well as Continued Professional Learning and HCSA specific topics. The new proposed training programmes are dependent on budget for the 2024/25 year. Consideration has been given to deliver training with a locality focus to limit the need to travel and to maximise attendance. Monitoring attendance levels will continue, and evaluations undertaken to determine the impact and benefit to the workforce.</p> <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>
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<p><b>Action required</b> – By March 2024, Grow the Healthcare Support Care Worker (HSCW) role to improve capacity to meet patient demand by upskilling the current workforce to increase the number of HSCW’s, which will further enhance reablement outcomes for patients within the Medicine of the Elderly (MoE) non-person dependent model.</p>	<p><b>Success measure</b> - The increase in the HSCW skill capability will further enhance the outcomes for patients supporting the demand on the Allied Health Professionals within the inpatient area by:</p> <ol style="list-style-type: none"> <li>1. Providing a 24/7 model</li> <li>2. Retention of the workforce</li> <li>3. Increase career pathways for current and new staff.</li> </ol>
<p>April 2024</p> 	<p>The HSCW worker role has developed into a 3-level structure which is band 2, 3 and band 4 assistant practitioner. This is supported through attendance at local college to gain SVQ for band 2 and above. The Assistant Practitioner band 4 who are HSCW will be qualifying soon. This has changed the skill mix within the wards enhancing the knowledge and increasing opportunity for development of our workforce. The timeline is extended to July until the band 4 group qualify.</p> <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>

<p><b>Action required</b> – By August 2024, develop an employee / student placement programme for fulltime HSC students needing to access work placement as part of their study by using part time vacancies to earn while they learn and increase opportunity to retain them at the end of their course.</p>	<p><b>Success measure</b> - Using part time vacancies for full time students will provide greater flexibility including:</p> <ol style="list-style-type: none"> <li>1, Students will be part time employees so counted in workforce numbers to undertake the duties.</li> <li>2, Reduce staff capacity to support supervised student if on unpaid placement.</li> <li>3, Increase potential to retain the student when they finish the study.</li> </ol>
<p>April 2024</p> 	<p>The pilot attracted two providers to test the model. Feedback has been positive and plans to widen the reach are being developed. The next cohorts of full-time students are scheduled for the Autumn and the college will link with partnership employers to consider hosting placements.</p> <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>

**Strategic / Operational Goal:** Engage with Higher Education, Colleagues, SSSC, and NES to support our approach to recruitment in Fife including supporting newly qualified practitioners.

**Action required** – By April 2024, further develop career pathways to Social Work roles to expand the social work workforce in line with succession planning and recruitment priorities, including reviewing and implementing the advanced entry degree programme into a model that adheres to SiSWE standard.

**Success measure** - We can demonstrate how this model is supporting the workforce to attain Social Work roles. This will mean evaluating the impact of the programme in relation to succession planning, and how we plan long-term for workforce capacity to recruit to vacant posts.

April 2024



Ongoing planning is taking place. A decision on whether to proceed with the Advanced Social Work degree from RGU is pending, and in the interim a model for an Aspiring Social Worker (ASW) programme is being developed. The Scottish Government is still working on plans for the Graduate Apprentices in Scotland (anticipated around 2025/26) therefore the ASW programme would serve as an introduction and preparation for this type of “grow your own” scheme, as well as for entry into HEI social work programmes. The timeline has been extended until August 2024 in light if the proposed changes not being confirmed yet.

**ACTION PARTIALLY COMPLETE / PROGRESSING**

**Action required** – By August 2024, develop the ScotCOM undergraduate medical program with Education, delivered in partnership with NHS Fife and St Andrews University to bring medical education into communities and localities with the ambition to influence pupils’ aspirations and provide a pathway to those who wish to consider careers in medicine and wider health care roles.

**Success measure** - We will have a pathway for schools that offer:

1. Improved understanding between schools, workforce, and medical education of the medicine pathway options.
2. Growth in number of people from our communities obtaining places on the St Andrews Reach and Gateway Programs.
3. An increase in the range of medical and health options available to schools.

April 2024



The partnership agreement is signed between NHS FIFE and University of St Andrews and a programme timetable launched starting with a briefing targeting high school influencers in late April and the application window for the summer school opening in June. Further engagements events are in planning with DYW coordinators for September to support pupils who are not predicted to meet the entry grades for Medicine degree courses to explore other opportunities in healthcare.


**ACTION PARTIALLY COMPLETE / PROGRESSING**

**Strategic / Operational Goal:** Continue to promote and grow Advanced Practitioner (AP) opportunities as appropriate in response to wider service sustainability pressures.


**Action required** – By August 2024, review the skill mix and potential for further Advanced Practice roles within the Assessment and Rehabilitation Centre model to ensure equity of service delivery across Fife, improve capacity to treat patients in a homely setting and reduce the demand on GP Fellows.

**Success measure** - We can demonstrate the service benefits of introducing the AP roles by:

1. Describing the benefits associated with the introduction of these new opportunities
2. Measuring the impact on workforce retention.


<p>April 2024</p> 	<p>This work has started but there continues to be further consideration and discussions about the potential budgetary impact given the current financial pressures before progressing.</p> <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>
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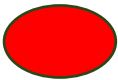
<p><b>Action required</b> – By December 2024, develop a hybrid medical nursing model with Advanced Nurse Practitioners to fit the future of care delivery for Elderly and frailty delivery.</p>	<p><b>Success measure</b> - We can demonstrate the service benefits of the introduction of the ANP/Medical hybrid model. Further development of ANP model including an introduction of annexe 21 posts which will increase the skills and competency of the hybrid model. A reduction in the reliance of the medical model care delivery which is currently being supported by agency and gateway doctors</p>
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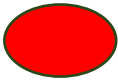
<p>April 2024</p> 	<p>The development of the Assistant Practitioner model continues as it seeks to support the areas where there is challenge in recruitment of registrants. Progress will continue to be monitored.</p> <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>
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**Strategic / Operational Goal:** Support the establishment of career succession pathways in health and social care.

<p><b>Action required</b> – By August 2024, identify suitable opportunities to expand the roles of the Health Care Support Worker and the Assistant Practitioners within the MOE wards, in advance of new model of care delivery developing the workforce fit for the future.</p>	<p><b>Success measure</b> - We can develop opportunity to increase capacity of the HCSW and AP’s workforce to support the new model of care. We can demonstrate:</p> <ol style="list-style-type: none"> <li>1. An increase the skills ability of the HCSW and AP’s workforce.</li> <li>2. increased capacity to effectively resource a new model of delivery.</li> </ol>
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<p>April 2024</p> 	<p>The work to develop the medical model to a hybrid model with Advanced Nurse Practitioner continues. The role seeks to support the consultant by building a highly skilled workforce of senior nurses who have undertaken advanced practice to allow a reduce our reliance on agency and doctors in training. There is currently one person in the MOE community inpatient service.</p> <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>
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<p><b>Action required</b> – By June 2024, increase capacity across the mental health wards, and across mental health community teams, by commissioning Third sector partners to provide a skill mix and multi-agency approach grow the workforce.</p>	<p><b>Success measure</b> - Posts will have been recruited, inducted, and working as part of a whole system approach in mental health. Evaluate the impact of new roles on existing system around gaps created by progression to new roles and introduce a response to those.</p>
<p>April 2024</p> 	<p>The mental health workforce is under review with recruitment and retention of staff across all Mental health teams being considered as part of a workforce plan which is due for completion by June 2024 so the planned completion date will be pushed back. <b>DELAYED</b></p>

<p><b>Strategic / Operational Goal:</b> Implement Training Passport across sectors.</p>	
<p><b>Action required</b>- By July 2024, continue to develop a structure for implementation of a passport and identify the working group membership to enable progress to be made and align protected time to the Safe Staffing Act 2019 requirements.</p>	<p><b>Success measure</b> - A working group established, and analysis conducted of the training themes and topics for inclusion, including a communication strategy to inform employers of the passport content.</p>
<p>April 2024</p> 	<p>Due to the lead retiring, there is no progress on this in year 2. This action has carried over from year 1 and establishing a lead person to take it forward is in discussion. <b>DELAYED</b></p>


<p><b>Strategic / Operational Goal:</b> Drive the implementation of Trauma Informed Practice and support the workforce to develop a trauma informed practice approach through the National Trauma Training Programme.</p>	
<p><b>Action required</b> – From November 2023, establish the mandatory requirement for the workforce in Trauma Informed Practice (TIP) training and development of TIP training programme including Level 2 of the National Trauma Training Framework (NTTF) is made mandatory for all HSCP employees and level 3 be mandatory for specific roles including Social Workers.</p>	<p><b>Success measure</b> - The requirements are communicated, and attendance is measured with numerical value to ensure compliance for level 2 and level 3 is allocated to the agreed roles.</p>




<p>April 2024</p> 	<p>The Mandatory requirements are now established and communicated at levels 1,2 and 3 of the NTTF. Levels 1 and 2 are now available for all staff as e-learning modules on FC Oracle. Level 2 reflective workshops are being planned for HSCP Area Teams and will take place Jun-Sep 24, so the action remains at Amber. The Level 3 training has been commissioned for all social workers and equivalent roles and the rollout commenced February 24 with a capacity for 14 courses totalling 252 places.</p> <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>
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**Strategic / Operational Goal:** Support for a digitally enabled workforce.

<p><b>Action required</b> – By August 2024, develop and implement a digital competency framework with a communication strategy for the HSC workforce that supports training and upskilling requirements aligned with the HSCP Digital Strategy.</p>	<p><b>Success measure</b> - A numerical analysis is undertaken to measure the benefits and reach of the framework to support a training needs analysis of the workforce.</p>
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<p>April 2024</p> 	<p>The competency framework is developed with feedback from the digital champions and is progressing to be reviewed with the stakeholders' groups to test the information.</p> <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>
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<p><b>Action required</b> – By May 2024, introduce a Digital Champions programme opportunity for the workforce and headed up by service Digital Leads across the HSC to support workforce development and skills improvement. The inclusion of a programme is aimed at upskilling the workforce, and improving the retention as technology enhanced care evolves.</p>	<p><b>Success measure</b> - We will have the ability to provide numerical value for attendance and the impact on workforce retention benefits are benchmarked and monitored.</p>
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<p>April 2024</p> 	<p>There are three programmes started including LAS adult support, LCS Children and families, Justice. Each has a MS Teams channel to enable communication, connection and share knowledge-based solutions. The impact of the programme is not yet known but measurement is a feature of the model.</p> <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>
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<p><b>Action required</b> – By May 2024, monitor the effectiveness of the Liquid Logic training and resource and consider progressing a sustainable training pathway for the workforce that incorporates a range of learning styles.</p>		<p><b>Success measure</b> - We will have the ability to provide numerical value for attendance and the impact on workforce capacity to attend in person training and benefits of alternate ways to deliver sessions that improves the pace and scale of the training events.</p>
<p>April 2024</p> 	<p>The team have delivered 150 guides which are listed on the FC Intranet technology hub section and delivered 136 HSC live training sessions achieving 90% attendance and are currently liaising with service leads to establish regular training calendar events. Feedback from the sessions has been positive.</p> <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>	

**Strategic / Operational Goal:** Development and delivery of locality-based training programmes.

<p><b>Action required</b> – By May 2024, continue the delivery of the Coach Approach training using internal resourcing and ongoing support to line managers across the partnership support the development of a culture of stewardship, including the use evidence-based practise to inform conversations around decision making, and build on from the year One plan to undertake an evaluation of the effectiveness and sustainability of the delivery model.</p>		<p><b>Success measure</b> - The evaluation of the programme will collate numerical attendance values and show the benefits of the training to inform the development of future groups.</p>
<p>April 2024</p> 	<p>Previous participants have been sent an MS Form to complete the evaluation to determine the effectiveness of the course in practice. The questions used are in line with the evaluation also being completed by Fife Council OD team to compile an average.</p> <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>	

<p><b>Action required</b> – By January 2024, we will introduce frailty training that will increase knowledge and increase the discharge functions in the integrated hub to the workforce including Third Sector providers.</p>		<p><b>Success measure</b> - The effectiveness of the training will be measured to determine its effectiveness to improve resource management.</p>
<p>April 2024</p> 	<p>To further embed work -based learning into the Integrated discharge teams we have Incorporated key speakers from specialist areas and third sector to our monthly meetings as well as access to the Frailty Identification and Interventions e-learning course. Qualitative feedback from the teams reported how this has increased their knowledge within key areas such as Frailty, Stress and Distress and informed them of key voluntary services available to support discharge planning.</p> <p style="text-align: right;"><b>COMPLETE</b></p>	

<p><b>Action required</b> – By July 2024, develop opportunity to gain experience the number of Mental Health Officer posts through creative campaigns to improve interest and engagement that supports career progression opportunity.</p>	<p><b>Success measure</b> - The recruitment activity will look to increase the required MHO workforce in line with local requirements and supports career progression opportunity for Social Workers.</p>
<p>April 2024</p> 	<p>One person commenced the learning programme in November 2023, plans are to increase this in this budget year so campaigns to stimulate and improve interest are still being developed and will be promoted across the social work teams. <b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>
<p><b>Action required</b> – throughout 2024, introduce Leadership sessions for enhanced mental health clinical leadership that focuses on developing the strategic role, role models behaviours and enhances understanding of systems leadership approaches.</p>	<p><b>Success measure</b> - Evaluate the effectiveness of the sessions, including provision of measurable data of the improvements to service delivery.</p>
<p>April 2024</p> 	<p>There have been two sessions held to date, with further sessions to be planned. Qualitative feedback for the next report update will be provided to measure the impact. <b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>


## Increasing our employment into Health and Social Care



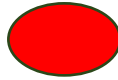
Employ

### We will increase our employment into Health and Social Care by:

- Monitoring progress and growth in workforce against recruitment commitments set out in our Winter and Recovery for Health and Social Care work; Adult Social Work; Mental Health Renewal and Recovery; Vaccination Transformation and Primary Care Improvement (MOU2).
- Developing and delivering Social Work advanced practice and quality improvement career pathways and strengthening the integrated multi-disciplinary models within health and social care.
- Developing career pathways that support skills mix, new roles and retention in practice areas across Health and Social Care including Mental Health Officers.
- Continuing to work in partnership with the employers across statutory, Third and Independent sectors regarding Fair Work requirements in line with National Direction.

<b>Strategic / Operational Goal:</b> Develop recruitment platforms including greater presence across social media and HEI (higher education institutions) sources.	
<b>Action required</b> – By April 2024, complete the new ‘Colleague Hub’ on the refreshed HSCP website to share information across the integrated workforce using one source.	<b>Success measure</b> - We will have a Partnership specific resource providing access for the integrated workforce not limited to employer internal portals. We will monitor the analytics to inform and modify any actions required to increase the reach.
April 2024 	The website consultation captured 128 responses with 61% preferring the title staff portal, with only 13% liking the title ‘colleague hub’ and 26% expressed no preference. The website is now live and includes staff information pages relating to professional standards, news, job opportunities, staff stories and job spotlights. <p style="text-align: right;"><b>COMPLETE</b></p>

<b>Strategic / Operational Goal:</b> Measure growth and recruitment in line with national direction and investment including Care at Home - Care Homes - Mental Health and Recovery - Vaccination transformation -Primary Care Improvement (MOU2)	
<b>Action required</b> – By July 2024, develop a Primary Care Workforce strategic oversight group, with specific focus on improving sustainability of Primary Care Dentistry, Community Pharmacy, Optometry services and an increase in GP accredited training practices and that workforce planning across Primary care including retention and attainment is aligned to the HSCP Workforce Strategic group. The group will explore to develop improved retention, and progression across all disciplines.	<b>Success measure</b> - Ability to provide numerical value against various recruitment sources; provision of MI reports showing success of the recruitment sources to Strategic Workforce Planning Groups.
 <p>April 2024</p>	<p>The Primary Care Nursing Transformation Workforce Group and Childrens Nursing Transformation Workforce Group, meet every 6 weeks. Both are focused on nursing workforce only. The PCNTG covers all Primary Care nursing families (including 2C) except for children's services where it is decided to have a separate group as workforce needs were different at that time. These groups report to the HSCP Sustainable Workforce Group. The groups are now well established, and plans are to merge them together to one PCNTG as part of the HCSA oversight, assurance, and reporting process. A new Group entitled 'Medical Workforce Strategic Group is forming in April.</p> <p style="text-align: right;"><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>

<b>Strategic / Operational Goal:</b> Mental Health Recovery and Renewal	
<b>Action required</b> – By April 2024, recruit and develop Activity Coordinators in Mental Health and Learning Disability services to support increased workload capacity for qualified staff and to improve the patient experience through meaningful activity in line with Mental Welfare Commission guidance.	<b>Success measure</b> - Provide articulation of service benefits associated with the introduction of new roles by detailing the greater impact for the qualified workforce and workload capacity.
 <p>April 2024</p>	<p>The SBAR provides recommendations of recruitment of activity coordinators agreed. This is supported by the MWC and is still planned for the in-patient wards within Mental Health and Learning Disabilities. These posts have not progressed to recruitment yet, due to the overspend in service and services understanding the full financial position of other recruitment initiatives such as over recruitment of HCSW band 3, recruitment of Band 4 Assistant Practitioner posts and the recruitment planned for NQP later this year.</p> <p style="text-align: right;"><b>DELAYED</b></p>

<b>Strategic / Operational Goal:</b> Provide a high-quality, Partnership specific, Induction resource for all staff that supports the retention of our workforce.	
<b>Action required</b> – By February 2024, follow on from the year One plan, launch a digital resource with Partnership employers and seek adoption and embedment in employer onboarding processes at the appointment stage and conduct an evaluation to its effectiveness.	<b>Success measure</b> - Review the analytics captured to monitor the effectiveness of the tool, including the numbers accessing the tool with staffing numbers (where appropriate).

April 2024



The resource is now ready on time by the original proposed date. Work is underway to embed it as part of the onboarding process for Fife Council and Fife NHS. The tool was presented to the Care Home Collaboration and the link will be shared to the FVA. The analytics of its use will be monitored, so this action remains amber for now and the timeline extended to August 2024. **ACTION PARTIALLY COMPLETE / PROGRESSING**

## Nurturing our workforce



Nurture

### We will nurture our workforce by:

- Supporting staff with the ongoing impact and challenges associated with the COVID-19 pandemic and requirements of mobilisation and remobilisation and recovery.
- Supporting the capacity within our workforce to engage in the transformation and quality improvement priorities, whilst recognising the challenges on current workforce and service pressures.
- Listening and learning from staff about what matters to them through the implementation of the annual iMatter survey and associated action plans in partnership with the Local Partnership Forum and in support of good staff governance and emotionally intelligent and responsive leadership.
- Developing Leadership Programmes across Health and Social Care.
- Nurturing our Leaders as part of the opportunities available to support leadership growth such as SOLACE (Society of Local Authority Chief Executives) Springboard, Project Lift Systems Leadership Programme and Scottish Social Services Council's Leading for the Future.
- Investing in our Culture and Leadership through the Extended Leadership Team, Senior Leadership visibility, leadership development at all levels and Organisational Development approaches.
- Championing and delivering the policies of NHS Fife and Fife Council to support a nurturing workplace culture.
- Developing an engagement programme across our workforce to inform a set of shared values which we all hold.
- Supporting readiness for the implementation of the Safety (Health and Care (Staffing) (Scotland)) Act 2019.
- Good governance in the implementation of Part 8 of the National Whistleblowing Standards.
- Continuing to promote the mental health and wellbeing of the Health and Social Care workforce, led through the introduction of a Partnership Wellbeing Strategy Group, which is working through an integrated wellbeing strategy approach to understand our workforce sectors.
- Recognising that staff may be unpaid carers and support staff in line with the Carers Act and our partner organisations' flexible working conditions.

**Strategic / Operational Goal:** Support managers in managing the wellbeing of our workforce through policy / procedure and guidance development, including induction, training and development and personal development practices.

**Action required** – By September 2024, review the Action Plan informed from the Hull Stress Survey and develop the membership of the Workforce Steering Group who will be tasked with carrying forward the recommendations.

**Success measure** - We will have implemented actions for the research that will improve staff self-reports of wellbeing and will be reflected in reduced absence rates across our services.

April 2024



The work with Hull University will end in April 24, the recommendations outstanding will be absorbed into the wellbeing strategy group and the developing action plan.

**ACTION PARTIALLY COMPLETE / PROGRESSING**

**Action required** – By July 2024, introduce quarterly Lead Nurse development sessions to make sense of their circumstances and help to recognise and use their personal and communal assets with a view to proactively develop their own wellbeing including conducting a review of the Open professional forum to measure its effectiveness.

**Success measure** - Demonstrate staff communication skills when engagement with families, patients, and carers that are focused on individual care needs. Ensuring that every worker is empowered by being involved in professional forum decision making.

April 2024



The quarterly lead nurse development sessions have started with 4 days held so far. A HSCP Professional Lead Nurse Group also meets monthly, and the Open Professional Forum commenced last January which is held every 2 weeks and is well established with over 30-40 registered staff from across the HSCP attending each time, ranging from Bands 5 - 8. Feedback has been positive, largely based on staffs' regular attendance however plans to carry out a staff feedback survey to evaluate it in more detail are being developed.

**ACTION PARTIALLY COMPLETE / PROGRESSING**

**Strategic / Operational Goal:** Support the capability of our workforce to engage in the transformation and quality improvement priorities, whilst recognising the challenges on current workforce and service pressures.

**Action required** – By September 2024, establish oversight group tasked with compiling workforce needs v training available, with the intention of reviewing provision and developing improvement proposal with the third sector.

**Success measure** - The needs analysis will indicate how the Partnership can better support third sector Partners with training needs and provision and agree action plan for implementation.

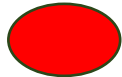
April 2024





This has been raised as an area of mutual benefit at the care at home collaborative and care home collaborative, and work will be taken forward to look at how this could be standardised. Discussions have started to consider how to utilise training venues that could be accessible to all rather than each organisation having to maintain or book their own have been held. Involvement of the Care Inspectorate / SSSC will be considered to support this work.


**ACTION PARTIALLY COMPLETE / PROGRESSING**





<p><b>Action required</b> – By March 2024, identify opportunities to expand the role of the Physician Associate within the Fife Rehab Service, in advance of non-medical prescribing being approved in 2024 or 2025.</p>		<p><b>Success measure</b> - Capture the data specific to the Physician Associate workforce to measure if sufficient to align with the new model. Evaluate the affected workforce to ensure the clinical skills required are sufficient in advance of the national timeline.</p>
<p>April 2024</p> 	<p>This action has not progressed as planned due to lack of resilience within the medical workforce to support the expansion of the Physician Associate role currently. The situation remains under review.</p>	<p><b>DELAYED</b></p>




<p><b>Action required</b> – By June 2024, review the analysis reports for the ‘Flexibility Works’ pilot conducted in Adult Support and Accommodation and consider the recommendations to develop a sustainable model and measure the impact on the workforce.</p>		<p><b>Success measure</b> - The implementation plan is extended wider than the pilot group and findings collated and reported to SLT via updates to show the benefits and numerical value of stress related absenteeism.</p>
<p>April 2024</p> 	<p>The service is reviewing the impact of the pilot and developing guidance for managers to enhance the flexible approaches. The HCSA review also considered the impact on staffing allocations and this work will be further developed post legislation launch Measure met of the impact continues to be developed.</p>	<p><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>

<p><b>Strategic / Operational Goal:</b> Support line managers to manage absence and promote wellbeing to help employees stay well at work and feel supported when they return to work.</p>		
<p><b>Action required</b> – By August 2024, develop the forum for monitoring the impact on staff wellbeing absence rates for General Practitioners to measure if time to learn has had impact and develop an action plan to mitigate the findings.</p>		<p><b>Success measure</b> - Collate workforce data to measure the planned reduction in absence rates with increased time to learn capacity to capture if the action is improving learning time within contracted hours.</p>
<p>April 2024</p> 	<p>The Medical Workforce strategy group now has oversight of this, and action plans are being developed to take this work forward. From April, the group meet 4-weekly.</p>	<p><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>

<p><b>Action required</b> – By August 2024, Introduce the Community Care Redesign Project Board quarterly newsletter from August 2023 to the workforce and promote the staff engagement sessions to support communication of progress of the transformational work.</p>		<p><b>Success measure</b> - Monitor the effectiveness of the communication through publishing the analytical data and project minutes that relate to workforce at the Transformational Programme Project Board. We will have retained workforce capacity and supported additional skills development.</p>
<p>April 2024</p> 	<p>The P&amp;E events demonstrated engagement for the first phase was 256 people in addition to the 97 staff out of 133 (72%). There have been two newsletters sent out. Staff members as well as HR and the Trade Unions are on the project board, which will influence the future delivery model. The next Project Board meeting is on 23<sup>rd</sup> April and a worked through options appraisal and report on the current model will be shared.</p>	<p><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>

<p><b>Strategic / Operational Goal:</b> Support our workforce to take responsibility for their own health and wellbeing and use training and development to engage and focus employees on their own health and wellbeing.</p>		
<p><b>Action required</b> – By November 2024, build on from the Year 1 Plan, in line with the Hull University Wellbeing study / recommendations, share information with the workforce via digital and social platforms promoting best practice and self-care initiatives on health and wellbeing.</p>		<p><b>Success measure</b> - Review using numerical values the effectiveness of the reach to the workforce through evaluations and digital analytics to measure the uptake including benchmarking data to capture a decrease in absenteeism and increase in workforce retention.</p>
<p>April 2024</p> 	<p>The work with Hull will end in April 24, the recommendations will be absorbed into the emerging wellbeing action plan under development.</p>	<p><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>

<p><b>Action required</b> – By November 2024, continue to build on the digital campaign's promotions, including Hull University recommendations in line with the staff health and wellbeing communications plan and evaluate its effectiveness.</p>		<p><b>Success measure</b> - The workforce and population have accessed the information, and the evaluation demonstrates that reach across the workforce has been effective.</p>
<p>April 2024</p> 	<p>The work with Hull University will end in April 24, and the recommendations will be absorbed into the wellbeing strategy and developing action plan. Communications relating to workforce wellbeing is communicated via intranet, social media and shared for services / managers to the workforce. The analytics from FC intranet show there is a wealth of information starting with induction, self-care resources, including mental and physical wellbeing and exiting the organisation. How to improve awareness will be a key feature in the new Action Plan to try to improve the reach across the workforce.</p>	<p><b>ACTION PARTIALLY COMPLETE / PROGRESSING</b></p>

<b>Strategic / Operational Goal:</b> Developing an engagement programme across the partnership that informs a shared set of values.	
<b>Action required</b> – By May 2024, deliver and evaluate the Systems Leadership Programme incorp compassionate leadership, outlined in the Year 1 Plan to ILT members.	<b>Success measure</b> - The programme is evaluated with members and results collated. This information will be shared with the group and will inform the development of future groups. The course will be rolled out from April 2024, after implementing the pilot feedback with cyclical evaluations collated and acted upon.
April 2024 	The first programme is now completed and the evaluation from the group has been received. This is being analysed and the programme will be updated to implement. Provisional dates for the next programme starting in September 2024 are planned. <b>COMPLETE</b>
<b>Action required</b> – From November 2023, deliver ongoing events and opportunities that supports and develops a networking channel for our integrated leaders including staying connected activity between events.	<b>Success measure</b> - The ILT programme attendance is monitored, and results collated to evaluate if members are engaged, and the reports shared to support members to influence and plan the programme agendas.
April 2024 	A SLWG was created following the November 2023 meeting. A further event is planned for early June 2024 and will be held online. A ‘keeping connected’ forum was introduced following the November meeting, and although there have been several promotions, the membership continues to grow slowly. Initial aims have been achieved and assimilated into business as usual for the OD & Culture Team. <b>COMPLETE</b>
<b>Action required</b> – By September 2024, deliver engagement sessions and a consultation exercise to inform a sustainable Action Plan, which is reflective of the workforce views for the Equality Diversity and Inclusion interim workplan.	<b>Success measure</b> - The action plan will capture the workforce views and the data will be used in the EDI workplan.
April 2024 	We established our Equality, Diversity, and Inclusion Interim Plan, which comprises of 3 workstreams Engagement Series, Communications Plan and an Open Consultation led in partnership with Fife Centre for Equalities (FCE). Data from these will directly influence the development of HSCP EDI Action Plan which is being collated. <b>ACTION PARTIALLY COMPLETE / PROGRESSING</b>

**Strategic / Operational Goal:** Implement learning from our workforce about what matters to them through the implementation of the annual iMatter survey and associated action plans in partnership with the Local Partnership Forum and in support of good staff governance and emotionally intelligent and responsive leadership.

**Action required** – By May 2024, build on the Year 1 Plan by reflecting on the staff engagement campaign and action plans collated by analysing the data and comparing the local picture nationally and use this to inform an Action Plan that supports improving engagement.

**Success measure** - To deliver an Action Plan that aims to build and surpass the numerical total reached in this year one campaign and provide detail on the impact of reduced in person promotional activity.

April 2024  


The SBAR setting out the goals for 2024/25 is distributed via the governance routes. The noticeable change to promotion is increasing the focus on team meetings to raise awareness and encourage participation rather than hosting the roadshows. This work continues to be co-ordinated along with NHS Fife colleagues.  
**ACTION PARTIALLY COMPLETE / PROGRESSING**

**Strategic / Operational Goal:** Ensure a nurturing workplace culture is at the heart of strategic and policy decision-making forums.

**Action required** – By August 2024, develop the Partnership Wellbeing Group to implement an integrated Partnership approach to the mental health and wellbeing of the workforce.

**Success measure** - The group will be able to supply numerical value relating to the reach across the integrated workforce and to provide analysis and data relating to impact on the workforce.

April 2024  


The revised Wellbeing Group met in March 24 with further dates planned. The group have been reviewing the NICE recommendations to support the development of a Wellbeing Action Plan.  
**ACTION PARTIALLY COMPLETE / PROGRESSING**

**Action required** - By November 2024, deliver a consultation process about the integrated Partnership Wellbeing Framework to ensure the workforce views are captured and any actions addressed prior to the framework launch.

**Success measure** - The framework will have considered the workforce views, with measurable information showing the outcomes from the evaluated consultation exercise and shared across partners.

April 2024  


As the wellbeing group members establishes and the Wellbeing Action Plan is developed, the proposed consultation / approach will be included. At this stage the work on this is still being considered.  
**ACTION PARTIALLY COMPLETE / PROGRESSING**

### The Co-design group and leads for the Year 2 Plan

Audrey Valente	Chief Finance Officer
Brian McKenna	HR Manager NHS
Caroline Bruce	Service Manager Adult Services Resources
Chris Moir	Head Children & Families & Criminal Justice / Chief Social Work Officer
Dafydd McIntosh	Organisational Development & Culture Specialist
Dawn Adamson	Service Improvement Officer
Diane Roth	Organisational Development & Culture Specialist
Dr Frances Baty	Consultant Clinical Psychologist   Director, Fife Psychology Service
Elaine Jordan	HR Business Partner Fife Council
Extended Leadership Team (ELT)	All Direct Reports to SLT
Fi Williams	Team Manager (Digital Skills & Learning), Fife Council
Fiona McKay	Head of Strategic Planning, Performance and Commissioning
Hazel Williamson	Internal Communications Advisor
Heather Bett	Senior Manager, Childrens Services Projects
Human Resources	HR Fife Council and HR NHS
Jacqueline Drummond	Consultant forensic psychiatrist, Psychiatry
Jacqui Crooks	Workforce Development Lead Officer HR
Jacque Stringer	Locality Planning Co-ordinator
Jennifer Rezendes	Principal Social Work Officer
Karen Cassie	HR Advisor Fife Council
Karen Marwick	Home Care Service Manager
Karen Wright	Clinical Services Manager - Specialist In-Patient and Out-Reach
Kenny Murphy	Chief Executive Fife Voluntary Action
Lee Cowie	Clinical Services Manager, Child/Adolescent Mental Health
Leesa Radcliffe	Clinical Services Manager
Leigh Donnelly	HR Advisor Fife Council

Linsey Gilmartin	Lead Officer Fife Council Workforce Youth Investment
Lisa Cooper	Head of Primary and Preventative Care
Louise Radcliffe	Organisation Development and Culture Specialist
Lyndsey Dunn	Community Flow/Delayed Discharge and Integrated Hub Manager
Lynn Barker	Associate Director of Nursing
Lynne Garvey	Head of Integrated Community Care Services
Lynn King	Workforce Development Lead Officer HR
Michelle Williamson	Clinical Service Manager
Nicola Harris	Fife Council HR Lead Officer
Olivia Robertson	Head of Nursing
Paul Dundas	Independent Sector Lead Scottish Care
Rachel Duff	HR Adviser Fife Council HR
Rhona Waugh	Head of Workforce Planning & Staff Wellbeing NHS
Rona Laskowski	Head of Complex and Critical Services
Roy Lawrence	Principal Lead for Organisational Development & Culture
Ruth Bennett	Health Promotion Manager
Senior Leadership Team (SLT)	All Direct Reports to the Director
Sharon Docherty	Consultant Clinical Psychologist
Stephen Smith	Project Manager (Trauma Informed Practice)
Tanya Lonergan	Head of Nursing
Trade Unions	Eleanor Haggett and Debbie Fyfe – Fife Council
Workforce Youth Investment Team	Fife Council HR



# Fife Health & Social Care Partnership

Supporting the people of Fife together

<b>Meeting Title:</b>	<b>Integrated Joint Board</b>
<b>Meeting Date:</b>	<b>31 May 2024</b>
<b>Agenda Item No:</b>	<b>8.2</b>
<b>Report Title:</b>	<b>Performance Report – Executive Summary</b>
<b>Responsible Officer:</b>	<b>Fiona McKay, Head of Strategic Planning, Performance and Commissioning</b>
<b>Report Author:</b>	<b>William Penrice, Service Manager (Performance Management and Quality Assurance)</b>

## 1 Purpose

**This Report is presented to the Board for:**

- Assurance
- Discussion

**This Report relates to which of the following National Health and Wellbeing Outcomes:**

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 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.
- 7 People who use health and social care services are safe from harm.
- 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.

- 9 Resources are used effectively and efficiently in the provision of health and social care services.

**This Report Aligns to which of the Integration Joint Board 5 Key Priorities:**

- Local - A Fife where we will enable people and communities to thrive.
- Sustainable - A Fife where we will ensure services are inclusive and viable.
- Wellbeing - A Fife where we will support early intervention and prevention.
- Outcomes - A Fife where we will promote dignity, equality and independence.
- Integration – A Fife where we will strengthen collaboration and encourage continuous improvement.

**2 Route to the Meeting**

This is a regular report to the Board. The full April 2024 performance report was discussed at the Finance, Performance and Scrutiny Committee of 15<sup>th</sup> May 2024.

**Route Following the Meeting**

The full report will also be scrutinised at the SLT Performance Board.

**3 Report Summary**

**3.1 Situation**

The monitoring of Performance is part of the governance arrangements for the Health and Social Care Partnership.

**3.2 Background**

The Public Bodies (Joint Working) (Scotland) Act 2014 determines those services to be delegated to the Integrated Joint Board. The Fife H&SCP board has a responsibility for the planning of Services which will be achieved through the Strategic Plan. The Fife H&SCP board is responsible for the operational oversight of Integrated Services, and through the Director of Health and Social Care will be responsible for the operational management of these services.

**3.3 Assessment**

The attached report provides an overview of progress and performance in relation to the following:

- National Health and Social Care Outcomes
- Health and Social Care – Local Management Information
- Health and Social Care – Management Information

The report is largely laid out in the format of the previous report which had been simplified. The board will be aware of the intent to improve the formatting of the regular performance reports and to update the content, specifically the indicators reported. Proxy MSG indicators were introduced in the previous report to provide more up to date measures than the national MSG indicators



which have been removed and will be reported when the national updates occur.

It remains the intent to increase the scope of indicators. This process is ongoing and a draft set of these is being developed for the SLT Performance Board to consider. The intent is to bring forward additional mental health indicators in the next performance report to augment the three already in the report. It is likely these will be –

- Mental Health and Learning Disability Speciality Average Patients in delay per day
- Mental Health Readmissions 28 days

Activity to construct the data flows and analytics required to underpin the new approach are continuing. This includes a wide range of statutory and other reporting involving many hundreds of indicators. This will provide a strong basis for streamlined reporting with more in depth analysis in the longer term.

### **3.3.1 Quality / Customer Care**

Management information is provided within the report around specific areas, for example, complaints. The report highlights performance over several areas that can impact on customer care and experience of engaging with the Health & Social Care Partnership. Where targets are not being achieved, improvements actions would be taken forward by the Head of Service and relevant Managers across the service.

### **3.3.2 Workforce**

The full performance report contains management information relating to the Partnership's workforce however, any management action and impact on workforce would be taken forward by the relevant Head of Service.

### **3.3.3 Financial**

No financial impact to report.

### **3.3.4 Risk / Legal / Management**

The report provides information on service performance and targets. Any associated risks that require a risk assessment to be completed would be the responsibility of the service area lead manager and would be recorded on the Partnership Risk Register.

### **3.3.5 Equality and Diversity, including Health Inequalities**

An EqlA has not been completed and is not necessary. The report is part of the governance arrangements for the Partnership to monitoring service performance and targets.

### **3.3.6 Environmental / Climate Change**

There are no environmental or climate change impacts related to this report.

### **3.3.7 Other Impact**

None

### **3.3.8 Communication, Involvement, Engagement and Consultation**

No consultation is required.

## **4 Recommendation**

The report is submitted to assure the Integration Joint Board that the full report has been discussed at the Finance, Performance and Scrutiny Committee for assurance to the Integration Joint Board.

## **5 List of Appendices**

Appendix 1 – Performance Report Executive Summary

## **6 Implications for Fife Council**

None

## **7 Implications for NHS Fife**

None

## **8 Implications for Third Sector**

None

## **9 Implications for Independent Sector**

None

## **10 Directions Required to Fife Council, NHS Fife or Both (must be completed)**

<b>Direction To:</b>		
<b>1</b>	<b>No Direction Required</b>	✓
<b>2</b>	<b>Fife Council</b>	
<b>3</b>	<b>NHS Fife</b>	
<b>4</b>	<b>Fife Council &amp; NHS Fife</b>	

## **Report Contact**

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**Author Job Title:** **Service Manager (Performance Management and Quality Assurance)**

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# Fife Health & Social Care Partnership



## Performance Report Executive Summary

April 2024

## Contents

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## Executive Summary

### Introduction

Fife Health & Social Care Partnership delivers a wide range of delegated services on behalf of both NHS Fife and Fife Council as described within the Integration Scheme. The Health and Social Care Partnership is working towards delivery of the Health and Social Care Strategic Plan which is cognisant of the national outcomes of Integration, NHS Fife Clinical Strategy, and the Plan for Fife.

This report details the performance relating to Partnership services which include both national and local performance as well as management performance targets. Many of these measures are already regularly included and referenced in reports to NHS Fife and Health & Social Care Partnership Committees.

### Summary of Performance

The performance picture across the Partnership continues to be variable and reflects the complex mix of services, seasonal variation and the current challenging national landscape for health and social care.

Waiting times for care at home packages has improved significantly with a fall of 79% from February 2023 to February 2024. Assessment Units, STAR Beds and START packages of care are all at the lowest levels for October in the last 3 years.

Weekly hours required for the care of older people both externally and internally have all increased on the 3-year average for the month of February. Adult packages of care are 314 hours less than the 3-year average for February.

Delayed discharge (% of bed days lost) is currently 6.2% (1.2% above the target), however this is the below the 24-month average.

Waiting times (18 weeks RTT) for CAMHS (65.8%), Psychological Therapies (69.2%) and Drug and Alcohol waiting times (84.3%) are all below the 90% target.

Smoking cessation is consistently below the target trajectory and was last achieved in January 2022. November 2023 cumulative actual quits are 5.1% less than was achieved in September and October. Alcohol Brief interventions have exceeded the agreed trajectory for the last 3 quarters in a row.

Health and social care absence rates have fallen to 11.2%, 0.8% less than February last year. NHS Fife absence rate had increased to 7.92% overall.

36% of complaints were responded to within the statutory timescale, 12% higher than February last year, however this is well below the 80% target required.

**Fiona McKay**

**Head of Strategic Planning, Performance and Commissioning**

## National Health & Social Care Outcomes

The Ministerial Strategic Group for Health and Community Care (MSG) requested partnerships submitted objectives towards a series of integration indicators based on 6 high level indicators.

We submit data to Public Health Scotland who collate these from all areas of Scotland. This process takes several months, and sometimes longer and individual partnerships do not have access locally to all of the information as it requires data to be collated from several health boards. This is because some Fife residents will receive services in adjoining areas.

Rather than report information, which is many months old in every performance report we have removed the national MSG indicators with a view to providing an annual update every 12 months.


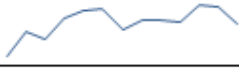
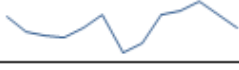




### Proxy MSG Indicators

It is advantageous to develop local indicators, which while not being MSG indicators, nonetheless give a good indication of likely performance using more readily available information. For instance, rather than any Emergency Admissions by Fife residents to any hospital, we can provide a good, more up to date figure by reporting on admissions to hospitals in Fife.

These are distinct from the local indicators on the performance report scorecard later in the report, which are not MSG indicators and relate to indicators we have chosen to look at locally.

These proxy indicators provide a more up to date picture of performance than the nationally collated MSG Indicators. They are similar but are generally confined to visits to locations within Fife.

Additional proxy indicators for MSG indicators will be developed.

Proxy MSG Indicator	Most recent update	Current value (for month)	Percentage Change from same month last year Feb 23 to Feb 24	Change over 13 months
Emergency Admissions (VHK)	Feb-24	2988	+ 28%	
Emergency Admissions from A&E (VHK)	Feb-24	1784	+ 17%	
A&E Conversion Rate (VHK)	Feb-24	31.8%	- 1.0%	
A&E Attendances (all sites)	Feb-24	7092	+ 17.2%	
A&E Attendances (VHK)	Feb-24	5594	+ 15.2%	
A&E % seen within 4 hours (All sites)	Feb-24	71.5%	- 1.1%	
A&E % seen within 4 hours (VHK)	Feb-24	63.9%	- 0.5%	

## Performance Report Scorecard - April 2024







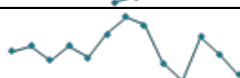

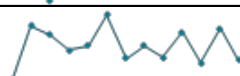

Performance Section	Performance Indicator	Current Target	Reporting Period	Current Performance	Performance against Target	13-month Trend	Summary
Internal Indicators	Assessment Beds - Length of stay upon discharge	42 Days	Feb-24	60			Average of 60 days, 18 days more than target, but 8 days lower than 3-year average for February.
	STAR Beds Length of stay upon discharge	42 Days	Feb-24	26			Average is currently 26 days, 16 days less than target and 13 days less than 3 year average for February.
	START Length of stay upon discharge	42 Days	Feb-24	45			Average is 45 days, 3 days more than target, this is the lowest for February in 3 years.
	Nursing & Residential Long Term Care Population		Feb-24	2,576	N/A		There were 2576 individuals residing, 119 more than the 3-year average for February.
	Demand for new Care at Home Services Number of waiting		Feb-24	44	N/A		There are 44 people waiting, this is 310 Less than the previous 2-year average for February, the care at home hours required reduced accordingly.
	Demand for new Care at Home Services Number of hours		Feb-24	147	N/A		
	Older People - Weekly hrs Externally Commissioned Care at Home		Feb-24	20,999	N/A		Weekly hours 20,999, 1507 more than the 3-year average for this month.
	Weekly Hrs Care at Home Internal Services		Feb-24	11,415	N/A		Last week in February 11,415 hours were provided, 315 hours more than the 3-year average for February.
	Adults - Weekly hrs Externally Commissioned packages of Care		Feb-24	10,973	N/A		Last week in February 10,973 hours were provided for CAH, 314 hours less than the 3-year average for February.
	Adults - Weekly Hrs Externally Commissioned Supported Living		Feb-24	38,536	N/A		Supported Living hours were 38,536, 183 more than the 3-year average for February.
	Technology Enabled Care - Total Number Provided in Month		Feb-24	8,198	N/A		
	Technology Enabled Care Total Number New Services in Month		Feb-24	278	N/A		The number of clients was 8198 of which 278 were new clients, 0.5% lower than the 3-year average for February.

Key:

Current performance does not meet target	
Current performance 5% negative to target	
Current performance meets/exceeds target	




## Performance Report Scorecard - April 2024


Performance Section	Performance Indicator	Current Target	Reporting Period	Current Performance	Performance against Target	13-month Trend	Summary
Local Delivery Plan Standards (LDP)	Operational Performance Delayed Discharge (% of Bed Days Lost)	5%	Mar-24	6.20%			March is currently 6.2% (+1.2% above target), however this is below the 24-month average.
	Public Health & Wellbeing CAHMS Waiting Time	90%	Feb-24	65.80%			Performance has dropped to 65.8%, This is the lowest performance in February for the past 3 years.
	Public Health & Wellbeing Psychological Therapies Waiting Time	90%	Feb-24	69.20%			Performance has dropped to 69.2%, the lowest level in 3 years and 20.8% below target.
	Public Health & Wellbeing Smoking Cessation	473	Nov-23 (YTD)	126			Performance against trajectory is 33.0% in November, 5.1% less than was achieved in September and October.
	Public Health & Wellbeing Drug & Alcohol Treatment Waiting Times	90%	Dec-23	84.31%			Performance is 84.3% (5.7% below target), this target has not been achieved this financial year.
	Public Health & Wellbeing Alcohol Brief Interventions	80%	Dec-23 (YTD)	120.00%			Performance (120.0%) against the agreed trajectory is at the highest level it has been.
Management Information	Health & Social Care Partnership (H&SCP) Staff Absence		Feb-24	11.20%	N/A		11.2% absence rate, 0.8% less than this time last year, and 1.4% lower than 3-year average
	NHS Staff Absence		Feb-24	7.92%	N/A		7.92% absence rate, 1.3% more than the 3-year average for February.
	Complaints to H&SCP responded to within statutory target	80%	Feb-24	36.00%			36% of complaints responded to within timescale, 12% higher than February last year.
	Information Requests to H&SCP responded to within statutory target	80%	Feb-24	87.00%			87% were responded to within timescale, 7% above target, 2% lower than last November.

Key:


Current performance does not meet target	
Current performance 5% negative to target	
Current performance meets/exceeds target	

## Local Performance Indicators


Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
<b>Assessment Unit - Assessment Beds</b>	42 Days	Dec-21	60 days Feb-24	
<p>This model supports people to leave hospital and finalise their assessment within a Care Home.</p> <p>Average Length of Stay on Discharge for individuals at week ending the 29/02/24 was 60 days. This is a decrease of 6 days compared with average of 66 days in January. This is notably above the service expectation, but 8 days lower than 3-year average for February.</p> <p>The average length of stay is affected by those in an assessment bed waiting on placement within a care home of their choice with a suitable vacancy.</p> <p>The average length of stay on discharge continues to fluctuate. This is mainly due to a number of individual's first choice care home not having capacity to admit, resulting on a wait on this becoming available. It is always the intention to provide an individual's first choice care home as part of a person-centred approach. Reviews of those waiting on a long-term placement are completed on a regular basis, and in some cases, discussion may take place around alternative care home choices.</p>				

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
<b>Short Term Re-ablement beds (STAR)</b>	42 Days	Feb-24	26 days Feb-24	
<p>These Intermediate care units enable individuals to be discharged to a registered care home from hospital or admitted into an intermediate care placement. The aim being to both prevent admission to hospital and support people to return to their own home. Once admitted to a STAR Bed this can help to facilitate the return of an older person to their own home.</p> <p>Average Length of Stay on discharge on 29/02/2024 was recorded at 26 days, which is within target. During the month of February there were 8 admissions and 2 discharges. Both discharges in February were below the 42 days.</p> <p>The average length of stay is affected by those in a STAR Bed, who's circumstances have changed, and they are now awaiting a long-term care home placement within a care home of their choice with a suitable vacancy, which may not have a suitable vacancy or capacity to accept admission into their care home from the STAR bed placement.</p>				


Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
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Short Term Assessment & Review Team (START)	42 Days	Aug-18	45 Days	Feb-24	
<p>The START service is delivered by Fife Health &amp; Social Care partnership Home Care service. The average length of stay within Start can fluctuate on a number of factors. Services are normally provided for 6 week (42 days target) but this can extended depending on someone's needs/abilities.</p> <p>In February 2024, START recorded 45 days for an average period of support to individuals who finished their involvement with the service. This is a decrease of 6 days when compared to January 2024 (51 days on average) and a decrease of 11 days to the year previous (56 days in February 2023).</p> <p>The demand has continued to rise which impacts on the ability of assessors to complete the final review at the 6-week point.</p> <p>If continuing care and support is required then transferring from Start to an ongoing support provider, either internal or external, also requires their capability of providing more support to service users and the capacity to do so when again demand is increasing month on month.</p>					

## LDP Standards


Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking	
Delayed Discharge (% of Bed Days Lost)	5%	Jun-23	6.2%	Mar-24	
<p><b>Reduce the hospital bed days lost due to patients in delay, excluding code 9, to 5% of the overall beds occupied.</b></p> <p>The percentage of Bed Days lost to 'Standard' delays decreased to 6.2% between February and March 2024, this is above the 5% target but below the 24-month average. The number of Bed Days lost to Standard delays in March decreased to 1916 but there was a significant increase in Code 9 delays, which increased from 3% to 4% of Total Occupied Bed Days.</p> <p>At March Census, there were 112 patients in delay, 69 Standard delays and 43 Code 9 delay, an increase from 93 previous month. Within Acute and Community Hospitals, there was 91 delays, 60 Standard delays and 31 Code 9 delays, of which 21 were in delay due to AWI (Adult with Incapacity) reasons.</p> <p>The most recent monthly publication from Public Health Scotland, for data up to end of February 2024, shows that NHS Fife remains in the mid-range for Standard Delays at Census by Local Authority of Residence. The proportion of delays within Acute Hospital setting in Fife was 4.3% which is the lowest in Scotland.</p>					


Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
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CAMHS Waiting Time	90.0%	Mar-23	65.8%	Feb-24	
<p><b>At least 90% of clients will wait no longer than 18 weeks from referral to treatment.</b></p> <p>Monthly performance decreased from 69.4% in January 2024 to 65.8% in February 2024. In February, no patient was waiting more than 35 weeks for treatment, whilst the number of those waiting between 19-35 weeks increased from 34 in January to 38 in February. The percentage of those waiting less than 18 weeks stayed unchanged in February at 84%.</p> <p>The number of referrals received in February was 259, a 7.5% increase from January and +9.8% compared to the same month in 2023. The overall waiting list saw an increase (238 in February compared with 219 in January).</p> <p>Benchmarking for the quarter ending December 23 shows NHS Fife lie in the lower range of all mainland boards, 68.9% against Scotland average of 83.8%.</p>					

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
<b>Psychological Therapies Waiting Times</b>	90.0%	Feb-20	69.2%	Feb-24 
<p><b>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</b></p> <p>The number of patients who started treatment within the 18-week target increased from the previous month. The total number of patients who started treatment (including those waiting more than 18 weeks) also increased from the previous month.</p> <p>Monthly performance against the target decreased from 73.6% in January 2024 to 69.2% in February 2024. This is an expected consequence of increased overall activity and patients being seen in waiting list order. The overall waiting list decreased to 2439, the lowest level since February 2023.</p>				


Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
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Smoking Cessation	473	N/A	77	Aug-23	
<p><b>We will deliver a minimum of 473 accumulated days post 12 weeks smoking quits in the 40% most deprived areas of Fife.</b></p> <p>There were 13 successful quits in November 2023, which is 27 short of the monthly target and 14 less than was achieved in November 2022. Achievement against trajectory is 40.0%, which is slightly less than was achieved in October 23. For all quit attempts, the quit success rate in 'Specialist' services is significantly higher than for other services.</p> <p>The most recent quarterly publication from Public Health Scotland, covering the quarter ending June 2023 (Q1), showed that NHS Fife was in the lower range of all Mainland Health Boards, with a rate of 48.7% against a Scottish average of 66.1%.</p>					

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking	
Drugs and Alcohol Waiting Times (21-day RTT)	90.0%	Mar-23	84.3%	Dec-23	
<p><b>90% of patients to commence treatment within 3 weeks from referral.</b></p> <p>Performance in December was 84.3 % this is 3.9% higher than November but still 4.7% below the 90% target.</p> <p>The target has not been achieved this financial year so far and was last achieved in March 23 with 93%. The target was consistently achieved 11 out of 12-months last financial year.</p> <p>In September Fife was placed 10th in the 14 mainland board rankings with 89.8%.</p>					

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking	
Alcohol Brief Interventions	80.0%	Jun-23	120%	Dec-23	
<p><b>NHS Boards to sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&amp;E, antenatal) and broaden delivery in wider settings.</b></p> <p>Alcohol Brief Interventions in priority settings for quarter ending December 2023 has exceeded planned trajectory for the third quarter in a row with 120.0%.</p> <p>This has far exceeded the last financial year and demonstrated recovery post covid and these figures even exceed the first year pre-covid, demonstrating improvement.</p>					

## Management Performance Indicators

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
<b>Complaints and Compliments</b>	80%	Mar-21	36%	Feb-24 
<p><b>80% of Complaints responded to within statutory timescales</b></p> <p>During February 2024 the Partnership closed 39 complaints. This included 11 complaints closed by Social Care, and 28 complaints closed by NHS Fife. Of these, 22 (56%) were identified as Stage 1 complaints, and 17 (44%) were classified as Stage 2 complaints.</p> <p>In February 2024 36% of complaints were responded to within the statutory timescales. Performance in February is significantly lower than the target of 80% but has improved since the same period in 2023. There was a higher volume of Stage 2 complaints closed and these are more complex in nature.</p>				

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
<b>Information Requests</b>	80%	Feb-24	87%	Feb-24 
<p>During February 2024 87% were responded to within timescale, 7% above target, 2% lower than last November. The Health and Social Care Partnership closed 31 information requests, of these 27 (87%) were responded to within required timescales.</p> <p>In comparison, during 2023 the Partnership closed an average of 31 information requests each month, this is an average of 17 NHS Fife, and 14 Social Care, requests each month. The IJB closed 1 information request during 2023.</p> <p>Overall, the Partnership has closed 54 requests so far for 2024 and the performance is 81%, this is just above the target of 80% of requests responded to within required timescales.</p>				



**Meeting Title:** Integration Joint Board

**Meeting Date:** 31 May 2024

**Agenda Item No:** 9.1

**Report Title:** Recruitment for Director of HSCP

**Responsible Officer:** Carol Potter and Ken Gourlay, Chief Executives

**Report Author:** David Miller, Director of Workforce, NHS Fife

## 1 Purpose

**This Report is presented to the Integrated Joint Board for:**

- Decision.

**This Report relates to which of the following National Health and Wellbeing Outcomes:**

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 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.
- 7 People who use health and social care services are safe from harm.
- 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.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

## **This Report Aligns to which of the Integration Joint Board 5 Key Priorities:**

- Local.
- Sustainable.
- Wellbeing.
- Outcomes.
- Integration.

## **2 Route to the Meeting**

It is not applicable that the report is tabled at Audit & Assurance Committee, Finance, Performance and Scrutiny Committee or Qualities and Communities Committee.

Consultation with Chair and Vice Chair of IJB and Joint Trade Union Leads has taken place.

## **3 Report Summary**

### **3.1 Situation**

The current Director has secured a post as the new Chief Executive of NHS Tayside and will leave her substantive post on 31<sup>st</sup> July 2024, with a last working day in the middle of July.

The IJB previously agreed a process for the recruitment of a Director in 2019 which was run by Fife Council. The Chief Executives are seeking to have a similar process agreed for the current recruitment exercise, but this time process will be run by NHS Fife.

In addition, Fiona McKay, Head of Strategic Performance, Planning & Commissioning will be Acting Chief Officer of Fife Health and Social Care Partnership whilst the post is out for recruitment.

For the permanent appointment, the post will be advertised nationally.

### **3.2 Background**

It was previously agreed that an Appointments Panel comprising the Chief Executive of Fife Council, the Chief Executive of NHS Fife, 4 Fife Council nominees and 4 NHS Fife nominees be established. An independent professional adviser will support the Panel. If not agreed in advance the Chair of the Appointments Panel will be decided when the panel meets to shortlist.

The Appointments Panel will meet twice. First to review applications and decide on a short list and then again to interview.

The Director of Workforce will support the arrangements for an Appointments Panel meeting, working in consultation with the Head of HR, Fife Council.

The Chief Executives will agree the presentation topic and questions in



consultation with the Chair.

Candidates will be advised that they have been invited to attend for interview and asked to undertake on-line testing which will be part of a wider assessment centre in line with normal practice for chief officer recruitment. This will provide supplementary information to assist the panel. A period of around two weeks is required for the tests to be undertaken, test information to be collated and sent to panel members and for the panel to have time to read the information. The exact period depends on the day of the shortlisting and interviews.

### **3.3 Assessment**

Appointment of a Director is required as soon as possible to ensure continuity of leadership for the Health and Social Care Partnership.

#### **3.3.1 Quality / Customer Care**

n/a

#### **3.3.2 Workforce**

The vacancy is being advertised without restriction and there are therefore no workforce impacts to be considered.

#### **3.3.3 Financial**

Salary costs for the post are already shared and advertising costs and costs for testing will also be shared.

#### **3.3.4 Risk / Legal / Management**

Delay in shortlisting and interview dates may result in candidates being appointed elsewhere and reducing the pool for consideration. The risk is generally higher with the more experienced and skilled applicants.

Delay in shortlisting and interview dates will increase the risk of there being a gap between the current Director leaving and the date the successful candidate is able to commence in post. The requirement to give an employer three months' notice is usual at this level.

#### **3.3.5 Equality and Diversity, including Health Inequalities**

An impact assessment has not been completed as the recruitment process draws from existing partner employment processes which meet equality standards. Appointment will be by either the NHS or Fife Council on behalf of the IJB.

#### **3.3.6 Environmental / Climate Change**

n/a

[ClimateActionPlan2020\\_summary.pdf \(fife.gov.uk\)](#)

#### **3.3.7 Other Impact**

n/a

### 3.3.8 Communication, Involvement, Engagement and Consultation

Consultation undertaken with Chair and Vice Chair IJB and Joint Trade Union Leads.

## 4 Recommendation

The IJB is requested to:

- **Approve** - The process for the appointment of an Interim Director as set out in this report.
- **Decision** - The recruitment and selection process for a permanent appointment closely mirrors previous CO appointments, is adopted by the IJB.
- **Note** - The appointment panel will consist of 4 NHS and 4 Fife Council nominations inclusive of the Chair and Vice Chair of the IJB.
- **Note** - The Panel will also be supported by an independent professional adviser.

### For Information:

- Candidates will be advised of agreed shortlisting and interview dates once they have been confirmed
- An HR Adviser from either NHS Fife or Fife Council HR will be available to the Appointments Panel

## 5 List of Appendices

To follow – a copy of the advertisement and job pack will be made available following the IJB Meeting.

## 6 Implications for Fife Council

Appointment of a Director for Fife HSCP is required ASAP

## 7 Implications for NHS Fife

Appointment of a Director for Fife HSCP is required ASAP

## 8 Implications for Third Sector

Appointment of a Director for Fife HSCP is required ASAP

## 9 Implications for Independent Sector

Appointment of a Director for Fife HSCP is required ASAP

**10 Directions Required to Fife Council, NHS Fife or Both**

<b>Direction To:</b>		
<b>1</b>	<b>No Direction Required</b>	X
<b>2</b>	<b>Fife Council</b>	
<b>3</b>	<b>NHS Fife</b>	
<b>4</b>	<b>Fife Council &amp; NHS Fife</b>	

**Report Contact**

**Author Name: David Miller**

**Author Job Title: Director of Workforce**

**E-Mail Address: David.Miller12@nhs.scot**



<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>31 May 2024</b>
<b>Agenda Item No:</b>	<b>9.2</b>
<b>Report Title:</b>	<b>Annual Assurance Statements</b>
<b>Responsible Officer:</b>	<b>Audrey Valente, Chief Finance Officer</b>
<b>Report Author:</b>	<b>Vanessa Salmond, Head of Corporate Governance and IJB Secretary</b>

## 1 Purpose

This report provides assurance to the Board by the Audit & Assurance Committee following their review of the committee's assurance statements that adequate governance arrangements are in place to allow the IJB to discharge its duties in line with the Good Governance Framework.

### **This Report is presented to the Board for:**

- Assurance

### **This Report relates to which of the following National Health and Wellbeing Outcomes:**

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 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.
- 7 People who use health and social care services are safe from harm.
- 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.

- 9 Resources are used effectively and efficiently in the provision of health and social care services.

**This Report Aligns to which of the Integration Joint Board 5 Key Priorities:**

- Local
- Sustainable
- Wellbeing
- Outcomes
- Integration

**2 Route to the Meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Quality & Communities Committee, 10 May 2024;
- Finance, Performance & Scrutiny Committee, 15 May 2024; and
- Audit & Assurance Committee, 17 May 2024.

**3 Report Summary**

**3.1 Situation**

As part of the annual accounts process the IJB must provide assurance that it has adequate controls in place to support good governance. This report will become part of the evidence to support and show the IJB is discharging its duties efficiently and effectively.

**3.2 Background**

An annual assurance statement is produced to support the assurance the Committees are giving to the IJB, highlighting any significant issues and supports the use of the Good Governance Framework as set out by SOLACE/Chartered Institute of Public Finance and Accountancy (CIPFA and the Blueprint for Good Governance.

**3.3 Assessment**

Corporate governance is the term used to describe the overall control system. It details how functions are directed and controlled, and how they relate to local communities. It covers service delivery arrangements structures and process, risk management, internal controls and standards of conduct.

An annual assurance statement is produced each financial year and is incorporated into the annual accounts. This provides assurance to the IJB that it has discharged its duties if an effective and efficient way and in accordance with the scheme of delegation and standing orders.

Each of the governance committees produce an annual assurance statement signed by the Chair of each relevant committee. Once each committee agreed their annual assurance statement these were remitted for review by the Audit & Assurance Committee on 17 May 2024. The purpose

of this review by the Audit & Assurance Committee was to provide the IJB with assurance on the effectiveness of the IJB committee structure and that the committees are fulfilling their statutory duties.

Based upon the assurance statements submitted by the committees, the Audit & Assurance Committee are able to provide assurance to the IJB.

### **3.3.1 Quality / Customer Care**

Provides assurance to the public that the IJB is working effectively, with the Quality and Communities Committee leading in relation to IJB statutory functions for clinical and care governance.

### **3.3.2 Workforce**

Assurance is provided that our staff are engaged and working in accordance with local governance arrangements with the Local Partnership Forum (LPF) providing a platform for engagement and adequate discussions on workforce matters. A Workforce Year 1 annual report was provided to the IJB having been endorsed by the Local Partnership Forum, Quality and Communities Committee and the Finance, Performance and Scrutiny Committee in November 2023.

### **3.3.3 Financial**

Gives assurance that the financial regulations are being adhered to and managed appropriately and that scrutiny is in place through the Finance, Performance and Scrutiny Committee.

### **3.3.4 Risk / Legal / Management**

Provides assurance that the appropriate level of risk is monitored and managed at an individual committee level with oversight provided at the Audit & Assurance Committee.

### **3.3.5 Equality and Diversity, including Health Inequalities**

Provides assurance that equalities is monitored and managed effectively within the committee structure including Quality and Communities Committee and the Local Partnership Forum via the Finance, Performance and Scrutiny Committee.

### **3.3.6 Environmental / Climate Change**

N/A

### **3.3.7 Other Impact**

N/A

### **3.3.8 Communication, Involvement, Engagement and Consultation**

All members have had the opportunity to comment, scrutinise and contribute to the assurance statements at each committee they attend.

#### 4 Recommendation

**Assurance** – To provide assurance to members that good governance is in place across the partnership.

#### 5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Audit & Assurance Committee Annual Assurance Statement 2023-24;

Appendix 2 – Finance, Performance & Scrutiny Committee Annual Assurance Statement 2023-24;

Appendix 3 – Quality & Communities Committee Annual Assurance Statement 2023-24.

#### 6 Implications for Fife Council

N/A

#### 7 Implications for NHS Fife

N/A

#### 8 Implications for Third Sector

N/A

#### 9 Implications for Independent Sector

N/A

#### 10 Directions Required to Fife Council, NHS Fife or Both (must be completed)

Direction To:		
1	No Direction Required	X
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

#### Report Contact

**Author Name:** Vanessa Salmond

**Author Job Title:** Head of Corporate Governance and IJB Secretary

**E-Mail Address:** [Vanessa.salmond@fife.gov.uk](mailto:Vanessa.salmond@fife.gov.uk)



## ANNUAL STATEMENT OF ASSURANCE FOR FIFE INTEGRATION JOINT BOARD AUDIT & ASSURANCE COMMITTEE

### 1. Purpose

- 1.1 To provide assurance to the Integration Joint Board (IJB) that it is fulfilling all its statutory requirements and, on the adequacy, and effectiveness of systems of internal control and assurance, with appropriate and consistent escalation and action in accordance with the scope of services as defined in the Integration Scheme.
- 1.2 To ensure that arrangements are in place to secure best value in the use of all resources and that arrangements work effectively.
- 1.3 Enable the IJB to deliver its statutory functions in line with the Health and Wellbeing Outcomes, National and Local policy directions, and statutory principles of Integration and the vision, mission and values within the Partnership's Strategic Plan.

### 2. Membership

- 2.1 During the financial year to 31 March 2024, membership of the Audit and Assurance Committee comprised:

Name	Role / Designation
Cllr Dave Dempsey	Chair
John Kemp	Vice Chair
Sinead Braiden	Member
Sam Steele	Member

- 2.2 The Audit and Assurance Committee may invite individuals to attend meetings for particular agenda items. The Director of Fife Health & Social Care Partnership and Chief Finance Officer will normally be in attendance at these meetings. A record of all attendees, deputies and guests are included in the individual minutes of each meeting.

### 3. Meetings

- 3.1 The Audit and Assurance Committee met on six occasions during the financial year to 31 March 2024, on the undernoted dates:

Wednesday 10 May 2023  
 Wednesday 28 June 2023  
 Wednesday 13 September 2023  
 Wednesday 8 November 2023



Friday 19 January 2024

Friday 15 March 2024

- 3.2 The attendance schedule is attached at Appendix 1
- 3.3 The first meeting of the Audit and Assurance Committee for the reporting year 2034-24 took place on 10th May 2023.
- 3.4 In addition to the Committee schedule above, there was an Extraordinary Finance, Performance and Scrutiny Extended Committee on Monday 18th March 2024, in which an invite was extended to all Governance Committee members, including the Audit and Assurance Committee. Members attended this extended Committee and had the opportunity to discuss, scrutinise and seek clarity on 2024-25 Budget Proposals. This Committee supported the onward progress of these proposals for formal approval by the IJB at their March meeting.

#### 4. Business

4.1 **Terms of Reference:** The Audit and Assurance Committee Terms of Reference were reviewed in November 2023, this review confirmed that the key purpose of this Committee is to:

- Review and consider reports on Internal Control and Corporate Governance; Internal Audit and External Audit, Risk Management; Standing Orders, Financial Regulations; Annual Accounts and other matters as required;
- Oversee progress against actions associated with internal and external audits and assure the Board that audit recommendations have been completed and used to drive improvement;
- Assure the Board of compliance with Best Value Standards as set out by Audit Scotland.

4.2 **Workplan:** The Committee workplan is a standing agenda item and is reviewed at each meeting, providing robust oversight by the Committee and understand and monitor any variances.

#### 5. Setting the Direction

5.1 The Strategic Plan sets out the vision for health and social care services within Fife over the next 3 years. An internal audit review of the process for production of the refreshed Health and Social Care Strategic Plan was presented to Committee in June 2023. This report offered reasonable assurance with 2 improvement recommendations.

#### 6. Accountability

6.1 The Committee has delegated accountability through a range of sources including health & social care partnership internal control mechanisms, governance systems and external review reports.

- 6.2 There is strong professional leadership in place to support the Committee with the Chief Finance Officer being the named Senior Leadership Team Lead.

## 7. Risk Management

- 7.1 As Audit and Assurance Committee has responsibility for scrutinising the risk register in its entirety and recommending its approval to the IJB, it requires assurances from the Governance Committees who hold responsibility for individual risks.
- 7.2 The strategic risk register was presented quarterly to this Committee. A review of the scoring matrix was undertaken following evaluation of mitigating actions. This activity ensures the Committee is able to discharge its duty.
- 7.2 A report and reporting template on deep dive reviews was presented in May 2023. Members endorsed the use of the template for reporting of these deep dive risk reviews to Governance Committees on individual risks.
- 7.3 A report on risk appetite and the levels of assurance that can be taken was discussed by Committee at their May 2023 meeting. Members commended the content of the report, agreeing the recommendation to present this report to the other Governance Committees prior to being progressed to the Integration Joint Board. This was actioned and the report was submitted to the IJB in July 2023.
- 7.4 A progress report on the delivery plan actions and the monitoring of progress relating to the risk management and strategy was brought to the September 2023 Committee. This report highlighted ongoing work to develop ways to ensure and to evidence the use of risk appetite in decision making. Committee were assured by the work carried out to date and noted the annual report will be brought back to Committee in March/April 2024.

## 8. Governance

- 8.1 **Whistleblowing:** Reports providing assurance to the Committee that our employee partners are working with the Partnership to ensure that we are meeting the requirements of the Whistleblowing Standards Part 8 specifically aimed at IJB's were presented to Committee in May 2023 and March 2024. In May the Committee agreed the proposed approach to the various actions and asked that connections are made with NHS Fife Whistleblowing Champion. The first Whistleblowing Report for the Partnership was presented in March 2024 and members were given the opportunity to provide feedback on format and content to help shape future reporting to the IJB. Members were assured that NHS Fife, Fife Council and our Trade Unions are working together to continually improve their Whistleblowing work in support of the Partnership.
- 8.2 **Records Management:** A Records Management report was presented to Committee in September 2023 for assurance. The report sets out the current position for the IJB against the 14 elements of the records management plan and the assessment criteria that is used by the National Records of Scotland. Committee noted and were reassured of the current position in terms of action plan progress with no cause for concern.

- 8.4 **Committee Assurance Principles:** A report on Committee Assurance principles was presented in March 2024. This report highlighted that following a short life working group of Board Secretaries and Risk Managers from various NHS Boards, a consistent and coherent approach to the provision of assurance in line with the governance mapping principles recommended for all NHSScotland Health Boards was developed. As part of this process, a set of Committee Assurance principles was produced, together with a series of questions which would help Governance Committees assess the assurances they receive on risks delegated to them. As the Audit and Assurance Committee has responsibility for assessing the adequacy and effectiveness of the systems of internal control, governance and risk, the Committee endorsed these principles as a way of helping the IJB and its Governance Committees in formulating their assurance. Committee agreed as a first step these principles would be discussed at the IJB Chairs Meeting.
- 8.5 **Audit Plans:** The annual audit plans from our internal auditors were considered at this Committee. Internal Audit provided an audit plan for 2023-24 in September 2023. This audit plan introduced an Internal Control Evaluation (ICE) which is a holistic overview of governance within the Fife IJB and aims to provide early warning of any issue that might affect the governance statement. Committee agreed to this plan, however requested that the timing of any future plans be reconsidered to be presented at the beginning of the financial year if possible.
- 8.6 **Internal Audit Annual Report:** The final Annual Internal Audit Report for 2022-23 was presented at June 2023 Committee. The report concluded that reliance can be placed on the IJB's governance arrangements and systems of internal controls for the 2022-23 reporting period.
- 8.7 **Clinical and Care Governance:** An internal audit review of Clinical and Care Governance was presented to Committee in November 2023. This report offered reasonable assurance in that there is a generally sound system of governance, risk management and control in place. Some improvement actions were identified, however the Committee were assured that management have agreed timebound actions to address these issues and these will be monitored through the audit follow-up process.
- 8.8 **Best Value:** The Annual Review of Best Value for 2022-2023 was presented to Committee in November 2023. The report was commended by Committee, however it was requested that a RAG status displaying progress against assessment criteria be included for ease of reference. It was agreed this would be actioned prior to progression of the report to the Integration Joint Board for final approval.
- 8.9 **Workforce Plan:** An internal audit review of Fife IJB Workforce Plan was presented to Committee in January 2024. This report offered reasonable assurance in that 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. Action Points identified from the audit referenced the four areas. Actions to address some of the risks identified were completed prior to the presentation of the Workforce Annual Report for Year 1 2022-23 and

the Year 2 Workforce Action Plan 2023-24, and these are also recognised in the final report. The remaining actions to address these internal audit recommendations will be monitored through the audit follow up process.

- 8.10 **Annual Accounts:** The 2023-23 draft annual accounts were presented in June 2023 and final accounts post audit considered in September, alongside the annual audit report prepared by our external auditors. Both Chris Brown and Amy Hughes from External Audit attended to present the report. The External Auditors reported their audit opinion was unqualified and there is was no matters to be reported by exception. The Auditors commended the high standard of work from the Accounting Teams involved. This sentiment was echoed by Committee members.
- 8.11 **Committee Self-Assessment:** The Committee conducted a thematic based self-assessment via an electronic questionnaire in October 2023. Following analysis of results an action plan was formulated and agreed by Committee in March 2024.
- 8.12 **Development Sessions:** Although the Committee did not hold any individual Development Sessions, Risk Management was discussed at an IJB Development Session during 2023-24. This session aided members awareness and understanding of the Risk Management being developed for the Partnership.

## 9. Conclusion

- 9.1 As Chair of the Audit and Assurance Committee during financial year 2023-24, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Audit and Assurance Committee has allowed us to fulfil our remit. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit during the year.
- 9.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the Audit and Assurance Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.
- 9.3 I would pay tribute to the dedication and commitment of fellow members of the Audit and Assurance Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings.

Signed:



Date: 10<sup>th</sup> May 2024

**Dave Dempsey, Chair**

On behalf of the Audit and Assurance Committee

**AUDIT AND ASSURANCE COMMITTEE – ATTENDANCE RECORD 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024**

<b>Members</b>	<b>10<sup>h</sup> May 2023</b>	<b>28<sup>th</sup> June 2023</b>	<b>13<sup>th</sup> Sept 2023</b>	<b>8<sup>th</sup> Nov 2023</b>	<b>19<sup>th</sup> January 2024</b>	<b>15<sup>th</sup> March 2024</b>
Dave Dempsey (Chair)	√	√	√	√	√	√
Sinead Braiden	√	x	√	√	√	√
John Kemp	√	√	√	√	√	√
Sam Steele	√	x	√	x	x	x
<b>In Attendance</b>						
Nicky Connor	√	√	√	√	√	√
Vanessa Salmond	√	x	√	√	√	√
Fiona McKay	x	x	√	√	√	√
Audrey Valente	√	√	√	√	√	√
Avril Sweeney	√	√	√	√	√	√
Tony Gaskin	x	√				
Joceyln Lyall			x	√	√	√



## ANNUAL STATEMENT OF ASSURANCE FOR FIFE INTEGRATION JOINT BOARD FINANCE, PERFORMANCE & SCRUTINY COMMITTEE

### 1. Purpose

- 1.1 To provide assurance to the Integration Joint Board (IJB) that the financial position is kept under review and to monitor performance against key non-financial targets in accordance with the scope of services as defined in the Integration Scheme.
- 1.2 To ensure that arrangements are in place to secure best value in the use of all resources and that arrangements work effectively.
- 1.3 Scrutinise the resources available to the IJB to ensure performance is delivered through delegated services to the people of Fife in line with the Strategic Plan.
- 1.4 Enable the IJB to deliver its statutory functions in line with the Health and Wellbeing Outcomes, National and Local policy directions, and statutory principles of Integration and the vision, mission and values within Fife's Strategic Plan.

### 2. Membership

- 2.1 During the financial year to 31 March 2024, membership of the Finance, Performance and Scrutiny Committee comprised:

Name	Role / Designation
Alastair Grant	Chair
Graeme Downie	Vice-Chair
David Graham	Member (to August 2023)
David Alexander	Member
Dave Dempsey	Member
John Kemp	Member
Colin Grieve	Member (from April 2023)

- 2.2 The Finance, Performance and Scrutiny Committee may invite individuals to attend meetings for particular agenda items. The Director of Fife Health & Social Care Partnership, Head of Strategic Planning and Chief Finance Officer will normally be in attendance at these meetings. A record of all attendees, deputies and guests are included in the individual minutes of each meeting.

### 3. Meetings

- 3.1 The Finance, Performance and Scrutiny Committee met on six occasions during the financial year to 31 March 2024, on the undernoted dates:

Friday 12 May 2023  
Thursday 6 July 2023  
Friday 15 September 2023  
Friday 10 November 2023  
Thursday 18 January 2024  
Tuesday 12 March 2024

- 3.2 The attendance schedule is attached in Appendix 1
- 3.3 In May 2023, Colin Grieve, Non-Executive member of NHS Fife joined the Committee.
- 3.4 The first meeting of the Finance, Performance and Scrutiny Committee for the reporting year 2024-25 took place on 12th May 2023.
- 3.5 In addition to the Committee schedule above, there was an Extraordinary Finance, Performance and Scrutiny Extended Committee on Monday 18th March 2024, in which an invite was extended to all Governance Committee members. This Extraordinary Committee was convened to provide members the opportunity to discuss, scrutinise and seek clarity on the 2024-25 Budget Proposals. This Committee supported the onward progress of these proposals for formal approval by the IJB at their March meeting.

#### 4. Business

- 4.1 **Terms of Reference:** The Finance, Performance and Scrutiny Committee Terms of Reference confirms that the key purpose of this Committee is to:
- Provide assurance to the Integration Joint Board (IJB) that the financial position is kept under review and to monitor performance against key non-financial targets in accordance with the scope of services as defined in the Integration Scheme.
  - To ensure that arrangements are in place to secure best value in the use of all resources and that arrangements work effectively.
  - Scrutinise the resources available to the IJB to ensure performance is delivered through delegated services to the people of Fife in line with the Strategic Plan.
  - Enable the IJB to deliver its statutory functions in line with the Health and Wellbeing Outcomes, National and Local policy directions, and statutory principles of Integration and the vision, mission and values within Fife's Health and Social Care Partnership Strategic Plan.
- 4.2 **Committee Remit:** In 2023-24 the Committee covered business that represented a range of services in the Health and Social Care Partnership for example: palliative care, primary care and mental health. The Committee has also received reports on key business enabling matters of governance for example record management, funded establishment, internal and external audit reports and Ministerial Strategic Group indicators.

- 4.3 **Forward Workplan;** A forward workplan incorporating agenda items and reports which continue to support the full scope and remit of the Committee in 2024-25 will be presented within the first quarter. To allow active oversight by the Committee and understand and monitor any variances, the workplan will be reviewed on a regular basis.

## 5. **Setting the Direction**

- 5.1 The Strategic Plan sets out the vision for health and social care services within Fife over the next 3 years. A report on the first year of the Strategic Plan was presented to Committee in March 2024 providing assurance that the Partnership is progressing implementation of the Strategic Plan 2023 to 2026 and effectively monitoring performance of the actions in the Year One Delivery Plan (2023).
- 5.2 The Strategic Plan is underpinned by 9 supporting strategies. The Committee was given an opportunity to input, scrutinise and endorse 4 of these supporting strategies throughout 2023-24 in terms of financial sustainability and performance monitoring; Advocacy Strategy, Carers Strategy, Home First and Primary Care Strategy as well as the Commissioning Strategy. The Committee supported all of these strategies to be formally approved by the IJB.
- 5.3 During 2023-24, the Committee was instrumental in the scrutiny of 5 key areas of transformation; Palliative Care, Care at Home, Community Rehabilitation and Care, Transforming Overnight Care and Reimagining the Third Sector. The Committee played an active role in the governance of these proposals through an iterative process of scrutiny where members reviewed information and requested additional detail around some of the information presented around the financial aspects of these proposals. Following this iterative process, the Committee provided support for these transformation projects to be forwarded to the IJB for formal approval from a financial and performance monitoring perspective.

## 6. **Accountability**

- 6.1 The Committee has delegated accountability through a range of sources including a synergy with the health & social care partnership Strategic Planning Group and various internal and external monitoring and reporting frameworks.
- 6.2 There is strong professional leadership in place to support the Committee with the Head of Strategic Planning and Commissioning being the named Senior Leadership Team Lead;

## 7. **Risk Management**

- 7.1 As per the agreed IJB Risk Management Policy and Strategy, a Finance, Performance and Scrutiny Committee Risk Register Report was presented to Committee in November 2023 and January 2024 for Committee's awareness and discussion, setting out the IJB Strategic Risks that may pose a threat to the partnership in achieving its objectives in relation to financial and performance management.



- 7.2 In addition, a number of deep dive risk reviews on individual strategic risks relevant to this Committee were presented at a number of meetings throughout 2023-24. The purpose of these deep dive reviews is for members to gain assurance that risks are being effectively managed. In September 2023, a deep dive review was presented to Committee on Primary Care Services. Committee noted that a key mitigation for the risk is the Primary Care Strategy which has recently been approved for implementation by the IJB and a 3-year plan will underpin delivery. Members discussed GMS Contract, the expansion of primary care service and the relationship/dependencies between strategic and operational risks. Overall, the Committee were satisfied with the level of assurance provided.
- 7.3 A further deep dive review on Demographics/Changing Landscape Impacts was considered by Committee at their January 2024 meeting. Members acknowledged that there are a number of external factors out with the Partnerships control which can impact on this risk and these continue to be monitored closely, however members noted their confidence in Officer that there is a reasonable level of assurance in place to support management of this risk.
- 7.4 The final deep dive review of 2023-24 on Workforce was presented at March 2024 Committee. The report described the external factors that impact significantly on our workforce risk, which is being monitored and adapted as necessary. The report also provided detail on the internal factors that continue to have a material impact on this risk and the mitigating actions have been put in place. The Committee commended this work and were assured by the reference and correlation of actions to recommendations within a recent internal audit report.

## 8. Governance

- 8.1 **Finance:** Regular Finance Updates were presented, at each quarterly Committee meeting by the Chief Finance Officer. The Chair confirmed in line with the recommendations that the Committee had examined and considered all key actions/next steps and confirmed that the Committee were assured that robust financial monitoring was in place. The Committee approved the financial monitoring positions and necessary recovery actions including the use of reserves at each monitoring period.
- 8.2 **Financial Plan / Revenue Budget and Medium-Term Financial Strategy:** An extraordinary extended Committee was convened in March 2024, which provided an opportunity for officers to present the budget gap the Partnership is facing over the medium-term period of 2024-25 – 2026-27 (indicative). Following robust discussion, Committee approved all recommendations noted including savings opportunities of £39m for the forthcoming financial year to be progressed to Integration Joint Board for formal approval.
- 8.3 **Records Management:** The Annual Report on Record Management was considered by the Committee at their May 2023 meeting. Consideration was given to areas which had moved from amber to green and was welcomed by the Committee as good progress.

- 8.4 **Performance:** The HSCP Annual Performance Report 2022-23 report was presented to Committee in May 2023, the report provided an overview of progress and performance in relation to the National Health and Social Care Outcomes; Health and Social Care – Local Management Information and Health and Social Care – Management Information. Members examined and considered the implications of areas within the report that require further scrutiny including CAMHS. Following discussion, members were assured of the Partnerships position and agreed onward progression to the IJB. Committee members requested a future Development Session be arranged on Performance to provide further information and awareness to all members of IJB.
- 8.5 In September 2023, a report on a refreshed Performance Framework was presented to Committee, this report was a follow-up from an IJB Development Session held in August 2023. This framework builds on the current performance framework to address the challenges of delivering the Strategic Plan (2023-26) noting monitoring performance and the delivery of activity designed to improve performance is critical if the vision of the Strategic Plan is to be achieved. Committee noted that this was a significant refresh of the previous framework and reflects the need to efficiently and effectively drive service improvement. Committee supported the framework to proceed to the Integration Joint Board. A further update on the Performance Framework was presented to Committee in January 2024 which provided an overview of a reformatted performance report. This was work commended by Committee.
- 8.6 **Complaints and Compliments:** An overview report on complaints and compliments was presented to Committee in January 2024. Committee noted that the report provides information by theme and that work is underway to understand and utilise the information to support learning and improvement going forward. Likewise, work is underway towards integrating compliments received via Care Opinion into the reporting going forward. The Committee were assured that complaints are being monitored appropriately.
- 8.7 **Mental Health:** The Committee considered a report on CAMHS access times and the progression towards providing 90% or more children and young people with access to treatment within 18 weeks from the point of referral at the January 2024 Committee. Members were assured by the ongoing improving and sustained performance.
- 8.8 **Funded Establishment Vacancies:** Members requested information to enable a more comprehensive understanding of the vacancy position within the Partnership. A report was presented to Committee in July which highlighted the complexities in pulling this information together due to the varying approaches taken across partner organisations in reporting vacancies, bank and agency as one example. Members agreed that this information is required to make informed decisions when prioritising posts. This was added to the Committee Workplan.
- 8.9 **Drugs and Alcohol:** The 2022-23 Fife Alcohol and Drug (ADP) Report and the Alcohol and Drugs Partnership Annual Reporting Survey 2022-23, which is a Scottish Government required report, was presented at the July Committee. The report provided members with an update on the work undertaken by the ADP during its second year of service development based on the new funding

to meet the Drug Mission Policy and priorities and delivery of the second plan for implementation of the new MAT Standards. Members sought clarity around same day prescribing and the benchmarking of drugs deaths within Fife in comparison to elsewhere in the UK with similar deprivation demographics. Following discussion, the Committee agreed for both reports to be progressed to the IJB and the Scottish Government concurrently.

- 8.10 **Project Management:** A report was presented to Committee in July 2023 providing assurance that programmes and projects within the remit of the HSCP programme management office (PMO) were being safely and effectively monitored and delivered.
- 8.11 **Primary Care:** The Committee were involved in scrutiny of the Primary Care Strategy, presented in July 2023. Following discussion Committee agreed to support this Strategy progress to the IJB for formal approval noting a performance and assurance framework was being developed to monitor the implementation and will form the basis of future reports for assurance and decision making.
- 8.12 **Adult Care Packages:** The report was requested by the previous Committee Chair, to provide information to allow the Committee to scrutinise areas of cost pressure and overspend. Items raised included Fife's approach to direct payments, pre-payment cards and clawback of funds. Regular updates will be provided to Committee on the difference these actions are making. The Committee were assured that the overspend is being monitored and control actions are in place to mitigate the overspend.
- 8.13 **Internal Audit Report:** The Annual Internal Audit report, which was presented to Committee in September 2023, provided a positive external evaluation of year end governance assurances and concluded that reliance can be placed on the IJB's governance arrangements and systems of internal controls for 2022-23.
- 8.14 **Winter Planning:** The Winter Planning 2023-24 report was reported at the September 2023 meeting. The Committee recognised that pressures have not subsided since 2022-23, however new actions have been introduced to help meet demand, including Predicted Day of Discharge and Front Door Teams. The Committee were assured that the services can deliver improved performance and outcomes within the financial envelope supporting best practice and noted that further actions that will be taken to address winter pressures this year.
- 8.15 **Adult Services Inspection:** A update report on the Joint Inspection of Adult Services (JIAS) Inspection Improvement Plan was reported to Committee in March 2024. The Committee noted the detail of activity being undertaken by services to implement improvements and recommendations made and were assured that while some actions remain ongoing. Committee were assured there are robust arrangements in place for monitoring progress to ensure meaningful oversight of developments.
- 8.16 **Ministerial Strategic Group (MSG):** The Committee considered a report which detailed progress the Partnership has made on the Scottish Government's MSG

review report through the self-evaluation process. Committee noted that overall, the Partnership is making good progress with the integration proposals and is on track to deliver most of the agreed targets by 2024. Committee noted the evidence within the report, however concerns were raised by the Carers Rep on some content of the report. On this basis, MSG was discussed at an IJB Development Session in December, following feedback from the IJB Development Session the Self Evaluation Report was updated (March 2024) and transferred into the Scottish Government template. On this basis, Committee agreed to support the recommendation that the MSG work plan was progressed to the IJB for final approval.

- 8.17 **Public Sector Climate Change:** A paper was presented at the November 2023 Committee, this highlighted priorities for climate change governance, management and strategy for the year ahead as detailed in the assessment section in order for the annual report to be submitted to the Scottish Government by 30th November 2023 deadline. Committee agreed the priorities and recommended submission to the IJB for formal approval.
- 8.18 **Social Work and Social Care:** The Chief Social Work Officer's Report 2022-23 was reported at the January 2024 meeting which focussed on children and families work, children, adult and older people's health and social work and social care services. There was discussion on the report and its contents.
- 8.19 **Grants to Voluntary Sector:** This report, which is submitted on a yearly basis, was presented to Committee in March 2024, for approval of continued funding for our partners following the monitoring and evaluation framework programme approved by our partners and the health and social care Partnership. Committee approved the award of these grants.
- 8.20 **Committee Self-Assessment:** The Committee conducted a thematic based self-assessment via an electronic questionnaire in October 2023. Following analysis of results an action plan was formulated and agreed by Committee in March 2024.
- 8.21 **Development Sessions:** Although the Committee did not hold an individual Development Sessions, both Finance and Performance were agenda topics at IJB Development Session throughout 2023-24. These sessions aided members awareness and understanding of Performance Management and the new Performance Framework being developed for the Partnership. A facilitated session on the financial challenges and associated risks was also delivered to members in February 2024.

## 9 Conclusion

- 9.1 As Chair of the Finance, Performance and Scrutiny during financial year 2023-2024, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Finance, Performance and Scrutiny Committee has allowed us to fulfil our remit. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit during the year.

- 9.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the Finance, Performance and Scrutiny Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.
- 9.3 I would pay tribute to the dedication and commitment of fellow members of the Finance, Performance and Scrutiny Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings.

Signed:

Date:

**Alastair Grant, Chair**

On behalf of the Finance, Performance and Scrutiny Committee

**FINANCE, PERFORMANCE & SCRUTINY COMMITTEE – ATTENDANCE RECORD 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2024**

<b>Members</b>	<b>12<sup>th</sup> May 2023</b>	<b>6<sup>th</sup> July 2023</b>	<b>15<sup>th</sup> Sept 2023</b>	<b>10<sup>th</sup> Nov 2023</b>	<b>18<sup>th</sup> January 2024</b>	<b>24<sup>th</sup> March 2024</b>
Alastair Grant (Chair)	√	√	√	√	√	√
Cllr David Graham	√	√				
David Alexander	√	√	√	√	x	√
Dave Dempsey	√	√	√	√	x	√
Graeme Downie	√	x	√	√	√	√
Colin Grieve	√	√	√	√	√	√
John Kemp	√	√	√	√	√	√
<b>In Attendance</b>						
Nicky Connor	√	√	√	√	√	√
Vanessa Salmond	√	√	√	√	√	√
Lynn Barker	√	x	x	√	x	x
Lisa Cooper	√	√	√	x	√	x
Lynne Garvey	√	√	√	√	x	√
Helen Hellewell	x	x	x	x	x	x
Rona Laskowski	x	x	x	√	√	x
Fiona McKay	√	√	√	√	√	√
Audrey Valente	√	√	√	√	√	√
Ben Hannan	x	x	x	x	x	x



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## ANNUAL STATEMENT OF ASSURANCE FOR FIFE INTEGRATION JOINT BOARD QUALITY & COMMUNITIES COMMITTEE 2023-24

### 1. Purpose

- 1.1 To provide assurance that clinical and care governance is being discharged within the Health & Social Care Partnership in relation to the statutory duty for quality of care and that this is being led professionally and clinically, with oversight provided by the Quality & Communities.
- 1.2 The Quality & Communities Committee supports the IJB to deliver its statutory functions in line with the Health and Wellbeing Outcomes, National and Local policy directions, statutory principles of Integration and the vision, mission and values within Fife's Strategic Plan and NHS Fife Public Health and Wellbeing Strategy.

### 2. Membership

- 2.1 During the financial year to 31 March 2024, membership of the Quality & Communities Committee comprised of membership with a diverse range of skills, knowledge and attributes across the whole system of health and social care including NHS Fife, Fife Council, Third and Independent Sectors and Patients and Carers Representatives. Committee membership for the financial year 2023-24 is detailed below:

Name	Role / Designation
Sinead Braiden	Chair
Cllr Rosemary Liewald	Vice Chair
Cllr Graeme Downie	Member (until Oct 2023)
Cllr Margaret Kennedy	Member
Cllr Lynn Mowatt	Member
Cllr Sam Steele	Member
Amanda Wong	Member
Colin Grieve	Member (from Sep 2023)
Alistair Grant	Member (from Jan 2024)
Ian Dall	Member
Kenny Murphy	Member
Morna Fleming	Member
Paul Dundas	Member

- 2.2 The Quality & Communities Committee may invite individuals to attend meetings for particular agenda items, but the Deputy Medical Director (Lead Officer), Director of Fife Health & Social Care Partnership, Director of Nursing HSCP, Principal Social Work Officer, Director of Allied Health Professionals, Director of Pharmacy & Medicines, Head of Strategic Planning, Performance &

Commissioning, Head of Community Care Services, Head of Complex and Critical Care Services, Head of Community Care Services, Head of Primary & Preventative Care Services, Staff Side Representative and Quality Clinical & Care Governance Lead will normally be in attendance at meetings. Other attendees, deputies and guests are recorded in the individual minutes of each meeting.

### 3. Meetings

3.1 The Quality & Communities Committee met on six occasions during the financial year to 31 March 2024, on the undernoted dates:

- Monday 3 May 2023
- Friday 30 June 2023
- Thursday 7 September 2023
- Thursday 2 November 2023
- Wednesday 17 January 2024
- Friday 8 March 2024

3.2 The attendance schedule is attached at Appendix 1.

3.3 The first meeting of the Quality & Communities Committee for the reporting year 2023-24 took place in May 2023.

### 4. Business

4.1 **Terms of Reference:** The Quality & Communities Committee Terms of Reference were reviewed and agreed at the March 2024. The terms of reference confirms that the key purpose of this Committee is to provide assurance to the IJB in relation to its statutory duty, policy requirement and strategic approach to:-

- Safe, effective, person-centred care in accordance with the scope of services as defined in the Integration Scheme.
- Locality capacity building, locality planning, community development, participation and engagement and support to carers.
- Help the people of Fife to live independent and healthier lives by transforming health and care, supporting early intervention and prevention and working closely with delegated, third and independent services to reduce health inequality.
- Clinical and care governance and that quality of care is being led professionally and clinically.
- Health and Wellbeing Outcomes, the Clinical and Care Governance Framework, the Governance for Quality Social Care in Scotland Report, National and Local policy directions, and statutory principles of Integration and the vision, mission and values within Fife's Strategic Plan and NHS Fife Public Health and Wellbeing Strategy.

4.2 **Committee Remit:** In 2023-24 the Committee covered business that represented a range of services in the Health and Social Care Partnership for example: palliative care, primary care, pharmaceutical care services, children's services and mental health. The Committee has also received reports on key



matters of governance for example duty of candour, risk management, external inspection and public protection.

- 4.3 **Forward Workplan:** A forward workplan incorporating agenda items and reports which continue to support the full scope and remit of the Committee in 2024-25 will be presented within the first quarter. To allow active oversight by the Committee and understand and monitor any variances, the workplan will be reviewed on a more regular basis.

## 5. Setting the Direction

- 5.1 The Strategic Plan sets out the vision for health and social care services within Fife over the next 3 years. A report on the first year of the Strategic Plan was presented to Committee in March 2024 providing assurance that the Partnership is progressing implementation of the Strategic Plan 2023 to 2026 and effectively monitoring performance of the actions in the Year One Delivery Plan (2023).
- 5.2 The Strategic Plan is underpinned by 9 supporting strategies. The Committee was given an opportunity to input, scrutinise and endorse 4 of these supporting strategies throughout 2023-24 in terms of quality of care; Advocacy Strategy, Carers Strategy, Home First and Primary Care Strategy as well as the Commissioning Strategy. The Committee supported all of these strategies to be formally approved by the IJB.
- 5.3 During 2024-25, the Committee was instrumental in the scrutiny of 5 key areas of transformation; Palliative Care, Care at Home, Community Rehabilitation and Care, Transforming Overnight Care and Reimagining the Third Sector. The Committee played an active role in the governance of these proposals through an iterative process of scrutiny where members analysed information and sought feedback on a number of areas including quality of care, communication and impacts on carers, patients and families. Following this iterative process the Committee provided support for these transformation projects to be forwarded to the IJB for formal approval.

## 6. Accountability

- 6.1 The Committee has delegated accountability through a range of sources including health & social care partnership quality assurance mechanisms, external inspection and reports and assurance reports from partners.
- 6.2 There is strong clinical and professional leadership in place to support the Committee with the Deputy Medical Director being the named Senior Leadership Team Lead supported by Director of Nursing, HSCP and Principal Social Work Officer.

## 7. Risk Management

- 7.1 As per the agreed IJB Risk Management Policy and Strategy, a Quality & Communities Committee Risk Register Report was presented to Committee in November 2023 and January 2024 with a Deep Dive Risk Review on Primary Care Services presented to September Committee and a Deep Dive Risk Review on Demographics/Changing Landscape Impacts considered by Committee in

January 2024. These deep dives allowed for greater scrutiny of root causes and identification and effectiveness of mitigating actions. Committee agreed with the level of assurance provided in both these reports.

## 8. Governance

- 8.1 **Quality Matters Assurance:** At each meeting, Committee are provided with a report for assurance with an overview of current clinical and care governance arrangements, systems and processes which are in place across the Partnership, outlined and discussed at Fife HSCP Quality Matters Assurance Group (QMAG). Topic covered include; patient safety, inspections, complaints, peoples experience and adverse events.
- 8.2 **Duty of Candour:** The Duty of Candour Reports for the NHS and Fife Council were reported at the September 2023 Committee. The Committee were advised of a number of instances where Duty of Candour has been identified and the learning obtained from it. Committee noted this report with no follow-up actions required and were assured by the integrated approach and statutory reporting requirements through out partners.
- 8.3 **Locality Planning:** A Locality Planning progress report was considered by Committee in May 2023, the report providing an overview of locality planning and community led support for 2022-23. Committee discussed the report and commended the significant progress being made and were assured that the HSCP are applying the Scottish Government Localities Guidance to build upon insights, experience, and resources in localities. The Committee recommended the report be presented to IJB.
- 8.4 **Community Occupation Therapy (OT):** A report was brought to the Committee on the Community OT waiting times as this had been identified by the Senior Leadership Team as an emerging issue. The report was brought to provide assurance, however after in-depth discussion, the Committee felt the report provided limited assurance to the IJB that the waiting times could be met. It was agreed that a comprehensive review of this work was required and a follow up-report on this was requested.
- 8.5 **Corporate Parenting:** An update was provided on Corporate Parenting in June 2023 where Committee were provided assurance that 4 priority areas previously identified for improvement have been developed during the past 6 months. The Committee supported this multi-agency approach and noted an annual report will be progressed to Committee in future.
- 8.6 **Mental Health:** Committee were provided assurance at their January 2024 meeting of the positive outcomes following 13 scrutiny visits by the Mental Welfare Commission which took place between January-November 2023. All reports acknowledged significant improvement seen from leadership through to care arrangements and the efforts made to address environmental conditions. Particular acknowledgement was given regarding dementia friendly and dementia friendly environments being very advanced. An ongoing programme of refurbishment will take place over 2024-2025.
- 8.7 **Winter Planning:** The Winter Planning 2023-24 report was reported at the September 2023 meeting. The Committee recognised that pressures have not

subsidised since 2022-23, however new actions have been introduced to help meet demand, including Predicted Day of Discharge and Front Door Teams. The Committee confirmed that they had taken assurance of the plans outlined within the report and this will be monitored through performance reports that are presented to the IJB.

- 8.8 **Armed Forces Covenant Duty:** Following implementation of the Armed Forces Act 2021 in November 2022, a report was presented to Committee in November 2023 providing assurance of the work ongoing to ensure that the requirements of the Covenant are fully embedded across policies and practices with H&SCP.
- 8.9 **Performance Report:** The HSCP Annual Performance Report 2022-23 was reported at the June 2023 Committee. The report provided a balanced assessment of the Partnership's performance, highlighting areas of best practice, celebrating achievement and performance appraisal in accordance with national indicators. The Committee noted and discussed in detail the areas pertaining to quality and recommended this report for approval to the Integration Joint Board.
- 8.10 **Data Breach:** A data breach incident at a Community Hospital was reported to Committee at their September Committee, whereby a member of the public impersonated a member of Bank Staff. Committee were updated on the steps taken to investigate and to ensure there will be no re-occurrence, including significant policies which have been put into place. The incident was reported to the Information Commissioner.
- 8.11 **Workforce Delivery Plan:** The first annual report was presented to Committee in November 2023 which provided an update on progress and a further action plan to progress for Year 2. The Committee commended and approved the action plan.
- 8.12 **Child Protection:** The Fife Child Protection Committee Annual Reports were presented by the Independent Chair of the Fife Child Protection Committee who noted that the reports covered the period 2021-22 and 2022-23. Over the past two years there has been a steady decline in the number of children involved in the Child Protection process, this is reflected across Scotland however the cause is unclear and reflects the preventative services which have been developed over the past few years. Priority areas for development during 2024-25 are to include major procedural requirements. The Committee noted and discussed in detail the potential root causes within Fife. The Committee supported the report to progress to the Integration Joint Board.
- 8.13 **Primary Care:** The Committee were involved in the development of the Primary Care Strategy, which along with the Delivery Plan, was presented at their June 2023. Following discussion Committee agreed to support this Strategy and Delivery Plan to progress to the Integration Joint Board for formal approval noting a performance monitoring framework was being developed jointly with NHS Fife.
- 8.14 **Pharmaceutical Care:** The Committee were presented a report on Pharmaceutical Services provided by Community Pharmacy across 86 sites in Fife at their November meeting. The report describes all the core services and additional services provided by Community Pharmacy and the positive impact they have on customer care. The report also assesses any unmet need across the Board in terms of Pharmaceutical services. Committee commented the

report as comprehensive and in particular noted the locality focus within the report and supported progression to the Integration Joint Board.

- 8.15 **AHP Professional Assurance:** A report was brought to Committee providing assurance that operational and professional services have worked together to bring forward an assurance framework to meet professional and regulatory requirements, as well as meeting service delivery. The majority of AHP Colleagues are managed within the Partnership. The Committee noted annual performance reports on delivery will be included within the forward workplan.
- 8.16 **Palliative Care:** A final report outlining the case for change to Palliative Care Services in Fife was presented to Committee in May 2023 following an iterative process and in-depth dialogue with Committee, providing scrutiny from a quality of care perspective. The Committee took assurance that the proposed delivery model would be reviewed from a performance and financial perspective through the Finance, Performance and Scrutiny Committee. The Committee confirmed their support to implement the 7-day enhanced community service model and agreed to recommend their support to the Integration Joint Board.
- 8.17 **Care Inspectorate Grades:** The annual Care Inspectorate Grades for Social Services report was reported at the January 2024 Committee which outlined the care and support services which the HSCP provide or commission. The Committee welcomed this report and confirmed this will be added to the Committee annual workplan.
- 8.18 **Drugs and Alcohol:** The 2023-24 Fife Alcohol and Drug Partnership Annual Report was reported at the November 2023 Committee. The Committee was noted that the report is submitted to the Government on an annual basis outlining the work taken forward around the MAT Standards. Committee noted the work undertaken and the strengthening focus on performance reporting and the correlation to the refreshed ADP Strategy. Following discussion it was agreed that the report will be added to the annual workplan of this Committee to allow scrutiny and oversight from and a quality and safety perspective.
- 8.19 **Children and Young People:** The report Director of Public Health Annual Report 2023 - Children and Young People in Fife: the Building Blocks for Health was presented by Deputy Director of Public Health, Child Health Commissioner, NHS Fife. The report explored the data around Children and Young People. The key themes of the report are UNCRC Children's Rights Bill, ensuring children/young people's voices are being heard in decisions made directly or indirectly involving them. Also, The Promise which requires a fundamental rethink in how public services are delivered to Care Experienced children and Looked After children to improve outcomes. Committee were advised and provided with assurance that the Partnership's Children Services Plan, captures a lot of the content of this report 2023-26 for progression.
- 8.20 **Adult Services Inspection:** The Joint Inspection of Adult Services (JIAS) Inspection Improvement Plan was initiated in January 2023 with 24 total Improvement Actions identified. Since this date services have been working to implement improvement actions for integrated services, with some initial timescales requiring revision to meet the scope of the activities intended. These improvement areas align to the Inspection recommendations made by the Joint Inspection Team. To date all of the activities have been completed, or moved to

existing monitoring arrangements as they progress through to completion. There have been regular JIAS Improvement Group meetings to monitor progress. The Committee noted the detail of activity being undertaken by services to implement improvements and recommendations made and were assured that while some actions remain ongoing, there are robust arrangements in place for monitoring progress to ensure meaningful oversight of developments.

- 8.21 **Equality Duties:** Minutes of the Equalities and Human Rights strategy group as a standing agenda item for noting by Committee at each meeting. No items require escalation were recorded during 2023-24.
- 8.22 **Social Work and Social Care:** The Chief Social Work Officer's Report 2022-22 was reported at the January 2024 meeting which focussed on children and families work, children, adult and older people's health and social work and social care services. There was discussion on the report and its contents.
- 8.23 **Committee Self-Assessment:** The Committee conducted a thematic based self-assessment via an electronic questionnaire in October 2023. Following analysis of results an action plan was formulated and agreed by Committee in March 2024.
- 8.24 **Development Sessions:** The Committee held a Development Session in February 2024 which included a number of topics and helped aid members understanding of Risk Management, Clinical and Care Governance Framework and Committee Self-Assessment.

## 9. Progression Since Last Statement

- 9.1 Throughout the period of this annual assurance report there were no issues taken to the Committee which required escalation to the IJB. The Committee did however have a very active role in scrutinising reports and strategies ahead of submission to the Integration Joint Board.
- 9.2 During 2023-24 there has been strengthened reporting with the Committee Chair providing an update at the Integration Joint Board on all reports that have been previously considered by Committee. In addition, the Committee Chair also provides a verbal update to the Integration Joint Board on the minutes of the Quality & Communities Committee meeting.
- 9.3 The review of the workplan will further support the development of this Committee and recognises the statutory responsibilities also held by NHS Fife and Fife Council and that there are also reports presented to the Clinical Governance Oversight Board in NHS Fife and Scrutiny Committees of Fife Council

## 10. Conclusion

- 10.1 As Chair of the Quality & Communities Committee during financial year 2023-24, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Quality & Communities Committee has allowed us to fulfil our remit. As a

result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit.

10.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the Quality & Communities Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.

10.3 I would pay tribute to the dedication and commitment of fellow members of the Quality & Communities Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings.

Signed: 

Date: 30<sup>th</sup> April 2024

**Sinead Braiden**

On behalf of the Quality & Communities Committee

**QUALITY & COMMUNITIES COMMITTEE – ATTENDANCE RECORD 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024**

<b>Members</b>	<b>3 May 2023</b>	<b>30 June 2023</b>	<b>7 September 2023</b>	<b>2 November 2023</b>	<b>17 January 2024</b>	<b>8 March 2024</b>
Sinead Braiden	√	√	√	√	x	√
Rosemary Liewald	√	√	√	√	√	√
Colin Grieve (wef Sept 2023)			√	√	√	x
Graham Downie (ceased Oct 2023)	√	x	x			
Margaret Kennedy	x	x	x	x	√	√
Lynn Mowatt	√	√	√	√	x	x
Sam Steele	x	x	√	√	√	√
Amanda Wong	x	x	√	x	√	x
Kenny Murphy	√	√	√	x	x	√
Morna Fleming	√	√	√	√	√	√
Paul Dundas	√	√	x	√	√	√
Ian Dall	√	√	√	√	x	x
Alistair Grant (wef Jan 2024)					√	x
<b>In Attendance</b>						
<b>Name</b>						
Dr Helen Hellewell (Lead Officer)	√	√	√	√	√	x

<b>Members</b>	<b>3 May 2023</b>	<b>30 June 2023</b>	<b>7 September 2023</b>	<b>2 November 2023</b>	<b>17 January 2024</b>	<b>8 March 2024</b>
Lynn Barker	√	√	√	√	x	√
Nicky Connor	√	√	√	√	√	√
Chris McKenna	x	x	x	x	x	x
Ben Hannan	x	x	x	x	x	x
Chris Moir	x	x	x	x	x	x
Rona Laskowski	x	√	√	√	√	√
Fiona McKay	√	x	x	√	√	√
Lynne Garvey	√	√	√	√	x	√
Jennifer Rezendes	x	√	√	√	√	x
Lisa Cooper	√	√	√	√	√	√
Catherine Gilvear	√	x	√	√	√	√
Simon Fevre	√	√	√	√	x	x





# Fife Health & Social Care Partnership

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<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>31 May 2024</b>
<b>Agenda Item No:</b>	<b>9.3</b>
<b>Report Title:</b>	<b>Revised Directions Policy</b>
<b>Responsible Officer:</b>	<b>Audrey Valente, Chief Finance Officer</b>
<b>Report Author:</b>	<b>Vanessa Salmond, Head of Corporate Governance and IJB Secretary</b>

## 1 Purpose

The aim of this report is to seek IJB support for the implementation of a revised Directions Policy, providing clarity around the process for formulating, approving, issuing, monitoring and reviewing Directions.

**This Report is presented to the Board for:**

- Assurance

**This Report relates to which of the following National Health and Wellbeing Outcomes:**

- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 7 People who use health and social care services are safe from harm.
- 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.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

**This Report Aligns to which of the Integration Joint Board 5 Key Priorities:**

- Local.
- Sustainable.
- Wellbeing.
- Outcomes.
- Integration.

## 2 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Senior Leadership Team, 25 April 2024;
- Finance, Performance & Scrutiny Committee, 15 May 2024; and
- Audit & Assurance Committee, 17 May 2024.

## 3 Report Summary

### 3.1 Situation

This report seeks IJB approval for the implementation of a revised Directions Policy, providing clarity around the process for formulating, approving, issuing, monitoring and reviewing Directions. A number of additions/revisions to the existing Directions Policy are provided at Appendix 1 and are highlighted in red font.

### 3.2 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board (IJB) must give a direction to a constituent authority to carry out each function delegated to the integration authority.

Directions provide the mechanism for delivering the strategic plan, for conveying the decision of the IJB, clarifying responsibilities between partners and improving accountability.

### 3.3 Assessment

The Directions Policy seeks to enhance governance, transparency and accountability between Fife IJB and NHS Fife and Fife Council.

The current Directions Policy was last reviewed in 2022. As well as reaching the next review cycle, this review was intended to better formalise and clarify the process employed by IJB and Fife H&SCP.

This review sought and considered examples of good practice pertaining to the end-to-end process associated with Directions however it has become apparent from this review that there is no standard practice employed by IJBs throughout Scotland. Although there appears to be consensus in identifying drivers or triggers for the issuing of Directions, there is still a wide variation in the number of Directions issued by individual IJBs and the details contained within. As an example, one IJB issued 55 Directions within financial year 2022-23 with another issuing one.

Based upon these findings and further advice from Scottish Government and Health and Social Care Scotland, a pragmatic approach has been taken in terms of updating this policy. The revised Directions Policy ensures continued compliance with statutory guidance.

Key elements of the revised Direction policy include:

- Enhanced governance arrangements to ensure that Directions are clearly associated with IJB decisions.

- Providing more clarity around the trigger points for formulating and issuing Directions in response to service redesign, transformation and financial developments; and
- The addition of a visual aid which illustrates the process for formulating, approving, issuing and monitoring Directions.

### **3.3.1 Quality / Customer Care**

This revised policy provides clarity to Partners around expectations in relation to Directions and the monitoring arrangements detailed within will inform the IJB on the impact/effectiveness of the relevant Direction.

### **3.3.2 Workforce**

Although there is no direct impact on workforce this policy provides enhanced guidance to staff around the process for formulating, approving, issuing and monitoring Directions.

### **3.3.3 Financial**

There are no direct financial implications identified arising from this report.

This policy was discussed at the Finance, Performance and Scrutiny Committee and the Audit and Assurance Committee. Following review by members, a number of revisions were incorporated into this version, appended to this report. These revisions were predominately around the timing of issue of Directions. Members at both Committee's welcomed this policy and agreed the need for enhanced practice around the issuing and monitoring of Directions. The Senior Leadership Team and Head of Corporate Governance are committed to a renewed focus on Directions pertaining to IJB business.

### **3.3.4 Risk / Legal / Management**

The lack of clear and comprehensive guidance for the formulating, approving, issuing, monitoring and reviewing Directions prevents the effective utilisation of Directions and prevents good governance and accountability for integration.

### **3.3.5 Equality and Diversity, including Health Inequalities**

There are no implications identified arising from this report.

### **3.3.6 Environmental / Climate Change**

There are no implications identified arising from this report.

### **3.3.7 Other Impact**

There are no implications identified arising from this report.

### **3.3.8 Communication, Involvement, Engagement and Consultation**

Advice from Scottish Government and Health and Social Care Scotland was sought, unfortunately no further guidance that the Statutory Guidance update issued in 2020 could be provided.

Contact was made with various IJBs and H&SC Partnerships

throughout Scotland to seek any examples of best practice and gain a fuller understanding of if/what the barriers are to the effective operational implementation of an end-to-end process for Directions. Some IJBs explained a very rigorous and resource intensive process whilst others expressed a lack of real control. All IJBs agreed it was a difficult process to navigate without a prescriptive national guidance.

#### **4 Recommendation**

- **Discussion** – It is recommended that members of the IJB discuss and agree the draft Revised Directions Policy.
- **Decision** - It is recommended that members of the IJB formally approve the revised Directions Policy.

#### **5 List of Appendices**

The following appendix is included with this report:  
Appendix 1 – Revised Directions Policy (2024).

#### **6 Implications for Fife Council**

Not applicable.

**7 Implications for NHS Fife**

Not applicable.

**8 Implications for Third Sector**

Not applicable.

**9 Implications for Independent Sector**

Not applicable.

**10 Directions Required to Fife Council, NHS Fife or Both**

Direction To:		
1	No Direction Required	X
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

**Report Contact**

**Author Name:** Vanessa Salmond

**Author Job Title:** Head of Corporate Governance and IJB Secretary

**E-Mail Address:** [Vanessa.Salmond@fife.gov.uk](mailto:Vanessa.Salmond@fife.gov.uk)



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## **DIRECTIONS POLICY**

## **FIFE INTEGRATION JOINT BOARD**

## DIRECTIONS POLICY

### FIFE INTEGRATION JOINT BOARD

#### Purpose of Policy

This policy sets out the process for formulating, approving, issuing and reviewing Directions from the Fife Integration Joint Board (IJB) to our partner organisations ie NHS Fife and Fife Council. This policy has been developed in line with the provisions set out in the Public Bodies (Joint Working) (Scotland) Act 2014 and Scottish Government Best Practice guidance.

A summary of the process outlined in this policy is provided at Appendix A. Appendix B provides the template and instructions for approving and issuing Directions. Further Statutory Guidance from Scottish Government on Directions from Integration Authorities to Health Boards and Local Authorities was issued in January 2020.

#### Context and Background

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board must give a direction to a constituent authority to carry out **each function delegated to the integration authority as determined in the Fife Health and Social Care Partnership Integration Scheme (Annex 1 and 2)**. A function is defined as an individual service or a collective of services provided to improve the wellbeing of service-users.

The Act further places a duty on Integration Authorities to develop a Strategic Plan for integrated functions and budgets under their control. Integration Authorities require a mechanism to action these strategic commissioning plans and this mechanism takes the form of binding Directions from the Integration Authority to one or both of the Health Board and Local Authority.

**In January 2020, the Scottish Government issued Statutory Guidance - Directions from Integration Authorities to Health Boards and Local Authorities (January 2020).**

#### Definition and Purpose of Directions

Directions are a legal mechanism intended to clarify responsibilities between partners. Directions are the means by which the IJB directs NHS Fife and Fife Council what services are to be delivered using the integrated budget (ie the budget which is allocated to the IJB and for which the IJB is responsible).

Clear Directions must be given in respect of every function that has been delegated to the IJB. They must provide enough detail to enable NHS Fife and Fife Council to discharge their statutory duties under the Act. Specific Directions can be given to NHS Fife, Fife Council or both organisations depending on the services to be provided (see Appendix B for an example Direction). However, Directions should not be issued unnecessarily and should be proportionate.

Directions must identify the integrated health and social care function they relate to and include information on the financial resources that are available for carrying out these functions. The financial resource allocated to each function is a matter for the IJB to determine. The Act makes provision for the allocations of budgets for the sums 'set aside'

in relation to commissioned services within large hospitals and finance statutory guidance published in 2015 provides detail.

Directions must also provide information on the delivery requirements. Directions may, if appropriate, specify a service or services to be provided.

In summary, the purpose of Directions is to set a clear framework for the operational delivery of the functions that have been delegated to the IJB and therefore all Directions must be in writing. Functions may be described in terms of delivery of services, achievement of outcomes and/or the Strategic Plan priorities.

The legislation does not set out fixed timescales for Directions. A Direction will stand until it is revoked, varied or superseded by later Direction in respect in the same function.

## Formulating Directions

As noted above, Directions provide the mechanism for delivering the Strategic Plan, for conveying and enacting the decisions of the IJB, clarifying responsibilities between partners, and improving accountability. Consideration will be given to **NHS Fife Population, Health and Wellbeing Strategy** and the Plan 4 Fife when formulating the IJB Strategic Plan

Directions **require to be** clearly associated with an IJB decision, for example to approve a specific business case or to transform a service. **Directions are formulated at the end of a process of decision-making which has included wider engagement with partners as part of commissioning and co-production. A Direction should therefore not come as a surprise to either partner.**

The development of new or revised Directions will be informed by a number of factors, including but not limited to:

- **content of the IJB Strategic Plan which is reviewed annually via the Annual Report and reviewed every three years via the Strategic Planning Group;**
- **specific service redesign or transformation programmes linked to an approved co-produced business case;**
- **financial changes or developments (eg additional funding opportunities, requirement to implement a recovery plan, investment/disinvestment);**
- **a change in local circumstances; and**
- **a *fundamental change to* practice or operations.**

As Directions will continue to evolve in response to service change/redesign and investment priorities, new or revised **Directions may be formulated at any point during the year and submitted to the IJB for approval.** Please refer to the section below 'Approving and issuing Directions' for further detail.

The Direction Template (Appendix B) will be used to formulate each Direction and will be clearly associated with an IJB Decision, all Directions must:-

- **Include the reference of the Direction that is varied or superseded by a new Direction in respect of the same function;**



- Identify the delegated health and/or social care function to which it relates;
- Identify to whom the Direction is directed;
- Include information on the financial resources that are available for carrying out this function;
- Demonstrate how it relates to Strategic Priorities;
- Identify expected delivery outcomes; and
- Detail any monitoring arrangements to track implementation of the Direction

The content of a Direction should be informed by the content of the accompanying report on the function(s) being submitted to the IJB for approval.

Directions should only be issued at the **end point** of a decision-making process. This may mean that a Direction is not issued until further work/information is ascertained to allow the detail to be included in the Direction e.g Expected Outcomes, Impacts etc. This detail may not be available at the same time when seeking an inaugural decision from the IJB e.g. to embark on a transformational change or service design, rather the Direction would be formulated and issued when the IJB is directing the implementation of the change.

## Approving and Issuing Directions

The IJB is responsible for approving all Directions.

All reports to the IJB will identify the implications for Directions and will make a clear recommendation regarding the issuing of Directions. For example, if the Direction will result in a significant strategic change and require the issuing of a new Direction, or an existing Direction is to be varied or revoked. The detail of the new or revised Direction will be appended to the IJB report using the agreed tracker template and will be submitted to the IJB for approval.

Once approved, written Directions will be issued formally by the Chief Officer, on behalf of the IJB, to the Chief Executives of both partner organisations (NHS Fife and Fife Council) as soon as practicably possible.

Partners will be asked to acknowledge receipt of Directions and advised of performance reporting arrangements (as indicated in the section below).

In order to provide flexibility and take account of strategic and financial developments and service changes, or a change in local circumstances, Directions may be issued at any time throughout the year, subject to formal approval by the IJB.

## Implementation of Directions

NHS Fife and Fife Council are responsible for complying with and implementing IJB's Directions. Leadership will be provided by the Chief Officer and Joint Director. Should either partner experience difficulty in implementing a Direction, or require further detail regarding expectations, this should be brought to the attention of the Chief Officer in the first instance.

Initially, the Chief Officer, as the Joint Director liaising with the relevant members of NHS Fife and/or Fife Council as appropriate, will seek to find local resolution. If not achieved

the Chief Officer, as Joint Director, will escalate the issue to the Chief Executives of NHS Fife and Fife Council for resolution. **Failing resolution, further guidance will be sought from Scottish Government.**

## **Monitoring and Review of Directions**

The Directions tracker will be used as the template for monitoring progress on the delivery of each Direction. The IJB's Finance, Performance & Scrutiny Committee will assume responsibility for maintaining an overview of progress with the implementation of Directions, requesting progress reports from NHS Fife and Fife Council and escalating key delivery issues to the IJB. The responsibility for maintaining an overview of Directions and ensuring that these reflect strategic needs and priorities sits with the Chief Finance Officer and the Chief Officer.

## **Summary Process for Issuing and Monitoring of Directions**

Depending on the type of Direction issued and the level of service or strategic change being undertaken monitoring of Directions will be determined by the appropriate governing group. Clarity will be sought to ensure the frequency of monitoring is proportionate to the level of service change. This may be frequently in the case of major service or strategic change or less in the case of smaller changes which may only be monitored on bi-annual or annual basis.

**Appendix A seeks to illustrate monitoring and oversight arrangements.**

The Chief Officer will ensure that all Directions **are reviewed through the work of the Finance, Performance & Scrutiny Committee. Any recommendations for variation, closure or issue of new Directions will be brought to the IJB for formal approval.**

**This process does not preclude in-year formulation or revision of Directions. It is expected that new Directions will be brought forward throughout the year to reflect strategic developments and service transformation.**

## **Review of Directions Policy**

This Directions policy will be reviewed every two years or sooner in the event of new guidance or good practice becoming available.

Date of Policy Approval: 31 May 2024

Date of Implementation: 31 May 2024

Date of Review: 31 May 2026

## **APPENDICES**

**Appendix A – Summary of Directions Process**

**Appendix B – Directions Template**

## **BACKGROUND READING / REFERENCE DOCUMENTS**

[Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

[Statutory Guidance – Directions from Integration Authorities to Health Boards and Local Authorities Scottish Government Guidance \(2020\)](#)

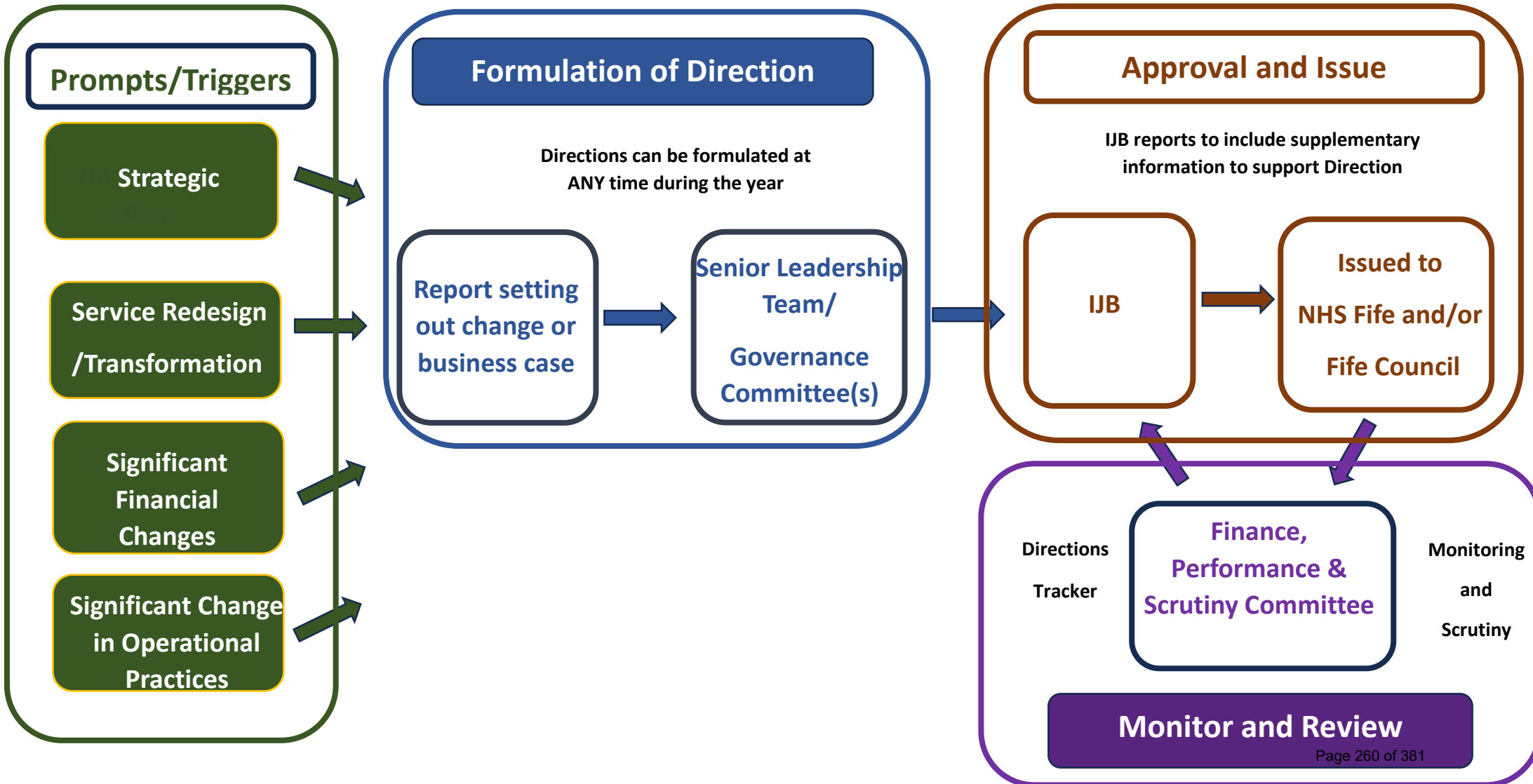
[Fife Health and Social Care Partnership – Integration Scheme \(2022\)](#)



# Fife Health & Social Care Partnership

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## Summary of Directions Process – Appendix A



**DIRECTION FROM FIFE INTERGRATION JOINT BOARD (IJB)**

1	<b>Reference Number</b>	Refer to <b>Head of Corporate Governance</b> for Reference Number
2	<b>Report Title</b>	Title of Report to IJB
3	<b>Date Direction issued by Fife Integration Joint Board through the Chief Officer</b>	Date of IJB Meeting
	<b>Date Direction Takes Effect</b>	Date Determined by IJB, cannot pre-date the meeting where the Direction is made
4	<b>Direction To</b>	NHS Fife Fife Council NHS Fife & Fife Council Jointly (delete as appropriate)
6	<b>Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)</b>	No Yes (Reference Number: XXXX) Supersedes/Revises/Revokes (delete as appropriate)
7	<b>Functions Covered by Direction</b>	List all functions subject to direction, eg Residential Care for Older People, Occupational Therapy, Mental Health Services etc
8	<b>Full Text of Direction</b>	<b>Clearly articulate</b> what the IJB is directing the Council, Health Board or both to do. Level of specificity is a matter of judgement to be determined locally.
9	<b>Budget Allocated by IJB to carry out Direction</b>	<b>State the financial resources allocated to enable the Council, Health Board or both to carry out the function that are subject to the Direction, including the allocated budget and how that budget is to be used. Where the direction relates to multiple functions or care groups, the financial allocation for each should be listed.</b>
10	<b>Performance Monitoring Arrangements</b>	In the form of SMART objectives
11	<b>Date Direction will be reviewed</b>	



# Fife Health & Social Care Partnership

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<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>31 May 2024</b>
<b>Agenda Item No:</b>	<b>9.4</b>
<b>Report Title:</b>	<b>NHS Fife Annual Duty of Candour Report 2022/2023</b>
<b>Responsible Officer:</b>	<b>Dr Chris McKenna, Medical Director / Helen Hellewell, Deputy Medical Director</b>
<b>Report Author:</b>	<b>Dr Shirley-Anne Savage, Associate Director for Risk and Professional Standards</b>

## 1 Purpose

**This Report is presented to the Integration Joint Board for:**

- Assurance.

**This Report relates to which of the following National Health and Wellbeing Outcomes:**

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 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.
- 7 People who use health and social care services are safe from harm.
- 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.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

## **This Report Aligns to which of the Integration Joint Board 5 Key Priorities:**

- Wellbeing.
- Outcomes.
- Integration.

## **2 Route to the Meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- NHS Fife, Executive Directors Group – March 2024
- NHS Fife Clinical Governance Committee – March 2024
- Qualities & Communities Committee - May 2024

## **3 Report Summary**

### **3.1 Situation**

Annually there is a requirement for Health Boards to publish an Annual Duty of Candour (DoC) Report. Incidents which trigger DoC are typically identified through the adverse event review process.

### **3.2 Background**

As of 1 April 2018, all health and social care services in Scotland have an organisational Duty of Candour (DoC). The purpose of organisational DoC is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended event that results in death or harm as defined in the Act and did not relate directly to the natural course of someone's illness or underlying condition. This is a legal requirement which means that when such events occur, the people affected understand what has happened, receive an apology, and that organisations learn how to improve for the future. The procedure to be followed is set out in the Duty of Candour (Scotland) Regulations 2018.

NHS Fife monitor compliance with the Regulations across the following domains:

- Providing an apology
- Patient and or relative were notified and informed of the adverse event
- A review was undertaken
- The opportunity for the patient or relative was given to ask any questions
- The review findings were shared
- An offer of a meeting, which is arranged if required
- Giving consideration to support and assistance for the relevant person/

and or staff

Review of reports of the last five Annual Reports indicated the there is still a requirement for each report to include a look back at previous years to ensure completeness. In previous years DoC applied to cases which concluded review after the submission of respective annual submissions and as such these were not represented in the annual report.

### **3.3 Assessment**

There were 33 adverse events requiring DoC with the most common outcome, for 24 patients, being an increase in a person's treatment.

Overall NHS Fife has carried out the procedure in each case. A number of areas of strength have been identified including notifying the person and providing details of the incident, provision of an apology, reviewing all cases and offering support and assistance. There was Improvement since last year on providing the patient with a written apology. There was one area identified for improvement and that was arranging a meeting following an offer to meet.

The pandemic and the proceeding years have resulted in delays in the completion of adverse event reviews. In view of the delays in completing adverse event reviews and the commitment to providing a comprehensive annual report it was agreed that the reports should be presented in January each year proceeding the end of the reporting period.

In order to conclude the 2022/2023 annual report the following remain outstanding:

#### **Compliance**

- Completion of 1 audit form to assess compliance with DoC Regulations

#### **Adverse Events**

- 16 Significant Adverse Event Reviews awaiting submission of final report
- 30 Local Adverse Event Reviews pending

The Adverse Events and Risk Team are working with services to support completion of the outstanding compliance feedback and to conclude adverse event reviews.

Currently for 2023/24 we have 8 confirmed DoC (including 3 falls, 1 each for paediatrics, patient info, personal accident, surgical complication and tissue viability) with 8 outcomes recorded (4 being an increase in treatment). It has again been agreed that the full report should be presented January 2025.



### **3.3.1 Quality / Customer Care**

The learning from adverse event and DoC incidents continues to be a priority. Development of this will be supported through the Clinical Governance Strategic Framework.

### **3.3.2 Workforce**

N/A

### **3.3.3 Financial**

N/A

### **3.3.4 Risk / Legal / Management**

As above, support is in place from the Adverse Events and Risk Team to conclude outstanding compliance feedback and adverse event reviews.

### **3.3.5 Equality and Diversity, including Health Inequalities**

An impact assessment has not been completed as it is not applicable.

### **3.3.6 Environmental / Climate Change**

N/A

[ClimateActionPlan2020\\_summary.pdf \(fife.gov.uk\)](#)

### **3.3.7 Other Impact**

N/A

### **3.3.8 Communication, Involvement, Engagement and Consultation**

This report has been discussed with Dr Chris McKenna, Medical Director and Helen Hellewell, Deputy Medical Director.

## **4 Recommendation**

The report is presented to provide the IJB with assurance that NHS Fife and Fife Health and Social Care Partnership comply with their Duties relating to Duty of Candour for 2022-23.

## **5 List of Appendices**

The following appendices are included with this report:

Appendix 1 – Annual Duty of Candour Report, 2022/2023

**6 Implications for Fife Council**

N/A

**7 Implications for NHS Fife**

N/A

**8 Implications for Third Sector**

N/A

**9 Implications for Independent Sector**

N/A

**10 Directions Required to Fife Council, NHS Fife or Both**

<b>Direction To:</b>		
<b>1</b>	<b>No Direction Required</b>	x
<b>2</b>	<b>Fife Council</b>	
<b>3</b>	<b>NHS Fife</b>	
<b>4</b>	<b>Fife Council &amp; NHS Fife</b>	

**Report Contact**

**Author Name:** Dr Shirley-Anne Savage

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# Annual Organisational Duty of Candour Report 2022-2023



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**[www.nhsfife.org](http://www.nhsfife.org)**

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# 1. Introduction and background

## NHS Fife

**NHS Fife serves a population of approximately 368,000 people. Our vision is to enable the people of Fife to live long and healthy lives. We strive to achieve this by transforming health and care in Fife to be the best.<sup>1</sup>**

## Content of Report

This report describes how NHS Fife has implemented the organisational Duty of Candour (Doc) Regulations during the period 1 April 2022 to 31 March 2023 (2022/2023). NHS Fife identified these events mostly through its adverse event management processes. The organisation adopts a consistent approach to the identification, reporting and review of all adverse events. This is reflected through the local NHS Fife Adverse Events policy and which is aligned with a national framework<sup>2</sup>.

The Covid-19 pandemic and the system pressures in proceeding years has resulted in a delay to the completion of adverse event reviews. This is reviewed regularly with processes in place to ensure reviews are progressed and completed. Consequently there are a number of events reported during this period which are currently under review and which may be reported as activating organisational DoC. It is therefore possible that the number of reported DoC events may be higher than stated in this report. Only those events with a confirmed decision have been included in this report.

A look back at years 1 (2018/2019), 2 (2019/2020), 3 (2020/2021) and 4 (2021/2022) is also included in this report. Previous years are included for completeness as DoC applied to cases which concluded review after the submission of respective annual reports. Also contained in appendix 1-4 are organisational DoC reports from the four health board managed general practices in NHS Fife.

## Organisational Duty of Candour

As of 1 April 2018, all health and social care services in Scotland have an organisational Duty of Candour. The purpose of the duty of candour is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended event that results in death or harm as defined in the Act, and did not relate directly to the natural course of someone's illness or underlying condition. This is a legal requirement which means that when such events occur, the people affected understand what has happened, receive an apology, and that organisations learn how to improve for the future. The procedure to be followed is set out in the Duty of Candour (Scotland) Regulations 2018.

The Organisational Duty of Candour guidance<sup>3</sup> outlines the procedure which must be a followed as soon as reasonably practicable after an organisation becomes aware that:

- an individual who has received health care has been the subject of an unintended or unexpected incident and
- in the reasonable opinion of a registered health professional not involved in the incident:
  - (a) the incident appears to have resulted in or could result in any of the outcomes below (see Table 1).
  - (b) the outcome relates directly to the incident rather than to the natural course of the person's illness or underlying condition.

This means if a patient suffers from an unintended or unexpected harm as a result of an adverse event then the following should happen:

- The patient or relative is notified and an apology is offered;
- An investigation is undertaken; and
- The patient/relative is given the opportunity to raise questions they wish to be considered and answered as part of the investigation

NHS Fife has an embedded process for the decision making for activating organisational DoC and ensuring all necessary actions are undertaken in accordance with national guidance. On review, any event which is considered to activate duty of candour is escalated to the Board Medical Director for ratification and confirmation of decision. This process is summarised in the following:

- On completion of the investigation the findings and report are offered to be shared with the patient or relative;
- A meeting is offered; and
- Throughout the review and investigation support is to be offered to the people affected which may include staff members involved.

The outcome for organisations is to learn from the investigation and make changes identified as part of the review.

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<sup>1</sup> NHS Fife Strategic Framework. 2015.

<sup>2</sup> Learning from adverse events through reporting and review: A national framework for Scotland, revised July 2018, NHS Fife review all adverse events.

<sup>3</sup> Organisational Duty of Candour guidance. The Scottish Government. March 2018

## 2. How many adverse events happened to which the duty of candour applies?

Between 1 April 2022 and 31 March 2023, there were 33 adverse events reported where DoC applied. The main categories of event which activated DoC during this period were:

- [1] Patient Fall
- [2] Tissue Viability
- [3] Other clinical events

Table 1 details the outcomes which were reported across NHS Fife after 1 April 2022 to 31 March 2023.

**Table 1**

Duty of Candour outcome arising from an unexpected or unintended incident	Number of times this occurred 2022/2023
The death of the person	<5
Permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
An increase in the person’s treatment	24
Changes to the structure of the person’s body	<5
The shortening of the life expectancy of the person	<5
An impairment to the sensory, motor or intellectual functions of the person which has lasted, or is likely to last, for a continuous period of at least 28 days	0
The person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days	<5
The person requiring treatment by a registered health professional in order to prevent: the death of the person, or any injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned above	<5

The most common outcome which these events have resulted in is an increase in the person’s treatment. This can range from additional antibiotics required to additional night’s stay in hospital.





## Summary of Years 1-4

Table 2 sets out the events where DoC applied in 2018/19, 2019/20, 2020/21, 2021/22 and 2022/23. This additional information is being included for completeness as DoC was applicable to events which concluded review after respective annual reports were submitted.

The number of events where DoC applied in year 1 is higher than the subsequent years. This can be attributed to the development of learning and understanding of the application of DoC Regulations.

### Table 2

Number of Duty of Candour events in each report year	Year 1 18/19	Year 2 19/20	Year 3 20/21	Year 4 21/22	Year 5 22/23
Number of events where DoC applied and where included in respective annual report	46	28	27	36*	33
Number of events where DoC applied and where not included in annual report	10	10	5	5	TBD **
Total number of events where DoC applied	56	38	31	41*	TBD **

\*1 event for 3 patients / \*\*To Be Determined (TBD) - Will be included in 23/24 annual report

Table 3 sets out the DoC outcomes for the five-year period. Across this period the most common outcome is an increase in the person's treatment.

### Table 3

Duty of Candour outcome arising from an unexpected or unintended incident	Number of times this occurred				
	Year 1 18/19	Year 2 19/20	Year 3 20/21	Year 4 21/22	Year 5 22/23
The death of the person	<5	<5	<5	7	<5
Permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	<5	<5	<5	<5	0
An increase in the person's treatment	34	21	13	23*	24
Changes to the structure of the person's body	<5	<5	<5	0	<5
The shortening of the life expectancy of the person	<5	<5	<5	<5	<5
An impairment to the sensory, motor or intellectual functions of the person which has lasted, or is likely to last, for a continuous period of at least 28 days	<5	0	0	0	0
The person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days	8	<5	<5	<5	<5
The person requiring treatment by a registered health professional in order to prevent the death of the person, or any injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned above	<5	7	<5	<5	<5

\*1 event for 3 patients

### 3. To what extent did NHS Fife follow the duty of candour procedure?

Of the 33 identified cases, each one was reviewed to assess for compliance with the procedure for the following elements:

- Providing an apology
- Patient and or relative were notified and informed of the adverse event
- A review was undertaken
- The opportunity for the patient or relative was given to ask any questions
- The review findings were shared
- An offer of a meeting, which is arranged if required
- Giving consideration to support and assistance for the relevant person/ and or staff

Overall NHS Fife has carried out the procedure in each case. A number of areas of strength have been identified. These are:

- Notifying the person and providing details of the incident
- Provision of an apology
- Reviewing all cases
- Offering support and assistance

Improvement since last year has been made in:

- Arranging the meeting following offer to meet

Areas for improvement:

- Providing the patient with a written apology

We know that witnessing or being involved in an adverse event can be distressing for staff as well as people who receive care. Support is available for all staff through our line management structures as well as through Staff Wellbeing and Safety.

## 4. Information about our policies and procedures

Every adverse event which occurs is reported through our local reporting system as set out in our Adverse Events policy and associated processes. Through these, we can identify events that activate the DoC procedure.

The policy contains a section on implementing the organisational DoC, and a detailed section about supporting staff and persons affected by the adverse events, with examples of the types of support available.

Each adverse event is reviewed to understand what happened and the actions we can take to improve the care we provide in the future. The level of review depends on the severity of the event as well as the potential for learning. Recommendations are made as part of the review, and local management teams develop action plans to meet these recommendations.

Clinical teams make the recommendation that Duty of Candour is activated with the final decision made by the Medical Director.

To support implementation of DoC, staff are encouraged to complete the NHS Education Scotland online learning module. This has been made available to staff through TURAS. In addition to the above policy to ensure our practice and services are safe, the organisation has clinical policies and procedures. These are reviewed regularly to ensure they remain up to date and reflective of current practices. Training and education are made available to all staff through mandatory programmes and developmental opportunities relating to specific areas of interest or area of work.

## 5. What has changed as a result?

Further to reviews of DoC events in 2022/2023 the following changes have been implemented:

- Care assurance audits on falls and spot checks on falls documentation were carried out to ensure proper procedures are followed for patients at risk of falls.
- Development of a link nurse role with an emphasis on patient falls.
- Falls training was undertaken across many ward areas.
- Learning from falls incidents was shared across ward areas.
- Audits of comfort round completion were undertaken to ensure correct procedure is undertaken for those at risk of pressure ulcers.
- Refresher training in pressure ulcers including skin care, use of 4AT and comfort round assessment was undertaken to improve pressure ulcer management.
- Learning from pressure ulcer incidents was shared.
- The NICE Guidelines on ectopic pregnancy – “when should I suspect an ectopic pregnancy” was shared with Primary Care Management Team to help ensure correct management of ectopic pregnancy.
- A standard operating procedure was developed for follow-up by the sexual health service for those with positive pregnancy tests.
- An administration standard operating procedure was developed to ensure follow-up appointments were arranged for patients from dictated letters.
- The importance of outcoming patients on the electronic TRAK system to ensure a follow-up appointment is organised was emphasised to consultants.
- A system was created that allows patients to make a follow-up appointment before leaving the clinic.
- The NHS Fife Antimicrobial Guideline was updated to include the use of prophylactic antibiotics following excessive blood loss.
- Awareness raising was undertaken within the obstetrics and midwifery team of the risks associated with group B streptococcus on mother as well as baby.
- Education was undertaken on the antimicrobial guidance for the obstetric and midwifery team.
- The NHS Fife anaphylaxis policy is now held within the obstetric guidelines.
- There was education and awareness raising for the obstetric and midwifery team in relation to anaphylaxis and basic life support.

Given the delays described in this report it is anticipated that more changes will be implemented following conclusion of events which are still under review. These will be captured in the 2023/2024 annual report.

If you would like more information about this report, please contact:

**Board Medical Director Office**

NHS Fife

Hayfield House

Hayfield Road

Victoria Hospital

Kirkcaldy

KY2 5AH

Telephone: 01592 648077

# Appendix 1: Linburn Road Health Centre

## Linburn Road Health Centre

124 Nith Street  
 Dunfermline, KY11 4LT  
 Tel: 01383 733490  
 Fax: 01383 748758  
 Email: [Fife.F20502LinburnRoad@nhs.scot](mailto:Fife.F20502LinburnRoad@nhs.scot)



### Duty of Candour Report

**Report period:** 1 April 2022 to 31 March 2023

**Completed by:** Sharon Duncan, Practice Manager

Linburn Road Health Centre provides Health Care to patients within the Dunfermline and Rosyth area. The Health Centre’s aim is to provide high quality care for every person who uses our services.

<b>How many incidents happened to which duty of candour applies?</b>	<b>0</b>
--	----------

Type of unexpected or unintended incident (not related to the natural course of someone’s illness or underlying condition)	Number of times this happened (between 1 April 2022 and 31 March 2023)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person’s treatment increased	0
The structure of a person’s body changed	0
A person’s life expectancy shortened	0
A person’s sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
<b>Total</b>	<b>0</b>

**To what extent did Linburn Road Health Centre follow the duty of candour procedure?**

All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.

Procedures to be followed:

- a. to notify the person affected (or family/relative where appropriate)
- b. to provide an apology
- c. to carry out a review into the circumstances leading to the incident
- d. to offer and arrange a meeting with the person affected and/or their family, where appropriate
- e. to provide the person affected with an account of the incident
- f. to provide information about further steps taken
- g. to make available, or provide information about, support to persons affected by the incident
- h. to prepare and publish an annual report on the duty of candour

When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

**Information about our Policies and Procedures**

See NHS Fife Policies and Procedures available on [Blink \(joinblink.com\)](http://joinblink.com)

**What has changed as a result?**

N/A

**Other Information**

N/A

## Appendix 2: Kinghorn Medical Practice

### Kinghorn Medical Practice

Rossland Place  
Kinghorn  
Fife  
KY3 9RT  
Tel: 01592 890217



### Duty of Candour Report

**Report period:** 1 October 2022 to 31 March 2023

**Completed by:** Fay Paterson, Practice Manager

Kinghorn Medical Practice provides general medical services to around 3360 registered patients residing within the practice boundary which encompasses Burntisland, Kinghorn and the bottom part of Kirkcaldy and some surrounding rural areas. Our mission is to provide a personal quality service making the best use of available resources.

<b>How many incidents happened to which duty of candour applies?</b>	<b>0</b>
--	----------

<b>Type of unexpected or unintended incident (not related to the natural course of someone’s illness or underlying condition)</b>	<b>Number of times this happened (between 1 October 2022 and 31 March 2023)</b>
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person’s treatment increased	0
The structure of a person’s body changed	0
A person’s life expectancy shortened	0
A person’s sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
<b>Total</b>	<b>0</b>



**To what extent did Lochgelly Medical Practice follow the duty of candour procedure?**

All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.

Procedures to be followed:

- a. to notify the person affected (or family/relative where appropriate)
- b. to provide an apology
- c. to carry out a review into the circumstances leading to the incident
- d. to offer and arrange a meeting with the person affected and/or their family, where appropriate
- e. to provide the person affected with an account of the incident
- f. to provide information about further steps taken
- g. to make available, or provide information about, support to persons affected by the incident
- h. to prepare and publish an annual report on the duty of candour

When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

**Information about our Policies and Procedures**

See NHS Fife Policies and Procedures available on [Blink \(joinblink.com\)](http://joinblink.com)

**What has changed as a result?**

N/A

**Other Information**

N/A

## Appendix 3: The Links Practice

### **The Links Practice**

Masterton Health Centre  
74 Somerville Street  
Burntisland  
Fife, KY3 9DF

Tel: 01592 873321

### **Dr J Yule**

M.B.,Ch.B.,D.C.H., M.R.C.G.P.



This short report describes how our care service has operated the duty of candour during the time between 1st April 2022 to 31<sup>st</sup> March 2023. We hope you find this report useful.

Our Practice serves a population of 1907 patients within the Burntisland, Kinghorn, Aberdour area.

### **How many Incidents happened to which the duty of Candour applies?**

In the last year, there have been no incidents to which the duty of candour applied.

### **Information about our policies and procedures.**

Where something has happened that triggers the duty of candour, our staff report this to the Practice Manager who has responsibility for ensuring that the Duty of candour procedure is followed. The Practice Manager records the incident and reports as necessary to the Health Board. When an incident has happened, the Manager and staff set up a learning review. This allows everyone involved to review what happened and identifies changes for the future.

**If you would like more information about The Links Practice, please contact us using these details.**

**The Links Practice  
Masterton Health Centre  
74 Somerville Street  
Burntisland  
Fife  
KY3 9JD**

**Tel: 01592 873321**

**Email: [Fife.F20184LinksPractice@nhs.scot](mailto:Fife.F20184LinksPractice@nhs.scot)**

## Appendix 4: Valleyfield Medical Practice

### Valleyfield Medical Practice

Chapel Street, High Valleyfield

Fife, KY12 8SJ

Tel: 01383 880511

Email: [Fife.F20729valleyfield@nhs.scot](mailto:Fife.F20729valleyfield@nhs.scot)



### Duty of Candour Report

**Report period:** 1 April 2022 to 31 March 2023

**Completed by:** Michelle Parker, Practice Manager

Valleyfield Medical Practice provides Health Care to patients within the High Valleyfield, Low Valleyfield, Culross, Torryburn, Newmills, Cairneyhill and Crossford. The Health Centre's aim is to provide high quality care for every person who uses our services.

<b>How many incidents happened to which duty of candour applies?</b>	<b>0</b>
--	----------

Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)	Number of times this happened (between 1 April 2022 and 31 March 2023)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person's treatment increased	0
The structure of a person's body changed	0
A person's life expectancy shortened	0
A person's sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
<b>Total</b>	<b>0</b>

**To what extent did Valleyfield Medical Practice follow the duty of candour procedure?**

All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.

Procedures to be followed:

- a. to notify the person affected (or family/relative where appropriate)
- b. to provide an apology
- c. to carry out a review into the circumstances leading to the incident
- d. to offer and arrange a meeting with the person affected and/or their family, where appropriate
- e. to provide the person affected with an account of the incident
- f. to provide information about further steps taken
- g. to make available, or provide information about, support to persons affected by the incident
- h. to prepare and publish an annual report on the duty of candour

When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

**Information about our Policies and Procedures**

See NHS Fife Policies and Procedures available on [Blink \(joinblink.com\)](http://joinblink.com)

**What has changed as a result?**

N/A

**Other Information**

N/A

# Appendix 5: Methilhaven Medical Practice

## Methilhaven Medical Practice

Randolph Wemyss Hospital,  
Wellesley Road  
Buckhaven KY8 1HU  
Tel: 01333 426913  
Email: [fife.f21505methilhaven@nhs.scot](mailto:fife.f21505methilhaven@nhs.scot)



### Duty of Candour Report

**Report period:** 1 April 2022 to 31 March 2023

**Completed by:** Linda Johnstone, Practice Manager

Methilhaven Surgery provides Health Care to patients within the Methil, Buckhaven, and Levenmouth area. The Health Centre’s aim is to provide high quality care for every person who uses our services.

<b>How many incidents happened to which duty of candour applies?</b>	<b>0</b>
--	----------

<b>Type of unexpected or unintended incident (not related to the natural course of someone’s illness or underlying condition)</b>	<b>Number of times this happened (between 1 April 2022 and 31 March 2023)</b>
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person’s treatment increased	0
The structure of a person’s body changed	0
A person’s life expectancy shortened	0
A person’s sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
<b>Total</b>	<b>0</b>

**To what extent did Valleyfield Medical Practice follow the duty of candour procedure?**

All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.

Procedures to be followed:

- a. to notify the person affected (or family/relative where appropriate)
- b. to provide an apology
- c. to carry out a review into the circumstances leading to the incident
- d. to offer and arrange a meeting with the person affected and/or their family, where appropriate
- e. to provide the person affected with an account of the incident
- f. to provide information about further steps taken
- g. to make available, or provide information about, support to persons affected by the incident
- h. to prepare and publish an annual report on the duty of candour

When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

**Information about our Policies and Procedures**

See NHS Fife Policies and Procedures available on [Blink \(joinblink.com\)](http://joinblink.com)

**What has changed as a result?**

N/A

**Other Information**

N/A

**NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who speak BSL, read Braille or use Audio formats.**

NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:

[Fife.EqualityandHumanRights@nhs.scot](mailto:Fife.EqualityandHumanRights@nhs.scot) or phone 01592 729130

**NHS Fife**

Hayfield House  
Hayfield Road  
Kirkcaldy, KY2 5AH

**[www.nhsfife.org](http://www.nhsfife.org)**

 [facebook.com/nhsfife](https://www.facebook.com/nhsfife)

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 [youtube.com/nhsfife](https://www.youtube.com/nhsfife)

 [@nhsfife](https://www.instagram.com/nhsfife)



**Meeting Title:** Integration Joint Board

**Meeting Date:** 31 May 2024

**Agenda Item No:** 9.5

**Report Title:** Fife Council Duty of Candour Report 2022/23

**Responsible Officer:** Nicky Connor, Director of Health and Social Care

**Report Author:** Jennifer Rezendes, Principal Social Work Officer

## 1 Purpose

**This Report is presented to the Board for:**

- Assurance

**This Report relates to which of the following National Health and Wellbeing Outcomes:**

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 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.
- 7 People who use health and social care services are safe from harm.
- 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.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.



## **This Report Aligns to which of the Integration Joint Board 5 Key Priorities:**

- Local - A Fife where we will enable people and communities to thrive.
- Sustainable - A Fife where we will ensure services are inclusive and viable.
- Wellbeing - A Fife where we will support early intervention and prevention.
- Outcomes - A Fife where we will promote dignity, equality and independence.
- Integration – A Fife where we will strengthen collaboration and encourage continuous improvement.

## **2 Route to the Meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Senior Leadership Team - 19 February 2024
- Fife Council Duty of Candour Working Group
- Quality and Communities Committee – 10 May 2024

## **3 Report Summary**

### **3.1 Situation**

As part of the Duty of Candour provisions in the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 (The Act), which came into effect on 1 April 2018, each organisation is required to produce and publish an annual report detailing when and how the duty has been applied.

The report at appendix 1 is the Annual Report for the period 1 April 2022 to 31 March 2023 for Fife Council Social Work and Social Care Services. The services included in the legislation are defined in the annual report (Appendix 1) and include services that are not part of the Health and Social Care Partnership.

This was submitted to the Fife Council People and Communities Scrutiny Committee on 29 February 2024, and the IJB Quality and Communities Committee on 10 May 2024.

### **3.2 Background**

The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 received Royal Assent on 1 April 2016 and introduced a new organisational Duty of Candour on health, care and social work services. This duty applies to almost ten thousand organisations and took effect on 1 April 2018.

The overall purpose of the duty is to ensure that organisations are open, honest, and supportive when there is an unexpected or unintended incident resulting in death, or harm, as defined in the Act.

### **3.3 Assessment**

The Act requires organisations to follow a Duty of Candour procedure which includes notifying the person affected, or their family, apologising, and offering a meeting to give an account of what happened. The procedure also requires the organisation to review each incident and offer support to those affected. This will include those who deliver care services and those who receive care services, including family members.

Prior to the commencement of the Duty, Fife Council established a Duty of Candour Working Group, chaired by the Chief Social Work Officer to ensure actions were taken to develop compliance with the Duty of Candour procedures. The Group worked closely with representatives from NHS Fife to ensure processes within the organisations are consistent and complementary. This Group did not meet during and following Covid but has been reconstituted this year, under the chairmanship of the Principal Social Work Officer, in order to review processes to ensure they remain fit for purpose and to improve the capturing and sharing of learning from any Duty of Candour events.

All staff providing social work and social care services have received briefings on the Duty of Candour procedure and these are now incorporated into induction processes. Identified staff are also required to complete an e-learning module.

Organisations are required to publish an annual report detailing when the duty has been applied. This report will be considered by the Scottish Government, Healthcare Improvement Scotland, and the Care Inspectorate as part of their existing arrangements for reviewing the quality of health and social care delivery in Scotland.

#### **3.3.1 Quality / Customer Care**

Being open and transparent is part of delivering quality care

#### **3.3.2 Workforce**

No direct workforce implications for the report, however, the Duty of Candour itself does impact on staff providing care where the Duty of Candour procedure is activated. Staff training and support is provided.

#### **3.3.3 Financial**

No direct financial implications.

#### **3.3.4 Risk / Legal / Management**

Compliance with the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016.

#### **3.3.5 Equality and Diversity, including Health Inequalities**

An EqlA has not been completed and is not necessary because the implementation of Duty of Candour is a legislative requirement.

### **3.3.6 Environmental / Climate Change**

There are no direct environmental or climate change impacts

### **3.3.7 Other Impact**

None.

### **3.3.8 Communication, Involvement, Engagement and Consultation**

Consultation has taken place with members of the Health and Social Care Partnership Senior Leadership Team

## **4 Recommendation**

The report is presented to provide the IJB with assurance that Fife Council and Fife Health and Social Care Partnership comply with their Duties relating to Duty of Candour for 2022-23.

## **5 List of Appendices**

The following appendices are included with this report:

Appendix 1 – Fife Council Annual Duty of Candour Report 2022/23

## **6 Implications for Fife Council**

This report relates to Fife Council Social Work and Social Care Services and has been submitted to Fife Council's People and Communities Scrutiny Committee

## **7 Implications for NHS Fife**

NHS Fife will compile their own Annual Duty of Candour report to be presented to the NHS Fife Governance routes.

## **8 Implications for Third Sector**

Each care provider has a responsibility to compile their own Annual Duty of Candour report.

## **9 Implications for Independent Sector**

Each care provider has a responsibility to compile their own Annual Duty of Candour report.

## **10 Directions Required to Fife Council, NHS Fife or Both (must be completed)**

<b>Direction To:</b>		
<b>1</b>	<b>No Direction Required</b>	X
<b>2</b>	<b>Fife Council</b>	
<b>3</b>	<b>NHS Fife</b>	
<b>4</b>	<b>Fife Council &amp; NHS Fife</b>	

**Report Contact**

**Author Name:** Avril Sweeney

**Author Job Title:** Manager, Risk Compliance

**E-Mail Address:** [Avril.sweeney@fife.gov.uk](mailto:Avril.sweeney@fife.gov.uk)



# **Fife Council Social Care Services**

## **Duty of Candour Annual Report 1 April 2022 – 31 March 2023**

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<b>Other information</b> .....	7

## Background

All Health and Social Care Services in Scotland have a duty of candour. This duty applies to any care services provided by the local authority, independent providers, and the NHS. The duty of candour applies when unintended or unexpected events happen that result in death or harm as defined in the Act, the people affected understand what has happened, receive an apology, and that organisations learn how to improve in future. All services provided by the local authority that relate to the care of adults, children, or those in justice services, are subject to this duty.

An important part of this duty is that an annual report is provided by Fife Council to outline how the duty of candour is implemented in our services.

## About Fife Council

Fife Council is the local authority for the Fife area of Scotland and is the third largest Scottish Council, serving a population of around 367,300. Social Work and Social Care Services are provided in the following areas:

- Adult and Older People Social Work or Social Care Services
- Children's Social Work or Social Care Services
- Criminal Justice Social Work Services
- Early Learning and Child Care Services
- Child Care Services
- Very Sheltered Housing Services

The planning of Adult and Older People's Social Work and Social Care Services and Very Sheltered Housing Services, and the policy decisions relating to these services, are the responsibility of the Fife Integration Joint Board. Under the Public Bodies (Joint Working) (Scotland) Act 2014, Fife Council have delegated Adult Social Work and Social Care services to the Health and Social Care Partnership. While services are operationally delivered by the Fife Health and Social Care Partnership, Fife Council still retains the responsibility to report on the Duty of Candour incidents that occur in delegated services.

Children's Social Work Services, Early Learning and Childcare Services and Criminal Justice Social Work Services are retained by Fife Council and delivered via the Education and Children's Services Directorate.

These services are identified collectively throughout this report as 'Fife Council Social Work and Social Care Services'. This report describes how Fife Council Social Care Services have operated the Duty of Candour during the time between 1 April 2022 and 31 March 2023.

Our aim is to provide high quality care and support for every person who uses our services.

## How many incidents happened to which the duty of candour applies?

The legislation defines a Duty of Candour incident as **an unintended or unexpected incident that results in death or harm** as defined in the Act and set out in the table below.

If we believe an event may trigger Duty of Candour, we must seek the views of a Registered Health Professional (RHP) to confirm that one of these “harms” has occurred as a result of the unexpected or unintended incident, rather than as a result of the individual’s illness or underlying condition.

Fife Council Social Work and Social Care Services have identified a number of routes for incidents which may trigger the duty of candour, including accidents reported by staff providing services, review of significant occurrences, incidents reported through Adult or Child Protection processes, complaints, or claims received by the Council.

All incidents relating to 2021/22 are now complete.

Between 1 April 2022 and 31 March 2023, there were three incidents where the duty of candour applies within Adult and Older People Social Work or Social Care Services. No other Fife Council Social Work or Social Care services reported any duty of candour incidents in this period.

Type of unexpected or unintended incident (not related to the natural course of someone’s illness or underlying condition)	Number of times this happened (between 1 April 2022 and 31 March 2023)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person’s treatment increased	3
The structure of a person’s body changed	0
A person’s life expectancy shortened	0
A person’s sensory, motor, or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needed health treatment in order to prevent other injuries as noted above	0
Total	3



In addition to following the Duty of Candour procedure, all incidents have been subject to accident reporting and investigation procedures as required by Health and Safety and other legislation.

## To what extent did Fife Council Social Work and Social Care Services follow the duty of candour procedure?

When we realised the events noted above had happened, we followed the procedure in all cases. This means we informed the people affected, apologised to them, and offered to meet with them. In each case, we reviewed what happened and shared our findings with the individual and/or their family unless the individual or family had specifically stated they did not wish to receive any further information.

Each duty of candour event is reviewed by the service to understand what happened and how we might improve the care we provide in the future. The level of the review depends on the severity of the event, the potential for learning and whether any other accident reporting or investigation procedures have been followed in addition to Duty of Candour.

Any recommendations made are considered in terms of the need to develop improvement actions to meet the recommendations. These are then shared across the relevant service(s) and implemented by local management teams.

## Information about our policies and procedures

Fife Council has developed a process map, guidance, and templates for staff to use if they become aware of an incident that triggers the duty of candour. These have been made available to all staff via the Fife Council intranet. Incidents are now logged on the Council's LAGAN system.

Our process has been shared with colleagues in NHS Fife and a generic e-mail address within the NHS Fife clinical and care governance team is used by Fife Council Social Work and Social Care Services when requesting assessment of a duty of candour event by a Registered Health Professional.

All staff providing social work and care services have received briefings on the duty of candour procedure and these are now incorporated into induction processes. Identified staff are also required to complete the e-learning module. In the year 2022/23 a total of 440 staff completed the e-learning module. All senior managers and those with responsibility for ensuring Duty of Candour incidents are flagged up, have completed the training, or will do so as they move into relevant posts.

We know that events that trigger the duty of candour can be distressing for staff as well as the people who receive care. We have support available for staff through our line management structure as well as through the employee counselling service and trade union representatives.

## What have we learned?

This is the fifth year of reporting and following the Covid 19 pandemic and the pressure that placed on service delivery across Social Work and Social Care services, we have reconstituted the Duty of Candour working group to undertake a review of the current processes and supporting training provision and the effectiveness of these and plan for improvements where necessary.

We recognise that it is still important to continue to raise awareness and ensure openness and transparency of communications when incidents happen.

Staff are continuing to review processes with the registered health professional and continuing to ensure sufficient background information is passed on to support the determination of whether an event meets the duty of candour criteria.

In Adult and Older People Social Work or Social Care Services, Older People Resources, the following improvements have been made:

Older People Resources will take the high-level learning points noted below and implement a learning plan across the service. This will include implementation of a three-minute briefing across Older People Resources as a way to share learning following any potential Duty of Candour event within the Service. Regular monitoring of this learning plan will be submitted via the Health and Social Care Partnership Quality Matters Assurance Group.

When assessing a service users' mobility and it is variable, the assessment will always focus on the highest risk. i.e., if requiring support with two staff members at certain times this should be two staff members at all times until mobility has improved.

When a fall has occurred resulting in duty of candour it is necessary to recognise the importance of positive risk taking for service users and try to determine the right level of support required that will not impact adversely on their independence. It is important to assess each time a fall occurs and maintain open communications with both the service user and their family to ensure expectations are reasonable and being met.

Recognising the importance of strengthening the process of regular reviews of medication and medical conditions e.g., macular degeneration, to ensure we are supporting service users to the best of our ability.

Ensuring prompt contact with family members following an incident allows them to contribute to decision making regarding medical support and next steps.

## Other information

This is the fifth year of the duty of candour being in operation and it has been a year of further learning, developing, and refining our processes to ensure the organisation is equipped to deal with duty of candour outcomes in line with the legislation.

As required, we have submitted this report to the Care Inspectorate, and we have also placed it on our website.

If you would like more information about this report, please contact us using the following details:

Jennifer Rezendes, Principal Social Work Officer, Fife Health and Social Care Partnership

Fife Council  
Fife House  
North Street  
Glenrothes  
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**Meeting Title:** Integration Joint Board

**Meeting Date:** 31 May 2024

**Agenda Item No:** 10.1

**Report Title:** Risk Management Annual Report 2024

**Responsible Officer:** Nicky Connor, Director of Health and Social Care

**Report Author:** Audrey Valente, Chief Finance Officer

## 1 Purpose

**This Report is presented to the Board for:**

- Discussion
- Decision

**This Report relates to which of the following National Health and Wellbeing Outcomes:**

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 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.
- 7 People who use health and social care services are safe from harm.
- 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.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

## **This Report Aligns to which of the Integration Joint Board 5 Key Priorities:**

- Local - A Fife where we will enable people and communities to thrive.
- Sustainable - A Fife where we will ensure services are inclusive and viable.
- Wellbeing - A Fife where we will support early intervention and prevention.
- Outcomes - A Fife where we will promote dignity, equality and independence.
- Integration – A Fife where we will strengthen collaboration and encourage continuous improvement.

## **2 Route to the Meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Senior Leadership Team
- Risk Management Working Group
- Portfolio Quality Matters Assurance Groups (QMAG)
- Audit and Assurance Committee – 17 May 2024, where members welcomed the report and agreed the documentation at appendices 2, 3 and 4.

## **3 Report Summary**

### **3.1 Situation**

The Integration Joint Board (IJB) agreed its Risk Management Policy and Strategy in March 2023. A delivery plan was put in place at that time to ensure the actions required to deliver the strategy were progressed. A short life risk management working group was set up to support this work.

### **3.2 Background**

The delivery plan for the IJB Risk Management Policy and Strategy contains ten actions. Four have been completed, although further improvement work on two of these is continuing and work is progressing on the other actions. For the outstanding actions, the aim is to complete three of these in this quarter, one by December and the other two by March 2025.

### **3.3 Assessment**

The delivery plan is shown at Appendix 1. The following provides a summary of the key tasks that have been completed to date.

The IJB Strategic Risk Register was reviewed in line with the new Strategic Plan 2023 – 2026 at a development session for IJB members. The risk register remains current. Work will always be ongoing to ensure the risk register remains as up to date as possible, taking into account external factors, financial planning and progress on the delivery of the Strategic Plan.

Relevant key performance indicators are aligned to SMART control actions on

all strategic risks to provide assurance that these are effective and improving the management of risks. A deep dive risk review process was developed and agreed by all the governance committees. This aims to provide members with assurance that risks are being effectively managed within the risk appetite and agreed tolerance levels. The new deep dive risk review process has also highlighted relevant performance indicators for individual risks.

Progress on the deep dive risk reviews is shown in green on the workplan agreed at Audit & Assurance in November 2023 below:

<b>IJB Strategic Risk</b>	<b>Risk Score</b>	<b>Quality and Communities</b>	<b>Finance, Performance and Scrutiny</b>	<b>Comments</b>
Finance	High	N/a	12/05/23	Also submitted to Audit & Assurance on 28/06/23
Primary Care Services	High	07/09/23	15/09/23	
Demographic/Changing Landscapes	High	17/01/24	18/01/24	
Workforce	High	n/a	12/03/24	Also submitted to the LPF
Whole System Capacity	Mod	10/05/24	n/a	Scheduled for 10/05/24
Contractual/Market Capacity	Mod	05/07/24	03/07/24	
Strategic Plan	Mod	n/a	11/09/24	
Clinical and Care Governance	Mod	06/09/24	n/a	
Transformation/Change	Mod	10/01/25	15/01/25	
Information Governance/Digital Transformation	Mod	07/03/25	12/03/25	
Adult and Child Protection	Mod	July 2025	n/a	
Governance	Mod	n/a	July 2025	
Resilience	Mod	Sept 2025	n/a	

A formal risk appetite statement was approved by the IJB in July 2023. This supports the management of the strategic risks and is set out within the deep dive risk review process for each individual risk. A presentation on key questions to ask in relation to risk appetite in decision making was delivered to the Quality and Communities Development session on 6 Feb 24 and a paper was submitted to Audit and Assurance Committee in March 24 which proposed a methodology for considering and evidencing risk appetite discussions to support decision making. Members were supportive of the process, and this is now to be trialled.

Performance measures have been developed to provide assurance that risk

management processes are operating effectively. These include:

- Movement of the IJB Strategic Risk Profile:
- Risk Scoring Trajectory
- Deep dive risk review process

The first two measures are included in the regular risk reporting to Audit and Assurance on a quarterly basis.

Further work on the development of performance measures will be considered following the approval of the Risk Reporting Framework and also as part of the development of a risk maturity model for the IJB.

The following is a summary of key tasks where work is continuing.

Work is ongoing to finalise the Risk Management Process and Guidance document, alongside the development of the Risk Reporting Framework. The completion and launch of these supporting documents have previously been highlighted as actions in an outstanding audit report. These two documents have been developed by the risk working group, in order to support managers with the management of risk across the HSCP and are currently in draft, although the IJB and Committee reporting outlined in the Risk Reporting Framework is simply a record of the current process that is in place. A series of meetings has taken place with portfolio groups where managers were given the opportunity to feedback on, contribute to, and inform these documents. These documents are shown at Appendix 2 and 3 and are submitted for approval.

The risk working group is also taking forward a review of current training, and availability of training via the partners bodies and externally, in order to support the development and roll out of risk management training resources. A draft document is shown at Appendix 4 for approval.

A longer-term action is the development of a risk maturity model for the IJB. This can be used to assess a baseline level of maturity as a metric to enable and measure improvement. A number of risk maturity models have been reviewed by the risk working group and these are being used to produce a draft model that aims to meet the needs of the IJB. This will also seek to consider how we work on risk management with all partners within the Health and Social Care Partnership. This will then be put forward for consideration by the Senior Leadership Team.

The final two actions on the action plan are as follows:

Create a lessons learned process to share learning across the HSCP and use that learning to improve management of risk going forward.

Undertake a programme of process reviews/management audits to improve areas of loss e.g. claims, complaints, adverse events, incidents etc.

These actions are being considered by a smaller group looking at Quality Assurance and Performance. A position statement is in development to capture the areas where there may be opportunities for learning, such as complaints, adverse events, health and safety accidents etc, and set out whether any learning is currently shared, how this is carried out and how we can evidence

the impact of that learning. The position statement will also include questions on the second action and capture whether a process review has recently been undertaken and whether this highlighted any areas for improvement to the process as a result.

A further update report will be provided in six months' time.

### **3.3.1 Quality / Customer Care**

No direct quality or customer care implications, however, the risk management process seeks to support and provide greater transparency of quality and customer care issues.

### **3.3.2 Workforce**

No direct workforce implications, however, the risk management process seeks to support and provide greater transparency of workforce issues.

### **3.3.3 Financial**

No direct financial implications however, the risk management process seeks existence and scrutiny of risks and risk appetite in decision making seeks to support and provide greater transparency of financial issues.

### **3.3.4 Risk / Legal / Management**

The IJB, its Governance Committees and staff working across the HSCP need to ensure accountability and effective management of risk to ensure delivery of the Strategic Plan.

### **3.3.5 Equality and Diversity, including Health Inequalities**

An EqIA has not been completed and is not necessary because the existence of a risk management process is not directly relevant to equality issues.

### **3.3.6 Environmental / Climate Change**

There are no direct environmental or climate change impacts, however, the risk management process seeks to support and provide greater transparency of environmental issues.

### **3.3.7 Other Impact**

None.

### **3.3.8 Communication, Involvement, Engagement and Consultation**

- N/a

## **4.4 Recommendation**

- **Discussion** – Members are asked to discuss the annual report on risk management activity and consider whether any further information is required.
- **Decision** – Members are asked to approve the Risk Reporting Framework, the Risk Management Process and Guidance and the Risk



Management Training Resources as shown at Appendices, 2, 3 and 4 respectively.

## 5 List of Appendices

The following appendices are included with this report:

Appendix 1 – IJB Risk Management Policy and Strategy Delivery Plan

Appendix 2 – IJB Risk Reporting Framework

Appendix 3 – Risk Management Process and Guidance

Appendix 4 – Risk Management Training Resources

## 6 Implications for Fife Council

Although the strategic risks are the responsibility of Fife IJB, there may be a potential impact on partners if appropriate mitigations are not in place. Operational risks remain the responsibility of the partner bodies and the reporting of risks is relevant to all partners

## 7 Implications for NHS Fife

Although the strategic risks are the responsibility of Fife IJB, there may be a potential impact on partners if appropriate mitigations are not in place. Operational risks remain the responsibility of the partner bodies and the reporting of risks is relevant to all partners

## 8 Implications for Third Sector

Although the strategic risks are the responsibility of Fife IJB, there may be a potential impact on partners if appropriate mitigations are not in place. Operational risks remain the responsibility of the partner bodies and the reporting of risks is relevant to all partners

## 9 Implications for Independent Sector

Although the strategic risks are the responsibility of Fife IJB, there may be a potential impact on partners if appropriate mitigations are not in place. Operational risks remain the responsibility of the partner bodies and the reporting of risks is relevant to all partners.

## 10 Directions Required to Fife Council, NHS Fife or Both (must be completed)

Direction To:		
1	No Direction Required	X
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

**Report Contact**

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Risk Management Policy and Strategy									
Responsible: Avril Sweeney, Risk Compliance Manager									
Priority Number	Action/Activity	Lead	Resources needed (internal/external)	Desired Outcome	Potential Risks	Evidence of Improvement	Improvement/ Outcome	Planned Completion Date	Completion Date
Priority number in your strategy that action is linked to	What you'll need to do to implement the relevant priority in the strategy	Who is responsible for carrying out each action step	What resources will you need to complete each action step	How will you know that you have made progress on each action step	What are the risk that could affect this action step being achieved	Detail what was done to complete this action	The outcome of completing this action step	Anticipated completion date	Date completed
4	Review the IJB Strategic Risk Register in line with the new Strategic Plan	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Progress will be identified by the production of a revised risk register aligned to the key priorities and themes of the Strategic Plan 2023 - 2026	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas Rapidly changing risk environment	The risk register was reviewed by IJB members at their meeting of 24 February and all risks on the register were aligned to the revised Strategic Plan. Since then risks have been reviewed by the relevant governance committees	Risk register remains current. Work will always be ongoing to ensure the risk register remains as up to date as possible, taking into account external factors and progress on delivery of the Strategic Plan.	Apr-23	Apr-23
4	Ensure relevant key performance indicators are aligned to control actions to provide assurance that these are effective and improving the management of individual risks	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Performance measures in place and being reported to the relevant groups/committees	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas	Each strategic risk has had relevant performance measures added. The deep dive review process has also highlighted relevant performance indicators for individual risks.	Measures are in place for the current IJB Strategic Risks. Any new risks added following subsequent review of the IJB Strategic Risk Register will also have measures assigned	Apr-23	Apr-23
3	Develop a Risk Appetite Statement for the IJB and processes to support the application of Risk Appetite to management of risks and delivery of objectives	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Risk Appetite Statement agreed and appended to this strategy. Further actions will then be required to apply to individual risks and risk decisions	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas	First session at IJB Development meeting on 9 Dec 2022 Follow up session on 24 February 2023 Approval of IJB Formal Risk Appetite Statement on 28 July 2023	This will support management of the strategic risks and also decisions taken by the IJB. A presentation on key questions to ask in relation to risk appetite in decision making was delivered to Quality and Communities Committee's development session in Feb 24 and a paper was presented to A&A in March 24 which proposed a method of considering and evidencing Risk Appetite discussions to support decision making.	Jun-24	July 2023 for Statement

Priority Number	Action/Activity	Lead	Resources needed (internal/external)	Desired Outcome	Potential Risks	Evidence of Improvement	Improvement/ Outcome	Planned Completion Date	Completion Date
1	Develop guidance and processes for managers, staff and members of the IJB to reflect all elements of the risk management process to ensure ongoing review and management of risks and risk registers, aligned (or directing to) partner bodies processes as necessary	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Guidance agreed, circulated to relevant stakeholders and understood. Will link to training programme action	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas	Draft guidance has been developed and circulated to the working group and comments received. This is now being aligned to the Risk Reporting Framework to set out the expectations across the HSCP. A series of meetings across HSCP portfolios will allow teams to contribute to and inform the guidance and the Risk Reporting Framework.		May-24	
4	Develop a risk reporting framework to ensure relevant risks and risk registers are reported to the appropriate Group, Committee or board timeously	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Risk Reporting framework agreed, circulated to relevant stakeholders and implemented	Capacity of staff to attend meetings, review documents	The risk reporting framework is currently in draft but has taken account of recent developments in Committee processes, including the deep dive reviews. A series of meetings across HSCP portfolios will allow teams to contribute to and inform the guidance and the Risk Reporting Framework.		May-24	
1	Develop and roll out a risk management training programme	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Training needs identified and a programme in place to address these for all relevant staff/Board members	Capacity of staff to attend meetings, review documents	The group is taking forward a review of current training and availability of training via the partner bodies and externally.		May-24	
4	Develop performance measures to provide assurance that risk management processes are operating effectively	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Performance measures in place and being reported to the relevant groups/committees	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas	Movement of the IJB Strategic Risk Profile and a risk scoring trajectory is now in place and currently provided to Audit and Assurance Committee quarterly. The A&A Committee has agreed a deep dive review process which is incorporated in to the draft Risk Reporting Framework. Deep dives are now being progressed through Committees. Once the Risk Reporting Framework is agreed, further measures may be developed to ensure compliance with the Framework.	<i>Performance measures in place. Review will take place following approval of the risk Reporting framework to see if these can be enhanced</i>	Sep-24	01/01/2024 for initial measures
4	Develop a risk maturity model and use to assess a baseline level of maturity for the IJB as a metric to enable and measure improvement	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Once agreed, an assessment will be made to pinpoint the maturity level as a baseline. Further actions will then be developed to reach the next level on the model	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas	A number of risk maturity models have been considered and work is ongoing to develop a model that will meet the needs of the IJB.		Dec-24	

Priority Number	Action/Activity	Lead	Resources needed (internal/external)	Desired Outcome	Potential Risks	Evidence of Improvement	Improvement/ Outcome	Planned Completion Date	Completion Date
2	Create a lessons learned process to share learning across the HSCP and use that learning to improve management of risk going forward	Audrey Valente/Avril Sweeney	Support from Working Group Members SLT/ELT/Partner bodies/Other colleagues	Process agreed and in place	Capacity of staff to attend meetings, review documents	This is being progressed via the Quality Assurance and Performance group. A position statement is in development to capture where we currently share learning and how this is carried out. The position statement will also cover the process reviews and management audits action noted below.		Mar-25	
2	Undertake a programme of process reviews/management audits to improve areas of loss e.g claims, complaints, adverse events, incidents etc	Audrey Valente/Avril Sweeney	Support from Working Group Members SLT/ELT/Partner bodies/Other colleagues	Programme to be set out for areas which are not already subject to regular review	Capacity of staff to attend meetings, review documents	This is being progressed via the Quality Assurance and Performance group. A position statement is in development to capture where we currently share learning and how this is carried out. The position statement will also cover the process reviews and management audits to capture what is currently in place, what is currently a work in progress and what areas still require to be considered.		Mar-25	

Integration Joint Board (IJB)  
Risk Reporting Framework

DRAFT

# **Integration Joint Board Risk Reporting Framework**

This document supplements the IJB Risk Management Policy and Strategy and sets out the key risk registers held by the Integration Joint Board and the partner bodies, and the relevant governance structures for reporting on risks and risk management across the Health and Social Care Partnership (HSCP)

## **Key Risk Registers**

**IJB Strategic Risk Register** – This risk register includes the most significant strategic level risks. These are the risks that will represent the potential for the IJB to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan. These risks usually arise from external factors, e.g. Political; Economical; Social; Technological; Legislative and Environmental and typically require strategic leadership in the development of activities and application of controls to manage the risk. These risks will be managed by members of Senior Leadership Team (SLT) and reported to IJB, and relevant governance committees as required, but not less than once per annum.

**SLT Risk Register** – This is a hybrid operational risk register which will include escalated high level service risks from Health and Social Care Services that require scrutiny/management by SLT. Risks can be escalated to this level from service operational risk registers where a risk impacts on multiple services or requires significant central resources in the development of risk control measures. This process will be facilitated by the use of the Operational Risk Working Group and the portfolio management teams.

**Service Operational Risk Registers** – These are risk registers which include risks that will impact on the delivery of a service and will be managed by Service Managers according to the risk management processes of the partner bodies. Operational risks represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the Partnership These will include risks arising from, or impacting on Clinical Care and Treatment; Social Care and Treatment; Customer Service; Employee Health, Safety and Wellbeing; Business Continuity/Supply Chain; Information Security and Asset Management. Operational risks will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to the SLT Risk Register or potentially the IJB Strategic Risk Register. This process will be facilitated by the use of the Operational Risk Working Group and the portfolio management teams.

**Programme or Project Risk Registers** – These are held by the partner bodies and are risk registers that will set out the key risks that impact on the successful delivery of programmes or projects within the HSCP. Programme or Project risks will usually be monitored by the relevant Programme or Project Board, but significant programme/project risks may require oversight by SLT.

## **Risks relevant to IJB Governance Committees**

**Quality and Communities Committee** – Will receive risks from the IJB Strategic Risk Register that may impact on the HSCP achieving its objectives in relation to quality of care. This may also include any significant risks escalated from Service risk registers if necessary and will be reported to the Committee as required to provide assurance.

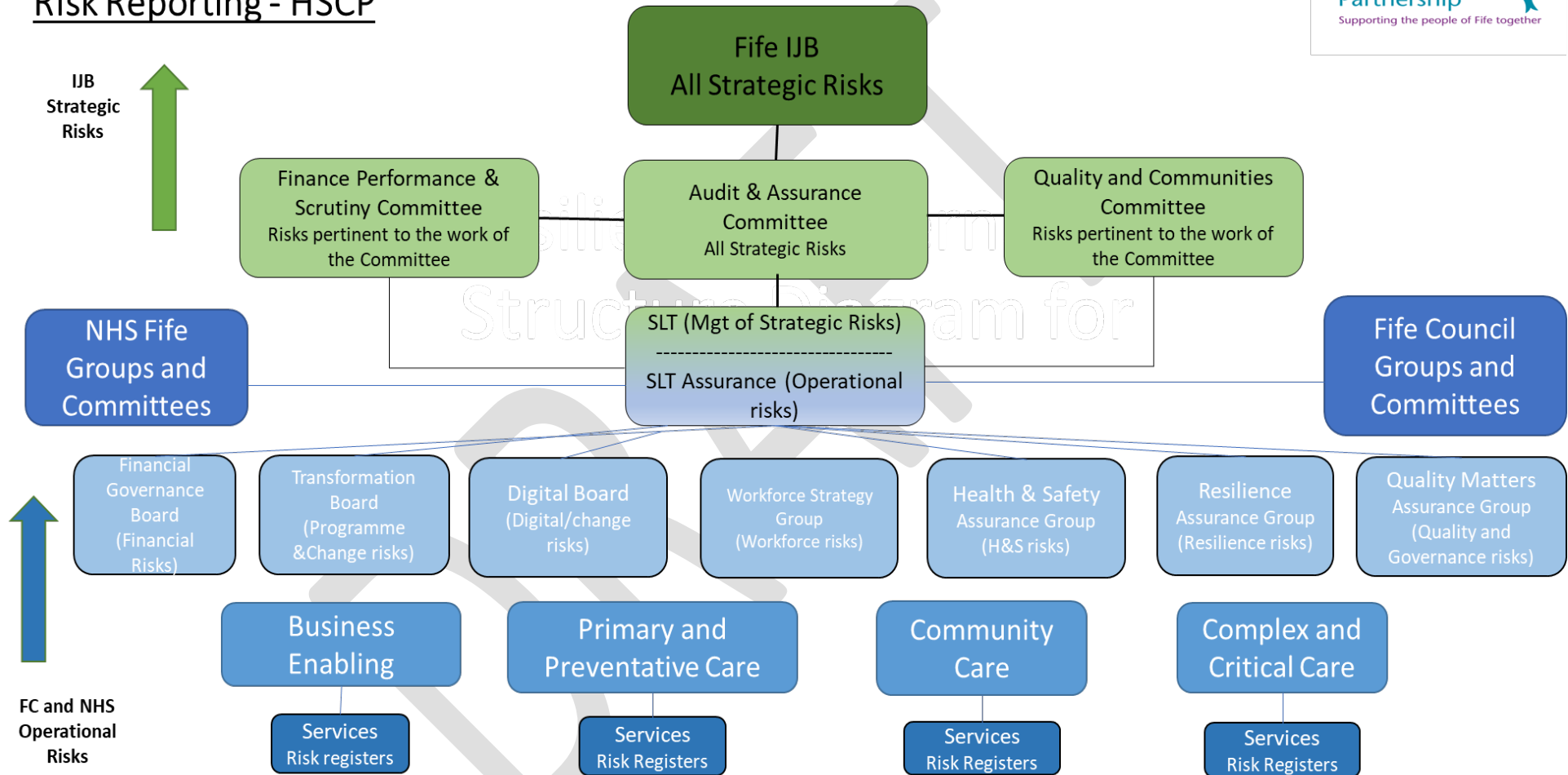
**Finance, Performance and Scrutiny Committee** – Will receive risks from the IJB Strategic Risk Register that may impact on the HSCP in relation to matters of finance, performance and other matters of interest for the Committee. This may also include any significant risks escalated from Service risk registers if necessary, plus any risks highlighted through the budget and financial review processes.

**Audit and Assurance Committee** – Will receive the full IJB Strategic Risk Register and recommend to the IJB for approval.

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# Risk Reporting - HSCP



### IJB/Committee Structures for Reporting on Risks and Risk Management

Board/Committee	Risk Register Reporting & Review	Reporting Frequency	Comments
IJB	1. IJB Strategic Risk Register	At least once per annum	Also requires to approve Risk Management Policy and Strategy
Quality and Communities Committee	1. Risks from the IJB Strategic Risk Register and partner bodies operational risks pertinent to the work of the Committee	Twice per annum, plus scrutiny of “Deep Dive Review” reports on individual high scoring risks in the intervening Committee dates (4 per annum)	
Finance, Performance and Scrutiny Committee	1. Risks from the IJB Strategic Risk Register and partner bodies operational risks pertinent to the work of the Committee 2. Risks relevant to the Budget and financial review processes.	Twice per annum, plus scrutiny of “Deep Dive Review” reports on individual high scoring risks in the intervening Committee dates (4 per annum)	
Audit and Assurance Committee	1. IJB Strategic Risk Register	Quarterly	Also requires to review and recommend the Risk Management Policy and Strategy for approval and provide scrutiny on the adequacy and effectiveness of the system of risk management for the IJB

The Committee Assurance Principles included within the IJB Risk Management Policy and Strategy will also provide guidance and support in managing and scrutinising risks.

## Management Structures for Risk Management

Level of Management	Risk Register Management & Review	Questions for Review	Escalation/De-escalation	Comments
Senior Leadership Team (SLT) Quarterly	<ol style="list-style-type: none"> <li>1. IJB Strategic Risk Register</li> <li>2. Review of FC and NHS Fife Corporate Risks assigned to Director of HSCP</li> <li>3. SLT Risk Register</li> <li>4. Project/Programme risk registers requiring SLT oversight or reported from a Programme/Project Board</li> </ol>	<p>Are management controls adequate? How do we know management controls are having an impact? Do we have evidence or performance indicators that will assist us? Can we reduce, or do we need to increase, the risk scores? Can any of these risks be removed/de-escalated? Are there new risks to be considered?</p>	<p>Consider risks escalated from Divisional/Service/Programme/Project level for inclusion on IJB Risk Register De-escalate any Divisional level risks that can be managed by Heads of Service/Service Managers</p>	<p>SLT may also require to scrutinise the partner bodies full Corporate/Strategic risk registers to identify any risks impacting at an operational level in HSCP services</p>
Assurance Groups/Governance Boards Quarterly	<ol style="list-style-type: none"> <li>1. Risks from the SLT Risk Register that are pertinent to the subject matter of the Group.</li> <li>2. Risks escalated from services or teams that are pertinent to the subject matter of the Group</li> </ol>	<p>As above plus do we need to escalate/share across the HSCP.</p>	<p>Escalate high scoring risks or risks impacting across more than one division to SLT level. De-escalate any service level risks where the Service manager can manage independently</p>	
Heads of Service (Portfolio) Management Teams (HoSMT) Quarterly	<ol style="list-style-type: none"> <li>1. Risks from SLT Risk Register that are managed by Heads of Service</li> <li>2. High scoring service risks or service risks that impact across more than one service</li> </ol>	<p>As above plus Do we need to escalate/share across the HSCP?</p>	<p>Escalate high scoring risks or risks impacting across more than one division to SLT level. De-escalate any service level risks where the</p>	

			Service manager can manage independently	
Service Management Teams Quarterly	1. Service Risks 2. New and Emerging risks flagged up by teams or identified "on the horizon".	As above plus Do we need to escalate?	Escalate high scoring service risks or risks impacting across more than one service to HoSMT level	
Teams	Regular risk discussions flagged up to Service manager as necessary			

### Risk Management Discussions at SLT/HoSMT/SMT Agendas

Where individual risks or risk registers are on the agenda the **questions for review** can be considered at that point.

If risks or risk registers are not specifically on an agenda, then each agenda item should be considered for risk and the following questions asked.

Is this on a risk register?

If so, the **questions for review** can be considered at that point.

If not, does it need to be on a risk register and if so, which risk register and who will be responsible?

### Operational Risk Working Group

A small working group, comprising of portfolio business managers, or other portfolio representative, members of the quality and members of the compliance team, to support the management of operational risks across the HSCP. The group will meet quarterly to review all HSCP operational risks and ensure relevant risks are flagged to portfolio management teams and relevant groups for discussion and review. The group will also facilitate a report to SLT assurance on the management of risks across the HSCP.

IJB

Risk Management Process

Guidance  
For Managers

DRAFT

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## **Introduction**

The purpose of this guidance is to outline the risk management process in relation to the IJB strategic risks in order to ensure delivery of the Strategic Plan.

For operational risks, held by Fife Council and NHS Fife, staff will continue to follow the key risk management processes established within the partner bodies. This document seeks to complement and support these existing processes so that staff working within the HSCP are clear on escalation and reporting routes, where these impact on the IJB and the IJB Governance Committees, and structures and are working in a consistent manner to ensure risks are discussed in the right place, at the right time and with the right amount of urgency to support timely decision making for management and the IJB.

### **What is Risk Management?**

The IJB faces internal and external factors and influences that can create uncertainties (risks) around whether and when the objectives set out in the Strategic Plan will be delivered.

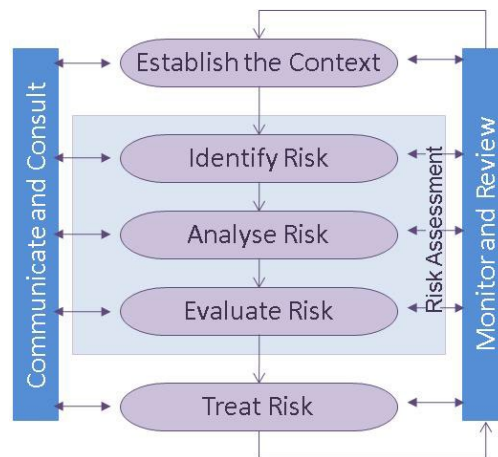
Risk Management is the process of identifying, evaluating and responding to the risks that could affect (positively or negatively) the achievement of objectives. It is crucial for the successful achievement of strategic and operational plans.

All of our activities involve risk. It is important that we proactively manage risk to an acceptable level by embedding processes that focus on assessment and prevention rather than reaction and remedy. Following a comprehensive, effective risk management approach throughout the organisation will help us achieve strategic and operational objectives, improve service delivery, increase efficiency, support and inform decision making, help provide a safe and secure environment and encourage a culture of quality improvement.

The IJB Risk Management Policy and Strategy (provide link) will be relevant to all employees working in the Partnership and will require input from managers at all levels to ensure that risk management is a fundamental part of our total approach to quality and corporate, clinical and care governance. This means that risk management information should, wherever possible, be used to guide and inform major decisions.

## Risk Management Process

The following diagram sets out the risk management process for the IJB



Australia/New Zealand Risk Management Standard, AS/NZS 4360: 2004

### Establish the Context

Ensure you are clear about the context in which you are seeking to manage risk. For example:

Is it in relation to achievement of strategic or operational objectives?

Is it in relation to delivery of a project?

Is it related to the safe and effective completion of a task?

Identifying risks – the means by which we identify where, when, why and how events could arise that might impact on achievement of our objectives.

Analysing and evaluating risk – the risks are assessed on the levels of likelihood and consequence of the risk happening and applying a risk score based on this information

Treating risks – developing and implementing control actions, where necessary, to mitigate the level of risk. This is often in the form of an action plan.

Monitoring and Review - Ensuring that we monitor the implementation of our control actions and review these to ensure that risks are being managed appropriately.

Communicating and Consulting – Communicating and consulting with internal and external stakeholders at each stage of the risk management process.



## Identifying Risks

### **Q - How do we identify risks?**

A - Risks can be identified in lots of ways and the methods will vary depending on the level at which risks are being considered and the objectives we need to achieve. In most cases you will need to use a combination of techniques.

We should consider what has happened in the past and anticipate what might happen in the future. It is often useful to identify risks with small groups who have knowledge or experience of the area of service delivery we are focussing on. We can use a variety of sources of information to help us such as:

- Planning and performance management processes
- Review of significant changes in services
- Internal and external audits
- Changes to legislation, regulations, guidance and/or guidelines
- Horizon scanning
- Incident and accident reporting
- Complaints management
- Health and safety reviews
- Business cases and project plans
- Training needs analysis
- Recruitment/retention and absence data

It can also be useful to look at the types of consequences that would result if the risk occurs. These include:

- Incidents or accidents which impact on the patients' /service users' experience
- Injuries to staff, patients, service users and members of the public
- Complaints and claims
- Staffing issues and lack of appropriate competence
- Financial loss
- Adverse publicity and loss of reputation.

When identifying risks it is helpful to use categories to help focus on key areas. For example, applying a "PESTELO" analysis can be useful in identifying strategic risks.

P – Political  
E – Economic  
S – Social  
T – Technological  
E - Environmental  
L – Legal  
O – Organisational

To identify operational risks we can use the “APRICOT” categories

A - Assets  
P – People  
R – Reputation  
I - Information  
C – Continuity (of Operations)  
O – As above  
T – Targets

**Example** – The IJB held a development session to look at the risks relating to the Strategic Plan. Current risks were reviewed to ensure they were relevant to one or more of the new key priorities.  
A further session, used the PESTELO model to identify any further risks to delivery of the Strategic Plan. These were then considered against the current risks and further feedback from members and managers and a revised risk register was developed.

#### Q - Which risks do we record?

A – We record three main types of risk:

**Strategic Risks** – linked to strategic objectives and the delivery of the Strategic Plan, these are recorded on the IJB strategic risk register

**Operational risks** – these will be held by the Partner bodies, NHS Fife and Fife Council and are managed within the partners risk management systems and relate to the delivery of operational services. If an operational risk is assessed as being high then it may be escalated to the senior leadership team to consider whether it merits inclusion on the strategic risk register for the IJB and/or the partner bodies.

**Project/Programme Risks** – these will be held on the partner bodies risk management systems and are risks linked to the delivery of the project or programme. They should be recorded on a risk register specific to the project or programme and reported to the project or programme board.

**Example** – An example of a strategic risk is;

#### Demography

There is a risk that we will not be able to respond to or fund the impact of demographic changes on service provision leading to a negative impact on the Strategic Plan e.g. projection of 91% increase in over 75s in Fife over 22 years

An example of an operational risk is;

As access to service user information for staff is incomplete or incorrect there is a risk this could lead to duplication or error.

An example of a project risk is

Due to poor project planning, there is a risk of failure to deliver a replacement lone working solution prior to the end of the contract with the current supplier.

#### Q - How do we record risks?

Risks should be recorded in the appropriate risk register

**Example** – An example risk register is shown at Appendix 1

#### Q - What is a risk register?

A - A risk register:

- Is a log of risks of all kinds that threaten an organisation's success in achieving its aims and objectives
- Is a dynamic document which is populated through the organisation's risk management process
- Provides a means for collating information about risks, that helps in the analysis of risks and decisions about the appropriate means of controlling or responding to these risks
- Is a management tool that enables an organisation to understand its risk profile

NHS Fife uses Datix to record Health risks and Fife Council uses Pentana. The IJB Strategic risk register and some project risk registers are currently held in spreadsheets.

#### Q - What types of risk register will we have?

A - Maintaining accurate and up to date risk registers is critical to effective risk management. The partnership will maintain the following risk registers:

**Strategic Risk Registers** – This covers the most significant risks that impact on the delivery of the Strategic Plan, or that impact on the organisation as a whole

**Operational Risk Registers** – These cover risks that impact on delivery of service or local delivery plans. Operational risks will be established for all relevant services and held within the relevant partner system but be reported via the HSCP management structure.

**Programme and Project Risk Registers** – These cover risks that impact on the successful delivery of specific programmes or projects

#### Q - Who agrees acceptance of new risks on a risk register?

A - This will depend on the type of risk and the level within the organisation. For example, a service manager can accept risks on a service operational risk register.

If a new (or escalated) risk is being proposed for the Strategic risk register this should be agreed by SLT

## Describing a risk

### Q - Is there a correct way to describe a risk?

A - Defining a risk should include a description of what the risk is, the possible cause and the consequence for objectives. This will allow the risk to be more easily understood and more effectively managed.

A useful model for helping to define a risk is:

**There is a risk of “x” because of “y” resulting in “z” where:**

- x is the risk event
- y is the cause of the risk and
- z is the consequence and/or impact on objectives

**Example – Objective** – to travel from A to B by train for a meeting at a certain time

There is a risk that my train is cancelled because of severe weather which results in me missing the meeting.

## Analysing and Evaluating Risks

In order to help understand which risks we can live with (tolerate) and which risks require priority for intervention, we need to evaluate risks in a consistent way. Risks are analysed by combining the likelihood of the risk happening with the consequence of the risk being realised. This is done prior to any control measures or actions being considered – This is known as the “gross”, “original”, “initial” or “inherent” risk.

The risk matrix we are using to do this, along with the descriptors of likelihood and consequence are shown at Appendix 2.

The scores should be applied in isolation. We should look at the likelihood of the risk occurring and then look separately at the consequence should the risk occur. This will then give us the risk score.

Current mitigation/control actions

When we manage risk we will mitigate either the likelihood or consequence (or both) of the risk, should it occur, by putting in place a range of strategies, policies, project and internal control processes (known as management actions). It is not possible to fully mitigate against all risks but before we can consider what management action is required we must first assess what mitigation is already in place and then re-score the risk. This is known as the “net”, “current” or “residual” risk.

### Q - What risks can we tolerate?

A - The IJB Risk Management Policy and Strategy sets out the following information about tolerating risk:

The IJB will seek to take management action to reduce risks that fall into the High Risk (HR) or Moderate Risk (MR) areas, risks scoring 8 or above. Risks falling into the Very Low Risk (VLR) area can be tolerated without action. Risks falling into the Low Risk (LR) area can be tolerated providing there are contingency plans in place for those risks that have a Major or Extreme Consequence.

This can be seen clearly in the following matrix:

Likelihood	Consequence				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost certain (5)	LR (5)	MR (10)	HR (15)	HR (20)	HR (25)
Likely (4)	LR (4)	MR (8)	MR (12)	HR (16)	HR (20)
Possible (3)	VLR (3)	LR (6)	MR (9)	MR (12)	HR (15)
Unlikely (2)	VLR (2)	LR (4)	LR (6)	MR (8)	MR (10)
Remote (1)	VLR (1)	VLR (2)	VLR (3)	LR (4)	LR (5)

- Very Low Risk (VLR) – (1) – (3) - Can tolerate
- Low Risk (LR) – (4) – (6) - Can tolerate with contingencies for Major and Extreme Consequences
- Moderate Risk (MR) – (8) – (12) - Seek to reduce
- High Risk (HR) – (15) – (25) - Seek to reduce

Please note NHS Fife and Fife Council have different risk matrices, but both use a 5 x 5 format.

### Risk Appetite

The IJB Risk Appetite Statement was agreed in July 2023 and provides further clarity on when the IJB will consider accepting and tolerating risk.

### Managing and Controlling Risks

### Q - How do we manage or control risks?

A - Risk control involves selecting one or more options for modifying risk and implementing these options. Control actions can be unique or can be modifications of existing control actions.

Risk control is a cyclical process of:

- Assessing the effect of a control action on the level of risk
- Deciding whether residual risk levels are tolerable
- If not tolerable, deciding on new control actions; and
- Assessing the effectiveness of these control actions

Risk control options are not necessarily mutually exclusive or appropriate in all circumstances. The options can include the following:

**Treat** - Taking action to reduce the likelihood and/or consequence of the risk

**Terminate** - Avoiding the risk by deciding not to start or continue with the activity that gives risk to the risk or removing the risk source

**Transfer** - Sharing the risk with, or transferring the risk to, another party or parties

**Tolerate** - Taking or increasing the risk in order to pursue an opportunity or retaining the risk by informed decision.

### Q - If we need to “Treat” a risk what actions do we need to take?

If it is decided further action is required to manage a risk this should be recorded on the risk register. Any actions should be SMART

**S**- Be **Specific** about what you want to achieve, do not be ambiguous, and communicate clearly.

**M**- Ensure your result is **Measurable**. Have a clearly defined outcome and ensure this is measurable

**A**- Make sure it is **Appropriate**. Is it an **Achievable** outcome?

**R**- Check that its **Realistic**, it must be possible taking account of time, ability and finances.

**T**- Make sure it is **Time** restricted. Set yourself an achievable time frame, set deadlines and milestones to check your progress.

**Example** – An example of a SMART action is – “Ensure all HSCP managers complete the e-learning module for Duty of Candour by 31 March 2022”

### Q – Do we need to set a target risk?

If we decide to treat a risk we should set a target risks that we can realistically hope to achieve, through the use of SMART actions, within a pre-determined timescale

## Monitoring, Reviewing and Reporting Risks

The monitoring and review of individual risks will include an evaluation of the progress made in implementing the agreed actions to address gaps in control, or to take advantage of opportunities that have been identified.

### Q - How will we know our actions are having an impact on the risk?

We may need to gather evidence to demonstrate that our actions are helping to reduce the risk. We may have performance indicators already in place that will help us or it may be necessary to develop indicators specifically to measure the effectiveness of control actions. Where indicators are not appropriate, audits or self evaluation exercises may need to be carried out

**Example** – Numbers of Manual handling incidents reduce following roll out of a revised manual handling training programme.

### Q - What else do we need to consider when monitoring and reviewing risks?

A -The management of risks should be continuously reviewed to;

- Monitor whether or not the organisational risk profile is changing
- Gain assurance that risk management is effective
- Identify when further action is necessary to deliver assurance on the effectiveness of control.

In practice this will involve the risk registers being discussed at all levels from the IJB to SLT, Assurance groups and team meetings, to ensure that:

- Planned corrective actions/mitigation are implemented timeously
- Current level of risk is reviewed on a continuous basis and risks escalated or de-escalated as appropriate
- Identification of any new or emerging risks
- Benefits are being delivered, where the risk appetite allows for risk to be accepted or sought out
- Current risk scores are reduced and/or maintained in line with agreed appetite and tolerances.

The role of the IJB is crucial. As well as periodically considering the strategic risk register and selected individual risk content, via the deep dive risk review process, it will also seek regular assurances from sub-committees and the Senior Leadership Team that these and operational risk registers have been reviewed and are up to date.

## Escalating and De-Escalating Risks

Risks should be managed at the lowest competent level, as long as this is appropriate. Each risk owner is responsible for the prompt identification of risks that should be escalated to the next level of risk for consideration.

Service Managers should discuss any high-level risks (following mitigation actions) with the Head of Service.

If Heads of Service are in agreement that a risk is high level, and of concern, they should consider the risk for escalation to SLT. A brief SBAR on the risk should be presented to SLT for consideration.

If SLT agree the risk is high level and of concern and operational, the risk should be re-assigned to the relevant SLT member in Datix/Pentana and will be included in the list of operational risks monitored by SLT (The SLT Operational Risk Register)

If SLT agree the risk is high level and of concern and strategic it should be added to the IJB Strategic risk register and/or flagged to partner bodies for inclusion in their Strategic/Corporate risk registers

**Q - What risks should be considered for escalation and how does this happen?**

A - Examples of scenarios where risks should be considered for escalation include, but are not limited to:

- Risks that may have a wider strategic impact, i.e it is beyond the scope of the area in which it was originally identified;
- Risks which can no longer be managed effectively within the resources and authority of the risk owner;
- Risks which have a significant risk score that may breach the tolerance for the particular risk type as defined by the partner bodies and/or IJB;
- Similar risks appearing on a number of operational risk registers which may indicate the need for a corporate oversight

The Senior Leadership team will be responsible for assessing the strategic impact of the risk and determining whether it should be included in the strategic risk register, and therefore reported to the IJB or relevant governance Committee.

See the separate Risk Reporting Framework document.(Provide link)

Additionally, they will need to consider where risks may need to be reported to the partner bodies, NHS Fife and Fife Council.

Reports to the IJB and governance committees will be made available to Fife Council and NHS Fife.

**Example** – An operational risk on a service risk register may be considered for escalation. The Service Manager should raise with the Head of Service (or at a Management team meeting) – The Head of Service will consider whether this can be dealt with at service level or whether it needs to be escalated further to SLT/IJB.



<b>Risk Register</b>	IJB Strategic Risk Register - as at 01/03/23				Trend since July 2022	24			
					Trend since Oct 22	23			
					Relevant Committee Latest Date	22			
					Relevant Performance Information	21			
					Risk Status	20			
					Date last reviewed	19			
					Review Results	18			
						Next Review Date	17		
					Risk Ownership	Managed by	16		
						Accountable Officer	15		
					Target Risk Date	14			
					Target Risk Grade	13			
					Residual Risk Grade	12			
					Residual Consequence	11			
					Residual Likelihood	10			
					Management Actions	SMART Actions	9		
							Internal Controls	8	
					Risk Grade	7			
					Consequence	6			
					Likelihood	5			
Risk	4								
Date Added	3								
Source	2								
Ref.	1								

**Figure 1**

Likelihood	Consequence				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost certain (5)	LR (5)	MR (10)	HR (15)	HR (20)	HR (25)
Likely (4)	LR (4)	MR (8)	MR (12)	HR (16)	HR (20)
Possible (3)	VLR (3)	LR (6)	MR (9)	MR (12)	HR (15)
Unlikely (2)	VLR (2)	LR (4)	LR (6)	MR (8)	MR (10)
Remote (1)	VLR (1)	VLR (2)	VLR (3)	LR (4)	LR (5)

In terms of grading risks, the following grades have been assigned within the matrix.

	Very Low Risk (VLR)	(1) - (3)
	Low Risk (LR)	(4) - (6)
	Moderate Risk (MR)	(8) - (12)
	High Risk (HR)	(15) - (25)

**Likelihood of Recurrence Ratings**

Descriptor	Remote	Unlikely	Possible	Likely	Almost Certain
Likelihood	Can't believe this event would happen – will only happen in exceptional circumstances  (5-10 years)	Not expected to happen, but definite potential exists – unlikely to occur  (2-5 years)	May occur occasionally, has happened before on occasions – reasonable chance of occurring  (annually)	Strong possibility that this could occur – likely to occur  (quarterly)	This is expected to occur frequently / in most circumstances – more likely to occur than not  (daily / weekly / monthly)

Consequence Ratings					
Descriptor	Negligible	Minor	Moderate	Major	Extreme
<b>Objectives / Project</b>	Barely noticeable reduction in scope / quality / schedule	Minor reduction in scope / quality / schedule	Reduction in scope or quality, project objectives or schedule	Significant project over-run	Inability to meet project objectives, reputation of the organisation seriously damaged.
<b>Injury (Physical and psychological) to patient / visitor / staff.</b>	Adverse event leading to minor injury not requiring first aid	Minor injury or illness, first aid treatment required	Agency reportable, e.g. Police (violent and aggressive acts) Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
<b>Patient Experience</b>	Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care	Unsatisfactory patient experience / clinical outcome <b>directly related to care provision – readily resolvable</b>	Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk	Unsatisfactory patient experience / clinical outcome, long term effects – expect recovery - >1wk	Unsatisfactory patient experience / clinical outcome, continued ongoing long term effects
<b>Complaints / Claims</b>	Locally resolved verbal complaint	Justified written complaint peripheral to clinical care	Below excess claim. Justified complaint involving lack of appropriate care	Claim above excess level. Multiple justified complaints	Multiple claims or single major claim
<b>Service / Business Interruption</b>	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	Short term disruption to service with minor impact on patient care	Some disruption in service with unacceptable impact on patient care Temporary loss of ability to provide service	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility Disruption to facility leading to significant "knock on" effect
<b>Staffing and Competence</b>	Short term low staffing level temporarily reduces service quality (less than 1 day). Short term low staffing level (>1 day), where there is no disruption to patient care	Ongoing low staffing level reduces service quality  <b>Minor error due to ineffective training / implementation of training</b>	Late delivery of key objective / service due to lack of staff.  <b>Moderate error due to ineffective training / implementation of training</b>  Ongoing problems with staffing levels	Uncertain delivery of key objective / service due to lack of staff.  <b>Major error due to ineffective training / implementation of training</b>	Non-delivery of key objective / service due to lack of staff.  Loss of key staff.  <b>Critical error due to ineffective training / implementation of training</b>
<b>Financial (including damage / loss / fraud)</b>	Negligible organisational / personal financial loss (£<1k)	Minor organisational / personal financial loss (£1-10k)	Significant organisational / personal financial loss (£10-100k)	Major organisational / personal financial loss (£100k-1m)	Severe organisational / personal financial loss (£>1m)
<b>Inspection / Audit</b>	Small number of recommendations which focus on minor quality improvement issues	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating Critical report.	Prosecution. Zero rating Severely critical report.
<b>Adverse Publicity / Reputation</b>	Rumours, no media coverage  Little effect on staff morale	Local media coverage – short term. Some public embarrassment.  Minor effect on staff morale / public attitudes.	Local media – long-term adverse publicity.  Significant effect on staff morale and public perception of the organisation	National media / adverse publicity, less than 3 days.  Public confidence in the organisation undermined  Use of services affected	National / International media / adverse publicity, more than 3 days. MSP / MP concern (Questions in Parliament). Court Enforcement  Public Enquiry



# **Risk Management Training Resources 2024**

## **Introduction**

The risk management arrangements for Fife Health and Social Care Partnership (HSCP) are integrated with those for the IJB and those which are in place for the partner bodies.

This guide signposts training available from partner bodies and training available through the HSCP's Compliance Team

### **Integration Joint Board (IJB)**

The HSCP Compliance Team will provide bespoke training for IJB members, IJB Committees, Senior Leadership Team and Managers working to support the Integration Joint Board, as required.

### **HSCP**

A series of SWAY's/presentations and videos are in development. These can be delivered face to face, via MS Teams or self-directed. These will supplement the Risk Management Process and Guidance Document for all HSCP staff.

Topics include:

An Introduction to Risk Management  
The Risk Management Process  
Risk Management Governance and Assurance

### **Training available from Partner bodies**

#### **NHS Fife**

The NHS Fife Risk Manager runs a series of Risk Management Sessions on MS Teams designed for the following:

- Managers and departmental leads, with responsibility for managing risk.
- Risk owners / handlers
- Any other identified staff member who supports risk management within their department
- Staff who prepare risk assurance reports for groups, committees and boards
- Recipients of assurance reports

Topics Include:

Risk Management – Everyone’s Business

*This provides an overview of risk management principles, benefits, roles and responsibilities, referencing relevant policies and frameworks.*

Risk Management – Making Sense of the Risk Assessment Matrix

*This highlights what the matrix is, where it fits in to the process, why it is important and how to use it.*

Risk Governance and Assurance

*This provides an overview of assurance principles, assurance levels and the “three lines of assurance.”*

Training is also available on the **Datix system** with the training prospectus being available on **Staff Link**

## **Fife Council**

Essentials of Enterprise Risk Management (2 day externally accredited course) is scheduled 2 or 3 times throughout the year. This can be booked via **Oracle** and is suitable for anyone who:

- Needs to understand risk management and the role it plays in their area of business.
- Wants to know how risk affects strategy and decision making.
- Wants to feel more confident in enterprise risk.
- Looking for a refresher to enhance their knowledge.
- Needs to know about the relationship between risk management and audit and compliance (Risk, Audit and Compliance professionals)

Training and support on the use of **Ideagen** (Formerly Pentana) is available from the Council Risk Management team and also from the HSCP Compliance Team in relation to service risk registers held on the system.

HSCP Compliance Team Contact Details

Avril Sweeney, Risk Compliance Manager – [Avril.Sweeney@fife.gov.uk](mailto:Avril.Sweeney@fife.gov.uk)  
Cathy Henderson, Compliance Officer – [Cathy.Henderson@fife.gov.uk](mailto:Cathy.Henderson@fife.gov.uk)  
Denise Paterson, Compliance Officer – [Denise.Paterson@fife.gov.uk](mailto:Denise.Paterson@fife.gov.uk)



# Fife Health & Social Care Partnership

Supporting the people of Fife together

<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>31 May 2024</b>
<b>Agenda Item No:</b>	<b>10.2</b>
<b>Report Title:</b>	<b>United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024</b>
<b>Responsible Officer:</b>	<b>Nicky Connor, Director Health and Social Care Partnership</b>
<b>Report Author:</b>	<b>Dr Lorna Watson, Deputy Director of Public Health, Child Health Commissioner, NHS Fife</b> <b>Lisa Cooper, Head of Primary Care and Preventative Care Services, Fife Health &amp; Social Care Partnership</b> <b>Heather Bett, Senior Manager, Children's Services, NHS Fife</b>

## 1 Purpose

**This Report is presented to the Board for:**

- Assurance

**This Report relates to which of the following National Health and Wellbeing Outcomes:**

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 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.
- 7 People who use health and social care services are safe from harm.



- 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.

**This Report Aligns to which of the Integration Joint Board 5 Key Priorities:**

- Local - A Fife where we will enable people and communities to thrive.
- Sustainable - A Fife where we will ensure services are inclusive and viable.
- Wellbeing - A Fife where we will support early intervention and prevention.
- Outcomes - A Fife where we will promote dignity, equality and independence.
- Integration – A Fife where we will strengthen collaboration and encourage continuous improvement.

## **2 Route to the Meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- HSCP Senior Leadership Team on 29<sup>th</sup> April 2024.
- NHS Fife Executive Directors Group 2 May 2024
- HSCP Quality and Communities Committee 10 May 2024
- NHS Fife Population Health and Wellbeing Committee 13 May 2024.

## **3 Report Summary**

### **3.1 Situation**

The UNCRC (Incorporation) (Scotland) Act 2024 gained Royal Assent on 16 January 2024 and will be in force from 16 July 2024. IJB Members are asked to take assurance that appropriate preparations are in place in NHS Fife and Fife HSCP for the Act coming into force in July 2024.

### **3.2 Background**

In Fife work relating to the UNCRC has been ongoing for at least ten years, and there are many examples of good practice in children's services. This report builds on previous updates given in 2023 prior to the UNCRC Incorporation Bill being enacted, and the content in the Fife Director of Public Health Report 2023.

Incorporation means that public bodies must act compatibly with the UNCRC, and gives children, defined as those under the age of 18, or those acting on their behalf the right to seek legal redress, and the Children's Commissioner additional powers to intervene or bring proceedings where rights may have been breached.

The UNCRC was developed in 1992 and is the most widely adopted human rights treaty globally. The UN reports periodically on signatories to determine progress towards realising rights. Incorporation into domestic law has taken place in several countries including Norway, Spain and Iceland and brings stronger accountability in domestic law where breaches may have occurred.

The Act can be read here [United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Act 2024 \(legislation.gov.uk\)](https://legislation.gov.uk/uk/scot/acts/instruments/2024/0001)

Non-statutory guidance is found here

<https://www.gov.scot/publications/guidance-taking-childrens-human-rights-approach/pages/1/>

Statutory guidance is under consultation, deadline 16 May

<https://www.gov.scot/publications/statutory-guidance-part-2-uncrc-incorporation-scotland-act-2024/pages/7/>

The Articles can be found here UNCRC Articles Archive - [The Children and Young People's Commissioner Scotland \(cypcs.org.uk\)](#)

### 3.3 Assessment

The UNCRC Working Group reports to the Child Health Management Team in Primary and Preventive Care in Fife HSCP. This group is now chaired by Dr Lorna Watson, Child Health Commissioner, and the Terms of Reference and name are being reviewed to reflect the organisation wide responsibilities and role in Implementation.

There may be advantages going forward to changing reporting into the Equality and Human Rights Strategy Group, as the duties apply much more widely than child health services.

A new action plan has been created following a workshop with the working group members, based on self-assessment using the [Getting Ready for UNCRC Incorporation Framework \(improvementservice.org.uk\)](#). This connects with partnership work and membership of the Fife Partnership Children's Rights Oversight group.

One of the main actions has been drafting of an amended NHS EQIA Stage 1 form, to include consideration of children's rights, as has already happened for the HSCP. Following this in some instances a more detailed Children's Rights and Wellbeing Impact Assessment (CRWIA) can be carried out if needed with advice from children's services staff. The new NHS templates are being approved by NHS Fife Equality and Human Rights Strategy Group.

A risk has been drafted for consideration by NHS Fife and Fife HSCP that there is a risk that there may be legal challenge if NHS Fife acts incompatibly with the UNCRC (Incorporation) (Scotland) Act 2024, which comes into force on July 16, 2024. This risk was noted by committees and assurance is provided that mitigating actions are in place.

There may be a need for further work, for example with regards to promoting rights for 16–17-year-olds in adult services, and the implications for independent contractors in primary care.

Application to Private, Voluntary and Independent Sector: The statutory guidance indicates that the public body and any contractors must act compatibly with the UNCRC:

*Public authorities are not exempt from their duty not to act incompatibly with the UNCRC requirements by virtue of 'contracting out'. Both the privately contracted person or body and the public authorities have to comply with the section 6(1) duty in respect of that function, and entering into a contract or arrangement does not shift the burden from one party to the other.*

Changes to ways of working included in the action plan include:

- Communications and training plans, including NES training, an expected TURAS module and other national guidance.
- Amending organisational SBAR templates to include UNCRC.
- Checking all policies are compatible with UNCRC when updated.
- Making available child friendly information
- Developing a child friendly complaints process

An example of an organisational policy being reviewed due to UNCRC is the 'did not attend' policy, as terminology for children should be 'was not brought' and the response may be different.

### **3.3.1 Quality / Customer Care**

The Act should increase accountability and quality of services for children and young people, both directly and indirectly.

When presented at the Quality and Communities Committee of the IJB, members were assured regarding the readiness for implementation, actions implemented so far and supported the risk narrative.

### **3.3.2 Workforce**

A plan is in place and now being implemented to share knowledge and understanding across the workforce in regard to the UNCRC. This is designed to ensure awareness and accountability. Training and support for the workforce is covered in the action plan.

### **3.3.3 Financial**

The Act may influence financial decision making, and there is a substantial section on children's rights budgeting in 4.2.2 of the non-statutory guidance. Note that it is not yet known how the term "to the maximum extent of their available resources" will be interpreted in the context of domestic legislation, and progressive realisation of rights.

### **3.3.4 Risk / Legal / Management**

As advised within this paper and presented at committees, a risk has been drafted in relation to possible noncompliance with UNCRC, assurance is given that mitigating actions are agreed.

### **3.3.5 Equality and Diversity, including Health Inequalities**

The EQIA template for HSCP has been amended to include the Children's' rights and is used by staff employed within delegated services.

NHS Fife have a draft EQIA incorporating Children's rights being progressed for approval as advised within paper.

### **3.3.6 Environmental / Climate Change**

Children and young people will be impacted to a greater extent by climate change, and this will impact on various rights in future, including Article 24 the right to health.

[ClimateActionPlan2020\\_summary.pdf \(fife.gov.uk\)](#)

### **3.3.7 Other Impact**

None foreseen at present

### **3.3.8 Communication, Involvement, Engagement and Consultation**

A communication strategy will be developed jointly with NHS Fife and the HSCP Communications Team in the lead up to 16th July and information about UNCRC and Children's rights will be included on the NHS Fife website, FHSCP websites and approved social media channels.

Within Children's Services, Service Leads and practitioners are committed to ensuring that participation with children and young people is embedded into day-to-day practice but this may need further exploration for the wider organisation. The information gathered from young people and families' shapes and informs future practice and enables the identification of service improvements and ensuring a rights-based approach

## **4.4 Recommendation**

IJB Members are asked to take assurance that appropriate preparations are in place in NHS Fife and Fife HSCP for the Act coming into force in July 2024.

- **Assurance** – assure members of current position

## **5 List of Appendices**

None included

## **6 Implications for Fife Council**

Partnership working will continue as established to implement and embed practices to ensure the duties of the UNCRC are met focused on children, young people and families.

## **7 Implications for NHS Fife**

Partnership working will continue as established to implement and embed practices to ensure the duties of the UNCRC are met focused on children, young people and families.

## **8 Implications for Third Sector**

Partnership working will continue as established to implement and embed practices to ensure the duties of the UNCRC are met focused on children, young people and families.

## **9 Implications for Independent Sector**

Partnership working will continue as established to implements and embed practices to ensure the duties of the UNCRC are met focused on children, young people and families.

## **10 Directions Required to Fife Council, NHS Fife or Both (must be completed)**

<b>Direction To:</b>		
<b>1</b>	<b>No Direction Required</b>	<b>X</b>
<b>2</b>	<b>Fife Council</b>	
<b>3</b>	<b>NHS Fife</b>	
<b>4</b>	<b>Fife Council &amp; NHS Fife</b>	

**11 To Be Completed by SLT Member Only (must be completed)**

<b>Lead</b>	<b>Head of Primary and Preventative Care Services</b>
<b>Critical</b>	<b>Deputy Medical Director, HSCP Director of Nursing</b>
<b>Signed Up</b>	<b>All SLT</b>
<b>Informed</b>	

**Report Contact**

**Author Name:** Dr Lorna Watson

**Author Job Title:** Deputy Director of Public Health, Child Health Commissioner

**E-Mail Address:** lorna.watson@nhs.scot



# Fife Health & Social Care Partnership

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## CONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE WEDNESDAY 15 MARCH 2024 AT 10.00 AM (MS TEAMS MEETING)

**Present:** Dave Dempsey (Chair), Fife Council  
John Kemp, (Vice Chair) NHS Non-Executive Board Member  
Sinead Braiden, NHS Non-Executive Board Member

**Attending:** Audrey Valente, Chief Finance Officer (Fife H&SCP)  
Vanessa Salmond, Head of Corporate Services (Fife H&SCP)  
Jocelyn Lyall, Chief Internal Auditor, FTF Audit & Management Services (Fife H&SCP)  
Avril Sweeney, Risk Compliance Manager (Fife H&SCP)  
Roy Lawrence, Principal Lead for Organisation Development & Culture (Fife H&SCP)  
Amy Hughes, Public Sector External Auditor, Azets  
Chris Brown, Public Sector External Auditor, Azets

Isabella Middlemass, Management Support Officer (Note taker)

**Apologies:** Sam Steele, Fife Council  
Nicky Connor, Director of Fife Health & Social Care Partnership (Fife H&SCP)  
Shona Slayford, Principal Auditor (NHS Fife)  
Fiona McKay, Head of Strategic Planning & Performance & Commissioning (Fife H&SCP)

		<b>ACTION</b>
<b>1.</b>	<b>WELCOME AND APOLOGIES</b> Dave Dempsey welcomed everyone to the meeting. Apologies were noted as above.	
	<b>DECLARATION OF INTEREST</b> No declarations of interest were noted.	
<b>2</b>	<b>MINUTES OF PREVIOUS MEETING OF 19 JANUARY 2024</b> Minutes of the previous meeting approved as an accurate record.	

3	<p><b>ACTION LOG</b></p> <p>Action Note - Approved.</p>	
4	<p><b>INTERNAL AUDIT PROGRESS REPORT</b></p> <p>Jocelyn Lyall presented this report which provides an update on the Fife IJB Annual Internal Audit Plans and relevant Fife Council &amp; NHS Fife Internal Audit Report. The report is presented for awareness and discussion.</p> <p>The Progress Report at Appendix 1 - 22/23 Audits - F04-23 Contract/Market Capacity. This will be completed as soon as possible.</p> <p>F05/24 – ICE. Fieldwork is ongoing. The report is scheduled to be presented at the May Committee.</p> <p>F06-24 – Resilience and Business Continuity was issued in draft on 26<sup>th</sup> February 2024. The report is now with the Chief Finance Officer for final approval and this will now be presented at the May Committee.</p> <p>Appendix 2 – Summary of relevant NHS Fife and Fife Council reports. There is 2 for Fife Council –</p> <p>Lone Working which identifies several areas for improvement.</p> <p>Follow up report on IT recovery – 4 recommendations identified, one of which was fully implemented, 2 were partially implemented and one had not yet reached its revised implementation date. The report also identified 3 further actions.</p> <p>NHS Fife reports - Strategic Planning report provided reasonable assurance and made one recommendation which was risk assessed as moderate. The recommendation is about a joint review of the scoring of corporate risks related to the population of health wellbeing strategy and health and equality. Looking at both risks together.</p> <p>24/25 Internal Audit Plan will be presented at the May Committee. Jocelyn summarised what the plan will highlight and what audits are going to be within 24/25 local authority and health board plans.</p> <p>Discussion took place around delivery of reports and planning for the year ahead.</p> <p><b>Recommendation:</b> Members of the Committee to consider and note this report. Considered and noted.</p>	
5	<p><b>INTERNAL AUDIT - FOLLOW UP REPORT ON AUDIT RECOMMENDATIONS</b></p> <p>Jocelyn Lyall presented the Follow Up Report on Audit Recommendations.</p> <p>The aim of the report is to provide assurance and progress with action to address internal audit recommendations.</p> <p>Regarding the actions outstanding for more than a year, Internal Audit, the Chief Finance Officer and the Risk Compliance Manager have completed</p>	

	<p>an exercise to consolidate and re-prioritise the outstanding recommendations. This exercise was last undertaken in April 2022 and recommendations were taken from 2 separate reports, one on IJB Governance Follow Up report and the other on Risk Management being consolidated into one recommendation as they were covering the same ground. It was felt that it would be useful to undertake this exercise annually to cleanse data to make sure there are no duplications in the system.</p> <p>Appendix 1 displays 3 actions of more than a year old.</p> <p>Appendix 2 sets out the actions to address recommendations reported less than a year old.</p> <p>Live actions of 19<sup>th</sup> February – 16 and 21 are in progress not yet due and 2 have been completed and validated since the last report in January. 3 recommendations are complete and evidence is required for validation and there haven't been any requests for time extension for this period so overall it's a fairly positive report and the committee can be assured that the actions to address recommendations are being progressed.</p> <p>Avril Sweeney gave an update on the 3 actions outstanding –</p> <p>Number 1 - They are waiting on information from NHS Fife to be added and the rest is complete.</p> <p>Number 2 - In draft and should be agreed very soon.</p> <p>Number 3 - This has been picked up again after a delay during COVID. In draft are risk reporting framework and guidance for managers, waiting on final feedback, so unlikely to be finished by March and may need to request an extension.</p> <p>The committee were assured and felt it was a very positive report.</p>	
<p><b>6</b></p>	<p><b>FIFE INTEGRATION JOINT BOARD EXTERNAL ANNUAL AUDIT PLAN</b></p> <p>Chris Brown gave an overview and explained the purpose of this document is to describe the planned scope of external audit work to those charged with governance, in this case the Audit and Assurance Committee.</p> <p>The plan this year is very similar to the plan which was presented last year.</p> <p>Update: Karen Jones is no longer involved in the audit and Amy Hughes has now taken over as manager on Fife IJB Audit.</p> <p>Amy Hughes presented the main areas of the plan to this committee for discussion.</p> <p>Key points identified are the following financial statement's risk which are in line with last years risk assessment. The 3 identified are the 3 presumed risks of public sector audit being management override controls, fraud in revenue recognition and nonpaying expenditure.</p> <p>The wider scope work identified one significant risk in financial sustainability. The risk is the cumulative funding gap in the medium-term</p>	



	<p>financial plan and challenging saving targets which the IJB is required to meet.</p> <p>Other key areas to consider as part of 23/24 wider scope work is that there are no further significant risks noted to date.</p> <p>Planning and assessment incorporate materiality which is set this year at 2% of the cost of delegated services. On that basis this materiality has been set within the plan at £13m for the IJB. This will be reviewed and revisited on receipt of 23/24 audited accounts and again through the audit process.</p> <p>Discussions took place around the report and there were no issues raised.</p> <p><b>Recommendation:</b> To examine and consider the implications the Annual audit plan and approve the fee for the audit - Agreed</p>	
7	<p><b>RISK APPETITE IN DECISION MAKING</b></p> <p>Avril Sweeney presented this report to the committee for discussion and decision. The IJB agreed its risk appetite last year. The risk appetite statement outlines the importance of the IJB optimising its risk management activity and seeking to balance controls and mitigations against benefits and opportunities to deliver services in new and innovative ways. Since the risk appetite has been agreed, it has been applied to the current IJB strategic risks and the program of Deep Dive risk reviews sets this out together with the tolerance levels and the corresponding actions to be taken from each individual risk to provide further assurance for members. This paper is setting out a process for more active consideration and formal recording of risk appetite discussions when considering risks related to decisions being taken by the IJB. A proposal is that key decisions should be highlighted at IJB Development Sessions which will allow members to engage with discussions and the questions and come to a consensus. Questions are set out in relation to the risk impact are highlighted separately on the SBAR that goes to the IJB when the formal decision must be taken.</p> <p>Discussions took place around this being taken to a Development Session and level of formality at these sessions. The committee felt that if this was to go to IJB it needs to be formal rather than an informal discussion and should not exceed any more than an A4 side of paper.</p> <p><b>Recommendation:</b> Members are asked to discuss the process for active consideration and report of risk appetite in decision making and provide any comments or suggestions for improvement. Members are also asked to approve the process for use going forward. Agreed.</p>	
8	<p><b>COMMITTEE SELF-ASSESSMENT &amp; DRAFT ACTION PLAN</b></p> <p>Vanessa Salmond presented this report to the Committee for Decision.</p>	

	<p>This self-assessment was done recently based on a thematic approach. There were no real alarmist results from this and is really for good governance. It was suggested that a small working group be convened, to pursue some of these actions. There are a few tight deadlines for example March and April. Vanessa gave assurance these will be available in these time zones.</p> <p><b>Recommendation:</b> It is recommendation that members of the Audit and Assurance Committee to discuss and agree the draft action plan (Appendix1) and it is recommended that members agree to work with Corporate Services to implement the suggested improvements and review progress/impact in September 2024. – Agreed.</p> <p>Vanessa to meet with Dave to discuss further.</p>	<b>VS</b>
<b>9</b>	<p><b>FIFE HSCP WHISTLEBLOWING REPORT</b></p> <p>Roy Lawrence presented this report for the committee to oversee what whistleblowing activities are taking place across NHS and Fife Council that links to partnership staff and in accordance with the trade Unions engagement. Adopted was a less than 5 approach so we were unable to identify who raised the whistleblowing concern within the partnership. The report is also brought to give some assurance to the Committee that the employers are working closely together to start to develop a whistleblowing approach that supports the IJB. The report is presented for discussion and to receive any kind of feedback on how we might improve the format before we bring our first annual report to the IJB in September.</p> <p>Within the report 5 key themes captured in terms of whistleblowing are:  How we promote staff's ability to raise concerns, how we ensure equity for staff across the system, how we ensure staff understand how we do whistleblowing and our support to do that, how we would record concerns and how to report and monitor these concerns and learning from those.</p> <p>Discussion took place around the report . The Committee felt that this was a positive report. The chair asked going forward would like to know what is different and believes that this report shows that we are moving in the right direction.</p> <p><b>Recommendations:</b> The Committee were asked to discuss and to note and take assurance of this report. Done.</p>	
<b>10</b>	<p><b>COMMITTEE ASSURANCE PRINCIPLES</b></p> <p>This report was presented to the Committee by Jocelyn Lyall and is here for discussion and decision.</p> <p>Previously this report was considered by the Assurance SLT on 5 February and has had a bit of an update since then. The report describes a set of principles that are designed to help committees assess the assurances in the reports provided to them and to help members view and structure assurance. The aim is to reduce any unnecessary work and</p>	

	<p>duplication.</p> <p>The principles are a way to help with only the most important issues to be considered and focusses on key areas of assurance and risk. The paper also sets out proposed levels of assurance for inclusions in the papers that are presented to the committees.</p> <p>The committee assurance principles are set out at appendix 1. The principles are also useful for agenda planning purposes and to help the committees review the workplan and to decide whether we have achieved what we needed and do we have any development needs. The risk questions are designed to help directors frame their papers when bringing a paper to committee and to prompt members questions when considering those papers. Those risk questions are already appended to the risk strategy.</p> <p>Discussion took place around the principles and questions. It was agreed that these are to be used as a prompt tool and an agreement to have this on a one-page summary document to share. This document can also be used as a tool in the induction process.</p> <p><b>Recommendation:</b> To endorse the attached principles and recommend the principles are for use by the Fife IJB and Audit Assurance Committees. Audrey Valente and Vanessa Salmond will link in Jocelyn Lyall to agree further distribution around all IJB committees for information.</p>	<p><b>AS</b></p> <p><b>VS</b></p>
11	<p><b>AUDIT AND ASSURANCE WORKPLAN</b></p> <p>The workplan was brought to this committee for information and forward planning.</p>	
12	<p><b>ITEMS FOR REFLECTION &amp; HIGHLIGHTING TO THE IJB</b></p> <p><b><u>Committee Assurance Principles</u> – Share information.</b></p> <p><b><u>Risk appetite process</u> – Having discussions.</b></p> <p><b><u>External Audit Plan</u> – Considered this.</b></p> <p>Chair will verbally alert the IJB to the above.</p>	
13	<p><b>AOCB</b></p> <p>None.</p>	
14	<p><b>DATE OF NEXT MEETING – 17 May 2024.</b></p>	



# Fife Health & Social Care Partnership

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## MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE TUESDAY 12<sup>TH</sup> MARCH 2024 AT 2.00 PM VIA MICROSOFT TEAMS

**Present:** Alastair Grant, NHS Non-Executive Board Member [Chair]  
Colin Grieve NHS Non-Executive Board Member  
John Kemp, NHS Non-Executive Board Member  
Cllr Dave Dempsey  
Cllr David Alexander  
Cllr Graeme Downie

**Attending:** Nicky Connor, Director of Health & Social Care  
Fiona McKay, Head of Strategic Planning, Performance & Commissioning  
Audrey Valente, Chief Finance Officer  
Lynne Garvey, Head of Community Care Services  
Vanessa Salmond, Head of Corporate Services  
Jennifer Rezendes, Professional Social Work Lead

*In attendance:*

Roy Lawrence, Principal Lead for Organisational Development & Culture  
Tracy Hogg, Finance Business Partner  
Avril Sweeney, Manager, Compliance  
Elizabeth Butters, Service Manager, Fife Alcohol & Drugs Partnership  
Gillian Muir, Management Support Officer (Minutes)

**Apologies for Absence:** Helen Hellewell, Associate Medical Director  
Lisa Cooper, Head of Primary and Preventative Care Services  
Rona Laskowski  
Lynn Barker

No.	Item	ACTION
1.	<p><b>WELCOME AND APOLOGIES</b></p> <p>Alastair Grant welcomed everyone to the meeting.</p> <p>Apologies were noted as above and all were reminded of meeting protocols.</p> <p>Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible.</p> <p>Members were advised that a recording pen would be in use during the meeting to assist with minute taking.</p>	

2.	<p><b>DECLARATIONS OF INTEREST</b></p> <p>No declarations of interest were noted.</p>	
3.	<p><b>MINUTE OF PREVIOUS MEETING – 18<sup>TH</sup> JANUARY 2024</b></p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p> <p>One minor amendment to be made to include the month in the heading at the top of the minute.</p>	<b>GM</b>
4.	<p><b>MATTERS ARISING / ACTION LOG</b></p> <p>The action log was reviewed. All actions noted have been actioned and are either complete or in progress.</p>	
5.	<p><b>FINANCE</b></p>	
5.1	<p><b>Finance Update</b></p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer detailing the financial position (provisional outturn) of the delegated and managed services as at 31<sup>st</sup> January 2024. Noting the forecast for the Partnership is currently a projected outturn overspend of £6.7m a movement of £2.6m from the position last reported at November 2023.</p> <p>Members noted that the main reason for the movement being an increased use of locums and increased use of agency staff.</p> <p>With regards to savings still reporting a requirement to utilise £10m of reserves to recognise the delays in delivering the approved savings of £21m this financial year.</p> <p>Audrey Valente highlighted the detail of the reserves noted in appendix 2 of the report which breaks down which reserves have been utilised during the year, which reserves will be carried forward based on the current position into next financial year and is split over earmarked and those that are available to be committed.</p> <p>Members noted that it is anticipated that £5m of earmarked reserves will be carried forward into the next financial year for specific Scottish Government priorities. There will be £7.43m of uncommitted reserves but based on the current position of £6.7m there is a requirement to use the uncommitted reserves to bring a balanced position. There will be less than £1m reserves carried forward into the next financial year.</p> <p>An Extraordinary Finance, Performance &amp; Scrutiny Combined Committee has been arranged for Monday 18<sup>th</sup> March which will be used to talk through the detail of the budget proposals.</p>	

	<p>The discussion was opened to Committee members who provided their comments and feedback on the report. Items raised for discussion included a query regarding miscellaneous income figure (minus figure) - is this COVID money clawback, are there any projections as to what is going to happen to 2c locum costs in future, where there is overspend for mental health services which is offset by an underspend in learning disability is there any connection between the two, talk about managing COVID 19 costs and the impact outturn position is minimised - what does it mean by minimised and do we still have an approximate COVID cost in the papers?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Took assurance that there is robust financial monitoring in place.</li> <li>2. Agreed onward submission to the IJB for approval of the financial monitoring position as at March 2024.</li> <li>3. Agreed onward submission to the IJB for approval of the use of reserves and proposed recovery actions as at March 2024.</li> </ol>	
<p><b>5.2</b></p>	<p><b>Finance, Performance &amp; Scrutiny Committee Risk Register – Deep Dive – Workforce</b></p> <p>The Committee considered a report from Roy Lawrence, Principal Lead for Organisational Development &amp; Culture outlining Risk 7 within the Register, covering Workforce, setting out the key external and internal risk areas, potential impacts, the agreed Integration Joint Board Risk Appetite and mitigating actions.</p> <p>Committee noted the deep dive review for the workforce risk is shown in Appendix 1 which seeks to demonstrate how this risk is being managed, sets out relevant assurances, performance measures, benefits, and linked risks in an aim to reassure members that mitigations will have an impact on the elements of the risk that the Partnership can influence and control as well as actively monitoring the elements of the risk that cannot be controlled</p> <p>The reported was presented to Committee for discussion and to provide assurances the Partnership is working in a way that is attempting to mitigate the risk as much as possible in the work it does with regards to workforce.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included what has been learnt from the process, what has it given you so far, should the paper have been presented following the budget as financial impacts next year will have a massive impact on risk? A further external factor should be considered in relation to the economy.</p>	

	<p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Discussed the deep dive review and provided feedback which could improve the Partnership's response to the workforce risk.</li> <li>2. Took assurance that the Partnership is putting in place mitigating actions to address the workforce risk where possible.</li> </ol>	
<p><b>5.3</b></p>	<p><b>Grants to Voluntary Sector Funding 2024-2025</b></p> <p>The Committee considered a report presented by Fiona McKay, Head of Strategic Planning, Performance &amp; Commissioning detailing recommendations for the level of support by the Health and Social Care Partnership to voluntary organisations within Fife for the period 2024-25.</p> <p>Committee were asked to consider and take the decision, if appropriate, to approve the recommended funding awards equivalent to those made during financial year 2023/24 with an uplift of 2%.</p> <p>Committee noted the grant schedules appended to the report providing details of the recommendations for a total grant contribution to the Voluntary Sector of £13,165,854 from the Health &amp; Social Care Partnership.</p> <p>It was also noted that there is on-going development of the Monitoring and Evaluation Framework, and robust procedures are in place to provide support to voluntary organisations. This work is overseen by a Task Group which is responsible for reviewing the overall Framework and updating sections on a rolling programme.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. Items raised for discussion included what uplift is the Integration Joint Board receiving from its two funders for next year, are we receiving a 2% uplift or are we receiving more or less? Are there any new organisations on the framework, how does an organisation get onto the framework, why did we decided to uplift by 2% and not another amount, when are organisations expecting to hear what award they are receiving?</p> <p>Considerable discussion and debate was had by Committee with regards to whether they could approve this in advance of an agreement of a budget for next financial year.</p> <p>Officers provided a detailed explanation advising that the Partnership received £16m flat cash from Scottish Government to allow organisations to pay £12 minimum wage to their staff. Sufficient funding is available from these monies based on current calculations and this is what will be presented in the paper to Combined Committee on 18<sup>th</sup> March.</p>	

	<p>Officers confirmed there was little risk attached to this and that there is a plan to have this in the budget and there is no expectation that the money won't be available.</p> <p>The Chair provided Committee with two suggestions :</p> <ol style="list-style-type: none"> <li>1. Committee approves the grant as suggested.</li> <li>2. Committee approves in principle subject to any contravening decisions made at the Combined Committee on 18<sup>th</sup> March.</li> </ol> <p>Dave Dempsey moved to accept the recommendations as in the report and was seconded by David Alexander noting that whatever Committee agreed he would like the decision to be unanimous. Graeme Downie also agreed to move with the motion noting that Committee were not in disagreement in approving only the process and timescale it found itself in. John Kemp also provided agreement to go ahead with the recommendation of the paper noting the issue is just about process.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. After considerable discussion and debate and no dissenting views, agreed to move with the motion to approve 2% uplift in the funding as recommended in the paper.</li> </ol>	
<b>6.</b>	<b>PERFORMANCE</b>	
<b>6.1</b>	<p><b>Strategic Plan – First Year Annual Report</b></p> <p>The Committee considered a report from Fiona McKay detailing the progress the Partnership has made in its implementation of the Strategic Plan 2023 – 2026 and effectively monitoring performance of the actions in the Year One Delivery Plan (2023) and sought recommendation that the report progresses through the relevant Governance Committees before onward submission to the Integration Joint Board.</p> <p>Noted the Year One Delivery Plan includes 50 separate actions. The Annual Report 2023 provides an update on these actions, the improvements that have been delivered, and activities which are still ongoing, noting that some of these have been carried forward into 2024. The Report is structured using the same format as the Strategic Plan (2023 to 2026) and the Year One Delivery Plan (2023) to provide consistency and enable cross-referencing.</p> <p>During 2023, the Year One Delivery Plan provided a robust framework to progress the Partnership's strategic priorities, and ensure that the transformation and supporting strategies developed, along with their targeted delivery plans, align with the strategic vision to deliver the improvements planned.</p>	



	<p>The RAG Status is also included and identifies the actions which have been fully completed, partially completed and any that have been rescheduled.</p> <p>The Annual Report 2023 also included the Year Two Delivery Plan for 2024 and some of the key actions planned. Many of these actions are already progressing and regular updates for each of the supporting strategies and their delivery plans will continue to be reported to the Strategic Planning Group through the current governance process.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. A query was raised with regards to the Home First Strategy Scoping Single Point of Access Project – how close was this to being implemented?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Took assurance that the Partnership is progressing implementation of the Strategic Plan 2023 to 2026 and effectively monitoring performance of the actions in the Year One Delivery Plan (2023).</li> <li>2. Recommended that the report progresses to the relevant Governance Committees for review, and onto the Integration Joint Board for final approval.</li> </ol>	
<p><b>6.2</b></p>	<p><b>Ministerial Strategic Group (MSG) Self Evaluation</b></p> <p>The Committee considered a report from Fiona McKay, Head of Strategic Planning, Performance &amp; Commissioning noting that a previous Self-Evaluation Update (dated October 2023) was provided to the Finance, Performance and Scrutiny Committee, and the Integration Joint Board in November 2023. Following feedback from the Integration Joint Board Development Session on 15th December 2023 the Self Evaluation Report has been updated (February 2024) and transferred into the Scottish Government template.</p> <p>Committee noted that overall, the Partnership is making good progress with the integration proposals and is on track to deliver most of the agreed targets by 2024.</p> <p>Committee were given assurance that there continues to be strong team working and collaboration across NHS Fife, Fife Council and Fife Health and Social Care Partnership on pathways of care and joint working in relation to unscheduled care, capacity and flow.</p>	

	<p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Committee were appreciative of the changes made and noted a full Development Session is planned on this later in the year. No further items were raised for discussion.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Noted the Partnership’s progress towards the Ministerial Strategic Group (MSG) integration proposals.</li> <li>2. Advised changes required to the Self-Evaluation (Appendix 1).</li> <li>3. Recommend that the MSG Self Evaluation (February 2024) is progressed to the Integration Joint Board for final approval.</li> </ol>	
<p><b>6.3</b></p>	<p><b>Joint Inspection Adult Services</b></p> <p>The Committee considered a report from Jennifer Rezendes, Principal Social Work Officer providing an update on the actions identified by services to meet the recommendations made by the Care Inspectorate following their Joint Inspection of Adult Services undertaken between June and October 2022. The report reflected progress made within services towards embedding improvements in practice and processes.</p> <p>The final Inspection Report was published on 22 November 2022. An improvement plan and a series of activities have been developed to embed quality approaches in practices and processes to meet the improvement areas identified.</p> <p>The Inspection Improvement Plan is a requirement post inspection and was initiated in January 2023 with 24 total Improvement Actions identified. Since this date services have been working to implement improvement actions for integrated services.</p> <p>These improvement areas align to the Inspection recommendations made by the Joint Inspection Team and to date all of the activities have been completed, or moved to existing monitoring arrangements as they progress through to completion.</p> <p>Committee were asked to note the detail of activity being undertaken by services to implement improvements and recommendations made. While some actions remain ongoing, there are robust arrangements in place for monitoring progress to ensure meaningful oversight of developments. Heads of Service and the Principal Social Work Officer are ensuring that practices remain on an improvement and learning trajectory in line with the Joint Inspection expectations.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. No additional questions were raised.</p>	

	<p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Discussed the improvement actions identified for progression.</li> <li>2. Considered the ongoing improvements being implemented.</li> </ol>	
<p><b>6.4</b></p>	<p><b>Committee Self-Assessment &amp; Draft Action Plan</b></p> <p>The Committee considered a report from Vanessa Salmond, Head of Corporate Services which provided an overview of the self-assessment results.</p> <p>Members noted this was a revised approach to the Board and Committee Self-Assessment process which was agreed by the Integration Joint Board in September 2023. Following agreement of the approach, Corporate Services issued an invitation to all Integration Joint Board and Committee members to complete an electronic based questionnaire.</p> <p>Members also noted a progress report will be presented for members consideration in September 2024, prior to the next cycle of self-assessment. Similar draft action plans for each Governance Committee have been developed and these will be reported to each individual Committee during this Committee cycle (March 2024).</p> <p>As part of the improvement plan work is was noted that a Development Session on governance is planned to be held with the Senior Leadership Team and Extended Leadership Team to look at report writing etc.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. No further items were raised for discussion.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Discussed and agreed the draft action plan as at Appendix 1.</li> <li>2. Agreed to work with Corporate Services to implement the suggested improvements and review progress/impact in September 2024.</li> </ol>	

7.	<b>STRATEGIES</b>	
7.1	<p><b>Fife Alcohol &amp; Drug Partnership Strategy 2024-2027</b></p> <p>Elizabeth Butters presented the Alcohol &amp; Drug Partnership Strategy 2024 -2027 to Committee for discussion, highlight any changes required and provide agreement that the strategy be progressed through the required Governance Committees and onto the Integration Joint Board for final approval.</p> <p>It was noted that the strategy is a requirement of Scottish Government, and a delivery plan is also in development.</p> <p>The current Alcohol &amp; Drug Partnership Strategy expired in 2023 and work has been ongoing since then to develop a new three-year strategy for 2024 – 2027.</p> <p>The strategy is part of the Health &amp; Social Care Partnership transformational strategies for 2023 to 2026 and is cognisant of the key themes of local, sustainable, outcomes, wellbeing and integration. Additionally, the redevelopment of the Strategy is informed by other local strategies in broader areas of health and social care including mental health, early intervention and prevention, carers, primary care and advocacy and linked to the Partnerships supporting strategies and themes.</p> <p>The strategy has been developed through wide consultation with full public engagement, informed by public health, developed with lived experience and family support groups and third sector and statutory partners. A launch was also held last year at a stakeholder event.</p> <p>An easy read version is also in development as well as a user-friendly version as requested by the lived experience group.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. No further questions were raised.</p> <p><u>Decision</u></p> <p>The Strategic Planning Group</p> <ol style="list-style-type: none"> <li>1. Discussed the Alcohol and Drug Partnership (ADP) Strategy 2024 - 2027, highlighted changes required.</li> <li>2. Recommend that the report progresses through the required Governance Committees and onto the Integration Joint Board for final approval.</li> </ol>	

8.	<b>TRANSFORMATION BUSINESS CASE</b>	
8.1	<p><b>Community Rehabilitation &amp; Care</b></p> <p>The Committee considered a report from Lynne Garvey, Head of Service, Community Care Services providing updated detail on the Community Rehabilitation and Care Model following discussions at Finance &amp; Performance Committee and Combined Committee last year and noted the inclusion of the financial savings table.</p> <p>Members noted this was the final transformation project awaiting final approval by the Integration Joint Board as per the Medium-Term Financial Strategy agreed by the Board in March 2023.</p> <p>The model recognises the important value of rehabilitation in supporting people’s recovery post injury and illness. The focus of the Rehabilitation and Care proposal will have a positive direct impact by freeing up beds from Victoria Hospital Kirkcaldy with a particular focus on supporting patients in the Victoria Hospital going directly home for rehabilitation and to make choices related to long term care.</p> <p>Integral to making the vision a reality are two initiatives that are being taken forward in line with the wider transformation work the expansion of the Community Rehabilitation real which will allow for intensive rehabilitation to be delivered at home or in a homely setting and the commissioning of the British Red Cross, which is a specialist service that enables people, following a hospital stay, to be supported and assessed in their own home.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report with a request to expand the financial table further to make clearer how the savings occurs and when need to put investment in. No further questions were raised.</p> <p><u>Decision</u></p> <p>The Committee</p> <ul style="list-style-type: none"> <li>• Discussed the proposed Transformation of the Community Rehabilitation and Care Model.</li> <li>• Took assurance that the work done to develop the model and the scrutiny undertaken at the Committees as mentioned in section 2.</li> <li>• Noted the ongoing engagement and planned consultation within the next steps of Appendix 1.</li> <li>• Recommended the report be submitted to the Integration Joint Board at the March 2024 meeting.</li> <li>• Supported the proposed model and the Senior Leadership Team to operationalise the model with partners and provide 6 monthly updates to the Finance, Performance and Scrutiny Committee.</li> </ul>	

9.	<p><b>ITEMS FOR HIGHLIGHTING</b></p> <p>Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 28<sup>th</sup> March 2024.</p>	
10.	<p><b>AOCB</b></p> <p>No issues were raised under AOCB.</p>	
11.	<p><b>DATE OF NEXT MEETING</b></p> <ul style="list-style-type: none"> <li>• Wednesday 15<sup>th</sup> May 2024 at 10.00 am via MS Teams</li> </ul>	



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE FRIDAY 8<sup>TH</sup> MARCH 2024, 1000hrs - MS TEAMS

- Present:** Sinead Braiden, NHS Board Member (Chair) (SB)  
Councillor Rosemary Liewald  
Councillor Margaret Kennedy  
Councillor Sam Steele  
Paul Dundas, Independent Sector Lead (PD)  
Kenny Murphy, Third Sector Representative (KM)  
Morna Fleming, Carer’s Representative (MF)
- Attending:** Nicky Connor, Director of Health & Social Care (NC)  
Lynn Barker, Director of Nursing (LB)  
Lynne Garvey, Head of Community Care Services (LG)  
Lisa Cooper, Head of Primary Care and Preventative Care Services (LC)  
Fiona McKay, Head of Strategic Planning, Performance and Commissioning (FMcK)  
Rona Laskowski, Head of Complex and Critical Care Services (RL)  
Audrey Valente, Chief Finance Officer, HSCP (AV)  
Dr Aylene Kelman, Associate Medical Director (AK)  
Catherine Gilvear, Quality Clinical & Care Governance Lead (CG)  
Elizabeth Butters, Fife Alcohol and Drug Partnership Service Manager (EB)
- In Attendance:** Jennifer Cushnie, PA to Deputy Medical Director (Minutes)
- Apologies for Absence:** Councillor Lynn Mowatt  
Colin Grieve, Non-Executive Board Member (CG)  
Alistair Grant, Non-Executive Board Member (AG)  
Dr Helen Hellewell, Deputy Medical Director (HH)  
Ben Hannan, Executive Director - Pharmacy and Medicines (BH)  
Roy Lawrence, Principal Lead for Organisational Development & Culture (RLaw)  
Vanessa Salmond, Head of Corporate Services (VS)

No	Item	Action
1	<b>CHAIRPERSON’S WELCOME AND OPENING REMARKS</b> SB welcomed everyone to the March HSCP Quality & Communities Committee meeting.	

<b>2</b>	<b>ACTIVE OR EMERGING ISSUES</b>	
	<p>In Dr Hellewell's absence, Lynn Barker acknowledged HSCP financial challenges presently being faced. She wanted to give assurance to the Committee, the quality of care and how business is delivered, regardless of setting, will continue to be in a safe and effective, person-centred manner.</p> <p>SB wished to thank staff for their good work in very difficult circumstances.</p>	
<b>3</b>	<b>DECLARATION OF MEMBERS' INTEREST</b>	
	No declarations of interest were received.	
<b>4</b>	<b>APOLOGIES FOR ABSENCE</b>	
	Apologies were noted as above.	
<b>5</b>	<b>MINUTES OF PREVIOUS MEETINGS HELD ON 17 JANUARY 2024</b>	
	<p>The previous minutes from the Q&amp;CC meeting on <b>17 January 2024</b> were reviewed and no alterations or corrections were requested.</p> <p>The minutes were taken as an accurate record of the meeting.</p>	
<b>6</b>	<b>ACTION LOG</b>	
	The Action Log from the meeting held on <b>17 January 2024</b> was approved as accurate and updates provided were noted.	
<b>7</b>	<b>GOVERNANCE &amp; OUTCOMES</b>	
<b>7.1</b>	<b>Quality Matters Assurance</b>	
	<p>This report was brought to Committee by Lynn Barker for Assurance. LB advised the report was reflective of the 1<sup>st</sup> December meeting, incorp 3 Quality Matter Huddles and had been to SLT Assurance. LB reported good progress embedding the meetings and the portfolio of QMAGs across HSCP. Questions were invited.</p> <p>Cllr Kennedy queried Inspections - End of Year Review Plan for December, Multi-agency Event took place. RL advised there is an action plan which has come from the themes emerging from the event. she stated there will be continued visits to inpatient facilities with a report going to the Clinical Governance Oversight Group. She stated the service also regularly reports to QMAG and she gave assurance this is a core element of monitoring of business.</p> <p>The Committee took assurance from the report.</p>	
<b>7.2</b>	<b>Terms of Reference</b>	
	This report is brought to Committee by Lynn Barker and comes for Discussion and Assurance. LB outlined the amendments which have	



	<p>been made (previously discussed at 06 March Development Session). Amendments were highlighted in red, which LB read through. It was asked if the Committee were content to approve the Terms of Reference.</p> <p>The Committee agreed to give approval.</p>	
<b>7.3</b>	<p><b>Committee Self-Assessment and Draft Action Plan</b></p> <p>This report was brought to Committee by Audrey Valente and was presented by Lynn Barker. The report came for Decision. LB introduced the SBAR and Action Plan which had been previously discussed at the Development Session. It was asked if the Committee were content with the report.</p> <p>SB queried if this was the first time a Self-Assessment of this type has been used. LB advised it was.</p> <p>MF was disappointed to note only 5 questionnaires were completed by members of the Committee. She queried if this was because all questionnaires for every committee were circulated at the same time. She asked this did not happen again.</p> <p>MF also urged for papers to be circulated much earlier and she had been complaining about this for a long time but there was no change. Cllr Liewald, agreed, and felt there was a lot of duplication of information.</p> <p>NC gave thanks for the feedback, she advised timings can be challenging and felt through development work, which is taking place to strengthen workplans, timetabling and planning of papers will improve and be less reactive with less duplication too. A development session will take place with IJB to ensure governance is correct and to manage expectations and enable members to discharge their responsibilities effectively.</p> <p>LB took feedback on board and will discuss with Dr Hellewell upon her return.</p> <p>FMcK suggested flash reports be used to summarise large reports and described how these are used in other meetings.</p>	<b>LB HH</b>
<b>8</b>	<b>STRATEGIC PLANNING &amp; DELIVERY</b>	
<b>8.1</b>	<p><b>Children Services Plan 2023-2026</b></p> <p>This report is brought to Committee by Lisa Cooper for Assurance. LC advised the report is brought following recommendations from the Director of Public Health's report, which was presented at the Q&amp;CC 17 January '24 meeting.</p> <p>The paper sets out the Children Services Plan for 23-26 which is a statutory requirement with a multi-agency approach. The Joint Strategic Needs Assessment is built into the plan, with the Children in Fife Group having strategic oversight and responsibility of the Plan. The Group is</p>	

	<p>chaired by Lisa Cooper. Governance, which underpins delivery of the Plan, sits with the Fife Partnership Board. Assurance of delivery comes through an Annual Report. LC advised Strategic themes focus on health and wellbeing of children and young people, supporting families, engagement of young people and families, equity and equality and the needs of the most vulnerable ensuring the Promise is threaded through the Plan. LC gave further detail relating to the themes and spoke of actions being taken.</p> <p>Cllr Liewald was encouraged to see the progress which has been made, particularly, with regard to looked-after children and was delighted to hear a Lead Officer has now been appointed within Corporate Parenting.</p> <p>Cllr Kennedy made the observation, the Children’s Services Plan will link in with other Strategies/Plans which are not necessarily within our ‘jurisdiction’. LC agreed and spoke of the strong working relationships which are built within the groups, with memberships across agencies. This also ensures, work which may not be taking place within the Children Services Plan, is taking place elsewhere.</p> <p>MF queried if there is a risk to the Partnership, with the incorporation of the United Nations Children’s Rights Charter, children who have a right under the Charter to gain access to MH support, specifically CAMHS. Rona described the work of ‘Our Minds Matter’ Steering Group, which is a Sub-Group under Health &amp; Wellbeing, focussing explicitly on CAMHS and Children &amp; Families SW. A Mental Health Practitioner has been placed in the Looked-After Care Service/Care/After Care and she gave assurance around integrated working. She advised statistics relating to access to CAMHS with 99% of referrals being supported within the 18 weeks, complying with the Nationally required target. An Action Response Team is in place for children/young people in crisis as well as regular appointments for those not quite so urgently in need.</p> <p>The new improvements which have been introduced into the Plan were discussed and SB was very encouraged to hear the advancements made in the services provided to children/young people with mental health problems in recent years.</p> <p>The Committee took assurance from the report.</p>	
<p><b>8.2</b></p>	<p><b>Community Rehab and Care Model</b></p> <p>This report is brought to Committee by Lynne Garvey for Discussion. LG reminded Committee, the Model has been discussed and has evolved over a long period of time and is the final transformation project of four, going to IJB in March. She gave background to the Model and explained the main reasons transformation is required.</p> <p>LG outlined the benefits of the model and the further work which has taken place. This included audits, looking at 40 patients within Community Hospitals, where it was identified through the verified tool that</p>	

54% of patients could have had their rehabilitation needs met at home. Also, of 12 patients in Acute, the tool identified 58% (7) could be rehabilitated at home and did not need to go into community hospital for rehabilitation. Auditing is continuing.

LG advised, specialised care in Neurological Rehabilitation and Frailty was also considered, for which there is a high demand. Preventing long-term admission to hospital has been focused on, including processes to try to prevent conditions such as heart failure with chronic obstructive and chronic diabetes. An Anticipatory Care Plan model has been introduced through the PC Verification Group.

LG outlined evidence which indicates this is the correct model to use and gave good detail. She advised the British Red Cross has been commissioned, who will specialise in delivery of 24hrs wrap-around care. Also, the Premises Dept is involved in examining the use of Community Hospitals to optimal effect.

LG committed to providing 6-monthly updates to Q&C Committee.

PD queried if there was an EqIA to support the work. LG advised this is included under the Home First banner.

MF commended the work and welcomed the reference to a trial period for the Red Cross involvement, giving the family choice. MF encouraged care be given to communication to the public. She felt this will be vital and thoughtful consideration should be given to avoid the Transformation being portrayed as cost cutting of beds by the press / political bodies.

LG agreed, particularly communication to the public. LB / HH and staff have been working closely with LG and assurance was given to Committee all teams are on board.

Cllr Liewald felt the Transformation will be well received by the public, to enable family members to be at home. She queried supply of technology to enable patients to stay at home safely. LG told of plans and mitigations in place. She also referred to the model working successfully in Tayside.

Cllr Kennedy thanked LG for the report and voiced her support for the Transformation. She queried the audit tool and asked if it took into consideration environmental issues and complex care issues, possibility of equipment being brought home, the use of utilities and subsequently increased bills. LG gave assurance with involvement from FC Housing and through the risk assessment process, appropriate housing is an important consideration. This situation is picked up very early on as part of the initial assessment with a patient. Updated equipment has been invested in and environmental changes/adaptations may be required, which FC Housing Dept will be heavily involved in. LG added support will be provided to those with concerns relating to use of utilities.

The Committee was content to approve for progression to IJB.

**LG**

### 8.3

## Alcohol and Drug Partnership 2024-27 Strategy

This report is brought to Committee by Fiona McKay for **Discussion and Decision**.

FMcK introduced Elizabeth Butters who presented the Paper. The Strategy is a delivery commitment for the next 3 years. It details the culmination of development work which has taken place over the past 7 months. The Strategy is compliant of local and national strategic development. The previous strategy has been reviewed with engagement from service providers, who are on the Project Board, Lived Experience Panel and Living Experience Group, focused sessions with family members and is supported by a full Public Health Needs Assessment.

EB spoke of a Wider Stakeholder Event which was held in August '23 with good attendance, also a Participation and Engagement Process, with 138 responses, a 5<sup>th</sup> of who are affected by substance use. Also based on the Sub Group Leads work, in particular review of alcohol and drug related deaths over the last few years. EB spoke of prevention and early intervention work taking place. Further details were expanded upon.

MF thanked EB for the report, she queried if there was an explanation for the number of drug related deaths in the younger age group within Fife, compared to the rest of Scotland. EB advised, this is an unusual situation and felt it was due to a number of reasons. Learning is taking place through urgent work within Education regarding the dangers of substance abuse, awareness of inconsistency in the market, looking at a treatment model for young people where substance use is a regular feature in their lives. EB elaborated in some detail.

LC gave assurance the Teams are aware of the subjects MF has raised. There is no specific theme and the impact is spread across Fife. A rapid action Group has been established by FMcK and LC, looking at what action is currently taking place, what in addition can be done and where the gaps are.

Cllr Liewald spoke of concerns in her area and actions the Police are taking in an attempt to combat these problems. The causes and reasons were discussed. She was appreciative of the work taking place.

FMcK gave assurance, although there has been a spike in young people's drug-related deaths in Fife recently, the Rapid Response Group and 'Clued Up', who have good engagement with young people, will be working together to improve the work taking place. This is out of the ordinary for Fife, and it is hoped the situation hugely improves in the months ahead.

SB spoke of the upcoming visit to Whyteman's Brae, Addiction Service, for IJB Members which will be interesting and provide good insight.

The Committee were content to recommend approval to the IJB.

#### 8.4 Strategic Plan First Year Annual Report

This report is brought to Committee by Fiona McKay for **Assurance**.

FMcK advised a year has passed since the Strategic Plan was signed off and it was agreed an update would be brought to Committee after the first year. She highlighted the main themes from the report and gave an update of the work which has taken place.

Cllr Liewald commented the report was one of the most concise, particularly considering the Strategy is only into its first year. She felt the data was very useful and gave a clear understanding of where the Partnership is at.

MF thanked FMcK for a comprehensive report and acknowledged there was little point in the Fife Dementia Strategy being implemented before the Government's is released. She felt from discussions she has had recently with people who have had a dementia diagnosis, and their carers, a reference to timely diagnosis in 2026. Post diagnostic support is not required until the patient is ready to accept the support, not immediately after diagnosis. Timing of support is vital and asked for this to be borne in mind. She also asked if the treatments which can slow down or halt the disease, can be made available from immediately after diagnosis is made.

FMcK stated, although the Dementia Strategy is not currently available, there has been work taking place in the background. RL advised, there has been work going on to form the Dementia Strategic Implementation Group which will take forward Fife's interpretation of the National Dementia Strategy and give Fife an Implementation Plan. Post diagnostic support will be informed from the Implementation Plan. She spoke of possible venues and financial challenges, however, gave assurance progress is taking place.

JR gave assurance to MF, post diagnostic support and the timing of it is on the radar of Scottish Government and told of a recent meeting she attended with the Lead in Scottish Government for Dementia to learn the approaches being taken.

MF suggested advertising of services/facilities available on bin lorries. FMcK will investigate this and advised 'meals on wheels' vans have been used previously. She added comms and planning are to be considered.

ID asked RL when the first meeting of the Dementia Strategic Implementation Group will be. RL advised a meeting is pencilled in for early April, however, there has been problems securing a venue. FMcK offered to help with a venue and will tie in with RL.

**FMcK / RL**

The Committee were Assured by the report.

## 8.5 The Promise Update

This report is brought to Committee by Lisa Cooper for **Assurance**. LG gave an update of the work which has taken place within the first 3 years of The Promise. Ultimately to satisfy the key priorities of The Promise Scotland which is the Governments commitment to Care Experienced Children and Young People that they will grow up loved, safe and respected and the plan for 2021-24 has now drawn to a close and there is a national review to look at the Plan and what was delivered. A report has been submitted to support the review, attached as App 1, which gives a detailed summary of the actions which have been taken to deliver on The Promise. LC drew the Committee's attention to the HR Policies which have been updated, ie. Kinship Carers have equal rights to parental leave, staff are being supported to increase their workforce awareness in their role to support care experienced young people and children in those who have experienced childhood trauma. A Lead Officer has been appointed for The Promise, who will work across agencies.

The Plan for 2024-30 will be published building on the work which is already being undertaken. Feedback from all organisations is being encouraged. LC advised there has been strong Partnership working and the Lead Officer will collate the information together and will lead on work moving forward.

A clear workplan is being developed to evidence progress and impact which is being seen with care experienced children, young people and families. Development of a Turas e-learning module for the whole workforce, providing the key priorities of the Promise and support roles across the whole organisation to embed practices.

Cllr Liewald was supportive of the work which has taken place and felt the report was detailed and precise. She is looking forward to the Lead Officer joining the workforce and felt the work within schools is encouraging care experienced children and young people showing willing to come forward as such, proving confidence is building and their voice is being heard.

MF acknowledged the challenges being faced, LC felt through the Turas model, information being made available, and the briefings coming to staff as a summary outlining what it means to them is very helpful. She spoke of threading this work through everything the Partnership is involved in.

SB felt reassured by the Paper and was glad to see the work further embedded and reaching out to children and young people.

Cllr Liewald told of the 'Keep the Promise' award received by Benarty Primary School, in recognition to their achievement – the first in Scotland.

	The Committee took assurance from the report.	
<b>9</b>	<b>LEGISLATIVE REQUIREMENTS &amp; ANNUAL REPORTS</b>	
<b>9.1</b>	<p><b>Health and Care (Staffing)(Scotland) Act 2019 Update</b></p> <p>The reports are brought to Committee by Jennifer Rezendes for <b>Assurance</b>.</p> <p>JR gave assurance the Services in Fife are prepared for the Act coming into force from 01 April 2024, with frameworks in place. JR explained the main areas within the Act - Care Services Appropriate Staffing, Training of Staff and Developing Staffing Methods. She described the frameworks which have been developed and advised these have gained approval from the Care Inspectorate.</p> <p>JR spoke of two active areas of work which are ongoing - Commissioned Services – relationships with external service providers need have some commonality, and an agreed approach will be agreed to enable HSCP external commissioned service providers to be safe. This is hoped to be Scotland wide.</p> <p>Also, Occupational Therapy Services, which are employed by both NHS and FC. JR told of special guidance which is being prepared to ensure Occupational Therapist staff can balance duties under the Act as both NHS and FC employers.</p> <p>Several other items highlighted were workforce challenges, training and financial challenges. JR gave assurance HSCP if fully prepared for the Act coming into effect from 01 April 2024.</p> <p>PD thanked JR for the report and felt it was a challenging time to implement the Act considering current financial restraints. He was confident everything possible has been done to prepare for the Act coming into force and described some of the activities ongoing.</p> <p>ClIr Liewald voiced concern regarding joint working and queried inconsistencies across the training of private sector Care at Home staff. JR gave assurance all aspects of training are being considered and there was good discussion around the subject. A Fife Training Passport is being developed and the National Core Induction Framework for Social Care has been developed and Fife is expected to be the first in Scotland to bring this to fruition.</p> <p>The Committee agreed to take assurance from the update.</p>	
<b>9.2</b>	<p><b>Progressing Children’s Rights UNCRC</b></p> <p>The report is brought to Committee by Lisa Cooper for <b>Assurance</b>.</p> <p>LC introduced the report and commented on the breadth of the work and the synergy which comes through strongly within the paper. She</p>	

	<p>wanted to give an update/information on the implementation of the United Nations Convention on the Rights of the Child. She spoke of work which has progressed at a National level and from December 2023, it has been supported as a duty and has come into Scottish Law to ensure the Partnership is delivering and respecting the rights of children and young people. The Royal Ascent was received earlier this year, and from that time 6 months are allowed for implementation of the duties of the Act.</p> <p>LC described what this will mean to HSCP as detailed in the report and spoke of the work involved with multiple agencies. Evidence will be provided through the Childrens Services Plan. LC stated the report was brought for information as well as assurance the voice of the child or young person is considered throughout all processes.</p> <p>MF referred to the Risk, Legal Management, and asked if this was built into future planning around implementation of duties. LC gave assurance through planning, everything will be done to manage this risk.</p> <p>The Committee were satisfied to take assurance from the paper.</p>	
<p><b>9.3</b></p>	<p><b>Joint Inspection of Adult Services – Progress Update Report</b></p> <p>The report is brought to Committee by Jennifer Rezendes for <b>Assurance</b>.</p> <p>JR brought a completed action plan for review and consideration. She gave background to the report and outlined the improvement actions which were taken forward. To date all the activities have been completed or reverted back to other quality assurance groups. The report gives the conclusion of all efforts to support the improvements and changes. Next steps will be sharing the Plan with the Care Inspectorate.</p> <p>The Committee was content to take Assurance from the Update Report.</p>	
<p><b>9.4</b></p>	<p><b>Ministerial Strategic Group (MSG) – Integration of Health and Social Care: Self-Evaluation 2024</b></p> <p>The report is brought to Committee by Fiona McKay for <b>Assurance</b>.</p> <p>FMcK reminded the Committee MSG indicators were brought to Committee before when there was much discussion. All comments and suggestions were taken on board and she gave an update on the scoring and evidence where improvements/progress have been made. She felt the spreadsheet shows clearly where there is work to progress and brings into focus the substantial work which has been taken forward against the MSG Indicators.</p>	



	<p>MF was happy to see her objection was noted under 3.3 Assessment. She advised her main frustration was, despite the Ministerial Steering Group's recommendation the entire IJB take part in the self-assessment, this had not happened. Next time should be done in a Development Session where the entire IJB can look at it.</p> <p>FMcK explained she has a different view and felt there has been a huge amount of involvement with many people providing feedback on many areas. This is shown in the comments provided. She referred to a Development Session which took place, acknowledging it did not go ahead as planned, however, there had been a lot of feedback from IJB Members. She stated the report will also go to Finance, Performance &amp; Scrutiny Committee, giving further opportunity for comment. She clarified the members are asked to take assurance from the reports that the work is being taken forward in a joined-up and listened-to manner with evidence provided.</p> <p>FMcK advised, for next year feedback will be sought in a more comprehensive manner.</p>	
<b>10</b>	<b>EXECUTIVE LEAD REPORTS &amp; MINUTES FROM LINKED COMMITTEES</b>	
	<p><b>10.1 Quality Matters Assurance Group</b> Unconfirmed Minute from 26.01.24</p> <p><b>10.2 Clinical Governance Oversight Group</b> Confirmed Minute from 12.01.24</p> <p><b>10.3 Fife Drugs and Therapeutics Committee</b> Confirmed Minute from 07.02.24</p> <p><b>10.4 Equality &amp; Human Rights Strategy Group</b> Confirmed Minute from 01.02.24</p> <p><b>10.5 Strategic Planning Group</b> Unconfirmed Minute from 13.11.23</p>	
<b>11</b>	<b>ITEMS FOR ESCALATION</b>	
	No items for escalation.	
<b>12</b>	<b>AOCB</b>	
<b>13</b>	<b>DATE OF NEXT MEETING</b>	
	<b>Friday 5<sup>th</sup> July 2024, 1000hrs, MS Teams</b>	



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## CONFIRMED HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM (LPF) WEDNESDAY 13 MARCH 2024 AT 9.00 AM VIA TEAMS

**PRESENT:** Fiona McKay, Head of Strategic Planning, Performance & Commissioning (for Nicky Connor) (Chair)  
Eleanor Haggett, Staff Side Representative, Fife Council  
Wilma Brown, Interim Staff Side Representative, NHS Fife  
Ben Morrison, Royal College of Podiatry, NHS Fife  
Billy Nixon, Health & Safety, NHS Fife  
Dafydd McIntosh, Organisational Development & Culture Specialist (for Item 12)  
Diane Roth, Organisational Development & Culture Specialist (For Item 11)  
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology  
Hazel Williamson, Communications Officer, H&SC  
Jennifer Bell, Chartered Society of Physiotherapy  
Jennifer Rezendez, Principal Social Work Officer  
Kenny McCallum, UNISON, Fife Council  
Kirsty Cairns, UNISON, NHS Fife  
Lee Ryan, HR Business Partner, Fife Council  
Lisa Cooper, Head of Primary & Preventative Care Services  
Lynn Barker, Director of Nursing - HSCP  
Melanie Jorgensen, HR Team Leader, NHS Fife  
Morag Stenhouse, H&S Adviser, Fife Council  
Rona Laskowski, Head of Complex & Critical Care Services  
Roy Lawrence, Principal Lead Organisation Development and Culture  
Sharon Adamson, RCN  
Vicki Bennett, British Dietetic Association Representative  
Wendy McConville, UNISON Fife Health Branch  
Yvonne Batehup, UNISON Welfare Representative  
Wendy Anderson, H&SC Co-ordinator (Minutes)

**APOLOGIES:** Nicky Connor, Director of Health & Social Care  
Debbie Fyfe, Joint Trades Union Secretary  
Elizabeth Crighton, Organisational Development and Culture Specialist (Wellbeing)  
Audrey Valente, Chief Finance Officer, H&SC  
Helen Hellewell, Deputy Medical Director, H&SC  
Laura Wheatley, Senior Dental Officer, NHS Fife  
Liam Mackie, UNISON Fife Health Branch  
Lynne Parsons, Employee Director / Society of Chiropodists and Podiatrists  
Paul Hayter, NHS Fife

NO	HEADING	ACTION
1	<b>APOLOGIES</b>	
	As above.	

## 2 PREVIOUS MINUTES / ACTION LOG FROM 16 JANUARY 2024

The Minute and Action Log from the meeting held on 16 January 2024 were both approved as accurate records of the meeting.

## 3 JOINT CHAIRS UPDATE

Eleanor Haggett provided a brief update on the National Care Service. A Stage 1 Bill has been discussed within the Scottish Parliament, but this is experiencing some issues due to a lack of scrutiny in the process. Further updates will be provided as they are available.

## 4 HEALTH AND CARE STAFFING ACT

Jennifer Resendez gave an in-depth overview of the report which outlined changes which will come into effect on 1 April 2024. Implementation groups have been set up within both Fife Council and NHS Fife to ensure the partnership is best placed to implement the changes and ensure we continue to provide safe and high-quality services. A post implementation group will be convened to share learning and provide ongoing support. These groups feed into the Workforce Strategy Group.

## 5 HEALTH & WELLBEING

### Attendance Information

Melanie Jorgensen covered the highlights of the NHS report which included an overall rise in absence, changes to Covid 19 special leave from April 2024 and information on trends around hours lost/reasons for absence and an increase in both long- and short-term absences in January 2024. Attendance Review Panels continue to be held monthly to consider all aspects of managing attendance. An Attendance Management Group is being stood up to provide increased support and scrutiny to cope with challenges.

Going forward Covid 19 Special Leave will be recorded as normal sickness absence and will affect both Fife Council and NHS Fife employees. This is happening as a result of a circular from Scottish Government which was received recently.

Lee Ryan's report provided an overview of trend data including working days lost, occasions of absence, the top 5 reasons for absence and open case management files. Attendance Review and Improvement Panels continue to take place. Discussion took place around long term absence and the rationale behind timescales for resolving cases.

### Staff Health & Wellbeing

Melanie Jorgensen covered the highlights of the report which had been circulated with the papers for the meeting. Creative workshops are being arranged to bring communities together under the heading of Remembering Together Creating Covid Community Memorials and further information will be available on StaffLink in due course. The NHS Cycle to Work Scheme is open until the end of 2024.

NO	HEADING	ACTION
5	<b>HEALTH &amp; WELLBEING (CONT)</b>	
	<b>Staff Health &amp; Wellbeing (Cont)</b>	
	<p>Lee Ryan gave a verbal update including the Fife Council Cycle to Work Scheme being open. A Health, Safety and Wellbeing Survey was recently undertaken at Fife Council and results will be brought to an LPF meeting once available. Attendance Management Induction Sessions are being arranged for new managers or as refreshers for existing managers.</p>	
	<b>Recruitment Update</b>	
	<p>Melanie Jorgensen provided an NHS Fife update, outlining the number of vacancies per month for the last quarter, the mix of job bands and the average time to hire, which has increased recently due to a number of factors (further analysis will be done on this to understand the reasons for it).</p>	
	<p>Lee Ryan updated on the most recent Fife Council recruitment information including the number of vacancies, number of applicants and that social media was the most popular source of candidates. A recruitment day was held recently in Ostlers House and a whole Council recruitment day will be held on 15 May 2024.</p>	
6	<b>HEALTH AND SAFETY UPDATE (Inc H&amp;S ASSURANCE GROUP)</b>	
	<b>Mandatory Training – Dashboard and Trajectory - Update – Inc HS&amp;W Assurance Group Update</b>	
	<p>Rona Laskowski provided an updated on the background and progress on Mandatory Training. Significant progress has been made although it has been difficult to achieve the 90% compliance rate, due to various issues including staff absence and recruitment difficulties. Collating this information is difficult as it has to be collected manually, but it has been agreed that it will still be provided to SLT Assurance meetings on a 4-weekly basis and to each LPF meeting in the meantime before moving to quarterly reporting.</p>	
	<b>H&amp;S Updates – NHS and Fife Council</b>	
	<p>Billy Nixon and Morag Stenhouse had both provided written updates which had been circulated with the papers for the meeting.</p>	
	<p>Morag advise that her report was for the rolling year to the end of February 2024 and highlighted the number of incidents and RIDDORS over the period. Corporate H&amp;S workplace review visits will start in April 2024 and will be scheduled for the whole year.</p>	
	<p>Billy outlined the number of NHS incidents and RIDDORs and updated on Health and Safety Executive activities in other areas which NHS Fife are now focusing on.</p>	
	<p>There was discussion around an incident in an independent Care Home which had been notified via Datix. Fiona McKay asked for an update on this as the Care Home should have notified the Care Inspectorate. Billy will update Fiona out with the meeting.</p>	<b>FM/BN</b>

NO	HEADING	ACTION
6	<p><b>HEALTH AND SAFETY UPDATE (Inc H&amp;S ASSURANCE GROUP) (CONT)</b></p> <p><b>H&amp;S Updates – NHS and Fife Council (Cont)</b></p>	LB/BN
<p>A question was raised around the use of bed and chair alarms within Queen Margaret Hospital and staff being advised not to use them. Billy Nixon and Lynn Barker will look into this and update the LPF.</p>		
7	<p><b>FINANCE UPDATE / BUDGET</b></p>	
<p><b>Finance Update</b></p>		
<p>Fiona McKay presented this paper in Audrey Valente’s absence. The paper showed a projected outturn overspend of £6.725m with areas of overspending including Hospital &amp; Long-Term Care, GP Prescribing, Family Health Services and Home Care. There was an update in relation to savings approved by the IJB in March 2023 and the use of Reserves brought forward from March 2023.</p> <p>There is an Extraordinary LPF meeting scheduled for Tuesday 19 March 2024 from 10.00 am to 12 noon (via Teams).</p> <p>On Thursday 28 March 2024 the IJB meeting will discuss and agree the Revenue Budget 2024-2027.</p>		
<p><b>Sustainable Workforce and Supplementary Staffing / Bank &amp; Agency Finance Update</b></p>		
<p>Lynn Barker presented both of these papers as Audrey Valente was not able to join the meeting. Scrutiny of weekly HSCP Bank and Agency usage continues to be high priority and all supplementary staffing use is monitored closely via NHS Fife Bank and Agency Programme Oversight Board, which is transitioning to The Reform, Transform and Perform Group, and FHSCP Sustainable Workforce Group as well as a series of portfolio led workforce subgroups, reporting to FHSCP Sustainable</p>		
<p>There are still relatively high levels of vacancies and sickness and the age profile of the workforce is rising. Work is ongoing to recruit additional staff.</p>		
<p>The Finance Update provided a breakdown of staff costs associated with the use of bank and agency staff.</p>		
<p><b>Transformation Update - Community Rehabilitation and Care Model</b></p>		
<p>Lynn Barker presented this report on behalf of Lynne Garvey and outlined the route the paper has taken before coming to the LPF. Trade Unions and staff side colleagues have been involved in the process to date and this will continue once the paper is presented to the Integration Joint Board (IJB) on 28 March 2024 for approval.</p>		
<p>Concerns had been raised regarding participation and engagement going forward and these will be part of the proposals. A six-monthly update will be provided to both the Quality &amp; Communities Committee and the LPF.</p>		
<p>The LPF were content to remit this paper to the IJB for approval.</p>		

NO	HEADING	ACTION
8	<b>SERVICE PRESSURES &amp; WORKFORCE UPDATE</b>	
	<p>Lynne Garvey and Rona Laskowski were not available for this item but Lisa Cooper gave an update on the Reform, Transform, Perform (RTP) programme through NHS Fife. One proposal from this is to close three NHS buildings (Hayfield, Cameron and Haig Houses) which will have an impact on our workforce. Discussions are ongoing with service heads and Estates staff and this proposal will come to the NHS Board meeting at the end of March 2024. More information will be provided in due course.</p> <p>The normal pressures relating to recruitment, vacancies are attendance are still prevalent.</p>	
9	<b>LPF DEVELOPMENT SESSION (BUDGET) 2024</b>	
	<p>This will take place on Tuesday 19 March 2024 from 10.00 am – 12 noon via Teams. Papers will be circulating prior to the meeting.</p>	
10	<b>WHISTLEBLOWING REPORT</b>	
	<p>Roy Lawrence presented this interim report which gives an update on the work being undertaken by the whistleblowing group to meeting the standards, gives an oversight on activity and assurance that key requirements are being supported by both partners. There is further work to be done but progress is being made on the 5 key themes. Staff now know how to record concerns and data will be recorded and shared via quarterly reports.</p>	
11	<b>IMATTER</b>	
	<p>Roy Lawrence presented this report which highlighted the outcomes of the range of actions to improve the uptake and results for the Partnership's iMatter survey in 2023 and to advise on the planned actions for 2024. There was an opportunity for the LPF to comment on the proposed actions and highlight any further actions to support iMatter engagement for 2024. Diane Roth will be in touch with managers in the near future to being the process for the 2024 iMatter survey.</p>	
12	<b>WORKFORCE ACTION PLAN FLASH REPORT</b>	
	<p>Roy Lawrence presented this flash report which will be brought to each LPF meeting (full update to May 2024 meeting and Annual Report to November 2024 meeting). Feedback is sought from LPF members on the format and content of the flash report to ensure it provides the appropriate information.</p>	
13	<b>LPF ANNUAL REPORT 2023-2024</b>	
	<p>Roy Lawrence gave a brief update on the process for pulling this together in conjunction with the co-chairs which will begin soon. There is a need to focus on key areas in planning for the year ahead.</p>	

NO	HEADING	ACTION
14	<b>ITEMS FOR BRIEFING STAFF</b>	
	No specific items were mentioned under this item.	
15	<b>AOCB</b>	
	Nothing was raised under this item.	
16	<b>DATE OF NEXT MEETING</b>	
	<b>Budget Discussion - Tuesday 19 March 2024 from 10.00 am – 12 noon</b>	
	<b>Full LPF - Tuesday 14 May 2024 – 9.00 am – 11.00 am</b>	



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## CONFIRMED

### MINUTE OF THE STRATEGIC PLANNING GROUP HELD VIRTUALLY ON THURSDAY 7<sup>TH</sup> MARCH 2024 AT 2.00 PM

<b>Present:</b>	<p>Cllr Graeme Downie (Chair)          Fiona McKay, Head of Strategic Planning, Performance &amp; Commissioning          Cllr Dave Dempsey          Cllr Rosemary Liewald          Cllr Sam Steele          William Penrice, Service Manager, Performance Management &amp; Quality Assurance          Paul Dundas, Independent Sector Representative          Paul Short, Service Manager, Housing Services          Claire Dobson, Director of Acute Services          Jacquie Stringer, Service Manager, Locality/Community Led Support          Lisa Cooper, Head of Primary &amp; Preventative Care</p>
<b>Apologies for Absence:</b>	<p>Ben Hannan, Director of Pharmacy and Medicines          Vicki Birrell, Team Manager, Strategic Planning          Lynn Barker, Associate Director of Nursing          Tracy Harley, Service Manager, Participation &amp; Engagement          Audrey Valente, Chief Finance Officer          Morna Fleming, Carer Representative          Lynne Garvey, Head of Community Care Services          Fay Richmond, Executive Officer to Chief Executive &amp; Board          Rona Laskowski, Head of Complex &amp; Critical Care          Ian Dall, Service User Representative          Lesley Gauld, Team Manager, Strategic Planning          Kenny Murphy, Third Sector Representative          Jennifer Rezendes, Professional Social Work Officer          Nicky Connor, Director of Health &amp; Social Care          Helen Hellewell, Associate Medical Director</p>
<b>In Attendance:</b>	<p>Alan Adamson, Service Manager, Quality Assurance          Elizabeth Butters, Service Manager, Fife Alcohol &amp; Drugs Partnership          Heather Gibson, Senior Participation &amp; Engagement Officer          Gillian Muir, Management Support Officer (Minutes)</p>

NO.	TITLE	ACTION
1.	<p><b>WELCOME AND INTRODUCTIONS</b></p> <p>Graeme Downie welcomed everyone to the meeting and apologies were noted as above.</p>	



NO.	TITLE	ACTION
2.	<p><b>MINUTE OF LAST MEETING – 13<sup>TH</sup> NOVEMBER 2023 AND ACTION LOG</b></p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p> <p>All actions noted have been taken forward and are noted as either complete or in progress.</p>	
3.	<p><b>STRATEGY FLASH REPORTS</b></p> <p><b>a</b></p> <p><u>Commissioning Strategy</u></p> <p>Alan Adamson provided an overview of the flash report submitted and progress of work undertaken to date. Areas highlighted within the report included :</p> <ul style="list-style-type: none"> <li>• The establishment of a working group to ensure the work is being progressed to meet the strategy delivery plan.</li> <li>• Tender evaluation process currently underway for the supported living contract framework, the outcome of which should be known by the end of March beginning of April with new contract starting from 1<sup>st</sup> May.</li> <li>• Work has commenced to look at how the contract renewal for advocacy is taken forward and noted this meets one of the requirements within the delivery actions of the advocacy strategy.</li> </ul> <p>Paul Dundas acknowledged the work underway in Fife and the strong relationships which have been built with all providers.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. Items raised for discussion included how many contracts would be awarded through the supported living framework tender and what the range of value of these would be?</p> <p><b>b</b></p> <p><u>Digital Strategy</u></p> <p>Fiona McKay provided a brief overview of the flash report submitted and progress of work undertaken to date.</p> <p>Noted work has progressed well with the development of the Digital Strategy with the first drafted presented to the Senior Leadership Team in November 2023 for feedback and comment. The document continues to be developed further and has a target date for presentation to the Integration Joint Board in May 2024.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. Considerable discussion took place regarding digital technology. Items raised for discussion included what were the areas of feedback provided from the Senior Leadership Team and what in particular were the areas highlighted that may not have already been highlighted?</p>	

NO.	TITLE	ACTION
3.	<p><b>STRATEGY FLASH REPORTS</b> (continued)</p> <p><u>Digital Strategy</u> (continued)</p> <p>Agreed the Digital Strategy be brought back in more detail to the next meeting to get a clearer picture of the work being done. Also noting when the full strategy does come forward that there is sufficient time allocated to its discussion.</p> <p><b>c</b> <u>Carers Strategy</u></p> <p>Fiona McKay provided an overview of the flash report submitted and progress of work undertaken to date. Areas highlighted within the report included.</p> <ul style="list-style-type: none"> <li>Community Chest funding - second round of funding has concluded. In excess of 80 applications received with over £350k being allocated to organisations across Fife to support unpaid carers. Next round of funding will open 1<sup>st</sup> April.</li> </ul> <p>Link was shared to the recent SWAY - Carers Community Chest Fund <a href="https://sway.cloud.microsoft/38c2FxHkWsFmCyak?ref=Link">https://sway.cloud.microsoft/38c2FxHkWsFmCyak?ref=Link</a></p> <ul style="list-style-type: none"> <li>First Carers Collaborative event held in December 2023 for all commissioned partners with the key outcomes being to promote the Carers Strategy and to facilitate cross organisational working and referrals.</li> </ul> <p>The discussion was opened to members who provided their comments and feedback on the report. Items raised for discussion included when will the carers experience survey be issued and how did we reach new and smaller organisations for the Community Chest funding and how can this be replicated?</p>	
4.	<p><b>STRATEGIES</b></p> <p><b>a</b> <u>Alcohol &amp; Drug Partnership Strategy 2024 - 2027</u></p> <p>Elizabeth Butters presented the Alcohol &amp; Drug Partnership Strategy 2024 - 2027 to the Strategic Planning Group for discussion, highlight any changes required and provide agreement that the strategy be progressed through the required Governance Committees and onto the Integration Joint Board for final approval.</p> <p>It was noted that the strategy is a requirement of Scottish Government, and a delivery plan is also in development.</p> <p>The current Alcohol &amp; Drug Partnership Strategy expired in 2023 and work has been ongoing since then to develop a new three-year strategy for 2024 – 2027.</p>	

NO.	TITLE	ACTION
4.	<p><b>STRATEGIES</b> (continued)</p> <p><b>a</b> <u>Alcohol &amp; Drug Partnership Strategy 2024 – 2027</u> (continued)</p> <p>The strategy is part of the Health &amp; Social Care Partnership transformational strategies for 2023 to 2026 and is cognisant of the key themes of local, sustainable, outcomes, wellbeing and integration. Additionally, the redevelopment of the Strategy is informed by other local strategies in broader areas of health and social care including mental health, early intervention and prevention, carers, primary care and advocacy and linked to the Partnerships supporting strategies and themes.</p> <p>The strategy has been developed through wide consultation with full public engagement, informed by public health, developed with lived experience and family support groups and third sector and statutory partners. A launch was also held last year at a stakeholder event.</p> <p>An easy read version is also in development as well as a user-friendly version as requested by the lived experience group.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. No further questions were raised.</p> <p><u>Decision</u></p> <p>The Strategic Planning Group</p> <ul style="list-style-type: none"> <li>• Discussed the Alcohol and Drug Partnership (ADP) Strategy 2024 - 2027, highlighted changes required.</li> <li>• Recommend that the report progresses through the required Governance Committees and onto the Integration Joint Board for final approval.</li> </ul> <p><b>b.</b> <u>Prevention &amp; Early Intervention Strategy</u></p> <p>Lisa Cooper presented the draft Prevention &amp; Early Intervention Strategy to the Strategic Planning Group to provide assurance that the strategy has been developed in accordance with identified requirements and stakeholder expectations, to review the draft strategy, supporting documents and provide any changes required to enable its continued progression to Committees and onward submission to the Integration Joint Board for decision.</p> <p>The Prevention and Early Intervention Strategy is identified as one of the nine transformational strategies of Fife Health and Social Care Partnership's Strategic Plan 2023 to 2026 and is one of the Scottish Governments six key principles for public health reform.</p> <p>The background to prevention and early intervention stems from the recognition that addressing issues at their root cause or early stages can lead to more effective and sustainable outcomes.</p>	

NO.	TITLE	ACTION
4.	<p><b>STRATEGIES</b> (continued)</p> <p><u>Prevention &amp; Early Intervention Strategy</u> (continued)</p> <p>Noted that the 'Vision' is currently being tested through further consultation to ascertain whether this is framed correctly and has been designed in collaboration with the community and stakeholders as well as associated priorities.</p> <p>Noted that the strategy is also aligned to other strategies and can't be delivered within the Partnership alone but as part of a whole system to deliver prevention and early intervention to enable communities to live well.</p> <p>Members attention was drawn to the 'Wellbeing Pledge' and feedback and comments were sought which members provided.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. Items raised for discussion included an ask for perinatal mental health to be included.</p> <p><u>Decision</u></p> <p>The Strategic Planning Group</p> <ul style="list-style-type: none"> <li>• Took assurance that the Partnership's draft Prevention and Early Intervention Strategy had been developed in accordance with identified requirements and stakeholder expectations.</li> <li>• Reviewed the draft Prevention and Early Intervention Strategy and supporting documents; and advised changes required.</li> </ul>	
5.	<p><b>ANNUAL REPORTS</b></p> <p><u>Strategic Plan – Year One Delivery Plan : Annual Report 2023</u></p> <p>Fiona McKay presented the Strategic Plan – Year One Delivery Plan : Annual Report 2023 to the Strategic Planning Group to provide assurance that the Partnership is progressing the implementation of the Strategic Plan 2023 – 2026 and effectively monitoring performance of the actions in the Year One Delivery Plan (2023) and sought recommendation that the report progresses through the relevant Governance Committees before onward submission to the Integration Joint Board.</p> <p>Noted the Year One Delivery Plan includes 50 separate actions. The Annual Report 2023 provides an update on these actions, the improvements that have been delivered, and activities which are still ongoing, noting that some of these have been carried forward into 2024. The Report is structured using the same format as the Strategic Plan (2023 to 2026) and the Year One Delivery Plan (2023) to provide consistency and enable cross-referencing.</p>	

NO.	TITLE	ACTION
5.	<p><b>ANNUAL REPORTS</b></p> <p><u>Strategic Plan – Year One Delivery Plan : Annual Report 2023</u> (continued)</p> <p>During 2023, the Year One Delivery Plan provided a robust framework to progress the Partnership’s strategic priorities, and ensure that the transformation and supporting strategies developed, along with their targeted delivery plans, align with the strategic vision to deliver the improvements planned.</p> <p>The RAG Status is also included and identifies the actions which have been fully completed, partially completed and any that have been rescheduled. The Annual Report 2023 also included the Year Two Delivery Plan for 2024 and some of the key actions planned. Many of these actions are already progressing and regular updates for each of the supporting strategies and their delivery plans will continue to be reported to the Strategic Planning Group through the current governance process.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. A query was raised with regards to the Home First Strategy Scoping Single Point of Access Project – how close was this to being implemented?</p> <p><u>Decision</u></p> <p>The Strategic Planning Group</p> <ul style="list-style-type: none"> <li>• Took assurance that the Partnership is progressing implementation of the Strategic Plan 2023 to 2026 and effectively monitoring performance of the actions in the Year One Delivery Plan (2023).</li> <li>• Recommended that the report progresses to the relevant Governance Committees for review, and onto the Integration Joint Board for final approval.</li> </ul>	
6.	<p><b>ANY OTHER BUSINESS</b></p> <p>No other business was offered.</p>	
7.	<p><b>DATE AND TIME OF NEXT MEETING</b></p> <ul style="list-style-type: none"> <li>• Thursday 2<sup>nd</sup> May at 2.00 pm via MS Teams</li> </ul> <p>This meeting will be framed around the current budget position.</p>	