



Fife Health & Social Care Partnership

Supporting the people of Fife together

AGENDA

**INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
FRIDAY 26 MARCH 2021 AT 10.00 AM**

**THIS WILL BE A VIRTUAL MEETING AND JOINING
INSTRUCTIONS ARE INCLUDED IN THE APPOINTMENT**

**Participants Should Aim to Dial In at Least Ten to Fifteen Minutes
Ahead of the Scheduled Start Time**

		Presented By	Page
1	CHAIRPERSON'S WELCOME AND OPENING REMARKS	Rosemary Liewald	
2	CHIEF OFFICERS REPORT	Nicky Connor	
3	CONFIRMATION OF ATTENDANCE / APOLOGIES	Rosemary Liewald	
4	DECLARATION OF MEMBERS' INTERESTS	Rosemary Liewald	
5	MINUTES OF PREVIOUS MEETING 19 February 2021	Rosemary Liewald	1 – 6
6	MATTERS ARISING - Action Note 19 February 2021	Rosemary Liewald	7 - 8
7	COVID-19 / REMOBILISATION UPDATE	Nicky Connor / Chris McKenna / Janette Owens / Scott Garden / Kenny Murphy / Paul Dundas	Verbal Update
8	REVENUE BUDGET 2021-2024	Audrey Valente	9 - 78
9	IJB RECORDS MANAGEMENT ANNUAL REPORT 2020	Fiona McKay	79 - 115
10	PHARMACEUTICAL CARE SERVICES REPORT	Scott Garden	116 - 118

11	<p>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED</p> <p>Clinical & Care Governance Committee Un/Confirmed Minute from 26 February 2021</p> <p>Finance & Performance Committee Confirmed Minute from 12 February 2021</p> <p>Audit & Risk Committee Confirmed Minute from 22 January 2021</p> <p>Local Partnership Forum Confirmed Minute from 10 February 2021</p>	<p>Tim Brett / David Graham / Eugene Clarke / Simon Fevre / Nicky Connor</p>	119-149
12	AOCB		
13	<p>DATES OF NEXT MEETINGS</p> <p>IJB DEVELOPMENT SESSION – Friday 9 April 2020 at 9.30 am</p> <p>INTEGRATION JOINT BOARD – Friday 23 April 2021 at 10.00 am</p>		
<p>Members are reminded that, should they have queries on the detail of a report, they should, where possible, contact the report authors in advance of the meeting to seek clarification</p>			

Nicky Connor
Director of Health & Social Care
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Copies of papers are available in alternative formats on request from Norma Aitken, Head of Corporate Services, 4th Floor, Fife House – e:mail Norma.aitken-nhs@fife.gov.uk



Fife Health & Social Care Partnership

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UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 19 FEBRUARY 2021 AT 10.00 AM

Present	Councillor Rosemary Liewald (RL) (Chair) Christina Cooper (CC) (Vice Chair) Fife Council, Councillors – David Alexander (DA), Tim Brett (TBre), Dave Dempsey (DD), David Graham (DG), Fiona Grant (FG), David J Ross (DJR) and Jan Wincott (JW) NHS Fife, Non-Executive Members – Les Bisset (LBi), Martin Black (MB), Eugene Clarke (EC), Margaret Wells (MW) Chris McKenna (CM), Medical Director, NHS Fife Helen Buchanan, Nurse Director, NHS Fife Amanda Wong (AW), Associate Director, AHP's, 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
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Helen Hellewell (HH), Associated Medical Director, NHS Fife Katherine Paramore (KP), Medical Representative
Attending	Kathy Henwood (KH), Chief Social Work Officer Dona Milne (DM), Director of Public Health Fiona McKay (FM), Interim Divisional General Manager Norma Aitken (NA), Head of Corporate Services Hazel Williamson (HW), Communications Officer Wendy Anderson (WA) (Minute)

NO HEADING

ACTION

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the first Health & Social Care Partnership Integration Joint Board meeting of 2021.

The Chair welcomed Lynn Barker to her first Board meeting since being permanently appointed to the role of Associate Nurse Director and congratulated Helen Buchanan, Nurse Director on her upcoming retirement. The Chair and Nicky Connor both thanked Helen for her unwavering support over the lifespan of the IJB. Helen responded and wished IJB members the best for the future. Jeanette Owens will take over as Nurse Director when Helen leaves.

The Chair then advised members that a recording pen was in use at the meeting to assist with Minute taking and the media have been invited to listen in to the proceedings.

NO HEADING**ACTION****2 CHIEF OFFICERS REPORT**

The Chair handed over to Nicky Connor for her Chief Officers Report.

Nicky advised that the recruitment process for the three Heads of Service posts in the Senior Leadership Team is currently underway. By the next IJB meeting the decisions on these posts will have been taken and an update will be provided.

3 CONFIRMATION OF ATTENDANCE / APOLOGIES

Apologies had been received from Steve Grimmond, Carol Potter, Jim Crichton, Eleanor Haggett, Wilma Brown, Simon Fevre. Lynn Barker and Lynne Garvey.

4 DECLARATION OF MEMBERS' INTERESTS

As a long-standing member of the Alcohol and Drug Partnership Martin Black declared an interest in Item 10.

5 MINUTES OF PREVIOUS MEETING 4 DECEMBER 2020

The Minute of the meeting held on Friday 4 December 2020 was approved.

Dave Dempsey raised a question around an item on page 7 of the Minute. This was an item which Eugene Clarke, Chair of Audit & Risk had put forward for escalation around the Transformation Board. Nicky Connor confirmed that an update on this would be provided to a future Audit & Risk Committee meeting.

6 MATTERS ARISING

The Action Note from the meeting held on 4 December 2020 was approved.

7 COVID 19 / REMOBILISATION UPDATE

The Chair introduced Nicky Connor and colleagues to provide update on Covid-19 and Remobilisation.

Paul Dundas – Care Homes continue to operate and work closely with the partnership. Work is ongoing to understand the implications of the recently published report on the Independent Review of Adult Social Care in Scotland and how this is best supported.

Kenny Murphy – advised that much of the traditional work undertaken by Fife Voluntary Action (FVA) is on hold due to the pandemic, but work continues in areas such as befriending and delivery of food, prescriptions, etc. FVA is working closely with the British Red Cross and public sector partners on supporting the set up and running of vaccination and testing centres along with ensuring the distribution of information.

7 COVID 19 / REMOBILISATION UPDATE (Cont)

Fiona McKay – updated on the situation within Social Care. Many services have continued throughout the pandemic. Work is ongoing regarding reinstating Respite and Day Services. Staff testing has been introduced for Care at Home and Adult Services staff. Uptake of staff vaccination has been good and good joint working with Care Homes continues.

Dona Milne – Covid-19 numbers are down, clusters of outbreaks in Care Homes have reduced significantly. The Care Home Oversight Group continues to assess the situation. An asymptomatic test centre opened recently in Cowdenbeath, the next centre opens in Kirkcaldy early next week. Other centres will follow in the coming weeks.

Scott Garden – over 95,000 Fife residents have received their first dose of the vaccination to date. 13 community clinics are open. GP's and District Nurses are supporting the vaccination of housebound residents. It is expected that cohorts 3, 4 and 5 will be completed by week commencing Monday 22 February 2021. Unpaid carers and those with underlying health issues make up cohort 6 and work will start on vaccination these residents soon. Second doses of the vaccination will commence from 1 March 2021.

Chris McKenna – advised that although January 2021 had been a tough month, the situation within our hospitals was improving. As long as the public continue to follow the advice and regulations this should continue. Plans are being drawn up to remobilise and recover services going forward. The vaccination programme has been an incredible success.

Helen Buchanan – echoed what Chris McKenna had said. Remobilisation of services needs to be done cautiously to ensure the safety of patients, their families and staff.

Helen Hellewell – advised that all GP practices would be issued with lateral flow test kits from next week.

Nicky thanked all of those who provided updates and extended thanks to all staff and colleagues, in all organisations, who have worked exceptionally hard over the last 12 months and thanked the public and communities for their support.

Questions were asked around the siting of mobile test units and the effect the inclement weather had on scheduling of appointments. Scott Garden advised that all appointments which had been missed because of the weather had now been rescheduled.

Board members expressed their praise for the running of the vaccination and testing clinics which had been a complex piece of work.

Discussion took place around mental health issues, how the rise in cases is being dealt with and that mental health is as big a priority as physical health needs. Community mental health teams have worked continuously throughout the pandemic.

8 FINANCE UPDATE

The Chair introduced Audrey Valente who presented this report.

NO HEADING**ACTION****8 FINANCE UPDATE (Cont)**

Audrey updated on the financial position of the delegated and managed services based on 30 November 2020 financial information. The forecast deficit is £5.158m and £6.467m relates to unachieved savings that remain at risk of non-delivery. These are currently within the local mobilisation plans but it remains uncertain whether full funding will be made available by the Scottish Government. This paper reflects the full value of non-delivery of savings included as a pressure within the core projected outturn position. This level of overspend requires urgent management action to ensure that the partnership delivers within the approved budget.

Four key areas of overspend are contributing to the financial outturn overspend:-

- Resource Transfer and Other Payments.
- Hospital and Long-Term Care.
- Adult Placements.
- Home Care Services.

Work is ongoing on the budget for the new financial year. Meetings are being held with the Chief Executives and Directors of Finance to finalise information. Once this is available a meeting will be set up to allow Board members to be updated prior to a budget paper being presented to the IJB on 26 March 2021.

NC/AV

Tim Brett asked if a briefing on Direct Payments could be provided at a future Development Session. This was agreed.

NC/AV

The Board noted the financial position as reported at 30 November 2020 and noted and discussed the next steps and key actions.

9 PERFORMANCE REPORT – EXECUTIVE SUMMARY

The Chair introduced Fiona McKay who presented this report. This is an executive summary of the full Performance Report which was discussed at the Finance & Performance Committee on 12 February 2021. The summary served to highlight areas of concern which were being continually assessed.

Dave Dempsey questioned where the information contained in the Performance Report was being dissected and looked at in detail to ensure solutions were being sought for issues. Fiona advised that staff across the Health and Social Care Partnership had responsibility for areas of local and national priority and each of these was underpinned with a workplan. Performance was aligned with the Strategic Plan to provide a level of assurance.

Discussion took place around emergency admissions to hospital, which are down on previous levels and how this can be sustained in the future.

9 PERFORMANCE REPORT – EXECUTIVE SUMMARY (Cont)

There has been a reduction in the number of presentations at A&E and Minor Injuries, although there are still peaks of activity eg falls when weather is icy. The Urgent Care Redesign is redirecting people to the correct service which is helping to reduce numbers in A&E/MIU.

The Board noted the information contained within the Performance Report.

10 ALCOHOL & DRUG PARTNERSHIP ANNUAL REPORT 2019-2020 AND ADP STRATEGY 2020-2023

The Chair introduced Kathy Henwood who presented this report, which was the subject of discussion at a Development Session held on Monday 5 February 2021.

Dave Dempsey asked why drug levels are so much higher in Scotland than the rest of the UK and the correlation between Scotland and North East England, which has similar economic issues. Kathy Henwood undertook action to bring back further data to the appropriate governance committee.

The Annual Report provides a synopsis of information from the partnership. Service Level Agreements are in place with service providers and Link Officer and Development Officers from the partnership work closely with each of them.

Discussion took place around evidence to support the long-term impact of the project. The support which is provided is visible, accessible and non-judgemental. There are areas for development and more detailed analysis will be done on these going forward.

Questions were asked about unallocated funding mentioned in the report. Kathy Henwood confirmed that at present funding is almost fully committed.

The Board discussed the content of this report and endorsed the ADP Annual Report 2019-2020 and the ADP Strategy 2020-2023.

11 STRATEGIC RISK REGISTER

The Chair introduced Fiona McKay who presented this report which sets out the risks associated with the partnership. Relevant risks have been discussed at governance committees recently and have been updated by risk owners.

The Board discussed the Risk Register, considered the content and whether any further information was required on the management of any particular risk. The Board then approved the Risk Register.

NO HEADING**ACTION****12 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED**

The Chair asked Eugene Clarke, Tim Brett and David Graham for any items from governance committees that they wish to escalate to the IJB.

Tim Brett – Clinical & Care Governance Committee (C&CG) - 13 November 2020 and 29 January 2021

- 1 Comprehensive update on Covid-19 Vaccination Programme provided by Scott Garden at 29 January 201 meeting.

David Graham – Finance & Performance Committee (F&P) - 11 November 2020 and 15 January 2021

- 1 F&P are meeting monthly to monitor the financial position.

Eugene Clarke – Audit & Risk Committee (A&R) – 19 November 2020

- 1 A&R reviewed and approved the External Audit Plan as required by Audit Scotland.
- 2 Agreed to have dedicated time to look at issues on Risk Register during A&R meetings.

Local Partnership Forum (LPF) - 18 November 2020; 16 December 2020; 20 January 2021

Nicky advised that the LPF is currently meeting monthly. Focus is on staff and workforce issues, staff testing and vaccination and the significant efforts on supporting communications, engagement and health and wellbeing. Senior Leadership Team, Trade Union and Staff Side are represented on the LPF.

13 AOCB

No items were raised.

14 DATES OF NEXT MEETINGS

IJB Development Session – Friday 12 March at 9.30 am

IJB Meeting – Friday 26 March at 10.00 am

ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 19 FEBRUARY 2021

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	Finance Update – meeting to be set up with IJB members to brief them on progress with budget setting for 2021-2022	Nicky Connor / Audrey Valente	Prior to IJB on 26/03/21	Completed
2	Finance Update – provide an update on Direct Payments to a future Development Session.	Nicky Connor / Audrey Valente	Development Session during 2021	

DRAFT

COMPLETED ACTIONS

1	Primary Care Improvement Plan – update to be taken through governance committees and to IJB in early 2021.	Helen Hellewell	IJB 23/04/21	Review of PCIP taking place following joint letter from Cabinet Secretary and BMA and extension of PCIP timescales
2	Minute of Previous Meeting – Budget Alignment – updates to be provided once meetings with Chief Executives and Directors of Finance have clarified this.	Nicky Connor / Audrey Valente	Ongoing	Meetings being held, updates will be provided as available

DRAFT



Fife Health & Social Care Partnership

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AGENDA ITEM NO:	8	
DATE OF MEETING:	26 March 2021	
TITLE OF REPORT:	Revenue Budget 2021-24	
EXECUTIVE LEAD:	Nicky Connor, Director of Health and Social Care	
REPORTING OFFICER/ CONTACT INFO:	NAME:	Audrey Valente
	DESIGNATION:	Chief Finance Officer
	WORKPLACE:	Rothesay House
	TEL NO:	03451 555555 Ext 444030
	E-MAIL:	Audrey.Valente@fife.gov.uk
Purpose of the Report (delete as appropriate)		
For Approval	For Discussion	For Noting
Governance Route to IJB (must be completed)		
Detail of Committee(s) (inc date) which report has been to prior to IJB:	Finance & Performance Committee Clinical & Care Governance Committee	
Parties consulted prior to H&SC IJB meeting:	NHS Fife Finance Fife Council Finance	
REPORT		
<u>Situation</u>		
<p>This report presents the 2021-22 Health and Social Care Partnership (HSCP) budget for approval by the Integration Joint Board (IJB). It contains details in relation to year 1 (Appendix 1) and a medium-term financial strategy (MTFS) (Appendix 3) to inform strategic direction for years two and three. This MTFS illustrates the clear intent to develop a future operating model that delivers care in a home or homely setting and that ensures we continue to deliver on the national outcomes; the 6 'Indicators for Integration' that are to be monitored by the Ministerial Steering Group (MSG). It is also clearly aligned to our 2019-22 strategic plan.</p> <p>The gross budget gap for 2021-22, prior to mitigating proposals, is £8.689m. This gap reflects the cost of continuing, which are the costs to deliver services at existing levels, and also incorporates new cost pressures which are likely to be incurred during the medium term. There are also details on the funding provided by both our partners.</p> <p>The Local Authority budget was approved on 11th March 2021.</p> <p>The NHS budget will be presented to NHS Fife Finance Performance and Resources (FP&R) Committee on 16th March and on 31st March at its formal Board. It is likely that approval will not take place until April.</p>		

Members should note it has not been possible to use final approved figures from both partners, meaning that there is the potential that a revision to the budget may be required if NHS or Fife Council figures were to change.

As a result of this, the detailed budget breakdown and associated directions will be presented to a future meeting of this committee.

A proposed savings plan is appended at Appendix 2 which details the proposed actions totalling £8.723m. A RAG status has also been completed to give an indication as to the risk involved in delivering these savings. You will note that some savings will not be delivered on a recurring basis but for one year only. Further work is required to consider if, and how, these savings can be made permanent. 88% of the non-recurring Cash Releasing Efficiency Savings (CRES) which were approved as part of last year's budget have now been delivered on a permanent basis. Good progress has been made to date and the Finance teams will continue to work with Heads of Service to increase the percentage of recurring delivery. There is no requirement for a PID as this was approved as part of 2020-21 budget setting process.

Savings opportunities have been identified for years 2 and 3 within the medium-term financial strategy. There are some significant pieces of work required to deliver these savings and support from our partners will be essential. Regular updates will be provided to the Integrated Transformation Board, or its replacement to ensure that there are no unintended consequences from these projects and that information and learning is shared across the whole system.

COVID-19 has caused increased financial pressures, however Scottish Government have fully funded the additional costs relating to the pandemic in 2020-21. Agreed savings for 2020-21 which were not achieved due to COVID-19 have also been funded in full. These savings were part of the plan to meet the budget gap in 2020-21 and therefore are included in the cost of continuing and expected to be met in 2021-22. The impact of COVID-19 continuing to delay these savings is unknown. Should they not be met in year, a recovery plan will be actioned, the pressures will be reported in the Local Mobilisation Plan as per 2020-21, and COVID-19 reserves utilised if available.

The 3-year HSCP Strategic Plan (2019-22) was approved in September 2019. Given the financial challenges that lie ahead, there is a need to ensure that delivery is considered in the context of the financial resources available over the medium term.

It should be noted that the Set Aside budget is not included in the below revenue budget for 2021-24. Since inception the set aside budget has been delegated to but not managed by the partnership. The Ministerial Strategic Group for Health and Community Care have published proposals for implementation, one of which is to shift the management of set aside into the partnership within 6 months of publication. However, this was delayed due to the pandemic and will be transferred to the IJB within 2021-22.

Within Fife the set aside budget is overspent by £2.435m as at January 2021. Given the current sustainability issues, significant work is required to provide a level of assurance that improvements can be delivered prior to any transfer. A whole system approach has already commenced and will continue to develop further during 2021-22. The Chief Officer will make arrangements to start discussions with Partners early in the new financial year.

Background

Budget Background 2020-21

The IJB is reliant on funding from Fife Council and NHS Fife. These Partners' contributions are contingent on their respective financial planning and budget setting processes, as well as the financial settlements which each body receives from the Scottish Government. The budget setting process also requires that savings are identified where any funding shortfall exists, once funding from both Partners has been confirmed.

The budget proposal details a budget gap position of £8.689m (assuming demographics are unfunded). See Table 1 below.

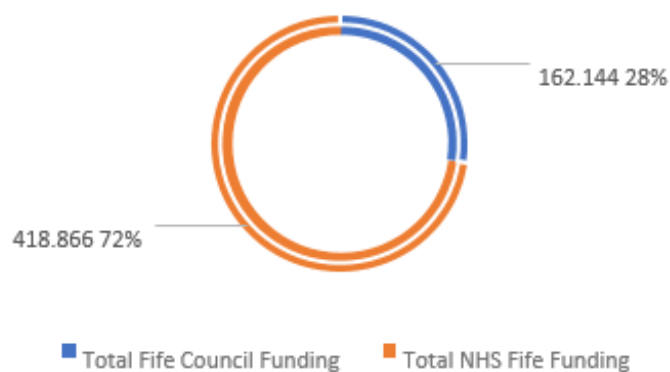
Table 1

	2021-22 £'000s	2022-23 £'000s	2023-24 £'000s
Cost of Continuing Pressures	566.671	587.873	601.272
Funding Available	566.260	576.709	587.158
Total Gap	8.689	11.639	13.724

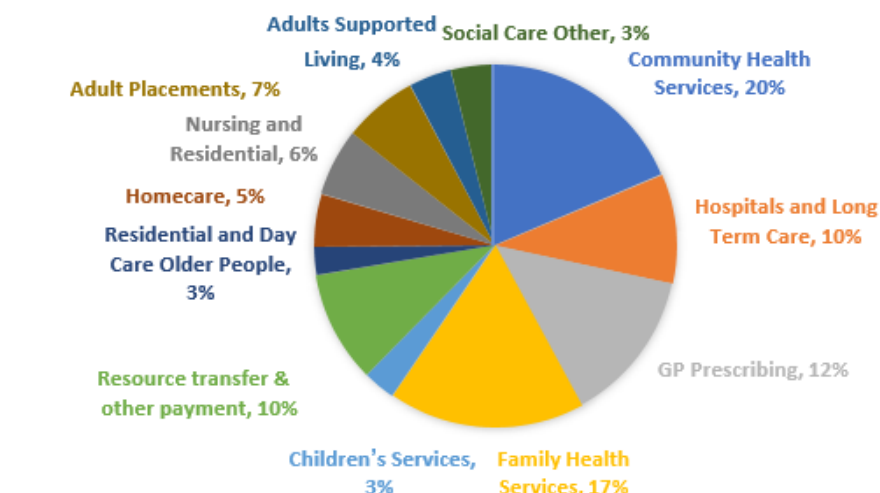
2020-21 Financial Position

The total spend available to the Health and Social Care Partnership is £581m (as at November) split as follows:

Budget Split 2020-21



2020-21 BUDGET SPLIT BY AREA



The 2020-21 budget was based on break even position across the Partnership after savings and investments were approved. As at 30 November the projected overspend for the Health and Social Care Partnership was £5.158m. This overspend is mostly attributable to the non-achievement of agreed savings proposals as a direct result of COVID-19. Agreed savings were £13.759m and circa £7m of this agreed amount is projected to be un-achieved.

The November position also includes recovery actions of circa £0.700m relating to additional income for long term financial assessments in Older People Nursing & Residential and £0.383m to refunds from clients who hold reserves in excess of 8 weeks funding.

An update to the November position is that Scottish Government have fully funded the non-achievement of savings resulting in a positive movement in the projected outturn position of £7m. It is therefore likely that the projected outturn will result in an underspend of circa £3m.

Assessment

Key Issues for the Budget In-Year

Safe Staffing Legislation - Workforce Tools

The potential costs of compliance with the safe staffing tools has not been reflected in the budget position and will require funding from NHS Fife should additional staffing levels be required to ensure clinical safety of patients.

Brexit

Financial modelling is not included but medicines and staffing are the key areas which could impact on the budget. 4% uplift in prescribing is built into the budget model.

COVID-19

Significant additional expenditure in 2020-21 was incurred as a direct result of the pandemic, circa £26m. This was fully funded by Scottish Government. The H&SCP continues to operate in a climate of unprecedented uncertainty and the impacts remain unknown. It is anticipated that the costs of the pandemic are expected to continue well into 2021-22. It is unknown how these costs will impact on the budget, but they may have significant implications.

Set Aside

As detailed above, Set Aside still requires to be transferred to the IJB. This was scheduled to take place in 2020-21, however due to pressures of COVID-19 this has not happened. It is expected to be transferred within 2021-22. Current overspend levels are £2.435m. Prior to any transfer, strategic discussions require to be taken forward.

Charging

Charging is not within the gift of the IJB to govern and remains the responsibility of the Local Authority.

2021-22 Budget Shortfall

The budget shortfall for 2021-22 is £8.689m and reflects the cost of continuing which includes pay and price inflation, pressures and new Health developments. Details of the net budget requirement are provided in Table 1

Given that a budget gap exists, the senior leadership team have proposed various measures to close the gap. A list of these can be found in Appendix 2. Details of the submissions can be found in Appendix 4. No PID has been included for MORSE, there is a saving and a pressure of equal value, this has been included for transparency.

2022-24 Budget Position (Years 2 and 3)

The gap in years 2 and 3 is available at Appendix 3 (The Medium-Term Financial Strategy). You will note an assumption that the gap will increase by an average of £3m per annum over each of these 2 years.

There is no demographic growth built into the current model but this will be considered as part of future budget planning. The Partnership will be required to continue to deliver efficiencies whilst managing any increases in demand. To mitigate any risk associated with this strategy, the impact will be closely monitored, and alternative measures can be put in place if required.

More information on the 2021-24 budget position is available in Appendix 3 (The Medium-Term Financial Strategy).

Reserves

A reserves policy report was approved in September 2017. The Health and Social Care Partnership has not been in a position in previous years to create a reserve due to legacy overspends and budget pressures.

Significant funding from Scottish Government in respect of the costs of COVID-19 has been received in the final quarter of 2020-21. As a result of this, funding will be available to carry forward to offset the continued costs of COVID-19 in 2021-22. £2.7m was received for Adult Social Care Winter Plan – to be utilised to meet on-going sustainability payments and staff restriction policies, as set out in the Winter Plan. A share of £100m to support ongoing COVID-19 costs (£7m), including new ways of working developed in year, and additional capacity requirements. Community Living Change Funding of £1.3m was also allocated to support discharge from hospital of people with complex needs, to support the return to Scotland of those placed in care in the rest of the UK and costs associated with the redesign of service provision in order to avoid hospitalisation and inappropriate placements.

The Health and Social Care Partnership is projecting an overall underspend of circa £3m the final underspend position will be carried forward and earmarked for cost pressures such as MORSE, GP prescribing tariff and CAMHS temporary posts.

Programme Investment

Given the type of services provided and the reliance placed on these by people, then investment and Project Management Support maybe required whilst the proof of concept and benefits are established in relation to the medium-term transformation projects in line with our commissioning intentions.

Specific areas of support are likely to be in relation to digital support, to carry out horizon scanning and gap analysis and Project Management support to lead the key transformation pieces of work is required.

Some of this resource may already be available within the Partnership. However, there may also be a requirement to allocate additional resources if transformation is to be implemented at pace, and this will form part of the discussion with our funding partners.

This level of investment will allow the Health and Social Care Partnership to progress their programme of transformational change at some pace through increasing capacity and capability.

Recommendations

The Integration Joint Board is asked:

- **For Approval:** Discuss and approve the savings proposed at Appendix 2
- **For Approval:** Consider the medium-term financial strategy and instruct the Chief Officer to progress the plans and report back to a future meeting of the IJB.

Financials *High level costings to be provided below – if applicable*

Objectives: (must be completed)

Health & Social Care Standard(s):	Financial Planning and Reporting
IJB Strategic Objectives:	To enable delivery of strategic plan aligned to the principles of integration and national health and wellbeing outcomes.

Further Information:

Evidence Base:	Various Scottish Government funding letters and information from funding partners.
Glossary of Terms:	

Impact: (must be completed)

Financial / Value for Money:

Various Scottish Government funding letters and information from funding partners.

Risk / Legal:

It is recognised that in bringing forward a balance budget there are areas of risk that will be mitigated by production of an in- year recovery plan.

Quality / Customer Care:

Year 1 proposals are mainly efficiency savings whereas year 2 and 3 will involve large scale transformation reporting through the Integrated Transformation Board, or equivalent, to provide assurance that quality/customer care are considered in full.

Workforce:

It is recognised that transformation plans to meet the budget gap over the three years will have workforce implications which will be included in the PID EQIA. There will be ongoing engagement with LPF.

Equality Impact Assessment:

An PID EQiA for each proposal is attached.

Environmental / Sustainability Impact:

Not applicable.

Consultation:

None.

Appendices:

Appendix 1: 3 Year Budget Gap

Appendix 2: Budget Savings Proposed 2021-22

Appendix 3: Medium-Term Financial Strategy

Appendix 4: Project Initiation Documents (PIDs)

- 4.1 Efficiency Savings realised from review of Staff Travel expenses
- 4.2 Supplementary Staffing & Locums
- 4.3 Review of Payment Cards
- 4.4 Review of Respite Care
- 4.5 Review of alternative travel arrangements – Service Users
- 4.6 Review of Media Team
- 4.7 Bed Based Model - Community Hospital Redesign
- 4.8 Medicines Efficiencies
- 4.9 Community Services Review

Fife Health and Social Care Draft Budget overview

	2021-22 £m
	Budget
<u>Increase in Funding</u>	
Budget Uplift Fife Council	-1.778
Budget Uplift NHS FIFE	-5.000
Free Style Libre	-0.540
Additional SG Funding – £72.6m	-5.095
Autism	-0.100
	-12.513
<u>Inflation</u>	
Pay Inflation	4.981
Pharmacy Inflation @4%	3.486
External providers: living wage and funding requirements	4.457
	12.924
<u>Pressures</u>	
MORSE Costs	0.800
Psychological Therapies	0.285
CAMHS	0.400
CRES	5.429
Social Care Pressures	1.264
Autism	0.100
	8.278
Budget Gap	8.689
Savings identified	8.723
NET BUDGET GAP	-0.034

BUDGET SAVINGS PROPOSED 2021-22

Ref	Savings	2021-22 £m	RAG	Associated Appendix
Efficiency	Travel Review	0.450	GREEN	4.1
Efficiency	Supplementary Staffing and Locums	0.250	GREEN	4.2
Efficiency	Review of Payment Cards	0.050	GREEN	4.3
Efficiency	Review of Respite services	0.150	GREEN	4.4
Efficiency	Review of alternative travel arrangements – Service Users	0.349	GREEN	4.5
Efficiency	CRES	5.429	GREEN	
Efficiency	Review of Media Team	0.045	GREEN	4.6
Transformation	Bed Based Model-Community Hospital Redesign	0.500	AMBER	4.7
Transformation	Medicines	0.500	AMBER	4.8
Transformation	MORSE	0.800	GREEN	
Redesign	Community Services Review	0.200	GREEN	4.9
	SUB TOTAL	8.723		



**Fife Health & Social Care
Partnership**

Supporting the people of Fife together

**Fife Integration Joint Board
Medium Term Financial Strategy
2021-2024**

Contents

Section	Page
➤ Executive Summary	3
➤ Delivering Transformation	4- 5
➤ Introduction	6
➤ Background	7
➤ Principles	8
➤ Context	9- 10
➤ Projected Expenditure and Resources	11- 15
➤ Options to Close the Financial Gap	16- 17
➤ Decision Making Framework	18
➤ Risk Assessment	19

Executive Summary

The three-year financial strategy sets out the forecast income and expenditure for the Integration Joint Board (IJB). Whilst the funding levels contained in this budget have only been set for one year (2021-22) we have based future projections on historic trends and planning assumptions on advice from our key partners.

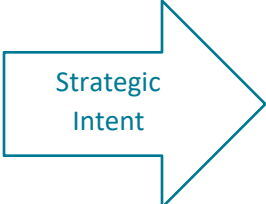
An overview of three-year framework is set out below:

Summary	2021-22	2022-23	2023-24
	£'000	£'000	£'000
Budget Pressures	21.202	34.601	47.135
Funding Estimates	(12.513)	(22.962)	(33.411)
	8.689	11.639	13.724
Programme for Transformation			
Efficiency	(6.723)	(6.933)	(6.933)
Redesign	(1.800)	(3.600)	(5.100)
Transformation	(0.200)	(1.100)	(1.800)
Shortfall/(Surplus)	(0.034)	0.006	(0.109)

Based on the projected income and expenditure figures the IJB will require to achieve savings of £13.724m over the next three years.

Delivering Transformation

The PIDs detail the efficiency and service redesign proposals. Transformational change will be more medium-term changes and will be supported through the stage and gate process and Integrated Transformation Board and associated governance structures.



Strategic
Intent

The focus on this phase of transformation will be aligned to the 2019-2022 Health and Social Care Strategic Plan to further develop our models of care and transform how we deliver services through purposeful and intentional action. This will be supported by the integrated workforce strategy and a renewed participation and engagement strategy.



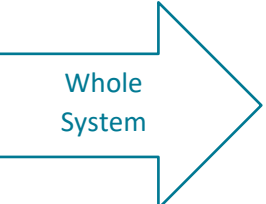
Best Value

Transformational change will take cognisance of the financial envelope across the whole system to ensure joined up planning and delivery of care utilising the budget available to the Integration Joint Board as a whole.


Through an ambitious programme of change delivering large scale redesign and alternative models of care to meet increased and changing demographics.

Elements of redesign will involve working whole system with partners, for example joint working with acute services in relation to front of door models and outpatients and developing the third and independent sector services in line with our commissioning intentions. A strong partnership with Housing to ensure appropriate housing options to support people's ability to stay at home or return to home when their needs have changed following a change in functional ability or health needs.

By targeting and making best value of available resource across the whole system, we can create the conditions for change and a responsive infrastructure to support our workforce and care delivery for the people of Fife.



Whole
System



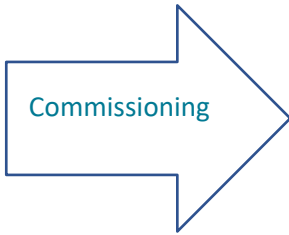
Prevention
and Early
Intervention

Community based health services supporting people to stay well and remain as independent as possible, promoting prevention and recovery wherever possible. Prioritising prevention at a population, locality and individual level by working closely with community planning partners and public health to support the individual, community and locality resilience in pursuit of good health and wellbeing.

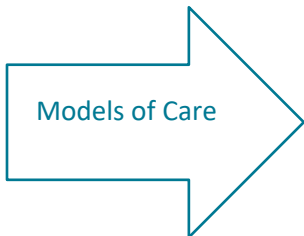


Technology
First
Approach

Throughout all our redesign and transformation plans a greater emphasis on technology enabled care and digital solutions is required to enhance people's lives, enabling greater self-management, supporting safety and changing the way services are delivered including how we interact with people and maximising administrative technology .

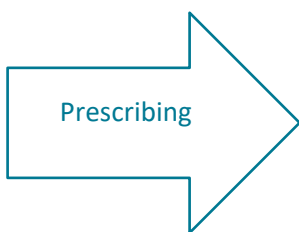


Review commission strategy and thereafter review commissioned services to ensure strong link to the Strategic Plan to reduce duplication and support best value aligned to commissioning intentions.



Developing models of care including both bed based and community locality models to enable services to be integrated from the point of view of services users. Through transformation we are aspiring towards:

- Reducing over reliance and demand on institutional and bed based care by taking a strength based approach in pursuit of personalised care options to enable fewer preventable admissions, earlier supported discharge and a reduction in delayed discharge and unplanned bed days.
- Further develop our multi-disciplinary/multi-agency “discharge to assess” model promoting a home as the first approach. Good conversations with individuals, families and carers are critical to support appropriate care respecting individual rights and choice within the options available.
- Maximising the value of integration through our structures and processes to strengthen interdisciplinary work between frontline workers at a locality level working closely with community groups and minimising duplication.
- Care at home services are a vital component of care in the community and yet the capacity of service has been under considerable strain over the past two years. Designing alternative, more sustainable approaches to care at home is one of the most important challenges requiring to be addressed by the IJB.
- Strengthen the primary care team skill mix and capacity to cope with growing demand and the provision of more community based treatment in line with the national primary care transformation programme.
- Extensive focus on mental wellbeing and appropriate community based inclusive activities aligned to the delivery of Fife Mental Health Strategy (2020-2024).



Support across the system to enable formulary compliance, reducing medicines waste, realistic prescribing.

Introduction

Fife Integration Joint Board (IJB) Medium-Term Financial Strategy and PIDs aim to pull together in one place the factors affecting the financial position and sustainability of Fife Health and Social Care Partnership over the medium term between 2021-2024.

This Medium-Term Financial Strategy will consider the resources required by the Fife Health and Social Care Partnership to operate its services over the next three financial years and also estimate the level of demand and growth pressures likely to be experienced by these services. This will define the projected financial challenge and inform actions required to support financial sustainability in the medium term.

Aligned to the Integration Joint Board's Strategic Plan 2019-2022; Fife Integration Scheme (currently under review); The NHS Clinical Strategy and the overarching Plan 4 Fife, the Medium-Term Financial Strategy will also demonstrate cognisance to the key strategies, plans and policies of partners where relevant to the operation of the delegated services.

Having a Medium-Term Financial Strategy and PIDs is an important part of the Integration Joint Board strategic planning process and is integral to the delivery of our agreed strategic ambitions whilst ensuring as an organisation we are financially sustainable.

Since inception Fife Health and Social Care Partnership have aimed to be in a position to hold reserves in line with our policy document. There is no statutory minimum however, the policy states an ambition to maintain a prudent level of uncommitted reserve of 2% of budgeted expenditure. Due to legacy pressures, holding a reserve has not been an option to date. The main purpose of holding a reserve is to create a contingency to cushion the impact of unexpected events or emergencies. Whilst this level of reserve will allow flexibility, this must be proportionate and take cognisance of the level of savings required to be delivered and should be kept under regular review. The other reason for holding reserves is a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities. Whilst these are committed, they should still be monitored regularly and change of use will require approval of the IJB

Scottish Government have provided funding in Q4, 2020-21 to meet the costs of COVID-19. Consequently, part of this funding will be carried forward as reserve to mitigate the continued costs of COVID-19 in 2021-22. It is likely that the final outturn will be a projected underspend of circa £3m, this will also be carried forward and held in reserves for pressures such as MORSE, CAMHS temporary staff, Prescribing Tariff.

Additional funding from Scottish Government was announced in February 2020. £2.7m for Adult Social Care Winter Plan – to be utilised to meet on-going sustainability payments and staff restriction policies, as set out in the Winter Plan. A share of £100m to support ongoing COVID-19 costs (£7m), including new ways of working developed in year, and additional capacity requirements. Community Living Change Funding of £1.3m was also allocated to support discharge from hospital of people with complex needs, to support the return to Scotland of those placed in care in the rest of the UK and costs associated with the redesign of service provision in order to avoid hospitalisation and inappropriate placements. It is likely that a large proportion of this funding will require to be carried forward.

A risk register will be developed to be used in conjunction with reserves held, to allow informed judgement on use of balances.

This strategy document should be read in conjunction with the Annual Budget Paper (March 2021) which outlines the budget position and projections and is supported by a detailed PIDs which will be refreshed on an annual basis.

In combination this will assist in future decision making through:

- Informing priorities to support delivery of the strategic plan;
- Improving strategic financial planning;
- Maximising the use of available resources and support best value across the medium term;
- Detailing high level plans aligned to service; efficiency/reform; redesign and transformation;
- Providing a formal document to be utilised in discussion with partners in relation to agreeing and securing funding;
- Supporting decision making in the commissioning of services in partnership with the third and independent sector to support a shift in the balance of care to support prevention, early intervention and community-based locality services;
- Progress will be monitored through the Integration Joint Board Governance Structures.

Background

Progress in Fife: Since the Fife Integration Joint Board became operational, the necessity to achieve savings has been a continuous consideration. Starting from a deficit position, the realisation of savings within a health and social care system which is experiencing rapid growth and under pressure to drive forward change at a pace is challenging to deliver without de-stabilising the system. Significant savings have been achieved to date. However, the efficiencies achieved to date by the Fife Integration Joint Board have in many respects been short term in nature focusing on an annual basis. The approach behind the Strategic Plan 2019-2022 is to consider our future health and care services in collaboration with our Partners, stakeholders and the people of Fife over the medium term to:

- Work with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife;
- Promote mental health and wellbeing;
- Work with communities, partners and our workforce to effectively transform, integrate and improve our services;
- Living well with long term conditions;
- Manage resources effectively while delivering quality outcomes.

The Ministerial Strategic Group (MSG) Review of Progress of Integration (2019) defined Integrated Finances and Financial Planning as a key feature to support Integration. This means that money must be used to maximum benefit across health and social care with the public pound being used to best support the individual at the most appropriate point in the system, regardless of whether the support that is required is what we would traditionally have described as a “health” or “social care” service.

A recent Accounts Commission Report of Significant Findings of Fife Integration Joint Board (2020) concluded that, whilst there are sustainability issues across many Integration Authorities, the significant short and medium-term financial issues in Fife are likely to remain until the transformation of services can be achieved. It will be necessary for the IJB to focus on changes that deliver savings to support sustainability and a Medium-Term Financial Strategy and PIDs are critical to achieving this.

Principles

The Medium-Term Financial Strategy and PIDs have been developed based on the following principles:

1. Financial **Sustainability** is a priority for Fife Integration Joint Board.
2. Resources will be directed to demonstrate **best value** and enable delivery of **Fife Strategic Plan** aligned to the Principles of **Integration** and National Health and Wellbeing **Outcomes**, National **Performance** Indicators and Ministerial Strategic Group Recommendations.
3. A commitment to a **whole system approach** and **partnership working** with Fife Council, NHS Fife, the third sector and Independent sector to deliver the best and most efficient services possible with and for the people of Fife within the delegated financial allocations.
4. Directions will be issued to Partners in line with the Statutory Guidance for **Directions**.
5. There is a need to **balance** the combined **complexity** of increasing demand, delivering **quality** and making **financial savings** to support best value and financial sustainability.
6. Spending is expected to be **managed** within the original budgets set during the budget setting process. Where this is not possible, recovery plans within individual services will be required to address overspends in year.
7. Should the **recovery plans** developed have a significant detrimental impact on the services being provided to citizens, then a wider approach to recovery using the budget available to the Integration Joint Board as a whole will be required to manage the position whilst a permanent solution to specific overspends is identified.
8. Given the type of services provided and the reliance placed on these by people then investment and **Project Management Support** may be required whilst the **proof of concept** and benefits are established in relation to the **medium-term transformation** projects in line with our **commissioning intentions**.
9. There is a clear focus towards the delivery of **recurring savings** and an expectation that budgets will be **balanced** on a recurring basis.
10. We will create **conditions for change** recognising our **workforce** as our greatest asset.

Context

Legislative Context

The Integration Joint Board's role and function is set out in the underpinning legislation – the Public Bodies (Joint Working) (Scotland) Act 2014. The purpose of the integration policy can be summarised as being necessary in order to reshape our whole health and care system in Scotland to enable us collectively to sustain good quality services at a time of unprecedented change and challenge. The system must change and adapt to the new pressures it faces and health and social care integration is seen as a key mechanism toward that.

Integration Joint Boards (IJBs) were set up in order to change the patterns of behaviour, planning and delivery across health and social care and, in large part, to achieve change through an approach which challenges the status quo; deliberately setting strategy, planning and then, utilising delegated budgets directing and commissioning the NHS and Local Authority Partner organisations to delivering more joined-up, community-based models and in doing so, utilising resources 'locked' in traditional silos.

National Context

The Scottish Government estimates that the need for health and care services will significantly rise by 2030. Coupled with a changing working age population and the known workforce supply challenges, it is clear that the current model of health and care cannot be sustained and that it must change. Pressures span across both acute and community health and social care services.

There are numerous measures being used to monitor the local and national progress of Integration. The Scottish Government's Ministerial Strategic Group for Health and Community Care have identified six priority areas against which progress towards integration is being measured. This coupled with the key features of Integration (2019) and the national Framework for Community Health and Social Care Integrated Services (2019) will support establishing a strong foundation for transformation to enable an increased pace of change, positive outcomes and best value in care delivery.

Integration Authorities are operating within a complex and changing environment where national issues are likely to have an impact on the services provided and how we deliver them locally. Some of the recent legislative or policy changes impacting on integration authorities are:

- Free Personal Care for the Under 65's
- Carers Act (Scotland)
- Scottish Living Wage
- Primary Care Transformation
- The Health and Care (Staffing) (Scotland) Bill.
- Withdrawal from the European Union (Brexit)
- Set aside budgets

Local Context

The Financial Strategy and Change Plan seeks to support the understanding surrounding the financial climate within which the Fife Integration Joint Board will operate over the medium term. There are wide-ranging factors which encompass the complexity that impacts on the financial pressures:



As with all public sector bodies our partners, from whom the majority of our funds are received, are facing financial challenges. Whilst there is always a place for striving to achieve savings and efficiencies using what could be considered to be more 'traditional' methods, the challenges we face determines the need for a more meaningful and pragmatic approach to be taken which supports delivery of services with and for the people of Fife whilst enabling financial sustainability. This will be aligned to the NHS Fife Clinical Strategy and the Plan 4 Fife.

Projected Expenditure & New Resources

This reflects the known commitments and income likely to be received in 2021-22.

Each year cost pressures will arise during the financial year as service delivery moves to cope with demand. The main cost pressures which the IJB will face over the next three financial years are as follows:

Fife Health and Social Care Draft Budget Overview

	2021-22 £m Budget	2022-23 £m Budget	2023-24 £m Budget
<u>Increase in Funding</u>			
Budget Uplift Fife Council	-1.778	-1.778	-1.778
Budget Uplift NHS FIFE	-5.000	-5.000	-5.000
NHS - Free Style Libre	-0.540	-0.540	-0.540
Additional Share of £72.6m	-5.095	-3.131	-3.131
Autism	-0.100		
	-12.513	-10.449	-10.449
<u>Inflation</u>			
Pay Inflation	4.981	4.981	4.981
Pharmacy Inflation @4%	3.486	3.486	3.486
External providers: living wage and funding requirements	4.457	4.457	4.457
	12.924	12.924	12.924
<u>Total Pressures</u>			
	8.278	0.475	-0.390
Budget Gap	8.689	2.950	2.085
Cumulative Gap	8.689	11.639	13.724
Savings identified	8.723	11.633	13.833
NET BUDGET GAP	-0.034	0.006	-0.109

Additional Funding 2021-22

Fife Council

In the February 2021 Budget announcement, the Scottish Government confirmed it was making available additional funding of £72.6 million in 2021-22 for local authorities for investment in social care and integration. This takes the total funding transferred from the health portfolio to £883m in 2021-22. The additional funding will support continued delivery of the living wage (£34 million), uprating of free personal nursing care payments (£10.1 million), implementation of the Carers Act in line with the Financial Memorandum of the Carers Bill (£28.5 million). This funding is additional and not substitutional to recurring budgets for delegated adult social care services. Fife share of the £72.7m is £5.095m.

There was a 1% increase in the settlement for 2021-22 and this has been passported on to the Health and Social Care Partnership. An increase of £1.778m has therefore been included in the budget model.

SG also recognised that the newly revised strategy to support people with autism requires additional investment and therefore £0.100m was provided in the Settlement specifically for this purpose.

This brings the total funding to £6.973m

NHS Fife

NHS Fife, as per all territorial boards, was awarded an uplift of 1.5%. In addition to this, Fife being one of the boards furthest from NRAC parity (National Resource Allocation Committee) received a share of £30.2m (£1.9m). The letter from the Scottish Government suggested that NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 1.5% over 2020-21 agreed recurring budgets. This would require that an uplift of £3.555m is available for the Fife Health and Social Care Partnership. Further to this, £1.500m increase in funding will be included, on the basis that uplifts from prior years should have encompassed total recurring budgets. Free Style Libre has also been partly funded and an agreed £0.540m has been passported to the Health and Social Care Partnership. These figures have been included within the budget model for 2021-22.

Funding of £111.1m will be allocated to a range of partners for Mental Health and CAMHS. As part of this, £15m will be provided to support the continued establishment of Community Mental Health and Wellbeing Services. Services could be expanded if the funding is received in year.

This brings the total funding to £5.540m

2021-22 Budget Pressures

Inflation

Inflationary costs are at levels of £12.924m in 2021-22. These inflationary costs are mainly pay related. However, uplifts in relation to prescribing and external care providers have also been assumed.

Commissioning and legislative requirements and additional pressures to fund the uplift in the Living Wage and the National Care Home Contract Rate (NCHC rate) are included. The NCHC rate is negotiated nationally via the cost of care calculator by Convention of Scottish Local Authorities (COSLA), Chartered Institute of Public Finance and Accountancy (CIPFA) and external care providers. Latest draft figures of 3% increase are currently included within the budget model.

Pay Awards

A public sector pay policy was announced as part of the Scottish Governments Budget on 28th January. This sets out a clear policy for pay across the public sector in Scotland. It should be noted that the local government pay settlement is agreed in separate negotiations between COSLA and trade unions which have not yet been concluded. In addition, the Agenda for Change pay settlement and further pay negotiations are not included for NHS.

There is provision within budgeted expenditure that is sufficient to cover a pay award equivalent to the public sector pay policy. It is assumed if agreed awards are greater than the rates included in the model funding to meet the cost will be provided by partners

Third Party Payments

An uplift of 2.2% for the Real Living wage has been included, the uplift relates to the wage element of the contracted hourly rate. It is assumed if agreement is reached to uplift the full contracted hourly rate and not only the pay elements, then further funding will be provided by Scottish Government.

4% uplift has been included for prescribing costs.

CRES

These were approved last financial year but on the basis that they were non-recurring for one year only. To ensure appropriate governance arrangements are in place these are presented again for approval, however £4.804m can now be delivered on a recurring basis.

Unachieved Savings 2020-21

Savings in 2020-21 which were delayed as a direct result of COVID-19 were fully funded in year by Scottish Government. These savings were part of the plan to meet the budget gap in 2020-21 and therefore are included in the cost of continuing and expected to be met in 2021-22. The impact of COVID-19 continuing to delay these savings is unknown. Should they not be met in year, a recovery plan will be actioned, the pressures will be reported in the Local Mobilisation Plan as per 2020-21, and COVID-19 reserves utilised if available.

Demographics

There has been no provision included for demographic growth but this will be considered as part of future budget planning. There is an expectation that this will be managed within existing budgets and services are expected to redesign to meet the cost of additional pressures within the resources available to them.

Set Aside

Since inception the set aside budget has been delegated to but not managed by the partnership. The Ministerial Strategic Group for Health and Community Care have published proposals for implementation, one of which is to shift the management of set aside into the partnership within 6 months of publication.

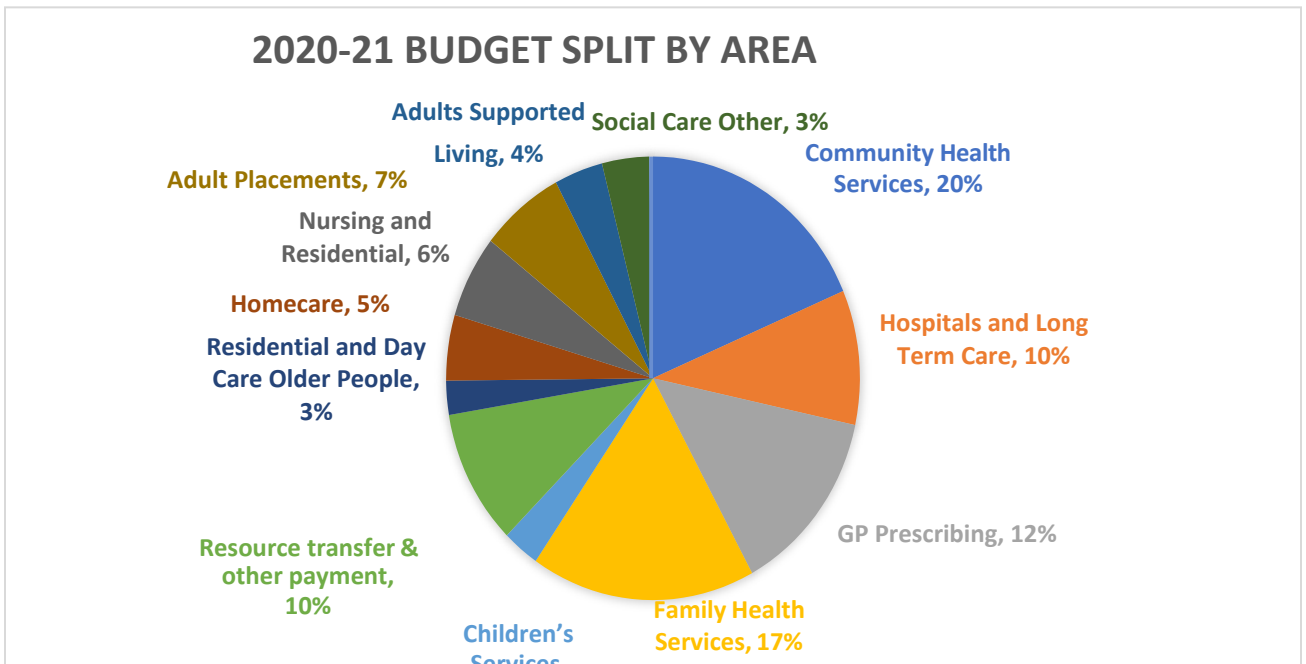
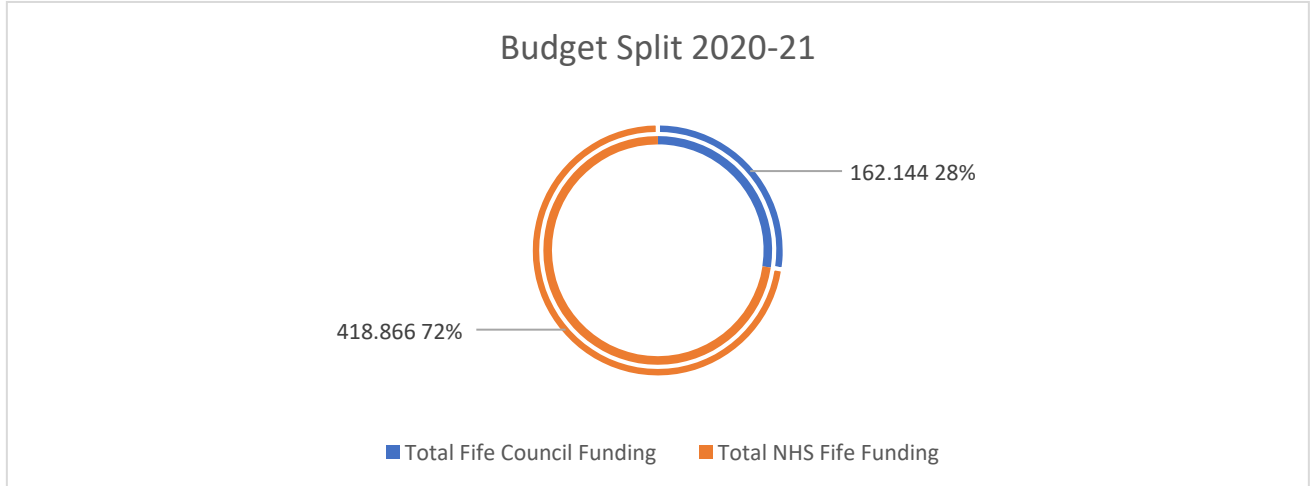
“Delegated hospital budgets and set aside requirements must be fully implemented. Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. These arrangements must be in place in time for Integration Authorities to

plan their use of their budgets in 2019/20. The Scottish Government Medium Term Financial Framework includes an assumption of efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement. The set aside arrangements are key to delivering this commitment.”

Within Fife the set aside budget is overspent by £2.435m as at January 2021. Given the current sustainability issues, significant work is required to provide a level of assurance that improvements can be delivered prior to any transfer. A whole system approach has already commenced and will continue to develop further during 2021-22. The Chief Officer will make arrangements to start discussions with Partners early in the new financial year.

2020-21 Financial Position

The total spend available to the Health and Social Care Partnership is £581m split as follows:



The 2020-21 budget was based on breaking even across the Partnership after savings and investments were approved. As at 30 November the projected overspend for the Health and Social Care Partnership was £5.158m. This overspend is mostly attributable to the non-achievement of agreed savings proposals as a direct result of COVID-19, savings agreed were £13.759m and circa £7m of this agreed amount is projected to be un-achieved.

The November position also includes recovery actions of circa £0.700m relating to additional income for long term financial assessments in Older People Nursing & Residential and £0.383m to refunds from clients who hold reserves in excess of 8 weeks funding.

An update to the November position is that Scottish Government have fully funded the non-achievement of savings and therefore has a positive movement of £7m. It is therefore likely that the projected outturn will be an underspend of circa £3m.

Options to Close the Financial Gap

SUMMARY OF SAVINGS PROPOSALS

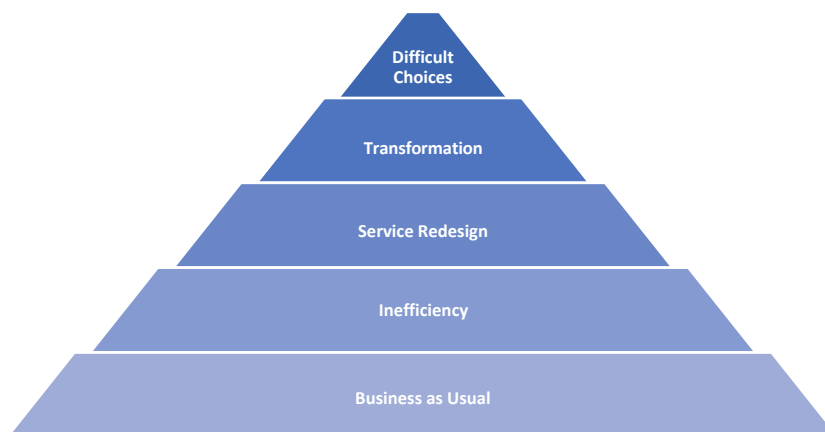
Themed Opportunities	Level of Savings/Cost Reduction		
	2021-22 £m	2022-23 £m	2023-24 £m
Efficiency	6.723	6.933	6.933
Transformational	1.800	3.600	5.100
Redesign	0.200	1.100	1.800
TOTAL	8.723	11.633	13.833

2021-22 NEW SAVINGS

Ref	Savings	2021-22 £m	2022-23 £m	2023-24 £m
Efficiency	Travel Review	0.450	0.450	0.450
Efficiency	Supplementary Staffing and Locums	0.250	0.250	0.250
Efficiency	High Reserves Payment Cards	0.050	0.050	0.050
Efficiency	Review of Respite services	0.150	0.150	0.150
Efficiency	Review of Taxi Usage	0.349	0.524	0.524
Efficiency	CRES	5.429	5.429	5.429
Efficiency	Review of Media Team	0.045	0.080	0.080
Transformation	Bed Based Model-Community Hospital Redesign	0.500	0.850	1.300
Transformation	Medicines Efficiency	0.500	0.850	1.300
Transformation	MORSE	0.800	0.800	0.000
Transformation	Locality Based Model	0.000	0.300	1.000
Transformation	Maximising Admin Technology	0.000	0.300	1.000
Transformation	Commissioning	0.000	0.500	0.500
Redesign	Community Services review	0.200	0.400	0.500
Redesign	Sensor Technology	0.000	0.500	1.000
Redesign	SWIFT	0.000	0.200	0.300
	SUB TOTAL	8.723	11.633	13.833

Decision Making

To support robust decision making and due governance to progress financial sustainability there needs to be a distinction in change being proposed ranging across the spectrum of business as usual, Service Redesign, Transformational change and making difficult decisions.



Business as Usual: Financial Governance underpins this strategy. In respect of most of our services we need to ensure that patients/service users receive the appropriate care based on their assessed need within available budget. Therefore, budgets and expenditure are managed through robust financial management supporting budget control across all services and all levels of the organisation to achieve an overall year end balanced position.

Efficiency: We will deliver a range of actions to enable efficiency savings in terms of the delivery of care and mainstream services and supporting us to be a lean organisation. This includes managing demand across a range of settings and services.

Service Redesign: Maximising opportunities to redesign services to enable modern sustainable services. Digital and technology enabled solutions will be key to increasing efficiency and improve outcomes for people in a sustainable manner. Reviewing structures and processes will enable us to utilise the available resources, such as people, buildings, assets and funds, in the best way possible to achieve Best Value.

Transformational Change: Involves alternative models of care in line with the ambitions of the Health and Social Care Strategic Plan 2019-2022. Transformation requires us to think and plan services differently to deliver safe and sustainable services in the future, taking into account demographic growth and increasing long term conditions. Prevention and early intervention are critical to promote healthy and independent living working with communities through locality plans to build resilience and support self-care and carers. Technology will be an enabler to supporting independence.

Difficult Choices: Should the measures above not achieve financial sustainability at the required pace, then consideration will need to be given to making difficult choices. This will be the hardest to achieve as there might be a potential requirement for us to decommission current services that are not a main priority of the Strategic Plan. Therefore, the focus will be on efficiency, redesign and transformation to ensure that we are delivering the right services at the right time to the right people in the right place to best meet their needs with robust governance arrangements to monitor this.

Risk Assessment

The Medium-Term Financial Strategy is a financial model based on the best available planning assumptions at the time and accordingly has related risks associated with it. Key risks of the Medium-Term Financial Strategy are:

- **Managing Complex Needs:** The increasing level of complexity of need for some of our service users, including transitions to adult services, means that major care packages or out of area care placements might materialise during the year which we have not budgeted for.
- **Prescribing:** Significant savings are identified through the prescribing budget. Whilst the decisions to prescribe are made locally, the costs of the drugs and introduction of new drugs are made nationally and there continues to be a level of uncertainty on the impact of issues such as Brexit.
- **Workforce:** Turnover savings is included in the budget to reflect the current staffing levels; should these staffing levels change, this could impact on turnover or supplementary staffing.
- **Commissioning:** The external care market is fragile and work with care providers is ongoing to support stability in the sector whilst also supporting best value from the commissioning strategy.
- **Transformational large-scale change:** This plan requires medium term, large scale and whole system working. This will require change management resource and senior leadership capacity partnership working with statutory, independent and voluntary sector services.
- **Decision Making:** There may be impact on the Integration Joint Board from decisions by Partners and *vice versa*. Regular meetings with Chief Executives and Directors of Finance along with the Chief Officer and Chief Finance Officer will continue to support whole system working and approach.
- **Public Expectations:** Good conversations and a strong engagement and communication plan will be essential. This can be strengthened further by a review of Governance arrangements in support of public, community and locality engagement.
- **Variability** of projected financial impact which could arise from the impact of both local and national decisions or unexpected change in demand.
- **The Set Aside** requires to be transferred to the IJB during 2021-22. Current overspend levels require to be addressed prior to transfer.
- **Charging** is not within the gift of the IJB to govern and remains governed by the Local Authority. Inability to raise funding to levels commensurate with other Integration Authorities is a risk to ensuring a more sustainable approach to delivery of services.
- **Resilience** such as winter pressures or pandemic can result in unpredicted financial pressures.

The Fife Integration Board recognises strategic risks through its Risk Register. This is used to ensure that significant risks are identified and mitigating actions are effective in reducing these risks to an acceptable level. These risks will be defined in the IJB strategic risk register and monitored and reviewed through the finance monitoring statements on a regular basis.

Project title	<i>Efficiency Savings realised from review of Staff Travel expenses</i>
Service Area	<i>Fife-wide Division</i>
SLT Lead	<i>Jim Crichton</i>
Project Lead	<i>Jim Crichton</i>
Finance Lead	<i>Brian Gilmour</i>
Approval Committee	<i>Integration Joint Board</i>
Date	<i>26 March 2021</i>

Project Description

Project Aim	<p><i>Realisation of recurring Cash Releasing Efficiency Savings.</i></p> <p><i>Review of historical budget allocations/expenditure trend analysis, undertaken across all services within the Division.</i></p> <p><i>Recent developments in information technology, utilisation of pool cars, review of staff bases and journey planning have resulted in lower travel expenditure.</i></p>
In Scope	<i>Efficiency targets agreed with Service Managers. Commitment to review expenditure during 2021/22 with potential for additional non recurring savings (eg Covid related).</i>
Out of Scope	<i>N/A</i>
Constraints/Assumptions	<i>Further review once services return to normal working arrangements.</i>
Interdependencies	<i>Continued use of digital platforms for meetings and some elements of patient engagement. Have assumed a mixed model going forward post COVID.</i>

Impact

Risk / Legal:	<i>There is a risk that previous patterns of travel re-emerge as services are remobilised.</i>
<u>Mitigating Actions:</u>	<i>Encourage learning from COVID and implementation of best practice as we emerge from the pandemic.</i>
Quality / Customer Care:	<i>A mixed model of provision would allow a person centred approach to service delivery.</i>
Workforce:	<i>Staff have been supported to adopt new digital platforms to improve efficiency of engagement.</i>
Equality Impact Assessment:	<i>N/A</i>
Environmental / Sustainability Impact	<i>Improved environmental sustainability, reduced carbon emissions.</i>
Consultation:	<i>Discussed at Senior Leadership Team and supported.</i>

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Service Change Plan Ref.	
Strategic Theme	
Approved by	Finance & Performance Committee Clinical & Care Governance Committee
Date	
Signature	

Project title	Supplementary Staffing & Locums
Service Area	HSCP
SLT Lead	Lynn Barker
Project Lead	Senior Nurse to support
Finance Lead	Brian Gilmour
Approval Committee	Integration Joint Board
Date	26 March 2021

Project Description

Project Aim	<p>Nursing: Robust roster management. Efficient use of bank staff; Reduced reliance on agency staff (particularly premium agency). Support recruitment to nurse bank; recruitment to substantive posts (consider skill mix as supply of RNs is limited). Analysis of output from HSP Common staffing Method. Review of establishments. Implications of service redesign (e.g. mental health strategy) Links with SG / NES / HEI re student numbers</p> <p>Medical: Work with HR on Regional Locum Medical Bank; Recruitment; Service redesign</p> <p>Reduced reliance, and therefore expenditure, on Locum and Supplementary staffing</p>
In Scope	<p>Medical and Nursing workforce within HSCP</p> <p>Staff: All registered and non-registered nursing staff working within the H&SCP All medical staff working within the H&SCP</p> <p>Locations: All locations where doctors and nurses are employed within the H&SCP</p>
Out of Scope	Workforce associated with emergency response or discretely funded projects.
Constraints/Assumptions	<p>Assume supply conditions for medical and nursing workforce does not deteriorate.</p> <p>Assume financial position underpinning recruitment capacity does not deteriorate.</p>
Interdependencies	Reducing agency / bank use will be contingent on reducing substantive vacancies.

Investment Appraisal

Cost	Year 1 £000's	Year 2 £000's	Year 3 £000's
	£50K	£50K	£50K
Staffing	<p><i>Band 6 or 7 RN to support recruitment strategies; work with Senior Nurse: Workforce Planning re HSP Common staffing Method; support robust roster management</i></p> <p><i>Project Management Support (hours to be defined in discussion with Project Management Office)</i></p>	<p><i>Band 6 / 7 RN to support recruitment strategies; work with Senior Nurse: Workforce Planning re HSP Common staffing Method; support robust roster management.</i></p> <p><i>Project Management Support (hours to be defined in discussion with Project Management Office)</i></p>	<p><i>Review benefits of RN post; consider continuing post or implement exit strategy</i></p>
Tailored advertising for difficult to recruit posts.	£50K estimate	£50K estimate	

Financial Benefits

Projected Savings	Year 1 £000's		Year 2 £000's		Year 3 £000's	
	Current Value	Target Value	Current Value	Target Value	Current Value	Target Value
<i>Review of supplementary staffing</i>		0.250		0.250		0.250

Dis-benefits

N/A

Benefits Realisation

Benefit name	Indicators <i>(what will you measure)</i>	Methods <i>(What collection method/tools?)</i>	Baseline Measure	Target Measure	Owner	Timescale
<i>Reduction in Hours v prev years</i>	<i>Hours used</i>	<i>Hours used v budget</i>	<i>Current budget</i>	<i>Reduced Budget</i>	<i>LB</i>	<i>Quarterly</i>

Impact

Risk / Legal:	<i>Recruitment strategies unsuccessful; competition from agencies (may increase remuneration for staff in competition with NHS). Political implications</i>
<u>Mitigating Actions:</u>	<i>Encourage learning from COVID and implementation of best practice as we emerge from the pandemic.</i>
Quality / Customer Care:	<i>Maintain focus on recruitment, roster management, redesign</i>
Workforce:	<i>Safe staffing in place with reduced costs</i>
Equality Impact Assessment:	<i>N/A</i>
Environmental / Sustainability Impact	<i>N/A</i>
Consultation:	<i>Discussed at Senior Leadership Team and supported.</i>

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Service Change Plan Ref.	
Strategic Theme	
Approved by	Finance & Performance Committee Clinical & Care Governance Committee
Date	
Signature	

Project title	<i>Review of Payment cards</i>
Service Area	<i>SW Adults & Older People</i>
SLT Lead	<i>Fiona Mckay</i>
Project Lead	<i>Suzanne McGuinness</i>
Finance Lead	<i>Christine Tuffy</i>
Approval Committee	<i>Integration Joint Board</i>
Date	<i>26 March 2021</i>

Project Description

Project Aim	<i>Due to the further roll out of payment cards across Self Directed support – direct payment award, it would be our intention to move the amount of reserves held by a service user from 8 weeks to 2 weeks as we have significant flexibility with the introduction of the payment cards.</i>
In Scope	<i>All direct payment awards</i>
Out of Scope	<i>Any service user who receives services organised by the social work service</i>
Constraints/Assumptions	<i>None</i>
Interdependencies	<i>None</i>

Financial Benefits

Projected Savings	Year 1 £000's		Year 2 £000's		Year 3 £000's	
	Current Value	Target Value	Current Value	Target Value	Current Value	Target Value
<i>Reserves to move to 2 weeks</i>		0.050		0.050		0.050

Dis-benefits

N/A

Benefits Realisation

Benefit name	Indicators <i>(what will you measure)</i>	Methods <i>(What collection method/tools?)</i>	Baseline Measure	Target Measure	Owner	Timescale
<i>Increased control of spend</i>	<i>Cost per Service User v prior years</i>	<i>Budget Monitoring</i>	<i>Current Budget</i>	<i>Reduced Expenditure</i>	<i>FM</i>	<i>Quarterly</i>

Impact

Risk / Legal:	<i>No risk of challenge as cards already in place, reducing reserves held on cards will not cause any issue to user. Card system easy to add additional funds if required in an emergency</i>
Mitigating Actions:	<i>N/A</i>
Quality / Customer Care:	<i>No concerns regarding issues of quality or customer care as money can be added back to card easily if required</i>
Workforce:	<i>No risk to workforce</i>
Equality Impact Assessment:	<i>N/A</i>
Environmental / Sustainability Impact	<i>N/A</i>
Consultation:	<i>Discussed at Senior Leadership Team and supported.</i>

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Service Change Plan Ref.	
Strategic Theme	
Approved by	Finance & Performance Committee Clinical & Care Governance Committee
Date	
Signature	

Project title	Review of Respite Services
Service Area	SW Adults & Older People
SLT Lead	Fiona McKay
Project Lead	Suzanne McGuinness
Finance Lead	Christine Tuffy
Approval Committee	Integration Joint Board
Date	26 March 2021

Project Description

Project Aim	<p><i>The partnership will undertake a review of how respite services are provided to ensure Carers receive a break, and also that the person receiving the care does so in an environment that suits their needs.</i></p> <p>The review of Independent Review of Adult Social Care in Scotland has highlighted that the Shared Lives service in Fife is exemplary. The service which provides a family/homely setting is to be reviewed to ensure that it continues to deliver and potentially extended. Savings will be sought from reductions in other services to accommodate an expansion to the service</p> <p><i>Significant targeted programme required to increase shared lives carers</i></p>
In Scope	<i>Respite services. Shared Lives team</i>
Out of Scope	<i>No exclusions</i>
Constraints/Assumptions	<p><i>Assume that the Shared Lives service can be grown and more carers can be added. The service may be constrained if additional carers cannot be sought.</i></p> <p><i>Assume Service Users would like respite care to be delivered in a different way from pre-covid</i></p>
Interdependencies	<i>Service users would need to want to choose this service offering instead of current respite offering or a self direct option would be beneficial for the service user to purchase their own care.</i>

Financial Benefits

Projected Savings	Year 1 £000's		Year 2 £000's		Year 3 £000's	
	Current Value	Target Value	Current Value	Target Value	Current Value	Target Value
<i>Review of respite</i>		0.150		0.150		0.150

Dis-benefits

N/A

Benefits Realisation

Benefit name	Indicators <i>(what will you measure)</i>	Methods <i>(What collection method/tools?)</i>	Baseline Measure	Target Measure	Owner	Timescale
<i>Tracking cost of respite</i>	<i>Ave Cost per service user</i>	<i>Invoices/system reports</i>	<i>Current budget</i>	<i>Reduction in spend</i>	<i>FM</i>	<i>Quarterly</i>
<i>Tracking hours of respite per service user</i>	<i>Number of hours used before v after</i>	<i>Hours delivered – SWIFT. Outcome review of respite delivered and benefits</i>	<i>Current hours</i>	<i>Reduction in hours</i>	<i>FM</i>	<i>Quarterly</i>

Impact

Risk / Legal:	<i>No risk as this will be a choice offered</i>
<u>Mitigating Actions:</u>	<i>Consider use of Carers Act funding. Move towards a more equitable basis of allocation of respite.</i>
Quality / Customer Care:	<i>Customer care considered – Service Users have already provided feedback that they would like respite to be delivered to meet their needs as well as give carers a break</i>
Workforce:	<i>Potential to grow the Shared Lives service</i>
Equality Impact Assessment:	<i>N/A</i>
Environmental / Sustainability Impact	<i>N/A</i>
Consultation:	<i>Feedback already received from some service users on care. Discussed at Senior Leadership Team and supported.</i>

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Service Change Plan Ref.	
Strategic Theme	
Approved by	Finance & Performance Committee Clinical & Care Governance Committee
Date	
Signature	

Project title	<i>Review of alternative travel arrangements – Service Users</i>
Service Area	<i>SW Adults & Older People</i>
SLT Lead	<i>Fiona Mckay</i>
Project Lead	<i>Elaine Law</i>
Finance Lead	<i>Christine Tuffy</i>
Approval Committee	<i>Integration Joint Board</i>
Date	<i>26 March 2021</i>

Project Description

Project Aim	<p><u><i>Alternative Costs for Service User Travel</i></u></p> <p><i>The Equitable Access to Funded Transport Policy ensures that demand for funded transport is managed fairly. There are Service users who currently use public transport to access their care support service or to attend a community based activity/opportunity, some of which is funded themselves, via free bus passes and others use HSCP funded transport – shared taxis along with escorts. Funded transport is only provided in exceptional circumstances, ensuring funding is allocated to meet the highest level of need and allowing those SU's to access a service critical to their Health and well being.</i></p> <p><i>Taxis were suspended due to services being closed due to COVID. As services begin to reopen, social distancing and infection control measures means that transport cannot be shared. Rather than restart all transport and commission an increased level of taxis to provide non shared transport, this project aims to mitigate costs by paying mileage to the Service user relatives/carers.</i></p> <p><i>In older people service the use of buses is a key feature of opening of day centre facilities therefore we need to work closely with inhouse and external providers to find the best solution.</i></p>
In Scope	<i>All current HSCP taxi journey's</i>
Out of Scope	<i>Families who do not drive/own a car will be out of scope</i>
Constraints/Assumptions	<i>Assumption is a 50% take up of the offer in Year 1, rising to 75% uptake in Years 2 & 3</i>
Interdependencies	<i>N/A</i>

Financial Benefits

Projected Savings	Year 1 £000's		Year 2 £000's		Year 3 £000's	
	Current Value	Target Value	Current Value	Target Value	Current Value	Target Value
<i>Reduction in cost of taxis and escorts – replaced by mileage payments to families</i>		0.349		0.524		0.524

Dis-benefits

N/A

Benefits Realisation

Benefit name	Indicators <i>(what will you measure)</i>	Methods <i>(What collection method/tools?)</i>	Baseline Measure	Target Measure	Owner	Timescale
<i>Increased control of spend</i>	<i>Cost per Service User</i>	<i>Budget Monitoring</i>	<i>Current Budget</i>	<i>Reduction in Budget</i>	<i>FM</i>	<i>Quarterly</i>

Impact

Risk / Legal:	<i>No risk as this is an additional choice being provided</i>
<u>Mitigating Actions:</u>	<i>Encourage learning from COVID and implementation of best practice as we emerge from the pandemic</i>
Quality / Customer Care:	<i>The Equitable Access to Funded Transport Policy is in place – provision of service is equitable. Taxis will be provided where relative/carer cannot provide transport themselves</i>
Workforce:	<i>Better process as currently taxi invoices are paid by Business Support so no challenge</i>
Equality Impact Assessment:	<i>N/A</i>
Environmental / Sustainability Impact	<i>Possible reduced carbon from not having to collect escorts – however balanced by not using shared cars means more carbon, but as a result of COVID</i>
Consultation:	<i>Discussed at Senior Leadership Team and supported.</i>

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Service Change Plan Ref.	
Strategic Theme	
Approved by	Finance & Performance Committee Clinical & Care Governance Committee
Date	
Signature	

Project title	Review of Media Team
Service Area	Adult Social Work Service
SLT Lead	Fiona McKay
Project Lead	Elaine Law
Finance Lead	Christine Tuffy
Approval Committee	Integration Joint Board
Date	26 March 2021

Project Description

Project Aim	Review of media team. Review staffing in team and where the Team could be best utilised.
In Scope	The need for a dedicated media team has reduced significantly, the manager has now retired and it would be our intention to redeploy staff into teams across health and social care and no longer have a dedicated team. All posts within Team –FC1 8FTE. FC1 1FTE Vacancy. FC7 1FTE Vacancy. FC6 1FTE
Out of Scope	N/A
Constraints/Assumptions	Assumption – Team of FC1's can be re-deployed within Fife Council, with Budget if required.
Interdependencies	N/A

Financial Benefits

Projected Savings	Year 1 £000's		Year 2 £000's		Year 3 £000's	
	Current Value	Target Value	Current Value	Target Value	Current Value	Target Value
<i>Removal of Vacant posts in Year 1. Staff redeployment in Yrs2&3</i>		0.045		0.080		0.080

Dis-benefits

N/A

Benefits Realisation

Benefit name	Indicators <i>(what will you measure)</i>	Methods <i>(What collection method/tools?)</i>	Baseline Measure	Target Measure	Owner	Timescale
<i>Removal of vacancies</i>	<i>Budget reduction</i>	<i>Remove posts</i>	<i>Current budget</i>	<i>Reduced Budget</i>	<i>FM</i>	<i>Quarterly</i>

Impact

Risk / Legal:	<i>Risk from re-deployment of team</i>
<u>Mitigating Actions:</u>	<i>Transparent consultation process</i>
Quality / Customer Care:	<i>Ensure team kept well informed</i>
Workforce:	<i>FTE redeployment will be required 2 x FTE vacancies to be deleted</i>
Equality Impact Assessment:	<i>N/A</i>
Environmental / Sustainability Impact	<i>N/A</i>
Consultation:	<i>Managing change exercise will be required. HR consultation required.</i>

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Service Change Plan Ref.	
Strategic Theme	
Approved by	Finance & Performance Committee Clinical & Care Governance Committee
Date	
Signature	

Project title	Bed Based Model
Service Area	Community Care Services
SLT Lead	Lynne Garvey
Project Lead	To be decided
Finance Lead	Brian Gilmour
Approval Committee	Integration Joint Board
Date	26 March 2021

Project Description

Project Aim	<p><i>NHS Fife is seeking to develop a transformation strategy in relation to its bed based models and community hospital services redesign that delivers against its strategic plans to deliver care in local communities.</i></p> <p><i>NHS Fife is one of 14 territorial NHS Boards in Scotland. The organisation provides healthcare to a population of more than 370,000 and currently employs around 8,500 staff. As a large, rural area, with varied geography and several centres of population, there are particular challenges to meeting the health needs of the people of Fife. To address these challenges, NHS Fife is working to improve health services with the involvement and support of a variety of partners, including Fife Council, Fife Health and Social Care Partnership, other Health Boards in Scotland, the voluntary and independent sector, and most importantly, the public.</i></p> <p><i>The way in which health and social care services are planned and delivered across Scotland was changed by the Public Bodies (Joint Working) (Scotland) Act 2014. Local authorities and health boards are required by law to work together to plan and deliver adult community health and social care services, including services for older people. The aim of this reform is to meet the challenges of Scotland's ageing population by shifting resources to community-based and preventative care at home, or in a homely setting.</i></p> <p><i>In Fife, a vast range of functions previously delivered separately by NHS Fife and Fife Council's Social Work Services were delegated to Fife's Health and Social Care Partnership. Integrated services the Partnership is now responsible for include:</i></p> <ul style="list-style-type: none"> <i>• All adult and older people Social Work Services;</i> <i>• Community Health Services, e.g. District Nursing,</i>
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Physiotherapy and Mental Health Services;

- *Children's Community Health Services, e.g. Health Visiting;*
- *Housing Services, which provide support services to vulnerable adults and disability adaptations; and*
- *Planning of some services provided in hospital, e.g. Medical Care of the Elderly.*

The Fife Health and Social Care Partnership works with around 300 organisations across the voluntary and independent sectors and they are a vital part of the Partnership in delivering services. Fife is one of the largest Health and Social Care Partnerships in Scotland, next to Edinburgh and Glasgow, with around 5,000 staff and a joint budget of around £470 million.

The Health and Social Care Partnership Strategic Plan for Fife and the wider clinical strategy aim to reduce the reliance on hospital based care by developing community-based services that reduce the need for admission to, as well as the duration of stay in, hospital and enhance the focus on prevention and early intervention.

Community Hospital redesign must be considered in the context of changing the way we currently deliver services to primarily caring for people at home or in a homely setting.

The Authority is seeking a consultancy service for the development of a business case and strategy (which includes options analysis, resourcing, affordability and identifies risks including mitigations and dependencies) appraising organisational structure and operating models conducive to examining and redesigning the current bed based models within the Health & Social Care Partnership and moving the balance of care into local communities and shifting reliance from hospital beds to home care (for needs-based care as close to home as possible per A Clinical Strategy for Scotland).

The programme of work is anticipated to be delivered over two phases:

- **Phase 1** – *the initial scope of the service will incorporate the development of a strategy, business case and practical implementation plan towards stakeholder engagement and subsequently present and support through the appropriate governance routes.*
- **Phase 2** – *the secondary phase will incorporate the implementation of the strategy, including the*

	<p><i>development of implementation strategies, plans, communications and stakeholder engagement, is within the scope of this programme of work and at the discretion of the Authority to extend the contact to incorporate this secondary phase of work should it be required</i></p> <p><i>The transformation is expected to deliver significant value for money and efficiencies while maintaining the highest standards of person-centred care and meeting the organisations' strategies towards delivering care.</i></p>
<p>In Scope</p>	<p><i>For the purposes of this programme of work, the following services are within scope:</i></p> <ul style="list-style-type: none"> <i>• Hospital-Based Complex Critical Care;</i> <i>• Rehabilitation for frail people;</i> <i>• Neurological rehabilitation;</i> <i>• Stroke rehabilitation;</i> <i>• Intermediate care beds which are Short Term Assessment and Reablement (STAR) beds and Assessment beds;</i> <i>• Rehabilitation and reablement at home with Integrated Community Assessment and Support Service (ICASS) and the Short Term Assessment and Reablement (STAR) teams;</i> <i>• Care at Home service;</i> <i>• Hospital at Home service;</i> <i>• District nursing service;</i> <i>• Social work service.</i> <i>• High health gains team</i> <i>• Discharge hub</i>
<p>Out of Scope</p>	<p><i>N/A</i></p>
<p>Constraints/Assumptions</p>	<p><i>Assume availability in home or homely setting to move Service users. Assume funding will transfer with service users</i></p>
<p>Interdependencies</p>	<p><i>Good partnership working required to ensure that service users needs are met in a home or homely setting</i></p>

Benefit name	Indicators <i>(what will you measure)</i>	Methods <i>(What collection method/tools?)</i>	Baseline Measure	Target Measure	Owner	Timescale
<p>Phase 1:</p> <ul style="list-style-type: none"> • <i>Bed Based Model and Community</i> • <i>Hospital Transformation Strategy</i> • <i>Business Case</i> • <i>Implementation Plan</i> • <i>Outcome Evaluation</i> 	<p><i>Reduction in beds used.</i></p> <p><i>Increased care in home homely setting</i></p>	<p><i>Review of bed numbers and expenditure against budget</i></p>	<p><i>Current bed numbers</i></p> <p><i>Current numbers in home or homely settings</i></p>	<p><i>Reduction in numbers of beds in hospital and increase in home / homely settlings placements</i></p>	<p>LG</p>	
<p>Phase 2:</p> <ul style="list-style-type: none"> • <i>Implementation of Bed Based Model and Community Hospital Transformation Strategy;</i> • <i>Development of Implementation Strategies,Plans and Communications; and,</i> • <i>Stakeholder Engagement.</i> 	<p><i>Reduction in beds used.</i></p> <p><i>Increased care in home homely setting</i></p>	<p><i>Review of bed numbers and expenditure against budget</i></p>	<p><i>Current bed numbers</i></p> <p><i>Current numbers in home or homely settings</i></p>	<p><i>Reduction in numbers of beds in hospital and increase in home / homely settlings placements</i></p>	<p>LG</p>	

Impact

Risk / Legal:	<i>Legal challenge from Guardians re placements Risk of placements available not being adequate/suitable</i>
<u>Mitigating Actions:</u>	<i>New approach to give consideration to carers and the support required to meet their needs</i>
Quality / Customer Care:	<i>Care is agreed to be delivered in a home or homely setting – this proposal ensures service users will have this – create independent living</i>
Workforce:	<i>Impact on Social Care staff and Nursing. Workforce plans must include these changes to reduce nurses and increase social care staff. Can be provided externally, liaise with external care providers to ensure resources can be provided by appropriately skilled staffing</i>
Equality Impact Assessment:	<i>N/A</i>
Environmental / Sustainability Impact	<i>N/A</i>
Consultation:	<i>Consultation with services users and families/carers re moves to homely settings Consultation with workforce planning</i>

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Service Change Plan Ref.	
Strategic Theme	
Approved by	Finance & Performance Committee Clinical & Care Governance Committee with the caveat that any proposals from the strategy going forward will require to be scrutinised by the C&CGC before final agreement.
Date	
Signature	

Project title	Medicines Efficiencies
Service Area	Fife HSCP Prescribing budgets
SLT Lead	Nicky Connor
Project Lead	Euan Reid
Finance Lead	Fiona Robertson
Approval Committee	Integration Joint Board
Date	26th March 2021

Project Description

Project Aim	<p>Formulary Compliance – patients to be changed to formulary alternative medicines, where appropriate.</p> <ul style="list-style-type: none"> • Continue to maximise savings from patent expiries, biosimilar medicines, improving compliance with a cost & clinically effective formulary (rolling chapter reviews). • Continue to focus on areas of outlier prescribing eg mental health. • Maximise benefit of electronic prescribing support (ScriptSwitch®), Specials authorisation process. • Alogliptin switch project - efficiencies of approx. £150k p.a. have been identified to switch current prescribing to alogliptin for the management of Type 2 Diabetes. • Oxypro switch project - efficiencies of approx. £120-£146k p.a. have been identified to switch brand of oxycodone to Oxypro (a strong pain relief medicine). <p>Reducing Medicine Waste – reduce waste in patients own homes, hospitals and care homes</p> <ul style="list-style-type: none"> • Focus on care homes, community hospitals and patients' own homes. • Non-Prescription Ordering for Oral Nutritional Supplements, woundcare, etc. Changing the supply route of adult Oral Nutritional Supplements to a non-prescription ordering route. Rollout commenced November 2019 with at least £54k p.a. net savings after staffing costs. • Pharmacy Support Workers working in care homes to improve the quality of medicines management, reduce medicines waste and deliver medicines waste - efficiencies of approx. £528k p.a. after staffing costs. <p>Realistic Prescribing – ensure effective prescribing of medicines and to reduce polypharmacy</p>
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	<ul style="list-style-type: none"> • <i>Pharmacist/ technician polypharmacy reviews in care homes and patients in their own homes; focus on bone health, anti hypertensives & anti-psychotics, widening scope to other therapeutic areas under the strategic direction of the Managed Clinical Networks.</i> • <i>Developing prescribing guidance in frailty e.g. management of Type 2 diabetes and lipid management.</i> • <i>Continual review of low clinical value medicines.</i> • <i>Call to action on high risk medicines which are implicated in Drug Related Deaths e.g. Opioids.</i> <p><i>Focus on the core activities described above whilst recognising further opportunities that may be delivered through the introduction of Hospital Electronic Prescribing and Administration (HEPMA) and ward based automation within our H&SCP hospitals.</i></p>
In Scope	<i>Whole system approach agreed by HSCP SLT and NHS Fife EDG</i>
Out of Scope	<i>N/A</i>
Constraints/Assumptions	<p><i>Whole system approach embraced – efficiencies realised in one part of the system but investment required in another to enable delivery</i></p> <p><i>4% uplift</i></p> <p><i>Funding for Freestyle Libre</i></p> <p><i>Impact of COVID – remobilisation of services and addressing the unmet healthcare need</i></p> <p><i>Medicines Shortages – exacerbation through EU exit</i></p> <p><i>Other organisational priorities – Serial prescribing; delivery of GMS contract (Pharmacotherapy)</i></p>
Interdependencies	<p><i>Patients may require additional review appointments and tests e.g. blood tests to monitor changes in medication.</i></p> <p><i>Engagement of GPs, other clinicians and patients to support changes to medication.</i></p> <p><i>Sufficient pharmacy, nursing, dietetic and GP resource to deliver plan.</i></p> <p><i>Support essential for delivery e.g. project support, communications, close working with Procurement colleagues.</i></p> <p><i>Digital & Information and Finance Business Partner to produce data & track delivery of savings.</i></p>

Benefit name	Indicators <i>(what will you measure)</i>	Methods <i>(What collection method/tools?)</i>	Baseline Measure	Target Measure	Owner	Timescale
<i>Delivery of Successful ME Programme</i>	<i>Expenditure vs budget</i>	<i>Financial ledger</i>	<i>Current budget</i>	<i>Reduced budget</i>	<i>ER</i>	<i>Quarterly</i>
<i>Cost-effective, quality and appropriate prescribing for the population of Fife in line with change in demographics</i>	<i>Cost per patient per month for GP Prescribing</i> <i>GP formulary compliance (cost and volume)</i>	<i>GP Prescribing data from PIS</i> <i>Reporting from Information Services</i>	<i>Cost per patient has varied over 2020 (65p above Scottish average in March to 1p above Scottish average in August)</i> <i>85% for volume and 75% for cost</i>	<i>Achieves Scottish average</i> <i>GP prescribing to achieve 80% compliance by spend and by volume (no. of prescriptions) for 1st and 2nd line formulary choices of medicines</i>	<i>ER</i>	<i>Quarterly</i>

Risk / Legal:	<p><i>Pricing of medicines is volatile and therefore there is a risk that the projected efficiencies will not be delivered fully, or that cost pressures from increased prices of medicines, due to shortages for example, will reduce delivery of medicine efficiencies. There is a potential for EU Exit to impact on the availability and cost of medicines.</i></p> <p><i>Ability to recruit additional pharmacy staff.</i></p> <p><i>Delivery of the Pharmacotherapy service; level 1, 2 & 3 is a key objective for the next 3 years. This, plus the need to support sustainability of General Practice, are competing priorities for the Pharmacy teams.</i></p> <p><i>Engagement of NHS Fife Procurement Team.</i></p> <p><i>Engagement of clinicians and patients in Realistic Medicine culture.</i></p> <p><i>Potential move to a Single National Formulary (SNF) or East Region Formulary, which may offer more choice, but with additional cost, over the Fife Joint Formulary (FJF).</i></p> <p><i>Pharmacy staff supporting COVID response is a competing priority.</i></p>
<u>Mitigating Actions:</u>	<p><i>Monitor cost of medicines in short supply and take mitigating actions, if possible.</i></p> <p><i>Pharmacy participation at Procurement Governance Board. List of pharmacy projects requiring procurement input submitted.</i></p> <p><i>Establishment of Fife Prescribing Forum with oversight of all prescribing budgets and prescribing efficiency action plans; ensuring engagement with clinicians and specialty groups.</i></p> <p><i>Engagement with MCNs and specialty groups to develop prescribing guidance in frailty. "Launch event" proposed to promote awareness.</i></p>
Quality / Customer Care:	<p><i>The safety and quality of prescribing of medicines for patients is paramount and therefore changes to patients' medication will only be made where it is safe and appropriate to do so. Additional investment in pharmacy staff to deliver the medicines efficiency plan and to sustain the improvements. Clinical leadership across whole system. Dedicated support from communications and project management</i></p>
Workforce:	<p><i>Investment required</i></p>
Equality Impact Assessment:	<p><i>N/A</i></p>

Impact

Environmental / Sustainability Impact	<i>Reducing medicines waste is a key priority of the medicines efficiency programme</i>
Consultation:	<i>Discussed at Senior Leadership Team and supported.</i>

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Service Change Plan Ref.	
Strategic Theme	
Approved by	Finance & Performance Committee Clinical & Care Governance Committee
Date	
Signature	

Project title	Community Services redesign
Service Area	Adults and OP Social Care
SLT Lead	Fiona McKay
Project Lead	Ian Wilson
Finance Lead	Christine Tuffy
Approval Committee	Integration Joint Board
Date	26 March 2021

Project Description

Project Aim	<p><i>The Social Work Community Support Services has started to redesign the service focussing on service users who are deemed to be critical and identifying service users who would benefit from support from a third sector organisations as they have lower level needs. It has been identified that further savings maybe available following initial project analysis.</i></p> <p><i>A full project plan is in place and work is underway to review all service users considering what will be available to them in future.</i></p>
In Scope	<i>Current community services budgets</i>
Out of Scope	<i>N/A</i>
Contraints/Assumptions	<i>Assume SUs would like to receive services in a different way a service brief will be developed for 3rd sector organisation to apply for funding to support in the community</i>
Interdependencies	<i>It is identified that a reduction in staffing will be required this has already been part of the programme and has been discussed with staff unions etc.</i>

Impact

Risk / Legal:	<i>Legal challenge from Guardians re care provided</i>
<u>Mitigating Actions:</u>	<i>Encourage learning from COVID and implementation of best practice as we emerge from the pandemic</i>
Quality / Customer Care:	<i>Services have ceased due to the pandemic, giving an opportunity to build back better</i>
Workforce:	<i>Vacant posts will be removed HR involved in any managing change requirements</i>
Equality Impact Assessment:	<i>N/A</i>
Environmental / Sustainability Impact	<i>N/A</i>
Consultation:	<i>Consultation with HR</i>

Office Use Only

Service Change Plan Ref.	
Strategic Theme	
Approved by	Finance & Performance Committee Clinical & Care Governance Committee
Date	
Signature	



AGENDA ITEM NO.:	9	
DATE OF MEETING:	26 March 2021	
TITLE OF REPORT:	IJB Records Management Annual Report 2020	
EXECUTIVE LEAD:	Nicky Connor, Director of Health and Social Care	
REPORTING OFFICER/ CONTACT INFO:	NAME:	Fiona McKay
	DESIGNATION:	Divisional General Manager (Interim)
	WORKPLACE:	Rothsay House, Glenrothes
	TEL NO:	03451 555555 Ext 445978
	EMAIL:	fiona.mckay@fife.gov.uk
Purpose of the Report (delete as appropriate)		
For Decision	For Discussion	For Information
REPORT		
<u>Situation</u>		
<p>The Public Records (Scotland) Act 2011 requires named authorities, including the Fife Integration Joint Board (IJB), to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. The RMP must clearly describe the way the authority cares for the records that it creates, in any format, whilst carrying out its business activities. The RMP must be agreed with the Keeper of the National Records of Scotland (NRS) and regularly reviewed.</p> <p>In September 2019 the Keeper agreed a final version of the IJB RMP and a supporting three-year Action Plan 2019 – 2021.</p> <p>In September 2020 the Keeper invited the IJB to complete a Progress Update Review (PUR). This is a voluntary submission to the National Records of Scotland (NRS) with an update on each of the elements in the Records Management Plan.</p> <p>This is the first Records Management Annual Report for the IJB and it includes the completed PUR template provided by NRS.</p>		
<u>Recommendation</u>		
<p>For Information – please note the content of this report and the supporting documentation.</p>		
<u>Background</u>		
<p>The IJB RMP includes 14 elements:</p> <ol style="list-style-type: none"> 1. Senior management responsibility. 2. Records manager responsibility. 3. Records management policy statement. 4. Business classification. 5. Retention schedules. 6. Destruction arrangements. 7. Archiving and transfer arrangements. 		

8. Information security.
9. Data protection.
10. Business continuity and vital records.
11. Audit trail.
12. Records management training for staff.
13. Assessment and review.
14. Shared information.

Each element has specific requirements, these are used by NRS to assess whether the IJB is meeting its legislative requirements under the Public Records (Scotland) Act. There are three potential outcomes for each element:

Green	The Keeper agrees this element of an authority's plan.
Amber	The Keeper agrees this element of an authority's plan as an 'improvement model'. This means that he is convinced of the authority's commitment to closing a gap in provision. He will request that he is updated as work on this element progresses.
Red	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Keeper may choose to return the RMP on this basis.

In September 2019 the Keeper's assessment of the IJB RM Plan included:

- Green x 10
- Amber x 4
- Red x None

This was a very positive assessment for a first RMP submission and an acknowledgement of the good records management practice already established within the IJB.

The IJB Action Plan 2019 – 2021 includes activities that will progress the four amber elements to a green status whilst maintaining the positive performance already achieved in other areas.

The PUR provides a progress update for each element as at December 2020. The PUR has been submitted to NRS for assessment and an assessment report will be provided to the IJB, this can take up to three months.

NRS publish the PUR reports for all public bodies on their website, this is the link:
<https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/progress-update-review-pur-assessment-reports>

Assessment

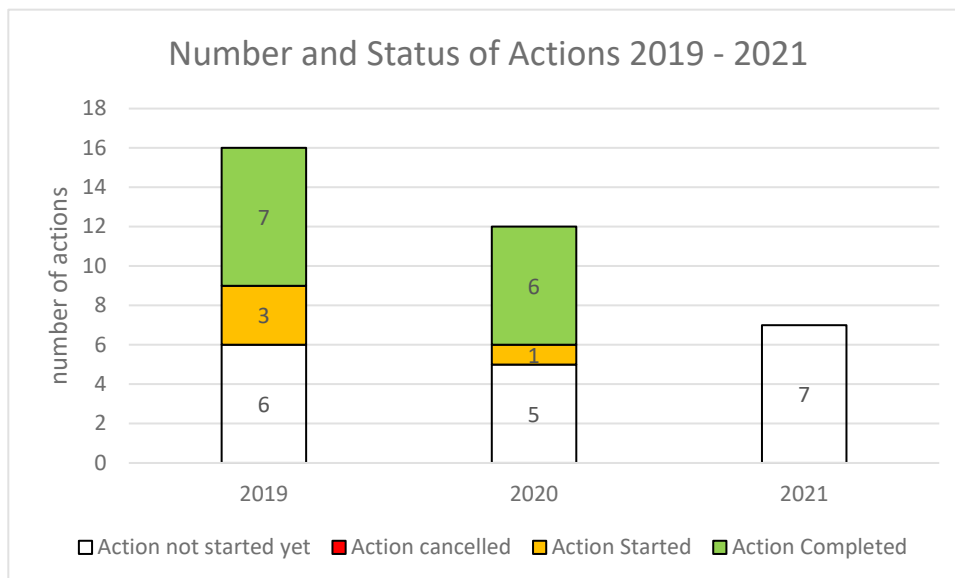
The full IJB Action Plan 2019 – 2021 is included in Appendix 2. The Action Plan contains a number of actions for each year. Some activities may be repeated annually, for example the review and update of the IJB Records Management Policy. Other actions involve larger projects which require significant input and resources to complete, for example migrating all IJB records into a new online SharePoint site. Large projects may also require input from partner agencies, for example Fife Council IT Services (BTS) will provide the technical infrastructure for the online SharePoint site.

All actions are regularly assessed, and the Action Plan is updated using RAG criteria:

Key	
No colour	Action not started yet
Red	Action Cancelled
Amber	Action Started
Green	Action Completed

Some actions have been delayed due to resource re-allocation during the Covid-19 pandemic, however no actions have been cancelled. This is the current status of actions in the Action Plan.

Action Status	2019	2020	2021
Action not started yet	6	5	7
Action Cancelled	0	0	0
Action Started	3	1	0
Action Completed	7	6	0



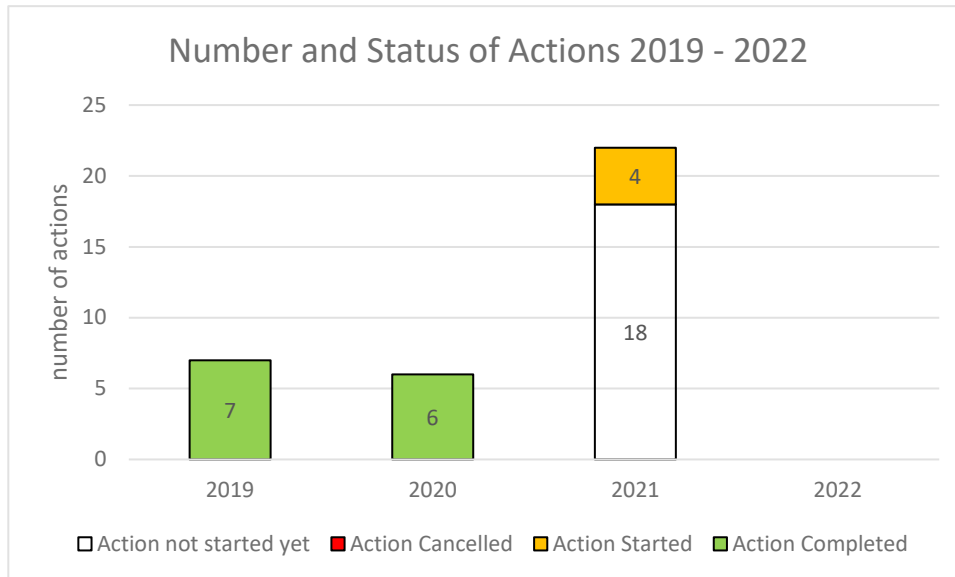
Graph 1: Action allocation when RM Action was agreed in September 2019 and status as at December 2020.

Key achievements to-date include:

- File hierarchy created for IJB digital records in network drive.
- Records management and data protection training provided to IJB Members.
- Data Processing Agreements completed between IJB and Fife partners (NHS Fife and Fife Council).
- IJB Records Management Policy reviewed and updated.
- IJB Data Protection Policy reviewed and updated.
- Data Protection Impact Assessment completed for IJB Online Meetings (using Microsoft Teams).
- IJB Privacy Policy reviewed and updated (available via this link: <https://www.fifehealthandsocialcare.org/privacy-notice-fife-integration-joint-board/>).

Any outstanding actions from 2019 and 2020 will initially be moved into 2021. If necessary, it is also possible to defer some of these activities to 2022. This approach has been highlighted to the National Records of Scotland and further updates will be provided if a timescale extension is required for any activity.

New activities may also be included for 2022 to reflect changes in the way that the IJB now collects, holds and shares, digital information and records. For example, increased use of online meetings and web-hosted services.



Graph 2: Action allocation as at December 2020.

The Keeper of the Records of Scotland expects formal resubmission of Records Management Plans every five years. The next submission of the IJB RM Plan is due by September 2024.

The next Records Management Annual Report for the Clinical and Care Governance Committee is expected early in 2022.

Objectives: (must be completed)

Health & Social Care Standard(s):	All
C&CG Strategic Objectives:	All

Further Information:

Evidence Base:	Current information governance and records management systems and procedures utilised by the IJB.
Glossary of Terms:	N/A
Parties / Committees consulted prior to SLT meeting:	Information Governance Teams working for HSCP, Fife Council and NHS Fife. PRSA Assessment Team, National Records of Scotland. Fife Health and Social Care Partnership, Senior Leadership Team.

Impact: (must be completed)
<p>Financial / Value for Money The management of IJB records, and any process improvements which are required, will continue to be resourced from existing budgets.</p> <p>No additional financial impact is anticipated.</p>
<p>Risk / Legal: There is a legislative requirement for the IJB to deliver and implement an appropriate Records Management Plan which sets out proper arrangements for the management of its records.</p>
<p>Quality / Customer Care: There are no direct quality or customer care impacts arising from this report.</p>
<p>Workforce: There are no direct workforce impacts arising from this report.</p>
<p>Equality Impact Assessment: An EqIA has not been completed and is not necessary as there are no EqIA implications arising directly from this report.</p>
<p>Environmental/Sustainability Impact All primary IJB records are held digitally and work is ongoing to reduce the use of secondary, paper-based copies of documents.</p>
<p>Consultation: Information Governance Teams working for HSCP, Fife Council and NHS Fife.</p> <p>PRSA Assessment Team, National Records of Scotland.</p> <p>Fife Health and Social Care Partnership, Senior Leadership Team.</p>
<p>Appendices: (list as appropriate)</p> <ol style="list-style-type: none"> 1. Fife IJB Records Management Plan (19.09.2019) 2. Action Plan 2019 – 2021 3. IJB RM Progress Update Review December 2020

Public Records (Scotland) Act 2011

Fife Integration Joint Board

The Keeper of the Records of Scotland

19 September 2019

Contents

1. Public Records (Scotland) Act 2011 3
2. Executive Summary [3](#)
3. Authority Background [4](#)
4. Assessment Process [5](#)
5. Model Plan Elements: Checklist [6](#)
6. Keeper's Summary [18](#)
7. Keeper's Determination [19](#)
8. Keeper's Endorsement 20

1. Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the Act) received Royal assent on 20 April 2011. It is the first new public records legislation in Scotland since 1937 and came fully into force on 1 January 2013. Its primary aim is to promote efficient and accountable record keeping by named Scottish public authorities.

The Act has its origins in *The Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950-1995* (The Shaw Report) published in 2007. The Shaw Report recorded how its investigations were hampered by poor record keeping and found that thousands of records had been created, but were then lost due to an inadequate legislative framework and poor records management. Crucially, it demonstrated how former residents of children's homes were denied access to information about their formative years. The Shaw Report demonstrated that management of records in all formats (paper and electronic) is not just a bureaucratic process, but central to good governance and should not be ignored. A follow-up review of public records legislation by the Keeper of the Records of Scotland (the Keeper) found further evidence of poor records management across the public sector. This resulted in the passage of the Act by the Scottish Parliament in March 2011.

The Act requires a named authority to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. A plan must clearly describe the way the authority cares for the records that it creates, in any format, whilst carrying out its business activities. The RMP must be agreed with the Keeper and regularly reviewed.

2. Executive Summary

This report sets out the findings of the Keeper's assessment of the RMP of Fife Integration Joint Board by the Public Records (Scotland) Act 2011 Assessment Team following its submission to the Keeper on 2 November 2018.

The assessment considered whether the RMP of Fife Integration Joint Board was developed with proper regard to the 14 elements of the Keeper's statutory Model Records Management Plan (the Model Plan) under section 8(3) of the Act, and whether in this respect it complies with it and the specific requirements of the Act.

The outcome of the assessment and the Keeper's decision on whether the RMP of Fife Integration Joint Board complies with the Act can be found under section 7 of this report with relevant recommendations.

3. Authority Background

Fife Integration Joint Board (the Board) is responsible for the planning, oversight and delivery of health and social care integrated functions for Fife.

The Board's Integration Scheme sets out the functions which are delegated by Fife Health Board (NHS Fife) and Fife Council to the IJB.

The Board operates as a body corporate (a separate legal entity), acting independently of NHS Fife and Fife Council. The Board consists of sixteen voting members appointed in equal number by NHS Fife and Fife Council, with a number of representative members who are drawn from the third sector, independent sector, staff, carers and service users. The Board is advised by a number of professionals including the Chief Officer, Chief Finance Officer, Associate Nurse Director, Medical Practitioner Representatives, and Chief Social Work Officer.

The key functions of the Board are:

- Overseeing the development and preparation of the Strategic Plan for services delegated to the Board.
- Allocating resources in accordance with the Strategic Plan
- Ensuring that the national and local Health and Wellbeing Outcomes are met.

4. Keeper's Assessment Process

The RMP was assessed by the Public Records (Scotland) Act Assessment Team on behalf of the Keeper. Assessors used the checklist elements listed in section 5, to establish whether Fife Integration Joint Board's RMP was developed with proper regard to the elements of the Model Plan and is compliant with the Act. The assessment also considered whether there was sufficient supporting evidence of such compliance.

Key:

G	The Keeper agrees this element of an authority's plan.		A	The Keeper agrees this element of an authority's plan as an 'improvement model'. This means that he is convinced of the authority's commitment to closing a gap in provision. He will request that he is updated as work on this element progresses.		R	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Keeper may choose to return the RMP on this basis.
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5. Model Plan Elements: Checklist

Element	Present	Evidence	Notes
1. Senior Officer <i>Compulsory element</i>	G	G	<p>The introduction (page 2) to the Records Management Plan (RMP) of Fife Integration Joint Board (the Board) states that the Board operates as a body corporate, in effect a legal entity separate from NHS Fife and Fife Council.</p> <p>The RMP has identified Mr Michael Kellet, Chief Officer of the Board, as the individual with senior management responsibility for all aspects of records management within the Board. He is also the corporate owner of the RMP.</p> <p>A covering letter from the Chief Officer accompanied the submission of the RMP (Evidence 1.1)</p> <p>Also submitted as evidence is the job description of the role of Chief Officer (Evidence 1.2). This contains the requirement of translating corporate and operational strategies into practice. This ties in with the requirement of the individual identified under this Element of implementing the RMP within the authority.</p> <p>The Board's Records Management Policy (Evidence 1.3) also confirms Mr Kellet's responsibility for records management at a senior level. It also provides further detail on the nature of this responsibility, including the governance of information and records, authorising key documents such as the Records Management Policy and Retention Schedules, implementing and maintaining the RMP and ensuring that appropriate training is provided to those who require it.</p>

			<p>A compliance statement (Evidence 1.4) has also been provided by Mr Kellet, which in conjunction with the RMP itself, provides details on how the Board integrates with Fife Council and NHS Fife with regards to records management and information governance. This statement also indicates that the Board's records are managed on the systems of both Fife Council and NHS Fife.</p> <p>The Keeper agrees that an appropriate individual has been identified to take senior management responsibility for records management as required by the Public Records (Scotland) Act 2011.</p>
<p>2. Records Manager <i>Compulsory element</i></p>	<p>G</p>	<p>G</p>	<p>The RMP identifies Ms Lesley Gauld, Information Compliance Manager for Fife Health and Social Care Partnership, as having day-to-day operational responsibility for records management within the Board.</p> <p>The job description for this role has been supplied (Evidence 2.1). The document contains references throughout to the requirement of the role to develop, implement and maintain records management and information governance policies, procedures and systems.</p> <p>Ms Gauld reports to Fiona McKay, Head of Strategic Planning, Performance and Commissioning. Ms Gauld will also provide regular updates to the Chief Officer (see Element 1).</p> <p>Ms Gauld's responsibilities are confirmed in Section 5 of the Board's Records Management Policy (Evidence 1.3). The Policy also outlines the need to liaise with the records managers of the partner bodies, NHS Fife and Fife Council. The Keeper commends this recognition as Boards across the country are in a unique position and effective cooperation between the records managers of all bodies involved will be essential to ensure that all records are appropriately managed.</p> <p>The Keeper agrees that an appropriate individual has been identified to take day-to-</p>

			<p>day operational responsibility for records management as required by the Public Records (Scotland) Act 2011.</p>
<p>3. Policy <i>Compulsory element</i></p>	<p>G</p>	<p>G</p>	<p>The RMP states that records will be created and managed in IT systems of NHS Fife and Fife Council and that responsibility for these records rests with the Chief Officer (see Element 1).</p> <p>In order to govern the management of these records the Board has created a Records Management Policy, version 1.0 approved by the Chief Officer in October 2018 (Evidence 1.3). The Policy’s purpose is to ensure that records created by the Board are managed according to the principles of authenticity, reliability, integrity and usability. The Policy applies to records in all formats created and received by the Board, but also managed on Fife Council and NHS Fife systems. In the partner bodies, Fife Council’s Head of IT and NHS Fife’s General Manager eHealth and IM&T are responsible for the security and storage of electronic records stored on their respective systems. The Keeper has agreed the RMPs of both Fife Council and NHS Fife and therefore agrees that they have operational policies (evidence 3.1, 3.2 and 3.2A). The Board’s Records Management Policy covers all Board records and operates independently from the policies of the partner bodies. Recordkeeping decisions can involve consultation between the partner bodies which is enabled by regular meetings between records managers.</p> <p>The RMP states that Board Members, Service and Team Managers and all individuals with access to Board records are required to comply with the Policy. The Policy is available on the Fife Health and Social Care Partnership website and is therefore available to all staff with access to the Board’s records. The link to the website has been supplied as well as screenshots showing the location of the Policy as well as other publications (evidence 3.3-3.5).</p> <p>The Keeper agrees that the Board has an operational records management policy statement and that all staff are made aware of their responsibilities.</p>

<p>4. Business Classification</p>	<p>A</p>	<p>G</p>	<p>The RMP states that the Board was established in 2015 and the first meeting of the Board took place on 29 October of that year. The RMP goes on to state that the majority of Board records have been created and held on Fife Council shared drives but that some Board records have also been created and managed on NHS Fife systems. The Board has stated that all of its records will be migrated to Fife Council’s network drive structure as an interim measure while the SharePoint system is developed. This will ensure that the Board’s records manager and other Board staff have access to these records until the SharePoint solution is rolled out.</p> <p>The Board has submitted its Business Classification Scheme (BCS), version 1.0 approved in November 2018 (evidence 4.1). This is a 3 level BCS based on the function, activities and transactions of the Board. As the functional approach to classifying records is currently considered best practice as it is more resilient to organisational change, the Keeper commends the use of a functional scheme.</p> <p>The BCS also incorporates the retention and disposal decisions assigned to each record class and also indicates whether the records are considered to be ‘Vital’ and identifies the security classifications. The Keeper commends the development of a joint BCS and retention schedule as this should result in a stronger business tool.</p> <p>The Further Development section of this Element states that the structure of the BCS will be imposed onto an area of Fife Council’s SharePoint system. All Board records will over time be migrated to this system, which will include a document storage site and a bespoke tool for creating and managing records of committee meetings. A screenshot of the SharePoint test site has been submitted (evidence 4.2) showing how the proposed new system will look. This work is dependent upon the allocation of Fife Council resources and has a provisional timescale for completion of December 2019. The Keeper understands that timescales can slip due to other priorities but requests that he is kept informed of the progress of this piece of work.</p>
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			<p>The Keeper can agree this Element on an ‘Improvement Model’ basis. This means that the Board has identified an improvement to its recordkeeping arrangements (the consolidation of Board records into a single area of Fife Council’s SharePoint system) and has outlined the proposed timescales for completion. This agreement is dependent upon the Keeper being kept informed on the progress of this work.</p>
5. Retention schedule	A	G	<p>The Board has developed a retention schedule based on the Scottish Council on Archives Records Retention Schedules (SCARRS) (evidence 5.1). This was approved by the Chief Officer in October 2018.</p> <p>The retention schedule sets out the retention period and disposal actions of the classes of records that it creates. It is a separate document from the BCS which incorporates some of the retention information from the schedule (see Element 4). The retention schedule also states that destruction must be authorised by the Board’s Chief Finance Officer.</p> <p>The Board will migrate all of its records, currently managed by both Fife Council and NHS Fife, on to Fife Council’s SharePoint system. This should allow these records to be managed easier in the single location and should allow the easier appliance of retention actions at the appropriate time.</p> <p>The Keeper can agree this Element on an ‘Improvement Model’ basis. This means that the authority has identified a long term solution for effectively managing the retention of its records (migration to Fife Council’s SharePoint system) and will be working towards implementation in the near future. The Keeper requests that he is kept informed of the progress of this work.</p>
6. Destruction Arrangements	G	G	<p>The RMP states that all of the Board’s records are created and managed digitally. Some paper copies are used for meetings but the primary record is electronic.</p>

<p><i>Compulsory element</i></p>			<p>At present, the Board’s records are managed on both NHS Fife and Fife Council systems. As a result the Board follows the destruction arrangements for electronic records in both partner bodies. The Keeper has agreed the RMPs of both partner bodies and has therefore agreed that the destruction processes in place for electronic records meet his requirements. Fife Council’s destruction arrangements are governed by its Disposal of ICT Hardware procedures (evidence 6.1), template Disposal/Destruction Certificate for Electronic Records form (evidence 6.1A) and Backup Strategy (evidence 6.1B). NHS Fife’s destruction of records in line with its retention schedule is controlled by its Destruction Arrangements document (evidence 6.2) and its Disposal of Confidential Waste procedure (evidence 6.2B).</p> <p>Section 7 of the Board’s Records Management Policy (evidence 1.3) states that the disposal of its records must be authorised by the Chief Finance Officer and must be carried out in line with the Board’s retention schedule. The IJB Document Control Log has been extended to include a destruction log, which has been submitted (evidence 6.3). The log contains information about the records being destroyed, who authorised the destruction and who carries it out. The Keeper commends the creation of the destruction log. At present, none of the Board’s records have reached their destruction dates. When they do the records manager will seek authorisation from the Chief Finance Officer and then arrange for practical destruction of the records. This involves manual deletion of records held on shared drives but the SharePoint implementation is intended to automate part of this process.</p> <p>It is anticipated that the migration of Board records to Fife Council’s SharePoint system will allow greater oversight over the management, including, destruction of these records. The Keeper would welcome regular updates on the progress of the migration.</p>
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			<p>The Keeper agrees that the Board has appropriate measures in place to ensure the secure destruction of records in line with its retention schedule.</p>
<p>7. Archiving and Transfer <i>Compulsory element</i></p>	<p>A</p>	<p>A</p>	<p>The RMP states that Board records which have been identified as having historical value will be transferred to a digital archive provided by Fife Cultural Trust Archive Centre. Fife Council is still in the process of developing a digital archive for its own records and once this has been established the Board will transfer records selected for permanent preservation.</p> <p>Submitted in support of the above is a statement from the records manager of Fife Council (evidence 7.1). This describes the current state of affairs in Fife Council's development of a digital archive. It is currently at a very early age of planning but is focussing on identifying records for archiving. Records will be 'tagged' in the meantime to prevent unintentional destruction. The Archivist for Fife Council has created an area for records of particular significance. Once a digital archive has been developed, transfer to the custody of the Archivist. The Board will transfer records to the Archive in a similar fashion to the Council. The Keeper has agreed this Element of Fife Council's RMP so can be assured that appropriate measures are in place to transfer records selected for permanent preservation to a suitable archive.</p> <p>As the Board is a separate legal body from the Council, the Keeper would encourage the Board to set up a formal archiving agreement with the Council's Archive Service as soon as is practical, even if there is no immediate intention to deposit.</p> <p>Fife Council will also follow the developments in the National Records of Scotland's Digital Preservation Programme.</p> <p>As the Board's selected archive, Fife Council's Archive Service, is currently unable to accept the transfer of digital records the Keeper can agree this</p>

			<p>Element on an ‘Improvement Model’ basis. The Keeper is assured by the commitment of Fife Council to develop a solution to digital archiving. In the meantime, as part of this agreement, the Keeper recommends that the Board enters into a formal agreement to transfer its records to the Council’s archive service so that the framework is in place to transfer records when digital archiving becomes available.</p>
8. Information Security <i>Compulsory element</i>	G	G	<p>Page 6 of the Board’s Records Management Policy (evidence 1.3) states that “Fife Council Head of ICT, and NHS Fife General Manager eHealth and IM&T, are responsible for the security and storage of IJB records held within the partners electronic infrastructure, or in web-based/hosted systems, and the management of all risks relating to the security and storage of that information.”</p> <p>The RMP states that employees of the partner bodies and other individuals who access Board information are responsible for ensuring they have read, understood and will comply with the information security policies of the partner bodies. These include the Information Security Policies of both NHS Fife and Fife Council (evidence 8.1 and 8.2). Further information governance policies and procedures are available on the intranets of both partner bodies and screenshots have been supplied evidencing this (evidence 8.4 and 8.5).</p> <p>The Keeper has already agreed Fife Council’s and NHS Fife’s information security arrangements are appropriate for the protection of public records created on behalf of the Board having already agreed their RMPs.</p> <p>Therefore the Keeper can agree that the Board has arrangements in place that ensure the security of their public records as required by the Act.</p>
9. Data Protection	G	G	<p>The RMP states that the majority of the information it collects and uses is statistical and anonymised but that it does on occasion collect and process small volumes of personal data. As such the Board is a Data Controller and has registered as such</p>

			<p>with the Information Commissioner’s Office (reg. no. ZA277783). A copy of the registration certificate has been supplied (evidence 9.1).</p> <p>The Board has also created its own Data Protection Policy (evidence 9.3). The Policy applies to all personal data held by the Board and also held on the systems of NHS Fife and Fife Council. The Policy applies to everyone who has access to this data. The Policy also details the arrangements for sharing this data.</p> <p>The Data Protection Policy is available on the Fife Health and Social Care Partnership website and is therefore available to all staff with access to the Board’s records. The link to the website has been supplied as well as screenshots showing the location of the Policy as well as other information governance documents (evidence 3.3, 3.5 and 9.6).</p> <p>The Board has also provided its Privacy Notice (evidence 9.2) which outlines how the Board collects personal information and how it uses it. A screenshot has also been submitted (evidence 9.2A) showing where the privacy notice appears on the Board’s website.</p> <p>The Keeper is able to agree that the Board has procedures in place to protect the personal information it collects and manages.</p>
<p>10. Business Continuity and Vital Records</p>	<p>G</p>	<p>G</p>	<p>The Board’s records are created and managed on systems provided by both Fife Council and NHS Fife and as such relies on their business continuity arrangements. Submitted in evidence are the Business Continuity Plan of Fife Council (evidence 10.1), NHS Fife’s eHealth Business Continuity and Disaster Recovery Framework Plan (evidence 10.2) and NHS Fife’s eHealth eHealth Business Continuity and Disaster Recovery Operational Procedures (evidence 10.3).</p> <p>The Keeper has previously agreed the RMPs of both NHS Fife and Fife Council and can therefore agree that the Board has appropriate measures in place to recover its</p>

			records and systems in the event of an interruption to its normal business.
11. Audit trail	A	G	<p>The RMP acknowledges that Board records are currently managed using NHS Fife and Fife Council systems (shared drives) which provide limited audit trail functionality. This is confirmed by the fact that the RMPs of Fife Council and NHS Fife have been agreed by the Keeper under ‘improvement model’ terms for element 11. This means that both authorities have identified gaps in provision in this element and are working to close that gap.</p> <p>The proposed migration of all Board records to Fife Council’s SharePoint system should provide greater control over these records including improved version history, audit logs which identify changes made to records and improved access controls.</p> <p>The RMP outlines some of the measures that are currently in place. The number of staff with access to the Boards primary records held on the shared drives has been reduced which will lessen the potential for accidental alteration or destruction of Board records. Additionally, Board records that are published are done so in PDF format. A screenshot showing that the final versions of documents are saved in PDF version has been submitted (evidence 11.1). The Keeper commends the use of such measures in the interim period until the migration to the SharePoint solution.</p> <p>The Keeper can agree this Element on an ‘Improvement Model’ basis. This is due to the authority having identified a gap in provision (the lack of audit trail functionality of records currently held on shared drives provided by partner bodies, their arrangements under this Element having also been agreed on an ‘Improvement Model’ basis by the Keeper) but has evidenced how it intends to close this gap. This agreement is dependent upon the Keeper being regularly informed on the progress of work to close the gap.</p>
12.	G	G	The RMP states that both NHS Fife and Fife Council employees are covered by the

<p>Competency Framework for records management staff</p>			<p>competency frameworks of their respective organisations. The Board's records manager (see Element 2) is employed by the Council and has access to development opportunities through the Council's competency framework. In fact, the records manager has been supported to undertake a Postgraduate Diploma in Records Management and Information Rights at Dundee University, which was completed in 2017. The Keeper strongly commends the commitment to ensuring that staff have access to relevant development opportunities.</p> <p>Fife Council's Audit Team recently carried out an audit on the information governance systems of the Board. One of the recommendations made by the final audit report is that further information governance training is required by Board members. A training plan is currently being developed. The Keeper would be interested to see a sample of this training when it becomes available.</p> <p>The Further Development section of this element states that both partner bodies are currently developing the information governance competency framework for their staff. A statement from the Council's records manager (evidence 12.1) confirms the current development of a training framework, tied in with data protection and information security, and will be tailored to the requirements of staff. The Keeper would be interested to know if this results in any significant changes to current provision.</p> <p>NHS staff are also expected to comply with the Scottish Government Records Management: NHS Code of Practice, which is also in the process of being revised.</p> <p>The Keeper has already agreed the RMPs of Fife Council and NHS Fife and can be confident that Fife Council's and NHS Fife's commitment to providing staff with appropriate records management or information governance training remains strong.</p>
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<p>13. Assessment and Review</p>	<p>G</p>	<p>G</p>	<p>The Act requires a scheduled public authority to “keep its records management plan under review” (part 1 5.1 (a)).</p> <p>Page 5 of the Records Management Policy (evidence 1.3) states that the records manager (see Element 2) is responsible for ensuring the Policy is reviewed at least annually.</p> <p>The RMP states that the Board’s RMP and the supporting Improvement Plan Appendix 1 to the RMP) will be reviewed and updated on an annual basis by the records manager (see Element 2). This will require discussions with the partner bodies to ensure that records management provision in both is maintained as required. The Further Development section of this element states that the Chief Officer (see Element 1) will provide an annual update on records management to the Board. This report will include an update on development activities and will identify any potential risks.</p> <p>The Board has an agreed Audit Plan for both internal and external audits and these have been submitted (evidence 13.3 and 13.5). Internal audits are conducted on a five year cycle. At the time of submission of the RMP an internal audit was taking place into the Board’s Information Governance arrangements and this was due to be completed by March 2019. The recommendations from the audit will be incorporated into the Board’s Records Management Improvement Plan. The IJB has submitted the audit report into its Information Governance provisions (evidence 13.6). The Keeper thanks the IJB for this submission.</p> <p>The IJB has also submitted a protocol detailing the audit arrangements in place between the IJB, NHS Fife and Fife Council and it has been submitted to the Keeper (evidence 13.7).</p> <p>The Keeper can agree that appropriate measures in place to review the RMP and</p>
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			supporting evidence on a regular basis thereby ensuring that records management arrangements are kept up-to-date.
14. Shared Information	G	G	<p>The RMP states that the Board has agreed and is a signatory to an overarching Information Sharing Agreement (ISA) (evidence 14.1) with the partner bodies. The ISA properly considers information governance (such as retention and information security). The ISA is supported by subject specific Data Sharing Agreements (DSAs). A sample DSA has been supplied (evidence 14.2) which considers records management arrangements.</p> <p>The Board also routinely publishes corporate information as part of its Publication Scheme under its Freedom of Information (Scotland) Act 2002 obligations. The Board has provided this to the Keeper (evidence 14.3).</p> <p>The Board has also developed a Complaints Handling Procedure (evidence 14.4) to manage any complaints it receives.</p> <p>The Keeper agrees that the Board has procedures in place to allow the secure sharing of information where required and has given due consideration to the management and governance of the information being shared.</p>

6. Keeper’s Summary

Elements 1-14 that the Keeper considers should be in a public authority records management plan have been properly considered by Fife Integration Joint Board. Policies and governance structures are in place to implement the actions required by the plan.

Elements that require development by Fife Integration Joint Board are as follows:

Element 4 – Business Classification

Element 5 – Retention Schedule

Element 7 – Archiving and Transfer Arrangements

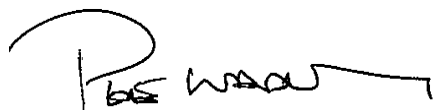
Element 11 – Audit Trail

7. Keeper’s Determination

Based on the assessment process detailed above, the Keeper agrees the RMP of Fife Integration Joint Board.

The Keeper recommends that Fife Integration Joint Board should publish its agreed RMP as an example of good practice within the authority and the sector.

This report follows the Keeper’s assessment carried out by,



.....
Pete Wadley
Public Records Officer

.....
Robert Fotheringham
Public Records Officer

8. Endorsement of Report by the Keeper of the Records of Scotland

The report has been examined and is endorsed under the signature of the Keeper of the Records of Scotland as proof of compliance under section 1 of the Public Records (Scotland) Act 2011, and confirms formal agreement by the Keeper of the RMP as submitted by Fife Integration Joint Board. In agreeing this RMP, the Keeper expects Fife Integration Joint Board to fully implement the agreed RMP and meet its obligations under the Act.



.....
Paul Lowe
Keeper of the Records of Scotland

IJB - Records Management Action Plan 2019 - 2021

Ref. No.	Source of Action	Recommendation / Activity	Action Required	Progress	Responsible Officer	Timescale	Notes
2019.01	B31&32/19 (NHS Fife Audit) - Rec. 4	Remove barriers to data sharing and information access	Provide loan of an NHS Fife laptop to the HSCP Compliance Team to enable direct access to HSCP information in Datix, HSC	Action Completed.	NHS Fife Information Governance and Security Manager (Data Protection Officer) - MG	30/08/2019	
2019.02	IJB5 (FC Audit) - Rec. 2	IJB should implement the Records Management Plan regarding the use of SharePoint	Set up an interim file hierarchy for all IJB records on the Council's network drive	File hierarchy set up - migration underway. Action completed.	IJB Records Manager - LG	31/08/2019	
2019.03	RM Plan - Element: 9	Renew 2019 IJB Registration with the ICO	Arrange annual payment	Action Completed.	IJB Chief Officer - NC	10/12/2020	Payment approval not progressed to Finance Team in 2019 - issue identified in October 2020 and payment made December 2020.
2019.04	RM Plan - Element: 12	Records Management Training	Collate a centralised list of the NHS Fife systems utilised by the HSCP and the number of Fife Council employees currently accessing these systems	Draft Training Survey initially sent out - however, this will now be reviewed and updated to include home working requirements.	IJB Records Manager - LG	30/06/2021	Once collated the central list will be utilised to assess current system access processes, and develop and update these as required. Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 30/06/2021.
2019.05	RM Plan - Element: 12	Records Management Training	Review training requirements of HSCP staff accessing NHS Fife systems and identify any gaps	Delayed.	NHS Fife Information Governance and Security Manager (Data Protection Officer) - MG	30/06/2021	Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 30/06/2021.
2019.06	RM Plan - Element: 12	Records Management Training	Develop a Training Plan for HSCP staff accessing NHS Fife systems to address any gaps identified	Delayed.	HSCP Manager - Risk Compliance - AS	30/06/2021	Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 30/06/2021.
2019.07	B31&32/19 (NHS Fife Audit) - Rec. 4	Strategic Information Governance risks to NHS Fife associated with the HSCP working arrangements should be recorded on the NHS Fife Risk Management System (DATIX) and mitigations should be put in place to reduce them to a level	Relevant risks will be recorded on the NHS Fife Risk Register together with current and planned joint mitigations	Delayed.	NHS Fife Information Governance and Security Manager (Data Protection Officer) - MG	31/03/2021	Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 31/03/2021.
2019.08	B31&32/19 (NHS Fife Audit) - Rec. 4	Strategic Information Governance risks to NHS Fife associated with the HSCP working arrangements should be recorded on the NHS Fife Risk Management System (DATIX) and mitigations should be put in place to reduce them to a level	Relevant risks will be updated on the IJB Risk Register together with current and planned joint mitigations	Risk are already included in the Register and are due for review by 31/12/2019. Action Completed.	HSCP Manager - Risk Compliance - AS	31/12/2019	
2019.09	B31&32/19 (NHS Fife Audit) - Rec. 4	Improve processes for managing employees starter / leaver process within HSCP	Develop an interim process for starters / leavers to ensure that partner bodies are notified of relevant staff changes and can edit or remove system access	Delayed.	IJB Records Manager - LG	30/06/2021	The interim processes will be amalgamated with HR processes in the relevant partner body. Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 30/06/2021.

2019.10	RM Plan - Element: 3	Annual review of IJB Records Management Policy	Review RM Policy and update as required	Action Completed	IJB Records Manager - LG	05/11/2020	Ensure alignment with any legislative changes and updates to partner policies - delayed due to resource re-allocation during Covid -19
2019.11	RM Plan - Element: 9	Annual review of Data Protection Policy	Review DP Policy and update as required. Include IJB Privacy Policy in review	Action Completed.	IJB Records Manager - LG	05/11/2020	Ensure alignment with any legislative changes and updates to partner policies - delayed due to resource re-allocation during Covid -19
2019.12	IJB5 (FC Audit) - Rec. 1	IJB written procedures for how it engages with FC/NHS information systems should include obtaining assurance that staff changes, and other access to information, is properly	IJB Chief Officer will contact the partner agencies to request an appropriate update to their HR employee leaving processes	Delayed.	IJB Chief Officer - NC	31/03/2021	Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 31/03/2021.
2019.13	IJB5 (FC Audit) - Rec. 1	IJB written procedures for how it engages with FC/NHS information systems should include obtaining assurance that staff changes, and other access to information, is properly	IJB will develop a process for managing the notifications received from the partner bodies and removing system access to IJB data	Delayed.	IJB Chief Officer - NC	30/06/2021	Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 30/06/2021.
2019.14	B31&32/19 (NHS Fife Audit) - Rec. 4	Develop Data Processing Agreements to support data sharing arrangements across the HSCP	Create DPA NHS Fife (Controller) and Fife Council (Processor)	Delayed.	FC - DPO - FS	31/12/2021	DPA with FC (Controller) and NHS Fife (Processor) signed on 7/7/2018. Fife Council DPO to progress.
2019.15	B31&32/19 (NHS Fife Audit) - Rec. 4	Develop Data Processing Agreements to support data sharing arrangements across the HSCP	Create DPA for NHS Fife (Processor) and IJB (Controller)	Action Completed.	IJB Records Manager - LG	05/11/2020	Delayed due to resource re-allocation during Covid -19 pandemic.
2019.16	RM Plan - Element: All	IJB Chief Officer will provide an annual Records Management Report to the IJB	Report to include a progress update on development activities, any potential risks or issues arising, and corresponding	Draft report for December 2020.	IJB Chief Officer - NC	31/03/2021	Delayed due to resource re-allocation during Covid -19 pandemic. Rescheduled for 31/03/2021

Ref. No.	Source	Recommendation / Activity	Action Required	Progress	Responsible Officer	Timescale	Notes
2020.01	IJB5 (FC Audit) - Rec. 2	IJB should implement the Records Management Plan regarding the use of SharePoint	Once the O365 SharePoint EDRMS is available IJB records will be migrated to this system	Delayed.	HSCP Head of Strategic Planning Performance and Commissioning - FM	30/06/2021	Migrate IJB records to SharePoint solution. Delayed due to resource re-allocation during Covid -19 pandemic. Rescheduled for
2020.02	IJB5 (FC Audit) - Rec. 3	IJB (as data controller) should develop a Data Processing Agreement with Fife Council (as data processor)	An appropriate Data Processing Agreement will be developed between IJB (Data Controller) and Fife Council (Data Processor). This will include arrangements for the destruction or return of	Action Completed.	HSCP Head of Strategic Planning Performance and Commissioning - FM	05/11/2020	See Actions 2019.14 and 2019.15
2020.03	IJB5 (FC Audit) - Rec. 4	All IJB Board Members should attend appropriate Information Governance training relating to IJB needs	Complete Skills Matrix, produce IG Training Action Plans, complete IG training	All IJB Committees have completed a Skills Matrix and are currently working on their Action Plans. Action Completed.	HSCP Head of Corporate Services - NA	31/01/2020	
2020.04	RM Plan - Element: 6	Introduce automated retention / disposition process	Utilise the Council's O365 solution to set-up appropriate	Delayed.	IJB Records Manager - LG	31/06/2021	Delayed due to resource re-allocation during Covid -19 pandemic.
2020.05	RM Plan - Element: 5	Introduce automated retention / disposition process	Review and update the IJB Retention Schedule	Delayed.	IJB Records Manager - LG	31/03/2021	Delayed due to resource re-allocation during Covid -19 pandemic.

2020.06	RM Plan - Element: 7	Transfer of historical records	Set up formal archiving agreement with the Council's Archive Service	Delayed.	HSCP Head of Strategic Planning Performance and Commissioning - FM	30/06/2021	Delayed due to resource re-allocation during Covid -19 pandemic.
2020.07	RM Plan - Element: 9	Renew 2020 IJB Registration with the ICO	Arrange annual payment	Action Completed	IJB Chief Officer - NC	10/12/2020	ICO set up as supplier in Oracle and payment made.
2020.08	RM Plan - Element: 3	Annual review of IJB Records Management Policy	Review RM Policy and update as required	Action Completed	IJB Records Manager - LG	05/11/2020	Ensure alignment with any legislative changes and updates to partner policies
2020.09	RM Plan - Element: 9	Annual review of Data Protection Policy	Review DP Policy and update as required. Include IJB Privacy	Action Completed	IJB Records Manager - LG	05/11/2020	Ensure alignment with any legislative changes and updates to partner policies
2020.10	IJB5 (FC Audit) - Rec. 4	An Information Audit process to generate an Information Asset Register supported by written procedures, including for information sharing e.g. for provision and receipt of assurance with FC and NHS Fife should be introduced and kept	An Information Asset Register (based on the BCS) will be developed and supported by documented procedures	Delayed.	HSCP Head of Strategic Planning Performance and Commissioning - FM	30/09/2021	Delayed due to resource re-allocation during Covid -19 pandemic.
2020.11	RM Plan - Element: All	IJB Chief Officer will provide an annual Records Management Report to the IJB	Report to include a progress update on development activities, any potential risks or issues arising, and corresponding	Draft report for December 2020.	IJB Chief Officer - NC	31/03/2021	Delayed due to resource re-allocation during Covid -19 pandemic. Rescheduled for 31/03/2021
2020.12	RM Plan - Element: All	Provide annual Progress Update Report (PUR) to National Records of Scotland	Assess and report on actions completed and any changes applied to the RM Action Plan	Action Completed.	IJB Records Manager - LG	04/12/2020	NRS response expected by March 2021

Ref. No.	Source	Recommendation / Activity	Action Required	Progress	Responsible Officer	Timescale	Notes
2021.01	RM Plan - Element: 4	Review IJB BCS and retention schedule	Review and update documents as required		IJB Records Manager - LG	31/03/2021	
2021.02	RM Plan - Element: 9	Renew 2021 IJB Registration with the ICO	Arrange annual payment		IJB Chief Officer - NC	25/09/2021	
2021.03	RM Plan - Element: 3	Annual review of IJB Records Management Policy	Review RM Policy and update as required		IJB Records Manager - LG	01/11/2021	Ensure alignment with any legislative changes and updates to partner policies
2021.04	RM Plan - Element: 9	Annual review of Data Protection Policy	Review DP Policy and update as required. Include IJB Privacy		IJB Records Manager - LG	01/11/2021	Ensure alignment with any legislative changes and updates to partner policies
2021.05	RM Plan - Element: 7	Transfer of historical records	Utilise the Council's digital archive to store and manage IJB records selected for permanent		IJB Chief Officer - NC	31/12/2021	Dependent on implementation of appropriate digital archive.
2021.06	RM Plan - Element: All	IJB Chief Officer will provide an annual Records Management Report to the IJB	Report to include a progress update on development activities, any potential risks or issues arising, and corresponding		IJB Chief Officer - NC	31/12/2021	
2020.07	RM Plan - Element: All	Provide annual Progress Update Report (PUR) to National Records of Scotland	Assess and report on actions completed and any changes applied to the RM Action Plan		IJB Records Manager - LG	31/12/2021	

Key	
No colour	Action not started yet
Red	Action Cancelled
Amber	Action Started
Green	Action Completed

Progress Update Review (PUR): Fife Integration Joint Board – December 2020

Element	Status of elements under agreed Plan 19SEP19	Status of evidence under agreed Plan 19SEP19	Progress assessment status <date>	Keeper's Report Comments on Authority's Plan 19SEP19	Self-assessment Update as submitted by the Authority since 19SEP19	Progress Review Comment <date>
1. Senior Officer	G	G		Update required on any change.	Ms Nicky Connor, Chief Officer of Fife Integration Joint Board is now the Senior Officer and has senior management responsibility for all aspects of records management within the Board. Ms Connor is also the corporate owner of Fife IJB Records Management Plan.	
2. Records Manager	G	G		Update required on any change.	<p>Ms Lesley Gauld, Information Compliance Manager for Fife Health and Social Care Partnership continues to have day-to-day operational responsibility for records management within the Board.</p> <p>Ms Gauld reports to Ms Fiona McKay whose role has changed to Divisional General Manager (Interim).</p>	
3. Policy	G	G		Update required on any change.	The IJB Records Management Policy has been reviewed and updated. This	

					is a link to the updated document which has been published on the HSCP website: http://www.fifehealthandsocialcare.org/wp-content/uploads/sites/12/2020/11/IJB.001-Fife-IJB-Records-Management-Policy-2.0.pdf	
4. Business Classification	A	G		The Further Development section of this Element states that the structure of the BCS will be imposed onto an area of Fife Council's SharePoint system. All Board records will over time be migrated to this system, which will include a document storage site and a bespoke tool for creating and managing records of committee meetings. A screenshot of the SharePoint test site has been submitted (evidence 4.2) showing how the proposed new system will look. This work is dependent upon the allocation of Fife Council resources and has a provisional timescale for completion of December 2019. The Keeper understands that timescales can slip due to	<p>The activities required to set up a SharePoint site for IJB records has been delayed. This is primarily due to the re-allocation of business-critical resources during the Covid-19 pandemic (from February 2020 onwards).</p> <p>Fife Council have moved to an online SharePoint platform and it is expected that the IJB site will be designed and built in this location during 2021.</p> <p>In accordance with national guidance provided by the Scottish Government during the pandemic, the IJB has moved to virtual meetings using MS Teams rather than face-to-face events. A Data Protection Impact Assessment (DPIA) has been completed and IJB Members have received training on handling IJB information and records during online meetings.</p>	

			<p>other priorities but requests that he is kept informed of the progress of this piece of work.</p> <p>The Keeper can agree this Element on an 'Improvement Model' basis. This means that the Board has identified an improvement to its recordkeeping arrangements (the consolidation of Board records into a single area of Fife Council's SharePoint system) and has outlined the proposed timescales for completion. This agreement is dependent upon the Keeper being kept informed on the progress of this work.</p>	<p>A secure MS Teams site has also been set up for the IJB which can be used for collaboration purposes. Any records created in the MS Teams site will be migrated to the final SharePoint site once this is available.</p> <p>MS Teams is provided for the IJB by Fife Council. This aligns with the direction of travel identified in the RM Plan. A Data Processing Agreement between the IJB and Fife Council is in place.</p>	
5. Retention Schedule	A	G	<p>The Board will migrate all of its records, currently managed by both Fife Council and NHS Fife, on to Fife Council's SharePoint system. This should allow these records to be managed easier in the single location and should allow the easier appliance of retention actions at the appropriate time.</p>	<p>As highlighted in Element 4, migration to the Council's SharePoint system has been delayed due to the re-allocation of business-critical resources during the Covid-19 pandemic (from February 2020 onwards).</p> <p>Fife Council have moved to an online SharePoint platform and it is expected that the IJB site will be designed and built in this location during 2021.</p>	

				<p>The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified a long term solution for effectively managing the retention of its records (migration to Fife Council's SharePoint system) and will be working towards implementation in the near future. The Keeper requests that he is kept informed of the progress of this work.</p>	<p>The IJB Retention Schedule will be reviewed and updated prior to migration.</p>	
6. Destruction Arrangements	G	G		<p>Update required on any change.</p>	<p>No change to RM Plan.</p>	
7. Archiving and Transfer	A	A		<p>As the Board is a separate legal body from the Council, the Keeper would encourage the Board to set up a formal archiving agreement with the Council's Archive Service as soon as is practical, even if there is no immediate intention to deposit.</p> <p>As the Board's selected archive, Fife Council's Archive Service, is currently unable to accept the transfer of digital</p>	<p>Work to set up a formal archiving agreement with the Council's Archive Service has been delayed.</p> <p>A new target date for this action has been set for June 2021.</p>	

				records the Keeper can agree this Element on an 'Improvement Model' basis. The Keeper is assured by the commitment of Fife Council to develop a solution to digital archiving. In the meantime, as part of this agreement, the Keeper recommends that the Board enters into a formal agreement to transfer its records to the Council's archive service so that the framework is in place to transfer records when digital archiving becomes available.		
8. Information Security	G	G		Update required on any change.	No change to RM Plan.	
9. Data Protection	G	G		Update required on any change.	The IJB Data Protection Policy has been reviewed and updated. This is a link to the updated document which has been published on the HSCP website: http://www.fifehealthandsocialcare.org/wp-content/uploads/sites/12/2020/11/IJB.002-Fife-IJB-Data-Protection-Policy-V2.0.pdf	

					The IJB Privacy Notice has been reviewed and updated. This is a link to the webpage: https://www.fifehealthandsocialcare.org/privacy-notice-fife-integration-joint-board/	
10. Business Continuity and Vital Records	G	G		Update required on any change.	No change to RM Plan.	
11. Audit Trail	A	G		<p>The RMP acknowledges that Board records are currently managed using NHS Fife and Fife Council systems (shared drives) which provide limited audit trail functionality. This is confirmed by the fact that the RMPs of Fife Council and NHS Fife have been agreed by the Keeper under 'improvement model' terms for element 11. This means that both authorities have identified gaps in provision in this element and are working to close that gap.</p> <p>The Keeper can agree this Element on an 'Improvement Model' basis. This is due to the authority having identified</p>	<p>As highlighted for Element 4 and Element 5, the activities required to set up a SharePoint site with appropriate audit functionality for IJB records has been delayed. This is primarily due to the re-allocation of business-critical resources during the Covid-19 pandemic (from February 2020 onwards).</p> <p>Fife Council have moved to an online SharePoint platform and it is expected that the IJB site will be designed and built in this location during 2021.</p>	

				<p>a gap in provision (the lack of audit trail functionality of records currently held on shared drives provided by partner bodies, their arrangements under this Element having also been agreed on an 'Improvement Model' basis by the Keeper) but has evidenced how it intends to close this gap. This agreement is dependent upon the Keeper being regularly informed on the progress of work to close the gap.</p>		
12. Competency Framework	G	G		<p>The Further Development section of this element states that both partner bodies are currently developing the information governance competency framework for their staff. A statement from the Council's records manager (evidence 12.1) confirms the current development of a training framework, tied in with data protection and information security, and will be tailored to the requirements of staff. The Keeper would be interested to know if this results in any significant changes to current provision.</p>	No change to RM Plan.	

13. Assessment and Review	G	G		Update required on any change.	<p>Following completion of an internal audit in 2019 a three-year Records Management Improvement Plan was developed and agreed (IJB Action Plan 2019 – 2021).</p> <p>The Action Plan is regularly reviewed and updated. Unfortunately, some of the actions have been delayed due to the re-allocation of business-critical resources during the Covid-19 pandemic.</p> <p>It is expected that the actions will now be completed over the period 2021 to 2022 and prior to submission of the next IJB RM Plan due in 2024.</p>	
14. Shared Information	G	G		Update required on any change.	<p>The Information Sharing Agreement with the partner bodies has been reviewed and updated.</p> <p>Additional Data Sharing Agreements between the Fife partners have been completed and approved.</p>	



AGENDA ITEM NO.:	10	
DATE OF MEETING:	26 March 2021	
TITLE OF REPORT:	Pharmaceutical Care Services Report	
EXECUTIVE LEAD:	Scott Garden, Director of Pharmacy & Medicines	
REPORTING OFFICER/ CONTACT INFO:	NAME:	Andrea Smith
	DESIGNATION:	Lead Pharmacist – Fife HSCP
	WORKPLACE:	
	TEL NO:	
	E-MAIL:	Andrea.smith5@nhs.scot
Purpose of the Report (delete as appropriate)		
		For Information
Parties consulted prior to H&SC IJB meeting:		
	Pharmacy Senior Leadership Team Fife Area Pharmaceutical Committee	
REPORT		
<u>Situation</u>		
<p>The Pharmaceutical Care Services Report (PCSR) is ordinarily updated annually in March, reviewed by the Care and Clinical Governance committee and submitted to the IJB thereafter. Recognising the realities of COVID and the impact on workload, a decision was made in 2020 not to develop a report, allowing the pharmacy team to concentrate their efforts on the pandemic. The plan agreed with the IJB in 2020 was that focus would be given to the development of the report in the 3rd quarter of 2020 with the objective of having a refreshed report available for consultation early 2021. This would also have allowed the pharmacy team to start to consider the population health implications from COVID in line with our current and future pharmaceutical care services provision. However, we are now in the midst of a further wave of the CoVID pandemic and the impact on the team is greater, due to competing priorities, not least that Pharmacy is currently leading on delivery of CoVID Vaccination Programme.</p> <p>Further, a Community Pharmacy Core Group is in the process of being established. First meeting is in early February 2021. One of the main objectives of the 'Core Group' will be to support development of the annual PCSR. Therefore, the IJB is asked to recognise this development and to expect an updated, revised report early 2022.</p>		
<u>Background</u>		
<p>The publication of NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care service (PCS) reports and ordinarily update the report annually.</p> <p><u>PCA (P) 7 (2011)</u> advised NHS Boards of the amended regulations and the revised control of entry regulations.</p> <p>Agreement was made with Scottish Government Health Department (SGHD) at the March 2011 meeting between Directors of Pharmacy and SGHD that for 2011/12 Boards would be</p>		

expected to publish extended Pharmaceutical Lists detailing the full range of services available from community pharmacies within the Board area. It was agreed with SGHD that Boards would develop fuller PCS reports for publication from April 2021.

A public engagement period of 4-6 weeks is usually provided giving consultees an opportunity to comment on the draft PCS report from March of the publication year. The NHS Fife public involvement policy comprises of the draft PCS report being circulated through the Patient Focus Public Involvement (PFPI) Leads and to the Partnership and Engagement Network (which comprises of individuals, groups and voluntary organisations). Each year, Boards are required to make their final report available on their website and other routes as informed by local policy.

The 2019 PSCR is available at:

<https://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-fife/pharmaceutical-care-services-report/>

Assessment

The timescale of development of the PSCR falls again within the emerging COVID pandemic situation and delivery of the CoVID Vaccination Programme. Recognising the workload involved in updating this report coupled with the need for public consultation coinciding with a period of lockdown, the most sensible option is to delay the report to concentrate on COVID priorities.

Further, the proposed delay enables the establishment of the 'Core Group' which will have lead responsibility for the development of the revised PCSR.

Delaying the report update will also allow the impact of COVID to be considered fully, especially with regards to long term population health and inequalities implications. The expectation would be for the report to be updated and circulated for public consultation in early 2022.

Recommendation

The SBAR is For Information. The Integration Joint Board is asked to recognise this decision and to expect an updated report early 2022.

Objectives: (must be completed)

Health & Social Care Standard(s):	
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IJB Strategic Objectives:	
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Further Information:

Evidence Base:	
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Glossary of Terms:	
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Impact: (must be completed)

Financial / Value for Money - Not Applicable

Risk / Legal:

A prospective pharmacy contract applicant may challenge that the PCSR has not been updated for 2020/21. As per PCA (P) 7 (2011) however, the applicant is able to make informal preliminary inquiries to a Health Board and the board will make every endeavour to supply reasonably promptly any relevant information over and above that already available if it is not of a confidential and sensitive nature and is readily available.

Quality / Customer Care: Not Applicable
Workforce: A second COVID lockdown has impacted on capacity of the workforce and hence the timeline for producing the PCSR for early 2022.
<p>Equality Impact Assessment:</p> <p>The IJB may reject papers/proposals that do not appear to satisfy 3 elements of the general equality duty, which are:</p> <ul style="list-style-type: none"> • eliminating discrimination; • advancing equality of opportunity; • fostering good relations. <p><i>For further information on EqlAs, click here (Fife Council link) and/or click here (NHS Fife link).</i></p>
<p>Environmental / Sustainability Impact</p> <p>Not Applicable.</p>
<p>Consultation:</p> <p>Not Applicable.</p>
<p>Appendices: (list as appropriate)</p> <p>Not Applicable.</p>



UNCONFIRMED MINUTE OF THE CLINICAL & CARE GOVERNANCE COMMITTEE FRIDAY 26TH FEBRUARY 2021, 1000hrs - MS TEAMS

Present:	Councillor Tim Brett (Chair) Christina Cooper, NHS Board Member Martin Black, NHS Board Member Councillor David J Ross Councillor Jan Wincott
Attending:	Dr Helen Hellewell, Associate Medical Director Cathy Gilvear, Quality Clinical & Care Governance Lead James Crichton, Divisional General Manager (Fifewide) Lynn Barker, Associate Director of Nursing Scott Garden, Director of Pharmacy & Medicines Lynn Garvey, Interim Divisional General Manager (West) Fiona McKay, Interim Divisional General Manager
In Attendance:	Jennifer Cushnie, PA to Dr Hellewell (Minutes)
Apologies for Absence:	Wilma Brown, Employee Director Nicky Connor, Director of Health & Social Care Kathy Henwood, Chief Social Work Officer

NO	HEADING	ACTION
1.0	<p>CHAIRPERSON'S WELCOME & OPENING REMARKS</p> <p>The Chair welcomed everyone to the meeting and hoped the meeting to be shorter in duration than the previous. He stated there would be an update briefing regarding Covid and added, at the full FC meeting the day before, there was a motion on the independent review of Adult Social Care, which he encouraged reading. He advised that NC will be arranging an IJB Development Session relating this topic</p>	
2.0	<p>DECLARATION OF MEMBERS' INTEREST</p> <p>There were no declarations of interest.</p>	
3.0	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies were noted as above.</p>	
4.0	<p>MINUTES OF PREVIOUS MEETING</p> <p>Cllr Brett requested a change to the minutes of 29.01 as follows: 6.6 Child Protection Annual Report – "AS gave a background to the format of the report where all Working Group Chairs have contributed to the event." Take out "to the event".</p>	J Cushnie

NO	HEADING	ACTION
4.0	MINUTES OF PREVIOUS MEETING (Cont) Decision – With this change implemented, the Committee agreed to approve the Minute of 29.01.21.	
5.0	ACTION LOG	
	<p>Action (1) LG to come back to the Committee with a report on Urgent Care. LG advised, the report will be submitted to SLT and is expected to come to the next C&CGC meeting on 31.03. Lisa Cooper will present this paper.</p> <p>MB asked for deadlines be decided, rather than “ongoing” where no definite decision around timing has been taken. Agreed.</p> <p>Person stories will come back once pressures of the pandemic ease.</p>	<p>LG</p> <p>ALL</p> <p>NC</p>
6.0	GOVERNANCE	
6.1	Covid Position Update	
	<p>HH advised numbers are improving, however, all aspects of work continue to be balanced whilst responding to Covid, thus preventing remobilisation at a greater pace.</p> <p>The SAER and LAER processes have restarted which were previously paused during a surge in Covid cases, these are being prioritised where there is the most learning.</p> <p>LB advised, all wards are now open. Letham is the final ward to be deep cleaned. Five staff members have tested positive and 7 Care Homes are currently closed, although one is not Covid related.</p> <p>LG stated, all inpatient vaccinations have commenced and all Care of Elderly wards were immunised last week (w/c 15.02), Mental Health and Learning Disability wards will be next week (01.03).</p> <p>Cllr Ross asked when Care Home visiting will restart. FMcK advised, the SG guidance, published the day before, is being worked through and a meeting with all Homes is taking place on Mon 01.03. Visits will be 2 people per household, in full PPE, up to 1 hour in length. These visits are expected to commence 8th March, provided the Home is open. Funding is available from SG to support Care Homes re-opening to visitors.</p> <p>MB asked if private Care Homes must also follow guidance? FMcK advised, yes this was the case.</p> <p>Cllr Brett asked if the wards will remain with a reduced number of beds or, at the end of pandemic, will bed numbers increase again? LG stated, there is no plans to increase beds until the end of the pandemic, at which time the situation will be fully assessed. LB added, a short life</p>	

NO	HEADING	ACTION
6.0	GOVERNANCE (Cont)	
6.1	<p>Covid Position Update (Cont)</p> <p>learning group will consider all implications before any changes take place. JC advised, Mental Health wards will be slightly different, strategic needs going forward will be considered, along with bed configuration.</p>	
6.2	Lateral Flow Testing	
	<p>LG gave assurance Lateral Flow Testing has been rolled out. She advised, there has been a good uptake of test kits across inpatient areas. Rhona Waugh is the Board Lead for this initiative. As a comparison to other Boards in Scotland, Fife are outlying a little due to a problem with recording, however, this is being addressed. LG reported the positivity rate is very low. This has given staff re-assurance when working within clinical areas, they are safe to deliver care to patients.</p> <p>FMcK stated LFTs and PCR tests have been rolled out across Social Care. PCR tests are within Care at Home, which was a SG decision. LFT has been introduced into Care Homes, along with PCRs. Staff are being tested 3 times a week, and this is now rolled out across voluntary and independent providers in Care at Home. SG are endeavoring to look at numbers from the Private Sector, with HSCP supporting this work. This continues to be promoted, as it involves voluntary participation.</p> <p>Cllr Brett asked how often staff are self-testing. LG advised twice weekly, with an uptake of ~90%.</p> <p>Cllr Wincott queried asymptomatic testing sites, these were discussed and the various locations were indicated.</p> <p>CC asked if Care Homes, from the Independent Sector, are using a consistent recording tool and are Partners more on board than initially, in relation to testing? FMcK advised the TURA site is used, which all staff have access to, and Care Homes are prompted by a member of FMcK's staff, if they fail to record data. SG uses this data to inform intelligence. Regular meetings are held with the Care Homes where this message is reiterated.</p>	
6.3	Winter Update	
	<p>LG gave a brief update covering actions and performance:</p> <ul style="list-style-type: none"> • A Delayed Discharge Group has been established • Primary prevention is a focus, avoiding unnecessarily admissions • Support to stay at home through ICASS Team, H@H, High Health Gain Team and Palliative Care Teams • Launch of Whole System Capacity Modelling tool described 	

NO	HEADING	ACTION
6.0	GOVERNANCE (Cont)	
6.3	Winter Update (Cont)	
	<p>Performance in delay has reduced by 40 patients from last winter to this winter. LG reported this is the lowest ever seen in Fife and is improving month on month. There is a 36% improvement in length of stay from last winter through focus on Home First and the Prevention Strategy. LG felt it is a continual journey, progressing well but can still improve.</p> <p>Cllr Brett asked if it was felt this can be sustained going forward, not just for winter but all year round. LG advised the ambition is to have as close to no unnecessary delay as possible and through a system overhaul and all Teams working collaboratively, this can be achieved.</p> <p>CC queried the position with Guardianship throughout the pandemic. FMcK stated this is being progressed through discussion with Scottish Courts. She advised, she is also looking to engage an organisation within the Voluntary Sector, to support families through the AWI process. Happy to feedback progress at a later Committee meeting.</p>	
6.4	Pharmaceutical Care Services Report 2020/21	
	<p>SG advised, as a reflection of everything which is currently being dealt with, it was unrealistic to produce the report for 2020/21, due to its comprehensive nature. The existing report has been referenced to establish if there are any material changes of the service provision, which there are not. Any information requested of NHS regarding Contact information can be provided. It was felt, through consultation with the Area Pharmaceutical Committee and Professional Advisory Group, the risk was low. SG stated he will be working to change the focus of this report going forward. SG told of a newly established Community Pharmacy Core Group which will be key to the development of this report.</p> <p>Cllr Brett invited SG to give an update regarding Covid vaccinations.</p> <p>SG updated as follows:</p> <ul style="list-style-type: none"> • Programme is progressing well with over 100,000 vaccines delivered to patients. • Cohorts 1-5 have been offered 1st dose vaccine. • Looking at cohort 6, started Tues 23.02, very complex (underlying health conditions, unpaid carers). • Vaccine supply has reduced, increase in AstraZeneca vaccine is expected mid-March. • Complex time when 1st and 2nd doses are being given. • Workforce and training are in a good position. • Smaller number of larger sized venues being looked at. • Everyone 50yrs + by mid-April. 	

NO	HEADING	ACTION
6.0	GOVERNANCE (Cont)	
6.4	Pharmaceutical Care Services Report 2020/21 (Cont)	
	<ul style="list-style-type: none"> • Under 50's - this is where larger venues will be mostly utilised • EQIA being reviewed and how we best meet these needs <p>Questions regarding Community Pharmacy performance, vaccine cohort breakdown and accessibility of the large vaccine centres were posed to SG. He responded to each question in good detail.</p>	
6.5	Care Home Update	
	<p>LB introduced the Care Home Update SBAR. She advised, in May 2020, the role and remit of the Executive Nurse Director for Care Homes, in Boards across Scotland, changed. This made them responsible for the provision of high-quality nurse leadership, support and guidance within the Care Homes and for quality care assurance within the Care Home sector.</p> <p>LB stated Fife has had a very positive experience and enjoys a very good relationship with the vast majority of Care Homes along with Fiona's teams, Infection Control and Health Protection colleagues. Turas Care Management tool was launched in August 2020 and has been implemented by all 76 Care Homes in Fife. The Homes input daily to the system, from testing, to staffing, to residents being unwell. The data is used to provide:</p> <ul style="list-style-type: none"> • An overview of individual Care Homes for Care Home managers and Health and Social Care Partnerships to understand activity and any areas of risk. This will enable earlier warning on emerging trends and issues, allowing timely intervention and mitigation to be put in place. • A clearer national picture of Care Homes and any emerging issues that require a national response. • Easier reporting, to free up Care Home resources. <p>There is a Care Home hub with a small team meeting regularly with MDT and external colleagues, ensuring all staffing needs are met. Assurance visits continue through collaborative working.</p> <p>Cllr Brett queried acronyms used in the report, these are interpreted as follows:</p> <p>TBPs - Transmission Based Precautions NIPCM - National Infection Prevention Control Manual SCIPs - Standard Infection Prevention and Control Precautions</p>	

NO	HEADING	ACTION
6.0	GOVERNANCE (Cont)	
6.6	NHS/HSCP Inspection Visits	
i.	Hollyview Ward, Stratheden Hospital	
	<p>JC gave a summary of the MWC visit to Hollyview Ward, Intensive Psychiatric Care Unit at Stratheden Hospital, which took place in December 2020. This was a very positive visit with no recommendations for improvement from MWC.</p> <p>JC described the Ward, which he felt is well designed. The encouraging feedback from MWC reflects a change of leadership within the unit, both clinically and in nursing, with very good teamwork. A full-time Occupational Therapist is now allocated to the ward and activity is better structured and documented. Also, there is evidence of patient's rights being discussed and shared with them.</p> <p>There was discussion around the importance of patient's care plans including an array of activities and the good practice around this.</p> <p>JC explained a change in Consultant cover for the ward and clarified several points in the report,</p>	
ii.	Tarvit and Glenrothes Ward 2 (LB)	
	<p>LB stated there were 2 visits by Health Improvement Scotland to Community Hospitals within East Division, Fife. Glenrothes 7-9 July 2020 and Tarvit at Adamson Hospital, 27-28 October 2020.</p> <p>LB reported both issues were very similar, relating to documentation - the disconnect between electronic and paper versions and the identification of equipment requiring assessment and reviewed.</p> <p>Cllr Brett asked if the Committee would normally receive copies of the reports and the actions being taken to address any issues. LB confirmed this should happen. JC will circulate all related reports to Committee members.</p>	J Cushnie
6.7	Mental Welfare Commission Annual Report / Update on MWC End of Year Meeting	
	<p>JC introduced the MWC Annual Report and touched on the end of year Fife MWC visit.</p> <p>Key issues within the annual report were:</p> <ul style="list-style-type: none"> • Colin Mackay retired as Chief Executive, Julie Paterson came into post from August 2020 • Covid-19 is a key feature of the report • Covid-19 advice notes have been introduced • Review of eating disorders with recommendations 	

NO	HEADING	ACTION
6.0	GOVERNANCE (Cont)	
6.7	Mental Welfare Commission Annual Report / Update on MWC End of Year Meeting (Cont)	
	<ul style="list-style-type: none"> • Focus on rehabilitation, concern around average length of stay • Functional mental illness wards – difference between functional and organic • Psychological support for older people • MWC investigation process has been reviewed and updated. <p>The End of Year Visit was positive and was the last in 10 visits over the year, which resulted in 24 recommendations.</p> <p>JC advised of a project team, led by Chris McKenna, which is looking at refurbishment of the estate/buildings and facilities at Stratheden Hospital.</p> <p>FMcK described a Strategy which is being developed in conjunction with Housing, considering the way forward for long-stay patients in hospital, funding has been made available for this.</p> <p>Alert system in Lomond Ward is not reliable, funding is available for an upgrade to this system.</p> <p>Door exit system and patients absconding – this is a fire door which cannot be locked. JC advised the fence issue in the garden area of this ward has been addressed, this has reduced abscondence in this area. Staff are monitoring the risk through the ward. This has come down in the last 6 months. Continuing to have dialogue.</p> <p>Cllr Brett commented he enjoyed reading these reports and would like to discuss separately with JC.</p>	
6.8	Records Management Annual Report	
	<p>FMcK introduced the report, which is the first Records Management Annual Report provided. The report is a huge piece of work carried out by Lesley Gauld.</p> <p>The report is an update of the Management Plan approved in November 2019. In summary, good progress of the actions has been made with 13 activities completed. Only 4 are still being progressed, the Pandemic having caused resources to be temporarily diverted elsewhere. However, there is scope within the Plan to expand timescales to 2022. FMcK confirmed, this approach has been agreed by National Records of Scotland.</p> <p>FMcK expanded some of the key activities completed which are:</p> <ul style="list-style-type: none"> • Records Management training for IJB members • Data Process Agreement • Governance Arrangements 	

NO	HEADING	ACTION
6.0	GOVERNANCE (Cont)	
6.8	Records Management Annual Report (Cont)	
	<p>It was asked if the Progress Update Review was suitable, FMcK advised it was and the template is being used as an exemplar for other areas.</p> <p>MB queried item 11 “all Boards will go onto Share” FMcK clarified, IJB Board Papers will be available on Sharepoint, this is an internal electronic system which will enable sharing across the Services. All Committee Papers will be held within Sharepoint.</p>	
7.0	EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES	
	No reports.	
8.0	ITEMS FOR ESCALATION	
	Cllr Brett commented on the good progress being made in relation to the fight against Covid-19 and the MWC reports are also worthy of noting.	
9.0	ANY OTHER COMPETENT BUSINESS	
	No other competent business	
10.0	DATE OF NEXT MEETING – Wednesday 31 st March 2021, 1000hrs MSTeams	



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE FRIDAY 12 FEBRUARY 2021 AT 10.00 AM VIA MICROSOFT TEAMS

Present: David Graham [Chair]
David Alexander
Les Bisset, NHS Board Member
Margaret Wells, NHS Board Member
Martin Black, NHS Board Member
Rosemary Liewald

Attending: Nicky Connor, Director of Health & Social Care
Audrey Valente, Chief Finance Officer
Tracy Hogg, Finance Business Partner for H&SCP
Fiona McKay, Interim Divisional General Manager
Lynne Garvey, Interim Divisional General Manager (West)
Norma Aitken, Head of Corporate Service, Fife H&SCP
Jim Crichton, Interim Divisional General Manager (Fife Wide)
Euan Reid, Lead Pharmacist, NHS Fife
Tim Bridle, Audit Scotland
Carol Notman, Personal Assistant (Minutes)

Apologies for Absence: Helen Hellewell, Associate Medical Director
Lynn Barker, Interim Associate Director of Nursing

NO	HEADING	ACTION
1	WELCOME AND APOLOGIES	
	David Graham welcomed everyone to the meeting and apologies were noted as above. David Graham noted concern with his wi-fi signal therefore it was agreed, if required, Rosemary Liewald would step in as chair if technology failed. David Graham wished to start the meeting thanking everyone for their efforts during this extremely challenging week due to the weather.	
2	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
3	MINUTE OF PREVIOUS MEETING – 15 JANUARY 2021	

NO	HEADING	ACTION
	The Committee discussed the minute of the meeting of 15 January 2021 and agreed they are an accurate record.	
4	MATTERS ARISING / ACTION LOG – 15 JANUARY 2021	
	David Graham discussed action log and feedback from the Officers was added to the action log and completed actions were removed.	
5 & 6	FINANCE UPDATE & REPORT	
	<p>David Graham suggested that the Finance Update and Report was looked under the same agenda item as they were interlinked and asked Audrey Valente to present her report.</p> <p>Audrey Valente noted that the written report is now out of date following communication from the Scottish Government regarding funding of the final allocation to the Integrated Authorities for their Local Mobilisation Plans where Fife Health and Social Care Partnership has been awarded £15.3M which is broken down to:</p> <ul style="list-style-type: none"> • £4.3M which relates to the final quarter of the local mobilisation plan and provides full funding for the local mobilisation plan which will now result in the service breaking even or perhaps having an underspend at year end. • £7M in relation to further support to Integrated Authorities. To date there has not been much information to outline the plans the Government have for how this £7M will be used but there is mention made of creating capacity which is something that the Senior Leadership Team will be looking at over the coming weeks and will be brought back to this committee for information. • £2.7M in relation to the final allocation for adult winter plan monies (£112M in total) that had been announced for Fife of which £72M had already been received. • £1.3M in relation to Community Living – this money that has been provided over a 3-year period to support the discharge of people from hospital with complex needs. <p>David Graham noted his delight to hear this news.</p> <p>Rosemary Liewald noted her delight too at the news, particularly the £1.3M for the Community Living which will drive forward the strategy as we move towards the Home First approach. Rosemary asked for clarity around the £7M to which Audrey confirmed that there had not been a lot of detail provided and read out the exact wording noted in the letter from the Scottish Government which all agreed did not provide full information and agreed further information will be provided in due course.</p> <p>Martin Black noted that £1.3M over 3 years breaks down to £400k a year and asked what the service had spent in the last year on complex needs as the nature of the service would suggest costs in excess of £400k t queried if it would address</p>	

NO	HEADING	ACTION
	<p>future issues. Audrey Valente noted that she did not have the budget information at hand but confirmed that the funding was a contribution to the Partnership to help deliver as much care as possible in a home or homely setting. Martin Black noted concern that the funding was just for 3 years and what would happen when the additional funding ceased. Nicky Connor advised that the additional funding allows the Partnership to look at its transformation plans and how the redesign work can be built on to be able to take the work forward. Fiona McKay noted that discussions have already commenced and noted that the money will help to redesign accommodation to support older and younger people with complex needs to move out of long stay hospitals, and confirmed that the money is not there to buy care packages but would be used to work with the housing team to look at new models of housing so that we can support people and have a more joined up approach in the community.</p> <p>Margaret Wells noted that the news was very welcome and was very good news for this financial year but asked what does it mean for the service going forward if it is not recurring funding, secondly the issue around the resource transfer was discussed at the previous meeting and asked where the discussions were at regarding this and thirdly the areas of underspend outlined in the finance report indicates this is due to significant number of vacancies which will mean that there will be potential gaps in what the service will be able to provide and would like to have more detail at a future meeting regarding this.</p> <p>Audrey Valente, noted with regards the first question around the non-recurring funding and advised discussions have been held with the services to investigate redesigning the Care at Home Service which will shift the balance of care into the home or homely setting and it will be used to invest in creating capacity and will allow a realignment of budgets as appropriate.</p> <p>In relation to the question about resource transfer the detail is still being worked through which when finalised will be brought to a future meeting of this committee allowing complete transparency for both partners. With regards the query around the underspend due to the current vacancies and gaps in service Audrey advised that she had met with health colleagues the previous day to pose this question and noted that it is linked to budget realignment and performance and work is ongoing with both Partners. Therefore she was not in a position to say what it will look like going forward as work is still ongoing with services to investigate if the vacancies can result in the budget being realigned or whether the budget should remain unchanged due to for example difficulties in recruiting to posts.</p> <p>Martin Black noted that the minutes of the last meeting advised that he guesstimated that there was £6M of the underspend related to vacancies which has been the case for the last 3-4 years and was encouraged to hear that work was going on in the background to address the issue. Nicky Connor wished to give assurance the Committee that although the IJB is not an employing board it does carry significant responsibility in terms of workforce and directions that are brought forward and noted that there is a Local Partnership Forum that meets monthly with Trade Unions and the Senior Leadership Team that regularly look at all types of absences and the reason for it and actively look to put programmes in place to develop the workforce in the areas where recruiting to is a challenge.</p>	

NO	HEADING	ACTION
	<p>Nicky Connor noted with regards to the risk, it was discussed at the Audit and Risk Committee on 22 January 2021 that there is a piece of work currently being undertaken within the committee structure to look at risks to ensure that they are being reviewed in the correct place and there is clarity in terms of what risks would feed through the committee structure of the IJB and what risks would be sitting with either Fife Council or NHS Fife which will strengthen the governance around the risks management and support clarity across the services.</p> <p>Les Bisset noted concern that the service has been underspending on Rheumatology and Sexual Health Prescribing for many years and had asked for a breakdown of the £4M and assurance that the detail for all the issues that have been mentioned can be laid out at the next meeting for the committee to look at in a transparent way. Nicky Connor noted that the challenge currently facing the Senior Leadership Team with the pandemic and to commit to undertaking the work to do this within the next meeting in 3 weeks would be very challenging. Les Bisset noted that the pandemic has been around for about a year and the issues requiring further review for 2-3 years and felt that the service should be in a position to provide the answers. He also noted concern that the IJB while in this unexpected position of receiving this bailout resulting in a break-even situation at the end of the financial year that everyone will sit back and relax. Audrey Valente noted that this comment was uncalled for, and confirmed a lot of work has been going on in the background but a lot of it is out with her remit to deliver as she is at the behest of both Partner's finance teams as she does not have operational responsibility for finance but rather oversight responsibility. Audrey noted if the committee felt strongly enough about the situation correspondence to both Partners would be required requesting the information. David Graham offered to put it to the members whether this action should be taken but Audrey noted she did not think this would help working relationships and would prefer to continue to manage the situation and gave her commitment to do all that she could to bring this information to the Committee. Audrey suggested it might be useful to hold a special Meeting of this Committee to review the budget gap and the potential savings which she hopes to be able to deliver within the next 4 weeks. David Graham and Audrey Valente to discuss special meeting out with meeting but he asked Audrey what timeframe she would need. Audrey advised that she would need at least 3 weeks as full approval is required for the IJB in March to approve the Budget.</p> <p>Les Bisset thanked Audrey for her response and noted that he accepted his responsibility to support the Chief Finance Officer and will do all he can at the Health Board to ensure that the IJB has all the information it requires.</p> <p>Nicky Connor wanted to assure the Committee that this is a key priority for the Partnership and that she and Audrey had attended a meeting on 11 February 2021 with Chief Officers and Chief Finance Officers across NHS Scotland where she had been surprised to note that a significant number of IJBs have taken the decision that they will not be in a position by March to complete the Budget. Whereas within Fife, we have made a commitment to put all our resources necessary to meet the timescales and noted this was a significant challenges on the senior leadership team to complete the task at this time. Nicky Connor</p>	<p>DG/AV</p>

NO	HEADING	ACTION
	<p>clarified when the team talk about resource transfers this involves working with our Partners and both Nicky Connor and Audrey Valente have regular meetings with Chief Executives and Chief Finance Officers to ensure that there is transparent discussion across partners to bring assurance back to this committee.</p> <p>Martin Black noted that every action has a reaction and if the service does not have the staff to undertaken the service to its full capacity then it will impact people using the service and noted that the pandemic has helped bail the Partnership out as the additional funding would not have been made available. Audrey Valente reiterated she could understand the frustrations, but work is ongoing to get to a position where we understand and are comfortable with realigning the services or retaining the budget because it is a priority to fill the posts. But reaffirmed that she was not able to provide a timeframe as the services had conflicting priorities but assured that information would be made available at the earliest opportunity.</p> <p>Margaret Wells noted that she shared some of the frustrations and is heartened at the commitment shown to address the issues. She noted she was conscious that the Health Board had been for some time under 'Emergency Measures' and the pandemic has been affecting all services, not just health services. She advised that she was aware that many committee meetings within the health board have been suspended unless they are covid related which does not extract us from the budget process, but it appears that there is an imbalance of expectations for the IJB. Margaret acknowledged that the questions need to be answered but raised a question around how this Committee ought to be dealing fairly with the Executive Team within the Health and Social Care Partnership and giving consideration to the IJB Committee Meeting's agendas. Audrey Valente noted that she did have concerns around staff's health and wellbeing as staff are feeling overwhelmed at the moment, but she reiterated that she would do all she could to deliver a balanced budget by March.</p> <p>Nicky Connor wished to thank Margaret for her observations and noted that there was a question for the committee to explore. In terms of expectation, during the first lockdown all committee meetings ceased while the service focused on the pandemic and her reflection was when the committee's remobilised that there was frustrations with the associated delays therefore during this lockdown there has been the attempt to keep the committee meetings going while acknowledging the huge impact that the clinical services were under running a service with many staff members being deployed for the track and trace as well as the vaccination rollout and would welcome the committee exploring the reflections that Margaret has shared and what this might mean for expectations in the coming months.</p> <p>David Graham thanked all for their comments and noted that he was happy to have discussion with the senior officers and committee to ensure that the expectations are reasonable.</p> <p>Rosemary Liewald noted that this is an update and commented if a special meeting was required then we as a Committee have a right to ask for this but wished to note that she had been assured by the comments made by Nicky that</p>	<p style="text-align: center;">DG</p>

NO	HEADING	ACTION
	<p>Fife IJB was committed to setting out a budget by March when other IJB's had recorded that they were not going to be in a position to do this.</p> <p>David Graham noted as there were no further questions this brought the verbal update to a close and asked Audrey Valente to present the Finance Report to the Committee.</p> <p>Audrey Valente advised that the report outlined the position at the end of November 2020 and was pleased to note an improvement from the previous report with the revised predicted overspend now at £5.1M. This was due to the finance team looking in detail at the Social Care Other budget and following some housekeeping and improvement significant savings were identified.</p> <p>In addition, the savings achieved have increased by £400k which has increased the percentage to 56.1%.</p> <p>Margaret Wells noted it would be helpful for the discussion and key actions could be highlighted in the minutes to show the extent of the discussion.</p> <p>David Graham confirmed that that the Committee has noted the Finance Report for November 2020 and have discussed the next steps and key actions as requested.</p>	
7	FINANCE & PERFORMANCE RISK REGISTER	
	<p>David Graham asked Fiona McKay to present her report.</p> <p>Fiona McKay advised that the report sets out the IJB strategic risks and was presented at the last committee meeting in January 2021.</p> <p>All risks were last reviewed in August 2020 by the risk owners and are presented in order of residual risk score which considers the management actions that are currently in place.</p> <p>There are currently 6 risks scoring High which are highlighted in detail in Appendix 1, Column 9 of the Risk Register.</p> <p>Within the full risk register, if a risk score has increased or decreased since the last review it is highlighted in red in the review results column (no. 14).</p> <p>Fiona noted that the risk register is at a strategic level and confirmed that all services have their own risk register at an operational level.</p> <p>David Graham confirmed that the risk registered had been discussed and timescale for when it will be brought back to the Committee will be agreed out with meeting.</p>	DG
8	PERFORMANCE REPORT – FEBRUARY 2021	
	<p>David Graham asked Fiona McKay to present the Performance Report.</p> <p>Fiona McKay advised that Audrey Valente had pulled the report together while she is undertaking the Interim Divisional General Manager post but noted that the report gives full detail of current position. She noted in the summary, areas</p>	

NO	HEADING	ACTION
	<p>with significant pressures around care homes and care at home have been highlighted. The local summary highlights that the average length of stay has increased this includes STAR beds.</p> <p>Fiona noted that during the pandemic there has been a significant decrease in care home placements, but this is anticipated to increase when care homes open.</p> <p>Margaret Wells noted confusion that the A&E 4 hours target is recorded within this list as this feels more like an NHS Measure than a Health and Social Care Partnership. Fiona McKay confirmed that measurements for A&E sit within the Partnership and have done since the Partnership was formed noting that it is a National Target monitored through the IJBs although it is also reported via the Acute. Nicky Connor confirmed that the National Performance Matrix include this within IJBs as it is felt that this is a preventative measure showing how well the upstream work is doing reducing the number of admissions to A&E. Lynne Garvey noted that it is part of the Urgent Care Redesign with the opening of the Logic and Flow Navigation Centre the service is trying to ensure that people don't attend A&E unless they have to.</p> <p>Martin Black noted he had a couple of question, the first being the report records a 37% drop in the Long Term Care Population and the care at home hours dropped by 34% and the number of people waiting dropped by 25% and asked what caused these reduction in numbers as there is no explanation within the report. Fiona McKay advised that a lot of people who would have been needing the service have been looked after by their relatives. During the lockdown many families have been at home so have been looking after their relatives and have managed but the service has recently seen a spike in emergency admissions as it appears with the restrictions continuing people are not able to cope with the additional responsibilities. In addition, a lot of the care homes were closed due to outbreaks therefore were not able to admit people. While the care at home service was maintained there were no new people being assessed as they were being managed by their families. There has also been a reluctance within families to let carers into their homes or let their relatives be admitted to a care home setting during the pandemic but there has been a rise in requests and waiting lists have increased since family members are often having to return to work. Fiona confirmed that Care at Home is an area that the service wants to develop, and a redesign of the service is being looked at.</p> <p>Rosemary Liewald noted that she had had a constituent who had been in the same scenario described above and stopped carers coming into the house, but this is changing but noted that the roll out of the vaccine has given family members confidence to re-approach the services. Rosemary asked with regards indicator 3, the Out of Hours Review which is currently taking place and what the timeframe for this was and further asked how the Out of Hours Service had managed during the lockdowns. Lynne Garvey advised that the Out of Hours Redesign is sitting within the bigger Urgent Care Redesign and what the service is looking at is how to ensure that people's needs are met at the right time and in the right place. As part of the Out of Hours Programme, professional to professional lines have been enhanced which allows those</p>	

NO	HEADING	ACTION
	<p>working in primary care have a line to resources such as palliative care. In addition, the District Nurses within Fife have a 'wakened service' with a grab bag facility within Fife rather than an on-call service which in practice allows district nurses to respond faster in palliative care situation. Lynne Garvey noted that there are several pathways which are being reviewed by the service that enhances this model. The Service Leads are in the process of writing up their investigations and preparing a presentation and offered to organise for this to be presented at a future meeting. David Graham felt that this would be useful and would be helpful for the committee.</p> <p>Lynne Barker noted that covid has brought the opportunity to look at services and make changes in how the service worked and confirmed that the Out of Hours Team is working well with lots of activity and have been outstanding during the pandemic.</p> <p>Margaret Wells queried the absence information outlined on page 43 of the report which highlights that within the NHS there has been an improvement in the sickness and absence figures which have been sustained over a period of months and noted that there has been a lot of investment in staff wellbeing and there has been feedback from Partnership that there has been a change in culture with staff reporting that they feel valued. Margaret noted concerned with what is happening in Fife Council as there is a higher level of absence being reported and wondered what was being done to reduce this.</p> <p>David Graham's technology failed therefore at this point Rosemary Liewald took over as chair.</p> <p>Nicky Connor in response to Margaret's question noted in terms of the absence monitoring, there is a Local Partnership Forum that meet every four weeks where the Senior Leadership Team meet with Trade Unions, Staff side and HR of both NHS Fife and Fife Council that review absences. Nicky noted that she provides a weekly staff briefing which includes information relating to supporting staff and their wellbeing. Fife Council have also taken specific actions which are disseminated to staff via the Managers and impromptu and local initiatives have been developed such as services having a closed Facebook Page and some services have set up virtual tea breaks to help staff keep in touch.</p> <p>David Graham returned to the meeting and continued with the Chairing.</p> <p>Fiona McKay noted that Fife Council has been awarded £500,000 for practical support across the service, similar to that which was implemented in the NHS and a small questionnaire has been distributed to staff asking them what would be beneficial for them. Once this information has been collated the response will be returned to Human Resources to see what can be implemented to support staff.</p> <p>David Graham noted that the recommendation is that the Committee note the report which he confirmed it had, but noted that there is an action from the discussions and a presentation on Out of Hours is to be brought to a future committee meeting and added to the Annual Work Plan.</p>	<p style="text-align: right;">CN</p>

NO	HEADING	ACTION
9	UPDATE ON DELAYED DISCHARGE	
	<p>David Graham asked Lynne Garvey to provide the update on Delayed Discharge.</p> <p>Lynne Garvey introduced herself and noted that she wished to highlight from the report what measures the Partnership has done to help reduce delays and confirmed that she will focus on performance.</p> <ul style="list-style-type: none"> • Home First and the need to focus on the overarching principle of getting people home from unnecessary long stays in acute settings or community hospitals. A short life working group was set up to guide transformation. There has been investment in a new business intelligent platform which is already enabling capacity across the system, matching demand with the resources available. The service is looking at how collaboration with health and social care colleagues looking at what is best for each individual person. Further work on prevention is required and how ICASS, Hospital at Home, Palliative Care Teams etc can support people stay at home rather than acute admissions. A comprehensive whole system capacity modelling tool has been launched which is a platform that is used by the Partnership and Acute Colleagues to look at where the delays are and what the plans for the day are. The service wants to expand this to look wider at the weeks ahead to support a more robust plan. These daily huddles are key for good communication and links between all key services. • From a performance perspective, the improvement measures that have recently been introduced have shown an encouraging response. Delays have reduced by 40 patients and comparing this winter from last winter the associate bed days that have been lost on average is 200 days. There has also been a 37% improvement in length of stay from last winter to this winter in the community hospitals where the average length of stay is 33 days compared to last year when the average was over 50 days. • From a National point of view, the Partnership is ranking 5th in terms of the rate of the 100,000 for the daily performance. <p>David thanked Lynne Garvey for updating the committee and noted although there is always room for improvement but looking back at historical figures the service deserves a lot of praise for achieving what they have to date.</p> <p>Rosemary Liewald noted from a local level the Home First Discharge Model has seen great improvements particularly for housing adaptations with regards what needs to be implemented to allow elderly residents to return home. Prevention first with the frailty assessments, Rosemary noted that she is hearing from her constituents that there is a speedier response rate which is good to hear, and the percentages noted on page 77 of the report are good.</p> <p>Les Bisset noted that it is an excellent report and remarkable considering the constraints during the pandemic in arranging discharges from hospital, obviously it is welcome as it takes the pressure of the acute services but more importantly</p>	

NO	HEADING	ACTION
	<p>we are making sure that patients are in the appropriate setting for their future care and the team should be congratulated to getting to this level during the pandemic. Les noted that the best course of action was prevention to avoid the need for admission to hospital. Lynne Garvey thanked all for the comments received and will pass them on to the team and agreed that the focus for the following year will be prevention.</p> <p>David Graham thanked Lynne for her update and noted it was a useful report for the committee to have sight of and will ensure that an update is brought back to the committee, timescale for this to be agreed out with meeting.</p> <p>David Graham confirmed that the Committee had noted the information from the report.</p>	
10	COMMUNITY OCCUPATIONAL THERAPY SERVICES	
	<p>David Graham asked Lynne Garvey to provide update on Community Occupational Therapy Services.</p> <p>Lynne Garvey noted that this is a standing agenda item which is brought to the committee on a yearly basis to give an update on service development and waiting times information.</p> <p>She advised the service has focussed in the last year on transformation, development and improvement to look at the increase in waiting times, and some of the things that have been implemented include a more streamlined model for referrals. Referrals now are emailed directly to a contact centre and within 48 hours the staff are making contact with the service user to have an initial conversation which sometimes results people not requiring to be added to the waiting list, rather a quick resolution such as a equipment can be distributed in a matter of hours. The initial contact also helps set an expectation with staff being able to advise how long the likely wait for an appointment, if required, will be.</p> <p>In addition, boundary working has been reviewed and boundaries have been broken down across Fife to make a better use of staff resources which has meant that there have been no cost pressures implementing this new model.</p> <p>The use of technology has also been introduced with the use of 'Near Me' and e-health platforms which has allowed clinicians to not only speak to their patients but to be able to hold face to face consultations.</p> <p>In terms of performance from over the last two years, the waiting list has reduced from 935 in October 2018 to 508 in October 2020. The service has a stretched aim to have no more than 200 days so there is still some way to go to sustain the improvements that have occurred to date. It is anticipated that the waits will rise again when services remobilise fully after the lockdowns.</p> <p>David Graham thanked Lynne Garvey for bringing the report.</p> <p>Margaret Wells noted that the report was very helpful in how it was presented as it links the direction of travel and strategic direction and noted that it was good to see the improvements which looks like sometimes there is an instant response</p>	

NO	HEADING	ACTION
	<p>and queried that the wait noted is the wait for the service rather than the assessment. Lynne Garvey noted that there are some delays with getting the equipment and the assessment can be delayed if other multi-disciplinary team members are required.</p> <p>David Graham thanked Lynne Garvey for the report and asked that in future reports information on complaints received by the service would be beneficial and confirmed that the committee have acknowledged and recognised the work carried out in the last 12 months and asked that a update report is tabled with the Committee in February 2022.</p>	
11	REVIEW OF CLOSURE OF WELLSLEY UNIT RANDOLPH WEYMES	
	<p>David Graham asked Nicky Connor to provide a verbal update on the closure of the Wellsley Unit at Randolph Weymes.</p> <p>Nicky Connor confirmed that the ward closed on 7th September as planned, all patients needs were met at that time and staff have been deployed to other areas. A proposal is being looked at how we support care in the community as well as what we require within the Buildings model which is aligned to the strategy which was brought forward last year. There is ongoing discussion with both Partners in terms of how we will be able to increase capacity which involves bringing additional capacity to the team to support this and acknowledged that the service would be further forward with the proposal if it had not been the requirement for all services to concentrate on responding to the pandemic.</p> <p>Rosemary Liewald noted it was assuring to hear that the ongoing discussions includes additional capacity moving forward with the Strategy for Care in the Community.</p> <p>Martin Black asked if there was any indication of an end date for when this is going to happen as the unit closed 6 months ago and the local people at the time were promised that there would be something put in place for them. Nicky Connor noted that there was the expectation going into next financial year to recruit the right person to enable this work to go forward but confirmed that the proposal has been written to get this strategy moving forward and have discussed with both Partners as to how we will take this forward. These discussions will be part of the budget setting process once finalised an update will be provided to the Committee. Martin Black queried whether the local people had been informed of the progress to date to which Nicky confirmed that there had been no announcements to the public</p> <p>David Graham thanked Nicky for the update and noted that he looked forward to hearing the update.</p>	
8	AOCB	
	No other business was raised at the meeting.	

NO	HEADING	ACTION
9	DATE OF NEXT MEETING	
	Friday 5 March 2021 AT 10.00am via Microsoft Teams	

UNCONFIRMED



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE AUDIT AND RISK COMMITTEE FRIDAY 22 JANUARY 2021 - 10.00AM – VIRTUAL TEAMS MEETING

Present: Eugene Clarke (Chair), NHS Fife Board Member
Dave Dempsey, Fife Council
David J Ross, Fife Council
Margaret Wells, NHS Board Member

Attending: Nicky Connor, Director of Fife Health and Social Care Partnership (Fife H&SCP)
Audrey Valente, Chief Finance Officer (Fife H&SCP)
Norma Aitken, Head of Corporate Services (Fife H&SCP)
Avril Cunningham, Chief Internal Auditor (Fife Council)
Avril Sweeney, Risk Compliance Manager (Fife H&SCP)

Apologies: Fiona McKay, Head of Strategic Planning, Performance and Commissioning (Fife H&SCP)
Helen Hellewell, Associate Medical Director

In Attendance: Tim Bridle, Audit Scotland
Carol Notman, Personal Assistant (Minutes)

NO	HEADING	ACTION
1	WELCOME AND APOLOGIES	
	The Chair welcomed everyone to the meeting and covered the protocols for the meeting.	
2	DECLARATION OF INTEREST	
	There were no declarations of interest.	
3	DRAFT MINUTES AND ACTION LOG OF AUDIT AND RISK COMMITTEE HELD ON 19 NOVEMBER 2020	
	The minute of the previous meeting was accepted as a true and accurate record. The Action Log from 19 November 2020 was noted and agreed.	
4	FIFE INTEGRATION JOINT BOARD ANNUAL EXTERNAL AUDIT PLAN 2020/21	
	The Chair noted that the Committee have been asked to discuss the Annual Audit Plan and approve the increase in Fee for the Audit and asked Audrey Valente to present this report. Audrey Valente thanked the Chair and advised that Tim Bridle who drafted the Annual Audit Plan would be best to address the paper.	

Tim Bridle noted that the Annual Audit Plan tended to be a short document where the significant risks are noted and to provide context the 2019/20 plan has been added as an appendix.

The International Standards on Auditing (ISAs) which Audit Scotland are required to follow are outlined on page 4 and the Code of Audit Practice sets out the requirements which are more than just a financial audit. Tim noted that the impact of Covid-19 resulted in a delay in the delivery of last year's audit. The audit deadline is usually September, but this was not achieved until November 2020. It is anticipated that there will be slippage with the deadlines for 2020/21 Audit with Audit Scotland aiming to have these completed by November 2021.

There is only one Significant Audit Risk identified which is Fraud, this is a standard requirement for any audit plan requiring the ISA. The wider dimension risks include Financial Management, Sustainability and Value for Money.

Tim Bridle noted that the fee has increased this year to £28,000 which is a 3.7% increase which is slightly more than average but reflects the additional time it took this year to complete the audit.

Dave Dempsey noted that within the SBAR that there were some gaps within the template. He also noted that there were many concurrent deadlines for March 2021 and noted concern for the impact that this may have on the Officers concerned. Audrey Valente agreed that there was a significant amount of work to complete by March 2021 and was optimistic to meet the deadlines as there has been a lot of work going on in the background with the performance team during the pandemic.

David Ross noted that there are a couple of targets, relating to the review of the Scheme and queried whether the Scheme has been finalised or put on hold due to the lockdown. Nicky Connor advised that the Partnership has been continuing to review the Integration Scheme despite the pandemic noting that the final draft scheme was shared with the Partners on the 23rd December 2020. But noted that the Finance section still requires to be revised. Feedback has been received and is currently being worked through and the next steps are being looked at. Nicky Connor noted that from the perspective of the IJB, the Scheme has been delivered within the agreed timeframe, it is currently sitting with the Partners to reach agreement on the finalisation of this integration scheme. Nicky Connor confirmed that it was anticipated that the scheme could go through all the governance structures of both NHS Fife and Fife Council by the end of March which would enable the scheme to be submitted to Scottish Government by 31st March 2021, but this will be dependent on competing pressures on all services due to covid-19 and both Partners have to confirm whether this is achievable from their perspective.

The Chair confirmed that the committee have discussed and noted the Annual Audit Plan and have approved the increase in fee from Audit Scotland.

5	UPDATE ON 2020/21 AUDITS	
	<p>The Chair introduced Avril Cunningham Chief Internal Auditor at Fife Council who presented this report which was for information.</p> <p>Avril Cunningham noted that since the paper has been written there has been a further update regarding the Transformation Programme Audit. To bring the audit to close, the team is currently revising the report to bring together findings on transformation but also the general change governance processes. Transformation is currently not being routed through the formal process which means that evidence cannot be obtained with the effectiveness of the stage and gate process, but any findings will be incorporated.</p> <p>Avril noted that she hoped to meet with Audrey Valente in the next week to bring the audit to a close.</p> <p>For the Financial Information Audit, a meeting with Tim Bridle from Audit Scotland has been organised to help determine what the focus should be and to avoid duplication of effort. Avril confirmed that an Auditor is available to start the audit to enable it to progress quickly and it is hoped that the fieldwork could be completed by the end of March with the possibility of the whole report being completed by then.</p> <p>Avril advised that she has commenced the Governance Review by issuing a few Self-Assessment Questions to Norma Aitken and Audrey Valente from the guidance from Audit Scotland to fill in the gaps from what has been received from Fife Council's Self-Assessment. Once all responses have been received the governance review will be completed and anticipated that it will be submitted at the next Audit & Risk Committee in March.</p> <p>The Chair confirmed that the report had been reviewed and the Committee noted the update on Audits.</p>	
7	IJB STRATEGIC RISK REGISTER	
	<p>The Chair introduced Avril Sweeney who presented this report which was for discussion</p> <p>Avril Sweeney advised that the report sets out the IJB strategic risks and is presented at every committee meeting.</p> <p>All risks were last reviewed in August 2020 by the risk owners and are presented in order of residual risk score which considers the management actions that are currently in place.</p> <p>There are currently 8 risks scoring High which are highlighted in summary format within the SBAR and in detail in Appendix 1, Column 9 of the Risk Register.</p>	

Within the full risk register, if a risk score has increased or decreased since the last review it is highlighted in red in the review results column (no. 14).

Links to the Partnership Covid Risk Register are shown in individual risks where appropriate.

Avril noted that this report is due to be submitted to the IJB on the 19th February 2021.

Margaret Wells noted concern regarding risk number 25 relating to Brexit Impact on Medicine and queried whether there was a more recent update as the last update in June 2020 says that the Fife Brexit-Medicines Shortage PAG met on 4th February 2020 and it was felt that the PAG would have met since then and it says that the UK will leave on 30th December which has now happened. Nicky Connor advised that this was a valid point and something that the service can look at, where there has been a fundamental change it may not be appropriate to wait for the six-monthly review to request an update to the risk register. Avril Sweeney confirmed that this risk would be updated prior to the IJB in February.

AS

Dave Dempsey noted that he continued to have difficulty reviewing the documents particularly on the computer and noted that there was some confusion around the order that the Management Actions are laid out when new actions occur as there doesn't seem to be a standard approach. In addition, it appears as if there is a huge amount of information which is just noted at each meeting which doesn't feel right.

Eugene Clarke noted that it was a fair comment but reminded all that it is not the Committee's role to decide on individual risks, but rather that the risk has been identified and being monitored by the service. He noted it had previously been agreed when there had been a change in the management actions that these are better highlighted. Looking at column 14 some have a date when the action is reviewed or made, and others don't and requested that any new changes are highlighted in red.

AS

Margaret Wells noted that she finds the paper to be very helpful as it gives a broad oversight for the committee. She noted that one of the more important columns is no. 18 which advises which Committee the risk has been highlighted to and when.

Nicky Connor noted that both comments were helpful, and the service is always looking to refine the reports to meet the needs of the Committee. She noted that Avril brought a detailed paper to the last committee which outlined the IJB approach to risk from this the addition of the table showing whether a risk has increased or decreased has been included in the SBAR. It would be possible to separate out the narrative highlighting what has been added since the last review and queried whether it would be beneficial, as this section is such an important part of this Committee, at the next committee meeting to have some development type dedicate time to talk through the risk register, not the individuals risks but to look at what the committee is meant to do with the risk register and making sure that we are providing the information in the format that works for the committee and the committee feel that they have the information that the need.

	<p>Nicky Connor noted that as part of the Governance Review going forward she hoped to get to a place of more clarity regarding where risks primarily sit i.e. IJB, NHS Fife or Fife Council to clarify where there is additional scrutiny going on and whether it is here for an oversight due to impact or whether it is here because it is owned by the IJB. This will take some time to address with both Partners and will not be fixed by the next meeting but will support clarity and enhance governance around risk.</p> <p>All agreed that this would be beneficial and agreed to have a dedicated time at next meeting to explore the risk register in more detail. Nicky Connor noted if there was any questions or element that the committee members would like Avril Sweeney to include within her report/presentation that they should contact her directly.</p> <p>The Chair confirmed that the paper and risk register had been discussed and it had been agreed to have a dedicated time at the next meeting to explore issues further.</p>	AS
8	TRANSFORMATION UPDATE	
	<p>The Chair introduced Nicky Connor who provided a verbal update the current position for Transformation.</p> <p>Nicky Connor apologised that the Partnership had not achieved what it had hoped to achieve regarding Transformation due to the Covid Pandemic. Nicky Connor wished to confirm that although there has not been significant progress, work has been ongoing around the structure and the medium-term change plans and what this means around the transformation priorities. Nicky noted that Audrey Valente in her role as Chief Finance Officer is the Senior Leadership Team Lead for Transformation which supports an important connection across looking at the sustainability as well as the transformation and change. The IJB is currently linking with all the current SLT members regarding the areas of transformation that had been outlined last year and refreshing them before bringing it forward as part of the plan. In addition, new ideas are being investigated that can be included.</p> <p>Nicky Connor noted that she continues to meet both the Chief Executives regarding how we ensure that there is join up in the approach that we take in the Partnership and what this means for Fife Council and NHS Fife and looking at what the right structure would be in order to pull everything together.</p> <p>Nicky Connor wished to assure the Committee that although the paper showing the governance processes, has not been completed due to competing time and priorities for all services involved it has not been forgotten about and work is still ongoing.</p> <p>The Chair noted that throughout the extraordinary events over the last few months, there has been tremendous improvement in the joined-up workings of the various organisations and hope that this can be captured going forward.</p>	

	<p>Dave Dempsey noted that he fully understood that the pandemic had affected the timescales for completing the Transformation and asked what the next steps would be and what the revised timescales would look like. Nicky Connor advised that she did not think that there would be much change before the next committee due to the current situation and new lockdown however confirmed it is a top priority for the IJB going into 2021/22 and noted that a Development Session in February is going to be looking at strengthening our Governance which will include the work around the committee's and how issues are reported/escalated to the various committee's which is part of the bigger picture.</p> <p>The Chair thanked Nicky Connor for her update.</p>	
12	AOCB	
	<p>The Chair asked if there were any items for AOCB and escalation to the IJB and suggested that Escalation is added as a separate item on the agenda going forward.</p> <p>David Ross queried whether it should be escalated to the IJB that the External Annual Audit Plan had been reviewed at this Committee. Nicky Connor noted that the plan is scrutinised at this Committee, but it would be helpful to verbally feed into the Board that the Committee has had oversight and support the plan. Tim Bridle noted that from an audit perspective, Audit Scotland must define those who are charged with Governance and are responsible for communicating the plan with those who have been charged with its Governance. He confirmed that Audit Scotland has agreed that this Committee has been charged with the governance for the External Audit Plan therefore it does not require to go up to the IJB in the same way as the Accounts are required to be approved. He noted it is enough for Audit Scotland to bring the Audit Plan to this committee.</p> <p>Eugene Clarke thanked Tim for the clarification and agreed but noted that it would do no harm to mention that the committee has had oversight of the External Audit Plan.</p>	<p>CN</p> <p>EC</p>
13	DATE OF NEXT MEETING	
	Wednesday 17 th March 2021 – 10.00am-12noon	



Fife Health & Social Care Partnership

Supporting the people of Fife together

HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM WEDNESDAY 10 FEBRUARY 2021 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Nicky Connor, Director of Health & Social Care (Chair)
Eleanor Haggett, Staff Side Representative
Debbie Thompson, Joint Trades Union Secretary
Alison Nicoll, RCN
Audrey Valente, Chief Finance Officer, H&SC
Ben Hannan, Chief Pharmacist, NHS Fife
Craig Webster, NHS Fife Health & Safety Manager
Elaine Jordan, HR Business Partner, Fife Council
Fiona McKay, Interim Divisional General Manager (East)
Hazel Williamson, Communications Officer
Kenny Grieve, Fife Council Health & Safety Lead Officer
Louise Noble, UNISON Fife Health Branch
Lynne Garvey, Interim Divisional General Manager (West)
Mary Whyte, RCN
Norma Aitken, Head of Corporate Services
Sharon Adamson, RCN
Susan Young, Human Resources, NHS Fife
Valerie Davis, RCN Representative
Wendy Anderson, H&SC Co-ordinator (Minute Taker)

APOLOGIES: Andrea Smith, Lead Pharmacist, NHS Fife
Jim Crichton, Interim Divisional General Manager (Fife-Wide)
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Helen Hellewell, Associate Medical Director, H&SC
Lynn Barker, Associate Nurse Director
Lynne Parsons, Society of Chiropodists and Podiatrists
Simon Fevre, Staff Side Representative
Susan Robertson, UNITE
Wendy McConville, UNISON Fife Health Branch
Wilma Brown, Employee Director, NHS Fife

NO	HEADING	ACTION
1	APOLOGIES As above.	
2	PREVIOUS MINUTES	
2.1	Minute from 20 January 2021 The Minute from the meeting held on 20 January 2021 was approved.	
2.2	Action Log from 20 January 2021 The Action Log from the meeting held 20 January 2021 was approved.	

NO	HEADING	ACTION
3	JOINT CHAIRS UPDATE	
	<p>Neither Eleanor Haggett nor Debbie Thompson had items to update on.</p> <p>Nicky Connor updated on two staffing situations:-</p> <ul style="list-style-type: none"> • the interview process for the three new Heads of Service (formerly DGM) posts was happening over the next two weeks. An update would be provided at the March LPF meeting. • Lynn Barker was recently appointed to the Associate Director of Nursing post on a permanent basis. <p>Nicky also spoke about the Independent Review of Adult Social Care, which was published last week. This review is wide reaching and covers a range of issues. How this will affect IJB's is less clear at present. A Parliamentary debate is scheduled for next week. A copy of the report and the accompanying video will be circulated.</p>	NC
4	FINANCIAL UPDATE	
	<p>Audrey Valente confirmed her paper had been circulated with the agenda for the meeting. The current financial situation is not changed significantly. Scottish Government recently announced that they would fund unachieved savings and Audrey is optimistic that the partnership will return a breakeven position at the end of the financial year.</p> <p>Work is ongoing for the next financial year and once all information is collated on funding packages and inflationary / cost pressures a special meeting of the LPF will be convened to update on this.</p>	AV
5	HEALTH AND SAFETY UPDATE	
	<p>Kenny Grieve advised that his team continue to support services as and when required. Over the last four weeks they have been assisting with the new Covid-19 testing centre which is due to open in Cowdenbeath. The team will continue to work on the new centres until they are all operational.</p> <p>The team are also working on risk profiling in Adult Services and Care at Home.</p> <p>Craig Webster's team continue to work on issue around face masks. Work is ongoing to migrate away from pandemic stock masks and fit testing new products.</p> <p>They continue to work on the Ligature Risk Assessment process and Tests of Change are being undertaken.</p>	
6	COVID-19 POSITION	
	<p>Outbreak Update</p> <p>Nicky advised that the current lockdown is having a positive impact on the number of infections which are reducing. Staff continue to work from home where this is possible and all are following FACTS.</p>	

NO	HEADING	ACTION
6	COVID-19 POSITION (Cont)	
	Vaccination Programme	
	<p>Ben Hannan, Chief Pharmacist, NHS Fife joined the meeting at 9.00 am to provide an update on the Covid-19 Vaccination Programme.</p>	
	<p>To date over 50,000 vaccinations have been delivered in Fife. Staff vaccinations are progressing well, although some staff clinics were cancelled on Tuesday 9 February.</p>	
	<p>Second doses of the vaccination will start to be given out in early March 2021.</p>	
	<p>Scottish Government have asked that the pace of vaccination be scaled up and although this is challenging, the collaborative workforce effort is working.</p>	
	<p>On Monday of this week issues were encountered with doubled booked appointments, which was as a result of transferring to a new system and this could have been foreseen. This issue and the weather this week have provided more challenges with some clinics have to work reduced hours or be closed. All appointments which are unable to take place due to these issues are being rebooked for the end of this week or the beginning of next week.</p>	
	<p>Ben and Nicky both thanked all staff involved in the vaccination programme.</p>	
	<p>Discussion took place around the staff who work with and provide personal care to children with additional needs and Meals on Wheels drivers. Last week a letter was received from the Chief Medical Officer which gave details of additional staff groups who were to be vaccinated. Ben offered to share this letter with LPF Members.</p>	BH
	Staff Testing	
	<p>Lynne Garvey advised that eligible staff in health who wish to participate in testing have received later flow kits. Several positive results have been received for staff working in inpatient areas and all these staff are currently well.</p>	
	<p>Fiona McKay advised PCR testing has been rolled out for Home Care staff, who test themselves on a Monday, Tuesday or Wednesday. This is in the early stages and is being monitored closely.</p>	
	<p>Concern were raised about the impact of positive test results on staffing and it was advised that contingency plans are in place to cope with this.</p>	
	Workforce Sustainability	
	<p>Lynne Garvey advised that a daily meeting was held to discussed potential workforce pressures within Health and Social Care and Care Homes. Significant pressures over the last are reducing.</p>	
	<p>Fiona McKay advised that there has been a significant reduction in the number of Care Homes which are closed to admissions. Over the festive period 24 homes were closed, this number is currently less than 6. All staff and residents have had their first vaccination.</p>	

NO	HEADING	ACTION
6	COVID-19 POSITION (Cont)	
	Workforce Sustainability (Cont)	
	<p>Susan Young updated on students who have all be contacted and invited to register with Staff Bank. they will be offered no more than a 15 hour working week to ensure they can continue with their studies.</p> <p>Elaine Jordan continues to work with teams in the partnership to identify areas which require additional support.</p>	
	COVID Bonus Opt Out	
	<p>Staff who received certain benefits have raised concerns with human resources in NHS Fife and Fife Council around the effect on their benefits of the £500 payment which was agreed by the Scottish Government towards the end of 2020. There is also an option for payment to be made over three months rather than one.</p> <p>Susan Young advised that staff can opt out of receiving the payment while they investigate how this will affect them. They can then opt back in if they wish.</p>	
	Annual Leave in 2020-21 / Carry Forward to 2021-22	
	<p>NHS Fife staff will be able to carry forward annual leave into the new leave year (2021-22) if they have been unable to take this due to Covid-19.</p>	
7	HEALTH & WELLBEING	
	Attendance Information	
	<p>Susan Young advised there had been a small increase in absences during December 2020, up 0.5% to 5.92%. Long term absences have increased whilst short term absences have decreased.</p> <p>Training sessions are to be offered on the new NHS Fife Attendance Management Policy.</p>	
	Staff Health & Wellbeing	
	<p>Elaine Jordan had circulated a draft presentation which Fife Council HR Advisers would use in meetings with Service Managers. This would help to focus discussions on Health and Wellbeing. A wealth of resources, tools and ideas are available to teams. Managers should be encouraged to have open and honest conversations with staff.</p> <p>Statistics for Occupational Health / Physio / Counselling referrals show that these are not used in the majority of cases of absence. Managers to be encouraged to make more use of the referral system.</p> <p>Debbie Thompson asked what support would be in place for staff as we emerge from the Covid-19 pandemic. Fiona McKay advised that social care staff had been asked for ideas on what could be provided.</p>	

NO	HEADING	ACTION
7	HEALTH & WELLBEING (Cont)	
	Eleanor Haggett and Valerie Davis shared what they did with their teams to keep connected. Hazel Williamson to link with both to highlight this in weekly briefing.	HW/EH/ VD
	Following discussion it was agreed that this would be looked at in more detail at the next LPF Pre-Agenda Meeting (17 February 2021).	NC/SF/EH/ DT/EJ/SY
8	UNSCHEDULED CARE REVIEW UPDATE	
	Lynne Garvey gave this update in Lynn Barker's absence.	
	Staff are supporting the flow and navigation hub. The overarching aim is to allow patients to be seen by the correct person in the most appropriate place, moving people away from A&E or GP visits if these are not necessary. E-health (NHS Fife) are looking at digital solutions to assist.	
9	LPF ANNUAL REPORT	
	Jim Crichton was unable to attend today's meeting.	
	Susan Young advised that it was unlikely that a draft copy of the document would be available in time for the LPF meeting on 10 March 2021.	
	A clearer timescale should be available at the March meeting.	
10	AOCB	
	Sharon Adamson raised an issue around the grade of Healthcare Assistants who are on the Bank staff list. Susan Young will investigate and feedback.	
11	DATE OF NEXT MEETING	
	Wednesday 10 March 2021 at 9.00 am	