



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## CONFIRMED MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) – WEDNESDAY 28 MAY 2025 AT 10.00AM

### Present:

David Ross (DR) (Chair)  
Colin Grieve (CG) (Vice-Chair)  
Fife Council – David Alexander (DA), Dave Dempsey (DD), Margaret Kennedy (MK), Rosemary Liewald (RLie), Lynn Mowatt (LM), Sam Steele (SS)  
NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), John Kemp (JK),  
Chris McKenna (CMcK), Medical Director, NHS Fife  
Debbie Fyfe (DF), Joint Trade Union Secretary  
James Ross (JR), Chief Social Work Officer, Fife Council  
Janette Keenan (JK), Nurse Director, NHS Fife  
Kenny Murphy (KM), Third Sector Lead  
Lynne Parsons (LP), Employee Director, NHS Fife  
Morna Fleming (MF), Carer Representative  
Paul Dundas (PD), Independent Sector Lead

### Professional Advisers:

Lynne Garvey (LG), Director of Health and Social Care/Chief Officer  
Tracy Hogg (TH), Finance Manager  
Helen Hellewell (HH), Depute Medical Director  
Lynn Barker (LB), Director of Nursing

### Attending:

Ashleigh Allan (AA), Finance Business Partner, Fife Council  
Avril Sweeney (AS), Risk Compliance Manager  
Chris McShane (CMc), Participation & Engagement Officer  
Clare Gibb (CG), Communications Advisor  
Cara Forrester (CF), Communications Advisor  
Chris Conroy (CC), Head of Community Care Services  
Debbie Macguire (DG), Scottish Government  
Diane Roth (DR), OD & Culture Specialist, Fife HSCP  
Emma O'Keefe (EO), Consultant in Dental Public Health, NHS Fife  
Fran Simpson (FS), NHS Fife  
Heather Gibson (HG), Participation & Engagement Officer  
Jillian Torrens (JT), Head of Complex & Critical Care Services  
Jo Bennett (JB), Non-Exec Director, NHS Fife  
Joy Tomlinson (JT), Director of Public Health  
Kate Cormie (KC), Participation & Engagement Officer  
Lesley Gauld (LGau), Team Manager, Strategic Planning  
Lisa Cooper (LC), Head of Primary & Preventative Care Services  
Martyn Berrie (MB), Interim Clinical Service Manager, Urgent Care

Roy Lawrence (RLaw), Principal Lead for Organisational Development & Culture  
 Vanessa Salmond (VS), Head of Corporate Services  
 William Penrice (WP), Service Manager, Performance & QA  
 Gemma Reid (GR), H&SC Co-ordinator (Minute)

	<b>TITLE</b>	<b>ACTION</b>
1	<p><b>CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES</b></p> <p>Cllr David Ross, Chair of the Integration Joint Board (IJB) welcomed everyone to the meeting.</p> <p>David advised that apologies had been received from Audrey Valente, Amanda Wong, Fiona Forrest, Kenny McCallum, Vicki Bennett and Mary Lockhart.</p> <p>David warmly welcomed Jo Bennett to her first meeting of the IJB.</p> <p>Those present were reminded that they should mute their mobile phones for the duration of the meeting and mute their microphone when not talking and in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible.</p> <p>David 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 proceedings.</p>	
2	<p><b>DECLARATION OF MEMBERS' INTERESTS</b></p> <p>There were no declarations of interest highlighted.</p>	
3	<p><b>MINUTES OF PREVIOUS MEETING &amp; ACTION NOTE 26 MARCH 2025</b></p> <p>The Minute and Action Note from the meeting held on Wednesday 26 March 2025 were both approved as an accurate record.</p>	
4	<p><b>CHIEF OFFICER UPDATE</b></p> <p>Lynne Garvey warmly welcomed everyone to the IJB.</p> <p>Lynne began her Chief Officer's update by advising members of upcoming movements within the Senior Leadership Team.</p> <ul style="list-style-type: none"> <li>• Lynne highlighted that Caroline Cherry takes up post as Principal Social Work Officer from Monday 2<sup>nd</sup> June.</li> <li>• Lynne wished Jillian Torrens well as she departs for pastures new later in the Summer, advising members that recruitment to the Head of Critical Care Services post will commence imminently and noted that NHS Fife will lead on the recruitment with the advert due to go live week commencing 2<sup>nd</sup> June.</li> <li>• Lynne also confirmed the retirement of Audrey Valente later this year, advising members that she is working closely with Staffside to carry out a managing change process for a restructure of the SLT portfolios.</li> </ul> <p>Lynne was proud to share some excellent achievements within the Health and Social Care Partnership:-</p>	

	<ul style="list-style-type: none"> <li>• Following the 2<sup>nd</sup> cycle of the Integration Leadership Team course, Lynne was proud to share that 15 graduates have all successfully completed the 6-month course.</li> <li>• UNICEF Baby Friendly Gold Award – Lynne highlighted the achievement of the team from Community Children’s Services who recently celebrated being awarded the prestigious gold award for infant feeding support.</li> <li>• Lynne recognised the achievements of Lyndsey Dunn who has recently been awarded Master of Science in Gerontology, with a particular focus on global issues in ageing and frailty.</li> </ul> <p>Lynne concluded her Chief Officer’s update by expressing her honour at being invited to the Fife Carers Centre’s 30th anniversary celebration, where she reflected on the vital and commendable role that unpaid carers play in our communities.</p>	
<p><b>5</b></p>	<p><b>COMMITTEE CHAIR ASSURANCE REPORTS</b></p> <p>David Ross welcomed Vanessa Salmond who introduced the reports and confirmed that all statements had been signed off by current Chairs.</p> <p>Vanessa Salmond advised that as per standard practice these reports were being presented to enhance Governance arrangements by providing assurance to the IJB on Committee Business, noting that agreement on the principles of these reports was discussed at the Quality and Communities Committee on 25 April 2025, Strategic Planning Group on 9 May 2025, Finance, Performance &amp; Scrutiny Committee on 13 May 2025, and Audit &amp; Assurance Committee on 16 May 2025.</p> <p>David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.</p> <p>Committee Chairs had nothing to escalate to the IJB and no questions were intimated by Board members.</p> <p><b>Recommendation</b></p> <p>The Board were assured that the Governance Committees are discharging their functions and remit and escalating any issues appropriately.</p>	
<p><b>6</b></p>	<p><b>STRATEGIC PLANNING &amp; DELIVERY</b></p> <p><b>6.1 Reconfiguration of Adamson and St Andrews Minor Injuries Units (MIUs)</b></p> <p>This report was discussed at the Quality and Communities Committee on 25 April 2025, the Finance, Performance and Scrutiny Committee on 13 May 2025 and the Local Partnership Forum on 14 May 2025.</p> <p>David Ross introduced Lisa Cooper who presented the report.</p> <p>Lisa Cooper advised members that the report was being presented for assurance regarding the options appraisal and participation and engagement process carried out and requested a decision from IJB around Recommendation 3, which she noted was outlined fully within the report. Lisa highlighted that the proposal recommends reconfiguration and consolidation of MIU services from Adamson</p>	

Hospital, Cupar to St Andrews Community Hospital, between the hours of 8am-6pm, Monday – Friday.

Lisa noted the clear drivers for change articulated within the report, the primary driver being to deliver services which ensure best value and are data driven, and advised members that current activity and demand across both sites does not support the delivery of effective and efficient services within the resources available.

Lisa drew member attention to section 3.3.2 of the report which outlines the current MIU activity managed across both Adamson and St Andrews Community Hospital and provides a comparison to the MIU at Queen Margaret Hospital in the West Fife locality.

Lisa highlighted additional challenges around workforce, which she advised was bringing daily pressure to the teams managing and delivering the services and posing an ongoing risk to resilience and sustainability. Lisa noted that the current model of care does not ensure best value in comparison to the risk being managed.

Lisa stated that this recommendation will ensure clinical safety, quality of care and access to care, in the right place, at the right time.

A further driver for change was noted as the decommissioning of x-ray services at Adamson Hospital which results in patients being directed elsewhere for these services, leading to disjointed care pathways.

Lisa highlighted a more detailed analysis within Appendix 4 and Participation and Engagement activity in Appendix 2, which involved face to face and online meetings as well as a survey responded to by 1300 participants. The results of this survey highlighted concerns around access, transport and the future modelling of Adamson Hospital.

Lisa advised that Chris Conroy would take questions around future modelling of care at Adamson Hospital.

Lisa drew members attention to the Comprehensive Stage 2 EQIA, outlined within Appendix 3 before introducing Executive Medical Director Dr Chris McKenna for his comments on the proposals.

Dr McKenna thanked Lisa for the opportunity to talk to the paper, advising those present that the data and evidence were compelling towards the commissioning of one MIU in North East Fife, which he noted was due to staffing resilience issues and the fact that the current MIUs are not utilised to maximum effect for best value.

Dr McKenna explained that the consultation had been invaluable to understand emerging issues and unintended consequences from any decision taken, and highlighted to members that it truly demonstrated the value of Adamson Hospital to the community of Cupar and the surrounding areas.

Dr McKenna stressed that the priority was to provide safe, effective and sustainable MIU services to the population of North East Fife and give the community what they need from their community hospital, which is not necessarily a MIU. Dr McKenna noted work underway through Chris Conroy's

team to understand this need, highlighting that this was an exciting opportunity to enhance the offer around experienced CTAC nursing and address frailty needs.

Dr McKenna concluded by confirming that the data suggests better value and a better use of resource would be to site North East Fife MIU services in one location at St Andrews Community Hospital.

David Ross then invited Committee Chairs to comment in turn.

Sinead Braiden, Chair of Quality and Communities noted robust discussions at Committee, with the report scrutinised in detail. Concerns were raised at Committee around public transport in rural areas, particularly for the elderly and disabled. Sinead confirmed that Committee were assured around the Participation and Engagement carried out, noting that Healthcare Improvement Scotland had been consulted throughout the process.

Alastair Grant, Chair of Finance, Performance and Scrutiny confirmed minimal savings as a result of the proposal but as this was not a key driver, Alastair advised that Committee were keen to progress to the IJB for full discussion and decision.

Lynne Parsons noted good discussion at LPF, with members assured of the clinically led options appraisal.

Chair opened to questions from Board members.

Cllr Margaret Kennedy highlighted page 53 of the papers - Option 3 which states "patients who receive an x-ray at Adamson and require immediate treatment will need to travel to St Andrews". Lisa advised that this was a typo and would be corrected, confirming there would be no radiology services at Adamson under the proposals in Option 3.

Cllr Kennedy advised that she had shared her concerns with Lynne and Helen prior to Quality and Communities Committee, noting that Adamson Hospital was initially proposed as diagnostic centre. Margaret highlighted that page 79 states there is greater availability of diagnostic capabilities at St Andrews which she suggested was a contradiction to past decisions.

Cllr Kennedy shared her concerns that there was a distinct lack of confidence locally that Adamson would be sustained in an alternative model due to financial constraints, querying how a home visiting model could be sustained with current staffing levels.

Cllr Kennedy raised concerns around access and community growth, given the reliance on public transport which we have no influence on and which poses significant challenges for the rural population. Cllr Kennedy gave her opinion that removing the MIU from Cupar would be a backward step for community growth.

Cllr Kennedy intimated that given there was no support for the consideration of an alternative recommendation she was unable to support the recommendations in the paper for the following reasons:

- They are based on current rather than future predicted demand especially with the possible growth of Cupar.
- They have been developed in isolation from the wider health and care services.

LC

- The loss of the MIU is likely to have a detrimental impact on the other services at the Adamson.

Lisa responded around the workforce and resilience challenges, which she reiterated were not a driver for the proposal, but indeed a risk, and highlighted that a specific skillset is needed to deliver services at Adamson in order to ensure safe delivery of care due to the autonomous nature of the working environment.

In relation to Cllr Kennedy's query around a home visiting model, Lisa advised that the best advice for patients is to contact 111 to be directed to the appropriate service for their specific healthcare need.

Chris Conroy recognised the great opportunity to innovate and develop services at Adamson Hospital, working in close partnership with local GP services and the in-patient ward confirming wider innovation will address the needs of the community.

David Ross requested confirmation that costs noted within the paper were purely operational costs, which Lisa Cooper confirmed was an accurate appraisal.

Morna Fleming noted that she was broadly in favour of the proposals and advised that Lisa had offered to meet with her separately out with the meeting to discuss specific points raised at Quality and Communities Committee. Morna recognised that the cost saving is minimal however noted a discrepancy on page 53 which states the cost saving would be £180k, whereby page 42 states £140k.

Lisa Cooper confirmed the cost saving would be circa £140k, advising that since the options appraisal some HR issues had been addressed leading to a reduction in projected savings, but again reiterated that finance was not the driver for change.

Rosemary thanked Lisa for the paper, noting robust discussions at Quality and Communities Committee with some concerns raised. Rosemary reassured members who had concerns around transport issues for the Cupar community by confirming that there are direct bus routes to St Andrews Hospital. Rosemary suggested that better communication to the public is required around what constitutes a minor injury. In regard to the continuation of services within Adamson, Rosemary requested further information around these proposals, noting that Dr McKenna had mentioned frailty. Rosemary felt that the community would be more reassured if the proposals were outlined.

Dr McKenna advised of a national commitment to enhancing the frailty model of care with proposed investment coming in through unscheduled care. Dr McKenna noted investment in more hospital at home frailty services and highlighted conversations with colleagues at Bank Street and Eden Villa GP Practices to discuss the way forward. Dr McKenna confirmed that the proposals around what this looks like would come back to the IJB at a later date, but assured members that discussions were already happening.

Lynne Garvey confirmed that plans are being drawn up currently, noting the opportunity for a bespoke community hub focussing on frailty with district nurses, an in-patient ward and hospital at home already on site. Lynne assured members that proposals would be brought back to the IJB.

	<p>Rosemary suggested a communication programme in the Cupar area to educate on minor injuries and how to access care. Lisa Cooper gave assurance that this was currently in development with the Comms team.</p> <p>Dr McKenna highlighted the importance of communicating with the public around the facility, noting stories of unsafe practice which were highlighted through the consultation process, with members of the public visiting MIUs presenting with serious illness. Dr McKenna acknowledged that comms were needed around appropriate access to appropriate care and the importance of utilising 111.</p> <p>Dave Dempsey noted the need to communicate processes with the whole of Fife, focussing on people who are not regular users. Alastair Grant highlighted that it would be critical to remember the varying demographics of those who may access the service and not just the elderly.</p> <p>Margaret Kennedy noted that she did not support the proposal, although she was assured of the robust communications.</p> <p>Jo Bennett queried the timescale for consolidation of MIU services with Lisa Cooper confirming that services would be consolidated on or around 17<sup>th</sup> July 2025.</p> <p><b>Recommendation</b></p> <p><b>The IJB:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the risks and drivers for change articulated within the paper indicating the need to review service delivery models for Minor Injury Care within the North East Fife locality to ensure delivery of sustainable, safe, high quality effective minor injury care.</b></li> <li>• <b>Noted the process followed regarding the clinically led options appraisal as per appendix 1 with option 3 as the clinically preferred option being recommended for decision.</b></li> <li>• <b>Noted that implementation of the recommendation would result in a cost saving of £140,000.</b></li> <li>• <b>Were assured regarding the HSCPs and SLTs continued commitment to investment in the ongoing development of Adamson Hospital as a thriving hub for access to care within North East Fife Locality.</b></li> <li>• <b>Noted that the IJB Committees supported the paper to progress to IJB for decision.</b></li> <li>• <b>Approved the reconfiguration of MIU services within North East Fife locality to a single site at St Andrews Community Hospital and issue the Direction to NHS Fife.</b></li> </ul>	
7	<p><b>LIVED EXPERIENCE &amp; WELLBEING</b></p> <p><b>7.1 What Matters To You?</b></p>	

Lynn Barker introduced Diane Roth who presented a short film highlighting the work of The Health & Social Care Alliance and the What Matters To You campaign.

Diane advised that we had been approached by NES and confirmed that in partnership with NES and the Alliance this work is being extended across Scotland.

Lynn Barker further explained that the work is being rolled out across all hospitals and community teams and highlighted the What Matters To You day on 3<sup>rd</sup> June 2025.

Paul Dundas gave thanks for this work noting that a number of care homes had already commissioned the Alliance and Tommy to work with them and highlighted an event running on 10<sup>th</sup> June.

Chris Conroy highlighted positive feedback from family stories which he noted really demonstrated the importance of this work.

Morna Fleming advised that she previously took part in one of Tommy’s training sessions and found it enlightening to hear his story around intelligent kindness.

Sam Steele complimented a wonderful piece of work which is improving communication channels.

**8**

**INTEGRATED PERFORMANCE**

**8.1 Finance Update**

This report was discussed at the Finance Performance and Scrutiny Committee on 13 May 2025 and the Local Partnership Forum on 14 May 2025.

David Ross introduced Tracy Hogg, Finance Manager who presented the report.

Tracy began her report by advising that the paper provides the financial position based on actuals to 31<sup>st</sup> March 2025, noting a current projected overspend of £34.017m, which Tracy advised was a positive movement of £2.9m from the figure reported in January 2025.

The main areas of overspend were reported as prescribing, the use of locums in mental health and psychology and adult social care packages. Tracy also noted an £11m overspend within the Community Care portfolio.

Tracy explained that due to the overspend position it was necessary to initiate the risk share process.

Tracy highlighted savings delivery, advising members that 52% of the overall £39m of savings proposed had been successfully delivered. Tracy noted that those areas not delivered would move forward to be delivered in 2025/26 and advised that non-delivery was in the main due to timing and inter-dependencies.

Tracy highlighted Progress Reporting Update meetings which started in Q4 and continue to take place weekly in the new financial year with SLT and the responsible service managers. During these meetings there is discussion around the progress made in each area and any barriers to the delivery of savings.

Tracy advised of a commitment to providing an enhanced savings tracker, providing increased narrative and reassurance.

	<p>Appendix 4 was highlighted which details the reserves balances, however Tracy noted that these were committed for use.</p> <p>David Ross then invited Committee Chairs to comment in turn.</p> <p>Alastair Grant, Chair of Finance, Performance and Scrutiny noted that Committee commended all efforts and recognised the increased savings made over the last quarter.</p> <p>Lynne Garvey, Co-Chair of the Local Partnership Forum highlighted good discussion at LPF with members assured of our grip and control processes. Lynne highlighted a specific ask from LPF around recovery plans noting the need to be prepared for this.</p> <p>Chair then opened to questions from Board members.</p> <p>Morna Fleming noted her disappointment at the Scottish Government funding cut for mental health referenced on page 138.</p> <p>Jillian Torrens confirmed a smaller mental health funding allocation from Scottish Government which she noted needs to be taken into consideration when planning services, and assured members that the challenges have been fed back to Scottish Government.</p> <p><b>Recommendation</b></p> <ul style="list-style-type: none"> <li>• <b>IJB were assured that there is robust financial monitoring in place</b></li> <li>• <b>IJB noted and approved the provisional outturn position for delegated services for 2024-25 financial year as at 31<sup>st</sup> March 2025 as outlined in Appendices 1-4 of the report; and</b></li> <li>• <b>IJB approved the Direction to NHS Fife for risk share transfer.</b></li> </ul>	
	<p><b>8.2 Performance Report – Executive Summary</b></p> <p>This report was discussed at the Finance Performance and Scrutiny Committee on 13 May 2025.</p> <p>David Ross introduced William Penrice who presented the report.</p> <p>William advised that this was the last time the report would be presented in this format, noting that he was working on a new format to increase the scope of the paper. William was happy to answer any questions on the report.</p> <p>David Ross invited Alastair Grant, Chair of the Finance, Performance and Scrutiny Committee to comment on discussions at the Committee before opening to questions from Board members.</p> <p>Alastair Grant, Chair of Finance, Performance and Scrutiny commended the report and noted no particular comments from Committee.</p> <p>Chris Conroy highlighted opportunities to work with external providers.</p> <p>Paul Dundas gave thanks to William and Chris and welcomed the improved approach, noting that he was looking forward to working together in a whole system approach.</p> <p><b>Recommendation</b></p>	

	<p><b>The IJB were assured that the full report had been discussed at the relevant Committee, the areas which require improvement are under development and are subject to continual scrutiny by Head of Service.</b></p>	
<p><b>9</b></p>	<p><b>GOVERNANCE &amp; OUTCOMES</b></p> <p><b>9.1 Governance Committee Assurance Statements</b></p> <p>This report was discussed at the Quality and Communities Committee on the 25 April 2025, the Finance, Performance and Scrutiny Committee, 13 May 2025 and the Audit and Assurance Committee on 15 May 2025.</p> <p>David Ross introduced Vanessa Salmond who presented the report.</p> <p>Vanessa began her update by advising members that the statements provide assurance that the 3 standing committees are fulfilling their remit, ensuring effective governance is in place and noted that no significant issues had been identified for highlighting to the IJB.</p> <p>David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.</p> <p>Sinead Braiden, Chair of Qualities and Communities Committee, Alastair Grant, Chair of Finance, Performance and Scrutiny Committee Committee and Dave Dempsey, Chair of Audit and Assurance Committee Committee confirmed that all committees supported the progression of the paper to the IJB.</p> <p><b>Recommendation</b></p> <p><b>The Board were assured that good governance is in place across the Partnership.</b></p>	
	<p><b>9.2 Monitoring of Directions</b></p> <p>This report was discussed at the Finance, Performance and Scrutiny Committee, 13th May 2025.</p> <p>David Ross introduced Vanessa Salmond who presented the report.</p> <p>Vanessa began her update by advising that the appendices detail the current Directions and confirmed that 2024-25 Directions would be closed following the external audit of accounts in September.</p> <p>David Ross then invited Alastair Grant, Chair of Finance, Performance and Scrutiny Committee to comment on discussions at the Committee before opening to questions from Board members.</p> <p>Alastair Grant, Chair of Finance, Performance and Scrutiny noted members were assured of the status of all open Directions and had no particular comments from Committee.</p> <p><b>Recommendation</b></p> <ul style="list-style-type: none"> <li>• <b>IJB noted the current status of the open Directions as per Appendix 1</b></li> <li>• <b>IJB were assured that appropriate governance arrangements are being advanced as per the requirements of the Integration Scheme.</b></li> </ul>	
	<p><b>9.3 Draft IJB Workplan 2025-26</b></p>	

This was a standing agenda item for member information only.

**10** **LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS**

**10.1 Risk Management Annual Report 2025**

This report was discussed at the Audit and Assurance Committee on 16 May 2025.

David Ross introduced Avril Sweeney who presented this report.

Avril advised that this report provided a progress update on the delivery plan since it was agreed in March 2023, noting 10 actions within the updated delivery plan, with 7 completed and further improvement work continuing with 2 of the actions. In regard to the other 3 actions, Avril advised that one relates to a review of the risk maturity model with the other 2 actions due later this year.

Avril noted that the report highlights work carried out throughout the year on completed actions. The 2 actions where further work is ongoing relate to the risk appetite where an amendment to the SBAR is currently being drafted and Avril confirmed that this will be presented to Committees in a future cycle. In addition, the development of a performance model to provide assurance that risk management processes are operating effectively.

Avril explained that the initial draft of the risk maturity model was presented to the Audit and Assurance Committee in November 2024, where members were supportive but asked for further views on content and that an additional review be completed by officers. This was taken to the Extended Leadership Team Development Session in February 2025 where members discussed and developed actions.

Avril highlighted the latest risk maturity model shown at Appendix 2 and noted that if agreed the areas for improvement would be drawn up into smart actions and added to the delivery plan going forward, with lessons learned currently being worked on.

David Ross then invited Dave Dempsey, Chair of Audit and Assurance to comment on discussions at Committee opening to questions from Board members.

Dave Dempsey, Chair of Audit and Assurance noted Committee were content with the report.

Colin Grieve queried if lessons learned should be wider across partner bodies and not just the HSCP.

Avril confirmed that we are capturing what is already out there in terms of lessons learned, complaints and adverse events and looking across all partners and as wide as we can to find best practices to share into each area.

**Recommendation**

- **Members were assured that work on the delivery plan actions is progressing.**
- **Members approved the Risk Maturity Model baseline as shown at Appendix 2.**

## 10.2 IJB STRATEGIC RISK REGISTER

This report was discussed at the Audit and Assurance Committee on 16 May 2025.

David Ross introduced Avril Sweeney who presented this report.

Avril advised that this report was being presented to members for assurance, discussion and decision to approve the risk register, and noted that the risk register was last presented to the Audit and Assurance Committee in March 2025 with the risks most recently reviewed in April 2025. Avril advised that all current risk scores remain the same with 2 risks moving the target risk score date to March 2026.

Avril advised that the 6 current high-level risks are show in summary on the table within the SBAR on page 231 and confirmed that all high scoring risks had been subject to a deep dive risk review and the risk register had been presented to all Governance Committees within the committee cycle.

David Ross then invited Dave Dempsey, Chair of Audit and Assurance to comment on discussions at Committee opening to questions from Board members.

Dave Dempsey, Chair of Audit and Assurance highlighted Appendix 4 on page 245 which shows a trend graph, drawing member attention to the dip in the graph and queried if the targets are aspirations as he noted no movement of the risk scores towards the targets.

Alastair Grant suggested that clarification may be required on risk descriptors.

Avril responded explaining that the risk register captures risks at a point in time and acknowledged that we may need to reconsider the risk description to ensure they are captured appropriately. Avril advised that risks are aligned to the strategic plan with a new plan to be developed. Avril noted that target risk scores are optimistic, and risk owners must look at what they can achieve when smart actions are complete. Avril advised that external factors can impact on the risk register and that continuous monitoring of risks is required, and reiterated that it would be an ideal opportunity to review this during the development of the new strategic plan.

Dr McKenna noted that if descriptors are not captured correctly then everything else doesn't fall into line and suggested there is a need to describe the risk that an issue creates. Dr McKenna queried if there was an opportunity to reframe to steer away from issues and concentrate on the risk the issues are creating.

Avril resonated with Dr McKenna's comments and suggested a review with risk owners, advising that the next review point would be July.

Lynne Garvey acknowledged that this suggested action would be appropriate, and whilst she confirmed that the risks are accurate, how they are described requires reviewed.

### Recommendation

- **Members were assured that risks continue to be managed by the relevant risk owners and that lessons learned from the deep dive**

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review process are helping to support the management of risks.

- **Members approved the IJB Strategic Risk Register but recognise further development and maturity is to take place over the next cycle.**

### **10.3 ADULT PROTECTION BIENNIAL REPORT 2022-24**

This report was discussed at the Quality and Communities Committee on 25 April 2025.

David Ross introduced Jillian Torrens who presented this report.

Jillian introduced the report by drawing member attention to the covering paper with a link to the Committee's Strategic Improvement Plan and advised that all Adult Support and Protecting Committees across Scotland had recently been supported by Scottish Government to develop a standardised format for the report which will be used going forward.

Jillian highlighted that the report provides statistical information within the appendices relating to characteristics of harm and local activity data, noting an increase in activity of 27% since the last reporting period. Jillian explained that 18% of overall referrals progressed onto the enquiry phase which she noted was reassuring in terms of processes and the ability to manage referrals timeously when referrals are received.

The Committee has a Strategic Improvement Plan with 4 main focus areas which are noted within the paper.

Jillian advised that the Committee are responsible for oversight of the Improvement Plan following inspection by the Care Inspectorate in 2021, with the main action from the improvement plan being the use and promotion of chronologies. Jillian advised that the Committee were engaged in inspection preparation due to the awareness of a planned programme of local inspections and noted that a short life working group had been set up to focus on this.

Jillian noted the current focus on multi-disciplinary and multi-agency training, working with partner agencies and lived experience, with future work planned to maintain focus in relation to stakeholder engagement, workforce development, policy procedure review and audit activity to improve outcomes overall.

David Ross then invited Sinead Braiden, Chair of Quality and Communities to comment on discussions at Committee before opening to questions from Board members.

Sinead advised that Committee were assured of the current position.

Janette Keenan noted that the report came to the Health and Wellbeing Committee and Clinical Governance Committee where members were assured.

Morna Fleming gave thanks for the report and for the incorporation of updates following Quality and Communities Committee. Morna commended the move to look at outcomes as well as output and complimented the use of leaflets and radio as communication means, noting that in her opinion there is too much reliance on social media communications.

Morna had a number of points to be addressed:

- Morna questioned if LSI recording paperwork would be available to the Care Inspectorate when inspections take place.
- Morna highlighted that page 268 makes reference to work with the deaf communication service and queried whether we had addressed the visually impaired and deaf/blind.
- On page 293 the first table details the number of ASP investigations by client group, 147 of which are classed as “other” with Morna querying what other means.
- Morna noted a low percentage of IRD completion on page 314 and queried if this was a staffing issue?

Jillian responded to Morna’s points by confirming that LSI paperwork will be provided to inspectors and advised that there is no current work related to the blind, but she will feed this back. Jillian confirmed that IRD completion numbers are due to scheduling and availability of staff. In terms of “other”, Jillian acknowledged that it may be helpful to give an example within the report of what the other variables are, and Morna agreed that this would be acceptable.

JT

Dave Dempsey noted that the percentages don’t add up on the table on page 255 and suggested that the data was not presented in the most user-friendly format.

John Kemp confirmed that this report had been discussed at the Public Health Committee where assurance was taken but noted the significant increase in the number of referrals investigated. John noted that Jillian had presented hypothesis behind this but asked if we can ascertain accurate reasons.

Jillian advised that every call into service is recorded as a referral and acknowledged that a deeper dive around this was required to ensure accurate reporting.

JT

Rosemary gave her thanks to Jillian for the report and raised a question around Life Pod, noting that in the Cowdenbeath area they have No Wrong Door and queried whether welfare teams can make referrals to Life Pod.

Jillian advised that she would share information around referral routes for awareness raising and upskilling.

JT

Colin Grieve queried if the percentage increases were reflective of the national position. Jillian confirmed they were, but we are perhaps not reporting the same as other areas.

Jo Bennett queried the data around location of harm breakdown and care homes and asked how we analyse this. Jillian confirmed that trends are assessed which help to identify if a focussed piece of work is required, by looking at the variables that contribute to the trends.

Lynne Garvey invited Lynn Barker to provide further information around this.

Lynn Barker highlighted the Care Home Liaison Team and noted that a governance assurance group monitor and collect data, and highlighted that we have care home liaison nurses in each locality with intelligence data collated.

	<p>Janette Keenan noted no concerns with the escalation systems and processes in place.</p> <p>Paul Dundas assured members that he works closely with multi agency partners in review of all cases, noting work with Alan Adamson in Commissioning to shift the current significant occurrence reporting structures using a whole system approach.</p> <p>Jillian concluded by advising that we have a link officer at the Care Inspectorate with regular engagement sessions discussing adult support and protection.</p> <p><b>Recommendation</b></p> <p><b>Members were assured of the current position, noting work is ongoing.</b></p>	
	<p><b>10.4 SPRING BOOSTER CAMPAIGN</b></p> <p>This report was discussed at the Quality and Communities Committee on 25 April 2025.</p> <p>David Ross introduced Lisa Cooper who presented this report.</p> <p>Lisa noted that the report notes progress on the local delivery plan for the national Covid Spring Booster campaign, advising that the Chief Medical Officer letter was attached at Appendix 1 which instructs delivery of the programme. Lisa noted a significantly reduced cohort eligible for this programme in comparison to the winter programme.</p> <p>Lisa advised that we are currently at 60% delivery of programme, with an increased uptake anticipated by the end of programme on 15<sup>th</sup> June 2025.</p> <p>Lisa highlighted the uptake for care home residents which is 74.6% as of 18<sup>th</sup> May, noting that a “mop-up” programme with care home residents was in place.</p> <p>Assurance was provided to members that there is oversight of programme through the Community Immunisation Programme Board and Lisa was happy to bring a further report on the final position to the Quality and Communities Committee.</p> <p>David then invited Sinead Braiden, Chair of Quality and Communities to comment on discussions at Committee before opening to questions from Board members.</p> <p>Sinead advised that assurance was provided to committee in line with the national direction.</p> <p>Dave Dempsey noted images on page 342 and highlighted that the non-appointment figures for NHS Fife are significantly higher than the Scottish figures. Morna Fleming also noted concern around the non-appointment figures, noting that 24.9% of care home residents have never had an appointment and she was interested to find out why.</p> <p>Lisa advised that she would feedback to Dave offline and bring narrative around this in the final report.</p> <p>Rosemary highlighted that more work was needed to support the uptake across the 3 and under age range, noting that work in nurture centres is required.</p>	<p><b>LC</b></p>

	<p>Lisa advised that this report was related to the covid booster specifically, although noted a reduction in other boosters which was highlighted through the performance report. Lisa confirmed that nurture centres are being utilised as vaccination centres however uptake remains low.</p> <p><b>Recommendation</b></p> <p><b>Members took a significant level of assurance regarding the planning and Implementation of the Spring Vaccination campaign by Fife HSCPs Community Immunisation Service.</b></p>	
	<p><b>10.5 LOCAL PARTNERSHIP FORUM ANNUAL REPORT 2024-25</b></p> <p>This report was discussed at the Local Partnership Forum on 14 May 2025</p> <p>David Ross introduced Roy Lawrence who presented this report.</p> <p>Roy provided a brief introduction to the 5<sup>th</sup> LPF Annual Report, noting that he was seeking approval to publish this on the website. Roy highlighted that the report had been developed in collaboration with LPF Co-Chairs and noted that the Forum was a key advocate for the workforce. Roy gave his thanks to both the Organisational Development and Culture and the Comms team for delivering the Co-Chairs vision.</p> <p>David then invited Lynne Garvey, Co-Chair of the Local Partnership Forum to comment on discussions at Committee before opening to questions from Board members.</p> <p>Lynne commended the report, noting areas of focus in relation to the nurture and development of staff and highlighted the EDI work undertaken by the Partnership. Lynne noted that Lynne Parsons and Debbie Fyfe are active contributors to the LPF and invited their comments.</p> <p>Lynne Parsons welcomed the report noting that it provided assurance that the LPF is fulfilling its remit.</p> <p><b>Recommendation</b></p> <p><b>Members approved the report for publication on the Health and Social Care Partnership website.</b></p>	
<p>11</p>	<p><b>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP</b></p> <p>The minutes of the following Governance Committees were provided for information:</p> <ul style="list-style-type: none"> <li>• Strategic Planning Group – 5 March 2025</li> <li>• Quality &amp; Communities Committee – 6 March 2025</li> <li>• Local Partnership Forum – 11 March 2025</li> <li>• Finance, Performance &amp; Scrutiny Committee – 12 March 2025</li> <li>• Audit and Assurance Committee – 14 March 2025</li> </ul> <p>David Ross requested that any queries on the above were directed to the Committee Chair due to timescales.</p>	

<p><b>12</b></p>	<p><b>AOCB</b></p> <p>Lynne highlighted that this was Janette Keenan’s last IJB meeting due to her impending retirement, highlighting the contribution made by Janette to the IJB throughout the years ensuring professional oversight, guidance and support.</p> <p>Lynne provided an update for the next IJB Development session which will have a focus on structure of Governance Committees and SLT meetings. Proposal will come to IJB Development Session in June and IJB engagement will be welcome.</p>	
<p><b>13</b></p>	<p><b>DATE OF NEXT MEETING</b></p> <p>IJB DEVELOPMENT SESSION (Teams) – WEDNESDAY 25 JUNE 2025</p> <p>INTEGRATION JOINT BOARD – WEDNESDAY 30 JULY 2025</p>	