Fife Health & Social Care Partnership
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AGENDA

INTEGRATION JOINT BOARD MEETING WILL BE HELD ON

FRIDAY 4 DECEMBER 2020 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	DEPUTATION / PETITION – WELLESLEY UNIT, RANDOLPH WEMYSS HOSPITAL	Cllr Ryan Smart	
3	CHIEF OFFICERS REPORT • Protocol for Meeting • Key Updates • Wellesley Unit, Randolph Wemyss Hospital	Nicky Connor	Verbal Update
4	CONFIRMATION OF ATTENDANCE / APOLOGIES	Rosemary Liewald	
5	DECLARATION OF MEMBERS' INTERESTS	Rosemary Liewald	
6	MINUTES OF PREVIOUS MEETING 23 October 2020	Rosemary Liewald	1-5
7	MATTERS ARISING - Action Note 23 October 2020	Rosemary Liewald	6
8	COVID-19 / REMOBILISATION UPDATE	Nicky Connor / Chris McKenna / Helen Buchanan / Esther Curnock	Verbal Update
9	FINANCE UPDATE	Audrey Valente	7-19

10	**FIFE INTEGRATION JOINT BOARD ANNUAL ACCOUNTS FOR THE FINANCIAL YEAR TO 31 MARCH 2020**	**Audrey Valente**	**20-98**
11	**WINTER READINESS**	**Nicky Connor**	**99-166**
12	**STRENGTHENING GOVERNANCE – BOARD MEMBERS ACCESS TO PAPERS**	**Nicky Connor**	**167-168**
13	**ITEMS TO BE ESCALATED FROM GOVERNANCE COMMITTEES**	**Eugene Clarke / Tim Brett / David Graham**	
14	**DATE OF NEXT MEETINGS** **IJB DEVELOPMENT SESSION – Friday 5 February 2020 at 9.30 am** **INTEGRATION JOINT BOARD – Friday 19 February 2021 at 10.00 am**		
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			

Nicky Connor
Director of Health & Social Care
Rothesay House
Glenrothes
KY7 5PQ

If telephoning please ask for Norma Aitken, Head of Corporate Services, 5th Floor Rothesay House Tel: 03451 555555 Ext 444328 or email Norma.aitken1@nhs.scot

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UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 23 OCTOBER 2020 AT 10.00 AM

Present	Councillor Rosemary Liewald (RL) (Chair) Christina Cooper (CC) (Vice Chair) Fife Council, Councillors – David Alexander (DA), Tim Brett (TB), Dave Dempsey (DD), David Graham (DG), Fiona Grant (FG), David J Ross (DJR) and Jan Wincott (JW) NHS Fife, Non-Executive Members – Les Bisset (LB), Martin Black (MB), Eugene Clarke (EC), Margaret Wells (MW) Chris McKenna (CM), Medical Director, NHS Fife Helen Buchanan (HB), Nurse Director, NHS Fife Wilma Brown (WB), Employee Director, NHS Fife Debbie Thompson (DT), Joint TU Secretary Ian Dall (ID), Service User Representative Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative Simon Fevre (SF), Staff Representative NHS Fife
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Helen Hellewell, Associated Medical Director, NHS Fife Katherine Paramore, Medical Representative Kathy Henwood, Chief Social Work Officer, Fife Council Lyn Barker, Interim Associate Nurse Director, NHS Fife
Attending	Dona Milne (DM), Director of Public Health, NHS Fife Fiona McKay, Head of Strategic Planning, Performance & Commissioning Amanda Wong, Interim Associate Director, AHP's, NHS Fife Norma Aitken (NA), Head of Corporate Services Lesley Gauld (LG), Compliance Officer Wendy Anderson (WA) (Minute) Tim Bridle, Audit Scotland

NO	HEADING	ACTION

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership (H&SCP) Integration Joint Board (IJB).

The Chair advised the Board that Dr Susie Mitchell is standing down from the IJB and thanked her for her contribution over the last 5 years.

The role of GP representative on the Board will now be fulfilled by Dr Helen Hellewell, Associated Medical Director.

NO	HEADING	ACTION

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS (Cont)

Members were advised that a recording pen was in use during the meeting to assist with Minute taking and the media have been invited to listen to the proceedings.

2 CHIEF OFFICERS REPORT & PROTOCOL FOR MEETING

Nicky Connor covered the protocol for the meeting which is the fourth virtual Board meeting.

The key items Nicky would have updated on were all contained within the agenda for this meeting.

3 CONFIRMATION OF ATTENDANCE AND APOLOGIES FOR ABSENCE

Apologies have been received from Carol Potter, Steve Grimmond, David Heaney, Scott Garden, Jim Crichton and Eleanor Haggett.

4 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

5 MINUTES OF PREVIOUS MEETING 25 SEPTEMBER 2020

Tim Brett asked for a change to made to Item 10 – Update on Mental Health Strategy 2020-2024 Implementation Plan. Once this change has been made the Minute of the meeting held on 25 September 2020 would be approved as accurate.

6 MATTERS ARISING

The Action Note from the meeting held on 25 September 2020 was agreed as accurate.

7 PUBLIC HEALTH / REMOBILISATION UPDATE

The Chair introduced Nicky Connor who presented this update in conjunction with Dona Milne and Chris McKenna.

Dona Milne gave an update on the current situation with Test and Protect. Between 12 and 18 October 2020 there had been 136 positive cases of Covid 19 in Fife and as a result of these 335 individuals have been contacted and given advice by the Test and Protect Team. The team is being expanded to cope with anticipated increased demand.

Nicky Connor provided an update on the season flu campaign and advised that she is now the Lead in Fife and will Chair the Silver Command Group meeting.

To date over 40,000 flu vaccinations have been given and a further 52,000 appointments are booked. 2,500 – 3,000 vaccinations being administered daily. 37% of NHS staff have already been vaccinated. The programme for vaccination in Care and Nursing Home is going well.

NO	HEADING	ACTION

7 PUBLIC HEALTH / REMOBILISATION UPDATE (Cont)

The team which is dealing with flu enquiries is making good progress with telephone calls, emails and texts. 87% of telephone calls were answered yesterday.

Information on the NHS website is being updated regularly. Feedback from the delivery of clinics has been excellent, which is due to the work of all of the teams involved in this process.

Chris McKenna updated on the current situation regarding Remobilisation. Restarting of services over the summer months has been very successful. The current increase in Covid-19 cases may have an impact on services. There will be a need to find a balance between managing Covid-19 and maintaining service provision.

Staff in general are ready and willing to respond the emerging situation and know better what to expect. We now have policies and procedures in place which we did not have in March 2020 at the start of the coronavirus pandemic and are more informed about how the virus is transmitted, etc.

Ongoing support is available for staff eg wellbeing hubs, telephone lines. Staff should also be encouraged to support each other.

Thank you to all staff across Health and Social Care.

8 FINANCE UPDATE

The Chair introduced Audrey Valente who presented this report.

As at 31 August 2020 the forecast deficit is £6.362m and £6.939m relates to unachieved savings that remain at risk of non-delivery. These are currently within the local mobilisation plans

Four key areas of overspend that are contributing to the overspend –

- Risk Share
- Hospital and Long-Term Care
- Adult Placements
- Homecare Services

The projected costs in relation to Covid-19 are projected to be £26m and spend to date is £8m. It has been confirmed that Quarter 1 costs will be paid in full and a percentage of costs will be paid for the remaining three Quarters. More guidance on this is expected from Scottish Government in November 2020.

Nicky Connor advised that discussions are ongoing with the Local Partnership Forum, which comprises Senior Leadership Team members, Trade Unions and Staff Side representatives on finance as there is monitoring of vacancies, etc.

Eugene Clarke asked if reporting arrangement on financial information from the partner organisations could be aligned to allow more up to date

NO	HEADING	ACTION

8 FINANCE UPDATE (Cont)

information to be provided. Nicky Connor advised that this would be taken on board and discussed with partners.

Tim Brett questioned if the budget realignment exercise discussed at the September meeting had progressed. Audrey Valente is in dialogue with Fife Council and NHS Fife, a paper has been prepared and this will be discussed in the next few weeks.

The Board noted the financial position as reported at 31 August 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. The full Performance Report was discussed in detail at the Finance and Performance Committee on 6 October 2020. The areas included in the Executive Summary are those which are higher risk. These areas are monitored regularly.

The Home First programme is a different approach for this year and will see changes in the wider work we do around care. This will support sustainability and continue to support patients in the most appropriate setting.

Eugene Clarke asked if dates could be included in the summary when there is a commitment to create a plan. Fiona McKay will look at this for the next report.

It was suggested that further discussion on these indicators should be the basis of a future Development Session. **NC**

The Board noted the information contained within the Performance Report.

10 PUBLIC SECTOR CLIMATE CHANGE

The Chair introduced Fiona McKay who presented this report which had been discussed at the Finance and Performance Committee on 6 October 2020.

The Board considered and agreed the priorities for climate change governance, management and strategy for the year ahead as set out in the Assessment section of this report. The agreed priorities will form part of the submission to the Scottish Government.

11 WINTER READINESS

Nicky Connor presented this report.

The full Winter Plan, which will be a public document aligned to the Remobilisation Plan, is still a work in progress.

Winter Planning is being managed in a similar way to Covid-19 with Gold, Silver and Bronze Command groups meeting on a regular basis.

NO	HEADING	ACTION

11 WINTER READINESS (Cont)

There are interdependencies between winter planning, the enhanced flu programme, Covid-19 and the Urgent Care Review which is ongoing.

Discussion took place around the Home First model, locality huddles and point of care testing.

Helen Buchanan advised that at the moment winter planning is in a good place for the time of year. We are facing a period of uncertainty and cannot predict how things will progress. Escalation plans are in place.

The full plan will be taken to governance committees before coming to the Integration Joint Board meeting on 4 December 2020. **NC**

The Board noted the progress of the Winter Plan for 2020/21.

12 PRIMARY CARE IMPROVEMENT PLAN

The Chair introduced Helen Hellewell who gave a short presentation on the Primary Care Improvement Plan.

The Plan is in place to support improvement in GP provision and their role as expert medical generalists. Covid-19 has had an impact on progress.

A meeting is due to take place in November 2020 to reflect on the new ways of working as a result of Covid-19 and to look at models of care.

No updated National Plan is required this year but Helen will bring an update to through the governance committees and to the Integration Joint Board in early 2021. **HH**

13 DATE OF NEXT MEETING

IJB DEVELOPMENT SESSION - Friday 27 November 2020 – 9.30 am

INTEGRATION JOINT BOARD – Friday 4 December 2020 – 10.00 am

ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 23 OCTOBER 2020

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	**Primary Care Improvement Plan** – update to be taken through governance committees and to IJB in early 2021.	**Helen Hellewell**	**IJB by March 2021**	

COMPLETED ACTIONS

ACTION	LEAD	TIMESCALE	PROGRESS
Remobilisation / Public Health Update – questions on flu vaccination campaign to be sent to Wendy Anderson for collation and sending to Dona Milne, Director of Public Health. Responses will be shared once received	**Wendy Anderson**	**By 1 October 2020**	**Response Rec'd 23/10/20. Circulated to IJB on that date**
Performance Report Executive Summary – further discussion on indicators within the Performance Report to be discussed at future Development Session	**Nicky Connor**	**2021 Development Session**	**Will be timetabled for early 2021**
Winter Readiness – full Winter Plan to be discussed at governance committees before coming to IJB meeting on Friday 4 December 2020	**Nicky Connor / Lynne Garvey**	**4 December 2020**	**On agenda for IJB 04/12/20**

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AGENDA ITEM NO:	9	
DATE OF MEETING:	4 December 2020	
TITLE OF REPORT:	Finance Update	
EXECUTIVE LEAD:	Nicky Connor, Director of Health & Social Care	
REPORTING OFFICER/ CONTACT INFO:	**NAME:**	Audrey Valente
	DESIGNATION:	Chief Finance Officer
	WORKPLACE:	Rothesay House
	TEL NO:	03451 55 55 55 Ext 444030
	E-MAIL:	Audrey.Valente@fife.gov.uk

Purpose of the Report (delete as appropriate)		
For Decision	**For Discussion**	**For Information**

Governance Route to IJB (must be completed)	
Detail of Committee(s) (inc date) which report has been to prior to IJB:	Finance & Performance Committee – 11 November 2020
Parties consulted prior to H&SC IJB meeting:	NHS Fife Finance Fife Council Finance

REPORT

Situation

The attached report details the financial position of the delegated and managed services based on 30 September 2020 financial information. The forecast deficit is £6.780m and £6.939m 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.

Background

The Public Bodies (Joint Working) (Scotland) Act 2014 determines those services to be delegated to the Integration Joint Board (IJB).

The IJB has a responsibility for the planning of Services which will be achieved through the Strategic Plan. The IJB is responsible for the operational oversight of Integrated Service and, through the Director of Health and Social Care, will be responsible for the operational and financial management of these services.

Assessment

Financial Position

At 30 September the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £6.780m.

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

Risk Share
Hospital and Long-Term Care
Adult Placements
Homecare Services

The report provides information on in year additional funding allocations to provide clarity and also highlights further risks and uncertainties in the financial year.

There is also an update in relation to savings which were approved by the IJB in March 2020.

Recommendation

- **Note** the financial position as reported at 30 September 2020.
- **Note and discuss** the next steps and key actions.

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

This paper provides an update in terms of both core expenditure and Covid spend. The latest projection suggests an overspend position at March 2021 of £6.780m. A recovery plan that brings the budget back in line will be developed and work will continue to ensure delivery of the savings approved in March 2020.

Objectives: (must be completed)	
Health & Social Care Standard(s):	Integration Planning and Delivery Principles.
IJB Strategic Objectives:	All
Further Information:	
Evidence Base:	
Glossary of Terms:	

Impact: (must be completed)

Financial / Value for Money:

Steps will be taken to review the medium-term financial strategy and further understand potential funding risks as a result of Covid-19.

Risk / Legal:

There is a risk that full funding will not be made available by the Scottish Government to fund the costs of Covid-19. A recovery plan has been developed to mitigate any risk.

Quality / Customer Care: There are no Quality/Customer Care implications for this report.
Workforce: There are no workforce implications to this report.
Equality Impact Assessment: An EqIA has not been completed and is not necessary as there are no EqIA implications arising directly from this report.
Environmental / Sustainability Impact: A review of the medium-term financial strategy will move the Health and Social Care Partnership onto a more sustainable footing.
Consultation: None
Appendices: (list as appropriate) 1. Finance Report – September 2020 2. Savings Tracker IJB

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APPENDIX 1

Fife Health & Social Care Partnership

Finance Report as at 30 September 2020

October 2020

NHS Fife

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Fife Council

FINANCIAL MONITORING

FINANCIAL POSITION AS AT SEPTEMBER 2020

1 Introduction

The resources available to the Health and Social Care Partnership (HSCP) fall into two categories:

a) Payments for the delegated in scope functions.

b) Resources used in “large hospitals” that are set aside by NHS Fife and made available to the Integration Joint Board for inclusion in the Strategic Plan.

The revenue budget of £553.747m for delegated and managed services was approved at the 28 March 2020 Integration Joint Board (IJB). The net budget requirement exceeded the funding available and a savings plan of £13.759m was approved at that same meeting.

The revenue budget of £36.032m for acute set aside was also set for 2020-21.

2 Financial Reporting

This report has been produced to provide an update on the projected financial position of the Health and Social Care Partnership core spend. A summary of the projected overspend at the current time is provided at Table 2 and a variance analysis provided where the variance is in excess of £0.300m. It is critical that the HSCP manage within the budget envelope approved in this financial year and management require to implement robust project plans to bring the partnership back in-line with this agreed position.

In addition to core information there is also an update in relation to Covid included within paragraph 7, and the latest update in terms of mobilisation is available at paragraph 8.

3 Additional Allocations for Year

Additional Budget allocations are awarded in year through Health which are distributed to the H&SCP where applicable. The total budget for the delegated and managed services has increased by £32.992m through additional allocations for specific projects as detailed below in Table 1 - £24,052m of this funding has been allocated to budgets and £8,940m remains in reserve to be allocated.

The Primary Care Implementation Fund (PCIF) Allocation £3.768m is a follow on from the Primary Care Transformation Funding of prior years. The PCIF fund now encompasses funding for GP Contract implementation (excluding Estates). It should be noted that £0.273m of the funding in 2019-20 remained unspent at the year end and has been carried forward into 2020-21, providing a total available allocation of £3.768m.

	Funding Received 2020-21	Funding B/F	Funding Allocated	Funding Earmarked	Funding Unallocated
	£	£	£	£	£
Alcohol and Drug Partnership	136,520	5,054,445	4,528,021		662,944
Mental Health Act	344,000		344,000		0
Integration Fund		631,442	556,252		75,190
Men C	-15,995		-15995		0
Community Pharmacy Practitioner Champion	19,734				19,734
Family Nurse Partnership	1,276,288		1,276,288		0
Capacity Building CAMHS & PT	455,623		455,623		0
Mental health innovation fund	287,601		287,601		0
Veterans First Point Transition funding	116,348		116,348		0
Primary Medical Services Bundle	1,717,797		1,717,797		0
Outcomes Framework	-27,450				-27,450
PCIF	3,495,283	273,000	3,768,283	-	0
Action 15 mental health strategy	1,145,462		485,800		659,662
Pre-Registration Pharmacist Scheme	-115,784				-115,784
Fife's Integration Authority share of £50m	3,413,000		3,413,000		0
Living Wage	680,242		680,242		0
Second tranche of Social Sustainability	1,706,000		1,706,000		0
Childhood Flu etc	546,601		546,601		0
Breastfeeding Project	57,890		57,890		0
School Nursing	46,000		46,000		0
Covid Sustainability	300,000		300,000		0
GP premises funding	102,171		102,171		0
Perinatal funding	341,954		341,954		0
Covid 19	11,004,000		3,438,355		7,565,645
	27,033,285	**5,958,887**	**24,052,231**	**0**	**8,939,941**

4 Directions

There are no Directions required for this paper as the paper provides an update on the financial outturn of the Health and Social Care Partnership based on the position at September 2020.

Financial Performance Analysis as at September 2020

The combined Health & Social Care Partnership delegated and managed services are currently reporting a projected outturn overspend of £6.780m as below.

As at 30 September 2020

Objective Summary	Original Budget	Budget August	Budget September		Forecast Outturn August 2020	Forecast Outturn September	Variance as at August	Variance September
	£m	£m	£m		£m	£m	£m	£m
Community Services		115.510	117.217		112.683	113.789	-2.827	-3.428
Hospitals and Long-Term Care		51.014	55.187		51.726	56.518	0.712	1.331
GP Prescribing		72.330	72.330		72.330	72.330	0.000	0.000
Family Health Services		98.132	100.034		98.197	100.094	0.065	0.060
Children's Services	394.751	17.391	17.521		16.816	17.021	-0.575	-0.500
Resource transfer & other payment		56.002	58.008		55.976	57.982	-0.026	-0.026
Older People Residential and Day Care	14.134	14.930	14.651		14.824	14.545	-0.106	-0.106
Homecare Services	30.460	31.083	29.461		33.590	32.049	2.507	2.588
Nursing and Residential	33.789	34.092	34.092		33.929	33.929	-0.162	-0.162
Adult Placements	39.215	40.800	41.162		43.904	44.995	3.104	3.833
Adult Supported Living	22.576	21.739	21.729		20.458	20.020	-1.281	-1.709
Social Care Other	17.177	14.754	19.494		19.706	24.393	4.951	4.900
Housing	1.646	1.646	1.646		1.646	1.646	0.000	0.000
Total Health & Social Care	**553.747**	**569.424**	**582.533**		**575.785**	**589.312**	**6.362**	**6.780**

Revised Outturn figure					**575.785**	**589.312**	**6.362**	**6.780**

The main areas of variances are as follows:

4.1 Community Services Underspend £3.428m

There is a forecast outturn of £3.428m underspend within Community Services which is due to staff vacancies in Health Promotion & Community Dental Services (Fife Wide) as well as nursing vacancies in the East. There are also forecast underspends in Sexual Health and Rheumatology drug costs.

4.2 Hospital and Long-Term Care £1.331m Overspend

There is a forecast overspend of £1.331m comprising staff costs associated with additional demands relating to patient frailty/complexity. There are also staff shortages and vacancies within Mental Health which has necessitated additional expenditure in relation to medical locums and nursing overtime, bank and agency spend.

4.3 Children's Services £0.500m Underspend

This underspend is due to ongoing vacancies in health visitors, family nurses, paediatric physiotherapy and school nursing.

4.4 Homecare Services £2.588m Overspend

The overspend in homecare mainly relates to £0.993m non-achievement of turnover allowance offset by £380k under on direct payments to service users which enable them to organise their own care. In addition the non-achieved savings for this service amount to £1.858m.

4.5 Adult Placements £3.833m Overspend

The overspend in adult placements mainly relates to a greater number of adult packages which have been commissioned in excess of budget £1.559m and also as a result of non-achieved savings of £2.274m. As this is an area where spend now exceeds the budget an additional level of escalation is now required to control spend in this area

4.6 Adult Supported Living £1.709m Underspend

The projected underspend of £1.709m for supported living is mainly within employee costs due to vacancies across all areas. In addition to general vacancies there are £0.122m of vacancies within the Community Support Service which will be utilised going forward with a redesign of the services being provided. While Day Care services have been closed, some of the staff have been redeployed to cover vacancies, holidays and sickness within the group homes reducing the need to pay additional staff to provide cover.

4.7 Social Care Other £4.900m Overspend

The 2020-21 IJB budget is based on breaking even across the Partnership after savings and investments have been approved. This overspend reflects the risk share agreement between the two funding partners, which is currently undergoing the planned five-year review and may change once the review is complete. Included in the budget is the recognition that resources will move, as a result of shifting the balance of care from a hospital setting to a home or homely setting. This is also in line with the Ministerial Strategic Group recommendations.

Also within Social Care Other there are overspends within the Older People Fieldwork Teams of £0.415m on direct payments to individuals to enable them to organise their own care packages, including respite and day care. This is a rising area of demand but is offset by the underspend on direct payments within Homecare of £0.380m. Older People Fieldwork Teams are also overspending by £0.617m on residential placements & assessment units. The forecasted overspend includes £0.250m unachieved savings.

5 Savings

A range of savings proposals to meet the budget gap was approved by the IJB as part of the budget set in March. The total value of savings for the 2020/21 financial year is £13.759m. The financial tracker included at Appendix 2, provides an update

on all savings and highlights that anticipated savings of £7.782m (52.9%) will be delivered against the target.

The non-delivery of savings is currently required to be reported within the Local Mobilisation Plans. As with all costs reported within the mobilisation plan there is no certainty that full funding will be made available by the Scottish Government.

6 Covid-19

In addition to the core financial position, there is a requirement to report spend in relation to Covid-19. Currently the actual spend to September is £11.694m. It is assumed these costs will be fully funded through the local mobilisation plans.

7 Mobilisation Plans

On 11 March 2020 John Connaghan wrote to all Chief Executives of NHS Boards and Local Authorities formally requesting the production of Local Mobilisation Plans in response to Covid-19. There was a very clear understanding that the response should be on a whole system basis across all partners. A first draft of the Mobilisation Plan was submitted to the Scottish Government on the 18 March 2020. Since that date the plan and the financial return have continued to evolve and regular updates have been provided.

The latest iteration suggests that costs are likely to be in the region of £21.885m, of which c£7.0m relate to non-achieved savings. The Senior Leadership Team will continue to proactively look to deliver these savings in-year, but it is likely that there will be delays in implementing some of these savings.

This will continue to be reported regularly to both the Finance and Performance Committee and the Integration Joint Board throughout the financial year.

Across Scotland in total, funding of £1.1bn has been made available by the Treasury, however the mobilisation plans submitted are greater than this level. If full funding is not provided for the Mobilisation Plans, then under current governance arrangements there will need to be a discussion as to how the risk will be managed by the two partners.

An initial £50m to help the Social Care Sector was confirmed by the Cabinet Secretary for Health and Sport on 12 May 2020, and further tranche of funding of up to £50m was confirmed on 3 August 2020 in recognition of the ongoing costs and pressures faced by the social care sector, as a result of the pandemic. A further £33m has been confirmed in funding. The principles for social care sustainability payments to providers have been extended to the end of September with a tapering of support in place thereafter. This is currently under review, and further support to the social care sector continues to be a priority during these unprecedented times.

On 29 September 2020 the Cabinet Secretary for Health and Sport announced £1.1bn for NHS Boards and HSCPs which includes the £83m (as above) already received for local authority delegated services. The approach taken is that Scottish Government are providing funding for costs identified in the Local Mobilisation Plans for Q1 and then 70% of projected costs for the rest of the year (up to NRAC/GAE share), while social care costs have been projected at 50%. Unachieved savings and offsets have also been excluded from allocation at this point.

There is a commitment to look at a further allocation in November once more clarity on these payments becomes available.

Assurances have been given to date that there will be support for 'reasonable expenditure' that is aligned to the local mobilisation plans. However, this still carries a level of risk until the mobilisation plans are agreed. Every effort is being made to reduce the cost of the response whilst ensuring our communities and staff are protected and receive the support required. The impact this will have on the financial position is currently being refined.

8 Risks and Mitigation

8.1 Covid

There is a risk that the costs of Covid will not be fully funded by the Scottish Government and it is essential that these costs are continually reviewed to ensure development of a robust case for investment.

The HSCP will continue to contain costs or reduce them wherever possible and to use all funding streams available to them in order to mitigate these new financial pressures.

All areas of expenditure will be reviewed, and every effort will be made to control costs within the overall budget.

8.2 Savings

Non-delivery of savings is also an area of risk. The plans that were approved in March 2020 have been impacted by Covid, as all resources have been focussed on managing the pandemic.

The Senior Leadership Team have committed to keep savings under continual review and develop delivery plans that provide clarity in terms of delivery time-scales.

8.3 Funding

The potential risk associated with not receiving full funding for mobilisation plans is immediate and requires further consideration by the IJB. Only 52.9% of approved savings are estimated to be delivered in this financial year. The remainder will impact on the projected outturn position of the HSCP if funding is not made available by the Scottish Government. As a result the full value of non-achieved savings has been reflected in the projected outturn position with immediate effect.

8.4 Forward Planning

The impact on future year budgets and the requirement to review the financial planning assumptions will be necessary.

8.5 Winter Planning

Planning for Winter will have a potential significant impact on the projected financial outturn. The Winter Plan has now been finalised and it describes the

arrangements in place to cope with the increased demand on services over the winter period. It ensures a shared responsibility to undertake joint effective planning of capacity that can be created across the Health Social Care Sector.

The costs are based on maximising capacity but it is unknown at this point in time whether the capacity will be required in full. It is essential that this is closely monitored over the winter period and that the full allocation of Winter monies is allocated to the HSCP. Regular dialogue between funding partners will be in place over this period.

Audrey Valente
Chief Finance Officer
4 November 2020

Appendix 2

TRACKING APPROVED 2020-21 SAVINGS
HEALTH & SOCIAL CARE PARTNERSHIP

Area	Approved Budget Year	Title of Savings Proposal	Savings Target £m	Overall Forecast £m	Under/ (over) achieved £m	Rag Status	Comment
Fife Wide	2020-23	CRES	4.677	4.205	0.472	Green	Cash Releasing Efficiency Savings
East	2020-23	CRES	0.592	0.592	0.000	Green	Cash Releasing Efficiency Savings
West	2020-23	CRES	0.410	0.410	0.000	Green	Cash Releasing Efficiency Savings
All	2020-23	Supplementary Staffing and Locums	0.600	0.000	0.600	Amber	Review of use of locums and supplementary staffing
East	2020-23	Bed Based Model-Community Hospital Redesign	1.000	0.000	1.000	Red	Care models that best meet the needs of service user with a primary focus to deliver care in a home or homely setting
West	2020-23	Managed General Practice Modelling	0.200	0.000	0.200	Red	Efficiencies identified that lead to a reduction of costs associated with General Practices
West	2020-23	Urgent Care Service Out of Hours	0.050	0.050	0.000	Green	Phase 2 of the roll out of the urgent care out of hours service redesign
All	2020-23	Medicines Efficiency	1.650	1.650	0.000	Green	Further medicines efficiency programme of change
FifeWide	2020-23	Resource Scheduling (Total Mobile)	0.123	0.000	0.123	Red	Review and reduction of care packages using Total Mobile technology. On hold due to Covid-19 pandemic
East	2020-23	Resource Scheduling (Total Mobile)	0.627	0.000	0.627	Red	Review and reduction of care packages using Total Mobile technology. On hold due to Covid-19 pandemic
FifeWide	2020-23	High Reserves	0.350	0.100	0.250	Red	Ensuring adherence to the high reserves policy of 6 months for the voluntary sector and and 8 weeks for direct payments. On hold due to Covid-19 pandemic
East	2020-23	High Reserves	0.135	0.040	0.095	Red	Ensuring adherence to the high reserves policy of 6 months for the voluntary sector and and 8 weeks for direct payments. On hold due to Covid-19 pandemic
West	2020-23	High Reserves	0.215	0.060	0.155	Red	Ensuring adherence to the high reserves policy of 6 months for the voluntary sector and and 8 weeks for direct payments. On hold due to Covid-19 pandemic
FifeWide	2020-23	Procurement Strategy	0.200	0.000	0.200	Red	Review of commissioning strategy, e.g. renegotiation of Under 65 Care Home contracts. On hold due to Covid-19 pandemic.
FifeWide	2020-23	Review Care Packages	0.750	0.560	0.190	Amber	Review of care packages. Balance on hold due to Covid-19 pandemic
East	2020-23	Review Care Packages	0.450	0.000	0.450	Red	Review of care packages. On hold due to Covid-19 pandemic

FifeWide	2020-23	Re-provision of Care	0.875	0.000	0.875	Red	Various redesign projects including reduction of the number of double-handed visits and sleep overs. On hold due to Covid-19 pandemic.
East	2020-23	Re-provision of Care	0.525	0.000	0.525	Red	Various redesign projects including reduction of the number of double-handed visits. On hold due to Covid-19 pandemic.
FifeWide	2020-23	Provision of Taxis/Transport	0.050	0.050	0.000	Green	Alternative Delivery models will be reviewed with a view to providing taxis to service users at a reduced cost. On target to be achieved.
East	2020-23	Meals on Wheels income generation	0.020	0.015	0.005	Amber	Increase in charges by inflation plus 10p. Implementation delayed by 3 months due to Covid-19 pandemic.
East	2019-22	Previously Approved - Day Care services	0.260	0.050	0.210	Red	Continue with the day services redesign programme on a locality by locality basis. On hold due to Covid-19 pandemic.
Total Approved Savings			13.759	7.782	5.977		
All	Additional 2020-23	3.3% Living Wage Shortfall	0.962	0.000	0.962	Red	Following discussion with Scottish Government we have been advised to add to saving list
Grand Total			**14.721**	**7.782**	**6.939**	**52.9%**	

Rag Status Key:-

Green - No issues and saving is on track to be delivered

Amber - There are minor issues or minor reduction in the value of saving, or delivery of the saving is delayed

Red - Major issues should be addressed before any saving can be realised

Summary			
Rag Status	**Savings Target £m**	**Overall Forecast £m**	**(Under)/ over £m**
Green	**7.429**	**6.957**	**0.472**
Amber	**1.370**	**0.575**	**0.795**
Red	**5.922**	**0.250**	**5.672**
Total	**14.721**	**7.782**	**6.939**

Fife Health & Social Care Partnership

Supporting the people of Fife together

AGENDA ITEM NO:	10	
DATE OF MEETING:	4 December 2020	
TITLE OF REPORT:	Fife Integration Joint Board Annual Accounts for the Financial Year to 31 March 2020	
EXECUTIVE LEAD:	Nicky Connor, Director of Health and Social Care	
REPORTING OFFICER/ CONTACT INFO:	**NAME:**	Audrey Valente
	DESIGNATION:	Chief Finance Officer
	WORKPLACE:	Rothesay House, Glenrothes
	TEL NO:	03451 55 55 55 ext 444030
	EMAIL:	Audrey.Valente@fife.gov.uk

Purpose of the Report		
For Decision	~~**For Discussion**~~	~~**For Information**~~

REPORT

Situation

The purpose of this report is to provide the Integration Joint Board (IJB) with an overview of the Health and Social Care Partnership 2019/20 Audited Annual Accounts and to present the Annual Audit Report.

Background

The unaudited accounts were presented at the Audit and Risk Committee on 10 July 2020.

The accounts have now been audited and the external auditor has confirmed that the financial statements give a true and fair view, and have been prepared in accordance with International Financial Reporting Standards as interpreted and adapted by the 2019-20 Code of Practice, the Local Government (Scotland) Act 1973, the Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

The audited accounts were presented at the Audit and Risk Committee on 20 November 2020.

Assessment

The key messages of the audit are provided on page 4 of the auditor's report. The key messages cover the 2019/20 annual accounts; financial management and sustainability; governance, transparency and best value. The audit opinions are all unqualified.

The audit report presents an action plan and recommendations and a management response is provided for each recommendation.

Recommendation

It is recommended that the Integrated Joint Board **approve** the Fife Integration Joint Board 2019/20 annual accounts for signature.

Objectives: (must be completed)	
Health & Social care Standard(s):	All
IJB Strategic Objectives:	All
Further Information:	
Evidence Base:	Financial Ledgers, Performance Reports
Glossary of Terms:	
Parties / Committees consulted prior to H&SC IJB meeting:	SLT, Audit & Risk Committee

Impact: (must be completed)

Financial / Value for Money
There are no Financial or Value for Money implications for this report.

Risk / Legal:
There are no Legal implications for this report.

Quality / Customer Care:
There are no Quality/Customer Care implications for this report.

Workforce:
There are no workforce implications to this report.

Equality Impact Assessment:
An EqIA has not been completed and is not necessary as there are no EqIA implications arising directly from this report.

Consultation:
None.

Appendices:

1. Audited Annual Accounts as at 31 March 2020.
2. Audit Scotland Letter.
3. 2019/20 Annual Audit Report.

APPENDIX 1

www.fifehealthandsocialcare.org

Fife Health & Social Care Partnership

Fife Integration Joint Board Annual Accounts

For the Financial Year to 31 March 2020

CONTENTS

MANAGEMENT COMMENTARY

Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal Assent in April 2014. It established the framework for the integration of health and social care in Scotland.

The Cabinet Secretary for Health, Wellbeing and Sport approved the *Fife Integration Scheme* and the Order to establish the integration joint board was laid in the Scottish Parliament. From Saturday 3 October 2015 the integrated joint board for the area of Fife was legally established.

The parties agreed to proceed by way of adopting the body corporate model of integration and established an Integration Joint Board as provided for in Section 1(4)(a) of the Act. The Integration Joint Board is responsible for the planning and operational oversight of Integrated Services, and through the Chief Officer, known as the Director of Health and Social Care, will be responsible for the operational management of those services delegated and managed by the Integration Joint Board. The effective date of commencement for the Integrated Services was 1 April 2016.

Fife is one of the largest Health and Social Care Partnerships in Scotland with a budget of around £560m million and an acute set aside budget of £38m.

Purpose and Objectives

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes established by the Scottish Ministers namely:

National Health and Wellbeing Outcomes	
1.	**People are able to look after and improve their own health and wellbeing and live in good health for longer.**
2.	**People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.**
3.	**People who use health and social care services have positive experiences of those services, and have their dignity respected.**
4.	**Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.**
5.	**Health and social care services contribute to reducing health inequalities.**
6.	**People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.**
7.	**People using health and social care services are safe from harm.**
8.	**People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.**
9.	**Resources are used effectively and efficiently in the provision of health and social care services.**

Fife Council and NHS Fife are committed to working jointly and have entered into the agreement to achieve these aims and outcomes. The Integration Joint Board (IJB) is fully responsible for:

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

Services we are responsible for include:

Services are provided in a way which, so far as possible:

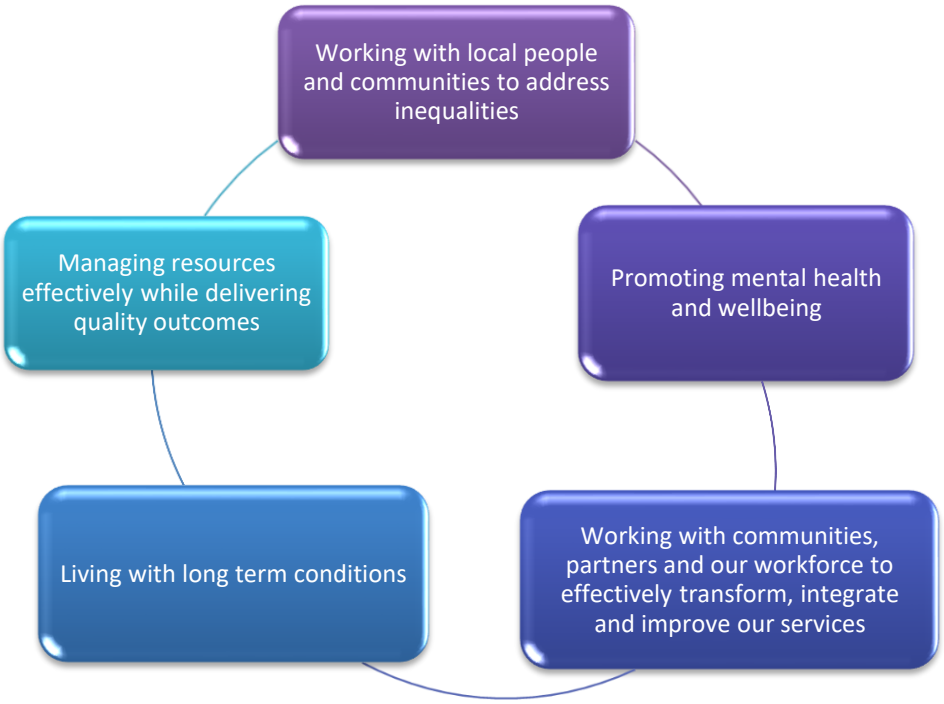
- Is integrated from the point of view of service-users.
- Takes account of the particular needs of service-users in different parts of Fife and takes account of the particular characteristics and circumstances of different service-users.
- Respects the rights of service-users.
- Takes account of the dignity of service-users.
- Takes account of the participation by service-users in the community in which service-users live.
- Protects and improves the safety of service-users.
- Improves the quality of the service.
- Is planned and led locally in a way which is engaged with the community (including, in particular, service-users; those who look after service-users, and those who are involved in the provision of health or social care).
- Best anticipates needs and prevents them arising.

- Makes the best use of the available facilities, people and other resources.

Strategy

The Partnership Vision is to enable the people of Fife to live independent and healthier lives and we aim to do so by working with individuals and communities, using our collective resources effectively. In Fife we work with around 300 organisations across the voluntary and independent sectors and they are a vital part of the Partnership in delivering services.

The Strategic Plan is the blueprint for change and sets out the IJB's priorities for 2019-22. The Plan is driven by law, national and local policy, and aims to meet the needs of people now and in the future. It aims to make better use of new technology and working within available financial and workforce resources to tackle inequalities and offer early interventions. It has five key priorities as follows:



The plan was developed, consulted upon and agreed with heath, social care, voluntary and independent sectors along with the public prior to being approved by the IJB. The Strategic Plan is a live document and we will continue to engage with all those interested in health and social care to deliver the outcomes as described.

Operational Performance – A Year in View

In March 2019 the budget for the financial year 2019/20 was approved by the IJB. Savings of £8.827m were approved but a gap of £6.553m still remained. Given the challenging position in which the HSCP commenced the new financial year and given the challenges that had been faced over the 3 previous financial years there was a clear focus on the need to deliver financial sustainability. An immediate priority was to continue to work towards reducing the gap over the three-year period with additional support from partners as required as per the integration scheme.

An Integrated Transformation Board was created during the 2019/20 financial year. The terms of reference of that Board include responsibility for transformation across the whole system. This not only includes Community Health and Local Authority but also Acute services too. This Board has representation across the whole system and is chaired by both the Local Authority Chief Executive and the NHS Chief Executive. A stage and gate process is used to capture milestone achievements and provides a structured approach to progressing projects through to completion. The HSCP projects that fall within the scope of this board at present are: -

Joining Up Care
Primary Care Improvement Plan
Mental Health

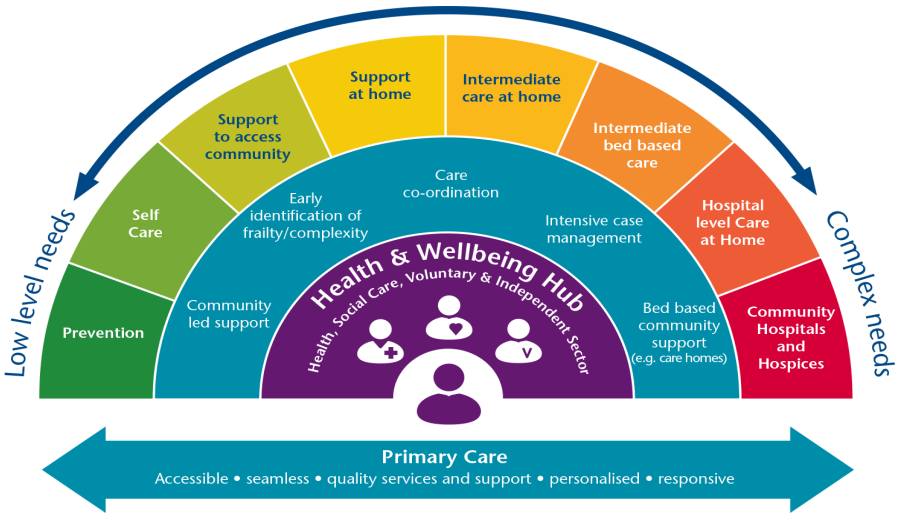
Joining Up Care

NHS Fife's Clinical Strategy and the Fife Health and Social Care Partnership (HSCP) Strategic Plan recommend transformational change in urgent care; community models of care, the latter with a focus on frailty and older people, and Community Hospitals. As a result, the HSCP developed Joining Up Care. The overall aim of this community transformation programme is to establish a fully integrated 24/7 community health and social care model that ensures sustainable, safe, person-centred care in line with local strategic plans.

The strategic objectives are to:

- Develop and deliver a new model for people's health and wellbeing focused around Community Health & Wellbeing Hubs (CH&WH).
- Establish a robust and sustainable out of hours urgent care service across Fife providing enhanced services, accessible to those who require the service.
- Develop the clinical model for community hospitals and alternative community-based models which offer choices to people to be cared for at home or in a homely setting.

The HSCP vision requires a flexible and responsive model that works with people to define the outcomes they want to achieve. The vision is one of enabling people to maximise their health and wellbeing by utilising their own and community assets, with HSCP flexing support and services responsively to meet and sustain outcomes. The diagram below seeks to illustrate how our new model will enable practitioners to layer services, when required, by adjusting support and care incrementally.



In 2018/19 the HSCP completed an extensive public consultation regarding the Joining Up care proposals. The first Community Health and Wellbeing Hub was established in Dunfermline with locality huddles being developed across Fife. Proposals for Community Hospitals and intermediate care models are well formed and were considered by the IJB over the course of 2019/20 and this will continue in 2020/21.

Proposals regarding the redesign of Urgent Care were considered by the IJB in December 2018 and an addendum to the options presented was commissioned. This included engagement with communities across Fife. This work has been completed and was considered by the IJB in summer 2019, with the main outcome being the retention of an out of hours service in St Andrews. A significant amount of work is underway to transform the Urgent Care service in Fife including testing and embedding new roles for staff such as Advanced Nurse Practitioners and Trainee Urgent Care Practitioners.

Primary Care Improvement Plan

The 2018 General Medical Services (GMS) contract refocuses the GP role as expert medical generalists. This role builds on the core strengths and values of general practice – expertise in holistic, person-centred care – and involves a focus on undifferentiated presentation, complex care, and whole system quality improvement and leadership. All aspects are equally important.

The aim is to enable GPs to do the job they train to do and enable patients to have better care. GP and GP practice workload will reduce and refocus under the proposals, as the wider primary care multi-disciplinary team is established and service redesign embedded by the end of the three-year planned transition period (2018-2021).

The GMS contract proposes significant new arrangements for GP premises, GP information technology and information sharing. The effect of these arrangements will be a substantial reduction in risk for GP partners in Scotland, and a substantial increase in practice sustainability. Sustainable general practice is critical for better care for patients.

A Memorandum of Understanding (MoU), between Integration Authorities, Scottish General Practitioners Committee (SGPC), NHS Boards and the Scottish Government covers an initial three-year period from 1 April 2018 to 31 March 2021 and sets out agreed principles of service redesign (including patient safety and person-centred care); ring-

fenced resources to enable the change to happen; new national and local oversight arrangements, and agreed key priorities.

The scope of this programme is to deliver all priorities defined in the General Medical Services Contract (2018) and associated Memorandum of Understanding:

1. Vaccination Transformation Programme
2. Pharmacotherapy Services
3. Community Treatment and Care Services
4. In Hours Urgent Care (Advance Practitioners)
5. Additional Professional Roles
6. Community Link Workers

The MOU specifies 6 Key Points to provide guidance on what success looks like:

- GP and GP Practice workload will reduce.
- New staff will be employed by NHS Boards and attached to practices and clusters.
- Early priorities will include pharmacy support and vaccinations transfer.
- Work streams will engage all key stakeholders and involve patient/public and carer representatives to influence/ inform and agree measures for improvements in patient experience
- Changes will happen in a planned transition over three years when it is safe, appropriate and improves patient care.
- Transform Primary Care Service to best meet population needs.

The Fife Primary Care Improvement Fund (PCIF) allocation for the period 2019/20 (Year 2) was £4.1m. 100.35 WTE were recruited to progress the 6 key priorities outlined in the MoU, reduce GP and GP Practice workload, and support General Practice sustainability.

The multidisciplinary team (MDT) workforce are employed by NHS Fife and work with local models and systems of care agreed between the HSCP, local GPs and others. GPs act as senior clinical leaders within the extended MDT. Practice Managers and other practice staff support the development and delivery of local services via an operational Programme Delivery Group, GP Clinical Quality Group, GMS Implementation Group and all Primary Care Improvement Plan work streams.

During the period 2019/20, the Primary Care Improvement Plan delivered:

1. **Fife-wide phlebotomy service** (MoU priority).

2. **Fife-wide pharmacotherapy service (**MoU priority).

3. **Fife-wide transfer of pre-school/school age/pregnancy immunisations** (MoU priority).

4. Fife-wide GP Practice IT server upgrade/refresh and Wi-Fi access to support multidisciplinary team working.

5. **Various successful tests of change**

- First Response Mental Health Nurse Triage Service
- First Response Musculoskeletal Physiotherapy Service

- First Response Advance Paramedic
- Advance Nurse Practitioner: Care Home Liaison Service.

Mental Health

Since the launch of Fife's Joint Mental Health Strategy, 'What Matters to You?' in 2013 a significant amount of work has been carried out within Fife's mental health and wellbeing support services. Both locally and nationally there has been an increased awareness of the importance of having and maintaining good mental health and wellbeing. Significant work has been progressed during 2019/20 with the culmination of a new strategy which was approved at the IJB in February. The new Mental Health Strategy for Fife (2020 – 2024) takes full account of the recommendations of the National Mental Health Strategy, which emphasises the need to build capacity within our local communities and reduce the reliance on hospital beds. The new Strategy also takes full account of the extensive feedback gathered through engagement and consultation. The Strategy reinforces Fife's commitment to embrace an ethos of recovery; focussing on maximising opportunities for people experiencing mental ill health and mental illness and embedding values-based practice into service delivery. The implementation of the Strategy will ensure an equity of access to support across Fife's localities, tailored to meet local needs, which will be coordinated with the person at the centre at all times. The Strategy commits to the principles of personalisation, where people can build a meaningful and satisfying life whether or not they have ongoing or recurring mental health symptoms.

Fife's Mental Health Strategy 2020-2024 is the product of a detailed development process to Inform, Engage and Consult. The first stage "Inform" commenced with the Mental Health Engagement Event (May 2018) which was attended by over 180 people, including individuals with lived experience, carers, family members, health and social care staff, mental health professionals, third and independent sector partners and elected members from Fife Council. The key themes which emerged from the event included the need for additional peer support, continued and sustained partnership working as well as better information sharing. The second stage "Engagement" took the form of an extensive People's Panel survey, involvement of Health and Social Care Service leads sharing information with their teams, Fife Council and NHS Fife's intranet, Facebook and Twitter pages as well as a development session with members of Clinical and Care Governance, Clinical Governance, Local Partnership Forum, Integration Joint Board and Integration Performance Advisory Group. Extensive feedback was received from across all sectors – the public, people who use services, their families/carers, staff from health and social care, staff from Fife Council, NHS Fife and Police Scotland. In total, feedback was received from just under 1,200 individuals or groups, with the following key themes emerging: Discrimination and stigma must be challenged through involvement in local and national campaigns. People in Fife recognise that we all have mental health. The promotion of mentally healthy communities, through awareness raising and a focus on prevention and early intervention. Closer partnership working to ensure care and support is matched to the unique needs and outcomes of individuals seeking support. Keeping good mental and physical health and wellbeing is key. All available resources are utilised in the most efficient and effective way, optimising opportunity for the right care in the right setting at the right time and ensuring best value for all. All services are underpinned by evidence-based practice. The third stage of "Consult" involved seeking feedback from all original stakeholders on the new draft Mental Health Strategy for Fife, the product of the Inform and Engage phases, which pulled together all feedback received to date. The key themes of the final draft Mental Health Strategy for Fife, "Let's Really Raise the Bar", will inform the planning and delivery of mental health and wellbeing support and services in Fife for the

term of the Strategy and beyond. For each commitment made, an implementation plan will be developed, ensuring commitments are met within the agreed timescale. In addition, through a robust performance framework, evidence will be gathered of what successful delivery will look like. Work on this will commence in 2020/21

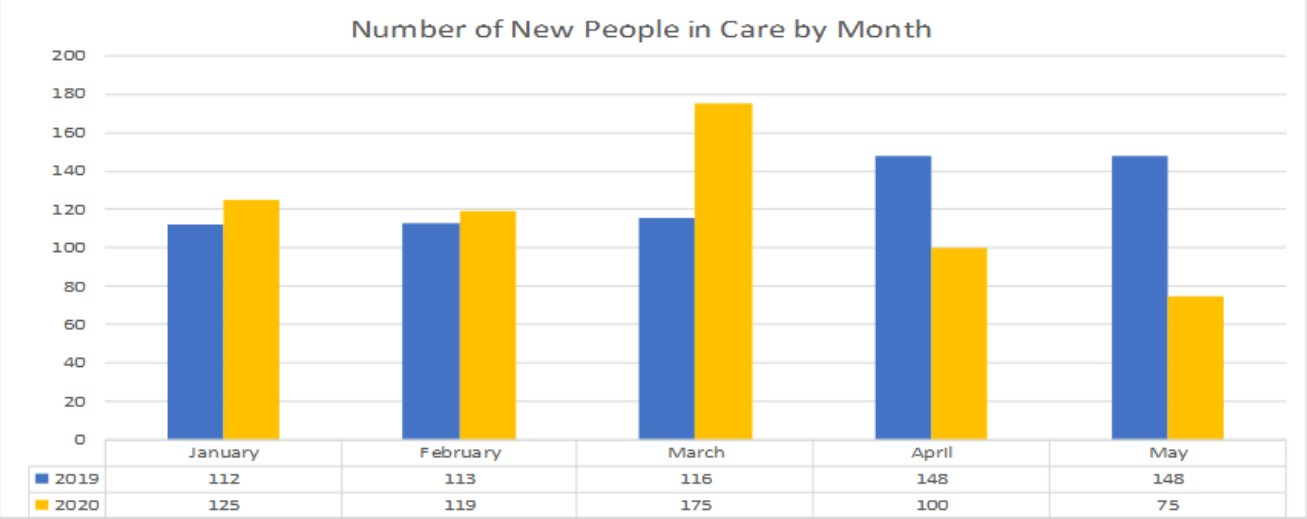
Care Homes

The second phase of the residential care homes replacement programme progressed in 2019/20. Construction of the new Methilhaven Care Home was due to start in early 2020 but this was prevented by the imposition of the Covid-19 lockdown. As well as creating a delay in the completion of the Methilhaven Care Home, delays have also been created in the implementation of both the Cupar and Anstruther care home build programme.

Covid-19

Significant progress was made during 2019/20 in terms of financial management, governance but also in a clear directional change towards a more integrated and whole system approach to service delivery.

However, towards the end of the financial year the HSCP was faced with one of its most significant challenges-Covid-19. In preparation for the pandemic, there was an early focus on delayed discharge and the significant effort of all staff involved ensured that Fife achieved a significant reduction in comparison to the previous year in the figures reported to Scottish Government.



- Fife has 76 Care Homes.

- March 2020 saw 175 people (117 from Hospital) admitted to a Care Home in contrast to 116 (all placements) in 2019.

Covid-19 had a significant impact on the operations of the HSCP. Mobilisation plans were developed for the partnership in response to Covid-19, which meant that business-as-usual activity stopped in most areas. Staff were mobilised to do more prioritised pieces of work and most clinics were stopped. The original mobilisation plan submitted to the Scottish Government at the end of March 2020 suggested costs in the region of £26m. In addition to this the impact that Covid-19 will have on the ability to deliver savings in 2020/21 is significant and a substantial number are now unlikely to be delivered. This has

also been reflected in the financials that are reported to government on a regular basis. There is a risk that the mobilisation plans will not be fully funded and the full extent of the impact of this will be considered by the IJB.

The Mobilisation Plan was developed by identifying the potential capacity that existed in the system to scale up operations, whether internally or via our third and independent sector. The mobilisation plan was delivered as required in response to Public Health modelling data. On this basis it is recognised that the full scale of mobilisation outlined may not be required.

The guiding principles behind the mobilisation plan are:

- To be responsive and led by the science.
- To be prepared to manage an increased number of people in the healthcare system.
- To be prepared to mobilise differently.
- To enable discharge across the whole system.
- To increase bed capacity in both hospitals and care homes.
- To ensure critical services are maintained to release capacity.
- To prioritise support to meet the greatest need as part of a whole system response.

Achieving this has been dependent on the significant contribution of staff across both health and social care. To enable readiness in Fife to meet the anticipated requirements of Covid-19, many staff have been required to work in different ways or in different roles to ensure that critical services are sustained. Staff within Health and Social Care are our greatest asset and what has been achieved and continues to be achieved in response to Covid-19 is highly impressive. There has been a sustained focus on supporting staff health and wellbeing including staff hubs, telephone support lines and regular staff briefings as well as ensuing priority is placed on staff safety including Protective Personal Equipment.

Integrated and Whole System Working

Another important aspect of this plan is that it has had a whole system focus from the beginning and this has been sustained throughout. Actions that have been taken are in line with Government letters and the key priorities that have been identified within Fife. The Health and Social Care Partnership has actively participated in NHS Fife and Fife Council Executive Teams and Command/Incident Management structures. There have been weekly meetings in place between the Chief Officer and Chief Executives of both NHS Fife and Fife Council. This has supported whole system working and partner engagement in all of the key decisions taken within the Health and Social Care Partnership

The actions taken throughout this pandemic have supported integrated working. Our third and independent sector organisations are valued and critical key partners within the mobilisation plan. Teams have worked closely with carers and the Carers Centre to support unpaid carers in Fife. There has also been an incredible community response in Fife which has included many volunteers and support from within communities. Integrated and whole system working is integral to this mobilisation plan and has been key to supporting the readiness of services through this pandemic.

Leadership

The Senior Leadership Team and Senior Managers across health and social care have operated in a different way over the past couple of months. Physical distancing measures

has required remote working and a greatly enhanced use of technology. This has included enabling senior leadership and support working over a seven-day period. The Senior Leadership Team has been actively involved in the mobilisation of the plan and have also had lead roles to support different aspects of delivery, engaging closely with partners.

Governance

There have been robust governance arrangements in place to support the delivery of the mobilisation plan. This includes daily “silver command” meetings with the Chief Officer bringing together operational, clinical and professional advice. Support has been provided by experts within NHS Fife and Fife Council including Public Health, Procurement, HR, finance, e-health/IT, staff side/Trade unions, health and safety and staff wellbeing has been and continues to be valued.

Through professional structures, there has been close working with the Medical Director, Nurse Director and Chief Social Worker to support the clinical and care governance aspects of the key decisions taken. There are also weekly briefings to the chair and vice chair of the Integration Joint Board and for the past six weeks there have been fortnightly meetings which includes the chairs of the Integration Joint Board Committees.

Resilience will be required within our Health and Care system for the foreseeable future in response to Covid-19. Discussions regarding remobilisation and recovery have started. These are taking place within the Health and Social Care Partnership in conjunction with our partners. Due cognisance requires to be given to the impact that many services are still experiencing when considering recovery and remobilisation plans. Reflective discussions have started to consider lessons learned throughout the management of Covid-19 and this will help inform the ‘new norm’. The remobilisation of clinical services will have oversight from the NHS Board Medical and Nurse Directors and will consider priorities set by Scottish Government

The remobilisation of social care services will be considered via the Senior Leadership Team and with engagement with the Chief Social Work Officer. Remobilisation will remain a priority for the Senior Leadership Team during 2020/21.

Financial Performance 2019/20

The IJB commenced 2019/20 with a challenging financial position, having underlying overspends from prior years and requiring to meet new inflationary and funding pressures. The IJB approved budget was set predicated on implementing an approved saving plan to deliver £8.827m of savings, with a remaining budget gap of £6.553m.

Key pressures within the 2019/20 accounts impacting on out-turn have been:

- The significant increased demand for our services associated with an increasing population, in particular, an increasing ageing population and increased complexity of care needs. Adult packages commissioned increased by 15 during the financial year and the average cost of each package increased by £2,185 (5.46%).

- Inability to recruit staff to the Partnership which created a need to recruit higher cost locum and agency staff to cover services.

The IJB delivered significant success through medicines efficiencies made within the GP prescribing budget during 2019/20, which the Fife Pharmacy service led across NHS Fife.

This delivered £1.200m efficiencies in GP prescribing and a breakeven position at year end. Central to delivery has been working with GPs, Consultants, Nursing, Dietetics, Procurement and patients. The three key priorities remain: continue to improve formulary compliance, reduce medicines waste, and realistic prescribing. Achievements during 2019/20 include the launch of a guideline for managing hypertension in frailty and introducing new ordering systems for some nursing and dietetic products.

Within 2019/20, the IJB received further monies from Scottish Government to transform Primary Care Services. Significant projects continue to be undertaken which look at delivery of primary care across Fife and pilot areas of work to deliver more joined-up person-centred care. The funding for this will continue into 2020/21.
The outturn position as at 31 March 2020 for the services delegated to the IJB are:

	Budget £000	Actual £000	Variance £000	Variance %
Delegated and Managed Services	559,949	566,586	6,637	1.2
Set Aside Acute Services	37,821	37,821	0	0.0

The year end position for the set aside was an overspend of £5.030m but this was born by the acute services.

The main areas of overspend within the Delegated and Managed Services are Hospitals and Long-term care £2.358m, Adult Placements £2.780m and Social Care Other £8.774m. These are partially negated by underspends on Children Services £0.467m, Adult Supported Living £1.018m and Community Health Care £5.400m.

The main area of overspend £13.912m relates to the significant financial pressure in Social Care and relates directly to three main factors:

- The agreed budget deficit of £6.553m which consists of various legacy overspends from previous financial years.

- The overspend in relation to Hospitals relates to the additional cost of complex care patients, along with the use of bank and agency nursing to provide safe staffing levels in line with current workforce tool numbers. There is a significant shortage of Medical staffing due to recruitment difficulties within Mental Health and Older People services. This has resulted in high level usage of Medical Locum cover at significant cost.

- Adult packages have increased due to new packages of care in adult services responding to increased demand.

Underspends on children services and community healthcare represented the continuing difficulties in recruiting to vacancies in health visiting, school nursing posts and community nursing.

The Fife Integration Scheme advises how any overspend position for delegated and managed services will be treated. “Any remaining overspend will be funded by the Parties based on the proportion of their current year contributions to the Integration Joint Board.”

NHS Fife made a further contribution of £4.809m and Fife Council made a further contribution of £1.828m, giving a total of £6.637m which resulted in a break-even position for the Integration Joint Board.

The Acute Set Aside services budget was delegated to the IJB and the services are managed by NHS Fife. There was an overspend on these services of £5.030m but these costs were borne by the Health Board. The cost to the IJB is the same as the budget of £37.821m and there is a break-even position.

Key Performance Indicators

The HSCP measures performance on an ongoing basis and has been successful in maintaining performance and comparing favourably to the Scottish average across key areas. Key performance movements are detailed below:

Smoking cessation: In 2019/20, we aimed to deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife. The data received in January 2020 confirmed that Fife had met 92.4% of the target at that stage (364/394 smoking quits). Further data will be available in July however the out turn will be impacted by Covid-19 and some smoking cessation staff being required to undertake alternative roles in Test and Protect for example.

Child and Adolescent Mental Health Services (CAMHS): At least 90% of clients will wait no longer than 18 weeks from referral to treatment was the 2019/20 target. The performance for CAMHS in Fife end March 2020 was 83.1% compared to a Scotland figure of 63.8%.

Psychological Therapies (PTs): At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies was the Local Delivery Plan (LDP) target for 2019/20. The performance for PTs in Fife end March 2020 was that the Referral Time for Treatment (RTT) was met for those with less complex needs and service redesign in this area helped to free up some capacity for high intensity work. The performance for NHS Fife was 78.4% compared to a national performance figure end March of 78.8%.

Value for Money

The IJB are committed to delivering Value for Money in all provisioning and this is a key strand identified in the Strategic Plan. This is delivered through mechanisms with our partner bodies and ensuring Value for Money is directly referenced within the Health and Social Care Integration Joint Board Strategic Plan 2019-22. The basis of financial sustainability is for all service redesign, purchasing, procurement and commissioning to comply with the best value and procurement guidance of the relevant bodies. Third Sector Commissioning is key in terms of Value for Money and analysis is undertaken to determine value for money of delivery prior to external commissioning. It is extremely important that expenditure is managed within the financial resources available in the future and the IJB are committed to implementing a 3-year financial strategy.

Financial Outlook

Whilst the current situation needed immediate in-year action, work will continue in relation to financial planning beyond the current financial year. A review of the budget model and all underlying assumptions will be carried out in light of the current situation to ensure relevance and to ensure known risks are considered. The intention is that a budget report will be produced which will outline an assessment of the future financial position and outline the options for managing the HSCP resources going forward.

An assessment of the budget gap will be challenging and uncertain due to the continually changing nature of the situation being managed. It may be the case that some of the costs now being incurred could continue beyond this financial year and possibly even into the longer term. There will undoubtedly be an adverse impact on the level of funding made available to HSCPs due to the economic impact of Covid-19. As the recovery phases evolve it will become clearer what some of these impacts are likely to be.

As the HSCP moves through each of the phases of recovery, it will need to consider all options to reconfigure services and potentially use different operating models to provide services in a more cost-effective way and to ensure best value.

It is clear that without taking immediate action the financial consequences will be significant and as a result, direct and swift action needs to be taken.

The immediate actions are set out below.

The HSCP will continue to contain or reduce costs wherever possible and to use all funding streams available to them, in order to mitigate the new financial pressures that they face. Similar to the exercise carried out last year, the HSCP will review all areas of expenditure and identify all possible corrective action that can be taken as an immediate measure to reduce costs wherever possible in order to deal with the new pressures and the challenges arising from Covid-19. It is imperative that every effort is made to control costs within the overall budget.

As a result of the continued closure of facilities and Services, costs in some areas will naturally be avoided and will result in underspends in some areas. These underspends must be used to mitigate against the increased costs identified. The scale of the financial challenge across the HSCP is one that must be managed collectively across all divisions.

It is proposed that allocation of the additional resources received from the Scottish Government are used to fund some of the significant pressures. Where this cannot be contained within the overall financial resources, authority must be sought through the Chief Officer and the Chief Finance Officer.

A financial strategy will be developed that addresses the various new and additional pressures that will face the Health and Social Care Partnership over both next financial year 2020/21, and also into future years.

The most significant risks faced by the IJB over the medium to longer term can be summarised as follows:

- the wider financial environment, which continues to be challenging;
- Covid-19 impact on the economy
- the impact of demographic changes leading to increased demand and increased complexity of demand for services alongside reducing resources;
- difficulties in recruitment leading to use of higher cost locums and agency;
- the cost pressures relating to primary care prescribing;
- the Transformation Programme does not meet the desired timescales or achieve the associated benefits;
- workforce sustainability both internally in health and social care and with our external care partners.

It is therefore crucial that the IJB focus on early intervention and prevention and changing the balance of care if we are to work within the available financial resources.

During 2020/21 an action plan to improve the 6 key features within the Ministerial Strategic Group self-assessment tool will be developed further and progressed. As part of this, the review of the acute set- aside will be progressed and steps made towards transferring this to the Health and Social Care Partnership. We will see the continuation of a whole system approach to delivering services and the Fife pound being utilised to deliver services that best meets the needs of the people of Fife.

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……	**……..…**	**……**
Nicky Connor **Chief Officer**	**Rosemary Liewald** **Chair of the IJB**	**Audrey Valente** **Chief Finance Officer**
Date.....	**Date.....**	**Date.....**

STATEMENT OF RESPONSIBILITIES

This statement sets out the respective responsibilities of the IJB and the Chief Finance Officer, as the IJB's Section 95 Officer, for the Annual Accounts.

The Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that it has an officer responsible for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this Integration Joint Board that officer is the Chief Finance Officer.

- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.

- Ensure that the Annual Accounts are prepared in accordance with legislation (The Local Authority (Scotland) Regulations 2014) and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003, as amended by the Coronavirus (Scotland) Act 2020.)

- Approve the Annual Accounts for signature.

I confirm that these Annual Accounts were approved for signature at a meeting of the Integration Joint Board on 4 December 2020.

Signed on behalf of the Fife Integration Joint Board

.....

Rosemary Liewald
Chair of the IJB

Date ……..

RESPONSIBILITIES OF THE CHIEF FINANCE OFFICER

The Chief Finance Officer, as the S95 Officer, is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (The Accounting Code).

In preparing the Annual Accounts, the Chief Finance Officer has:

- Selected suitable accounting policies and applied them consistently.
- Made judgements and estimates that are reasonable and prudent.
- Complied with legislation.
- Complied with the Local Authority Accounting Code (in so far as it is compatible with legislation).

The Chief Finance Officer has also:

- Kept proper accounting records which are up to date.
- Taken reasonable steps to ensure the propriety and regularity of the finances of the Integration Joint Board including prevention and detection of fraud and other irregularities.

Statement of Accounts

I certify that the financial statements give a true and fair view of the financial position of the Fife Integration Joint Board as at 31 March 2020, and the transactions for the year then ended.

……..

Audrey Valente CPFA
Chief Finance Officer

Date ……..……

REMUNERATION REPORT

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Remuneration: IJB Chair and Vice Chair

The voting members of the Integration Joint Board are appointed through nomination by NHS Fife and Fife Council. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. There were no taxable expenses or remuneration paid to the Chair or Vice Chair in 2019/20 or prior years.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of the IJB

The IJB does not directly employ any staff. All Partnership officers are employed by either NHS Fife or Fife Council, and remuneration for senior staff is reported through the employing organisation. Specific post-holding officers are non-voting members of the Board.

The IJB approved the appointment of the first Chief Officer at its meeting on 2 October 2015. The Chief Officer was appointed by the IJB in consultation with NHS Fife and Fife Council. The remuneration of the Chief Officer was set by NHS Fife and Fife Council. The Chief Officer is employed by NHS Fife and is seconded to the Integration Joint Board in accordance with section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014. The Chief Finance Officer is employed by Fife Council.

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total (£) 2018/19	Senior Employees Salary, Fees & Allowances	Total (£) 2019/20
	N Connor Chief Officer From 2 August 2019	55,056 FYE 83,762
107,068	**M Kellet** Chief Officer To 31 July 2019	36,333 FYE 109,000
	A Valente Chief Finance Officer From 7th June 2019	62,795 FYE 77,224
107,068	**Total**	**154,184**

FYE = Full Year Equivalent
Eileen Rowand was acting CFO from 11 March 2019 to 6 June 2019 at no additional cost to IJB

There were no payments to officers in 2019/20 or prior years in relation to bonus payments, taxable expenses or compensation for loss of office.

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

However, the IJB has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits.

The Local Government Pension Scheme and the NHS Pension Scheme (Scotland) 2015 are funded schemes with contributions from both the employer and the employee and as such the accrued benefits includes both of these contributions.

The pension benefits shown relate to the benefits that the individual has accrued as a consequence of their total service. In respect of the Local Government Pension Scheme this includes any service with a council subsidiary body, and not just their current appointment. In respect of the NHS Pension Scheme this relates to the benefits that the individual has accrued as a consequence of their NHS employment.

Senior Employee	In-Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/19 £	For Year to 31/03/20 £		Difference from 31/03/19 £	As at 31/03/20 £
N Connor Chief Officer From 2 August 2019		10,212	Pension Lump Sum	1,000 0	1,000 0
M Kellet Chief Officer From 22 August 2016 To 31 July 2019	15,953	7,594	Pension Lump Sum	1,000 0	6,000 0
A Valente Chief Finance Officer From June 2019	0	13,165	Pension Lump Sum	16,000 9,000	55,000 31,000
Total	**15,953**	**30,971**	**Pension**	**18,000**	**62,000**
			Lump Sum	**9,000**	**31,000**

Note: The increase for A Valente takes into account the effect of her promoted salary and is based on all her LGPS membership not just her current employment.

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band 2018/19	Remuneration Band	Number of Employees in Band 2019/20
0	£50,000 - £54,999	1
0	£55,000 - £59,999	0
1	£60,000 - £64,999	1
0	£65,000 - £99,999	0
0	£100,000 - £104,449	0
1	£105,000 - £109,999	0

Exit Packages

There were no exit packages paid in 2019/20 (2018/19, none).

…… **……**

Nicky Connor
Chief Officer

Rosemary Liewald
Chair of the IJB

Date …….. **Date …….**

ANNUAL GOVERNANCE STATEMENT

The Annual Governance Statement explains the Integration Joint Board (IJB) governance and internal control arrangements and how the IJB complies with the Code of Practice on Local Authority Accounting in the UK, and the CIPFA and SOLACE framework "*Delivering Good Governance in Local Government*", which details the requirement for an Annual Governance Statement. The IJB's governance framework places reliance on the Codes of Corporate Governance of Fife Council and NHS Fife.

Scope of Responsibility

The Integration Joint Board is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively.

The IJB Vision is to enable the people of Fife to live independent and healthier lives. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure best value. The Integration Scheme delegated Health and Social Care functions to the IJB and the IJB is responsible for operational oversight of the Integrated Services. Currently the IJB only gives formal directions to NHS Fife and Fife Council with regards to financial allocations. The use of Directions is currently being reviewed to strengthen the commissioning of services from Fife Council, NHS Fife and other partner organisations.

The IJB is responsible for putting in place proper arrangements for the governance of its affairs, facilitating the effective exercise of its functions, which includes arrangements for the management of risk.

In discharging these responsibilities, the Chief Officer places reliance on the NHS Fife and Fife Council's systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.

These arrangements can only provide reasonable and not absolute assurance of effectiveness.

Changes to the Governance Arrangements due to Covid19

In response to the pandemic and the requirement to move quickly and decisively to manage the subsequent pressures on health and social care services, the IJB virtual meeting on 27 March 2020 approved delegated authority to be granted to the Chief Officer, to take decisions in respect of matters that would normally require Board approval, subject to consultation taking place with the Chair and Vice Chair of the Board.

Board meetings continue to meet virtually.

2019/20 Governance Framework

The Board of the IJB comprises voting members, nominated by either Fife Council or NHS Fife, as well as non-voting members including a Chief Officer appointed by the Board.

The main features of the governance framework in existence during 2019/20 were:

- Integration Scheme approved by the Scottish Government in October 2015 subsequently amended and approved on 20 March 2018 to include the formal adoption of the Carers Act into the Partnership. The Integration Scheme is currently being reviewed but finalisation of the scheme has been paused at present due to the Covid-19 Pandemic. Conclusion of this review will recommence shortly.

- Regular meetings of the IJB and Development Sessions for IJB members.

- Regular meetings of the Clinical and Care Governance, Finance and Performance, and Audit and Risk sub-committees.

- Production of a new Strategic Plan for Fife 2019-2022 has been published and widely consulted on. This work was overseen by the Strategic Planning Group throughout the year. The Strategic Plan is the main document determining the direction of the IJB for period 2019-2022.

- Production of a Governance Manual to house all governance document such as the code of corporate governance, standing orders, scheme of delegation, model code of conduct etc.

- Governance is based on Delivering Good Governance in Local Government, 2016

    - Adherence to the stated principles of good governance
    - Acting in the public interest

- The 7 localities now have Locality Plans which are published on the website.

- Compliance with legislation and regulations.

- Liaison of IJB internal audit and partner internal audit functions.

- Reliance on the due diligence and financial assurance process regarding the devolved budgetary resources which was completed in March 2016.

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2019/20 this included the following which aid governance:

- Finance and Performance Information regularly reported to the IJB
- Formalised budget setting process
- Financial regulations
- Governance Manual
- Standing Orders
- Code of Conduct
- Financial Directions to Partners
- Clinical and Care Governance Risk Register
- IJB Strategic Risk Register reported to Audit & Risk Committee and the IJB
- Formal Appointment of Internal Audit arrangements.

- Workforce and Organisational Development Strategy and Implementation Plan
- Public Participation and Engagement and Communication Strategies
- 2019/20 Internal Audit Plan

Integration Joint Board

The Integration Scheme sets out how NHS Fife and Fife Council establish integrated partnership arrangements in line with the Public Bodies (Joint Working) Scotland Act 2014. The Integration Schemes submitted to the Scottish Government by NHS Boards and Local Authorities across Scotland (1 April 2015) have been approved and have legal status.

In Fife, the Board has legal status and is known as the Integration Joint Board (IJB).

The arrangements for appointing the voting membership of the Integration Joint Board are that Fife Council appoints 8 Councillors and NHS Fife appoints 8 Board members to be members of the Integration Joint Board in accordance with article 3 of the Integration Joint Board Order. In addition, the Nursing Director and Medical Director of NHS Fife are also members of the Board. The Board members appointed by the parties will hold office for a maximum period of 3 years. Board members appointed by the parties will cease to be members of the Board in the event that they cease to be a Board member of NHS Fife or a Fife Councillor.

The professional advisors to the IJB are non-voting members. These are identified as follows:

- Chief Officer of the IJB
- Chief Finance Officer (Section 95 officer) of the IJB
- Chief Social Work Officer
- General Medical Practitioner
- Medical Practitioner
- Registered Nurse
- Allied Health Professional Lead

The IJB is required to appoint stakeholder members who are non-voting members. These comprise at least one representative of the following groups, all of whom must be operating within the area of the IJB:

- Independent Sector
- Service Users
- Staff side – NHS Fife and Fife Council
- Carers
- Third Sector

Nominations were sought from Partnership representatives and constituency bodies and were approved by the IJB.

NHS Fife and Fife Council maintain two separate complaints systems (Datix and Lagan) to manage complaints relating to service delivery. Since March 2018 complaints received by the Integration Joint Board have been logged and managed in Lagan. During the financial

year 2019 to 2020 the IJB received no complaints. In addition, during the financial year 2019 to 2020 no IJB complaints were escalated to the Scottish Public Sector Ombudsman.

The Partnership continues to work together to integrate the partner's complaints processes and reporting mechanisms, particularly the bi-annual reports provided to the IJB Committees.

The Clinical and Care Governance Committee, the Finance and Performance Committee, and the Audit and Risk Committee were established in 2016/17 and have approved terms of reference. There is a clear reporting structure for these committees to the IJB. However, as part of the ongoing governance review the roles, remits and functions of these committees are being reviewed.

The IJB Internal Auditors, the Fife Council Internal Audit Team as appointed by the Audit and Risk Committee, comply with the "The Role of the Head of Internal Audit in Public Organisations" (CIPFA) and operates in accordance with "Public Sector Internal Audit Standards" (PSIAS). The Fife Council Audit and Risk Management Service Manager reports directly to the Audit and Risk Committee with the right of access to the Chief Financial Officer, Chief Officer and Chair of the IJB Audit and Risk Committee on any matter. The annual programme of internal audit work is based on a strategic risk assessment and is approved by the Audit and Risk Committee.

The Audit and Risk Committee performs a scrutiny role and will regularly monitor the performance of the Internal Audit services to the IJB. The IJB's Chief Internal Auditor (currently the Fife Council Audit and Risk Management Service Manager) has responsibility to review independently and report to the Audit and Risk Committee annually, to provide assurance on the governance arrangements including internal controls within the IJB. In addition, the Internal Audit sections of Fife Council and NHS Fife are subject to an independent external assessment of compliance with the PSIAS at least once every 5 years.

Review of Adequacy and Effectiveness

The IJB is required to conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review was informed by the Service Manager, Audit 76 Risk Management Services' Annual Assurance Statement as well as Internal and External Audit reports; relevant reports by other external scrutiny bodies and inspection agencies.

An assurance mapping process was agreed by the Audit & Risk Committee. We would have carried out the assurance map snapshot at the year-end, but this has not happened because of the Covid-19 Pandemic.

A Governance Manual has been approved in August 2019 although further work will be required on the component parts once the Integration Scheme Review is completed. A review of the Risk Management Strategy was progressed, however, a number of issues arising from the review of the Integration Scheme will impact on this strategy and it will need to be revisited once the revised Integration Scheme is agreed.

A session on the development of risk appetite is planned for 2020/21.

Developments in 2019/20

There are a number of areas of development recognised internally and as referenced in the Internal Audit report which have been completed or drafted in 2019/20, with the remainder being rolled into 2020/21 as detailed below.

2019/20 Key Actions Status

	2019/20 Status
Implementation of approved Risk Strategy, risk appetite and robust Risk Management reporting. This will need to be revisited following agreement on the review of the Integration Scheme. Regular risk reporting does occur. A session on risk appetite is planned for the coming year	Partially Complete
Preparation of a formal Governance Framework.	Partially Complete
Maintain compliance with data protection requirements including General Data Protection Regulations (GDPR)	Ongoing
The preparation of an IJB Scheme of Delegation - to ensure robust consistency across services to support integration and ensure within boundaries of both funding partners' schemes of delegation	Ongoing
Implementation of Financial Regulations – to expand on existing documentation and provide clarity and responsibility	Ongoing
Implementation of Budgetary Management Control Guidance	Ongoing
Roll out of Board skills matrix and Board self-assessment framework. The Skills Matrix and Board self-assessment were undertaken but will need reviewed and refined as the Governance Review has potential to change the committee structures and memberships of any committees going forward.	likely timescale for restarting the governance review is August/Sept 2020.
Formal adoption and implementation of self-assessment governance review to provide focus on key areas of development. Further work will be required to refine this once the review of the review of the Integration Scheme is complete. This will include improved access via the website for performance reports through the development of a Performance Management page on the website.	Ongoing
The governance review group continues to monitor and review governance documentation to provide clarity and consistency where appropriate. Further work is ongoing in relation to the Ministerial Steering Group report. Our Self-evaluation form on the review of progress with integration of health and social care was	Ongoing

submitted to Scottish Government on 15 May 2019. A further self-assessment will need to be completed.	

2020/21 New Actions

New Actions for 2020/21
Continue to refine the performance and best value reporting to the Board
Implementation of a single, centralised file structure for all IJB records
Following on from an Audit Scotland Report, a Ministerial Steering Group was established and the IJB submitted a self-assessment in May 2019. An Action Plan was developed by the partnership and submitted to Scottish Government in August 2019
The Integration Transformation Board was established in 2019 and has met 4 times during 2019. The purpose of the group is to provide leadership and strategic direction to the overall transformation programme being delivered by NHS fife and Fife Health & Social Care Partnership. This Board will ensure pace and rigour is applied to process with a clear governance route to NHS Fife Board, Fife Council and the Integration Joint Board. Further work will be developed throughout the year to progress. A report will be brought to the Integration Joint Board in due course around the transformation programmes progress.

The IJB will seek to address any gaps in governance identified by the self-assessment.

Conclusion and Opinion on Assurance

Progress has been made during 2019/20. However, not all areas have been fully implemented and several actions have been carried forward into 2020/21 as detailed in the table above.

However, currently we consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the IJB's principal objectives will be identified and actions taken to avoid or mitigate their impact. Continuing work in 2020/21 will further ensure robust governance.

…… **……**

Nicky Connor
Chief Officer

Rosemary Liewald
Chair of the IJB

Date …… **Date ……..**

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year in accordance with the integration scheme.

2018/19				2019/20		
Gross Expenditure	**Gross Income**	**Net Expenditure**		**Gross Expenditure**	**Gross Income**	**Net Expenditure**
£000	**£000**	**£000**		**£000**	**£000**	**£000**
55,259	-	55,259	Hospital	57,197	-	57,197
93,465	-	93,465	Community Healthcare	102,182	-	102,182
167,356	-	167,356	Family Health Services & Prescribing	173,548	-	173,548
14,897	-	14,897	Children's Services	17,077	-	17,077
206,157	-	206,157	Social Care	214,700	-	214,700
1,519	-	1,519	Housing Services	1,656	-	1,656
242	-	242	IJB Operational Costs	226	-	226
35,128	-	35,128	Acute Set Aside	37,821	-	37,821
574,023	**-**	**574,023**	**Cost of Services**	**604,407**	**-**	**604,407**
-	(574,023)	(574,023)	Taxation and Non-Specific Grant Income		(604,407)	(604,407)
		-	**Surplus or Deficit on Provision of Services**	0	0	**0**
		0	**Total Comprehensive Income and Expenditure**			**0**

There are no statutory or presentation adjustments which affect the IJB's application of the funding received by NHS Fife and Fife Council. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts.

Movement in Reserves Statement

There were no reserves held in either 2018/19 or 2019/20 therefore a Movement in Reserves Statement is not included in these accounts.

Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at 31 March 2020. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2019		Notes	31 March 2020
£000			£000
19	Short term Debtors	6	27
19	**Current Assets**		**27**
19	Short-term Creditors	7	27
19	**Current Liabilities**		27
-	**Long-term Liabilities**		
0	**Net Assets**		**0**
-	Usable Reserve: General Fund	8	-
-	**Total Reserves**		**-**

The Statement of Accounts present a true and fair view of the financial position of the Fife Integration Joint Board as at 31 March 2020 and its income and expenditure for the year then ended,

The unaudited accounts were issued on 30 June 2020 and the audited accounts were authorised for issue on 4 December 2020

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Audrey Valente - CPFA
Chief Finance Officer

Date ……..……

Notes to the Financial Statements

1. Significant Accounting Policies

1.1 General Principles

The Financial Statements summarises the Integration Joint Board's transactions for the 2019/20 financial year and its position at the year-end of 31 March 2020.

The Fife Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Joint Venture between Fife Council and NHS Fife. The IJB is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20, supported by International Financial Reporting Standards (IFRS).

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

1.2 Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. In particular:

- Expenditure is recognised when goods or services are received, and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income and receipt of the income is probable.
- Where income and expenditure have been recognised but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

1.3 Funding

The Fife IJB is primarily funded through funding contributions from the statutory funding partners, Fife Council and NHS Fife. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in the Fife IJB area.

This funding is on a gross expenditure basis from NHS Fife and a net basis from Fife Council, this will be reviewed in 2020/21.

1.4 Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

1.5 Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. The Chief Finance Officer is a non-voting board member. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. The Chief Officer's and Chief Finance Officer's absence entitlement as at 31 March have not been accrued as it is not deemed to be material.

There are no further charges from funding partners for other staff and these costs have remained with the funding partners.

1.6 Exceptional Items

When items of income and expense are material, their nature and amount is disclosed separately, either on the face of the Income and Expenditure Statement or in the notes to the accounts, depending on how significant the items are to an understanding of the IJB's financial performance. There are no exceptional items for the IJB in respect of the financial year 2019/20.

2. Critical Judgements in Applying Accounting Policies

In applying the accounting policies, the IJB has had to make certain judgements about complex transactions or those involving uncertainty about future events. There are no material critical judgements and the note below relates to uncertainty about future events:

2.1 Public Sector Funding

There is a high degree of uncertainty about future levels of funding for Local Government and the NHS and this will directly impact on the IJB.

There is uncertainty in terms of costs to remobilise services, and what the longer-term outlook is likely to be in terms of Covid-19 and the impact this will have on the financial strategy of the IJB.

3. Events After the Reporting Period

The Chief Finance Officer issued the unaudited accounts on 30 June 2020. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions

existing at 31 March 2020, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

4. Expenditure and Income Analysis by Nature

2018/19 £000		2019/20 £000
207,674	Services commissioned from Fife Council	216,356
366,103	Services commissioned from Fife NHS Board	387,825
219	Other IJB Operating Expenditure	199
27	Auditor Fee: External Audit Work	27
(574,023)	Partners Funding Contributions and Non-Specific Grant Income	(604,407)
0	**Surplus or Deficit on the Provision of Services**	**0**

5. Taxation and Non-Specific Grant Income

2018/19 £000		2019/20 £000
(425,379)	Funding Contribution from NHS Fife	(448,191)
(148,644)	Funding Contribution from Fife Council	(156,216)
(574,023)	**Taxation and Non-specific Grant Income**	**(604,407)**

The funding contribution from NHS Fife shown above includes £37.821m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by NHS Fife which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources. There are no other non-ringfenced grants and contributions.

6. Debtors

31 March 2019 £000		31 March 2020 £000
9	NHS Fife	13
10	Fife Council	14
-	Non-public sector	-
19	**Debtors**	**27**

7. Creditors

31 March 2019 £000		31 March 2020 £000
-	NHS Fife	-
-	Fife Council	-
19	External Audit Fee	27
19	**Creditors**	**27**

8. Usable Reserve: General Fund

The IJB could hold a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.

- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's risk management framework.

Currently, there are no reserves held by the IJB in 2019/20 (2018/19, none)

9. Related Party Transactions

The IJB has related party relationships with NHS Fife and Fife Council. In particular, the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships.

Transactions with NHS Fife

2018/19 £000		2019/20 £000
(425,379)	Funding Contributions received from NHS Fife	(448,191)
-	Service Income received from NHS Fife	
356,103	Expenditure on Services Provided by NHS Fife	387,824
110	Key Management Personnel: Non-Voting Board Members	100
13	External Audit Fee	14
(59,153)	**Net Transactions with NHS Fife**	**(60,253)**

Key Management Personnel: The non-voting Board members directly employed by NHS Fife and recharged to the IJB are the Chief Officer and the Chief Finance Officer to 10th March 2019. Details of the remuneration for the specific post-holders is provided in the Remuneration Report.

Balances with NHS Fife

31 March 2019 £000		31 March 2020 £000
9	Debtor balances: Amounts due from NHS Fife	13
-	Creditor balances: Amounts due to NHS Fife	-
9	**Net Balance with NHS Fife**	**13**

Transactions with Fife Council

2018/19 £000		2019/20 £000
(148,644)	Funding Contributions received from Fife Council	(156,216)
-	Service Income received from the Fife Council	
207,674	Expenditure on Services Provided by the Fife Council	216,355
109	Key Management Personnel: Non-Voting Board Members	100
14	External Audit Fee	14
59,153	**Net Transactions with Fife Council**	**60,253**

Key Management Personnel: The Non-Voting Board members employed by Fife Council and recharged to the IJB is the Chief Finance Officer. Details of the remuneration for the specific post-holders is provided in the Remuneration Report.

Balances with Fife Council

31 March 2019 £000		31 March 2020 £000
10	Debtor balances: Amounts due from Fife Council	14
-	Creditor balances: Amounts due to Fife Council	-
10	**Net Balance with Fife Council**	**0**

Support services were not delegated to the IJB and are provided by NHS Fife and Fife Council free of charge. Support services provided mainly comprised: provision of financial management; human resources; legal; committee services; ICT; payroll; internal audit, and the provision of the Chief Internal Auditor.

10. External Audit Fee

The IJB has incurred costs of £27,000 in respect of fees payable to Audit Scotland with regard to external audit services carried out in 2019/20 (2018/19, £27,000).

11. Contingent Assets and Liabilities

The IJB is not aware of any material contingent asset or liability as at 31 March

The IJB is a member of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) established by the Scottish Government which reimburses costs to members where negligence is established.

All amounts in respect of claims or reimbursement by CNORIS, which may arise under the CNORIS scheme are reported in NHS Fife Accounts.

12. VAT

The Integration Joint Board is a non-taxable person and does not charge or recover VAT on its functions.

The VAT treatment of expenditure in the IJB's accounts depends on which of the partner agencies is providing the service as these agencies are treated differently for VAT purposes.

Where Fife Council is the provider, income and expenditure exclude any amounts related to VAT, as all VAT collected is payable to H.M. Revenue and Customs and all VAT paid is recoverable from it. Fife Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is irrecoverable from H.M. Revenue and Customs.

Where NHS Fife is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid as input tax and will seek to recover its full cost as Income from the IJB.

Independent auditor's report to the members of Fife Integration Joint Board and the Accounts Commission

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Fife Integration Joint Board for the year ended 31 March 2020 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (the 2019/20 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2019/20 Code of the state of affairs of the Fife Integration Joint Board as at 31 March 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2019/20 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed by the Accounts Commission on 10 April 2017. The period of total uninterrupted appointment is four years. I am independent of the Fife Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Fife Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Finance Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about Fife Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of material misstatement

I report in a separate Annual Audit Report, available from the Audit Scotland website, the most significant assessed risks of material misstatement that I identified and my conclusions thereon.

Responsibilities of the Chief Finance Officer and Fife Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting

framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Fife Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. I therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Brian Howarth ACMA CGMA
Audit Director
Audit Scotland
4th Floor, The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

102 West Port
Edinburgh EH3 9DN

8 Nelson Mandela Place
Glasgow
G2 1BT

The Green House
Beechwood Business Park North
Inverness
IV2 3BL

T: 0131 625 1500
E: info@audit-scotland.gov.uk
www.audit-scotland.gov.uk

Fife Integration Joint Board

20 November 2020

Audit of 2019/20 annual accounts

Independent auditor's report

1. Our audit work on the 2019/20 annual accounts is now substantially complete. Subject to the satisfactory conclusion of the outstanding matters referred to later in this letter and receipt of a revised set of annual accounts for final review, we anticipate being able to issue unqualified audit opinions in the independent auditor's report on 4 December 2020 (the proposed report is attached at **Appendix A**).

Annual audit report

2. Under International Standards on Auditing in the UK, we report specific matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. We present for the Fife Integration Joint Board's consideration our draft annual report on the 2019/20 audit. The section headed "Significant findings from the audit in accordance with ISA 260" sets out the issues identified in respect of the annual accounts.

3. The report also sets out conclusions from our consideration of the four audit dimensions that frame the wider scope of public audit as set out in the Code of Audit Practice.

4. This report will be issued in final form after the annual accounts have been certified.

Unadjusted misstatements

5. We also report to those charged with governance all unadjusted misstatements which we have identified during the course of our audit, other than those of a trivial nature and request that these misstatements be corrected.

6. There are £196,000 unadjusted errors. If corrected, this would reduce net expenditure by £196,000 and contributions by a similar amount.

Representations from Section 95 Officer

7. As part of the completion of our audit, we are seeking written representations from the Chief Finance Officer on aspects of the annual accounts, including the judgements and estimates made.

8. A draft letter of representation is attached at **Appendix B**. This should be signed and returned to us by the Chief Finance Officer with the signed annual accounts prior to the independent auditor's report being certified.

APPENDIX A: Proposed Independent Auditor's Report

Independent auditor's report to the members of Fife Integration Joint Board and the Accounts Commission

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Fife Integration Joint Board for the year ended 31 March 2020 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (the 2019/20 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2019/20 Code of the state of affairs of the Fife Integration Joint Board as at 31 March 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2019/20 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed by the Accounts Commission on 10 April 2017. The period of total uninterrupted appointment is four years. I am independent of the Fife Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Fife Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Finance Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about Fife Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of material misstatement

I report in a separate Annual Audit Report, available from the Audit Scotland website, the most significant assessed risks of material misstatement that I identified and my conclusions thereon.

Responsibilities of the Chief Finance Officer and Fife Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Fife Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. I therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Brian Howarth ACMA CGMA

Audit Director

Audit Scotland

4th Floor, The Athenaeum Building

8 Nelson Mandela Place

Glasgow

G2 1BT

APPENDIX B: Letter of Representation (ISA 580)

Brian Howarth, Audit Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

Dear Brian

Fife Integration Joint Board
Annual Accounts 2019/20

1. This representation letter is provided in connection with your audit of the annual accounts of Fife Integration Joint Board for the year ended 31 March 2020 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.

2. I confirm to the best of my knowledge and belief and having made appropriate enquiries of the Audit & Risk Committee, Fife Council and NHS Fife the following representations given to you in connection with your audit of Fife Integration Joint Board's annual accounts for the year ended 31 March 2020.

General

3. Fife Integration Joint Board and I have fulfilled our statutory responsibilities for the preparation of the 2019/20 annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by Fife Integration Joint Board have been recorded in the accounting records and are properly reflected in the financial statements.

4. I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. I am not aware of any uncorrected misstatements other than those reported by you.

Financial Reporting Framework

5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (2019/20 accounting code), mandatory guidance from LASAAC, and the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014 (as amended by the Coronavirus (Scotland) Act 2020).

6. In accordance with the 2014 regulations, I have ensured that the financial statements give a true and fair view of the financial position of the Fife Integration Joint Board at 31 March 2020 and the transactions for 2019/20.

Accounting Policies & Estimates

7. All significant accounting policies applied are as shown in the notes to the financial statements. The accounting policies are determined by the 2019/20 accounting code, where applicable. Where the code does not specifically apply, I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to Fife Integration Joint Board's circumstances and have been consistently applied.

8. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information or experience.

Going Concern Basis of Accounting

9. I have assessed Fife Integration Joint Board's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on Fife Integration Joint Board's ability to continue as a going concern.

Integration Scheme

10. Partner body contributions and costs associated with IJB activities have been recognised in the annual accounts in accordance with the integration scheme.

Liabilities

11. All liabilities at 31 March 2020 of which I am aware have been recognised in the annual accounts.

12. There are no plans or intentions that are likely to affect the carrying value or classification of the liabilities recognised in the financial statements.

13. There are no provisions that require to be made in the financial statements for any material liabilities which have resulted or may be expected to result, by legal action or otherwise, from events which had occurred by 31 March 2020 and of which the Board could reasonably be expected to be aware. There are no contingent liabilities arising either under formal agreements or through informal undertakings requiring disclosure in the accounts.

Fraud

14. I have provided you with all information in relation to
    - my assessment of the risk that the financial statements may be materially misstated as a result of fraud
    - any allegations of fraud or suspected fraud affecting the financial statements
    - fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

Laws and Regulations

15. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Related Party Transactions

16. All material transactions with related parties have been appropriately accounted for and disclosed in the financial statements in accordance with the 2019/20 accounting code. I have made available to you the identity of all Fife Integration Joint Board's related parties and all the related party relationships and transactions of which I am aware.

Remuneration Report

17. The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014, and all required information of which I am aware has been provided to you.

Management commentary

18. I confirm that the Management Commentary has been prepared in accordance with the statutory guidance and the information is consistent with the financial statements.

Corporate Governance

19. I confirm that Fife Integration Joint Board has undertaken a review of the system of internal control during 2019/20 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.

20. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2020, which require to be reflected.

Balance Sheet

21. All events subsequent to 31 March 2020 for which the 2019/20 accounting code requires adjustment or disclosure have been adjusted or disclosed.

Yours sincerely

Audrey Valente
Chief Finance Officer

Fife Integration Joint Board

2019/20 Annual Audit Report

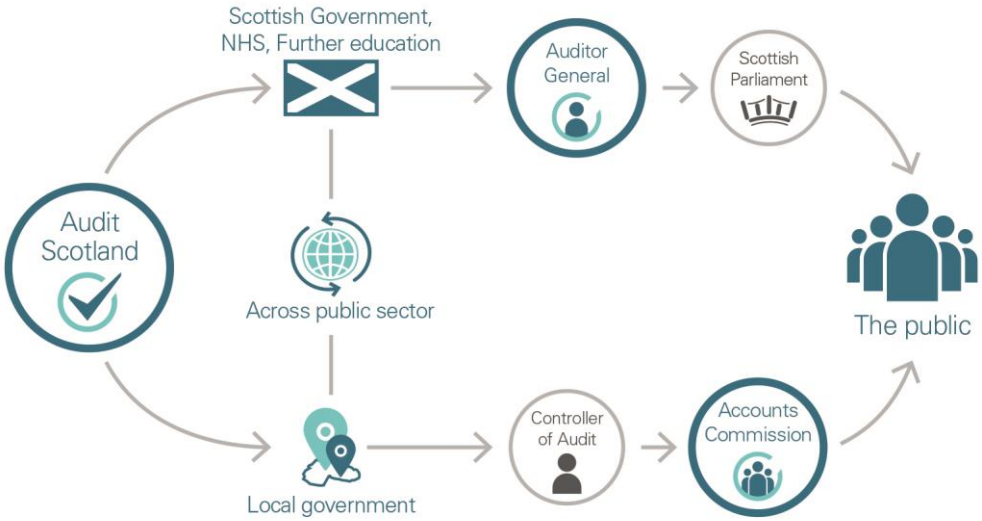
AUDIT SCOTLAND

Prepared for Fife Integration Joint Board and the Controller of Audit
20 November 2020

Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
- The Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

Contents

Key messages

2019/20 annual report and accounts

1 Our audit opinions on the annual accounts are all unmodified.

2 The annual accounts were submitted for audit on time. The limitations of remote working impacted on our audit timetable.

3 The treatment of service income in the IJB accounts is inconsistent between partner bodies.

Financial management and sustainability

4 The 2019/20 budget was not balanced and included a budgeted overspend of £6.6 million, agreed by partners, which was delivered. The budgeted shortfall was again met by deficit-funding by the partners at the year-end resulting in a breakeven position.

5 Budget setting and financial management needs to continue to improve with partners.

6 A new medium-term financial strategy was developed, and a balanced budget set for 2020/21, with increased savings targets.

7 Covid 19 has led to additional financial pressures in 2020/21 with over 40% of budgeted savings for 2020/21 now in doubt.

Governance, transparency and best value

8 The IJB has been working to clarify roles and responsibilities and a review of governance arrangements is ongoing.

9 Review of the integration scheme has been delayed due to Covid-19.

10 It is likely that transformation plans will need to be reviewed and revised due to Covid-19

11 A refreshed performance management framework is in place, but performance reporting could be improved.

12 Two Fife initiatives have been identified as emergent good practice by Health and Social Care Scotland.

Introduction

1. This report is a summary of our findings arising from the 2019/20 audit of Fife Integration Joint Board (the IJB).

2. The scope of our audit was set out in our Annual Audit Plan presented to the Audit and Risk Committee meeting on 13 March 2020. This report comprises the findings from our main elements of work in 2019/20 including:

- an audit of the IJB's 2019/20 annual accounts including the issue of an independent auditor's report setting out my opinions
- consideration of the wider audit dimensions that frame the wider scope of public audit set out in the *Code of Audit Practice 2016* (Exhibit 1).

Exhibit 1
Audit dimensions

Source: *Code of Audit Practice 2016*

3. Subsequent to the publication of the Annual Audit Plan, in common with all public bodies, the IJB and partner bodies have had to respond to the global coronavirus pandemic. For the financial year 2019/20, only the final few weeks were affected, however the effects will have significant impact into 2020/21. We have carried out our planned audit work remotely to comply with travel restrictions and physical distancing.

Adding value through the audit

4. We add value to the IJB, through audit, by:

- identifying and providing insight on significant risks, and making clear and relevant recommendations
- sharing intelligence and good practice through our national reports (Appendix 4) and good practice guides

- providing clear and focused conclusions on the appropriateness, effectiveness and impact of corporate governance, performance management arrangements and financial sustainability

5. We aim to help the IJB promote improved standards of governance, better management and decision making and more effective use of resources.

Responsibilities and reporting

6. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices. The IJB is also responsible for compliance with legislation, and putting arrangements in place for governance, propriety and regularity that enable it to successfully deliver its objectives.

7. Our responsibilities, as independent auditor appointed by the Accounts Commission, are established by the Local Government (Scotland) Act 1973, the Code of Audit Practice (2016), supplementary guidance, and International Standards on Auditing in the UK.

8. As public sector auditors we give independent opinions on the annual accounts. Additionally, we conclude on:

- the appropriateness and effectiveness of the performance management arrangements,
- the suitability and effectiveness of corporate governance arrangements,
- the financial position and arrangements for securing financial sustainability.

9. Further details of the respective responsibilities of management and the auditor can be found in the *Code of Audit Practice 2016* and supplementary guidance.

10. This report raises matters from our audit. Weaknesses or risks identified are only those which have come to our attention during our normal audit work and may not be all that exist. Communicating these does not absolve management from its responsibility to address the issues we raise and to maintain adequate systems of control.

11. Our annual audit report contains an agreed action plan at Appendix 1. It sets out specific recommendations, responsible officers and dates for implementation. It also includes outstanding actions from last year and progress against these.

Auditor Independence

12. Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements, auditors must comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies.

13. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can also confirm that we have not undertaken any non-audit related services and therefore the 2019/20 audit fee of £27,000, as set out in our Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

14. This report is addressed to both the board and the Controller of Audit and will be published on Audit Scotland's website www.audit-scotland.gov.uk in due course.

15. We would like to thank all management and staff who have been involved in our work for their co-operation and assistance during the audit.

Part 1
Audit of 2019/20 annual accounts

Main judgements

Our audit opinions on the annual accounts are all unmodified.

The annual accounts were submitted for audit on time, but the limitations of remote working impacted on our audit timetable.

The treatment of service income in the IJB accounts is inconsistent between partner bodies.

The annual report and accounts are the principal means of accounting for the stewardship of the resources and performance.

Our audit opinions on the annual accounts are unmodified

16. The annual accounts for the year ended 31 March 2020 were approved by the IJB Audit and Risk Committee on 20 November 2020. We reported within the independent auditor's report that:

- the financial statements give a true and fair view and were properly prepared in accordance with the financial reporting framework
- the audited part of the remuneration report, management commentary, and annual governance statement were all consistent with the financial statements and properly prepared in accordance with proper accounting practices.

The annual accounts were submitted for audit on time but the limitations of remote working impacted on our audit timetable

17. We received the unaudited accounts on 30 June in line with the normal timetable. Audits have taken longer this year and the IJB audit has been impacted by delays to the audit of partner body accounts. It was necessary to request additional analysis of constituent body costs in some cases and this contributed to the time taken for the audit.

18. We received a good level of support from finance staff involved in the provision of information for the IJB accounts and summary working papers were of a good standard.

19. Audit Scotland's *Covid-19: Guide for audit and risk committees (August 2020)* recommends that members consider whether there is sufficient management capacity to deal with competing pressures during the current period when working practices have had to be adapted due to Covid-19.

Overall materiality is £5.7 million

20. The assessment of what is material is a matter of professional judgement. It involves considering both the amount and nature of the misstatement in the annual report and accounts.

21. On receipt of the unaudited annual accounts we reviewed our materiality calculations. Our materiality values are shown at Exhibit 2.

Exhibit 2
Materiality values

	Amount
Overall materiality	£5.7 million
Performance materiality	£3.4 million
Reporting threshold	£170,000

Source: Audit Scotland

Appendix 2 identifies the main risks of material misstatement and our audit work to address these

22. Appendix 2 provides our assessment of risks of material misstatement in the annual accounts and any wider audit dimension risks. It also identifies the work we undertook to address these risks and our conclusions from this work.

We have one significant finding to report from the audit

23. International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance, including our view about the qualitative aspects of the body's accounting practices covering accounting policies, accounting estimates and financial statements disclosures. The significant findings are summarised in Exhibit 3.

Exhibit 3
Significant findings from the audit of the financial statements

Findings	Resolution
1. Treatment of partner body income The costs of IJB activities undertaken by NHS Fife are shown gross. Income from client receipts, other NHS boards and the council, for example, is not reflected in the costs included in the IJB accounts. The most significant area is dental charges paid by patients. This is inconsistent with the treatment of council activities where IJB costs are shown net of income.	We confirmed that NHS expenditure budgets had been adjusted for changes in income levels (non-dental income). Additional disclosures were included in the IJB accounts explaining the basis of accounting. Recommendation 1 (refer appendix 1, action plan) Ensure that the revised integration scheme covers the treatment of income for accounting purposes and the accounts are consistent with the integration scheme.

Identified misstatements of £196,000 are unadjusted in the accounts, these were less than our performance materiality and we did not need to further revise our audit approach

24. Misstatements relating to car lease income totalling £196,000 were identified. Correction of this misstatement would have reduced contribution income and commissioning expenditure. We have concluded that this misstatement relating to

staff costs is isolated. It is our responsibility to request that all misstatements, other than those below the reporting threshold, are corrected although the final decision on making the correction lies with those charged with governance considering advice from senior officers and materiality. Management have not adjusted for this item (also shown in Appendix 3) on the basis of materiality.

25. During the audit we also identified a number of anomalies with the narrative reports and amendments were made to the accounts accordingly. There remains scope for further improving the management commentary which could have been more concise and made more balanced use of performance information.

There were no material adjustments to the unaudited accounts

26. There were no material adjustments to the unaudited accounts arising from our audit.

Some progress has been made on prior year recommendations

27. The IJB has made some progress in implementing our prior year audit recommendations. For actions not yet implemented we have considered these in forming our recommendations made for the current year with revised responses and timescales agreed with management. Recommendations from 2019/20 and those from prior years and are set out in Appendix 1.

Part 2

Financial management and sustainability

Main judgements

The 2019/20 budget was not balanced and included a budgeted overspend of £6.6 million, agreed by partners, which was delivered. The budgeted shortfall was again met by deficit-funding by the partners at the year-end resulting in a breakeven position.

Budget setting and financial management needs to continue to improve with partners.

A new medium-term financial strategy was developed, and a balanced budget set for 2020/21, with increased savings targets.

Covid 19 has led to additional financial pressures in 2020/21 with over 40% of budgeted savings for 2020/21 now in doubt.

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

The 2019/20 budget was not balanced and included a budgeted overspend of £6.6 million, agreed by partners, which was delivered

28. The IJB approved its 2019/20 budget in March 2019. The budget papers identified a funding gap of £15.4 million and savings targets of £8.8 million. This left the IJB with a budgeted overspend of £6.6 million.

29. Key elements of the savings plans related to staff and drugs costs. The savings were largely 'efficiencies' with fewer savings from 'redesign' and 'transformation'.

The budgeted shortfall was again met by deficit-funding by the partners at the year-end resulting in a breakeven position

30. Finance reports identified that almost 95% of approved savings were delivered. There were also additional in-year pressures that needed to be managed

31. The IJBs overspend for the year, before deficit funding from the partners to achieve breakeven, was £6.6 million. This was in line with the original budget forecast and represents the lowest overspend since the IJB became operational in 2016/17 (Exhibit 4).

Exhibit 4

Performance against budget (excluding acute services set aside)

2019/20 represents the lowest level of overspend (before partner deficit funding)

IJB budget summary	2016/17 £m	2017/18 £m	2018/19 £m	2019/20 £m
Final Budget	494.7	511.6	529.6	560
Budgeted overspend	0	2.1	4.5	6.6
Actual spend	504.0	520.4	538.8	566.6
Overspend (before deficit funding)	9.3	8.8	9.2	6.6

Source: Fife IJB Finance Reports and Accounts

32. Additional contributions of £4.8 million from NHS Fife and £1.8 million from Fife Council were made at year end in line with contribution proportions in the year as set out in the integration scheme.

COVID-19 resulted in additional costs of £1.6 million in 2019/20

33. COVID-19 resulted in £1.6 million of additional costs in 2019/20. These have been fully funded by the Scottish Government.

The IJB is not setting budgets at activity level

34. Budget setting reports have focussed on the total marginal changes in the budget: overall cost pressures; the funding increase; and savings identified. Budget setting reports do not include detail of budgets set for areas of activity nor do they identify total budgeted expenditure by constituent body.

Recommendation 2

Budgets should be set by the IJB at activity level in- line with strategic priorities.

The quality and transparency of finance reports could be improved

35. Finance reports are provided to the IJB's Finance and Performance Committee and the Board throughout the year. Financial information is provided by partner bodies and combined into a common format with forecast outturn for the year.

36. The format of reports does not always enable effective scrutiny with the use of categories such as "Social Care Other" and "Resource Transfer" obscuring the actual cost of IJB related activities.

37. Finance reports also detail additional in-year funding allocations, but it is not always clear how budgets have changed due to these additional allocations.

38. We note that there remains scope to improve the level of supporting activity information in finance reports.

Recommendation 3

Improve finance reports by analysing expenditure fully across services, explaining changes in budgets, and including activity information and unit costs.

The IJB needs to continue to improve how it exercises effective financial management with partners

39. In February 2020, the Accounts Commission considered a Controller of Audit's report on matters arising from the 2018/19 audit of Fife Integration Joint Board. This noted slow progress in the IJB and clear and ongoing financial sustainability issues and underlined the critical need for strengthening of financial management and of performance reporting arrangements, as well as implementing recovery and improvement actions to address the financial pressures faced by the IJB. The responsibilities of the board itself – and thus its relationship with its partners Fife Council and NHS Fife – needed to be clearer and adhered to.

40. The Ministerial Strategic Group proposals are that each partnership move to a model where the IJB Chief Finance Officer is made responsible for the strategic and operational finance functions. We are expecting the review of the integration scheme and governance arrangements to clarify responsibilities for operational delivery and the responsibility for operational financial management that goes with that.

41. The Chief Finance Officer has initiated a review of financial management arrangements in relation to adult placements and there may be merit in undertaking reviews of the operational arrangements in other areas.

42. The extent and duration of overspends in Fife IJB mean that it has never been in a position to accumulate reserves which can then be applied to deal with pressures or invested in service redesign, for example. This places even greater focus on how the IJB exercises financial scrutiny and ensures that services within its remit are properly managed. This is whether the IJB is a "commissioner" or is responsible for "operational management". It needs to find effective ways to reduce spend or increase funding. Partners have been able to increase the IJB funding at the year-end to match actual spends. This is only sustainable as long as partner bodies continue to experience underspends in other parts of their budgets.

43. Financial resources, from the perspective of the IJB, are notional: no money transfers between the IJB and its partners. The partners effectively bear the real financial risk, but the IJB is held accountable for the services within its remit and for transforming health and social care services as a whole. The key challenge is how the IJB can coalesce support for better financial management and transformation across health and social care.

44. A key step is for the IJB to develop how it manages overspending and activity, whether by direction to partners or by direct action within partner organisations. Principles of good financial management focus on the alignment of financial and management responsibilities. With managers who make decisions being responsible for the financial consequences. In the case of the IJB these managers are employed by and responsible directly to the two partner organisations.

45. A 'grip and control' arrangement has been in place for key areas of cost. This means that approval is needed from the senior management team to incur additional expenditure, such as staff recruitment and use of supplementary staffing.

46. There are five main areas where financial management is continuing to be reviewed and developed

- Setting budgets at activity level (paragraph 34) should help ensure that resources are properly aligned with priorities and mean that the sustainability of services is considered more explicitly.
- The 2020/21 budget process removed an assumed budget deficit, but it does contain increased savings expectations (paragraph 48)
- A revised MTFS has been developed but will need updating due to the impact of Covid 19 (paragraph 48)
- The IJB's Chief Finance Officer has initiated a review of financial management arrangements over Adult Placements
- The IJB is considering recruiting a deputy finance officer to assist in financial management.

47. We will review operational financial management arrangements further in 2020/21.

Recommendation 4

Consider the need for more detailed review of financial management arrangements in areas of service overspend.

A new medium-term financial strategy was developed and a balanced budget set for 2020/21, with increased savings targets

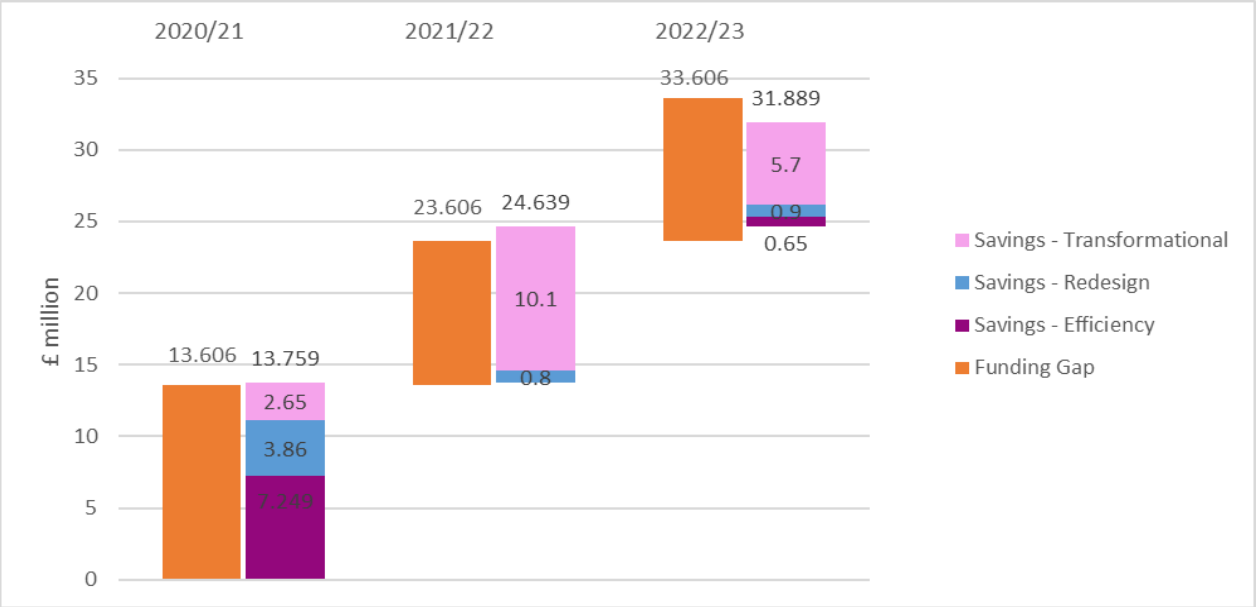
48. The 2020/21 budget along with a new Medium term financial strategy (MTFS) were due to be approved by the IJB on 27 March 2020. The Covid 19 pandemic meant that the planned IJB meeting was cancelled and the budget and MTFS were approved on a holding basis under delegated arrangements before being considered by the IJB at its meeting in June 2020.

49. The budget for 2020/21 identified a funding gap of £13.6 million and savings targets of £13.8 million. Over the medium-term (next three years) cumulative funding gaps are almost £34 million and the MTFS identifies savings initiatives to largely meet this, as shown in Exhibit 5. However, some savings plans are not particularly detailed at this stage.

Exhibit 5

Medium Term Financial Strategy – funding gaps and savings plans

The budget gap is expected to increase by £10m in 2021/22 and again in 2022/23



Source: Analysis of IJB MTFS

50. The development of the new MTFS and the setting of a balance budget represent good progress with planning future financial sustainability. Savings from transformation are increasingly important.

Recommendation 5

Detailed plans should be developed for the delivery of the redesign and transformation initiatives in the Medium Term Financial Strategy.

Covid 19 has led to additional financial pressures in 2020/21 with over 40% of budgeted savings for 2020/21 now in doubt.

51. The Finance report to the end of August 2020 identifies significant slippage in the delivery of savings along with increased costs associated with Covid-19. Additional funding from the Scottish Government is expected to cover increased costs, but it is not clear if it will mitigate slippage in savings delivery.

52. Of the £14 million savings target in the 2020/21, £6 million (43%) are marked as “Red” or “Amber” in the August Finance Report 2020 and may not be delivered. Many of the savings that are now in doubt relate to service redesign and transformation initiatives, a number of which were expected to yield additional savings in 2021/22 and later years.

53. The delivery of transformation initiatives at the same time as remobilising services and dealing with the ongoing impact of Covid 19 will be challenging for the IJB and its partner bodies. Savings initiatives identified in 2021/22 and beyond may be impacted.

54. The MTFS has not yet been updated to reflect the impact of Covid-19 over the medium term.

Recommendation 6

Update the MTFS to take account of the impact of Covid 19.

Acute set-aside budget

55. The amount set aside for the cost of delegated services provided in large hospitals is identified and included in the IJB budget. However, large hospital services are managed by NHS Fife and any under or overspend is currently borne by them, although this is not the policy intention of the Scottish Government. The intention is for the pattern of consumption of large hospital services associated with the emergency care pathway to be transparent so that the impact of health and social care integration can be managed across the system.

56. In 2019/20 there was an overspend on the large hospital services of £5 million.

The host bodies have sound systems of internal control in place

57. The IJB does not have any financial systems of its own, instead it relies upon the financial systems of the host bodies to record all transactions.

58. As part of our audit approach we sought assurances from the external auditor of NHS Fife and Fife Council and confirmed there were no significant weaknesses in the systems of internal controls for the health board and the council.

The host bodies have appropriate arrangements for the prevention and detection of fraud and error

59. The IJB does not maintain its own policies relating to the prevention and detection of fraud and error but instead depends on those in place at its partnership bodies. We have responsibility for reviewing the arrangements put in place by management for the prevention and detection of fraud. The IJB uses the financial systems of NHS Fife and Fife Council and so anti-fraud arrangements are the responsibility of these organisations. We have received assurances from the auditors of NHS Fife and Fife Council and have no issues to bring to your attention.

Part 3

Governance, transparency and best value

Main judgements

The IJB has been working to clarify roles and responsibilities and a review of governance arrangements is ongoing.

Review of the integration scheme has been delayed due to Covid-19.

It is likely that transformation plans will need to be reviewed and revised due to Covid-19

A refreshed performance management framework is in place, but performance reporting could be improved.

Two Fife initiatives have been identified as emergent good practice by Health and Social Care Scotland.

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making and transparent reporting of financial and performance information. Best Value is concerned with using resources effectively and continually improving services.

The IJB has been working to clarify roles and responsibilities and a review of governance arrangements is ongoing

60. Our annual reports in previous years have highlighted the need for greater clarity of roles and responsibilities between the IJB and its partner bodies. The Accounts Commission echoed the need for clearer roles in their findings on the section 102 report in February 2020.

61. The IJB has been working with the Scottish Government's director of health and social care integration and this includes development sessions for members and officers on governance.

62. A review of the wider governance framework including the committee structure has been delayed due to Covid-19 and is ongoing alongside the review of the integration scheme. We understand that new arrangements will be simplified and streamlined and that responsibilities for operational management will be clearer.

Recommendation 7

Ensure that the revised governance arrangements are clear on operational management responsibilities.

Review of the integration scheme has been delayed due to Covid-19

63. Councils and their partner health boards have a statutory duty under the Public Bodies (Joint Working) (Scotland) Act 2014 to review their Integration Scheme

under which they operate every five years. The current Integration Scheme was due to be reviewed by March 2020. Fife IJB has set a revised timetable due to Covid-19 and the review is due to be completed in time for implementation from 1 April 2021.

Recommendation 8

The updated Integration Scheme should be approved and submitted to the Scottish Government by 31 March 2021.

It is likely that transformation plans will need to be reviewed and revised due to Covid-19

64. An Integrated Transformation Board was created during 2019/20. The transformation board is chaired by both the Local Authority Chief Executive and the NHS Fife Chief Executive. The IJB Chief Officer is also a member of the transformation board.

65. Delivery of transformation has been impacted by Covid-19. Management is focussed on dealing with the ongoing pandemic and its likely that transformation plans will need to be reviewed and revised. However, the importance of transformation to sustainability in the medium to longer term mean that it needs to be considered alongside or as part of remobilisation plans.

Recommendation 9

Ensure that transformation initiatives are reviewed and revised to reflect the impact of Covid-19

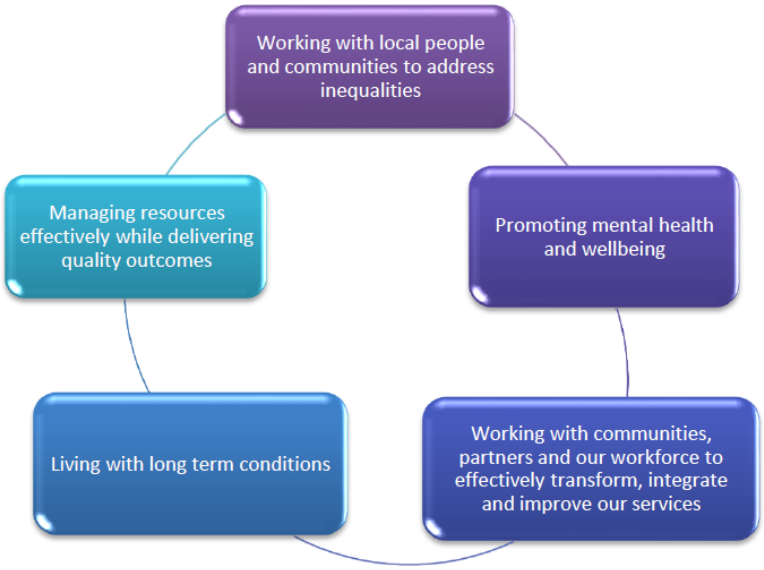
IJB Governance arrangements changed in response to Covid 19

66. The IJB was stood down in March with the onset of the Covid 19. The meetings scheduled for the 27 March and 24 April were cancelled. Subsequent meetings have been held virtually.

A new three-year strategic plan was approved in September 2019

67. A new three-year strategic plan was approved in September 2019 covering the period to 2022. The strategic plan identifies five strategic priorities (Exhibit 6).

Exhibit 6
Fife IJB Strategic Priorities



Source: Analysis of IJB Finance Reports

68. A new mental health strategy "Lets really raise the bar" was also approved in February 2020. The strategy includes a commitment to personalisation of care and emphasises the need to build capacity within communities to reduce the reliance on hospital beds.

A refreshed performance management framework is in place, but performance reporting could be improved.

69. A refreshed performance management framework was approved by the IJB in December 2019 and performance reports are reviewed by the IJB's Finance and Performance Committee throughout the year.

70. Performance reports include a lot of information and the executive summaries would benefit from clearer summaries and conclusions on performance.

71. The routine performance reports to the IJB include a range of indicators:

- 6 Ministerial Strategic Group National Outcome indicators
- 12 Local performance indicators
- 4 LDP Standards
- 3 areas of management information, including sickness absence levels.

72. It is not clear whether performance against these standards has improved over 2019/20 as they are not included in the annual performance report. However, the performance report to the end of September 2020 shows 39% of indicators included as considerably below standard or target.

The availability of national performance data has been affected by Covid-19

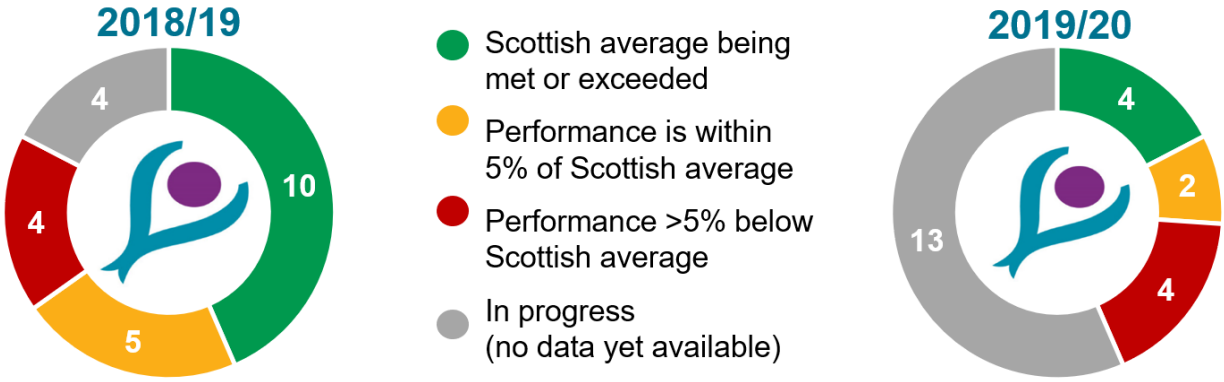
73. The annual performance report was approved by the IJB at its September meeting. The report includes the Core National Integration Indicators but, as noted above, none of the IJB's local indicators. A summary of performance on the core

integration indicators is included at Exhibit 7. As data has been delayed due to Covid-19, it's not clear yet whether performance against these measures has improved on last year, relative to the rest of Scotland.

Exhibit 7

Performance against core suite of integration indicators

It's not yet clear whether performance is improving, relative to the rest of Scotland



Source: Fife IJB performance reports and Pubic Health Scotland release September 2020

Note: Current data is not available for indicators 1-9 (2019/20 Health and Care Experience Survey results) as a result of Scottish Government staff redeployment for COVID-19 work.

74. The four core suite integration indicators that are more than 5% below the Scottish average are:

- Emergency admission rate (per 100,000 population) (Fife 13,500, Scottish average 12,616)
- Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) (Fife 114, Scottish average 105)
- Falls rate per 1,000 population aged 65+ (Fife 26.5, Scottish average 22.5)
- Percentage of adults with intensive care needs receiving care at home (Fife 55.4%, Scottish average 62.1%)

75. The annual performance report does not provide a commentary on these performance indicators and the indicators do not form part of the routine performance monitoring reports to the IJB.

76. The annual report includes narrative on key management initiatives but little analysis of performance indicators. For example, under the Mental Health priority, the annual report highlights: work to de-stigmatise mental health; suicide prevention initiatives and improving physical health for people with mental ill health. However, there is no coverage of performance against targets on waiting times, for example.

Recommendation 10

Improve performance reports through the inclusion of concise summaries and clearer conclusions.

Two Fife initiatives have been identified as emergent good practice by Health and Social Care Scotland.

77. Health and Social Care Scotland's Framework For Community Health and Social Care Integration was developed in response to the Ministerial Strategic Group Review of Progress published in February 2019.

78. The Framework includes the identification of emergent good practice under three areas:

- Promoting healthy, independent living
- Improving outcomes by working more effectively
- Making services more accessible and responsive.

79. Each of the emergent good practice themes includes good practice case studies from across Scotland. Fife has two initiatives identified under the accessible and responsive services theme:

- Fife – High Health Gain – assessing the right professional at the right time by adopting a first point of contact. The initiative seeks to proactively identify people at risk of heavy or increasing use of health services and then provide additional support to achieve 'high health gain' to keep them well and at home, reducing their need for hospitalisation.
- Fife - Short term Assessment and Reablement – embedding reablement approaches. An approach to enable Older People to continue to live in their own homes and reduce reliance on hospital based care for people who could have their care needs safely met in assessment and Short Term Assessment and Reablement (STAR) beds.

80. The emergent good practice case studies represent a useful resource and the IJB may find it useful to consider progress in each of the areas identified. The working more effectively theme, for example, includes numerous examples of multi-disciplinary team working an area where Fife has made some progress but where further opportunities will no doubt exist.

Recommendation 11

Undertake a review of the emergent good practice identified by Health and Social Care Scotland and assess the suitability of initiatives for Fife.

Appendix 1

Action plan 2019/20

No.	Issue/risk	Recommendation	Agreed management action/timing
1	**Accounting for income from clients** There is inconsistency in how income from clients is accounted for and some amounts credit to NHS income codes should have been brought to account. **Risk** Failure to account for partner body income and expenditure consistently could undermine the usefulness of the accounts.	**Ensure that the revised integration scheme covers the treatment of income for accounting purposes and the accounts are consistent with the integration scheme.**	Accounting principles have been updated. Review to be carried out with both partners with a view to reporting on a consistent basis for 2020-21. Consideration to be given to providing clarity of treatment within the Integration Scheme. Chief Finance Officer March 2021
2	**Budget setting** The IJB is not setting budgets at service level. **Risk** That budgets set are not in line with strategic priorities.	**Budgets should be set by the IJB at activity level in line with strategic priorities.**	Work under development to produce directions to both Partner organisations that provide budget and activity information at service level when the budget is approved by the IJB. Chief Finance Officer April 2021
3	**Finance reports** There is scope to improve the quality and transparency of budget reports. **Risk** Effectiveness of scrutiny is reduced if sufficient relevant information is not provided on a timely basis.	**Improve finance reports by analysing expenditure fully across services, explaining changes in budgets, and including activity information and unit costs.**	There will be work taken forward with both partner organisations to provide further fit for purpose information to the Finance and Performance committee. Additional information will be provided in future finance reports to ensure a clear audit trail of additional budgets. Chief Finance Officer April 2021

4	**Operational financial management** It is unclear whether any underlying issues with financial management at an operational level are being addressed. **Risk** The current grip and control approach to constraining expenditure may mean that underlying financial management issues are not being addressed.	**Consider the need for more detailed review of financial management arrangements in areas of service overspend.**	Work has already begun in this area. A commitment has been given to consider areas at most risk at future meetings of the Finance and Performance Committee. A process of escalation is being developed which adds a further level of decision making and approval where spend has exceeded budget. Chief Finance Officer March 2021
5	**Savings plans** It is not always clear what the arrangements are for the delivery of redesign and transformation savings are. **Risk** That savings identified are not deliverable.	**Detailed plans should be developed for the delivery of the redesign and transformation initiatives in the Medium Term Financial Strategy.**	Project Initiation Documents (PIDS) to be developed that provide clarity over the medium- term. There is also an opportunity to review the MTFS given the impact of Covid and the advances made in terms of digital platforms. Chief Finance Officer March 2021
6	**Medium Term Financial Strategy** Delivery of the MTFS has been impacted by Covid 19. **Risk** That the MTFS is no longer appropriate.	**Update the MTFS to take account of the impact of Covid 19.**	As per no 5 above Chief Finance Officer March 2021
7	**Governance arrangements** The need for clearer roles and responsibilities between the IJB and its partner bodies has been highlighted and a review is underway. **Risk** Failure to clarify arrangements in relation t**o** operational management may impact o**n** service delivery.	**Ensure that the revised governance arrangements are clear on operational management responsibilities.**	This will be addressed under the review of the Integration Scheme Chief Officer March 2021
8	**Revised Integration Scheme** Revised integration schemes were originally due to be agreed and submitted to the Scottish Government by 31 March 2020 but have been delayed due to Covid 19. **Risk** Delay of the integration scheme may delay	**The updated Integration Scheme should be approved and submitted to the Scottish Government by 31 March 2021.**	Agreed. Work is ongoing to achieve this deadline Chief Officer in conjunction with Fife Council and NHS Fife March 2021

	improvement of governance arrangements.		
9	**Transformation plans** Delivery of transformation has been impacted by Covid 19. **Risk** Failure to deliver transformation could impact sustainability.	**Ensure that transformation initiatives are reviewed and revised to reflect the impact of Covid-19**	Agreed. Will be addressed as part of the review and updating of the Medium Term Financial Strategy. Chief Finance Officer March 2021
10	**Performance reporting** Performance reporting would benefit from more effective use of indicators with clearer conclusions in relation to continuous improvement and value for money. **Risk** Failure to improve reports could impact the quality of scrutiny.	**Improve performance reporting through the inclusion of concise summaries and clearer conclusions.**	Advances made during 2020-21 with the production of an executive summary. Further improvements to be made during 2021-22 including trend analysis and benchmarking with other HSCPs Head of strategic planning, performance and commissioning March 2022
11	**Emergent good practice** Health and Social Care Scotland have identified examples of emergent good practice in integration against which partnerships can compare their own practice. No formal review has yet taken place. **Risk** That there are unrealised opportunities to further improve practices in Fife.	**Undertake a review of the emergent good practice identified by Health and Social Care Scotland and assess the suitability of initiatives for Fife.**	Review to be carried out during 2021-22 Chief Finance Officer March 2022

Follow up of prior year recommendations

b/f 1	**Consistency of budgetary information**	The three partners should agree and support a consistent format of the budgetary control information provided to the IJB to enable more robust monitoring to take place.	**Complete** Information is collated by the Chief Finance Officer into a consistent format. However, see recommendation 3 on finance reports above.
b/f 2	**Financial sustainability**	A robust recovery plan is needed to address the financial pressures faced by the IJB. This should also take account of the recommendations/suggestions made in the turnaround consultant's report.	**Complete** A medium term financial strategy has been developed. However, see recommendation 6 above on the need to update the MTFS.

b/f 3	**Publication of unaudited accounts**	Unaudited accounts should be made available on the website from the date they are submitted to audit until the date the audited accounts are available.	**Complete** The unaudited accounts were available on the website from the 30 June in line with regulations.
b/f 4	**Clarity of financial reporting**	Information provided to members should be reasonably up to date and presented in a clear and succinct way to enable effective scrutiny to take place.	**Ongoing** Finance reports have continued in the same format. Scope. Scope remains for improvement see recommendation 3 above.
b/f 5	**Financial sustainability and transformation**	The IJB and partner bodies should review the financial position and financial sustainability of the IJB and then focus on delivering a longer-term transformation programme.	**Ongoing** MTFS developed. Integrated Transformation Board in place. However, see recommendations 5 & 9 above.
b/f 6	**Review of governance arrangements**	The partners should agree their roles, responsibilities and authority to ensure there is no uncertainty for either members or users of the service.	**Ongoing** Development session held on governance arrangements. The review of the integrations scheme and governance arrangements has been delayed. See recommendations 7 above.
b/f 7	**Transparency and openness**	Committee meetings should be open to the public with non-restricted papers available on the website	**Ongoing** Discussed at the IJB Audit and Risk Committee and agreed in principle. However, this is being considered further as part of the ongoing governance review. **To be concluded by March 2021**
b/f 8	**Best Value**	The IJB should undertake a periodic and evidenced formal review of its performance against the Scottish Government Best Value framework.	**Outstanding** A refreshed performance management framework was agreed December 2019. The annual performance report makes reference to best value but does not demonstrate value for money and continuous improvement. See recommendation 10 above.

b/f 9	**Annual performance report**	The annual report should be made available within four months of the year end and the information provided in both the body and appendices should be reviewed.	**Ongoing** The report was not published until the end of September 2020 due to Covid-19. The report does not include all the performance indicators routinely reported to the IJB Finance and Performance Committee. See recommendation 10 Above.

Appendix 2

Significant audit risks identified during planning

The table below sets out the audit risks we identified during our planning of the audit and how we addressed each risk in arriving at our conclusion. The risks are categorised between those where there is a risk of material misstatement in the annual report and accounts and those relating our wider responsibility under the *Code of Audit Practice 2016*.

Audit risk	Assurance procedure	Results and conclusions
Risks of material misstatement in the financial statements		
1 **Risk of material misstatement caused by management override of controls** Auditing Standards (ISA 240) requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes consideration of the risk of management override of controls to change the position disclosed in the financial statements.	Agreement of balances and transactions to Fife Council and NHS Fife financial reports / ledger / correspondence. Service auditor assurances will be obtained from the auditors of Fife Council and NHS Fife over the completeness, accuracy and allocation of income and expenditure.	The partner body auditors provided assurances on the accuracy and completeness of the financial reports used to prepare the accounts. We agreed the consolidation schedule to financial reports from partners and to underlying accounting records. We tested a sample of significant year-end adjustments and no issues were identified. The financial position was supported by reporting during the year.
Risks identified from the auditor's wider responsibility under the Code of Audit Practice		
2 **Financial management and sustainability** There is a forecast overspend on IJB activities in 2019/20. With latest projections indicating that expenditure will be £3.5m in excess of that budgeted (on top of the approved overspend of £6.6m). We reported on financial sustainability in our annual audit report in 2018/19. There are ongoing discussions between partner bodies about the risk share proportions to be used to meet overspends in 2019/20.	Review the medium term financial strategy. Review the budget setting process. Investigate the areas of overspend in 2019/20 to identify the underlying reasons and opportunities for improving financial management at partner bodies. Review contributions by partner bodies to meet any final overspend amount and ensure that they are in line with the integration agreement.	The 2019/20 outturn was in line with budget with an overspend of £6.6m prior to additional contributions from partners in line with the integration agreement. A MTFS was developed and a balanced budget was set for 2020/21. Covid 19 has impacted savings delivery in 2020/21 and the delivery of transformation which will impact future years. Opportunities to improve financial management have been identified in the body of this report. Our work in relation to areas of overspend is ongoing and we will report further in 2020/21.

Appendix 3

Summary of uncorrected misstatements

We report all uncorrected misstatements in the annual report and accounts that are individually greater than our reporting threshold of £XX.

The table below summarises misstatements that were identified during our audit testing and have not been corrected by management. Cumulatively these errors are below our performance materiality level as shown in Exhibit 2. We are satisfied that these errors do not have a material impact on the financial statements however we request that they be corrected.

No.	Account areas	Comprehensive income and expenditure statement		Balance sheet		Movement in reserves statement	
		Dr £000	Cr £000	Dr £000	Cr £000	Dr £000	Cr £000
1	Contribution Income	196					
	Expenditure		196				
	Net impact	0					

Notes:
Entry 1 Car lease income to IJB activity codes not brought to account (reducing expenditure on activities and contribution income).

Appendix 4

Summary of national performance reports 2019/20

Fife Fife Integration Joint Board

2019/20 Annual Audit Report

If you require this publication in an alternative format and/or language, please contact us to discuss your needs: 0131 625 1500 or **info@audit-scotland.gov.uk**

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Fife Health & Social Care Integration Joint Board
Supporting the people of Fife together

AGENDA ITEM NO:	11	
DATE OF MEETING:	4 December 2020	
TITLE OF REPORT:	Winter Readiness	
EXECUTIVE LEAD:	Nicky Connor, Director of Health & Social Care	
REPORTING OFFICER/ CONTACT INFO:	**NAME:**	Lynne Garvey
	DESIGNATION:	Interim Divisional General Manager
	WORKPLACE:	Lynebank Hospital
	TEL NO:	Internal: 35455 External: 01383 565455
	E-MAIL:	Lynne.garvey@nhs.scot

Purpose of the Report (delete as appropriate)

~~**For Decision**~~	~~**For Discussion**~~	**For Information**

REPORT

Situation

Health and Social Care providers have a key responsibility to undertake effective planning of capacity to ensure that the needs of people are met in a timely and effective way across the winter months. Although demand for care can happen at any time of the year, in winter activity rises. There is increased risk of infection (Norovirus in particular), the weather conditions can be adverse and influenza is more likely than at other times of the year and planning for this year comes with additional challenges relating to Covid-19 including a second wave and impact on scheduled care services as well as planning for possible vaccination programme.

This paper provides an update to the Integration Joint Board (IJB) on the production of the Winter Plan for 2020/21.

Recommendation

The IJB is invited to note the detail of the Winter Plan for 2020/21 (Appendix 1).

Background

The draft winter plan describes the arrangements in place to cope with increased demand on services over the winter period.

The priority is to ensure that the needs of vulnerable and unwell people are met in a timely and effective manner despite increases in demand. Our workforce are key to the successful delivery of the winter plan. Resilience, coping with demand, severe weather, norovirus, covid

planning and flu plans are all factors that have been considered. The plan is supported by a discharge model, performance measures, a risk matrix and an escalation process. Winter communications planning is well under way.

The communication planned is both staff and public facing using recognised communications mechanisms (including social media).

Learning from last winter has also been considered in terms of performance, what went well, what went less well and has helped to identify the 2019/20 planning priorities for the Acute Services Division and the HSCP.

As the Winter Plan Review Workshop for 2019/20 was unable to take place due to COVID-19, a questionnaire was sent out to key stakeholders involved in Winter Planning. The questions and collated responses were:

- *What do you anticipate the key challenge for this winter will be?*

  The key challenges for this winter will be managing seasonal flu along with the Covid-19, possible adverse weather conditions and staff illness or fatigue.

- *What learning from Covid could be utilised for this winter?*

  Closer working partnerships across the NHS and the Health & Social Care Partnership have been formed and staff would like to build on this. The continued use and further development of technology such as Microsoft Teams and Near Me.

- *What new changes should be considered for this winter?*

  Proposed high level actions are described in the Assessment Section of this report.

The draft Winter Plan describes how NHS Fife/ Fife Council Social Care Services and the HSCP will:

- Cope with increased demand on services over the winter period.
- Share responsibility to undertake joint effective planning of capacity.
- Ensure that care is delivered in a timely and effective manner.
- Ensure staff and patients are well informed about winter arrangements through a robust communications plan.
- Build on existing strong partnership working to initiate planning principles that will be tested at times of real pressure.
- Mitigate the impact of Covid-19.

In partnership NHS Fife, Fife Council and the HSCP have a shared responsibility to undertake effective planning to manage the impact of winter across all health and social care. The relationships and joint working with third sector, independent sector and SAS are crucial to the success of this plan.

Assessment

Planning priorities to ensure delivery of the different components of the plan are:

Home First Model
A Home First Model - more timely discharges and realistic home-based assessments resulting in people being discharged to a homely setting is our guiding principle. Capacity planning for ICASS, Homecare and Social Care resources throughout winter including 7-day access to Hospital at Home (H@H) will support this approach.

Near Me for Unscheduled Care
Full evaluation of all previous face to face services prior to remobilisation thereby reducing footfall into the hospital and efficiently utilising clinical time. Work with services is underway to shift to Patient Initiated Review for appropriate patient groups.

Whole System Pathway Modelling
A capacity and flow tool has been developed to support whole system planning and commissioning. A daily meeting with health and social care managers enables early planning and actions to address capacity issues across the system.

Prevention of admissions
A focus on prevention of admission with further developments into High Health Gain and locality huddles to look at alternatives to GP admissions.

Restructure of medical assessment and admissions
Review of clinical pathways from GP referrals to accommodate anticipated need for red and green pathways in winter months to allow for increased presentations in line with normal seasonal flu.

Scheduling of Unscheduled Care
Creation of an integrated flow and navigation centre to triage, assess and manage unscheduled care.

Allied Health Professionals (AHPs) 7 day working
AHP support to continue over 7 days with a view to supporting criteria led discharges and preventing de-conditioning which could prolong length of stay.

Workforce hub
A workforce hub has been established managed by the Head of Nursing. This provides a central point to escalate any workforce pressures across the system and mitigate against suboptimal staffing. The hub also ensures that staff wellbeing is optimal if deployment is necessary. There are numerous strategies in place to support staff during these difficult times.

Real time intelligence accessing winter score cards, performance data and information from the capacity and flow tool will facilitate early proactive conversations and actions with managers from NHS Fife and Health and Social Care Partnership.

Objectives: (must be completed)	
Health & Social care Standard(s):	All standards
C&CG Strategic Objectives:	Supports all of the Board's strategic objectives
Further Information:	
Evidence Base:	NA

Glossary of Terms:	NA
Parties / Committees consulted prior to H&SC Committee meeting:	SLT Gold Winter Command Clinical and Care Governance IJB Development Session

Impact: (must be completed)

Financial / Value for Money:

Promotes proportionate management of risk and thus effective and efficient use of scarce resources. Costs to support additional surge plans will be met by SG.

Risk / Legal:

Duty to produce a winter plan. Inherent in process. Demonstrates due diligence. Provides critical supporting evidence for the Annual Governance Statement.

Quality / Customer Care:

Risk management system seeks to minimise risk and so support the delivery of safe, effective, person centred care. A risk assessment for initiation of any surge plans has been undertaken.

Workforce:

The system arrangements for risk management are contained within current resource.

Equality Impact Assessment:

The arrangements for managing risk apply to all patients, staff and others in contact with the Board's services.

Consultation:

Appendices:

Appendix 1 - Winter Plan

APPENDIX 1

NHS Fife / Fife Health & Social Care Partnership

Winter Plan

2020/21

CONTENTS

1 Introduction

Health and Social Care providers have a key responsibility to undertake effective planning of capacity to ensure that the needs of vulnerable and ill people are met in a timely and effective manner despite increases in demand on services or a mismatch between demand and supply of services. This can happen at any time of the year but commonly in winter activity rises, there is increased risk of infection (Norovirus in particular), the weather conditions can be adverse and influenza is more likely than at other times of the year.

Winter 2020/21 will come with additional challenges relating to COVID-19 including possible subsequent waves and impact on scheduled care services as well as planning for a possible COVID-19 vaccination programme.

NHS Fife, Fife Council and the Fife Health and Social Care Partnership (HSCP) share the challenges of managing service delivery in the context of demographic change across primary, secondary and social care. The organisations are collectively responsible for managing the local health and social care system. This includes managing information and intelligence; assessing needs and working with community partners to ensure that services are fit for purpose; they meet the needs of patients; and are cost effective despite the pressures described above. The purpose of this document is to describe the arrangements put in place by NHS Fife, Fife Council, Fife HSCP and partner organisations throughout the year, but particularly over the winter (including the Christmas and New Year holiday).

This plan is supported by:

- Joint Fife Remobilisation Plan
- NHS Fife Pandemic Flu Plan
- NHS Fife Major Incident Plan
- NHS Fife Business Continuity Plan
- H&SCP Response and Recovery Plan

NHS Fife, Fife Council and Fife HSCP have completed the self assessment checklist which helps to measure our readiness for winter across several domains. The checklist will be utilised as a local guide to assess the quality of winter preparations. A detailed review of plans in these areas will apply a Red, Amber, or Green status. The self assessment checklist will be reviewed over winter to ensure that plans are in place to cope with system pressures and ensure continued delivery of care.

2 Key Deliverables

The Fife Integrated Winter Plan takes on a whole system approach, to offer seamless transition between the Acute Hospital, Outpatient Services, Community Hospital and Community Social Care Services throughout Fife.

The Winter Plan aims to:

- Describe the arrangements in place to cope with increased demand on services over the winter period and subsequent COVID-19 waves.
- Describe a shared responsibility to undertake joint effective planning of capacity.
- Ensure that the needs of vulnerable and ill people are met in a timely and effective manner, despite increases in demand, and in accordance with national standards. (e.g. 4-hour emergency access target).
- Support a discharge model that has performance measures, a risk matrix and an escalation process.
- Ensure staff and patients are well informed about arrangements for winter and COVID-19 through a robust communications plan.
- Build on existing strong partnership working to deliver the plan that will be tested at times of real pressure.

Our approach to planning for winter recognises:

- Our workforce are key to the successful delivery of the winter plan.
- Engagement with staff across key stakeholders is essential and this took place through winter plan workshops.
- Multiple threats are present, beyond those seen in previous years, including - but not exclusively - seasonal flu, ongoing presence of COVID-19, possible severe weather, norovirus and EU Exit; however resilience plans are continually revisited and are in place.

We have completed the Scottish Government's self assessment checklist (attached at Appendix 8) which indicates that arrangements are in progress to support the delivery of the winter plan.

3 Planning Priorities Winter 2020/21

A different approach was taken in preparation for Winter 2020/21, due to the continuation of emergency measures to manage the COVID-19 pandemic through to March 2021 at the earliest.

Firstly, a short questionnaire was sent to the Winter Planning stakeholders by email with the following questions:

- What do you anticipate the key challenge for this winter will be?
- What learning from COVID-19, could be utilised for this winter?
- What new changes should be considered for this winter?

The results were then analysed and the following key actions were agreed for 2020/21 including the introduction of a number of new models of care that will change how care is delivered over the winter period or during subsequent Covid-19 surges.

1. Point of Care Testing (POCT) in Paediatrics, A&E and Admissions Unit
   POCT used within acute assessment and admission areas throughout winter flu season. Anticipated this year this will expand to provide expedited COVID-19 testing to ensure appropriate clinical placement and pathway management.

2. Restructure of medical assessment and admissions
   Review of clinical pathways from GP referrals to accommodate anticipated need for red and green pathways in winter months to allow for increased presentations in line with normal seasonal flux. Scope need for medical short stay and care model that this could deliver.

3. Scheduling of Unscheduled Care
   Work with guidance for Urgent Care Model to dovetail processes and smooth demand through the clinical day. Expand use of the ECAS and supporting services for this pathway to ensure maximized use of outpatient care models and reduce unnecessary admissions.

4. AHPs continue 7 day working from COVID
   AHP support to continue over 7 days with a view to supporting criteria led discharges and preventing de-conditioning which could prolong length of stay.

5. Process re the use of Near Me for Unscheduled Care
   Full evaluation of all previous face to face services prior to remobilization thereby reducing footfall into the hospital and efficiently utilizing clinical time. Work with services to shift to Patient Initiated Review for appropriate patient groups.

6. Home First Model
   Additional capacity in intermediate care teams will be retained to support a Home First model to avoid admissions.

7. Scale up direct entry to STAR units from community MDT's
   Scoping work is required to explore the use of care home beds to prevent avoidable hospital admission. This would include a blended model of care with Hospital at Home to support individuals with medical needs.

8. Whole System Pathway Modelling
   Work is underway to develop a capacity and flow tool to support whole system planning and commissioning.

9. Effective Test and Protect service
   Ensure increase capacity of test and protect team in order to support reduced transmission of Covid-19 in the Fife population.

Secondly, a Winter Review and Planning Workshop was held on 18 August 2020 on MS Teams with key stakeholders. The Workshop was well attended with a wide range of stakeholders from across all agencies although numbers were limited as the event was held online. Additional actions were identified including:

- Embed Daily Dynamic discharge and EDD in all wards.
- OPAT expansion.
- Explore flexible staffing models to utilise resources accordingly.
- Staff support to continue through Winter period.

Some of these actions will be progressed through other groups and some actions will not be progressed as they are cost prohibitive.

Additions to the Winter Plan for 2020/21

As 2020/21 is different from previous years, focus has been on redesigning the plans for winter taking into account our Covid-19 sensitive environment. Additional work has taken place on surge capacity, COVID-19 subsequent waves, development of a care capacity tool, revision of escalation plan and participation in the nationally led, locally delivered redesign of urgent care.

Surge capacity plans
Surge capacity has always been a challenge during the winter period and 2020/21 will be particularly challenging due to HAI restrictions impacting on bed spacing and COVID-19 hospital pathways. We are approaching surge capacity differently this year by focusing on patient flow through the health and social care system and making sure we have capacity in community and social care by stepping up and stepping down care for patients and avoiding hospital admissions.

COVID-19 pathway plans
As winter approaches, COVID-19 pathways are in place in each of Fife's hospitals. This is in place to protect emergency admissions into the hospital as well as the green pathways for the elective programme. At the time of writing, these pathways are established but a further plan details how the organisation of the hospital will change if the number of COVID-19 admissions increase including increased admissions to ICU.

Care Capacity tool
Although during winter, there are weekly meetings to review activity and capacity and to plan ahead, key information about future capacity in community and social care is not available. This year, a care flow tool is being developed to support service planning and commissioning to meet demand ensuring that people receive the right care, in the right place and by the right person.

Tool effectively translates demand to commissioning in a timely, proactive way. Work is still ongoing developing this tool but is planned to be in place by October 2020.

Escalation plan
A revised escalation plan has been developed to take into account changes to surge capacity and COVID-19 plans. The trigger points for acute and community are being revised to ensure escalation to different levels are appropriate. These triggers will cover all health and social care metrics and will include the Care Capacity Tool metrics.

Redesign of Urgent Care
The national led, locally delivered redesign of urgent care will change how patients flow through urgent care to emergency care pathways. This should impact how patients access urgent and emergency care to more appropriate pathways but also continue to maintain physically distancing in departments and waiting rooms.

The first milestone for this programme is the establishment of an Urgent Care Flow and Navigation Centre by the beginning of December 2020, in line with the national programme of work. Any lessons learned from the pilot in NHS Ayrshire and Arran, and shared with other NHS Boards, will be reflected in our planning during November.

The planning priorities identified for 2020/21 align with a range of transformation programmes across Acute Services and Health and Social Care. However, although transformation continues to happen during this period of COVID-19 through programmes like Redesign of Urgent Care and Near Me, the formal Transformation Board has been suspended until the emergency planning measures cease (currently end of March).

The Executive Nurse Director has been identified as the Executive Lead for Winter. Whole system working will be supported by the operational leads through the Director of Health and Social Care and Director of Acute Services. A Silver Command Group for Winter is being established which will support both escalation, monitoring and agility of decision making at a senior level over the winter months. The Winter Planning Group is now the Bronze Operational Group and there will be a Bronze Workforce Group established.

4 Winter Planning Process

4.1 Clear alignment between hospital, primary and social care

a) Winter Review 2019/20 – Actions and successes continued to 2020/21

- Ensure adequate Community Hospital capacity is available supported by community hospital and intermediate care redesign.
- Review capacity planning ICASS, Homecare and Social Care resources throughout winter.
- Focus on prevention of admission with further developments into High Health Gain, locality huddles to look at alternatives to GP admissions.
- Reduce length of stay as a winter planning group and being progressed through BAU.
- Test of Change for use of the community hub during Winter.
- Test of Change to reconfigure STAR bed pathway.
- Urgent Care ED enhanced direction model.
- Implementation of model for discharge lounge through tests of change.
- Weekly senior winter monitoring meeting to review winter planning metrics and take corrective action.

b) Winter Planning 2020/21 – Actions we are going to take this year

Ref	Action	Timescales	SRO	Lead/s			Status	Workforce	Finance
				Corp	Acute	H&SC			
1	Scheduling of Unscheduled Care – creation of an integrated flow and navigation centre to triage, assess and manage unscheduled care	November 2020	DOA DOHSC		DCOO GM EC	DGM West			
2	Implement Home First Model - more timely discharges & realistic home based assessments	November 2020	DOHSC			DGM West			
3	Scale up direct entry to STAR units from community MDT's	November 2020	DOHSC			DGM West			
4	Restructure of medical assessment and admissions	November 2020	DOA		GM EC				
5	Process re the use of Near Me for Unscheduled Care	November 2020	DOA		DCOO				
6	Right Care – Right Place campaign to increase awareness of alternatives to the Emergency Department for minor, non-urgent illnesses and injuries and encourage local people to make use of local services	October 2020	DON	Comms					
7	Ensure national winter campaigns, key messages and services (including NHS 24 and NHS Inform) are promoted effectively across Fife and supported by relevant local information and advice	November 2020	DON	Comms					
8	New model of care for Respiratory Pathway	November 2020	DOA DOHSC		GM EC	DGM West			

Ref	Action	Timescales	SRO	Lead/s			Status	Workforce	Finance
				Corp	Acute	H&SC			
9	Ensure adequate Community Hospital capacity is available supported by community hospital and intermediate care redesign	October 2020	DOHSC			DGM West			
10	Review capacity planning ICASS, Homecare and Social Care resources throughout winter including 7-day access to H@H	October 2020	DOHSC			DGM West			
11	Focus on prevention of admission with further developments into High Health Gain, locality huddles to look at alternatives to GP admissions	October 2020	DOHSC			DGM West			
12	Continue to Test change to reconfigure STAR bed pathway	November 2020	DOHSC			DGM West			
13	Weekly senior winter monitoring meeting to review winter planning metrics and take corrective action	October 2020	DOA DOHSC	AD P&P	DCOO GMs	DGM West			

4.2 Appropriate levels of staffing to be in place across the whole system to facilitate consistent discharge rates across weekends and holiday periods

a) Winter Review 2019/20 – Actions and successes continued to 2020/21

- Secure Social Work staffing in the Discharge Hub and community hospitals over the festive period.
- Integrated services to support discharges will run throughout all public holidays – this includes social work, homecare, community therapy staff and district nurses. Communication will be supported through daily huddles across services.
- Test of change of a rota of senior decision making capacity in OOH/weekends to promote 7 day discharges.
- Agree Urgent Care workforce levels and secure staffing as early as possible. All rotas in place to ensure public can access OOH across the winter period.
- Public facing information across social media platforms developed to communicate access to OOH including public holiday access.
- Enhance Clinical Co-ordinator role within the Urgent Care service.
- Enhanced linkage with Hospital Ambulance Liaison Officer (HALO) role to further plan and arrange efficient discharges.
- Enhance weekend discharge planning with further development of the weekend discharge team.
- Explore augmenting IAT/MSK resource at front door with a view to reducing admission rate.
- Proactive recruitment and a joined-up workforce plan to utilise staff intelligently across the year as well as winter.
- Implementation of 7-day pharmacy service in place within Acute on substantive basis.

b) Winter Planning 2020/21 – Actions we are going to take this year

Ref	Action	Timescales	SRO	Lead/s			Status	Workforce	Finance
				Corp	Acute	H&SC			
1	Implementation of a sustainable 7-day OT and PT service for acute being progressed through the Integrated Capacity and Flow Group- invest to save to support effective patient flow and address de-conditioning.	December 2020	DOA		GM WCCS			1.6 Band 6 PT 1.8 Band 4 HCSW 1.0 Band 5 OT 1 Band 4 HCSW	£72.5k
2	Paediatric nurse staff levels currently being reviewed. The increased activity associated with winter combined with the requirement for managing Covid-19 pathways will require additional staff to ensure safe staffing levels	October 2020	DOA		GM WCCS			13.3 band 5 3 band 3	
3	Implement flexible staffing models to utilise resources accordingly – managed by tactical workforce group, chaired by Associate Director of Nursing	November 2020	DON		DCOO	DGM West			

Ref	Action	Timescales	SRO	Lead/s			Status	Workforce	Finance
				Corp	Acute	H&SC			
4	Ensure NHS Fife staff are kept informed about preparations for winter including arrangements for staff flu vaccinations, local service arrangements and advice for patients	November 2020	DON	Comms					
5	Occupational Health medical and nursing support was increased temporarily to support the pandemic efforts, funding has been secured to recruit to these posts on a substantive basis	November 2020	DOW	Workforce					
6	Staff health and wellbeing signposting resources were provided from April 2020 and an expanded Staff Listening Service, (accessible to Health, H&SC Partnership, and care home staff), available from April 2020 to 31 March 2021	November 2020	DOW / DON	Workforce /Nursing					
7	Mental Health Occupational Health nursing input in place for staff support from August 2020	August 2020	DOW	Workforce					
8	Agree Flow & Navigation Care workforce levels and secure staffing as early as possible. All rotas in place to ensure public can access OOH across the winter period	October 2020	DOHSC			DGM West			
9	Create and enact a workforce plan to staff surge capacity taking into account Fife Council Christmas shut down	October 2020	DOHSC		DCOO GMs	DGM West			

4.3 Local systems to have detailed demand and capacity projections to inform their planning assumptions

a) Winter Review 2019/20 – Actions and successes continued to 2020/21

- Proactive and dynamic planning that follows predicted problems with use of system watch and better use of data including Urgent Care in collaboration with NHS 24.
- Performance measures will be in place and scrutinised.
- Estimated Discharge Date process to be further developed and clear instructions in place.
- Full review of how and when surge capacity is used against the escalation plan.
- Banish boarding event to take place to reduce pressure in hospital with patients boarding in non patient wards.
- Comprehensive review of board and ward round process across Acute inpatient wards to identify and implement consistent best practice.
- Location and staffing plan for surge capacity in place.

b) Winter Planning 2020/21 – Actions we are going to take this year

Ref	Action	Timescales	SRO	Lead/s			Status	Workforce	Finance
				Corp	Acute	H&SC			
1	Whole System Pathway Modelling – development & implementation of capacity tool	November 2020	DOA		GM EC	DGM West			
2	Daily Dynamic discharge and EDD to be embedded in all wards	November 2020	DOA		GM EC	DGM West			
3	Plan for Surge Capacity (including Community Hospitals, Care Home, Home care ICASS & H@H)	October 2020	DOA DOHSC		DCOO	DGM West		See App2	Acute HSC

4.4 Maximise elective activity over winter – including protecting same day surgery capacity

a) Winter Review 2019/20 – Actions and successes continued to 2020/21

- Produce a winter surgical program plan that includes use of the short stay surgical unit, and distribute the surgical programme, taking into account the periods of higher demand from emergency patients.
- Review the ambulatory model for surgical and medical patients and implement any enhancements.
- Review theatre requirements for SHDU cases to smooth activity over the week.

b) Winter Planning 2020/21 – Actions we are going to take this year

Ref	Action	Timescales	SRO	Lead/s			Status	Workforce	Finance
				Corp	Acute	H&SC			
1	Implementation of rapid diagnostic outpatient appointments for inpatients to ensure that no inpatient discharges are delayed whilst waiting on diagnostics	October 2020	DOA		GM WCCS				
2	OPAT expansion to release bed capacity	October 2020	DOA		GM EC		Not progressing this year		
3	Configure SSSU as amber Unit to support peaks in Orthopaedic Trauma demand	September 2020	DOA		GM PC				
4	In line with SG guidance, configure green elective areas and pathways within DIU, Ward 52 and Day Unit (within QMH) to maintain elective activity over winter	September 2020	DOA		GM PC				
5	Set-up weekly theatre meetings to review theatres lists 3 weeks in advance, including full review of patients waiting by clinical priority to determine list allocation to be escalated to Clinical Prioritisation Group	September 2020	DOA		GM PC				

4.5 Escalation plans tested with partners

a) Winter Review 2019/20 – Actions and successes continued to 2020/21

- A review of the integrated escalation plan with action cards including training and testing, and agreement of the surge capacity model over winter, including opening and closing of surge beds.
- Review and improve business continuity plans for services.
- Tabletop exercise arranged to test Major Incident plans.
- Multi Agency meeting to discuss winter arrangements across Fife.
- Update Corporate Business Continuity Plan and Response and Recovery Plan.
- Ensure that community services have access to 4x4 vehicles in the event of severe weather and that staff have received an appropriate level of training to drive such vehicles.
- Review the full capacity protocol.

b) Winter Planning 2020/21 – Actions we are going to take this year

Ref	Action	Timescales	SRO	Lead/s			Status	Workforce	Finance
				Corp	Acute	H&SC			
1	Corporate Business Continuity Plan has been reviewed by the NHS Fife Resilience Forum	August 2020	DPH	Business Continuity					
2	Corporate Business Continuity Policy has been reviewed by the NHS Fife Resilience Forum	August 2020	DPH	Business Continuity					
3	Business Continuity templates to be updated, re-issued to all departments and returned	October 2020	DPH	Business Continuity	DCOO	DGM West			

4	Ensure severe weather communications plan is in place and provided to NHS Fife Resilience Forum and EDG	October 2020	DON	Comms					
5	Local Resilience Partnership to hold a workshop to look at how Fife would manage events/incidents over winter including Covid-19, season flu, winter weather and EU-exit	November 2020	DPH	Public Health					

4.6 Preparing effectively for infection control including norovirus and seasonal influenza in acute and community settings

a) *Winter Review 2019/20 – Actions and successes continued to 2020/21*

- Point of Care Testing (POCT) for flu will be implemented early this year in preparation for the challenges expected from increased numbers of patients presenting with flu.
- Weekly Winter Planning Meetings to continue to monitor hospital position.

b) Winter Planning 2020/21 – Actions we are going to take this year

Ref	Action	Timescales	SRO	Lead/s			Status	Workforce	Finance
				Corp	Acute	H&SC			
1	Point of Care Testing (POCT) in A&E and Admissions Unit	November 2020	DOA		DCOO		Funded separately		
2	Define and agree paediatric COVID pathways to stratify patient flow based on clinical urgency and IPC measures	December 2020	DOA		GM WCCS				
3	Package of education/training to support best practice in IPC in NHS Fife acute & community settings	October 2020		IPCT					

4.7 Delivering seasonal flu vaccination to public and staff

a) Winter Review 2019/20 – Actions and successes continued to 2020/21

- Deliver the staff vaccination programme to NHS and Fife HSCP staff through drop-in clinics and peer vaccinator programme in order to achieve 60% national target and 65% local target for uptake among healthcare workers.
- Monthly review of progress against seasonal flu action plan.
- Deliver staff communications campaign across Acute & HSCP.
- Develop & distribute Information pack to independent care sector in Fife, covering staff vaccination, winter preparedness and outbreak control measures.
- Redesign consent form and data collection methods to enable more detailed & timely monitoring of staff vaccination against targets.
- Insert flu vaccination messaging for at-risk groups in out-patient letter template.

b) Winter Planning 2020/21 – Actions we are going to take this year

Ref	Action	Timescales	SRO	Lead/s			Status	Workforce	Finance
				Corp	Acute	H&SC			
1	Deliver the staff vaccination programme to health and frontline social care staff (NHS, Fife HSCP, independent and third sector) through peer vaccinator programme, occupational health clinics, care-home based and pharmacy delivery in order to achieve 60% national target and 65% local target for uptake	December 2020	DOHSC			DGM West			
2	Implement actions required for staff and community seasonal flu vaccination delivery under the Joint Fife HSCP & NHS Fife Flu Silver Group	December 2020	DOHSC			DGM West			
3	Ensure data collection methods enable weekly monitoring of flu vaccination uptake	October 2020	DOHSC			DGM West			

4	Raise awareness of the flu campaign and encourage health and care staff and key workers in the public sector to take up the offer of a free flu vaccination and lead by example	February 2021	DOHSC	Comms					

4.8 Covid-19 Mobilisation and delivering the COVID-19 Immunisation Programme

Winter Planning 2020/21 – Actions we are going to take this year

Ref	Action	Timescales	SRO	Lead/s			Status	Workforce	Finance
				Corp	Acute	H&SC			
1	Produce plan for possible second Covid-19 wave in Acute and H&SC	October 2020	DOA DOHSC		DCOO	DGM West			
2	Refer to Business Continuity plans in event of resurgence in Covid-19 cases	October 2020	DOA DOHSC		DCOO	DGM West			
3	Engage in regular review of care homes in collaboration with the HSCP	October 2020	DPH	Public Health					
4	Support weekly asymptomatic staff Covid-19 testing in care homes	October 2020	DPH	Public Health					
5	Support symptomatic residents Covid-19 testing in care homes, and flu testing where there is a suspected outbreak	October 2020	DPH	Public Health					
6	Carry out resident Covid-19 surveillance testing on a care homes in Fife	October 2020	DPH	Public Health					
7	Increase capacity and skills with Health Protection Team for outbreak management for care homes in Fife	November 2020	DPH	Public Health			Funded Separately		
8	Increase and sustain capacity to undertake all contact tracing requirements for Fife residents as part of the National Contact Tracing Test and Protect Programme.	November 2020	DPH	Public Health					
9	Maintain surge capacity to manage abrupt changes in incidence of Fife Covid-19 positive cases throughout the winter months	October 2020	DPH	Public Health					

Ref	Action	Timescales	SRO	Lead/s			Status	Workforce	Finance
				Corp	Acute	H&SC			
10	Develop action plans for outbreak prevention and management of high-vulnerability settings and events. The aim of identifying these settings is to minimise the outbreak risks.	October 2020	DPH	Public Health					
11	Promote local and national messages associated with COVID-19 and Test and Protect	November 2020	DPH	Comms					
12	Review of outbreak management guidance in line with latest national guidance	October 2020	DON	IPCT					
13	Local delivery framework for COVID-19 immunisation to be developed and implemented using outputs of national work	December 2020	DOP	Pharmacy		DGM West			
14	PMO to be established for COVID-19 immunisation programme and required workforce to be recruited for the next 12 months which encompasses the different delivery models required at each stage of the plan	December 2020	DOP	Pharmacy		DGM West			

5 Summary

The Winter Plan for 2020/21 describes the arrangements in place to cope with increased demand on services over the winter period and possible subsequent COVID-19 waves. This has been carried out in partnership with NHS Fife, Fife Council and Fife HSCP who have a shared responsibility to undertake effective planning of capacity. Partnership working is essential in order to deliver the plan and will be tested at times of real pressure.

The priority is to ensure that the needs of vulnerable and ill people are met in a timely and effective manner despite increases in demand. Our workforce are key to the successful delivery of the winter plan. Pandemic, resilience, severe weather, norovirus and flu plans have been re-visited and are in place.

The plan is supported by a discharge model, performance measures, a risk matrix and an escalation process.

Winter communications planning is well under way and will include COVID-19 communications. The communication planned is both staff and public facing using recognised communications mechanisms (including social media).

The financial plan (detailed in Appendix 5) outlines our required resource in order to deliver upon the expectations of Fife outlined in Director General Health & Social Care and Chief Executive NHS Scotland's letter, Preparing for Winter 2020/21 dated 22 October 2020. This is based on a worst case scenario with all levels of surge capacity and associated actions being required. If this were to come to fruition, there would be a cost pressure which carries financial risk for both NHS Fife and Fife Health and Social Care Partnership as Scottish Government funding for winter will not cover the indicated cost required to enact this plan. The costs shown are only for the surge capacity and the working assumption is that all other actions detailed in the Winter Plan (section 4) are manageable within existing budgets, or via other funding streams such as Test & Protect.

The workforce requirements for surge capacity are detailed in Appendix 2, with the financial consequences set out in Appendix 5 (as described above). Staffing and financial implications of the Test and Protect, Seasonal Flu, and Covid19 Vaccine Programmes are not included in this plan.

Appendices

Appendix 1: Fife Integrated Escalation Plan

Appendix 2: Fife Winter Surge Bed Plan

Appendix 3: Fife Additional Wave ICU Response Plan

Appendix 4: Fife H&SC Additional Wave Response Plan

Appendix 5: Winter Plan Financial Table

Appendix 6: Weekly Winter Monitoring Report

Appendix 7: HSCP Provisional Winter Placement Tracker

Appendix 8: Preparing for Winter 2020-21 Supplementary Checklist

Appendix 9: COVID Surge Bed Capacity

Appendix 1: Fife Integrated Escalation Plan

Fife Integrated Escalation Plan Winter 2020/21 v0.4

Escalation at:	Acute Services Actions		H&SC Actions	Total Capacity
	Emergency Care	Planned Care		
	NHS Fife and Fife Council CEO to agree actions			
Extreme Pressure Hospital Occupancy: >=100% >10 patients awaiting admission in A&E/AU1au/AU2au for admission No critical care capacity available H&SC: >100% Occupancy >30 patients clinically fit for next stage of care from VHK	Instigate Full Capacity Protocol as follows: • All acute beds available for any patient • Organisational business continuity plans invoked • Move all delayed patients to other locations in Fife • Surgery proceeds on the premise that Ward 52 cannot receive Amber patients without impacting on the green status of the ward • In the event of surgery cancellation redirect available theatre staff to support inpatient activity. • 11 intermediate beds • Commission up to a maximum of 35 external nursing home placements • Increase QMH W8a by 5 beds • Open Cameron Balfour dependent on medical cover and staffing plan – 16 beds			Hosp / Tot / Core / Surg All 739 691 48 CC 36 36 - AS 437 417 20 HSC 266 238 28 H@H - 51 admissions ICASS - 100 Beds Intermediate beds - 11 Increase in care packages - 25 Nursing home placements - 35
Severe Pressure Hospital Occupancy: >=95% >5 patients awaiting admission in A&E/AU1au/AU2au without allocated beds Intensive care capacity available H&SC: >100% Occupancy >20 patients clinically fit for next stage of care from VHK	COO and Director of H&SCP to agree sequence of actions DAILY *Review requirement for delivery of non-critical services with a view to deploy staff into clinical areas* *Critical review of planned activities across all staff groups to focus on patient care and flow*			
	Open W6 – 12 beds Increase AU1 Red occupancy to 3 patients per bay Cancel outpatient clinics where medical staffing can support inpatient management based on specialty requirement	Maximise use of SSSU so that inpatient surgery has no impact on hospital capacity Surgical consultants are contacted by the PC management team to support with timely discharges and creation of flow Re-evaluate AU2 capacity split across medical/surgical beds	Increase flow to homecare and care homes – scale up resource in line with winter surge plan, up to 25 care packages and 25 care home placements Utilise 11 intermediate beds Increase ICASS capacity – additional 20 beds Increase H@H – additional 6 admissions Increase QMH W8 – additional 7 beds	Hosp / Tot / Core / Surg All 714 691 23 CC 36 36 - AS 433 417 16 HSC 245 238 7 H@H - 51 admissions ICASS - 100 Beds Intermediate beds - 11 Increase in care packages - 25
Moderate Pressure Hospital Occupancy: >85% < 5 patients awaiting admission in A&E/AU1au/AU2au without allocated beds Critical care capacity available H&SC: >90% Occupancy >10 patients clinically fit for next stage of care from VHK	Deputy COO and DGM West to agree sequence of actions DAILY			
	Every patient to be reviewed by a consultant Expedite medically fit for discharge patients Early Supported Discharge to H@H All wards to identify at least 1 patient for discharge pre 10:30am Assess AHP caseload and implement staffing moves as required. Specialty ward rounds to take place every day	Identification of amber surgical patients in surgical wards and in AU2 who are near discharge and suitable for a move to SSSU, appropriate patients would be approved by the respective on call Planned Care Consultant. Urology patients admitted to the surgical assessment unit (AU2) are redirected to UDTC Specialty ward rounds to take place every day	Increase flow to homecare and care homes – scale up resource in line with winter surge plan Prioritise ICASS discharges from VHK & QMH - Prioritise discharges from VHK to STAR/ Assessment beds/home with homecare above normal commissioning levels	Hosp / Core All 691 CC 36 AS 417 HSC 238 H@H - 45 admissions ICASS - 80 Beds
Planned Operation Working Hospital Occupancy: <85% No patients awaiting admission in A&E/AU1au/AU2au Critical care capacity available H&SC: <90%% Occupancy <10 patients clinically fit for next stage of care from VHK	Management plan put in place • Huddle discussion and predictor indicates that hospital is able to accommodate both elective and emergency patients for the day • There are no patients in A&E or Admission Units awaiting admission without allocated beds		The normal flow to H&SC services is expected (10/12 patients to exit each day)	Hosp / Core All 691 CC 36 AS 417 HSC 238 H@H - 45 admissions ICASS - 80 Beds

Appendix 2: Fife Winter Surge Bed Plan

Fife Winter Surge Plan 2020/21 v1.2					
Health & Social Care | Homely Setting and Care Homes					
Order of opening	**AREA**	**BED CAPACITY AVAILABLE**	**RISKS/ISSUES**	**BENEFITS**	**FINANCIAL IMPLICATIONS**
1	Maximise Home Care Capacity	300 hrs internal 300 hrs external contracted	• Additional resource if contracting out to private providers – either spot purchasing or book advanced hours/runs	• Home First principles • Low cost • Creates capacity for all inpatient areas	**Total £274,050** **Internal: £157,500** **External: £116,550** (unit costs £18.50/£25 00 per hour)
2	ICASS	20 Core 80 **100 beds**	• Dependent on recruitment - will dictate increased capacity • Additional investment required for Band 3 Rehab Support workers to increase daily capacity – (90K 6 months)	• Home First principles • Continues rehabilitation at home and reduces demand for homecare • Low cost • Creates capacity for all inpatient areas	**£90,000** 5 WTE band 3 (unit cost £17 per hr)
3	H@H	6 Core 45 **51 admissions**	• Recruitment will dictate increased capacity in particular as skill set required for H@H is highly specialist at NP level	• 7 day access to for admission's from GP OOH urgent care • Step down from AU1 to prevent Acute admission • Increased capacity for GP admissions to prevent admission to acute hospital • Less likely to close the service • Creates capacity and supports prevention of admission • Supports Fife wide model	**Total £187,083** **Pharmacy** £67,950 for 7-day cover for 5 months comprised of: 1.1 WTE clinical pharmacist B8a £32,675 1.3 WTE pharmacy technician B5 £23,140 1.0 wte pharmacy support worker B3 £12,135 **Nursing/Medical** Nursing Band 6 NP 2.4 - £71,250 Medical staff for weekend shifts - £47,500 - Total request = £118,750 Cost per day per patient £168.00
4	Intermediate Care beds	11 Dedicated intermediate care beds to enable step down Emergency respite provision would be ring fenced across the system.	• GP registration would be required for patients who did not live locally • Community Nursing may be required • Patients must be medically well to step down • Pre-assessment required • New model of care • Cost needs to be worked up • COVID testing pre-admission • Public perception of care homes • Additional care transition • LOS average 56 days	• Homely setting • Promote individuals to be independent • Releases in-patient capacity • Number of patients in delay reduces • Location – supports flow in West Fife which can be a challenge	**Total £75,000** Transfer of respite to accommodate step down beds £740 per week *20 weeks* 5 beds - £74,000 Registration Fee - £1,000
5	Additional nursing care home placements (private providers)	Commission interim Nursing Home placements depending on pressures across the VHK and community hospitals	• GP registration would be required for patients who did not live locally to the care home • Community Nursing may be required • Patients must be medically well to step down • Pre-assessment required • COVID testing pre-admission • Public perception of care homes • Financial implications • Additional care transition • District Nursing may need to support • LOS average 41 weeks	• Homely setting • Promote individuals to be independent • Releases in-patient capacity • Number of patients in delay reduces	Care home beds have been calculated on a sliding scale based on usage and also calculated on risk therefore additional beds could be commissioned as follows: • **25 beds would cost £210K** • **35 beds would cost £296K**

Inpatient Hospital Areas							
Order of opening	AREA	SURGE BED CAPACITY	CORE BEDS	CORE STAFF	RISKS/ISSUES	BENEFITS	FINANCIAL IMPLICATIONS
6	QMH Ward 8/8a	12 7/5	0	22 WTE (nursing, 1 AHP, 1 RMO cover)	• AHP cover required • Medical cover required • Sexual health would require remobilisation	• LOS average 40 days	**Total - £454,363** Additional Nursing: W8 - £169,624 W8a - £117,739 1 AHP £25,000 RMO £142,000 (only if W8a opens, will also cover W3 and Balfour)
7	VHK Ward 6	12	0	0	• Currently being used as Diabetes Centre due to service displacement • Environment is sub-optimal • Unable to use hoists • Limited patient cohort can be admitted to area • Securing the workforce required • Medical staff buy in to provide RMO cover • Pressure on AHPs to provide rehabilitation • High cost • May not be sustainable	• Within acute setting • Ward area already partly prepared • Could be used to support those approaching discharge and waiting on care packages • Could be used to deliver ambulatory model	**Total - £587,779** Nursing (19.96 WTE) - £360,027 AHP (2 WTE)- £38,754 Medical (2 WTE) – £188,998
8	Cameron Hospital Balfour Ward	18 Assuming 4 bedded bays	0	20 WTE	• Securing the workforce required staff being re deployed to imms/test & trace • Medical staff would need to secure RMO cover which is not available in the HSCP and also need to secure junior medical or ANP cover as existing locum junior medical cover on Cameron site unlikely to be able to provide this without increased secure staffing. • Pressure on AHPs to provide rehabilitation • High cost • May not be sustainable • Accommodation required for AHP staff if Balfour ward opened as this was the rehab area and office space	• Ward area already prepared as a result of COVID • Some staff may be available following Wellesley closure • LOS average 40 days	**Total - £482,000** 80, 000 per month Nursing - £400,000 Junior Doctor - £57,000 1 AHP - £25,000
9	QMH Ward 3	Up to 22 beds	0	22WTE 13 WTE registrants 8 WTE 2 1 WTE 7 3 x Medical Sessions	• Securing the workforce required – staff being re deployed to imms/test & trace • Medical staff buy in to provide RMO cover • Pressure on AHPs to provide rehabilitation • High cost • May not be sustainable • Isolated area within QMH	• Ward area already prepared as a result of COVID up to 18 beds • Could be used to cohort patients awaiting guardianship – trend is increasing • LOS average 40 days ≥ if guardianship cases	**Total £498,750** £94,750 per month nursing - £473,750 Consultant costs covered in £170,000 for ward 8 and ward8a 1 AHP - £25,000
10	HSCP and Acute Hospital Areas Revert to pre-covid bed spacing - 6 bedded bays	HSCP 31 Acute 20 (dependent on bed spacing)	248	480	• Additional staffing may be required • Risk of staff burnout • Pressure on AHPs • Infection control risks of providing care within environment's with <1m bed spacing with no physical screens • Provision would be beyond the funded bed base	• Areas already up and running functioning with MDT staffing in place	Unclear if this will be within IPCT guidance - assumed a medium level of costs

Appendix 3: Fife Additional Wave ICU Response Plan

NHS Fife COVID-19 Additional Wave Response Plan – Acute Services v1.1

NHS Fife has immediate equipment stock to enable ventilation of 35 patients. Any additional requirement can be facilitated through use of theatre ventilator stock
Previously deployed staff are engaged in a programme of Keeping in Touch (KiT) days in order to maintain critical care competencies. Identified ratios in accordance with guidance issued 26/03/20 from CNO

Escalation at:	Acute Services Actions		Staff Impacts Critical Care	CC Capacity
	Critical Care Actions	Enabling Actions		
	Gold command to agree sequence of actions DAILY			
Stage 4 **Scale up 48-72hrs** **14 COVID +ve patients in ICU**	3rd Red ICU opened – critical care floor becomes full level 3 support Amber ICU remains in Recovery 2 Green SHDU remains Ward 52 Amber SHDU into Recovery 1 Amber medical level 2 care into CCU Red medical level 2 care remains in Ward 43	Surgical programme reduced to P1 activity only	1:6 critical care nurse / patient ratio PLUS 4 deployed RNs PLUS 4 deployed nRNs Nursing staff deployed from surgical specialty ward areas Prioritise support from anaesthetic team into critical care 15 WTE physiotherapists allocated to critical care	CC T R A G All 54 32 18 4 L3 38 28 10 S L2 8 4 4 M L2 8 4 4
	Silver command to agree sequence of actions DAILY – Gold command briefed DAILY			
Stage 3 **Scale up 24-48hrs** **7 COVID +ve patients in ICU**	2nd Red ICU opened in SHDU area Amber level 2/3 move from SHDU to Recovery 2 Red medical level 2 care into Ward 43	Surgical program reduced to P1&2 only Reduce QMH theatre programme to support reallocation of staff. F2F Outpatient activity suspended – focus on inpatient care	Move to 1:4 critical care nurse / patient ratio PLUS 3 deployed RNs PLUS 4 deployed nRNs Nursing staff with transferrable skills deployed from Theatres and Recovery Reduction in theatre program critical to releasing anaesthetic support 9.0 WTE physiotherapists allocated to critical care	CC T R A G All 42 24 14 4 L3 26 20 6 S L2 8 4 4 M L2 8 4 4
	Silver command to agree sequence of actions BI-WEEKLY – Gold command briefed WEEKLY			
Stage 2 **Scale up within 24hrs** **3 COVID +ve patients in ICU** **2 COVID +ve patients in MHDU side rooms**	ICU becomes red ward Amber level 2/3 created in SHDU SHDU (surgical level 2 care) move to Ward 52 (4 green in 52 – 4 Amber in SHDU) **Should ICU be accommodating COVID +ve patients on main floor – potential to accommodate level 2 medical patients to prevent MHDU expansion. Situation dependent.*	Elective program reduced to P1-3 only Review QMH theatre programme. Review nursing staffing across Division to identify supporting staff from critical care trained pool	Move to 1:2 critical care nurse/patient ratio PLUS 2-3 deployed appropriately trained RNs Increased medical support from Anaesthetic staff Prepare to remobilise respiratory physiotherapist	CC T R A G All 32 10 18 4 L3 16 10 6 S L2 8 4 4 M L2 8 8
Stage 1	4 x ICU side rooms (2x -ve pressure) 2 x MHDU side rooms and Bay 1 Available for use for COVID or other query-infectious patients	Full surgical program in operation. Maintain availability of negative pressure rooms in Wd 51 for COVID patients requiring NIV	No impact on nurse / medical staffing. 1:1 critical care nurse /patient ratio No impact on physiotherapy	CC Total All 25 L3 9 S L2 8 M L2 8

Appendix 4: Fife H&SC Additional Wave Response Plan

Fife H&SC COVID-19 Additional Wave Response Plan – Community Services v1.1			
Escalation at:	**Community Hospital Actions**	**Enabling Actions**	**Workforce**
Stage 4 **Scale up 48-72hrs** **14 COVID +ve patients in ICU** **Ward 53 24 +ve** **Ward 51 5 +ve**	**Gold command to agree sequence of actions DAILY**		
	QMH Ward 3 / Cameron Balfour opened	Redeploy nursing resource to support additional wards Additional medical staffing required (RMO and ward Dr)	AHP model of care targeted to the most complex individuals
Stage 3 **Scale up 24-48hrs** **14 COVID +ve patients in ICU** **Ward 53 20 +ve patients** **Ward 51 open**	**Silver command to agree sequence of actions DAILY – Gold command briefed DAILY**		
	QMH Ward 8a opened with 5 beds	Review nursing resource to support Ward 8a from deployed areas QMH Ward 3 / Cameron Balfour plan to open	AHP's to be deployed to in patient areas - cardiac and pulmonary rehab physio staff may need to be deployed to Acute
Stage 2 **Scale up within 24hrs** **7 COVID +ve patients in ICU** **Ward 53 10 +ve patients** **Ward 51 plan to open**	**Silver command to agree sequence of actions BI-WEEKLY – Gold command briefed WEEKLY**		
	QMH Ward 8a plan to open	Review nursing staffing across HSCP to identify supporting staff who could support in patient areas Transfer service delivery for sexual health operating within QMH Ward 8a	Plan for critical service delivery as identified within business continuity plans
Stage 1	231 beds 79 side rooms available for use for ward based COVID outbreaks or other infectious patients	Normal transfers from VHK to community hospitals	No impact on nurse / medical staffing No impact on AHP's

Appendix 5: Winter Plan Financial Table

Winter Plan 2020/21 Financial Impact *Cost based on 6-month winter period*					
Ref	**Description**		**Area**	**Timescale**	**Cost (CYE)**
4.2.1	Implementation of a sustainable 7-day OT and PT service for acute		Acute	Nov-20 to Mar-21	£72,500
4.3.3	Costs in relation to Surge Plan (see Appendix 2)	Provide additional homecare capacity to support timely discharges from and prevent admissions to hospital	H&SC	Nov-20 to Mar-21	£274,000
4.3.3		Provide additional ICASS capacity to support timely discharges from and prevent admissions to hospital	H&SC	Oct-20 to Mar-21	£90,000
4.3.3		Provide additional H@H capacity to support timely discharges from and prevent admissions to hospital	H&SC	Nov-20 to Mar-21	£187,083
4.3.3		Provide additional Intermediate Care placements to meet demand	H&SC	Nov-20 to Mar-21	£75,000
4.3.3		Commission 25 additional Nursing Home placements to meet demand and support hospital discharges	H&SC	Oct-20 to Mar-21	£210,000
4.3.3		Surge Capacity – Ward 8/8A QMH	H&SC	Nov-20 to Mar-21	£454,363
4.3.3		Surge Capacity – Ward 6 VHK	Acute	Nov-20 to Mar-21	£587,779
4.3.3		Surge Capacity – Balfour Ward, Cameron	H&SC	Nov-20 to Mar-21	£482,000
4.3.3		Surge Capacity – Ward 3, QMH	H&SC	Nov-20 to Mar-21	£469,000

Total Potential Cost (Worst Case Scenario)	£2,901,725
SG Winter Funding	£661,000
Potential Cost Pressure	£2,240,725

Appendix 6: Weekly Winter Monitoring Report

Area	Indicator	Trend	03-May	10-May	17-May	24-May	31-May	07-Jun	14-Jun	21-Jun	28-Jun	05-Jul	12-Jul	19-Jul	26-Jul	02-Aug	09-Aug	16-Aug	23-Aug	30-Aug	06-Sep	13-Sep	20-Sep	27-Sep	04-Oct	11-Oct	18-Oct	25-Oct
OOH Urgent Care	Contacts		2143	1876	1978	2006	1927	1890	1818	1804	1995	1903	1897	1902	1816	1852	1899	1915	2176	2380	2225	2065	1910	1836	1895	2294	1691	1779
	OoT Home Visits		31	21	48	19	37	22	15	24	31	22	29	37	13	24	31	16	20	29	30	22	21	19	42	20	20	31
	% ref to 2ndary Care		3.83%	2.61%	3.24%	3.54%	4.20%	4.23%	4.24%	4.77%	5.41%	4.68%	5.06%	4.78%	5.84%	4.91%	5.63%	5.54%	4.69%	3.78%	3.91%	5.42%	4.76%	4.74%	4.91%	4.18%	5.09%	4.95%
	COVID Ax Centre		177	137	151	135	123	118	117	96	137	108	98	123	102	115	106	118	181	217	175	142	142	106	139	110	111	106
	COVID Advice Calls		349	336	272	289	218	255	220	193	201	196	172	157	162	165	165	190	308	477	377	305	193	176	207	212	155	166
Emergency Department	Attendances		723	763	805	910	1022	941	981	1055	1102	991	1050	1166	1123	1089	1177	1145	1228	1148	1172	1157	1136	1154	1061	1094	976	1051
	Performance		96.8%	95.4%	96.1%	94.3%	95.7%	94.9%	96.1%	96.2%	95.7%	96.5%	95.9%	95.9%	90.7%	95.9%	94.5%	94.8%	93.0%	93.8%	93.2%	94.2%	95.4%	96.8%	94.4%	93.7%	93.9%	93.7%
VHK	Admissions		520	494	552	595	564	590	588	641	643	642	647	675	714	681	702	678	678	672	708	714	646	657	672	638	695	662
	Emergency		487	459	517	554	533	555	554	600	595	586	578	604	638	602	636	605	594	601	630	626	566	587	592	554	612	581
	Discharges		444	508	513	548	569	599	524	620	627	639	671	638	662	692	694	667	652	667	714	694	638	641	640	657	670	684
	% B4 Noon		15.0%	15.4%	16.1%	12.9%	15.5%	10.4%	20.3%	18.6%	15.8%	12.3%	14.3%	12.0%	16.0%	16.7%	14.4%	15.8%	13.6%	14.7%	13.3%	11.9%	13.0%	13.8%	13.5%	13.0%	14.6%	14.5%
Theatre Activity	Scheduled		21	32	26	30	34	25	48	61	45	88	85	150	178	182	150	192	216	205	243	231	251	265	245	272	229	239
	Cancelled		0	4	0	0	1	0	4	6	0	10	2	5	6	4	3	7	12	9	18	8	8	12	14	18	3	12
	Hospital Cancelled		0	0	0	0	0	0	0	0	0	0	2	1	0	0	0	0	0	1	1	0	2	1	0	0	0	0
VHK Bed Utilisation	Occupancy		64%	67%	68%	73%	79%	77%	75%	81%	83%	79%	78%	77%	85%	82%	80%	80%	81%	84%	85%	79%	81%	84%	85%	87%	83%	82%
	COVID Bed Days											143	113	106	129	84	97	109	78	63	87	91	106	110	121	104	184	251
	Boarding Bed Days		148	170	178	181	239	219	204	205	207	217	224	192	252	250	176	166	222	237	214	240	287	247	309	363	301	316
	DD Bed Days		10	12	16	14	17	19	46	53	60	38	22	25	38	19	27	31	13	23	34	20	7	23	16	13	22	23
Community Hospital	Admissions		37	37	35	41	39	35	26	29	36	27	38	33	30	48	43	37	49	45	41	38	35	41	34	38	43	46
	Discharges		35	38	35	41	40	34	26	28	36	27	38	33	29	48	44	37	49	44	40	37	35	41	34	37	43	45
	Occupancy		61%	59%	64%	66%	65%	67%	67%	68%	69%	84%	85%	87%	91%	93%	91%	92%	93%	89%	89%	92%	92%	91%	92%	94%	94%	94%
	COVID Bed Days											7	11	4	10	4	0	2	2	2	6	1	4	2	1	3	3	0
	DD Bed Days		233	208	188	194	218	228	201	238	248	258	293	297	332	348	318	385	421	341	325	302	329	352	342	344	300	254
	DD Standard		109	98	82	86	108	106	81	127	143	153	185	183	218	235	215	293	333	245	211	188	216	230	215	211	158	122
	DD Code 9		124	110	106	108	110	122	120	111	105	105	108	114	114	113	103	92	88	96	114	114	113	122	127	133	142	132

Appendix 7: HSCP Winter Placement Tracker

	Downstream Beds (DSB)	Social Care Discharge Models						Other Discharge Routes				
	Placed / Moved within Community Hospital	Predicted Demand for HSC placements	Long Term Care	Homecare	START	Assessment & Intermediate Care Beds	STAR	Predicted Demand for Placements	Re-Start Care Packages	High Health Gains	Hospital @ Home	ICASS
Nov-20	165	149	34	8	77	18	12	169	75	10	20	64
Dec-20	157	152	37	8	77	18	12	169	75	10	20	64
Jan-21	178	159	36	12	81	18	12	177	75	10	20	72
Feb-21	157	157	34	12	81	18	12	177	75	10	20	72
Mar-21	146	157	34	12	81	18	12	177	75	10	20	72
	803	774	175	52	397	90	60	869	375	50	100	344

Preparing for Winter 2020/21:
Supplementary Checklist of Winter Preparedness: Self-Assessment

Priorities **1. Resilience** **2. Unscheduled / Elective Care** **3. Out of Hours** **4. Norovirus** **5. Covid -19, Seasonal Flu, Staff Protection & Outbreak Resourcing** **6. Respiratory Pathway** **7. Integration of Key Partners / Services**	These checklists supplement the Preparing for Winter 2020/21 Guidance and support the strategic priorities for improvement identified by local systems from their review of last winter's pressures and performance. For the avoidance of doubt, your winter preparedness assessment should cover systems, processes and plans to mitigate risks arising from a resurgence in covid-19, severe weather, winter flu and other winters respiratory issues, and a no deal Brexit – either individually or concurrently. The checklists also include other areas of relevance but are not exhaustive. Local systems should carefully consider where additional resources might be required to meet locally identified risks that might impact on service delivery. NHS Special Boards should support local health and social care systems to develop their winter plans as appropriate

Winter Preparedness: Self-Assessment Guidance

- Local governance groups can use these checklists to self-assess the quality of overall winter preparations and to identify where further action may be required. This should link to the guidance available for continual provision of service available on the associated web links highlighted on the accompanying paper.

- The following RAG status definitions are offered as a guide to help you evaluate the status of your overall winter preparedness.

RAG Status	Definition	Action Required
Green	Systems / Processes fully in place & tested where appropriate.	Routine Monitoring
Amber	Systems / Processes are in development and will be fully in place by the end of October.	Active Monitoring & Review
Red	Systems/Processes are not in place and there is no development plan.	Urgent Action Required

1	**Resilience Preparedness** *(Assessment of overall winter preparations and further actions required)*		RAG	**Further Action/Comments**
1.1	The NHS Board and Health and Social Care Partnerships (HSCPs) have robust business continuity management arrangements and plans in place to manage and mitigate all key disruptive risks including the impact of severe weather, EU Exit and Covid-19 resurgence. These arrangements have built on the lessons learned from previous events, and are regularly tested to ensure they remain relevant and fit for purpose. Resilience officers are fully involved in all aspects of winter planning to ensure that business continuity management principles are embedded in winter plans. *The Preparing For Emergencies: Guidance For Health Boards in Scotland (2013) sets out the expectations in relation to BCM and the training and exercising of incident plans – see Sections 4 and 5, and Appendix 2 of Preparing for Emergencies for details. The Preparing for Emergencies Guidance sets out the minimum standard of preparedness expected of Health Boards – see Standard 18.*	☒ ☒		NHS Fife and HSCP have established and robust Business Continuity Plans in place. Each ward, department and service have responsibility to review and update their plans at least once each year. This is supported by the Business Continuity Manager. The Business Continuity Manager and Emergency Planning Officer are involved in all aspects of contingency planning.
1.2	Business continuity (BC) plans take account of the critical activities of the NHS Board and HSCPs; the analysis of the effects of disruption and the actual risks of disruption; and plans are based on risk-assessed worst case scenarios, including Covid-19 reasonable worst case scenarios. Risk assessments take into account staff absences including those likely to be caused by a range of scenarios including seasonal flu and/or Covid-19 as outlined in section 5 and a business impact analysis so that essential staffing requirements are available to maintain key services. The critical activities and how they are being addressed are included on the corporate risk register and are regularly monitored by the risk owner.	☒ ☒ ☒		All NHS Fife and HSCP Business Continuity Plans consist of a Business Impact Analysis; Risk Assessment; and Continuity Plan. New templates all include these elements.

	The Health Board and HSC partnership has negotiated arrangements in place for mutual aid with local partners, which cover all potential requirements in respect of various risk scenarios.			
1.3	The NHS Board and HSCPs have appropriate policies in place should winter risks arise. These cover: • what staff should do in the event of severe weather or other issues hindering access to work, and • how the appropriate travel and other advice will be communicated to staff and patients • how to access local resources (including voluntary groups) that can support a) the transport of staff to and from their places of work during periods of severe weather and b) augment staffing to directly or indirectly maintain key services. Policies should be communicated to all staff and partners on a regular basis. *Resilience officers and HR departments will need to develop a staff travel advice and communications protocol to ensure that travel advice and messages to the public are consistent with those issued by Local /Regional Resilience Partnerships to avoid confusion. This should be communicated to all staff.*	☒		HR18 - Disruption of Staff Travel Arrangements Policy is in place and staff will be directed accordingly as required. NHS Fife has a Severe Weather Response Plan, which includes H&SCP. This Plan includes the Command & Control structure, staff reporting arrangements, 4x4 responses and access to voluntary agencies.
1.4	The NHS Board's and HSCPs websites will be used to advise on changes to access arrangements during Covid-19, travel to appointments during severe weather and prospective cancellation of clinics.	☒		Advice and information are issued on NHS Fife website, Blink, Twitter and Facebook pages. Links and information from East of Scotland Local and Regional Resilience Partnership, Fife Council, Travel Scotland and the Met Office will also be distributed.
1.5	The NHS Board, HSCPs and relevant local authorities have created a capacity plan to manage any potential increase in demand for mortuary services over the winter period; this process has involved funeral directors.	☒		The current core capacity across NHS Fife is 72 at VHK. Joint working continues with Fife Council and Funeral Directors to ensure contingency plans would increase throughput across local crematoriums and cemeteries. Multi-faith arrangements around mutual aid support are ongoing.

1.6	The NHS Board and HSCPs have considered the additional impacts that a 'no deal' EU withdrawal on 1 January 2021 might have on service delivery across the winter period.	☒		Multi-agency exercises continue on a regular basis which, although not specifically around winter and builds on existing arrangements. A silver command Brexit Group will meet WB 02/11/20. A Fife Multi-Agency Winter Preparedness Review is being planned where key members from all partner organisations will be present.

2	**Unscheduled / Elective Care Preparedness** *(Assessment of overall winter preparations and further actions required)*		RAG	**Further Action/Comments**
2.1	**Clinically Focussed and Empowered Management**			
2.1.1	Clear site management and communication process are in place across NHS Boards and HSCPs with operational overview of all emergency and elective activity. *To manage and monitor outcomes monthly unscheduled care meetings of the hospital quadrumvirate should invite IJB Partnership representatives and SAS colleagues (clinical and non-clinical) to work towards shared improvement metrics and priority actions. A member of the national improvement team should attend these meetings to support collaborative working.* *Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.*	☒		A winter review event of last winter was held August 2020 via Teams. This event involved representative from all areas of NHS Fife and HSCP. The outcomes were developed and learning used for the winter plan. Hospital Control Room established within Acute during COVID, now part of core Site Management process and will remain in place through winter. Integrated Capacity tool is in the final stages of testing, this will be used each day to look at capacity across acute and the HCSP. Inprovement actions will be identified and progressed with escalation to Silver Command as necessary.
2.1.2	Effective communication protocols are in place between clinical departments and senior managers to ensure that potential system pressures are identified as they emerge and	☒		There is a daily acute and HSCP multi-disciplinary daily safety huddle via Teams to support decision-making in the very early part of the day. The HSCP contributes to VHK huddle to ensure a whole system approach is taken.

	as soon as they occur departmental and whole system escalation procedures are invoked.			This is supported by a mid morning capacity review with Director involvement. Weekly operational planning meetings continue to look at operational plans for a week ahead and agree a weekend plan for the site. The balance of accommodating elective and emergency admissions is part of this process and informs the decision to open additional capacity if necessary
2.1.3	A Target Operating Model and Escalation policies are in place and communicated to all staff. Consider the likely impact of emergency admissions on elective work and vice versa, including respiratory, circulatory, orthopaedics, cancer patients, ICU/PICU. *This should be based on detailed modelling, pre-emptive scheduling of electives throughout the autumn, and early spring, and clear strategies regarding which lists may be subject to short-notice cancellation with a minimum impact.* *Pressures are often due to an inability to discharge patients timeously. Systems should be in place for the early identification of patients who no longer require acute care and discharged without further delay*	☒		A full review of our current escalation plan has been undertaken. Escalation plan in place as part of Winter Plan, with enabling actions across Acute and HSCP. Supported by ICU escalation plan in response to COVID-19.
2.1.4	Escalation procedures are linked to a sustainable resourcing plan, which encompasses the full use of step-down community facilities, such as community hospitals and care homes. HSCPs should consider any requirement to purchase additional capacity over the winter period. *All escalation plans should have clearly identified points of contact and should be comprehensively tested and adjusted to ensure their effectiveness.*	☒		As above – Escalation plans link to staffing requirement. Additional capacity costed under financial plan.
2.2	**Undertake detailed analysis and planning to effectively manage scheduled elective, unscheduled and COVID activity (both short and medium-term) based on forecast emergencyand elective demand and trends in infection rates, to optimise whole systems business continuity. This has specifically taken into account the surge in unscheduled activity in the first week of January.**			
2.2.1	Pre-planning and modelling has optimised demand, capacity, and activity plans across urgent, emergency and elective	☒		System watch is used routinely to predict on a daily basis current demand and activity is planned (this will include

	provision are fully integrated, including identification of winter surge beds for emergency admissions *Weekly projections for scheduled and unscheduled demand and the capacity required to meet this demand are in place.* *Weekly projections for Coved demand and the capacity required to meet this demand including an ICU surge plan with the ability to double capacity in one week and treble in two weeks and confirm plans to quadruple ICU beds as a maximum surge capacity.* *Plans in place for the delivery of safe and segregated COVID care at all times.* *Plans for scheduled services include a specific 'buffering range' for scheduled queue size, such that the scheduled queue size for any speciality/sub-speciality can fluctuate to take account of any increases in unscheduled demand without resulting in scheduled waiting times deteriorating. This requires scheduled queue size for specific specialities to be comparatively low at the beginning of the winter period.* *NHS Boards can evidence that for critical specialities scheduled queue size and shape are such that a winter or COVID surge in unscheduled demand can be managed at all times ensuring patient safety and clinical effectiveness without materially disadvantaging scheduled waiting times.*			urgent elective care) around these numbers. There a robust escalation plan which includes surge beds also being implemented. This has however been impacted with Covid with fluctuations being seen and taken account of. Daily discussion in Acute of predict admissions and discharges (using EDD) and projection of profile on weekly basis.
2.2.2	Pre-planning has optimised the use of capacity for the delivery of emergency and elective treatment, including identification of winter / COVID surge beds for emergency admissions and recovery plans to minimise the impact of winter peaks in demand on the delivery of routine elective work. *This will be best achieved through the use of structured analysis and tools to understand and manage all aspects of variation that impact on services, by developing metrics and escalation plans around flexing or cancelling electives, and by covering longer term contingencies around frontloading activity for autumn and spring. Where electives*	☒		A full escalation plan with actions re emergency and elective work has been put together and is now in place to avoid unnecessary disruption.

	are cancelled consideration should be given on whether the Scottish Government Access Support team should be informed in order to seek support and facilitate a solution. *Ensure that IP/DC capacity in December/January is planned to take account of conversions from OPD during Autumn to minimise the risk of adverse impact on waiting times for patients waiting for elective Inpatient/Day-case procedures, especially for patients who are identified as requiring urgent treatment.* *Management plans should be in place for the backlog of patients waiting for planned care in particular diagnostic endoscopy or radiology set in the context of clinical prioritisation and planning assumptions*			
2.3	**Agree staff rotas in October for the fortnight in which the two festive holiday periods occur to match planned capacity and demand and projected peaks in demand. These rotas should ensure continual access to senior decision makers and support services required to avoid attendance, admission and effective timely discharge. To note this year the festive period public holidays will span the weekends.**			
2.3.1	System wide planning should ensure appropriate cover is in place for Consultants (Medical and Surgical), multi-professional support teams, including Infection, Prevention and Control Teams (IPCT), Social Workers, home care and third sector support. This should be planned to effectively manage predicted activity across the wider system and discharge over the festive holiday periods, by no later than the end of October. *This should take into account predicted peaks in demand, including impact of significant events on services, and match the available staff resource accordingly. Any plans to reduce the number of hospitals accepting emergency admissions for particular specialties over the festive period, due to low demand and elective activity, need to be clearly communicated to partner organisations.*	☒		Plans in place – being finalised with clinical teams and adjusted to account for increasing COVID activity. A tactical workforce group has been established to support workforce planning and deployment due to competing priorities.
2.3.2	Extra capacity should be scheduled for the 'return to work' days after the four day festive break and this should be factored into annual leave management arrangements across Primary, Secondary and Social Care services.	☒		Plans in place – being finalised with clinical teams. Workforce planning is ongoing and will be supported by tactical group.

2.3.3	Additional festive services are planned in collaboration with partner organisations e.g. Police Scotland, SAS, Voluntary Sector etc. *NHS Boards and HSC Partnerships are aware of externally provided festive services such as minor injuries bus in city centre, paramedic outreach services and mitigate for any change in service provision from partner organisations*	☒		NHS Fife is a core member of Fife LRP (Local Resilience Partnership) and is fully engaged in all multi agency arrangements
2.3.4	Out of Hours services, GP, Dental and Pharmacy provision over festive period will be communicated to clinicians and managers including on call to ensure alternatives to attendance are considered. *Dental and pharmacy provision should be communicated to all Health and Social Care practitioners across the winter period to support alternatives to attendance at hospital.*	☒		All rotas in place to ensure public can access OOH across the winter period and public holidays.
	Develop whole-system pathways which deliver a planned approach to urgent care ensuring patients are seen in the most appropriate clinical environment, minimising the risk of healthcare associated infection and crowded Emergency Departments. **Please note regular readiness assessments should be provided to the SG Unscheduled Care team including updates on progress and challenges.**			
	To ensure controlled attendance to A&E services a 24/7 Health Board Flow Navigation Centre will offer rapid access to a senior clinical decision maker and be staffed by a multi-disciplinary team, optimising digital health when possible in the clinical consultation and should have the ability to signpost to available local services, such as MIU, AEC, GP (in and out of hours), pharmacy and ED if required. Self-care / NHS inform should be promoted where appropriate. Referrals to the flow centre will come from: • NHS 24 • GPs and Primary and community care	☒		Cabinet Secretary announcing UC Redesign programme on 27/10/20, await National Strategy and can commence Public Local Communication plan and public engagement following this. Go live date confirmed as 1/12/20 FNH test event planned 7 – 10 days prior to launch to allow rigorous review of clinical and digital pathways to identify any issues / further risks to be managed.

	• SAS • A range of other community healthcare professionals. If a face to face consultation is required, this will be a scheduled appointment with the right person and at the right time in the right place based on clinical care needs. Technology should be available to book appointments for patients and provide visible appointments / timeslots at A&E services. The impact on health-inequalities and those with poor digital access should be taken into account, mitigated, monitored and built into local equality impact assessments.			Workforce Modelling is progressing within ED / MIU to support the virtual FNH. Training needs analysis is being completed with RAG status being reviewed. Algorithm has been reviewed by UCSF clinical colleagues awaiting ED sign off. Existing Clinical Pathways mapped and pathway Subgroups are progressing work to enhance existing models. Readiness assessment discussed with Scot. Gov 23/10/20 Phased implementation plan in development Digital Delivery pathways for ED/MIU have been created, meeting to be held early w/c 26/10 for approval by ED clinicians before build is undertaken. Adastra hosting solution has been investigated, approved by Board awaiting sign off ongoing cost before Digital process map has been developed and awaiting sign off from ED colleagues. This will then allow the build and training plan to be commenced. Kit was ordered and requires sign off. Band 3 dispatcher role is seen as key to affect service delivery within FNH. Workforce modelling has commenced and is expected to be completed with decision from Finance to be presented to UC Redesign Group on 3/11/20.
	Professional to professional advice and onward referral services should be optimised where required	☒		Existing Professional to Professional pathways have been mapped and aligned to clinical pathways

	Development of pathways across whole system for all unscheduled care working with Scottish Ambulance Service to access pathways and avoid admission.			Existing clinical Pathways mapped and pathway Subgroups are progressing work to enhance existing models Multi disciplinary engagement to develop whole system pathways in collaboration with partner agencies eg. SAS and NHS24
2.4	**Optimise patient flow by proactively managing Discharge Process utilising 6EA – Daily Dynamic Discharge to shift the discharge curve to the left and ensure same rates of discharge over the weekend and public holiday as weekday.**			
2.4.1	Discharge planning in collaboration with HSCPs, Transport services, carer and MDT will commence prior to, or at the point of admission, using, where available, protocols and pathways for common conditions to avoid delays during the discharge process. *Patients, their families and carers should be involved in discharge planning with a multi-disciplinary team as early as possible to allow them to prepare and put in place the necessary arrangements to support discharge.* *Utilise Criteria Led Discharge wherever possible.* *Supporting all discharges to be achieved within 72 hours of patient being ready.* *Where transport service is limited or there is higher demand, alternative arrangements are considered as part of the escalation process – this should include third sector partners (e.g. British Red Cross) Utilise the discharge lounge as a central pick-up point to improve turnaround time and minimise wait delays at ward level.*	☒		Within the Acute hospital, the Discharge Hub facilitates the discharge of those who require ongoing support from health and social care following an in-patient stay. This service offers a multi-agency, integrated, person centred approach to the assessment of an individual's needs as they approach discharge. The hub has a key role in community and whole system flow. Close working relationship with SAS to ensure sufficient patient transport support, utilising the HALO to link between teams.
2.4.2	To support same rates of discharge at weekend and public holiday as weekdays regular daily ward rounds and bed meetings will be conducted to ensure a proactive approach to	☒		Ongoing. Review of all ward and board practices taken place across the Acute hospital. Ongoing support from Unscheduled Care team against 6EAs to improve

	discharge. Discharges should be made early in the day, over all 7 days, and should involve key members of the multidisciplinary team, including social work. Criteria Led Discharge should be used wherever appropriate. *Ward rounds should follow the 'golden hour' format – sick and unwell patients first, patients going home and then early assessment and review. Test scheduling and the availability of results, discharge medication, transport requirements and availability of medical and nursing staff to undertake discharge should all be considered during this process to optimise discharge pre-noon on the estimated date of discharge. Criteria Led Discharge should be used wherever appropriate.*			practices prior to peak Winter. Rolling programme in place for ward level review of discharge activity led by Associate Medical Director, Associate Director of Nursing and Deputy Chief Operating Officer with individual ward MDTs. Programme supported by data from Unscheduled Care team.
2.4.3	Discharge lounges should be fully utilised to optimise capacity. This is especially important prior to noon. *Processes should be in place to support morning discharge at all times (e.g.) breakfast club, medication, pull policy to DL, default end point of discharge. Utilisation should be monitored for uptake and discharge compliance.* *Extended opening hours during festive period over public Holiday and weekend*	☒		Discharge lounge not currently in operation. Has routinely been part of our core discharge processes, but has been suspended in response to COVID. Previous discharge lounge area unsuitable due to physical distancing requirements and appropriate clinical space currently utilised.
2.4.4	Key partners such as: pharmacy, transport and support services, including social care services, will have determined capacity and demand for services and be able to provide adequate capacity to support the discharge process over winter period. These services should be aware of any initiatives that impact on increased provision being required and communication processes are in place to support this. e.g. surge in pre-Christmas discharge *There should be a monitoring and communication process in place to avoid delays, remove bottlenecks and smooth patient discharge processes*	☒		The H&SC Discharge Model is based on demand for services from last year. Weekly monitoring reporting and escalation plan are in place where provision of services is reviewed and increased if necessary.

2.5	**Agree anticipated levels of homecare packages that are likely to be required over the winter (especially festive) period and utilise intermediate care options such as Rapid Response Teams, enhanced supported discharge or reablement and rehabilitation (at home and in care homes) to facilitate discharge and minimise any delays in complex pathways.**			
2.5.1	Close partnership working between stakeholders, including the third and independent sector to ensure that adequate care packages are in place in the community to meet all discharge levels. *This will be particularly important over the festive holiday periods.* *Partnerships will monitor and manage predicted demand supported by enhanced discharge planning and anticipated new demand from unscheduled admissions.* *Partnerships should develop local agreements on the direct purchase of homecare supported by ward staff.* *Assessment capacity should be available to support a discharge to assess model across 7 days.*	☒		There is a plan incorporating predicted demand into planning for Social Work packages of care.
2.5.2	Intermediate care options, such as enhanced supported discharge, reablement and rehabilitation will be utilised over the festive and winter surge period, wherever possible. *Partnerships and Rapid Response teams should have the ability to directly purchase appropriate homecare packages, following the period of Intermediate care.* *All delayed discharges will be reviewed for alternative care arrangements and discharge to assess where possible*	☒		As above
2.5.3	Patients identified as being at high risk of admission from, both the SPARRA register and local intelligence, and who have a care manager allocated to them, will be identifiable on contact with OOH and acute services to help prevent admissions and facilitate appropriate early discharge. *Key Information Summaries (KIS) will include Anticipatory Care Planning that is utilised to manage care at all stages of the pathways.*	☒		Patients identified as part of HHG recorded on Trak to ensure joint working and communication across teams including discharge HUB and OOH

2.5.4	All plans for Anticipatory Care Planning will be implemented, in advance of the winter period, to ensure continuity of care and avoid unnecessary emergency admissions / attendances. *KIS and ACPs should be utilised at all stages of the patient journey from GP / NHS 24, SAS, ED contact. If attendances or admissions occur Anticipatory Care Plans and key information summaries should be used as part of discharge process to inform home circumstances, alternative health care practitioners and assess if fit for discharge.*	☒		ACP's completed for all HHG patients as part of intervention and monitored using RAG data base. This is reviewed daily for all patients.
2.5.5	Covid-19 Regional Hubs fully operational by end November. Additional lab capacity in place through partner nodes and commercial partners by November. Turnaround times for processing tests results within 24/48 hours.			Additional lab platforms to be delivered late October and in operation by mid-November to support increased capacity requirement. Local lab turnaround times within 24 hrs.
2.6	**Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.**			
2.6.1	Effective communication protocols are in place between key partners, particularly across emergency and elective provision, local authority housing, equipment and adaptation services, Mental Health Services, and the independent sector and into the Scottish Government. *Collaboration between partners, including NHS 24, Locality Partnerships, Scottish Ambulance Service, SNBTS through to A&E departments, OOH services, hospital wards and critical care, is vital in ensuring that winter plans are developed as part of a whole systems approach.* *Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.*	☒		This is addressed during the morning safety huddles and weekly winter meetings between NHS Fife and HSCP General Managers. Established link with SAS through Hospital Ambulance Liaison Officer (HALO).
2.6.2	Communications with the public, patients and staff will make use of all available mediums, including social media, and that key messages will be accurate and consistent.	☒		Ongoing communication through multiple mediums (website, social media, press) regarding winter preparedness and COVID-19 response. Enhanced

	SG Health Performance & Delivery Directorate is working with partners and policy colleagues to ensure that key winter messages, around direction to the appropriate service are effectively communicated to the public. *The public facing website http://www.readyscotland.org/ will continue to provide a one stop shop for information and advice on how to prepare for and mitigate against the consequences from a range of risks and emergencies. This information can also be accessed via a smartphone app accessible through Google play or iTunes.* *The Met Office National Severe Weather Warning System provides information on the localised impact of severe weather events.* *Promote use of NHS Inform, NHS self-help app and local KWTTT campaigns*			communication will be in place to cover service provision over key holiday periods.

3	**Out of Hours Preparedness** *(Assessment of overall winter preparations and further actions required)*		**RAG**	**Further Action/Comments**
3.1	The OOH plan covers the full winter period and pays particular attention to the festive period and public holidays. *This should include an agreed escalation process.* *Have you considered local processes with NHS 24 on providing pre-prioritised calls during OOH periods?*	☒		The OOH plan covers the full winter period and pays particular attention to the festive period and covers pre-prioritised calls from NHS24. There is an agreed escalation process in place to ensure Senior Management within the H&SCP are aware of any current or potential service delivery challenges real time. In consultation with NHS 24, partner assistance with pre-prioritised calls will be provided by Urgent Care Service Fife (UCSF) on agreed public holidays, covering predicted peak time call volumes. Further consideration to providing triage can only be given once all UCSF sessions are

				filled. Close consultation with NHS 24 continues and plans will be flexed over the winter period in response to demand.
3.2	The plan clearly demonstrates how the Board will manage both predicted and unpredicted demand from NHS 24 and includes measures to ensure that pressures during weekends, public holidays are operating effectively. The plan demonstrates that resource planning and demand management are prioritised over the festive period.	☒		This year, as in the previous festive periods, UCSF has reviewed the Business Continuity plan to ensure our contingency plans remain robust, current and flexible to be able to deal effectively with all technical and operational issues or demands placed upon the service taking account of the Public Holidays and weekends prior, during and after the festive period. UCSF has referred to previous years and the predicted festive information supplied by NHS24 through as a baseline for formulate festive planning. Updated data will be available from NHS24 closer to Christmas giving Boards the chance to revisit requirements and amend accordingly. Activity rates are reviewed weekly in conjunction with data received from public health and Scottish Government regarding activity. Additional recruitment and training has taken place for both admin and clinical staff to ensure as flexible a workforce as possible is in place to meet the requirements of the service Bank staff are also available organised through the respiratory nurse service for H@H only.
3.3	There is evidence of attempts at enabling and effecting innovation around how the partnership will predict and manage pressures on public holidays/Saturday mornings and over the festive period. The plan sets out options, mitigations and solutions considered and employed.	☒		UCSF plans to increase staffing levels over the winter period on Saturday and Sundays to supplement the home visiting capacity as this has previously been identified as critical to the delivery of care. Activity is closely monitored during the winter months and reviewed along with guidance from HPS and SGHD. New ways of working are now established as part of Urgent Care Transformation, including Clinical HUB

				Supervision, UCP Home Visiting. Evaluation evidences safe, appropriate and effective care. UCPs work within specific clinical criteria, releasing time to care for GPs to manage more complex clinical presentations.
3.4	There is reference to direct referrals between services. *For example, are direct contact arrangements in place, for example between Primary Care Emergency Centres (PCECs)/Accident & Emergency (A&E) Departments/Minor Injuries Units (MIUs) and other relevant services? Are efforts being made to encourage greater use of special notes, where appropriate?*	☒		Direct referrals are encouraged between UCSF and MIU and A & E. Fife Urgent Care Practitioners can directly refer to other specialties, including tertiary services such as ENT, without the need for a GP to be involved. Direct referrals ensure that the patient journey is not added to by an unnecessary reassessment in A&E. Specialist Paramedics can now directly refer to AU1 and other services, removing the need for a further clinical consultation and ensuring an appropriate patient journey and effective use of resources.
3.5	The plan encourages good record management practices relevant to maintaining good management information including presentations, dispositions and referrals; as well as good patient records.	☒		UCSF employ Adastra for all documentation and all clinicians are trained in the use of this. Regular reviews of documentation are undertaken and fed back to clinical staff to ensure good, clear, accurate record keeping in line with professional codes is achieved.
3.6	There is reference to provision of pharmacy services, including details of the professional line, where pharmacists can contact the out of hours centres directly with patient/prescription queries and vice versa	☒		The use of the professional to professional line is encouraged at all times and is routinely used by Pharmacists; District Nurses, Labs and SAS. Calls come directly into Fife's Dispatcher and details are entered into Adastra for a clinician to clinically manage. Pharmacists have repeat prescribing PGDs which have further reduced calls to NHS24 and UCSF. . Community pharmacies within the health board area can manage minor illness through the Pharmacy First service. Each centre and the hub will have a copy of all Pharmacy opening times across NHS Fife. This includes a list of designated palliative care pharmacies. Dispatch and the Centres will utilise the flowchart – "Accessing medicines OOH" which was devised by

				Pharmacy. Oxygen concentrators are now available in all centres. A robust system for Controlled drug supply is in place and all GPs are aware of the ordering procedure. Drugs are checked at the start of each shift and a regular audit is carried out by NHS Fife Pharmacy staff. No major drug issues have been noted. Prior to the festive period all drug levels are assessed, and additional stocks are agreed, for commonly used medications such as, antibiotics, inhalers, steroids, analgesia and emergency contraception. This includes those used in the Centres by GP's and UCP's and those in the mobile bags
3.7	In conjunction with HSCPs, ensure that clear arrangements are in place to enable access to mental health crisis teams/services, particularly during the festive period.	☒		Direct referral to the Unscheduled Care Mental Health team is available. The team is available during the out-of-hours period and will make arrangements to see the patient. Unscheduled Care Assessment Team (UCAT) telephone screening service is available for individuals who have contacted NHS 24, aged between the ages of 18 to 65 with concerns regarding mental health issues or self ham ideation expressed. If the patient's life is in immediate risk or they are actively self harming, it would not be appropriate referral to UCAT and Police / SAS should be considered as the safe and appropriate outcome. GPs will attend patients at home if it is considered that due to their clinical condition they may require an emergency detention, this is a necessary step due to current legislation.
3.8	Ensure there is reference to provision of dental services, that services are in place either via general dental practices or out of hours centres	☒		Provision of dental services is organised through NHS24 as the single point of contact and this has been well established for several years and is robust in its arrangements

	This should include an agreed escalation process for emergency dental cases; i.e. trauma, uncontrolled bleeding and increasing swelling.			
3.9	The plan displays a confidence that staff will be available to work the planned rotas. *While it is unlikely that all shifts will be filled at the moment, the plan should reflect a confidence that shifts will be filled nearer the time. If partnerships believe that there may be a problem for example, in relation to a particular profession, this should be highlighted.*	☒		**Call Handling /Dispatch staff**: Double staffing required during peak times. Staff will be expected to attend shift as planned. **Nursing staff**: Nursing staff rotas will reflect activity, available accommodation and profiling of peak demands from previous years **GPs:** Extra GPs will be recruited for all centres during peak periods. A review of peak demands on the service has allowed UCSF to predict staffing requirements and plan to meet potential demand. **Short Notice GP Directory** of those willing to come in and work additional shifts/part shifts throughout festive period will be available.
3.10	There is evidence of what the Board is doing to communicate to the public how their out of hours services will work over the winter period and how that complements the national communications being led by NHS 24. *This should include reference to a public communications strategy covering surgery hours, access arrangements, location and hours of PCECs, MIUs, pharmacy opening, etc.*	☒		NHS Fife will be working with the communication department to ensure effective plans are in place to communicate how services should be accessed over the winter period. NHS24 Winter Campaign messages support the delivery of the out of hours service and routine local communication will signpost to where services are available as well as the need to order repeat prescriptions well in advance. Communication strategy will be implemented reflecting previous public holiday arrangements. Primary Care Department will request all practices advertise their opening hours and encourage them to use the facility on all prescriptions to remind patients to order repeat prescriptions early. Advertisements in local papers will be placed.

3.11	There is evidence of joint working between the HSCP, the Board and the SAS in how this plan will be delivered through joint mechanisms, particularly in relation to discharge planning, along with examples of innovation involving the use of ambulance services.	☒		There is enhanced partnership working with the Scottish Ambulance Service (SAS). Arrangements with SAS remain in place as in previous years.
3.12	There is evidence of joint working between the Board and NHS 24 in preparing this plan. *This should confirm agreement about the call demand analysis being used.*	☒		NHS Fife UCSF and NHS24 have worked very closely. This will continue with regular meetings between the services to plan and review service delivery to the population of Fife and Kinross. Pre-prioritised calls are received directly into the hub where the GP/UCP's will be based. This allows liaison between the staff groups for those patients who require face to face consultation and equity in service provision. UCSF are working with NHS 24 using previous year's data from both organisations to continue to develop plans. Festive arrangements will be shared in detail with NHS24 and vice versa to enable the two organisations to work in close partnership.
3.13	There is evidence of joint working between the acute sector and primary care Out-of-Hours planners in preparing this plan. *This should cover possible impact on A&E Departments, MIUs and any other acute receiving units (and vice versa), including covering the contact arrangements.*	☒		Planning is shared with colleagues from the Acute Sector, in particular, the Emergency Care Directorate.
3.14	There is evidence of joint planning across all aspects of the partnership and the Board in preparing this plan. *This should be include referral systems, social work on-call availability, support for primary care health services in the community and support to social services to support patients / clients in their own homes etc.*	☒		UCSF can refer directly to emergency Social Work if necessary. Public Protection referral polices available to support effective referral in the urgent care period.

3.15	There is evidence that Business Continuity Plans are in place across the partnership and Board with clear links to the pandemic flu and other emergency plans, including provision for an escalation plan. *The should reference plans to deal with a higher level of demand than is predicted and confirm that the trigger points for moving to the escalation arrangements have been agreed with NHS 24.*	☒		Previously NHS24 escalation plans would be tested with all Health Board areas prior to the festive period and UCSF would participate in the planned teleconferencing meetings to discuss any issues/pressures that have been identified and agree the trigger points for moving towards escalation if required. Pandemic Plan has been reviewed for 2020/2021 winter period.

4	**Prepare for & Implement Norovirus Outbreak Control Measures** *(Assessment of overall winter preparations and further actions required)*		**RAG**	**Further Action/Comments**
4.1	NHS Boards must ensure that staff have access to and are adhering to the national guidelines on Preparing for and Managing Norovirus in Care Settings *This includes Norovirus guidance and resources for specific healthcare and non-healthcare settings.*	☒		
4.2	Infection Prevention and Control Teams (IPCTs) will be supported in the execution of a Norovirus Preparedness Plan before the season starts. *Boards should ensure that their Health Protection Teams (HPTs) support the advance planning which nursing and care homes are undertaking to help keep people out of hospital this winter and provide advice and guidance to ensure that norovirus patients are well looked after in these settings.*	☒		
4.3	PHS Norovirus Control Measures (or locally amended control measures) are easily accessible to all staff, e.g. available on ward computer desk tops, or in A4 folders on the wards and that frontline staff are aware of their responsibilities with regards prevention of infection.	☒		Control measures described in NHS Fife Infection Control Manual (on Blink) with Links to NICM Outbreak folders including guidance on Norovirus have been provided to all inpatient wards

4.4	NHS Board communications regarding bed pressures, ward closures, etc are optimal and everyone will be kept up to date in real time. *Boards should consider how their Communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak.*	☒		Daily safety huddle, attended by Senior Management and IPCT. Use of Boards at entrances to provide information about ward closures. Use of social media.
4.5	Debriefs will be provided following individual outbreaks or at the end of season to ensure system modifications to reduce the risk of future outbreaks. *Multiple ward outbreaks at one point in time at a single hospital will also merit an evaluation.*	☒		
4.6	IPCTs will ensure that the partnership and NHS Board are kept up to date regarding the national norovirus situation via the PHS Norovirus Activity Tracker.	☒		Reported via ICC and CGC reports
4.7	Before the norovirus season has begun, staff in emergency medical receiving areas will confirm with the IPCTs the appropriateness of procedures to prevent outbreaks when individual patients have norovirus symptoms, e.g. patient placement, patient admission and environmental decontamination post discharge.	☒		
4.8	NHS Boards must ensure arrangements are in place to provide adequate cover across the whole of the festive holiday period. *While there is no national requirement to have 7 day IPCT cover, outwith the festive holiday period, Boards should consider their local IPC arrangements.*	☒		Microbiologists provide 24 / 7 cover. 2 IPCNs on call/onsite each day over public holidays.

4.9	The NHS Board is prepared for rapidly changing norovirus situations, e.g. the closure of multiple bays / wards over a couple of days. *As part of their surge capacity plan, Boards should consider how wards will maintain capacity in the event that wards are closed due to norovirus.*	☒		
4.10	There will be effective liaison between the IPCTs and the HPTs to optimise resources and response to the rapidly changing norovirus situation. *HPT/IPCT and hospital management colleagues should ensure that the they are all aware of their internal processes and that they are still current.*	☒		
4.11	The partnership is aware of norovirus publicity materials and is prepared to deploy information internally and locally as appropriate, to spread key messages around norovirus.	☒		including use of social media via comms team
4.12	Boards should consider how their Communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of Covid-19.	☐		Communications plan: including use of social media via comms team

5	Covid-19, Seasonal Flu, Staff Protection & Outbreak Resourcing *(Assessment of overall winter preparations and further actions required)*		RAG	Further Action/Comments
5.1	Staff, particularly those working in areas with high risk patients such as paediatric, oncology, maternity, care of the elderly, haematology, ICUs, etc., have been vaccinated to prevent the potential spread of infection to patients and other staff, as recommended in the CMO's seasonal flu vaccination letter published on 07 Aug 20 https://www.sehd.scot.nhs.uk/cmo/CMO(2020)19.pdf *This will be evidenced through end of season vaccine uptake submitted to PHS by each NHS board. Local trajectories have been agreed and put in place to support and track progress.*	☒		Peer vaccination in all areas.
5.2	All of our staff have easy and convenient access to the seasonal flu vaccine. In line with recommendations in CMO Letter clinics are available at the place of work and include clinics during early, late and night shifts, at convenient locations. Drop-in clinics are also available for staff unable to make their designated appointment and peer vaccination is facilitated to bring vaccine as close to the place of work for staff as possible. *It is the responsibility of health care staff to get vaccinated to protect themselves from seasonal flu and in turn protect their vulnerable patients, but NHS Boards have responsibility for ensuring vaccine is easily and conveniently available; that sufficient vaccine is available for staff vaccination programmes; that staff fully understand the role flu vaccination plays in preventing transmission of the flu virus and that senior management and clinical leaders with NHS Boards fully support vaccine delivery and uptake. Vaccine uptake will be monitored weekly by performance & delivery division.*	☒		Peer vaccination being delivered within teams. No drop in clinics are available, but strong pool of peer vaccinators. HSCP colleagues are being supported to have flu immunisations through local pharmacy settings.
5.3	Workforce in place to deliver expanded programme and cope with higher demand, including staff to deliver vaccines, and resource phone lines and booking appointment systems.	☒		Increased capacity has been developed within the immunisation team to ensure a safe and effective delivery of the flu programme.

5.4	Delivery model(s) in place which: • Has capacity and capability to deal with increased demand for the seasonal flu vaccine generated by the expansion of eligibility as well as public awareness being increased around infectious disease as a result of the Covid-19 pandemic. • Is Covid-safe, preventing the spread of Covid-19 as far as possible with social distancing and hygiene measures. • Have been assessed in terms of equality and accessibility impacts *There should be a detailed communications plan for engaging with patients, both in terms of call and recall and communicating if there are any changes to the delivery plan.*	☒		Increased capacity has been developed within the immunisation team to ensure a safe and effective delivery of the flu programme. Social Distancing is in place across all services
5.5	The winter plan takes into account the predicted surge of seasonal flu activity that can happen between October and March and we have adequate resources in place to deal with potential flu outbreaks across this period. *If there are reported flu outbreaks during the season, where evidence shows that vaccination uptake rates are not particularly high, NHS Boards may undertake targeted immunisation. In addition, the centralised contingency stock of influenza vaccine, purchased by the Scottish Government can be utilised if required. Antiviral prescribing for seasonal influenza may also be undertaken when influenza rates circulating in the community reach a trigger level (advice on this is generated by a CMO letter to health professionals)*	☒		Near patient testing in AAU and ED will take place. Test turnaround time reduced to half hour, which assists in bed management decisions
5.6	PHS weekly updates, showing the current epidemiological picture on Covid-19 and influenza infections across Scotland, will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity. *PHS and the Health Protection Team within the Scottish Government monitor influenza rates during the season and take action where necessary, The Outbreak Management and Health Protection Team brief Ministers of outbreak/peaks in influenza activity where necessary. PHS produce a weekly influenza bulletin and a distillate of this is included in the PHS Winter Pressures Bulletin.*	☒		Weekly distribution of information to key staff

5.7	NHS Health Boards have outlined performance trajectory for each of the eligible cohort for seasonal flu vaccine (2020/2021) which will allow for monitoring of take up against targets and performance reporting on a weekly basis. The eligible cohorts are as follows: • Adults aged over 65 • Those under 65 at risk • Healthcare workers • Unpaid and young carers • Pregnant women (no additional risk factors) • Pregnant women (additional risk factors) • Children aged 2-5 • Primary School aged children • Frontline social care workers • 55-64 year olds in Scotland who are not already eligible for flu vaccine and not a member of shielding household • Eligible shielding households The vaccinations are expected to start this week (week commencing 28th September), and we will be working with Boards to monitor vaccine uptake. This will include regular reporting that will commence from the end of week commencing 12th October. We will adopt a the Public Health Scotland model, which is a pre-existing manual return mechanism that has been used in previous seasons with NHS Boards to collate Flu vaccine uptake data when vaccination is out with GP practices.	☒		
5.8	Adequate resources are in place to manage potential outbreaks of Covid-19 and seasonal flu that might coincide with norovirus, severe weather and festive holiday periods. *NHS board contingency plans have a specific entry on plans to mitigate the potential impact of potential outbreaks of seasonal influenza to include infection control, staff vaccination and antiviral treatment and prophylaxis. Contingency planning to also address patient management, bed management, staff redeployment and use of reserve bank staff and include plans for deferral of elective admissions and plans for alternative use of existing estate or opening of reserve capacity to offset the pressures.*	☒		Winter plan and escalation plan in place

5.9	Tested appointment booking system in place which has capacity and capability to deal with increased demand generated by the expansion of eligibility and increased demand expected due to public awareness around infectious disease as a result of the Covid-19 pandemic.	☒		Planning in progress to make sustainable
5.10	NHS Boards must ensure that all staff have access to and are adhering to the national COVID-19 IPC and PPE guidance and have received up to date training in the use of appropriate PPE for the safe management of patients. Aerosol Generating Procedures (AGPs) In addition to this above, Boards must ensure that staff working in areas where Aerosol Generating Procedures (AGPs) are likely to be undertaken - such as Emergency Department, Assessment Units, ID units, Intensive Care Units and respiratory wards (as a minimum) - are fully aware of all IPC policies and guidance relating to AGPs; are FFP3 fit-tested; are trained in the use of this PPE for the safe management of suspected Covid-19 and flu cases; and that this training is up-to-date. ***Colleagues are reminded of the legal responsibility to control substances hazardous to health in the workplace, and to prevent and adequately control employees' exposure to those substances under all the Regulations listed in the HSE's 'Respiratory protective equipment at work' of HSG53 (Fourth edition, published 2013).*** ***https://www.hse.gov.uk/pUbns/priced/hsg53.pdf***	☒		Covid-19 PPE Guidance shared and adhered to across all areas. Aeroborne precautions are being followed in areas with AGP's

5.11	NHS Boards must ensure that the additional IPC measures set out in the CNO letter on 29 June staff have been implemented. This includes but is not limited to: • Adherence to the updated extended of use of face mask guidance issued on 18 September and available here. • Testing during an incident or outbreak investigation at ward level when unexpected cases are identified (see point 9). • Routine weekly testing of certain groups of healthcare workers in line with national healthcare worker testing guidance available here (see point 9). • Testing on admission of patients aged 70 and over. Testing after admission should continue to be provided where clinically appropriate for example where the person becomes symptomatic or is part of a COVID-19 cluster. • Implementation of COVID-19 pathways (high, medium and low risk) in line with national IPC guidance. • Additional cleaning of areas of high volume of patients or areas that are frequently touched. • Adherence to physical distancing requirements as per CNO letter of 29 June and 22 September. • Consideration given to staff movement and rostering to minimise staff to staff transmission and staff to patient transmission. • Management and testing of the built environment (e.g. water systems) that have had reduced activity or no activity since service reduction / lockdown – in line with extant guidance.	☒		• Adherence with CNO letter of 29th June and updated letter of 18th September. Reminders of practice given at safety huddle by IPCT. • Testing completed at ward level for all suspected outbreaks. • Routine weekly testing as per National testing guidance – oncology, haematology and mental health staff • Over 70's serial testing stopped within Fife. Testing on admission for all patients continues and all inter health board transfers • Covd pathways implemented • Cleaning regimes adhered to and compliance monitored via cleaning sheet and walk arounds. Updated on safety briefs. • Physical distance being adhered to as per CNO letters of 29 June and 22 September • Staff rosta's reflective of covid pathways • Estates montoring all areas

5.12	Staff should be offered testing when asymptomatic as part of a COVID-19 incident or outbreak investigation at ward level when unexpected cases are identified. This will be carried out in line with existing staff screening policy for healthcare associated infection: https://www.sehd.scot.nhs.uk/dl/DL(2020)01.pdf In addition to this, key healthcare workers in the following specialities should be tested on a weekly basis: oncology and haemato-oncology in wards and day patient areas including radiotherapy; staff in wards caring for people over 65 years of age where the length of stay for the area is over three months; and wards within mental health services where the anticipated length of stay is also over three months. *Current guidance on healthcare worker testing is available here, including full operational definitions: https://www.gov.scot/publications/coronavirus-covid-19-healthcare-worker-testing/*	☒		Robust Staff testing in place and protocols updated to ensure rapid access. Drive-through facility available for staff and mobile testing in place for staff who cannot drive.
5.13	The PHS COVID-19 checklist must be used in the event of a COVID-19 incident or outbreak in a healthcare setting. The checklist is available here: https://www.hps.scot.nhs.uk/web-resources-container/covid-19-outbreak-checklist/ The checklist can be used within a COVID ward or when there is an individual case or multiple cases in non-COVID wards.	☒		Checklist used which would inform local PAG's led by Microbiology for all ward outbreaks
5.14	Ensure continued support for routine weekly Care home staff testing This also involves the transition of routine weekly care home staff testing from NHS Lighthouse Lab to NHS Labs. Support will be required for transfer to NHS by end of November, including maintaining current turnaround time targets for providing staff results.	☒		Covid Care Home HUB in Place to support staff testing with care homes.

6	**Respiratory Pathway** *(Assessment of overall winter preparations and further actions required)*		RAG	**Further Action/Comments**
6.1	**There is an effective, co-ordinated respiratory service provided by the NHS board.**			
6.1.1	Clinicians (GP's, Out of Hours services, A/E departments and hospital units) are familiar with their local pathway for patients with different levels of severity of exacerbation in their area.	☒		The demand for Respiratory Services remain high and a Consultant Nurse post has been developed to focus on treatments that can be supported through our ECAS service or supported at home.
6.1.2	Plans are in place to extend and enhance home support respiratory services over a 7 day period where appropriate.	☒		Part of Community Discharge Model
6.1.3	Anticipatory Care/ Palliative care plans for such patients are available to all staff at all times. *Consider use of an effective pre admission assessment/checklist i.e. appropriate medication prescribed, correct inhaler technique, appropriate O2 prescription, referred to the right hospital/right department, referred directly to acute respiratory assessment service where in place..* *Consider use of self-management tools including anticipatory care plans/asthma care plans and that patients have advice information on action to take/who to contact in the event of an exacerbation.* *Patients should have their regular and emergency medication to hand, their care needs are supported and additional care needs identified (should they have an exacerbation).*	☒		Developed a targeted integrated preventative model called High Health Gains, which improves community focussed health and wellbeing outcomes and reduces hospital emergency admissions. This model was trialled within 3 GP practice localities and worked well
6.1.4	Simple messages around keeping warm etc. are well displayed at points of contact, and are covered as part of any clinical review. This is an important part of 'preparing for winter for HCPs and patients. *Simple measures are important in winter for patients with chronic disease/COPD. For example, keeping warm during cold weather and avoiding where possible family and friends with current illness can reduce the risk of exacerbation and hospitalisation.*	☒		

6.2	**There is effective discharge planning in place for people with chronic respiratory disease including COPD**			
6.2.1	Discharge planning includes medication review, ensuring correct usage/dosage (including O2), checking received appropriate immunisation, good inhaler technique, advice on support available from community pharmacy, general advice on keeping well e.g. keeping warm, eating well, smoking cessation. *Local arrangements should be made to ensure that the actions described are done in the case of all admissions, either in hospital, before discharge, or in Primary Care soon after discharge, by a clinician with sufficient knowledge and skills to perform the review and make necessary clinical decisions (specifically including teaching or correcting inhaler technique).*	☒		The Emergency Care Assessment Suite within the Victoria Hospital continues to extend the number and types of patient that can be assessed and treated there. This includes an enhanced range of interventions including DVT, IV Antibiotics/Infusions, Lumbar Puncture and Blood Transfusion.
6.2.2	All necessary medications and how to use them will be supplied on hospital discharge and patients will have their planned review arranged with the appropriate primary, secondary or intermediate care team.	☒		
6.3	**People with chronic respiratory disease including COPD are managed with anticipatory and palliative care approaches and have access to specialist palliative care if clinically indicated.**			
6.3.1	Anticipatory Care Plan's (ACPs) will be completed for people with significant COPD and Palliative Care plans for those with end stage disease. *Spread the use of ACPs and share with Out of Hours services.* *Consider use of SPARRA/Risk Prediction Models to identify those are risk of emergency admission over winter period.* *SPARRA Online: Monthly release of SPARRA data,* *Consider proactive case/care management approach targeting people with heart failure, COPD and frail older people.*	☒		These patients are part of High Health Gain patient group.
6.4	**There is an effective and co-ordinated domiciliary oxygen therapy service provided by the NHS board**			
6.4.1	Staff are aware of the procedures for obtaining/organising home oxygen services. Staff have reviewed and are satisfied that they have adequate local access to oxygen concentrators and that they know how to deploy these where required. If following review, it is deemed that additional	☒ ☒		

	equipment is needed to be held locally for immediate access, please contact Health Facilities Scotland for assistance (0131 275 6860) Appropriate emergency plans/contacts are in place to enable patients to receive timely referral to home oxygen service over winter/festive period. Contingency arrangements exist, particularly in remote and rural areas, and arrangements are in place to enable clinical staff in these communities to access short term oxygen for hypoxaemic patients in cases where hospital admission or long term oxygen therapy is not clinically indicated. *Take steps to remind primary care of the correct pathway for accessing oxygen, and its clinical indications.*	☒ ☒		
6.5	**People with an exacerbation of chronic respiratory disease/COPD have access to oxygen therapy and supportive ventilation where clinically indicated.**			
6.5.1	Emergency care contact points have access to pulse oximetry. *Take steps to ensure that all points of first contact with such patients can assess for hypoxaemia, and are aware of those patients in their area who are at risk of CO2 retention. Such patients should be known to Ambulance services, Out of Hours Emergency centres and A/E departments, either through electronic notifications such as eKIS, or by patient help cards, message in a bottle etc.*	☒		

7	Key Roles / Services		RAG	Further Action/Comments
	Heads of Service	☒		
	Nursing / Medical Consultants	☒		
	Consultants in Dental Public Health	☒		
	AHP Leads	☒		
	Infection Control Managers	☒		
	Managers Responsible for Capacity & Flow	☒		
	Pharmacy Leads	☒		
	Mental Health Leads	☒		
	Business Continuity / Resilience Leads, Emergency Planning Managers	☒		
	OOH Service Managers	☒		
	GP's	☒		
	NHS 24	☒		
	SAS	☒		
	Other Territorial NHS Boards, eg mutual aid	☒		
	Independent Sector	☒		
	Local Authorities, incLRPs & RRPs	☒		
	Integration Joint Boards	☒		
	Strategic Co-ordination Group	☒		
	Third Sector	☒		
	SG Health & Social Care Directorate	☒		

Appendix 9: COVID Surge Bed Capacity

Covid Surge Bed Capacity Template

		Baseline ICU Capacity	Double Capacity and Commitment to deliver in one week	'Triple plus' Capacity Commitment to deliver in two weeks	ICU Max Surge Beds	Y - Correct / N Incorrect with comment	Please list assumptions & consequences to other service provision to meeting these requirements
PART A: ICU	Please confirm that your NHS Board can deliver the stated level of ICU Capacity in the time periods set out	9	20	36	36	**N**- Incorrect. Triple capacity is 26 not 36.	Severely reduced surgical programme – P1-2 with some P3 cancer activity. Elective activity step down required to support staffing (assuming unscheduled Amber demand remains at present levels)

PART B: CPAP	Please set out the maximum number of COVID patients (at any one time) that could be provided CPAP in your NHS Board, should it be required	40	In line with current IPC guidance, CPAP is considered an AGP. Within NHS Fife, AGPs are only conducted either within Critical Care, Theatres, or Ward 51 (LIDU with 10 x -ve pressure rooms). Currently NIV is only conducted in Ward 51. Physically hold a total stock of 40 CPAP capable machines, so could conceivably have up to 40 patients on CPAP if Respiratory (Ward 43) became an AGP area.

PART C: Acute	Please set out the maximum number of acute beds that your NHS Board would re-provision for COVID patients (share of 3,000 nationally), should it be required	322	Excludes critical care. This would be based on all medical wards red, surge capacity open in Wd 6, Wd 10, DIU. ENT, Wd 10, Wd 44, SSSU all convert to COVID from surgical along with all medical wards. Maintenance of surgical capacity for P1 and urgent cancer activity ONLY (AU2 & Wds 52,54,31,33). All other elective surgical activity suspended. All OP activity suspended, all elective endoscopy/DIU suspended. All clinical teams focussed on inpatient care.

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

AGENDA ITEM NO:	12	
DATE OF MEETING:	4 December 2020	
TITLE OF REPORT:	Strengthening Governance – Board Member Access to Papers	
EXECUTIVE LEAD:	Nicky Connor, Director of Health & Social Care	
REPORTING OFFICER/ CONTACT INFO:	**NAME:**	Norma Aitken
	DESIGNATION:	Head of Corporate Services
	WORKPLACE:	Rothesay House
	TEL NO:	03451 55 55 55 Ext 444328
	E-MAIL:	Norma.Aitken1@nhs.scot

Purpose of the Report (delete as appropriate)		
	For Decision	

Governance Route to IJB (must be completed)	
Detail of Committee(s) (inc date) which report has been to prior to IJB:	IJB Development Session – 27 November 2020 Chief Executives of Fife Council and NHS Fife
Parties consulted prior to H&SC IJB meeting:	

REPORT

Situation

This paper is seeking an Integration Joint Board (IJB) decision to enable IJB members to access governance committee papers.

Background

Following on from the discussions which took place at the IJB Development Session on Friday 27 November 2020 we are looking to strengthen our governance arrangements around Board Access to Papers, a Directions Policy and Draft Paperwork 2020-2021 Reports.

Assessment

There is a plan in place to further develop the governance arrangements for the IJB.

The current paperwork for IJB and governance Committees requires to be updated to reflect the current position in relation to our governance eg the use of Directions.

It is proposed that all IJB members should be able to access the papers for governance committees, even if they are not a member of that committee. This would be based on this being privileged information issued on a confidential basis and not for onward sharing. These papers would be accessible on request.

A timetable would be shared with IJB members to show when committee papers would be available to share. Any questions on papers should be directed to the author of the paper (and potentially Chair of Committee and Chief Officer, depending on issue).
IJB governance arrangements will be strengthened further through a Directions Policy and reporting template. Both the draft Directions Policy and reporting template are in

development and will come via the appropriate governance route to an IJB meeting early in 2021 for formal approval.

Recommendations
The Board is asked to approve the access to governance Committee papers by IJB members who are not members of that particular governance committee.

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

Objectives: (must be completed)	
Health & Social Care Standard(s):	N/A
IJB Strategic Objectives:	N/A
Further Information:	
Evidence Base:	N/A
Glossary of Terms:	N/A

Impact: (must be completed)

Financial / Value for Money:
There are no direct financial implications arising from this report.

Risk / Legal:
This strengthens the governance IJB members.

Quality / Customer Care:
There are not quality / customer care issues.

Workforce:
There are no workforce implications.

Equality Impact Assessment:
There are no identified equalities implications arising from this report.

Environmental / Sustainability Impact:
Not applicable.

Consultation:
Discussion at IJB Development Session on Friday 27 November 2020.

Appendices: (list as appropriate)