

To: Renfrewshire Integration Joint Board

On: 24 June 2022

Report by: Chief Officer

Heading: Chief Officer's Operational and Policy Briefing

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

- 1.1. This report provides an update to the Integration Joint Board (IJB) on key operational activity since the previous update to the Board in March 2022, and additional policy developments that the HSCP is building into future workplans.
- 1.2. This report outlines the Scottish Government approach to the UK Government Ukrainian resettlement scheme for asylum seekers and refugees, and the broad expectations on Health Boards to effectively deliver health services.
- 1.3. In addition, the report informs the IJB of the two new Health and Social Care Standards for people living in adult care homes, soon to be incorporated into primary legislation. Further Scottish Government policy developments are also incorporated within the latter sections of this report.

2. Recommendations

It is recommended that the IJB note:

- The Scottish Government's position on the UK Government's Ukrainian Resettlement Scheme and the recommendations and expectations for Health Boards (Section 4);
- The two new Health and Social Care Standards developed by the Scottish Government and due to be incorporated within legislation (Section 5);
- The update provided on Scottish Government timelines for Annual Performance Report publication (Section 6);
- An update on the IJB's Records Management Plan 2022 (Section 7);
- Note the confirmation of cohorts for the Season Flu Immunisation Adult Programme 2022/23 and respective timescales (Section 8);

- Further strategy development updates on the GMS Contract and Primary Care Improvement Plan (Section 9);
- The launch of the formal consultation on the Data Strategy for Health and Social Care (Section 10); and
- The update provided on the Scottish Government's resource Spending Review, published in May 2022 (Section 11).

3. Background

- 3.1 The IJB previously received Operational and Policy Update reports in January 2022 and March 2022. The purpose of these reports is to provide an update to the IJB on emerging policy developments which impact, or may have future impact, on the IJB's Strategic Plans and the HSCPs management and operational delivery of services.
- 3.2 Emerging policy is discussed regularly by the HSCPs Senior Management Team and considered in the context of the IJB's Strategic Plan and supporting themes following which it is cascaded through service planning where required.

4. NHS Scotland Services – Ukraine

- 4.1. On 6 April 2022, the Scottish Government's Deputy Chief Medical Officer (CMO) and Chief Nursing Officer wrote to Health Boards regarding the UK Government Ukrainian resettlement scheme. The scheme gives Ukrainian asylum seekers or refugees the right to live in the UK through community sponsorship and other routes. Asylum seekers or refugees residing in Scotland will receive the same NHS healthcare entitlements as Scotland's residents.
- 4.2. There are several recommended actions to be taken by Health Boards to ensure the differences in population health are addressed and associated trauma and distress appropriately recognised in service delivery. As overarching principles, Health Boards should ensure that:
- Ukrainians have access to a level of primary and secondary health care services designed to ensure that their health care needs are identified and addresses these appropriately and effectively.
 - Clinicians are provided with the resources to enable them to deliver and manage effective care for this patient group.
 - Specific health needs associated with this group are identified and managed appropriately.
 - Clinicians and other staff working with those fleeing from conflict have the relevant skills and knowledge requires to address the needs of this particularly vulnerable group.
- 4.3. In the first instance, Health Boards will assess capacity for support with proposals considered by the recently established Clinical and Specialist Advisory Group (CASSA). Any formal offer of assistance will be made by the

Scottish Government Health Emergency Preparedness, Resilience and Response Team.

- 4.4. In support of these objectives, the HSCP is work alongside partners across NHS GGC and Renfrewshire Council to ensure the provision of multiagency support to ensure health needs are met and an effective public health approach adopted.

5. New Health and Social Care Standards

- 5.1. On 31 March 2022, under powers covered to Ministers by Section 50 of the Public Reform (Scotland) Act 2010, the Minister for Mental Wellbeing and Social Care introduced two new statutory Health and Social Care Standards for people living in adult care homes. The two new standards are:

- If I am an adult living in a care home and restrictions to routine visiting are needed to prevent infection, I can nominate relatives/friends (and substitutes) to visit me. My nominated relatives/friends will be supported by the care home to see me in person day-to-day and to be directly involved in providing my care and support if that is what I want.
- If I am an adult living in a care home, I can nominate relatives/friends (and substitutes), who will be supported by the care home to be directly involved in providing my day-to-day care and support if that is what I want.

- 5.2. Underpinned by [Scotland's Strategic Framework for tackling COVID-19](#), the new standards have been developed in public consultation with sector representatives. The standards follow on from the recently updated [adult care home named visitors' guidance](#) and are due to be incorporated into the National Care Service Bill (primary legislation) by the end of the Parliamentary year.

- 5.3. The Scottish Government will provide the Care Inspectorate with further support and resource in the coming months to ensure the new standards are implemented into care home policies and progress monitored. The HSCP will work together with care home providers to ensure the standards are respected, upheld, and embedded within practice.

6. Annual Performance Report Update

- 6.1. On 10 February 2022, the Scottish Government moved legislation to extend the Coronavirus Scotland Act (2020) through to the 30 September 2022. Schedule 6 Part 3 of the Act outlines that IJBs will be able to extend the date of publication of Annual Performance Reports to November using the same mechanism as the last two years.

- 6.2. The Scottish Government will continue to progress work to change the reporting date for Annual Performance Reports to November going forward and within any future structures. The HSCP will continue to liaise with legal colleagues within our partner organisations regarding these mechanisms and related governance matters to ensure potential consequences are considered fully.

7. IJB Records Management Plan

- 7.1. The IJB is obliged to submit and maintain a Records Management Plan (RMP) as defined in [Part 1 of the Public Records \(Scotland\) Act 2011](#). The Act requires public authorities to submit a RMP to be agreed by the Keeper of the Records of Scotland. The RMP sets out how IJB records will be created and managed in line with national policy.
- 7.2. In March 2021, the IJB approved a draft version of the IJBs Records Management Plan (RMP) which was then submitted to National Records of Scotland (NRS) and the Keeper of Records of Scotland for assessment.
- 7.3. In February 2022, the NRS and Keeper of Records of Scotland provided a draft assessment of the IJBs RMP, outlining where further clarity was required and identifying areas where additional evidence was requested. In March 2022 the HSCP provided a response. On 28 April 2022 the Keeper of Records of Scotland issued a formal report outlining the reviews findings and formal agreement. In line with policy, the plan will be published on the NRS website. This report received is provided as an appendix to this paper.
- 7.4. The Keeper acknowledged that areas subject to an improvement plan require action by NHS GGC and Renfrewshire Council, on systems the IJBs records are managed, rather than the IJB itself. Ratings therefore reflect the current position of the IJBs partner organisations within their own Records Management Plans - the IJB cannot be rated more highly than its partners.
- 7.5. HSCP officers will continue to liaise with NHS GGC and Renfrewshire Council Records Manager to reflect the progress made under these elements within the IJBs own records management arrangements.

8. Seasonal Flu Immunisation Adult Programme 2022/23

- 8.1. On 5 May 2022, the Chief Medical Officer confirmed that the adult seasonal flu immunisation programme 2022/23 will continue to be a strategic and Ministerial priority. Similar to 2021/22, in 2022/23 an extended programme will be delivered to the following cohorts:
- Secondary school pupils
 - All those ages 50-64 years
 - Independent contractors (GP, dental, optometry and community pharmacy practices), non-NHS laboratory staff (if working on COVID-19 testing during the coming flu season) including support staff
 - Teachers and pupil facing support staff
 - Prison population and prison officers who deliver direct front facing detention services.
- 8.2. Based on advice from the Joint Committee for Vaccination and Immunisation's (JCVI) on COVID-19 and potential disruption/impact to the global supply of vaccines, the Scottish Government will procure sufficient vaccine for the expanded eligibility groups this season to ensure the most at risk are prioritised to protect public health and social care services as far as possible.

9. GMS Contract/Primary Care Improvement Plan (PCIP 5)

- 9.1 On 23 March 2022, the Scottish Government requested completed PCIP 5 implementation templates to be submitted by HSCPs by 29 April 2022 (see Appendix 2). This provides the National GMS Oversight Group with the information it needs to understand the position of partnerships in terms of delivery and will be used to inform further discussions and decisions with regards implementation of the Contract and associated MOU.
- 9.2 The PCIP 5 tracker template is similar to the version previously issued, with minor amendments to enhance its value. Mainly, the tracker has been amended to capture reflections on successes, learning and reflecting the end of this phase of reporting. Key successes detailed in the tracker include:
- The HSCP and Health Board are implementing several new services and facilitating / coordinating this large-scale programme of work. This includes, for example, transfer of Vaccination Services from GP Practices in line with the GP Contract/MOU and establishment of several new treatment rooms across Renfrewshire.
 - Initial development of a Pharmacy Hub and developing the associated skill mix within the Pharmacy workforce.
 - Community Link Workers resource aligned to all GP practices and working well.
 - Work removed from GP practices and clinical capacity freed up in line with key aims of the GP Contract/PCIP.

Winter Support Funding

- 9.3 The HSCP made a successful bid to Scottish Government for additional Primary Care Improvement Fund for winter monies and awarded approximately £550k of additional recurring expenditure. Funding has been invested in additional Pharmacotherapy posts and Health Care Support Worker posts for Phlebotomy.

10. Data Strategy for Health and Social Care

- 10.1 On 16 May 2022, the Scottish Government launched a formal [consultation](#) on the Data Strategy for Health and Social Care as part of the refreshed Digital Health and Care Strategy.
- 10.2 The purpose of the consultation is to gather views on how data should be used and managed across health and social care to shape the development of Scotland's first Data Strategy. The scope of the consultation and resulting Strategy will encompass the full range of data utilised by those that deliver and support the delivery of health and social care services and address a broad range of themes.
- 10.3. The consultation closes on 12 August 2022 and findings published late 2022. Throughout this period, the Digital Health and Care directorate will continue to run bespoke engagements with health and care professionals, third sector advocacy groups and the public. Locally, the development of a consultation response will be overseen by the HSCP's Digital Oversight Group with relevant implications considered for service delivery planning where applicable.

11. Scottish Government Resourcing Spending Review (May 2022)

- 11.1. In December 2021, alongside the publication of its 2022/23 Scottish Budget and Medium Term Financial Strategy, the Scottish Government made a commitment to publish a full Resource Spending Review by May 2022. The Review would aim to set out the government's long-term funding plans and the roadmap for delivering key commitments, such as the establishment of the National Care Service.
- 11.2. On 31 May 2022 the Scottish Government published this Review, the first since 2011. The Review reiterates the Scottish Government's commitment to tackling the four key challenges previously outlined in its Programme for Government and the Bute House Agreement with the Scottish Green Party, namely: reducing child poverty, addressing the climate crisis, building a strong and resilient economy, and helping public services recover strongly from the pandemic. It stresses, however, that these commitments were made prior to the Russian invasion of Ukraine, rising inflation and the cost-of-living crisis and that, consequently, the challenge of delivering on those commitments has become considerably greater than originally envisaged.
- 11.3. Additional to a continuing focus on its four priorities, the Review also sets out the support the Scottish Government advises it is taking to help those struggling with the increased cost of living and highlights the sheer scale of challenge for public services resulting from rising inflation, within the levels of investment available from the UK Government.
- 11.4. The Review states that, over the remainder of the parliament, the Scottish Government will direct around £180 billion of public funds. Within this, £73.1 billion will be provided to health and social care, to include the development of the National Care Service; with the intention of bringing social care into parity of esteem with healthcare and transforming service provision. £42.5 billion will be made available for local government for the delivery of local services
- Impact on our Funding Partners*
- 11.5. According to the Fraser of Allander Institute, the Spending Review implies that the local government budget will decline by 7% in real terms between 2022/23 and 2026/27. The health budget is projected to increase by 3% over the parliament. This will consequently result in substantial funding pressures for the IJB's partners in Renfrewshire Council and NHSGGC and, subsequently, the IJB's available budgets.
- 11.6. As a result, the HSCP will continue to identify options to deliver significant savings in the medium term and will bring a further update on its proposed approach to the IJB later in 2022.
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Implications of the Report

1. **Financial** – No implications from this report, however the impact of the Resource Spending Review on related financial planning and savings requirements will be further assessed and updates brought to future IJB meetings.

2. **HR & Organisational Development** – No direct implications from this report.
 3. **Community Planning** – No implications from this report.
 4. **Legal** – changes to the Integration Scheme reporting and governance and potential risks and consequences
 5. **Property/Assets** – No implications from this report.
 6. **Information Technology** – No implications from this report.
 7. **Equality and Human Rights** – No implications from this report.
 8. **Health & Safety** – No implications from this report.
 9. **Procurement** – No implications from this report.
 10. **Risk** – No implications from this report.
 11. **Privacy Impact** – No implications from this report.
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List of Background Papers: None

Author: David Fogg, Strategic Lead and Improvement Manager

Any enquiries regarding this paper should be directed to Christine Lavery, Interim Chief Officer (christine.lavery@renfrewshire.gov.uk)

Public Records (Scotland) Act 2011

Renfrewshire Integration Joint Board

The Keeper of the Records of Scotland

28th April 2022

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1. Public Records (Scotland) Act 2011

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

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

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

2. Executive Summary

This report sets out the findings of the Keeper's assessment of the RMP of Renfrewshire Integration Joint Board by the Public Records (Scotland) Act 2011 Assessment Team following its submission to the Keeper on 29th March 2021.

The assessment considered whether the RMP of Renfrewshire Integration Joint Board was developed with proper regard to the 15 elements of the Keeper's statutory Model Records Management Plan (the Model Plan) under section 8(3) of the Act, and whether in this respect it complies with it and the specific requirements of the Act.

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

3. Authority Background

Renfrewshire Integration Joint Board was established under the Public Bodies (Joint Working) Scotland Act 2014. From 1 April 2016 Renfrewshire IJB became responsible for the planning and oversight of delivery of health and social care functions delegated to it by NHS Greater Glasgow & Clyde and Renfrewshire Council. These include adult social care services, mental health and learning disability, district nursing, children's health services, podiatry and health improvement, including some hospital services. The area covered by Renfrewshire IJB is coterminous with Renfrewshire Council.

The IJB operates as a body corporate (a separate legal entity), acting independently of NHS Greater Glasgow & Clyde and Renfrewshire Council. It is the main decision-making body for the Health and Social Care Partnership (HSCP) and has a legal duty to include key stakeholders in its decision-making processes. The IJB consists of eight voting members appointed in equal number by NHS Greater Glasgow & Clyde and Renfrewshire Council, with a number of representative members who are drawn from the third sector, independent sector, staff, carers and service users. The IJB is advised by a number of professionals including the Chief Officer, Chief Financial Officer, Clinical Director, Chief Nurse and Chief Social Work Officer.

For the purposes of the Public Records (Scotland) Act, the Board (scheduled as the Renfrewshire Integration Joint Board) is the scheduled authority rather than the 'Health & Social Care Partnership'.

[Renfrewshire Health and Social Care Partnership - Integration Joint Board \(hscp.scot\)](http://hscp.scot)

4. Keeper's Assessment Process

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

Key:

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

Renfrewshire Integration Joint Board (‘The IJB’ in the assessment below)

Explanation of records management arrangements:

The Records Management Plan (page 5) states, it “relates to the IJB Committees (Integration Joint Board, Audit Risk & Scrutiny Committee and Strategic Planning Group) and plans such as the Annual Performance Report and the Strategic Plan. All of this information is already in the public domain via the IJB’s pages on Renfrewshire Council and Renfrewshire Health & Social Care Partnership websites...It has been agreed the IJB’s records will be managed in line with both Renfrewshire Council and NHS Greater Glasgow and Clyde policies where appropriate.” It is further confirmed (page 6) that both Renfrewshire Council and NHS Greater Glasgow and Clyde will manage the public records of the IJB, “Records relating to Renfrewshire IJB are held on NHS Greater Glasgow and Clyde & Renfrewshire Council systems.”

The IJB explain which records will be held on the respective systems of each partner authority:

- IJB Meetings- agendas and papers (Renfrewshire Council)
- IJB Strategies including the Annual Performance Report and the Strategic Plan (Renfrewshire Council)
- Administration of the Board including meeting arrangements and communications (NHS Greater Glasgow and Clyde)

IJB records held on the Council Committee Management System have been assigned a permanent retention status (RMP page 9). Working copies/draft records held on both Council and NHS systems will be subject to the retention decisions and destruction processes of each authority (RMP page 11).

The Keeper agreed the Records Management Plan of Renfrewshire Council and Licensing Board on 16 August 2016, [Renfrewshire Council and Licensing Board Assessment Report \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/2016/08/16/renfrewshire-council-and-licensing-board-assessment-report) and NHS Greater Glasgow and Clyde on 10 October 2016, [Keeper’s Assessment Report - NHS Greater Glasgow and Clyde \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/2016/10/10/keeper-assessment-report-nhs-greater-glasgow-and-clyde).

Renfrewshire Council and Licensing Board submitted Progress Update Reviews (PUR) which were assessed in 2018, 2020 and 2021, [NRS- the Progress Update Review \(PUR\) Final Report by the PRSA Assessment Team for Renfrewshire Council and Renfrewshire Licensing Board, October 2018 \(nrscotland.gov.uk\)](#), [NRS - Progress Update Review \(PUR\) Final Report by the PRSA Assessment Team for Renfrewshire Council and Renfrewshire Licensing Board, March 2020 \(nrscotland.gov.uk\)](#), [NRS - Progress Update Review \(PUR\) Final Report by the PRSA Assessment Team for Renfrewshire Council and Renfrewshire Licensing Board, March 2021 \(nrscotland.gov.uk\)](#).

NHS Greater Glasgow and Clyde submitted a Progress Update Review (PUR) which was assessed in 2019, [NRS - Progress Update Review \(PUR\) Final Report by the PRSA Assessment Team for NHS Greater Glasgow and Clyde June 2019 \(nrscotland.gov.uk\)](#)

Element	Present	Evidence	Notes
1. Senior Officer	G	G	<p>The Public Records (Scotland) Act 2011 (the Act) requires that an individual senior staff member is identified as holding corporate responsibility for records management in a public authority.</p> <p>Renfrewshire Integration Board (the IJB) have identified their Interim Chief Officer, Christine Lavery, as having senior responsibility for all aspects of their records management provision and is the corporate owner of the <i>Records Management Plan</i> (the <i>RMP</i>). The <i>RMP</i> is signed and fully endorsed by the Chief Officer.</p> <p>Ms Lavery is also the Senior Information Risk Owner (SIRO). This role is outlined in the <i>Roles and Responsibilities of SIRO 2021/22</i> (page 1) submitted to the Keeper of the Records of Scotland (the Keeper) and includes the responsibility to ensure the</p>

			<p><i>RMP</i> is supported by the Senior Management Team.</p> <p>A <i>Chief Officer Letter</i> (dated 29 March 2021) further confirms this and explains that the Interim Chief Officer will oversee the adoption of the <i>RMP</i>. Since submission a new Interim Chief Officer has been appointed, Christine Lavery. The Keeper can accept that the new post-holder endorses the Plan in the same way her predecessor did. An updated <i>RMP</i> has also been submitted with Ms Lavery's endorsement and signature.</p> <p>Under the further development section it is noted that an IJB Records Management Procedure, which identifies roles and responsibilities, is to be developed. The Keeper can be updated on the development of this procedure and supplied with a copy when the IJB is invited to participate in the Progress Update Review mechanism, Progress Update Reviews National Records of Scotland (nrscotland.gov.uk).</p> <p>The Keeper agrees that Renfrewshire Integration Joint Board have identified an appropriate individual to this role as required by the Act.</p>
2. Records Manager	G	G	<p>The Act requires that each authority identifies an individual staff member as holding operational responsibility for records management and has appropriate corporate responsibility, access to resources and skills. Due to the partnership nature of the arrangements affecting an IJB, the Keeper has determined that two individuals may be identified to this role if appropriate.</p> <p>The records of the IJB are managed in both the systems of Renfrewshire Council (the Council) and NHS Greater Glasgow and Clyde (the NHS).</p> <p>The Records Manager at Renfrewshire Council, Andrew Connor, has been identified as having lead responsibility for the IJB's records management. IJB public records,</p>

			<p>both working copies and final versions are managed on Renfrewshire Council systems. An email from Andrew Connor has been provided acknowledging responsibility for IJB records held on Renfrewshire Council systems.</p> <p>The NHSGGC Information Governance Manager, Stewart Whyte, is also identified as having have responsibility for the management of IJB records. As noted in the explanation of arrangements above and under element 3, IJB public records, namely working copies and administrative records, such as correspondence and meeting arrangements, are created and managed on NHSGGC systems. An email from Stewart Whyte has been provided acknowledging responsibility for IJB records held on NHSGGC systems. This email also provides an explanation of responsibilities and the distinction between the NHSGGC Head of Health Records and Information Governance Manager.</p> <p>The Council and NHS Records Managers have access to IJB records managed on the systems of the respective authority which employs them.</p> <p><i>Job descriptions</i> for the Council Records Manager and the NHS Health Records Manager have been provided. In 2016 (August and October respectively) the Keeper agreed that both the Council and NHS had appropriately identified the individuals holding these posts as having operational responsibility for records management.</p> <p>The <i>Chief Officer Letter</i> (dated 29 March 2021) identifies the Renfrewshire Health & Social Care Management Team as having responsibility for the practical implementation of the <i>RMP</i>. The IJB have provided an explanation as to how the HSCP Head of Strategic Planning and Health Improvement (Frances Burns) and Strategic Lead and Improvement Manager (David Fogg) will assume responsibility for facilitating communication between the identified individuals at Renfrewshire Council and NHSGGC and with the IJB. This will involve regular liaison and support</p>
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			<p>(every 6 months) to ensure any relevant changes are understood and communicated, including reviews of arrangements and information in PUR submissions.</p> <p>The Keeper can agree that Renfrewshire Integration Joint Board have identified two appropriate individuals to this role as required by the Act.</p>
3. Policy	G	G	<p>The Act requires an authority to have an appropriate policy statement on records management.</p> <p>A list of records covered by the IJB <i>RMP</i> is provided in the explanation (page 5) and in the compliance statement for this element (page 8), which has been expanded to also explain in which authorities respective systems they will be managed:</p> <ul style="list-style-type: none"> • IJB Meetings- agendas and papers (Renfrewshire Council) • IJB Strategies including the Annual Performance Report and the Strategic Plan (Renfrewshire Council) • Administration of the Board including meeting arrangements and communications (NHS Greater Glasgow and Clyde) <p>The IJB has further explained that draft (working copies) of records are “held on NHS GGC and Renfrewshire Council internal system networks in line with organisational policies. This is in line with the integrated nature of the IJB’s activity and the involvement of Council and NHS staff in their development.” (<i>RMP</i> page 8)</p> <p>The IJB is clear which records are covered by the <i>RMP</i> and that the records created by its partner authorities, the Council and the NHS, while carrying out services of the IJB, are covered by the respective records management plans of each authority. This is an important distinction and Renfrewshire IJB seem to have understood it correctly.</p>

			<p>The <i>RMP</i> commits the IJB to following the agreed Records Management Plans of the Council and the NHS as appropriate.</p> <p>The Keeper has previously agreed both the records management policy statements of the Council and the NHS. A link to <i>Renfrewshire Council Records Management Policy</i> has been provided.</p> <p>As both the <i>Renfrewshire Council Records Management Policy</i> (Corporate Records Management Policy 4.1.pdf (renfrewshire.gov.uk)) and the Scottish Government's Records Management Health and Social Care Code of Practice (Scotland) 2020 (SG-HSC-Scotland-Records-Management-Code-of-Practice-2020-v20200602.pdf) are published, the Keeper can agree that IJB staff can access them when appropriate.</p> <p>The Keeper agrees that the public records of Renfrewshire Integration Joint Board are subject to formal policies as required by the Act.</p>
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4. Business Classification	A	G	<p>The Keeper of the Records of Scotland (the Keeper) expects that the public records of an authority are known and are identified within a structure.</p> <p>Renfrewshire IJB acknowledge “For records to perform their various functions, some form of management is needed. Management includes control over what is created, development of effective and efficient filing systems to store records and procedures for retention of records.” (<i>RMP</i> page 4)</p> <p>The public records of the IJB are created and managed on the systems the Council and NHS and will be part of their respective Business Classification Schemes (BCS). The IJB have confirmed that all public records are in digital format.</p> <p>The IJB will follow the corporate BCS adopted by Renfrewshire Council (<i>RMP</i> page 9). This is a localised version of the Scottish Council on Archives Records Retention Schedules and BCS (SCARRS). This is a system endorsed by the Keeper for use by local authorities. A copy of the updated Renfrewshire Council’s BCS, which includes categories that capture IJB business, has been provided.</p> <p>The <i>RMP</i> outlines the public records covered by the Plan (see element 3 above) and notes that all that all “final versions of this information” are published online on the Renfrewshire Health and Social Care Partnership website (Renfrewshire Health and Social Care Partnership - Integration Joint Board (hscp.scot)) and “maintained on Council systems through CMIS”. The <i>RMP</i> (page 9) states “IJB records are part of the Renfrewshire Council Committee Management System (CMIS) and have a permanent retention status.” (CMIS > Joint Arrangements > Renfrewshire Health and Social Care Integration Joint Board.) “Draft versions of these documents” are held on both Council and NHS systems (<i>RMP</i> page 8).</p> <p>Since submission the IJB have clarified which records are held on Council systems and which are held on NHS systems (see explanation of arrangements and element</p>
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			<p>3), “Final versions of IJB records are maintained on Council systems (CMIS). Draft versions are created and worked on jointly by health and council-employed staff and therefore draft versions of documents will be held on both internal networks.”</p> <p>A link to the <i>NHS Greater Glasgow and Clyde Business Classification Scheme Framework</i>, March 2016, has been submitted to the Keeper. He agrees that this accounts for records of the administration of the Health and Social Care Partnership (and thus presumably the IJB) (<i>NHS GG&C BCS Framework</i> page 25).</p> <p>At the time the Keeper agreed the Council’s RMP in 2016 a BCS had not been fully rolled out. As a result the Keeper agreed this element on an improvement model basis but was confident plans were in place to address this. Updates provided to the Keeper’s Assessment Team through the Progress Update Review (PUR) mechanism show that a BCS has now been developed and rolled out and is being mapped against a new eRDMS (PUR 2021 page 6).</p> <p>This element of NHS Greater Glasgow and Clyde RMP was also agreed on an improvement model basis (a full business classification scheme has not yet been imposed on the organisation’s records management system). A PUR submission in 2019 confirmed the BCS is now part of an Information Asset Register.</p> <p>The Keeper has determined that the RAG status of a Records Management Plan of any authority, whose records are managed on the systems of a separate authority, cannot be higher than that awarded to the ‘host’ authority. As this element of the RMPs of both Renfrewshire Council and NHS Greater Glasgow and Clyde was agreed on an improvement model basis the Keeper can agree this element on the same terms.</p>
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5. Retention schedule	G	G	<p>The Keeper expects an authority to have allocated retention periods to its public records and for those records to be retained and disposed of in accordance with a Retention Schedule.</p> <p>The IJB have acknowledge there should be "consistent and documented retention and disposal procedures, including provision for permanent preservation of archival records" in the introduction to their <i>RMP</i> (page 4).</p> <p>Furthermore, the IJB states (<i>RMP</i> page 4): "For records to perform their various functions, some form of management is needed. Management includes control over what is created, development of effective and efficient filing systems to store records, and procedures for retention of records." And "if the arrangements for their eventual archiving or destruction are inadequate, then information may not be adequate or even available for any purpose."</p> <p>The <i>RMP</i> (page 10) explains "The corporate records including formal IJB reports and minutes will be managed in accordance with the Council Servicing Committee Protocol."</p> <p>IJB records on Council systems are managed in line with <i>Renfrewshire Council Retention Schedule</i> (v 1.4 November 2021) a copy of which has been provided to the Keeper and it is published online. This schedule is based on the SCARRS guidance.</p> <p>IJB records on NHS systems are managed in line with the Scottish Government Records Management: NHS Code of Practice (2020), which supersedes the Code of Practice referred to in the NHS <i>RMP</i> (page 11) and which sets out minimum retention periods for personal health, administrative and social care records.</p> <p>As noted under element 4 a permanent retention status has been assigned to IJB</p>
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			<p>records held on Renfrewshire Council's Committee Management System (CMIS). "Final versions" of IJB records are published on the IJB website and "Draft versions of these of documents" are held on both Council and NHS systems (<i>RMP</i> page 8). Since submission the IJB has confirmed there will be a single 'final' corporate version of IJB records identified for permanent preservation and a process will be put in place to mitigate the potential for duplicate copies being retained, "As the IJB has responsibility for services delegated by NHS GGC and Renfrewshire Council, these documents will be submitted to partner formal governance structures for information. To prevent duplicate copies being held on partner systems this has now been reviewed and the future process will now be to provide a link to the final version of documents held on the IJB's CMIS site rather than an additional copy." The <i>RMP</i> has been updated to reflect this.</p> <p>In 2016 the Keeper agreed that NHS Greater Glasgow and Clyde and Renfrewshire Council had approved and operational retention schedules in place. Therefore, the Keeper can agree that Renfrewshire Integration Joint Board has schedules providing retention decisions for the record types created while pursuing its functions.</p>
6. Destruction Arrangements	A	G	<p>The Act requires that public records are destroyed in a timely, controlled and secure manner.</p> <p>The IJB have noted the records management principle that there should be "consistent and documented retention and disposal procedures, including provision for permanent preservation of archival records" in the introduction to their <i>RMP</i> (page 4).</p> <p>IJB records, in all formats, are destroyed in line with Council and NHS destruction policies and procedures. (<i>RMP</i> page 11)</p>

			<p>In 2016 the Keeper agreed this element of Renfrewshire Council's RMP on an improvement model basis as the authority identified a gap in provision (the deletion of records from some line of business systems) and evidenced a commitment to closing this gap. This agreement was dependent upon the Keeper being kept informed of progress. Updates have been provided through the PUR mechanism to show progress and an updated Records Disposal Policy was submitted in 2018.</p> <p>In 2016 the Keeper agreed that NHS Greater Glasgow & Clyde have procedures in place to ensure the secure and irretrievable destruction of records, in all formats, when appropriate as required by the Act.</p> <p>The Keeper has determined that the RAG status of a Records Management Plan of any authority, whose records are managed on the systems of a separate authority, cannot be higher than that awarded to the 'host' authority. As this element of Renfrewshire Council's RMP was agreed on an improvement model basis the Keeper can agree this element on the same terms.</p>
7. Archiving and Transfer	A	G	<p>The Act requires that all Scottish public authorities identify a suitable repository for the permanent preservation of any records considered suitable for archiving. A formal arrangement for transfer to that repository must be in place.</p> <p>Renfrewshire Integration Joint Board acknowledge there should be "provision for the permanent preservation of archival records." (<i>RMP</i> page 4)</p> <p>The IJB follow the procedures of Renfrewshire Council to ensure the permanent preservation of selected records. Any IJB records held on NHS systems will be managed through NHS policies on archiving. (<i>RMP</i> page 12)</p>

			<p>The evidence section for this element explains there is an “agreed arrangement between the IJB and Renfrewshire Council for IJB records to be included in the archiving and transferring arrangements established by Renfrewshire Council.” An email from the Council Records Manager has been provided confirming that IJB records held on Council systems will be managed through the Council’s preservation and archiving arrangements.</p> <p>Renfrewshire Council transfer records for permanent preservation to the Heritage Centre at Paisley Central Library. This is run by Renfrewshire Leisure Trust Ltd. In 2016 the Keeper agreed this element of the Council’s RMP on an ‘improvement model’ basis, as the authority had identified a gap in provision (a Council-wide system of transferring appropriate records to the archive) and had identified how it intended to close this gap. The Council provided updates on archiving arrangements in 2018, 2020 and 2021 through the PUR mechanism. However, as noted above, the Keeper has determined that the RAG status of a Records Management Plan of any authority, whose records are managed on the systems of a separate authority, cannot be higher than that awarded to the ‘host’ authority.</p> <p>As noted above, all IJB records are permanently preserved in the Council CMIS. The IJB have explained (see element 5) the process to ensure there will be a single ‘final’ corporate version of IJB records identified for permanent preservation.</p> <p>In 2016 the Keeper agreed that NHS Greater Glasgow and Clyde identified a suitable repository (Health Board Archive Service based at the University of Glasgow Archive Service) for the permanent preservation of selected records and that arrangements are in place to manage the transfer of records.</p> <p>The Keeper acknowledges that digital archiving in the Scottish public sector is in its infancy. The Keeper would encourage the IJB, to remain aware of developments at</p>
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			<p>the identified repositories which will affect the transfer of digital records for permanent preservation.</p> <p>The Keeper has determined that the RAG status of a Records Management Plan of any authority, whose records are managed on the systems of a separate authority, cannot be higher than that awarded to the ‘host’ authority. As this element of Renfrewshire Council’s RMP was agreed on an improvement model basis the Keeper can agree this element on the same improvement terms.</p>
8. Information Security	G	G	<p>The Act requires that public records are held in accordance with information security compliance requirements.</p> <p>Renfrewshire Integration Joint Board acknowledge that “Records will be secure from unauthorised or inadvertent alteration or erasure, that access and disclosure will be properly controlled and audit trails will track all use and changes. Records will be held in a robust format which remains readable or as long as records are required.” (RMP page 4)</p> <p>All IJB records are held and managed on the systems of either Renfrewshire Council or NHS Greater Glasgow and Clyde.</p> <p>IJB staff are employed by either Renfrewshire Council or NHS Greater Glasgow and Clyde and will follow the information security policies and procedures of their respective employer when managing IJB records.</p> <p>A copy of <i>Renfrewshire Council Information Security Policy</i> (v3.0 June 2019) and a link to the <i>Council Information Promise</i>, Information Promise - Renfrewshire Website, have been supplied to the Keeper.</p>

			<p>A link to a suite of NHS Information Security policies which support the NHS Scotland Information Security Policy Framework (NIS Regulations 2018) has been provided. These are published on the NHSGGC website and include Information Security Policy, Incident Management and Access Control, NHSGGC : GGC Policies supporting NHS Scotland Information Security Policy Framework (NIS Regulations 2018).</p> <p>In 2016 the Keeper agreed that both Renfrewshire Council and NHS Greater Glasgow and Clyde have procedures in place to ensure records are held in accordance with information security compliance requirements.</p> <p>Therefore, the Keeper can agree that Renfrewshire Integration Joint Board have ensured that their public records are protected by suitable information security processes.</p>
9. Data Protection	G	G	<p>The Keeper expects a Scottish public authority to manage records involving personal data in compliance with data protection law.</p> <p>As with all other Scottish public authorities Renfrewshire Integration Joint Board have been required to comply with data protection procedures imposed by the 2018 data protection legislation (GDPR and DP2018).</p> <p>IJB records are managed on both Renfrewshire Council and NHS Greater Glasgow and Clyde systems and are done so under the data protection policies and procedures of each authority.</p> <p>The Keeper has previously agreed Renfrewshire Council and NHS Greater Glasgow and Clyde have properly considered their responsibilities under data protection legislation and have appropriate policies guidance and staff training in place. It should be noted that the data protection legislation has been updated since</p>

			<p>agreement following the implementation of the Data Protection Act 2018 (and GDPR).</p> <p>Data protection information is published on the Council and NHS public websites: Privacy policy - Renfrewshire Website NHSGGC : Data Protection & Privacy</p> <p>Links to this information are also available on the Renfrewshire Health and Social Care Partnership website in their Privacy Notice, Renfrewshire Health and Social Care Partnership - Privacy Notice (hscp.scot).</p> <p>IJB staff are employed by either Renfrewshire Council or NHS Greater Glasgow and Clyde and receive relevant data protection and information governance training from their employer. Staff can access the Council Data Protection policy via the Council intranet site and the NHS Data Protection policy is published online.</p> <p>The Keeper agrees that Renfrewshire Integration Joint Board is aware of its obligations under and has arrangements to comply with the 2018 data protection legislation.</p>
10. Business Continuity and Vital Records	G	G	<p>The Keeper expects that record recovery, prioritising vital records, is an integral part of the authority's business continuity planning.</p> <p>The records of Renfrewshire Integration Joint Board are managed on both Renfrewshire Council and NHS Greater Glasgow and Clyde systems and are covered by their respective business continuity arrangements. These include the Business Continuity Plans and vital records arrangements of each authority. (<i>RMP</i> page 15)</p> <p>The <i>RMP</i> (page 15) states "Both NHS Greater Glasgow & Clyde and Renfrewshire</p>

			<p>Council have adequate business continuity arrangements to ensure the sustainability of health and social care services for which the IJB has overall responsibility.”</p> <p>The Keeper has previously agreed that NHS Greater Glasgow and Clyde and Renfrewshire Council have business continuity procedures in place which include the recovery of records and have identified or appropriately considered the identification of vital records.</p> <p>Therefore, the Keeper agrees Renfrewshire Integration Joint Board have approved and operational business continuity processes and that information management and records recovery properly feature in such plans.</p>
11. Audit trail	A	G	<p>The Keeper expects an authority to have processes in place to track public records in such a way that their location is known and changes recorded.</p> <p>Renfrewshire Integration Joint Board acknowledge this and list the records management principles, “access and disclosure will be properly controlled and audit trails will track all use and changes. Records will be held in a robust format which remains readable for as long as records are required” and “Accessibility – Records and the information within them can be efficiently retrieved by those with a legitimate right of access, for as long as the records are held by the organisation.” (<i>RMP</i> page 4)</p> <p>IJB records are created on the systems of both the Council and NHS and follow the arrangements in place in each authority. Employees access IJB records on the information systems of their respective employer. (<i>RMP</i> page 16)</p> <p>The Council CMIS system in which IJB records are stored has “full version control and ensures that the IJB’s records are available at all times and that when accessed</p>

			<p>for business purposes, that these are the most up to date and current versions.” In addition “ ...all other corporate records will be accessed by employees through the information systems of NHS Greater Glasgow & Clyde and Renfrewshire Council.”</p> <p>In 2016 the Keeper agreed this element of both NHS Greater Glasgow and Clyde’s and Renfrewshire Council’s records management plans. However, his agreement for Renfrewshire Council was on an improvement model basis as a gap in provision was acknowledged (lack of audit trail for some electronic line of business systems and records stored on shared drives). The Council provided updates in 2018, 2020 and 2021 through the PUR mechanism. However, as noted above, the Keeper has determined that the RAG status of a Records Management Plan of any authority, whose records are managed on the systems of a separate authority, cannot be higher than that awarded to the ‘host’ authority.</p> <p>In the further development section an action is noted to undertake further training for all administrative staff on version control. This commitment to developing training is commended by the Keeper and he would welcome updates on this in PUR submissions.</p> <p>In 2016 the Keeper agreed the NHS had staff guidance in place on naming conventions and version control adapted from the Scottish Government’s e-health programme (version 2.8 Sept 2015).</p> <p>In 2016 the Council committed to developing staff guidance and training and confirmed this action had been completed in their 2018 PUR update.</p> <p>The Keeper has determined that the RAG status of a Records Management Plan of any authority, whose records are managed on the systems of a separate authority, cannot be higher than that awarded to the ‘host’ authority.</p>
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			As this element of Renfrewshire Council's RMP was agreed on an improvement model basis the Keeper can agree this element on the same terms.
12. Competency Framework for records management staff	G	G	<p>The Keeper expects staff creating, or otherwise processing records, to be appropriately trained and supported.</p> <p>Renfrewshire Integration Joint Board recognise this. They outline principles of records management in the Introduction to the <i>RMP</i> (pages 4-5) which include "That all staff are informed of their record-keeping responsibilities through appropriate training and guidance and if required further support as necessary."</p> <p>IJB records are managed on both Renfrewshire Council and NHS Greater Glasgow and Clyde systems and staff are employed by one or the other authority. This is confirmed by the <i>RMP</i>, "The IJB will rely upon the Records Managers of NHS GGC & Renfrewshire Council for compliance under this element." And "Training for records management staff will remain the responsibility of the employing bodies..." (<i>RMP</i> page 17).</p> <p>A link to the NHS Records Management awareness training module has been provided. This training is mandatory for all NHS staff.</p> <p>In the further development section "training to be developed for all staff" is noted as an action. This commitment to further enhancing staff training is commended by the Keeper and he would welcome updates on this in PUR submissions.</p> <p>The Keeper has previously agreed that the training in records management offered by Renfrewshire Council and by NHS Greater Glasgow and Clyde is appropriate.</p> <p>Job descriptions for the Records Managers at the Council and the NHS have been</p>

			<p>provided. (see element 2)</p> <p>Therefore the Keeper can agree that Renfrewshire Integration Joint Board has ensured that staff processing their public records are provided with appropriate training and guidance.</p>
13. Assessment and Review	A	G	<p>Section 1(5)(i)(a) of the Act says that an authority must keep its RMP under review.</p> <p>Renfrewshire Integration Joint Board commit to reviewing their RMP every two years as a minimum (<i>RMP</i> page 18) They further note that it “.. will be appropriately reviewed and updated in line with statutory requirements.” (<i>RMP</i> page 8)</p> <p>IJB records are managed on both Renfrewshire Council and NHS Greater Glasgow and Clyde systems. The IJB relies on these partner authorities to regularly review systems, policies and procedures which govern the management of their records. The IJB have explained, under element 2, how regular communication between the partner authorities and the IJB will be managed and updates provided to the IJB for approval.</p> <p>The IJB have explained separately and in the updated <i>RMP</i> that “This Record Management Plan will be reviewed and updated by the Records Managers, supported as noted in Element 2 by the Head of Strategic Planning & Health Improvement, and the Strategic Lead & Improvement Manager. Any gaps in this plan will be identified as issues arise and solutions agreed.” They have further confirmed that annual updates on the <i>RMP</i> will be part of non-financial governance reporting to the IJB. In addition, it is noted that internal audit test elements of non-financial governance on an annual basis. Evidence of the inclusion of the <i>RMP</i> review in IJB minutes and audit reporting would strengthen this element, however the Keeper understands review will not yet have taken place. The PUR process can be used to provide updates and if necessary additional</p>

			<p>evidence.</p> <p>The Keeper has previously agreed the review procedures in place at Renfrewshire Council and NHS Greater Glasgow and Clyde. However, he agreed this element of the Council's Records Management Plan on an improvement model basis as a gap in provision was acknowledged (the methodology for carrying out regular reviews of the RMP) and a commitment was made to closing this gap. The Council provided updates in 2018, 2020 and 2021 through the PUR mechanism.</p> <p>Both partner authorities have engaged with the voluntary PUR mechanism to update the Keeper on progress (see links in explanation above). The IJB, through regular communication with the partner authorities will be kept updated on changes and updates which may result as part of the PUR process.</p> <p>The Keeper agrees that that Renfrewshire Integration Joint Board have arrangements in place to ensure the appropriate review of their Records Management Plan, as required by the Act. However, the Keeper has determined that the RAG status of a Records Management Plan of any authority, whose records are managed on the systems of a separate authority, cannot be higher than that awarded to the 'host' authority. As this element of Renfrewshire Council's RMP was agreed on an improvement model basis the Keeper can agree this element on the same improvement terms.</p>
14. Shared Information	G	G	<p>The Keeper expects a Scottish public authority to ensure that information sharing, both within the Authority and with other bodies or individuals, is necessary, lawful and controlled.</p> <p>Renfrewshire Integration Joint Board undertake information sharing as part of its function and do so using information sharing processes set out in a formal</p>

			<p>agreement.</p> <p>In the case of the IJB this is <i>The Greater Glasgow and Clyde Protocol for Sharing Information</i> which has previously been agreed by the Keeper as being appropriate for sharing information between NHS and Council partners: Information sharing protocol (nhsggc.org.uk)</p> <p>An example <i>Data Sharing Agreement between NHS Greater Glasgow & Clyde, Renfrewshire Council, the National Information Services Division and Renfrewshire IJB</i> (dated 2018) has been provided as evidence. The IJB note this is in place “to enable the safe and effective sharing of information.” (<i>RMP</i> page 19)</p> <p>The Keeper can agree that Renfrewshire Integration Joint Board properly considers records governance when undertaking information sharing programmes.</p>
15. Public records created or held by third parties	N/A	N/A	<p>The Public Records (Scotland) Act 2011 (PRSA) makes it clear that records created by third parties when carrying out the functions of a scheduled authority should be considered ‘public records’ - PRSA Part 1 3 (1)(b).</p> <p>Renfrewshire Integration Joint Board have confirmed it does not contract out any of its functions to a third party. (<i>RMP</i> page 20)</p> <p>The Keeper agrees that Element 15 does not apply to Renfrewshire Integration Joint Board.</p>

Renfrewshire Integration Joint Board

General Notes on submission:

This assessment is on the Records Management Plan (*RMP*) of Renfrewshire Integration Joint Board, version 3.0 approved by the Board on 26th March 2021 and updated on 29th March 2021. It carries the signature of the Interim Chief Officer, Shiona Strachan, who fully endorses the Plan. This *RMP* has been updated and superseded by version 4.0, dated 31 March 2022 and which carries the signature of the Interim Chief Officer, Christine Laverty, who fully endorses the Plan. The updates are reflected in the above assessment.

The *RMP* (page 3) acknowledges that “Information underpins the IJB’s over-arching strategic objective and helps it meet its strategic outcomes.” and “Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will help the IJB make:

- Better decisions based on complete information
- Smarter and smoother work practices
- Better resource management
- Preservation of vital and historical records"

The IJB’s records are managed in line with both Renfrewshire Council and NHS Greater Glasgow and Clyde records management policies and procedures.

6. Keeper's Summary

Elements **1-15** that the Keeper considers should be in a public authority records management plan have been properly considered by Renfrewshire Integration Joint Board. Policies and governance structures are in place to implement the actions required by the plan.

Elements that require development by Renfrewshire Integration Joint Board are as follows

Element 4 Business Classification

Element 6 Destruction

Element 7 Archiving

Element 11 Audit trail

Element 13 Assessment and Review

The Keeper acknowledges that these elements require improvement action on the part of the partner authorities on whose systems the IJB's public records are managed rather than by the IJB.

7. Keeper's Determination

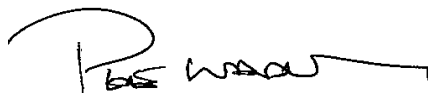
Based on the assessment process detailed above, the Keeper **agrees** the RMP of **Renfrewshire Integration Joint Board**.

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

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



Liz Course
Public Records Officer



Pete Wadley
Public Records Officer

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

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



.....
Paul Lowe

Keeper of the Records of Scotland

Covid PCIP 5

Health Board Area: NHS Greater Glasgow and Clyde
Health & Social Care Partnership: Renfrewshire HSCP
Total number of practices: 29 (Note as at 1 April 2022 there will be 28 GP Practices locally)

MOU PRIORITIES

2.1 Pharmacotherapy	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices with NO Pharmacotherapy service in place	0	0	0
Practices with Pharmacotherapy level 1 service in place	0	29	0
Practices with Pharmacotherapy level 2 service in place	0	29	0
Practices with Pharmacotherapy level 3 service in place	0	29	0
Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return. HSCP Response: A report is being finalised on delivery of pharmacotherapy service against expected levels of delivery and staffing by April 2022. This includes the pharmacy service provided via non-PCIP funding where this contributes to GMS contract objectives. The model describes at least 50% of practices being serviced by hubs working to a standardised model, and providing annual leave cover for core level 1 service delivery elements. The proportion of GP practice aligned team time (PCI and non PCI) on level 1 will be no greater than 60% with the remainder on level 2/3 (Note around 30% of service funding is non PCI). Level 1 includes medicines reconciliation on immediate discharge letters where there are changes to medicines, medicines related queries unable to be resolved by administrative staff, prescribing efficiencies activities and quality improvement support to increase serial prescribing and reduce variation in acute prescribing. Level 2/3 is focused around medication review to include hub or service referrals, triaged treatment summary reviews, targeted medicines review for high volume/ high risk acutes (antidepressants and/or analgesics and/or DMARDs), review for patients with moderate to high frailty and polypharmacy (including care homes). The main barriers to delivery remain funding, availability of professionally qualified workforce and accommodation.			
2.2 Community Treatment and Care Services	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices with access to phlebotomy service	0	0	29
Practices with access to management of minor injuries and dressings service	20	0	9
Practices with access to ear syringing service	29	0	0
Practices with access to suture removal service	20	0	9
Practices with access to chronic disease monitoring and related data collection	0	29	0
Practices with access to other services	0	0	29
Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return. HSCP Response: Locally plans to implement Treatment Rooms are ongoing. Suitable accommodation has been a significant challenge as Renfrewshire have no history of treatment rooms.			
2.3 Vaccine Transformation Program	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Pre School - Practices covered by service	0	0	29
School age - Practices covered by service	0	0	29
Out of Schedule - Practices covered by service	0	0	29
Adult imms - Practices covered by service	0	0	29
Adult flu - Practices covered by service	0	0	29
Pregnancy - Practices covered by service	0	0	29
Travel - Practices covered by service	0	0	29
Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return. HSCP Response: Transfer of work achieved. There is still some uncertainty about the overall cost of the PCIP element of the vaccination programme and will continue to monitor following further clarity and guidance on funding streams for VTP PCIP, Covid vaccination and additional cohorts for future years.			
2.4 Urgent Care Services	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices supported with Urgent Care Service	11	17	1

Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return. HSCP Response: Locally we have moved to deliver mainly Care Home aligned ANPs to deliver the Urgent Care Services MoU commitment. The practice with 'full access' has a practice aligned ANP whilst those with 'partial access' are those with registered patients residing in a care home with an aligned ANP. Based on current funding we do not believe we will be able to provide a service to every practice but with additional funding and available ANPs would be able to do so using the Care Home aligned model. The lack of qualified ANPs is however challenging and often once trained they move on to other positions.			
Additional professional services			
2.5 Physiotherapy / MSK	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices accessing APP	15	0	14
Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return. HSCP Response: APP recruitment is now completed as per local agreement/funding under the GP Contract Memorandum of Understanding. Without further boosting of the physiotherapy workforce nationally, the ability to recruit further APPs will be challenging without destabilisation of the core physiotherapy services, which is an important consideration to ensure patients continue to have access to Rehabilitation for MSK Conditions. Further challenges include the lack of suitably skilled and qualified practitioners to fill these posts.			
2.6 Mental health workers (ref to Action 15 where appropriate)	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices accessing MH workers / support through PCIF/Action 15	17	0	12
Practices accessing MH workers / support through other funding streams			
Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return. HSCP Return: Note plans are in place for a further 3 practices to have access to Community Mental Health and Wellbeing Nurses from May 2022. Local Staffing Resource is 5.0wte. Remaining practices would also benefit from this aligned resource to enhance the multidisciplinary team. In addition, a first stage development of 2 occupational therapists (1.7wte) is due to commence on 19 April 2022. The occupational therapists will provide input direct into identified GP practices, working within the practice. The service will deliver occupational therapy assessment and intervention.			
2.7 Community Links Workers	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices accessing Link workers	0	0	29
Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return. HSCP Response: Link Workers are aligned to all GP practices and is working well. All practices have a minimum of one day resource. Locally we intend to expand the service in 2022/23 with time limited PCIF monies to deal with the increase in Mental Health support needed a present.			
2.8 Other locally agreed services (insert details)	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices accessing service			

2.9 Reflection
What have been the key successes, achievements or innovations in implementing the MOU? Key successes include: HSCPs/Health Board implementing a number of new services from scratch and facilitating/coordinating this large scale programme of work. Single point of access for treatment rooms. Initial development of Pharmacy Hub and building associated skill mix within Pharmacy workforce Work has been taken off GP practices and GP time has been freed up in line with key aims of the GP Contract/PCIP. Community Link Workers resource aligned to all GP practices and working well. Transfer of Vaccination Services from GP Practices in line with the GP Contract/MOU.
What lessons can be learned and applied moving forwards into the next phase of the MOU?. Key lessons include: The need for a workforce plan (national) is critical. The need for clear definitions of delivery and performance indicators i.e. full and partial delivery. Further investment in GPs and primary care premises is crucial and needs further attention. The need for further investment in training places as implementing these huge changes across the country has the potential to destabilise pharmacists and physios in the community and in secondary care. Longer term funding commitment to support equity across MOU areas to practices.

Funding and Workforce profile

**Health Board Area: NHS Greater Glasgow and Clyde
Health & Social Care Partnership: Renfrewshire HSCP**

Table 1: Spending profile 2018 - 2022 (£s)
Please include how much you spent in-year from both PCIF and any unutilised funding held in reserve

Financial Year	Service 1: Vaccinations Transfer Programme (£s)		Service 2: Pharmacotherapy (£s)		Service 3: Community Treatment and Care Services (£s)		Service 4: Urgent care (£s)		Service 5: Additional Professional roles (£s)		Service 6: Community link workers (£s)	
	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)
2018-19 actual spend	59,992		275,534	53,921	33,810	219	27,183	4,424	118,269	28,730	70,166	
2019-20 actual spend	160,925		517,911	6,899	228,411	5,452	178,041	6,985	150,288	12,489	191,617	
2020-21 actual spend	260,620	50,600	925,129	11,481	570,767	46,276	214,499	5,345	229,042	3,501	249,133	
2021-22 actual spend	457,560	70,022	1181,536	30,657	1058,371	134,311	385,946	40,139	314,348	0	259,201	
Total actual spend to March 2022	939,097	120,622	2900,110	102,958	1891,359	186,258	805,669	56,893	811,947	44,720	770,117	0
2022-23 planned spend i.e. projected annual recurring cost	527,998	134,928	2268,445	25,000	1916,935	50,000	577,942	10,000	344,244	25,000	249,172	
Total spend required for full delivery	526,808	134,752	4526,800	100,000	1805,668	100,000	993,400	20,000	897,100	40,000	250,000	

Table 2: Workforce profile 2018 - 2022 (headcount)

Financial Year	Service 6: Community link
TOTAL headcount staff in post as at 31 March 2018	10
INCREASE in staff headcount (1 April 2018 - 31 March 2019)	3
INCREASE in staff headcount (1 April 2019 - 31 March 2020)	
INCREASE in staff headcount (1 April 2020 - 31 March 2021)	
INCREASE staff headcount (1 April 2021 - 31 March 2022) [b]	
TOTAL headcount staff in post by 31 March 2022	13

[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

Table 3: Workforce profile 2018 - 2022 (WTE)

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
TOTAL staff WTE in post as at 31 March 2018	5.6	1.6										6.7
INCREASE in staff WTE (1 April 2018 - 31 March 2019)		0.4		5.0		2.5				1.6	1.0	1.1
INCREASE in staff WTE (1 April 2019 - 31 March 2020)	6.0	5.8	1.5	18.8		2.1				2.2		
INCREASE in staff WTE (1 April 2020 - 31 March 2021)	0.8	5.4	6.1	0.8		2.0		1.0				

INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	3.2	4.0	4.4	1.8	1.0	-0.9				0.5		1.0
TOTAL staff WTE in post by 31 March 2022	15.6	17.2	12.0	26.4	1.0	5.7	0.0	1.0	0.0	4.3	1.0	8.8
PLANNED INCREASE staff WTE (1 April 2022 - 31 March 2023) [b]	2.5	11.4	6.0	6.2	3.0	2.0				0.1		
TOTAL future recurring staff WTE [c]	18.1	28.6	18.0	32.6	4.0	7.7	0.0	1.0	0.0	4.4	1.0	8.8

[a] please specify workforce types in the comment field
[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a
[c] automatically calculated as staff as at 31 March 2022 plus additional staff to be recruited by March 2023

Comment: Please note: addition of line 14 highlighting the financial gap of full delivery of the MOU. The gap is currently forecasted to be approx. £4m with models continuing to be reviewed and amended this is constantly reviewed. The additional staff expected in 22/23 would take the plan to its current funding capacity, including winter money, however there will be no further addition to meet the MOU in 22.23 as the model is already unaffordable.