

Chair - Tricia Marwick

10:00 - 10:10
10 min

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

TM

10:10 - 10:10
0 min

2. DECLARATION OF MEMBERS' INTERESTS

TM

10:10 - 10:10
0 min

3. APOLOGIES FOR ABSENCE - C McKenna and J Owens (L Barker deputising)


TM

10:10 - 10:10
0 min

4. MINUTES OF PREVIOUS MEETINGS HELD ON 26 JULY AND 2 AUGUST 2022

(enclosed) TM

 Item 04 - Minutes 20220726 Final.pdf (11 pages)

 Item 04 - Minutes 20220802 Final.pdf (5 pages)

10:10 - 10:10
0 min

5. MATTERS ARISING

TM

10:10 - 10:30
20 min


6. CHIEF EXECUTIVE'S REPORT

6.1. Chief Executive Up-date

(verbal) CP

6.2. Integrated Performance & Quality Report (August)

(enclosed) CP

 Item 06.2 - SBAR IPQR Board September v1.1 (2).pdf (4 pages)

 Item 06.2 - IPQR August 2022.pdf (44 pages)

10:30 - 10:35 7. CHAIRPERSON'S REPORT

5 min

(verbal) TM

7.1. Board Development Session - 30 August 2022

(enclosed) TM

📎 Item 07.1 - Board Development Session Note 20220830.pdf (1 pages)

10:35 - 10:45 8. VACCINATION PROGRAMME 2022/23

10 min

(enclosed) NC

📎 Item 08 - SBAR Community Immunisation Service Board sept 2022_v2.pdf (6 pages)

10:45 - 10:55 9. 2022 PROPERTY AND ASSET MANAGEMENT STRATEGY

10 min

(enclosed) NM

📎 Item 09 - SBAR PAMS Board 20220927.pdf (3 pages)

📎 Item 09 - PAMS Rev. 5.pdf (37 pages)

📎 Item 09 - Appendix A - Strategic Framework 2022-27 NHS Fife (NMCC).pdf (1 pages)

📎 Item 09 - Appendix B - Fife Capital Planning Investment Proforma - 2022-23 - R. 05 - 20.09.22.pdf (1 pages)

10:55 - 11:15 10. DEVELOPING OUR POPULATION HEALTH & WELLBEING STRATEGY

20 min

10.1. Alignment to the 4 National Care Programmes

(enclosed) MM

📎 Item 10.1 - SBAR NHSFB National Care Programmes 20220927 v1.0.pdf (7 pages)

10.2. Progress with Community & Staff Engagement

(enclosed) JO/SF

📎 Item 10.2 - SBAR NHSFB Engagement Update V1.0.pdf (6 pages)

11:15 - 11:35 11. RISK

20 min

11.1. Board Assurance Framework

(enclosed) MM

📎 Item 11.1 - SBAR Board Assurance Framework.pdf (6 pages)

📎 Item 11.1 - Appendix 1 NHS Fife BAF Financial Sustainability.pdf (1 pages)

📎 Item 11.1 - Appendix 2 NHS Fife BAF Environmental Sustainability.pdf (1 pages)

📎 Item 11.1 - Appendix 3 NHS Fife BAF Workforce Sustainability.pdf (2 pages)

📎 Item 11.1 - Appendix 4 NHS Fife BAF Quality & Safety.pdf (2 pages)

📎 Item 11.1 - Appendix 6 NHS Fife BAF Digital and Information.pdf (2 pages)

📎 Item 11.1 - Appendix 5 NHS Fife BAF Strategic Planning.pdf (1 pages)

📎 Item 11.1 - Appendix 7 NHS Fife BAF Integration Joint Board.pdf (1 pages)

11.2. Draft Corporate Risk Register & Dashboard

(enclosed) MM

📎 Item 11.2 - SBAR Draft Corporate Risk Register & Dashboard + Annex 1.pdf (4 pages)

11:35 - 11:45 12. JOINT HEALTH PROTECTION PLAN 2022 - 2024

10 min

(enclosed) JT

Item 12 - SBAR JHPP 20220927 Final (JT)v2.pdf (3 pages)

Item 12 - JHPP 22-24.pdf (27 pages)

11:45 - 11:55 13. HEALTH PROMOTING HEALTH SERVICE

10 min

(enclosed) JT

Item 13 - SBAR Health Services Update (Fife Board) Final.pdf (5 pages)

11:55 - 12:05 14. COMMUNITY CHILDREN'S SERVICES ANNUAL REPORT 2021/22

10 min

(enclosed) NC

Item 14 - Children's Services Annual Report 2021-2022nc.pdf (52 pages)

12:05 - 12:25 15. WHISTLEBLOWING

20 min

15.1. Whistleblowing Annual Performance Report 2021/22

(enclosed) LD

Item 15.1 - SBAR Whistleblowing Annual Performance Report 2021-2022 20220927.pdf (4 pages)

Item 15.1 - Whistleblowing Annual Performance Report 2021-2022 v2.pdf (13 pages)

15.2. Whistleblowing Quarter 1 Report 2022/23

(enclosed) LD

Item 15.2 - Whistleblowing Quarter 1 Report 20220927.pdf (6 pages)

12:25 - 12:30 16. STATUTORY AND OTHER COMMITTEE MINUTES

5 min

16.1. Audit & Risk Committee dated 12 September 2022 (unconfirmed)

(enclosed)

Item 16.1 - Minute Cover A&R.pdf (1 pages)

Item 16.1 - Minute Audit & Risk Committee unconfirmed 20220912.pdf (7 pages)

16.2. Clinical Governance Committee dated 2 September 2022 (unconfirmed)

(enclosed)

Item 16.2 - Minute Cover CGC.pdf (1 pages)

Item 16.2 - Minute Clinical Governance Committee (unconfirmed) 20220902.pdf (12 pages)

16.3. Finance, Performance & Resources Committee dated 13 September 2022 (unconfirmed)

(enclosed)

Item 16.3 - Minute Cover FPR.pdf (1 pages)

Item 16.3 - Minute Finance Performance Resources Committee unconfirmed 20220913.pdf (8 pages)

16.4. Public Health & Wellbeing Committee dated 29 August 2022 (unconfirmed)

(enclosed)

- 📄 Item 16.4 - Minute Cover PHWC 20220829.pdf (1 pages)
- 📄 Item 16.4 - Minute Public Health Wellbeing Committee unconfirmed 20220829.pdf (9 pages)

16.5. Staff Governance Committee dated 1 September 2022 (unconfirmed)

(enclosed)

- 📄 Item 16.5 - Minute Cover SGC 20220901.pdf (1 pages)
- 📄 Item 16.5 - Minute Staff Governance Committee unconfirmed 20220901.pdf (12 pages)

16.6. Fife Health & Social Care Integration Joint Board dated 22 April 2022

(enclosed)

- 📄 Item 16.6 - Minute Cover IJB 220422.pdf (1 pages)
- 📄 Item 16.6 - Minute Integration Joint Board 220422 Final.pdf (3 pages)

16.7. Fife Partnership Board dated 23 August 2022 (unconfirmed)

- 📄 Item 16.7 - Minute Cover FPB unconfirmed.pdf (1 pages)
- 📄 Item 16.7 - Minute Fife Partnership Board 20220823 unconfirmed.pdf (4 pages)

16.8. Audit & Risk Committee dated 16 June and 29 July 2022

(enclosed)

- 📄 Item 16.8.1 - Audit & Risk Committee Minutes confirmed 20220616.pdf (8 pages)
- 📄 Item 16.8.2 - Audit & Risk Committee Minutes confirmed 20220729.pdf (5 pages)

16.9. Clinical Governance Committee dated 1 July 2022

(enclosed)

- 📄 Item 16.9 - Clinical Governance Committee Minutes confirmed 20220701.pdf (11 pages)

16.10. Finance, Performance & Resources Committee dated 12 July 2022

(enclosed)

- 📄 Item 16.10 - Finance, Performance & Resources Committee Minutes confirmed 20220712.pdf (7 pages)

16.11. Public Health & Wellbeing Committee dated 4 July 2022

- 📄 Item 16.11 - Public Health Wellbeing Committee Minutes confirmed 20220704.pdf (6 pages)

16.12. Staff Governance Committee dated 14 July 2022

(enclosed)

- 📄 Item 16.12 - Staff Governance Committee Minutes confirmed 20220714.pdf (10 pages)

12:30 - 12:35
5 min

17. FOR ASSURANCE:

17.1. Integrated Performance & Quality Report - July 2022




(enclosed) MM

- 📄 Item 17.1 - IPQR July 2022.pdf (46 pages)

17.2. Corporate Calendar – Board and Committee Dates to March 2024

(enclosed)

GM

-  Item 17.2 - SBAR Board Calendar Board 20220927.pdf (3 pages)
 -  Item 17.2 - Board and Committee Dates 2023 - 24 Appendix 1.pdf (1 pages)
 -  Item 17.2 - Board and Committee Dates 2022-23 Appendix 2.pdf (1 pages)
-

12:35 - 12:35 **18. ANY OTHER BUSINESS**
0 min

12:35 - 12:35 **19. DATE OF NEXT MEETING: Tuesday 29 November 2022 at 10.00 am via MS Teams**
0 min



Fife NHS Board

MINUTE OF THE FIFE NHS BOARD MEETING HELD ON TUESDAY 26 JULY 2022 AT 10:00 AM VIA MS TEAMS

TRICIA MARWICK

Chair

Present:

| | |
|---------------------------------------|---------------------------------------------|
| T Marwick (Chairperson) | K Macdonald, Non-Executive Director |
| C Potter, Chief Executive | Whistleblowing Champion |
| M Black, Non-Executive Director | A Wood, Non-Executive Director |
| S Braiden, Non-Executive Director | M McGurk, Director of Finance & Strategy |
| W Brown, Employee Director | C McKenna, Medical Director (<i>Part</i>) |
| C Cooper, Non-Executive Director | A Morris, Non-Executive Director |
| Cllr D Graham, Non-Executive Director | J Owens, Director of Nursing |
| A Lawrie, Non-Executive Director | J Tomlinson, Director of Public Health |

In Attendance:

C Dobson, Director of Acute Services (*Part*)
L Douglas, Director of Workforce
B Hannan, Director of Pharmacy & Medicines
G MacIntosh, Head of Corporate Governance & Board Secretary
K MacGregor, Associate Director of Communications
H Thomson, Board Committee Support Officer (Minutes)

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the meeting, in particular Cllr David Graham, who has been re-appointed to the Board as the Fife Council representative, and Alistair Morris, who has been appointed as Vice Chair, replacing Rona Laing who retired from the Board in May 2022.

The Chair began her opening remarks by conveying thanks once again on behalf of the Board to all staff and volunteers for their continued dedication when health care services continue to be under pressure.

The Chair congratulated the following:

All Health & Social Care Workers. Her Majesty The Queen has presented the George Cross to the NHS for 74 years of dedicated service. The award for heroism was accepted by representatives of the NHS from all four nations. It is only the third time in the award's 82-year history that the honour has been presented to an organisation,

and follows the efforts of health and social care workers across the country during the COVID-19 pandemic.

The Nutrition & Clinical Dietetics Service, who won the Extraordinary Circumstances Award for Covid-19 Pandemic Response at the British Dietetics Association Awards Ceremony. New resources, systems, education and training allowed the six clinical teams to maintain a cohesive service throughout the pandemic.

Janie Gordon, Professional Head of Service for NHS Fife's Nutrition & Clinical Dietetic Department, who won the Ibex Award for Professional Achievement.

The NHS Fife SIREN Study Team, who had recently celebrated their second anniversary. An email and letter of gratitude from the Chief Medical Advisor and Chief Investigator of SIREN, Dr Susan Hopkins, has been sent to NHS Fife and other partners thanking us for our contribution to date.

The InS:PIRE team, who were recently invited to the Royal Garden Party at Holyrood Palace. They were invited at the request of the Civic Office. The InS:PIRE team were recognised at the most recent Civic Awards hosted by Fife Council for their efforts during the COVID pandemic.

The Chair advised the Board:

Of the decision earlier this month by Historic Environment Scotland to list as buildings of historical interest Phase 1 & Phase 2 (the Tower Block) of the Victoria Hospital, Kirkcaldy. The next Finance, Performance & Resources Committee will receive a briefing on this at their next scheduled meeting in September.

The Chair highlighted:

A visit on Friday 5th August by Professor Jason Leitch, National Clinical Director. He will be visiting services and meeting staff across NHS Fife and Fife Health and Social Care Partnership at both Queen Margaret Hospital and Victoria Hospital. These will include clinical and support services. The Chief Executive will accompany him.

A visit on Friday 19th August by Caroline Lamb, Chief Executive of NHS Scotland, and Director-General of Health and Social Care. She will be accompanied by John Burns, Chief Operating Officer NHS Scotland and David Miller, Chief People Officer NHS Scotland. They will be visiting services at both Queen Margaret Hospital and Victoria Hospital as well as the Orthopaedic National Treatment Centre. They will be accompanied by the Chief Executive and will meet with the Chair during their visit.

2. Declaration of Members' Interests

There was no declaration of members' interest.

3. Apologies for Absence

Apologies for absence were received from A Grant, Non-Executive Director, and M Mahmood, Non-Executive Director.

4. Minutes of Previous Meeting Held on 31 May 2022

The minute of the last meeting was **agreed** as an accurate record.

5. Matters Arising

There were no matters arising.

6. CHIEF EXECUTIVE'S REPORT

6.1 Chief Executive Update / Whole System Pressures

The Chief Executive reported on the recent visit from Scottish Government as part of their programme of quarterly visits to all Boards. Detailed discussions took place around key issues facing NHS Fife at present, particularly in the areas of planned care, primary care service, emergency department and mental health services. Discussions also took place around workforce pressures, plans for addressing long wait targets, ongoing support for staff wellbeing, developing new career pathways into nursing, infrastructure and investment in to our Elective Orthopaedic Centre, Health & Wellbeing Hubs at Kincardine & Lochgelly Health Centres, and our new Population Health & Wellbeing Strategy.

The Chief Executive acknowledged the significant difficulties that are facing our services at present. She noted that staffing issues due to sickness absence and annual leave, alongside increased prevalence of Covid and a high number of vacancies, are all having an effect on our workforce and leading to pressure on staff.

A continued high level of attendance in the Emergency Department was reported, and it was noted that attendance levels are higher than pre-pandemic levels. It was also noted that a high number of patients are waiting longer than 4 hours in the Emergency Department, despite the best efforts of the staff to ensure prompt care.

The Chief Executive reported a high number of Covid cases continues within both our Acute Hospital and Community Hospital. Pressures within the health care service are replicated for our Health & Social Care colleagues, and this has an impact on the required level of patient flow through our hospitals. This has all resulted in the highest levels of OPEL (Operational Pressures Escalation Levels) framework over the last few months, and our teams are managing the situation as best they can.

Due to the rise in recent Covid cases, it was reported we have implemented some restrictions across our services to protect staff and patients. This includes reducing visitors from two to a single visitor to reduce the risk of Covid spreading. This is being reviewed on a weekly basis.

The Chief Executive advised that advice has been received for the Autumn Covid-19 Booster Programme from the Joint Committee on Vaccination and Immunisation (JCVI) and confirms the groups that will be offered an additional booster vaccination in the Autumn. A focus is on implementing the guidance as soon as possible and

further updates on that work will be brought back via the Board's Governance Committees.

The Chief Executive highlighted that the issues that NHS Fife are facing locally are replicated throughout all other Scottish Health Boards. At a national level, the focus is on longer term activities, the strategic recovery, and areas such as the ongoing consultation on the National Care Service.

The Chief Executive conveyed her thanks to all staff and volunteers for their hard work, dedication and unfailing care and compassion, under such challenging times.

6.2 Integrated Performance & Quality Executive Summary & Report

The Chair confirmed that the June IPQR had been scrutinised through the Governance Committees. Executive Leads made comment on the key issues emerging from those discussions:

Clinical Governance

The Director of Nursing reported that the 2021/22 target was met for in-patient falls, and the target has been further reduced by 10% for 2022/23. Work is underway across Acute Services and the Health & Social Care Partnership to drive this work forward. The target for pressure ulcers was also met and work is ongoing to further reduce pressure ulcers, with a reduced target of 25% for 2022/23. Improvement work that is underway for the other Clinical Governance aspects of the report was provided.

Challenges with complaints management performance was highlighted. It was reported new staff have been recruited into the team to support the complaints aspect of our work, and close working with all teams across our organisation is in place to support the complaints management process.

Following a query from M Black, Non-Executive Member, regarding Urinary Catheter Infections (UCI), the Director of Nursing advised that this is a national issue across Scotland and the work that has been taken forward in Fife has been recognised at a national level. An overview on the work being carried out was provided, which includes a review group who are discussing and taking forward lessons learned.

As Chair of the Clinical Governance Committee, C Cooper reported the Committee recognised the ongoing hard work and commitment of staff and volunteers throughout this challenging period.

Finance, Performance & Resources

The Director of Acute Services reported significant pressures and challenges within both Acute Services and the Health & Social Care Partnership.

NHS Fife Acute Division - 4-hour Emergency Access target had been difficult to achieve as we continue to see high attendances. The hospitals are operating to full capacity on a daily basis and there is a continued significant drive to make room for patients. Some improvements to the Patient Treatment Time Guarantee (TTG) were reported. However, this performance is impacted by the number of beds available and, with high levels of unscheduled care, there are challenges to accommodate our

elective surgical programme. A slight improvement to New Outpatients was a result of some waiting list activity that was undertaken over March and April 2022. Performance had improved in relation to Diagnostics, and endoscopy are still working with social distancing measures in place and enhanced infection prevention and protection control measures. Performance related to Cancer 62-day Referral to Treatment target had also improved but remains challenging in a number of pathways.

A Wood, Non-Executive Member, questioned the overall Fife position in relation to the new longest wait targets, and the work that is underway. The Chief Executive advised that the team have commenced work in this area, and that we are relevant to the other NHSS Health Boards. A detailed report will go to the Clinical Governance Committee & the Finance, Performance & Resources Committee in September 2022. The Director of Acute Services added that we are confident we are able to meet the outpatients and inpatient day case waits of over two years targets by August and September respectively. Activity to commission achieving those targets is being scoped out, and it was noted regular discussions are taking place with Acute Services, Health & Social Care Partnership and the Scottish Government.

The Director of Finance & Strategy highlighted that the Board's reported financial position at the end of May was an overspend of £5.4m, which includes circa £2m overspend on our core Acute Services expenditure. Covid costs were reported at circa £2.6m. A pro-rata reflection of the in-year position forecast financial gap of circa £1.7m was advised.

It was reported an additional £7.5m for Covid expenditure has been allocated by the Scottish Government. Updates will be provided to the Board throughout 2022/23. M Black, Non-Executive Member, commented that the Covid funding from the Scottish Government appeared to be less than the predicted spend. The Director of Finance & Strategy advised that the Scottish Government have not received any UK consequential to support Covid spend in 2022/23 and noted that it will be a very challenging year, with anticipated high levels of scrutiny by the Scottish Government in terms of in-year expenditure and delivery against saving targets.

A significant in-year cost improvement programme target to delivery was reported as difficult to maintain due to the challenging times.

It was noted that the capital programme is progressing well and in line with planned expenditure. Good progress has been made on our Elective Orthopaedic Centre in Fife.

As Chair of the Finance, Performance & Resources Committee, A Morris reported the Committee appreciates the efforts of all staff and volunteers across all of our services.

Staff Governance

The Director of Workforce highlighted the current status of sickness absence, noting that it is higher than the current 4% annual National target. A series of actions are being undertaken, with involvement from staff side colleagues, through improvement channels and the recently newly established Attendance Management Taskforce (an Operational Group is also in place to support the Taskforce). The Director of

Workforce explained that the separate coding of Covid special leave will cease in August 2022, which is likely to have a consequential impact on absence rates.

The Director of Workforce agreed to provide M Black, Non-Executive Member, with further detail on sickness absence figures outwith the meeting.

Action: Director of Workforce

As Chair of the Staff Governance Committee, S Braiden reported the Committee had in-depth discussions on the NHS Five Year Workforce Plan for 2022- 2025 and the Whistleblowing Quarter 4 Report, both of which are on this meeting agenda.

Public Health & Wellbeing

Health & Social Care Partnership - Delayed Discharges remains a daily focus. Child and Adolescent Mental Health Services (CAHMS) continue to address long waits and recruit to key posts. It was reported there is significant demand on Psychological Therapy services and waiting lists have increased, with challenges in terms of recruitment.

The Board took **assurance** on reported performance and achieved remobilisation activity to date, noting the issues escalated via the Standing Committees.

7. CHAIRPERSON'S REPORT

7.1 Board Development Session – 28 June 2022

The Chair advised that she continues to meet regularly with all other NHSS Health Boards Chairs and the Cabinet Secretary.

The Chair reported that recruitment continues to be underway for three new Non-Executive Directors, to replace R Laing (who left the Board in May 2022), and M Black and C Cooper, who will both step down at the end of the year.

The Board **noted** the report on the recent Development Session held on Risk Appetite, which is also the subject at agenda item 10.

8. ANNUAL REVIEW OF THE CODE OF CORPORATE GOVERNANCE

The Board Secretary advised that the Code of Corporate Governance is reviewed on an annual basis to ensure it remains current and up-to-date. The Code presented to the Board today has been scrutinised by the Audit & Risk Committee in detail and includes the tracked changes to each of the Committees' remit, as discussed individually at each committee in the spring. Updates to both the Standing Financial Instructions and the Scheme of Delegation are also included. An overview of the key updates to the Code was provided, as detailed in the cover paper.

It was reported that a Board Development Session planned for February 2023 will cover the requirements of the new Code of Conduct for Board Members that was issued nationally in June. The timing for our local briefing session has been determined to allow new Board members and the new Chair, joining towards the end of the year, to participate in the session.

The Board **approved** the updated Code, as per its annual cycle of review.

9. **INTERNAL AUDIT ANNUAL PLAN 2022/23**

The Director of Finance & Strategy advised that the Annual Internal Audit Report 2021/22 forms part of the suite of documents that provide assurance to support the Governance Statement within the Annual Accounts for 2021/22. The Plan was approved at the June 2022 Audit & Risk Committee meeting.

The Director of Finance & Strategy expressed gratitude to Internal Audit colleagues, particularly throughout the ongoing challenges in relation to system pressures. It was reported Internal Audit colleagues were flexible in terms of liaising with internal teams and the Audit & Risk Committee in building the most appropriate Internal Audit Plan for 2022/23. It was noted the plan will be flexible and there may be changes depending on how the risk profile of the organisation moves across the year.

Assurance was provided to the Board that the key governance areas around risk management, planning, and staff, clinical & financial governance, will all be delivered in line with the routine reviews for those areas.

The Board took **assurance** from the Internal Audit Operational Plan for 2022/23.

10. **RISK MANAGEMENT IMPROVEMENT PROGRAMME – BOARD RISK APPETITE**

The Director of Pharmacy & Medicine advised that a recent Board Development Session had taken place to discuss risk management in detail and the paper is provided to highlight the development of our Risk Appetite statement. It was noted the Risk Appetite framework will have input from the population of Fife.

It was reported that the Risk Appetite statement provides the acceptable levels of risk to the organisation, and that it will align and be balanced to our strategy work development priorities. The elements of how our Risk Appetite has been formed, in terms of levels, was highlighted and outlined.

Following a question from M Black, Non-Executive Member, the Director of Finance & Strategy advised that assessments of levels of risks will be balanced operationally across all elements.

It was highlighted that an equality impact assessment has not been conducted, however, all significant decisions of the Board include an assessment against risk appetite and will involve a full impact assessment at programme or initiative level.

The Board **considered** and **approved** the Risk Appetite statement.

11. **DRAFT NHS FIFE THREE YEAR WORKFORCE PLAN FOR 2022-25**

The Director of Workforce advised that the plan has been co-produced across NHS Fife and Health & Social Care Partnership and was recently considered at the Staff Governance Committee in July 2022 and received their endorsement. It was

highlighted the plan focuses on the range of services delivered by Acute Services Division and the Corporate Division. The plan reflects the organisation's priorities and objectives along with those set out in the National Workforce Strategy for Health & Care in Scotland.

It was highlighted that the plan aligns to an equivalent plan that is being developed by the Fife Health & Social Care Partnership and the services covered.

Following a question from A Wood, Non-Executive Member, on the recruitment issues, the Director of Workforce advised that opportunities are being utilised in terms of leavers to recruit and retain staff. However, there is a fundamental gap between the supply of workforce and the need of NHS Fife Health Board. The options to mitigate the gap, where possible, will be difficult to achieve. It was noted that there is a range of short, medium and longer term initiatives, and at a national level, there is a pipeline for students into Health & Social Care. It was also advised that reprofiling our own workforce to enable new initiatives, such as the new role for Clinical Assistant Practitioners is included within the plan and exploring routes of supply to workforce continues.

W Brown, Employee Director, mentioned that the Band 4 Nursing role could have been more explicit within the plan and questioned how the development work that has commenced will be articulated to the Scottish Government. The Director of Workforce noted that the plan is a live and iterative document, and, at the time of writing, the current position was reflected within the plan. It was advised that the Band 4 Nursing role is a significant contribution to building our nursing workforce. The Chief Executive advised that additional wording to clarify the development of the Band 4 Nursing roles could be reflected in the covering letter when the Workforce Plan is submitted to the Scottish Government.

The Chief Executive referred to the Risk Appetite statement to balance risk, discussed under a previous agenda item, noting its relevance particularly for ensuring that we have the workforce required and the consideration on the affordability around the new roles.

The Director of Nursing added that apprenticeships for non-registered nurses is being explored for Band 2 – 4, and it is hopeful that the new roles for Band 4 Assistant Practitioners will progress to completing their registration. It was noted that there are significant challenges with workforce across Scotland, and retaining staff is a key piece of this work for NHS Fife.

A Wood, Non-Executive Member, queried the lack of a requirement for an Equality and Diversity Impact Assessment (EQIA). In response, the Director of Workforce provided assurance and advised that equality is woven throughout the plan. It was noted an EQIA will be developed as the elements of the plan are progressed, and that an overarching EQIA for the plan is currently being developed.

The Board **agreed** the content of the final draft Three Year Workforce Plan 2022–2025 for submission to the Scottish Government by 31 July 2022.

12. WHISTLEBLOWING QUARTER 4 REPORT 2021/22

The Director of Workforce highlighted the annex within the paper, which notes the two cases raised that are currently under investigation via the Whistleblowing Standards. Following a question from C Cooper, Non-Executive Member, it was advised that as the two matters under investigation are still going through the process, all the data is not yet captured.

It was advised that training and raising awareness for whistleblowing continues to occur throughout the organisation, and learnings from whistleblowing cases are being undertaken.

K Macdonald, Non-Executive Director Whistleblowing Champion, gave thanks to all confidential contacts particularly through challenging times and acknowledged all the work they had carried out. A thank you was also extended to the Director of Pharmacy & Medicine who had supported K MacDonald through a site visit. K Macdonald stated that she had viewed exceptional leadership examples on how to engage with staff or feed into development plans and provide their views on quality improvement during her site visit.

The Board took assurance from the Whistleblowing Quarter 4 Report 2021/22.

13. DEVELOPING OUR POPULATION HEALTH & WELLBEING STRATEGY

13.1 Community and Staff Engagement Programme

The Director of Nursing spoke to the paper.

The Board took **assurance** from the contents of the report. The Board also took **assurance** from the model of engagement, including the use of an independent external company to facilitate engagement sessions.

14. EDINBURGH CANCER CENTRE REPROVISION

The Medical Director provided detail on the regional context, driver for change and the vision for the Edinburgh Cancer Centre Reprovision, as detailed in the paper. A summary on the impact for Fife was provided.

A Wood, Non-Executive Member, questioned if there was a likelihood that the satellite radiotherapy element could be progressed on a different timeframe to the reprovision of the Edinburgh Cancer Centre. The Medical Director advised that this will be considered through the next stage of the business case process, and a feasibility exercise will be carried out for radiotherapy services in NHS Fife.

A Morris, Non-Executive Member, questioned if the population of North East Fife and Tayside will be impacted for those requiring cancer treatment. The Medical Director advised it is a challenging situation due to staffing pressures at NHS Tayside, and that they are being supported through a national mutual aid situation. It was also advised patients who are largely in the North East Fife area have their cancer journey in Tayside and that this forms part of our usual Service Level Agreement (SLA). It was also advised that there has been a change in referral patterns from General

Practitioners in North East Fife, who are increasing referring their patients to an NHS Fife pathway as opposed to the funded pathway to NHS Tayside. It was noted NHS Tayside are looking to develop their cancer services, and NHS Fife will be involved in proposed developments.

Following a question from M Black, Non-Executive Member, the Medical Director advised that the statement at section 2.2 'Driver for Change' (in the cover paper), is in relation to the Edinburgh Cancer Centre related to NHS Lothian's estate, and not NHS Fife.

M Black also questioned the level of care for North East Fife patients who have their cancer journey in NHS Tayside and was advised by the Medical Director that there is no difference to their level of care compared to NHS Fife, however it may be delivered differently.

The Board:

- **Examined** and consider the implications of the Initial Agreement
- **Endorsed** the principles and support the optimal service delivery model
- **Endorsed** NHS Fife providing formal support to NHS Lothian to progress with the Initial Agreement.

15 STATUTORY AND OTHER COMMITTEE MINUTES

The Board noted the below minutes and any issues to be raised to the Board.

- 15.1 Audit & Risk Committee dated 16 June 2022 (unconfirmed)
- 15.2 Clinical Governance Committee dated 1 July 2022 (unconfirmed)
- 15.3 Finance, Performance & Resources Committee dated 12 July 2022 (unconfirmed)
- 15.4 Public Health & Wellbeing Committee dated 4 July 2022 (unconfirmed)
- 15.5 Staff Governance Committee dated 14 July 2022 (unconfirmed)
- 15.6 Communities & Wellbeing Partnership dated 15 June 2022 (unconfirmed)
- 15.7 Fife Health & Social Care Integration Joint Board dated 25 March 2022

Approved Minutes

- 15.8 Audit & Risk Committee dated 18 May 2022
- 15.9 Clinical Governance Committee dated 29 April 2022
- 15.10 Finance, Performance & Resources Committee dated 10 May 2022
- 15.11 Public Health & Wellbeing Committee dated 5 May 2022
- 15.12 Staff Governance Committee dated 12 May 2022

16. FOR ASSURANCE

The Board **noted** the item below:

- 16.1 Integrated Performance & Quality Report – May 2022

17. ANY OTHER BUSINESS

None.

18. DATE OF NEXT MEETING

Tuesday 2 August at 10:00 am via MS Teams (Annual Statutory Accounts).

Fife NHS Board

MINUTE OF THE FIFE NHS BOARD MEETING HELD ON TUESDAY 2 AUGUST 2022 AT 10:00 AM VIA MS TEAMS

TRICIA MARWICK

Chair

Present:

T Marwick (**Chairperson**)

C Potter, Chief Executive

M Black, Non-Executive Director

C Cooper, Non-Executive Director

D Graham, Non-Executive Director

A Lawrie, Non-Executive Director

K Macdonald, Non-Executive Director
Whistleblowing Champion (part)

M McGurk, Director of Finance & Strategy

C McKenna, Medical Director

J Owens, Director of Nursing

J Tomlinson, Director of Public Health

A Wood, Non-Executive Director

In Attendance:

K Booth, Head of Financial Services & Procurement

A Clyne, Audit Scotland

L Douglas, Director of Workforce

P Fraser, Audit Scotland

B Hannan, Director of Pharmacy & Medicines

B Howarth, Audit Scotland

G MacIntosh, Head of Corporate Governance & Board Secretary

P King, Corporate Governance Support Officer (Minutes)

1. CHAIRPERSON'S WELCOME

The Chair welcomed everyone to the Board, in particular to K Booth, Head of Financial Services & Procurement and Audit Scotland representatives P Fraser, B Howarth and A Clyne. The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

2. DECLARATION OF MEMBERS' INTEREST

There were no declarations of interest made by members.

3. APOLOGIES FOR ABSENCE

Apologies for absence were received from Non-Executive Directors S Braiden, A Grant and A Morris.

4. COMMITTEE ANNUAL ASSURANCE STATEMENTS

It was reported the Committee Annual Assurance Statements have been reviewed and approved by the individual committees and by the Audit & Risk Committee as part of its consideration of the Annual Accounts assurance pack. Internal Audit have also reviewed the Annual Assurance Statements and reported positively on the internal controls and governance in place across the organisation. The Chairs (or lead executive on their behalf) of the Governance Committees confirmed they had nothing to add to the statements as presented to the Board, which individually gave a detailed picture of each committee's work over 2021/22.

The Board confirmed they took assurance from the detailed content of the Annual Statement of Assurance for each of the Board's standing committees for 2021/22.

5. ANNUAL ACCOUNTS PROCESS

The Annual Accounts for 2021/22 were presented to the Board, together with the final draft external audit report from Audit Scotland. As is usual, NHS Fife is not permitted by Scottish Government to put the accounts into the public domain until such time as they are laid before the Scottish Parliament. However, Members had received copies of the reports in their paper pack and the Chair did not want Members to feel constrained in their discussion of the Accounts. The Chair reminded the Board that the Audit & Risk Committee had already scrutinised the report and accounts on behalf of the Board at its last meeting.

As soon as the Board is permitted to do so, the final report from Audit Scotland will be placed in the public domain, along with the Accounts themselves.

5.1. Annual Audit Report for the Board of NHS Fife and the Auditor General for Scotland

B Howarth, Audit Scotland, confirmed that the Annual Accounts and Annual Audit Report had been the subject of discussion at the Audit & Risk Committee on 29 July 2022. The report set out the work and key findings from the Annual Audit for 2021/22, noting that NHS Fife had finished the year 2021/22 with an unqualified set of Accounts.

B Howarth acknowledged that this was his last year as appointed auditor to NHS Fife, and he extended thanks to Directors and staff of NHS Fife for their assistance over the past six years of the appointment and wished the Board all the best going forward.

The Chair, on behalf of the Board, recorded grateful thanks to Audit Scotland for their sterling work over the past six years, noting in particular the professionalism in carrying out tasks which was much appreciated by staff and Non-Executive Directors.

The Board confirmed they took assurance from the content of the Annual Report from Audit Scotland.

5.2. Letter of Representation

B Howarth referred to the Letter of Representation which is the standard letter issued as part of the audit standards returned as part of the Annual Accounts pack. Once Audit Scotland has received this letter, together with the signed accounts, the final audit certificate will be issued to complete the process.

5.3. Annual Assurance Statement from the Audit & Risk Committee

M Black, Chair of the Audit & Risk Committee, presented the Annual Assurance Statement to the Board and confirmed that the Committee had considered the NHS Fife Annual Accounts and the Patients' Private Funds, both for the period ended 31 March 2022 at the Audit & Risk Committee on 29 July 2022.

The Committee had considered the Patients' Private Funds alongside the report and commentary from the external auditor Thomson Cooper and confirmed that they fully endorsed the financial statements.

The Committee had also scrutinised the Annual Accounts, referencing guidance received at training with Audit Scotland. The Committee discussed several aspects of the Annual Accounts with the Director of Finance & Strategy and aspects of the Audit Scotland Report with the auditors and concluded it could fully endorse the financial statements, the performance report and the governance statement.

The Committee recommended to the Board that they take assurance from the scrutiny conducted and invited the Board to approve both the Patients' Private Funds and the NHS Fife Annual Accounts.

The Chair of the Audit & Risk Committee thanked the finance team and Audit Scotland colleagues for the successful completion of the Accounts and audit process.

The Board confirmed they took assurance from the Annual Assurance Statement from the Audit & Risk Committee.

5.4. Annual Accounts and Financial Statements Cover Paper 2021/22

This item was covered under agenda item 5.5.

5.5. NHS Fife Board Annual Accounts for the Year to 31 March 2022

The Director of Finance & Strategy presented the Annual Accounts for the year ended 31 March 2022 which have been externally audited and subject to scrutiny at the Audit & Risk Committee on 29 July 2022.

The Director of Finance & Strategy gave an overview of the Annual Accounts which, as they did last year, described another challenging year during the Covid-19 Pandemic both operationally and from a financial perspective. She referenced the Board to the Performance Report which detailed several successful priority projects that had been progressed and new services that had been introduced throughout 2021/22 despite the

challenges and she paid tribute to all staff involved in these significant projects which will make a difference to people accessing our services.

The Director of Finance & Strategy confirmed that NHS Fife successfully delivered against its key statutory financial targets and that position has been audited in full by Audit Scotland who have issued an unqualified opinion of the Annual Accounts.

The Chair acknowledged the significant achievements made over the course of the financial year 2021/22 which was of particular note given the continuing pressures of Covid-19 and she commended everyone involved in all the projects. The Chair thanked the Director of Finance & Strategy and the finance team for their efforts in finalising this year's accounts against what has been an extremely challenging year.

K Macdonald joined the meeting.

The Chief Executive also recorded personal thanks to the Director of Finance & Strategy and her team, Audit Scotland and the Directors for their continued commitment during another challenging year.

The Board:

- took **assurance** from the Annual Report from Audit Scotland;
- **considered, approved and adopted** the draft Annual Accounts for the year ended 31 March 2022;
- **approved** the draft Letter of Representation and authorised the Chief Executive to sign on behalf of the Board;
- **authorised** the Chief Executive and Director of Finance to sign the Accounts on behalf of the Board;
- **approved** the proposed arrangements for resolution of minor matters in relation to the accounts, and up to the date of submission to the Scottish Government Health & Social Care Directorate; and
- **noted** that the accounts are not in the public domain until they are laid in Parliament.

Patients' Private Funds

The Director of Finance & Strategy spoke to items 5.6 – 5.8.

5.6. Patients' Private Funds Fund Accounts for the Year Ended 31 March 2022

5.7. Patients' Private Funds Fund Audit Completion Memorandum

5.8. Patients' Private Funds Fund Letter of Representation

The importance of ensuring that NHS Fife has effective management reporting and control arrangements to support funds held on behalf of patients was highlighted. Statutory regulations require the Board to produce a Receipts and Payments Account for Patients' Private Funds relating to patients that are in our care for long stay periods of time. Financial statements were audited by Thomson Cooper Accountants and an unqualified audit opinion was issued with no significant matters arising.

As noted above under item 5.3, the Audit & Risk Committee considered the Patients' Private Funds alongside the report and commentary from Thomson Cooper at its meeting on 29 July 2022 and recommended approval to the Board.

The Board:

- took **assurance** from the Patients' Private Funds External Audit Completion Memorandum from Thomson Cooper;
- **considered and approved** the draft Patients' Private Funds Accounts for the year for the year ended 31 March 2022;
- **approved** the draft Letter of Representation and **authorised** the Chair and Director of Finance & Strategy to sign on behalf of the Board; and
- **authorised** the Chief Executive and Director of Finance & Strategy to sign the Patients' Private Funds Accounts on behalf of the Board.

The Chair, on behalf of the Board, recorded thanks to Thomson Cooper Accountants for their work on the audit.

6. MINUTE OF THE AUDIT & RISK COMMITTEE DATED 29 JULY 2022 (UNCONFIRMED)

The minute would be submitted to the next meeting of the Board in September 2022.

7. ANY OTHER BUSINESS

None.

8. DATE OF NEXT MEETING: Tuesday 27 September 2022 at 10:00 am.

| | |
|-------------------------------|-----------------------------------------------------------------------|
| Meeting: | Fife NHS Board |
| Meeting date: | 27 September 2022 |
| Title: | Integrated Performance & Quality Report |
| Responsible Executive: | Margo McGurk, Director of Finance & Strategy |
| Report Author: | Susan Fraser, Associate Director of Planning & Performance |

1 Purpose

This is presented to the NHS Fife Board for:

- Assurance

This report relates to the:

- Performance Management
- Annual Delivery Plan (ADP)

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report informs the NHS Fife Board of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is (with certain exceptions due to a lag in data availability) up to the end of June 2022.

In FY 2022/23, activity is continuing to be monitored for the Acute Services Waiting Times measures – New Outpatients, Patient TTG and Diagnostics. Actual and Projected figures are shown in the table on Page 4.

We continue to report on the suite of National Standards and Local Targets.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board, and is produced monthly.

Improvement actions are included following finalisation of the Annual Delivery Plan for 2022/23, and this will streamline local reporting for governance purposes with quarterly national reporting to the Scottish Government.

Following the Active Governance workshop held on 2 November 2021, a review of the IPQR started with the establishment of an IPQR review group. The key early changes requested by this group were the creation of a Public Health & Wellbeing section of the report and the inclusion of Statistical Process Control (SPC) charts for applicable indicators.

The list of indicators has been amended, with the most recent addition being for Personal Development Plan & Review (PDPR), in the Staff Governance section. Further additions relating to Adverse Events and Establishment Gap will follow in due course.

The final key change identified was the production of different extracts of the IPQR for each Standing Committee. The split enables more efficient scrutiny of the performance areas relevant to each committee, and was introduced in September.

2.3 Assessment

Performance against the 4-Hour Emergency Access Standard fell in June to its lowest level recorded by NHS Fife, but remained above the Scottish average. Unplanned attendance remained high (around 4% higher than in June 2021), with 70% of the 4-hour breaches being due to unavailability of a bed or a wait for first assessment.

Within Acute Services, there was a mixed performance against the various National Standards, with a marginal improvement for New Outpatients and Diagnostics and a small fall for TTG.

Looking at Waiting Lists, both New Outpatients and TTG recorded their highest ever figures, with Outpatients being 16% higher than a year ago and TTG having increased by 53%. For Diagnostics, however, the Waiting List was at its lowest level since September 2021.

Activity in New Outpatients and Diagnostics was higher than forecast, with the figures now including DNAs. For TTG, activity was around 6% less than forecast.

In Cancer Services, there were no breaches against the 31-Day DTT measure, and performance has been above the Standard for the last 26 months. Performance against the 62-day Standard fell slightly in comparison to May.

Within Mental Health Services, performance against the CAMHS and Psychological Therapies Waiting Times Standard were virtually unchanged from May, while Waiting Lists fell slightly.

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

Financial reporting is covered in the specific section of the IPQR.

2.3.4 Risk Assessment/Management

Risk Management is considered and will be included in future IPQRs as we capture the key issues from the ADP.

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impact

None.

2.3.7 Communication, involvement, engagement and consultation

The NHS Fife Board Members and Standing Committees are aware of the approach to the production of the IPQR and the performance framework in which it resides.

Following approval of the report by EDG, each Standing Committee was presented with its own extract of the report at the September round of meetings. The extracts were specific to the governance areas of each committee.

2.3.8 Route to the Meeting

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

- **Executive Directors Group**
- **Public Health and Wellbeing Committee** 29 August 2022
- **Staff Governance Committee** 1 September 2022
- **Clinical Governance Committee** 2 September 2022
- **Finance, Performance and Resource Committee** 13 September 2022

2.3.9 Issues for Escalation to the NHS Fife Board

No issues have been escalated to the NHS Fife Board as a result of the round of Standing Committee meeting in September.

2.4 Recommendation

The NHS Fife Board is requested to:

- **Note** the creation of different versions of the IPQR for the various Standing Committees

- **Take Assurance** on reported performance and achieved remobilisation activity to date and to consider any issues escalated via the Standing Committees

3 List of appendices

None

Report Contact

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Planning and Performance Manager

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Fife Integrated Performance & Quality Report

Produced in August 2022

Introduction

The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Fife's performance relating to National Standards and local Key Performance Indicators (KPI).

Amendments have been made to the IPQR following the IPQR Review. This involves the addition of some key indicators, removal of other indicators, updating of the Indicator Summary and applying Statistical Process Control (SPC) where appropriate. A Risk section will be introduced in due course.

At each meeting, the Standing Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR comprises of the following sections:

a) Indicatory Summary

Provides a summary of performance against National Standards and local KPI's. These are listed showing current performance, comparison with 'previous' and 'previous year' and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also an indication of 'special cause variation' based on SPC methodology.

b) Projected & Actual Activity

Comparing projected Scheduled Care activity to actuals for Patient TTG, New Outpatients and Diagnostics.

c) Assessment

Summary assessment for indicators of continual focus or those that are currently experiencing significant challenges.

d) Performance Assessment Reports

Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2022/23, relevant to indicators are incorporated accordingly.

Statistical Process Control (SPC) methodology can be used to highlight areas that would benefit from further investigation – known as 'special cause variation'. These techniques enable the user to identify variation within their process. The type of chart used within this report is known as an XmR chart which uses the moving range – absolute difference between consecutive data points – to calculate upper and lower control limits. There are a set of rules that can be applied to SPC charts which aid to interpret the data correctly. This report focuses on the 'outlier' rule identifying whether a data point exceeds the calculated upper or lower control limits.

MARGO MCGURK

Director of Finance & Strategy
18 August 2022

Prepared by:

SUSAN FRASER

Associated Director of Planning & Performance

a. Indicator Summary

| Section | Measure | Target 2022/23 | Reporting Period | Current Period | Current Performance | SPC Outlier | Vs Previous | Vs Year Previous | Trend | Benchmarking |
|-----------------------------|----------------------------------------------|----------------|------------------|----------------|---------------------|-------------|-------------|------------------|-----------|--------------|
| Clinical Governance | Major & Extreme Adverse Events | N/A | Month | Jun-22 | 47 | ○ | ▼ | ▼ | | ● |
| | HSMR | N/A | Year Ending | Mar-22 | 1.02 | ● | ↔ | ↔ | | ● YE Mar-22 |
| | Inpatient Falls | 6.91 | Month | Jun-22 | 6.94 | ○ | ▲ | ▼ | | ● |
| | Inpatient Falls with Harm | 1.65 | Month | Jun-22 | 1.47 | ○ | ▲ | ▼ | | ● |
| | Pressure Ulcers | 0.89 | Month | Jun-22 | 1.47 | ○ | ▼ | ▼ | | ● |
| | SAB - HAI/HCAI | 18.8 | Month | Jun-22 | 13.8 | ○ | ▼ | ▼ | | ● QE Mar-22 |
| | C Diff - HAI/HCAI | 6.5 | Month | Jun-22 | 10.4 | ○ | ▼ | ▼ | | ● QE Mar-22 |
| | ECB - HAI/HCAI | 33.0 | Month | Jun-22 | 51.9 | ○ | ▼ | ▼ | | ● QE Mar-22 |
| | Complaints Closed - Stage 1 | 80% | Month | Jun-22 | 57.1% | ○ | ▼ | ▼ | | ● 2020/21 |
| Complaints Closed - Stage 2 | 50% | Month | Jun-22 | 3.4% | ○ | ▲ | ▼ | | ● 2020/21 | |
| Operational Performance | IVF Treatment Waiting Times | 90% | Month | Jun-22 | 100.0% | ● | ↔ | ↔ | | ● Jun-22 |
| | 4-Hour Emergency Access | 95% | Month | Jun-22 | 74.9% | ○ | ▼ | ▼ | | ● Mar-22 |
| | Patient TTG % <= 12 Weeks | 100% | Month | Jun-22 | 54.3% | ● | ▼ | ▼ | | ● Mar-22 |
| | New Outpatients % <= 12 Weeks | 95% | Month | Jun-22 | 55.4% | ● | ▲ | ▼ | | ● Mar-22 |
| | Diagnostics % <= 6 Weeks | 100% | Month | Jun-22 | 68.2% | ● | ▲ | ▼ | | ● Mar-22 |
| | 18 Weeks RTT | 90% | Month | Jun-22 | 73.2% | ● | ▲ | ▲ | | ● QE Mar-22 |
| | Cancer 31-Day DTT | 95% | Month | Jun-22 | 100.0% | ○ | ▲ | ↔ | | ● QE Mar-22 |
| | Cancer 62-Day RTT | 95% | Month | Jun-22 | 84.5% | ○ | ▼ | ▲ | | ● QE Mar-22 |
| | Detect Cancer Early | 29% | Year Ending | Sep-21 | 23.2% | ● | ▲ | ▲ | | ● 2020, 2021 |
| | Freedom of Information Requests | 85% | Month | Jun-22 | 90.5% | ● | ▼ | ▲ | | ● |
| | Delayed Discharge % Bed Days Lost (All) | N/A | Month | Jun-22 | 11.4% | ● | ▲ | ▲ | | ● QE Mar-22 |
| | Delayed Discharge % Bed Days Lost (Standard) | 5% | Month | Jun-22 | 7.2% | ○ | ▲ | ▲ | | ● QE Mar-22 |
| | Antenatal Access | 80% | Month | Mar-22 | 82.1% | ● | ▼ | ▼ | | ● CY 2021 |
| Finance | Revenue Resource Limit Performance | (£10.4m) | Month | Jun-22 | (£6.2m) | ● | ▼ | — | | ● |
| | Capital Resource Limit Performance | £27.4m | Month | Jun-22 | £5.7m | ● | — | — | | ● |
| Staff Governance | Sickness Absence | 4.00% | Month | Jun-22 | 6.24% | ○ | ▼ | ▼ | | ● YE Mar-22 |
| | Personal Development Plan & Review (PDP) | 80% | Year Ending | Jun-22 | 31.4% | ● | ▼ | — | | ● |
| Public Health & Wellbeing | Smoking Cessation (FY 2022/23) | 473 | YTD | Apr-22 | 16 | ● | — | ▼ | | ● QE Dec-21 |
| | CAMHS Waiting Times | 90% | Month | Jun-22 | 67.8% | ○ | ▲ | ▼ | | ● QE Mar-22 |
| | Psychological Therapies Waiting Times | 90% | Month | Jun-22 | 76.3% | ○ | ▼ | ▼ | | ● QE Mar-22 |
| | Drugs & Alcohol Waiting Times | 90% | Month | Apr-22 | 86.7% | ● | ▲ | ▼ | | ● QE Dec-21 |
| | COVID Vaccination (Booster 1 or Dose 3) | 80% | Month | Jul-22 | 78.9% | ● | ▲ | — | | ● Jul-22 |
| | Immunisation: 6-in-1 at Age 12 Months | 95% | Quarter | Q/E Mar-22 | 93.5% | ○ | ▼ | ▼ | | ● QE Mar-22 |
| | Immunisation: MMR2 at 5 Years | 92% | Quarter | Q/E Mar-22 | 89.6% | ○ | ▲ | ▲ | | ● QE Mar-22 |

Performance Key

- on schedule to meet Standard/Delivery trajectory
- behind (but within 5% of) the Standard/Delivery trajectory
- more than 5% behind the Standard/Delivery trajectory

SPC Key

- SPC chart, within control limits
- Special cause variation, out with control limits
- No SPC applied

Change Key

- ▲ "Better" than comparator period
- ↔ No Change
- ▼ "Worse" than comparator period
- Not Applicable

Benchmarking Key

- Upper Quartile
- Mid Range
- Lower Quartile
- Not Available

b. Projected and Actual Activity

| | | Quarter End | Month End | | | Quarter End | Quarter End | Quarter End |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|-----------|--------|--------|-------------|-------------|-------------|
| | | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Sep-22 | Dec-22 | Mar-23 |
| Better than Projected Worse than Projected No Assessment (NOTE: Better/Worse may be higher or lower, depending on context) | | | | | | | | |
| TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart) | Projected | 3,036 | 1,012 | 1,012 | 1,029 | 3,053 | 3,087 | 3,087 |
| | Actual | 2,878 | 884 | | | 884 | 0 | 0 |
| | Variance | -158 | -128 | | | | | |
| New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart) | Projected | 18,567 | 6,201 | 6,220 | 6,385 | 18,806 | 19,132 | 19,166 |
| | Actual | 20,951 | 6,266 | | | 6,266 | 0 | 0 |
| | Variance | 2,384 | 65 | | | | | |
| Urgent | Actual | 10,868 | 3,460 | | | 3,460 | 0 | 0 |
| | Routine | 10,083 | 2,806 | | | 2,806 | 0 | 0 |
| Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information) | Projected | 1,491 | 497 | 497 | 497 | 1,491 | 1,491 | 1,491 |
| | Actual | 1,547 | 477 | | | 477 | 0 | 0 |
| | Variance | 56 | -20 | | | | | |
| Upper Endoscopy | Actual | 575 | 185 | | | 185 | 0 | 0 |
| Lower Endoscopy | Actual | 182 | 45 | | | 45 | 0 | 0 |
| Coloscopy | Actual | 736 | 234 | | | 234 | 0 | 0 |
| Cystoscopy | Actual | 54 | 13 | | | 13 | 0 | 0 |
| Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information) | Projected | 11,988 | 3,996 | 3,996 | 3,996 | 11,988 | 11,988 | 11,988 |
| | Actual | 13,471 | 4,350 | | | 4,350 | 0 | 0 |
| | Variance | 1,483 | 354 | | | | | |
| CT Scan | Actual | 4,083 | 1,322 | | | 1,322 | 0 | 0 |
| MRI | Actual | 2,936 | 979 | | | 979 | 0 | 0 |
| Non-obstetric Ultrasound | Actual | 6,452 | 2,049 | | | 2,049 | 0 | 0 |

c. Assessment

| CLINICAL GOVERNANCE | | Target | Current |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|
| HSMR | | 1.00 | 1.02 |
| <p>Hospital Standardised Mortality Ratio (HSMR) is not intended for use in a pandemic situation. However, the increased HSMR that was observed in 2020 has subsequently reduced. Data for 2021 and Q1 of 2022 demonstrates a return to a typical ratio for NHS Fife.</p> | | | |
| Inpatient Falls | <i>Reduce all patient falls rate by 10% in FY 2022/23 compared to the target for FY 2021/22</i> | 6.91 | 6.94 |
| <p>While the overall performance across NHS Fife has remained similar the breakdown between divisions shows a higher rate of within the acute division compared to within the H&SCP. While trends will have to be monitored over a period of time there is no doubt that the current challenges in nurse staffing and high agency use as well as continued environmental factors related to COVID are having an impact. Focus on this in clinical teams continues by sharing the data and considering local action for improvement. The Falls steering group have not met due to clinical challenges, although work continues virtually.</p> <p>Of the 154 falls recorded in second quarter of 2022, 9 resulted in major/extreme harm, 14 moderate harm and the remainder minor. A full review of each fall is undertaken to support reflection and learning.</p> | | | |
| Pressure Ulcers | <i>Reduce pressure ulcer rate by 25% in FY 2022/23 compared to the rate in FY 2021/22</i> | 0.89 | 1.47 |
| <p>The data for overall Hospital Acquired Pressure Ulcer Incidents continues to show random variation, with a reduction in grade 3 and 4 pressure ulcers over the past 5 months. This data continues to be shared and discussed at a number of forums with pockets of improvement work taking place across the organisation.</p> <p>The constitution of the Tissue Viability Steering Group is also under review and following recent consultation with members an options appraisal has taken place and follow up discussions are to be arranged regarding the structures for meetings and reporting into the Tissue Viability Steering Group.</p> <p>The Acute and Community Tissue Viability Teams are under review and discussions are taking place about the possible integration of the services.</p> | | | |
| SAB (MRSA/MSSA) | <i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i> | 18.8 | 13.8 |
| <p>NHS Fife continues to address its SABs and is currently ahead of the trajectory to achieve the 10% reduction by March 2023. 3 PICC Line associated SABs have been identified and 3 PWID SABs in 2022 to date. Positively, following a single PVC SAB in March and there have been no further PVC related SABs and no Renal haemodialysis line related SABs this year.</p> | | | |
| C Diff | <i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i> | 6.5 | 10.4 |
| <p>NHS Fife is below national average for CDI and continues work aiming to achieve the 10% reduction target by March 2023, although there have been 13 health care associated CDI to date in 2022. Reducing the incidence of CDI recurrence is pivotal to achieving the HCAI reduction target and continues to be addressed. There have been only 2 recurrences of infection in 2022.</p> | | | |
| ECB | <i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2023</i> | 33.0 | 51.9 |
| <p>NHS Fife is above the target to achieve the ambitious 25% reduction of HCAI ECBs by March 2023. Reducing CAUTI HCAI ECB incidence remains the quality improvement focus to achieve our targets, there have been 18 CAUTIs in 2022 to date. Enhanced surveillance in place aiming to identify other areas for quality improvement.</p> | | | |
| Complaints – Stage 2 | <i>At least 50% of Stage 2 complaints will be completed within 20 working days by March 2023, rising to 65% by March 2024</i> | 50% | 3.4% |
| <p>There remain challenges in investigating and responding to Stage 2 complaints within the national timescales, primarily due to staffing and capacity issues across all services and a temporary pause of the complaints process within one directorate. We continue to see an increased volume of complaints, the majority being complex or covering multiple specialities/services.</p> <p>The Patient Relations team continues to face capacity and staffing challenges, exacerbated by vacancies and staff absence, some of which is long-term. This is having a negative effect on meeting timeframes, due to the increased workload on staff (who are managing multiple caseloads) and individual ability to manage day-to-day ad-hoc work.</p> <p>In order to address these challenges, existing processes have been reviewed in order to streamline workloads and generate efficiencies. Additional staff have also been redeployed to support with drafting complaint responses.</p> | | | |

| OPERATIONAL PERFORMANCE | | Target | Current |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------|--------------|
| 4-Hour Emergency Access | <i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i> | 95% | 74.9% |
| <p>Demand for emergency care continues to be high across Fife with an average of 259 people attending daily across ED and MIU, 202 attending VHK ED. This has impacted on the 4-hour access target. Escalation actions include additional support through the Flow and Navigation Centre and a Test of Change at QMH MIU for an enhanced staffing model and triage within this centre. Assessment pathways in AU1 continue to see high numbers compounding whole site high occupancy and demand for bed capacity. The emergency department continue with plans for remodelling to allow for expanded assessment provision, and contribute to OPEL escalation development.</p> | | | |
| Patient TTG (Waiting) | <i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i> | 100% | 54.3% |
| <p>Performance in June deteriorated. Day case elective activity continues at QMH, but inpatient surgery continues to be restricted due to sustained pressures in unscheduled care and COVID sickness absence. The waiting list continues to rise with 4,875 patients on list in June, 52% greater than in June 2021. There has been a focus on clinical priorities whilst reviewing long waiting patients. The clinical prioritisation framework has been stood down and new targets for long waiting patients have been introduced. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver the new targets. No additional activity has been undertaken in April through June and core activity remains restricted.</p> | | | |
| New Outpatients | <i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i> | 95% | 55.4% |
| <p>Performance in June improved slightly as core capacity increased in the majority of specialities. The need for enhanced infection control procedures and the pressures of unscheduled care continues to impact on outpatient capacity in some specialities. The waiting list has increased, with 24,269 on the outpatient waiting list, 16% higher than in April 2021. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver the new targets. No additional activity has been undertaken in April through June. Sustaining the current level of activity is heavily dependent on the demands on staff from unscheduled care activity and the impact on staffing from COVID.</p> | | | |
| Diagnostics | <i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i> | 100% | 68.2% |
| <p>Performance improved in June. The improvement has been in Radiology with 74.8% waiting less than 6 weeks due to additional funded capacity in CT, MRI and Ultrasound. The performance in endoscopy has deteriorated to 38.5% of patients waiting less than 6 weeks. No additional activity has been undertaken and core activity continues to be restricted in Endoscopy due to the need for enhanced infection control procedures. The overall waiting list for diagnostics has reduced in June to 5,593 although the number waiting for an Endoscopy has increased. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver additional capacity to reduce the number of long waiting patients. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics and the pressure from unscheduled care along with continued restrictions in activity due to enhanced infection control measures and staff absence due to COVID.</p> | | | |
| Cancer 62-Day RTT | <i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i> | 95% | 84.5% |
| <p>June continued to see challenges, but performance was sustained and similar to the previous 2 months. Referrals remain high, consistently exceeding pre pandemic numbers. Breaches are attributed to lack of resources, in respect of both staffing and capacity across many specialities. Breast, Colorectal, and Urology (Prostate) are currently our most challenged pathways. The range of breaches (majority in Urology) was 2 to 45 days (average 18 days).</p> | | | |
| Delayed Discharges | <i>The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce</i> | 5% | 7.2% |
| <p>The % of Bed Days lost due to patients in delay reduced in June, but remained above the target. The national figures for q/e March show that Fife is in the middle ranking of Mainland Health Boards and close to the Scottish average, for both 'Standard' and 'All' delays.</p> <p>Code 9 delays remain high (and accounts for almost half of the delays), with 51X guardianship cases forming a material portion of our overall delays. Unlike in other parts of the delay system, we are unable to expedite this process given that it relies on courts and parties out with our control.</p> <p>The H&SCP surged to 45 beds in July due to operational pressures and regularly maintains occupancy levels above 110% during summer months. In addition, referrals to the Integrated Discharge hub remain high, placing continued strain on community services.</p> | | | |

| FINANCE | | Forecast | Current |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------|----------------|
| Revenue Expenditure | <i>Work within the revenue resource limits set by the SG Health & Social Care Directorates</i> | (£10.4m) | (£6.2m) |
| <p>At the end of June, an overspend of £6.222m is reported for Health Retained Services. This overspend comprises: £3.620m core overspend (of which £0.904m relates to acute set aside services overspend) and £2.602m of the financial gap identified in the board's approved financial plan. Funding for both Covid-19 and Public Health Test and Protect costs has been anticipated. Health Delegated Services are reporting an underspend at the end of June of £1.845m. The adverse financial position, year to date, highlights the continuing pressures across acute services due to increased demand and length of stay. This is further exacerbated with additional temporary staffing costs and increasing medicines costs.</p> | | | |
| Capital Expenditure | <i>Work within the capital resource limits set by the SG Health & Social Care Directorates</i> | £27.4m | £5.7m |
| <p>The overall anticipated capital budget for 2022/23 is £27.443m. This reflects the core Capital Resource limit (CRL) of £7.764m notified by Scottish Government and anticipated allocations expected during the year to support numerous ongoing projects. The capital position for the period to June records spend of £5.677m. Therefore, 20.69% of the anticipated total capital allocation has been spent to month 3. The capital programme is expected to deliver in full with significant activity in the latter half of the financial year particularly with the completion of the National Treatment Centre – Fife Orthopaedics. Additional capital funding of £1.5m has been secured in the first quarter of the financial year from the National Infrastructure and Equipping Board to support purchase of equipment.</p> | | | |

| STAFF GOVERNANCE | | Target | Current |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------|--------------|
| Sickness Absence | <i>To achieve a sickness absence rate of 4% or less</i> | 4.00% | 6.24% |
| <p>The sickness absence rate in July was 5.88%, a decrease of 0.37% from the rate of 6.25% in June. The COVID-19 related special leave rate, as a percentage of available contracted hours for July, was 2.21 %, a reduction from the June rate of 2.27%.</p> <p>To ensure focus on this issue, an Attendance Taskforce has been established which will facilitate actions and drive improvements to support achievement of the sickness absence performance target. These actions are complemented by ongoing health & wellbeing support for staff.</p> <p>Pending any additional NHS Scotland guidance on sickness absence targets, we continue to monitor absence against our existing target of 4%. We would anticipate that any national update will reflect the circumstances of the last two years and therefore this target may be subject to change. In addition, the change in national guidance on COVID absence recording, with all sickness absence, (COVID-19 and non COVID-19 related), being recorded as sickness absence from September, will likely cause our sickness absence rate to increase.</p> | | | |
| PDPR Compliance | <i>To achieve an annual PDPR compliance rate of 80%</i> | 80% | 31.4% |
| <p>Throughout NHS Fife, PDP compliance continues to show a gradual decline in performance as the pandemic continues to impact all services. Even though there is a growing appetite for these important discussions to take place, participation in the joint PDPR meeting remains challenging. The compliance rate has now dropped to 31.4%.</p> <p>In order to re-establish focus on this process, we will continue to monitor performance regularly and take necessary actions to improve staff engagement.</p> | | | |

| PUBLIC HEALTH & WELLBEING | | Target | Current |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|
| Smoking Cessation | <i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i> | 473 | 16 |
| <p>The service is moving into a transitional stage whereby we are using a hybrid approach by continuing to deliver an element of service provision remotely through telephone support while concurrently returning to face to face delivery. 11 GP practices (+2 pending) have started or are due to start in August. Initial uptake levels are low but those that have engaged with the face to face support report positive interactions and enjoying seeing/speaking to the advisors. CO monitoring has recommenced. There is a risk to LDP target due to challenges with securing available accommodation in primary care. Alternative accommodation in the community is being considered but has cost implications.</p> | | | |
| CAMHS Waiting Times | <i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i> | 90% | 67.8% |
| <p>RTT performance has been maintained at the projected level as work on the longest waits continues balanced against meeting the need of urgent and priority presentations. Focussed waiting list initiatives have been implemented to address the backlog including overtime evening/weekend sessions and redirecting clinical capacity to ensure maximum use of staff resource. Combined with ongoing recruitment providing an adequate capacity to meet demand, this has resulted in the number of patients waiting over 18 weeks reducing and the national target of less than 10% waiting more than 18 weeks projected to be achieved by January 2023.</p> | | | |
| Psychological Therapies | <i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i> | 90% | 76.3% |
| <p>The demand for PTs increased significantly in the latter half of 2021 compared to the first 6 months of that year. Demand increased again in the first 6 months of 2022, compared to the latter half of 2021. This has resulted in an increase in numbers on the waiting list. Issues of workforce availability have negatively impacted the increase in activity that was anticipated from October 2021 onwards.</p> | | | |
| COVID Vaccination | <i>At least 80% of the Age 18+ population will receive a Booster 1 or Dose 3 vaccine</i> | 80% | 78.9% |
| <p>Uptake of primary and booster COVID vaccination doses remains high in the most vulnerable groups; in addition to the population wide booster 1 offer, the elderly and those with immunosuppression have since been offered a further 'spring/summer' booster. Uptake of the first booster dose in the younger healthy population is lower though overall our 18+ uptake is very close to the target of 80%, and is comparable with uptake elsewhere in Scotland. Throughout 2022 there has been a continued offer of primary and booster 1 doses to the general population through a rolling programme of drop-in clinics across Fife. This has been supplemented by efforts to reach out to groups where uptake has been lowest. For example, outreach activity has taken place in food banks, retail centres, Kirkcaldy mosque and industrial sites. In addition, since June, selected community pharmacies across Fife can offer COVID vaccination to specific groups such as those on methadone. Engagement with the third sector to support outreach efforts continues. As such, we are seeing ongoing small increments towards our 18+ population target of 80% uptake of booster 1.</p> <p>From September, the focus of COVID vaccination activity will be the Autumn booster offer to eligible groups as outlined by the UK Joint Committee on Vaccination & Immunisation (JCVI). This will be co-administered with the seasonal flu vaccination.</p> | | | |
| Immunisation: 6-in-1 | <i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i> | 95% | 93.5% |
| <p>The 6-in-1 primary vaccination protects against Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B; and is delivered as part of the primary routine infant schedule at 8, 12 and 16 weeks. Uptake of the 6-in-1 vaccine in infants monitored when they reach 12 months in the quarter ending 31st March 2022 was 93.5%, below the national target of 95%. Although there can be fluctuations from quarter to quarter, it has been recognised that the trend in Fife suggests action is required to ensure we meet the 95% target and to avoid the risk of vaccine preventable disease in areas within the population where uptake is lower.</p> <p>The latest uptake data was reviewed at the Community Immunisation Quality and Clinical Assurance Group on 18 July, where it was agreed a SLWG would be formed to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. Additional clinics have been offered over the Summer months. Staff have been proactive in calling parents/guardians who have not up taken vaccination for children.</p> | | | |

PUBLIC HEALTH & WELLBEING**Target****Current****Immunisation: MMR2***At least 90% of children will receive their MMR2 vaccination by the age of 5***95%****89.6%**

The MMR vaccine protects against Measles, Mumps & Rubella infection; the first dose is given at 1 year and the second dose given at 3 years 4 months or soon after. Uptake of the second MMR vaccine is monitored in children that reach 5 years of age. For the quarter ending 31st March 2022, Fife achieved 89.6%, below our local target to reach 92% uptake by March 2023. There is a national target of 95% uptake based on WHO guidance (as outlined in the Fife Strategic Framework); however, given the trend data in Fife and Scotland a local uptake target for this FY was agreed by the Area Immunisation Steering Group at their meeting on 27 May. Performance against the local target will be reviewed with anticipation that a further local target of 93% or higher will be set for FY 2023-24.

The latest uptake data was reviewed at the Community Immunisation Quality and Clinical Assurance Group on 18 July, where it was agreed a SLWG would be formed to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. Additional clinics have been offered over the Summer months. Staff have been proactive in calling parents/guardians who have not up taken vaccination for children.

d. Performance Exception Reports

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Staff Governance

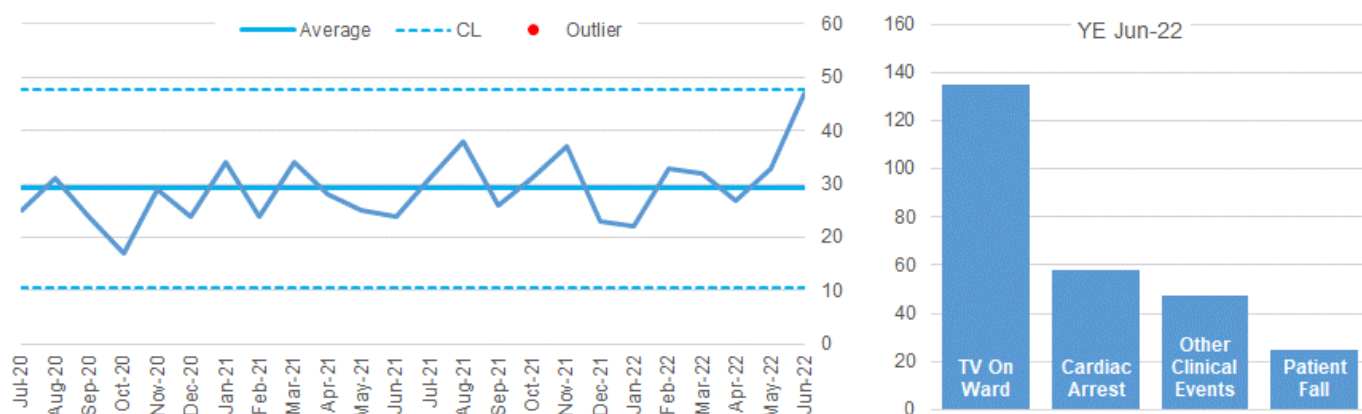
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Adverse Events

Major and Extreme Adverse Events



All Adverse Events

| | Month | 2021/22 | | | | | | 2022/23 | | | | | |
|-----------------|-----------------------|---------|------|------|------|------|------|---------|------|------|------|------|------|
| | | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
| ALL | NHS Fife | 1417 | 1454 | 1399 | 1395 | 1440 | 1496 | 1499 | 1295 | 1466 | 1236 | 1394 | 1283 |
| | Acute Services | 626 | 614 | 610 | 649 | 632 | 596 | 611 | 512 | 674 | 528 | 602 | 590 |
| | HSCP | 740 | 802 | 747 | 691 | 749 | 836 | 853 | 733 | 725 | 655 | 744 | 651 |
| | Corporate | 51 | 38 | 42 | 55 | 59 | 64 | 35 | 50 | 67 | 53 | 48 | 42 |
| CLINICAL | NHS Fife | 1007 | 956 | 967 | 951 | 1016 | 970 | 940 | 901 | 1055 | 852 | 1002 | 903 |
| | Acute Services | 566 | 549 | 538 | 569 | 581 | 535 | 564 | 462 | 614 | 482 | 539 | 521 |
| | HSCP | 411 | 386 | 402 | 352 | 406 | 394 | 361 | 410 | 402 | 348 | 441 | 361 |
| | Corporate | 30 | 21 | 27 | 30 | 29 | 41 | 15 | 29 | 39 | 22 | 22 | 21 |

Commentary

Overall the number of adverse events reported in May and June was in keeping with monthly averages. A significant increase in events of cardiac arrest were reported. The events increased to 14 in May and 11 in June in comparison to the monthly average of 5.5 in the preceding 10 months. This increase is reflected in the sharp increase in major and extreme events across these months as all cardiac arrests are reported as major outcome in terms of harm.

Every cardiac arrest is reviewed at a monthly meeting of the CPR SBAR Review Group, the review group determines outcomes in relation to, if the cardiac arrest was unavoidable or avoidable. Decisions are then made as to whether a further investigation into the cardiac arrest is required either at an Emergency Bleep Meeting or at a Significant Adverse Event Review.

The cardiac review meetings will identify any themes or contributory factors which are contributing to this increase. This will help to inform any improvement actions required.

Quarter 1 Peri Arrest Audit Cardiac Arrest Review Outcomes Report April - June 2022 report will be shared at NHS Fife Deteriorating Patient Group, the data from the report will be used to drive an improvement plan for the organisation.

Focused improvement work continues in relation to falls, pressure ulcers and deteriorating patient. Adverse Events improvement work is ongoing. The proposal for suggested updates to the adverse events trigger list, review templates and the addition of a decision making tool for level of review will be presented at the Clinical Governance Oversight Group in August for discussion and agreement.

| Key Deliverable | End Date |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Adverse Event Process and Policy Review including 1) Review of policy 2) Increased focus on governance/assurance in relation to improvement actions from adverse events 3) training and education | Mar-23 On track |

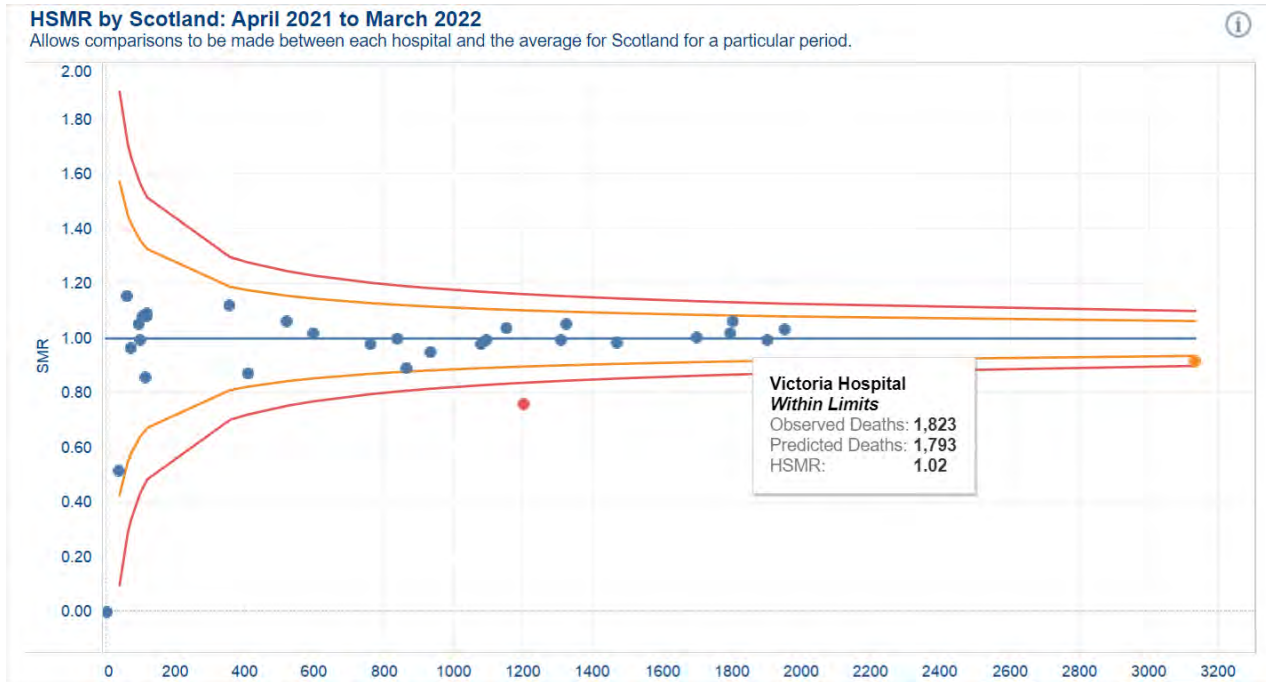
HSMR

Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.

Reporting Period; April 2021 to March 2022^P

Please note that as of August 2019, HSMR is presented using a 12-month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

The rate for Victoria Hospital is shown within the Funnel Plot.



Commentary

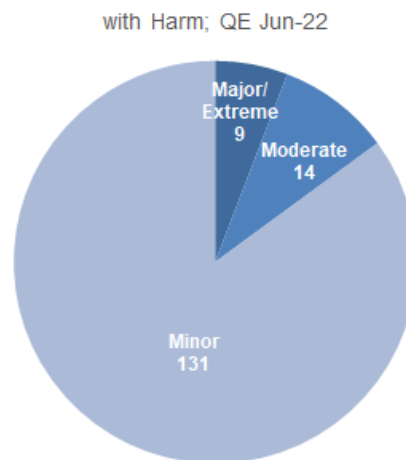
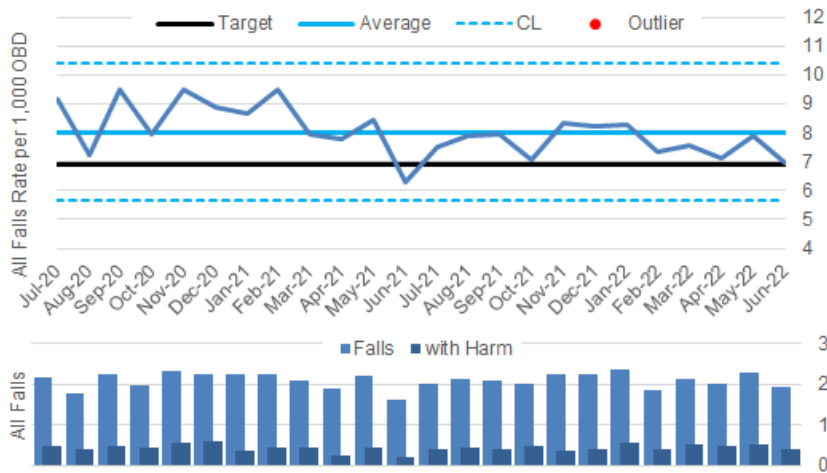
Hospital Standardised Mortality Ratio (HSMR) is not intended for use in a pandemic situation. However, the increased HSMR that was observed in 2020 has subsequently reduced. Data for 2021 and Q1 of 2022 demonstrates a return to a typical ratio for NHS Fife.

Inpatient Falls

Reduce Inpatient Falls rate per 1,000 Occupied Bed Days (OBD)

Target Rate (by end March 2023) = 6.91 per 1,000 OBD

Local Performance



Performance by Service Area

| | 2021/22 | | | | | | 2022/23 | | | | | |
|-----------------------|---------|------|------|------|------|------|---------|------|------|------|------|------|
| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
| NHS Fife | 7.49 | 7.88 | 7.93 | 7.08 | 8.32 | 8.25 | 8.29 | 7.33 | 7.59 | 7.13 | 7.90 | 6.94 |
| Acute Services | 7.25 | 8.17 | 7.61 | 8.51 | 8.71 | 8.47 | 9.39 | 7.55 | 7.10 | 8.25 | 8.11 | 7.90 |
| HSCP | 7.70 | 7.63 | 8.21 | 5.85 | 7.97 | 8.06 | 7.34 | 7.16 | 8.01 | 6.14 | 7.72 | 6.08 |

| | Key Deliverable | End Date |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| | Reduction in number of Patient Falls in order to achieve specified reduction target in this FY | Mar-23 On track |
| Key Milestones | Refresh Falls Champions Register and Network | Sep-22 Not started |
| | Ensure that monthly falls data continues to be discussed and displayed in each ward setting along with associated improvement plans | Mar-23 On track |
| | Develop an Audit programme for 22/23 | Jun-22 On track |
| | Review and refresh Falls Toolkit | Sep-22 Not started |
| | Review Related policies- Supervision, Boarding and Bed rails as identified/required by the policy timescales | Apr-23 On track |
| | Review LEARN summaries to support shared learning | Mar-23 On track |
| | Explore feasibility of implementation of Falls module on Patient Trak | Mar-23 On track |
| | Explore QI resource to support clinical staff and enhance local improvement work | Oct-22 Not started |

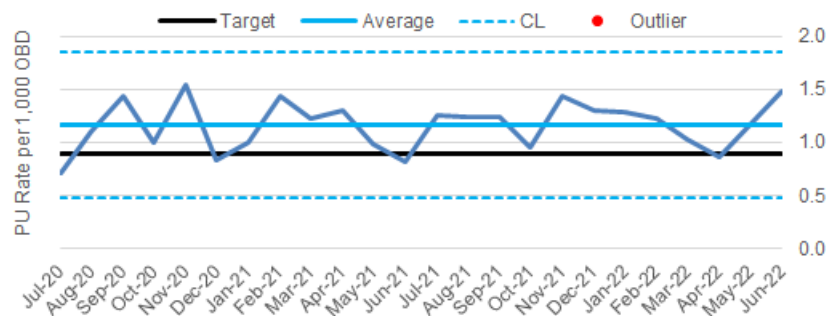
CLINICAL GOVERNANCE

Pressure Ulcers

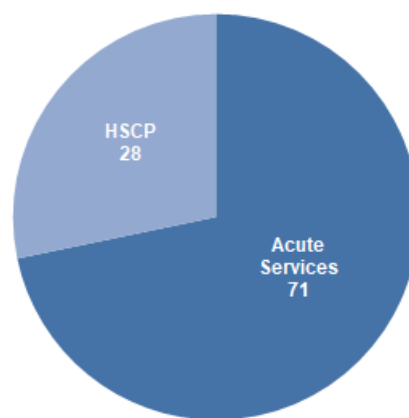
Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting

Target Rate (by end March 2023) = 0.89 per 1,000 OBD

Local Performance



Setting: QE Jun-22



Performance by Service Area

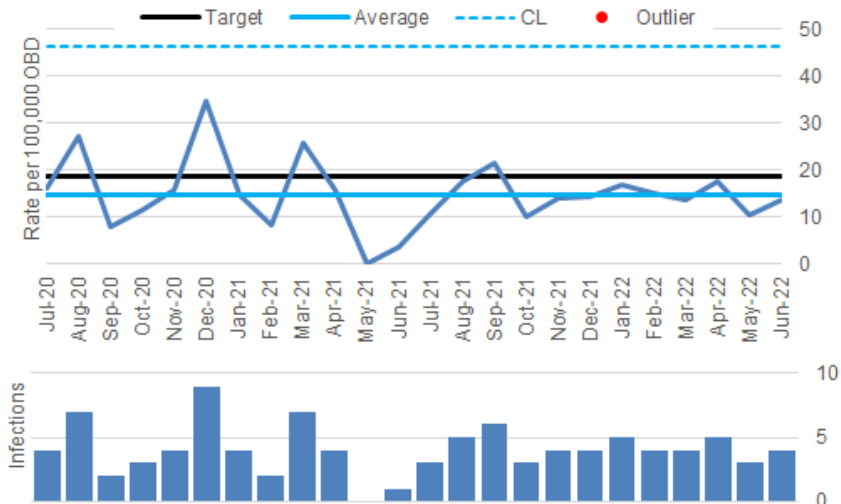
| | 2021/22 | | | | | | 2022/23 | | | | | |
|----------------|---------|------|------|------|------|------|---------|------|------|------|------|------|
| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
| NHS Fife | 1.26 | 1.25 | 1.24 | 0.95 | 1.44 | 1.30 | 1.29 | 1.23 | 1.03 | 0.87 | 1.18 | 1.47 |
| Acute Services | 2.13 | 2.36 | 2.10 | 1.44 | 2.54 | 2.16 | 2.18 | 1.84 | 1.76 | 1.37 | 1.77 | 2.20 |
| HSCP | 0.49 | 0.27 | 0.49 | 0.53 | 0.49 | 0.55 | 0.52 | 0.72 | 0.40 | 0.41 | 0.66 | 0.82 |

| Key Deliverable | | End Date |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Reduction in number of Pressure Ulcers (PU) developed on case load across all health care setting in order to achieve specified reduction target in this FY | | Mar-23 Off track |
| Key Milestones | Refresh PU Champions Register and Network | Oct-22 On track |
| | Ensure that monthly PU data continues to be discussed and displayed in each ward setting along with associated improvement plans | Dec-22 On track |
| | PU data discussed and shared with senior HSCP management team at QMASH meetings | Mar-23 On track |
| | PU Documentation Audit to support compliance | Mar-23 At risk |
| | Review LEARN summaries to support shared learning | Mar-23 On track |
| | Measurement against National Standards (Prevention & Management of PU) | Mar-23 On track |
| | Establish an operational TV group | Aug-22 On track |
| | Embed the revised HIS PU Standards (Oct 2020) | Oct-23 On track |
| | Develop and test electronic PURA and SSKIN bundle on Patienttrack | Oct-22 On track |
| | Embed the use of the CAIR resource and Data and Insight Hub (ASD) for triangulation of data | Mar-23 On track |
| | Clinical teams with an increase in PU harms to identify and plan improvements | Mar-23 On track |
| Develop a training and education plan | Oct-22 On track | |

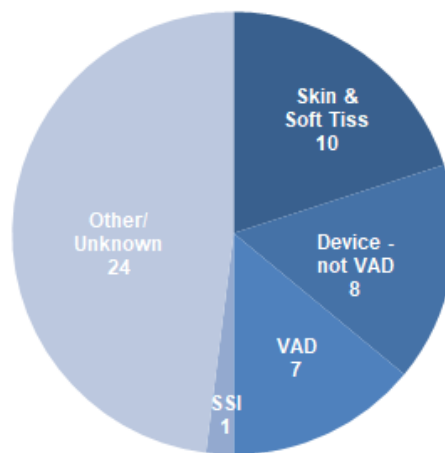
SAB (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

Local Performance



Infection Source; YE Jun-22



National Benchmarking

| Quarter Ending | 2020/21 | | | 2021/22 | | | |
|----------------|---------|------|------|---------|------|------|------|
| | Sep | Dec | Mar | Jun | Sep | Dec | Mar |
| NHS Fife | 18.7 | 20.6 | 17.8 | 6.3 | 16.6 | 12.7 | 15.2 |
| Scotland | 17.2 | 18.9 | 18.4 | 18.6 | 18.3 | 17.3 | 16.3 |

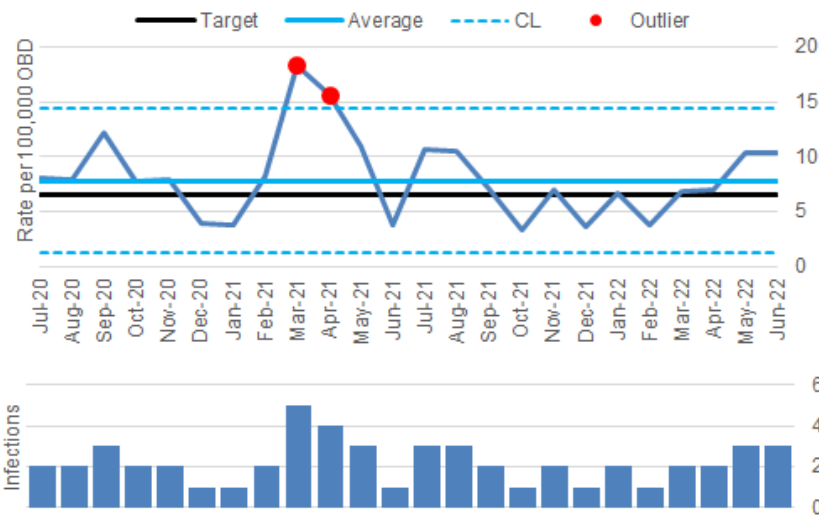
| Key Deliverable | End Date |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement Optimise communications with all clinical teams in ASD & the HSCP | Mar-23 On track |
| Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans | Mar-23 At risk |
| IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care | Mar-23 At risk |

CLINICAL GOVERNANCE

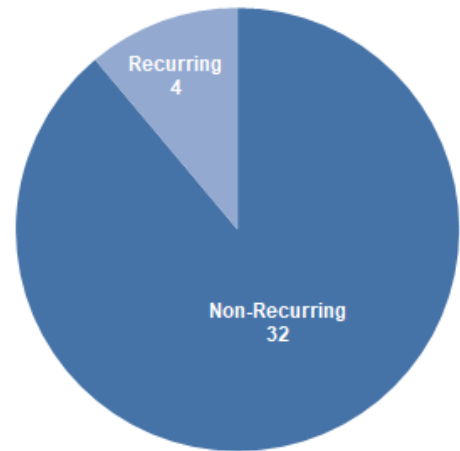
C Diff (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

Local Performance



Recurrence; YE Jun-22



National Benchmarking

| Quarter Ending | 2020/21 | | | 2021/22 | | | |
|----------------|---------|------|------|---------|------|------|------|
| | Sep | Dec | Mar | Jun | Sep | Dec | Mar |
| NHS Fife | 9.3 | 7.7 | 14.0 | 10.0 | 9.5 | 4.6 | 7.0 |
| Scotland | 17.4 | 16.4 | 15.8 | 14.6 | 16.8 | 13.3 | 12.6 |

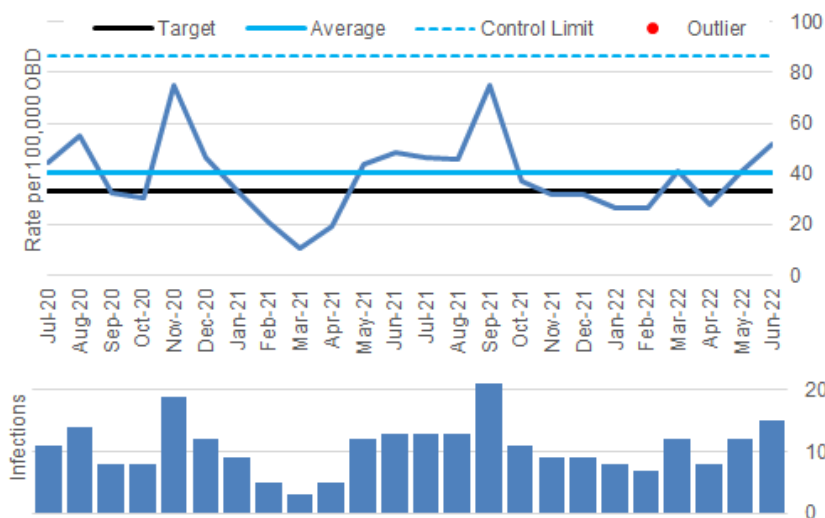
| Key Deliverable | | End Date |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------|
| Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement | | Mar-23 On track |
| Key Milestones | Optimise communications with all clinical teams in ASD & the HSCP | Mar-23 On track |
| | Reduce overall prescribing of antibiotics | Mar-23 On track |
| | Reducing recurrence of CDI | Mar-23 On track |
| Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans | | Mar-23 At risk |
| IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care | | Mar-23 At risk |

CLINICAL GOVERNANCE

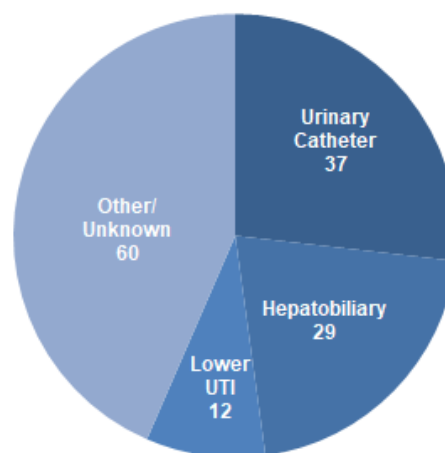
ECB (HAI/HCAI)

Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

Local Performance



Infection Source; YE Jun-22



National Benchmarking

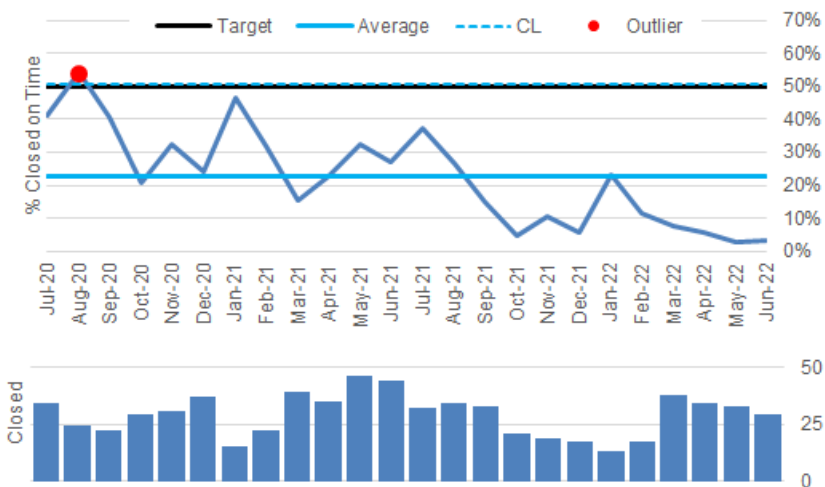
| Quarter Ending | 2020/21 | | | 2021/22 | | | |
|----------------|---------|------|------|---------|------|------|------|
| | Sep | Dec | Mar | Jun | Sep | Dec | Mar |
| NHS Fife | 45.3 | 50.3 | 21.6 | 37.6 | 60.3 | 33.6 | 31.6 |
| Scotland | 42.0 | 40.9 | 34.7 | 38.2 | 41.5 | 34.1 | 30.5 |

| Key Deliverable | | End Date |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement | | Mar-23 On track |
| Key Milestones | Optimise communications with all clinical teams in ASD & the HSCP | Mar-23 At risk |
| | Ongoing work of Urinary Catheter Improvement Group (UCIG) eCatheter insertion & maintenance bundle on Patienttrack- further rollout | Mar-23 On track |
| | Enhanced surveillance - led by Consultant Microbiologist | Mar-23 On track |
| Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans | | Mar-23 At risk |
| IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care | | Mar-23 At risk |

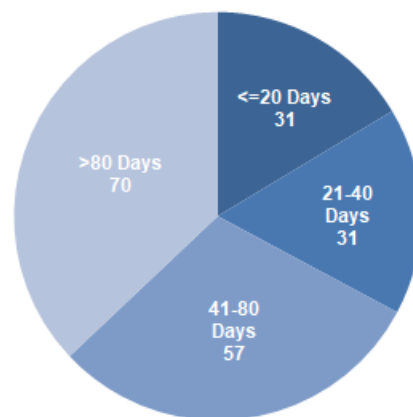
Complaints | Stage 2

At least 50% of Stage 2 complaints are completed within 20 working days by March 2023, rising to 65% by March 2024

Local Performance



Open Complaints; Jun-22



Performance by Service Area

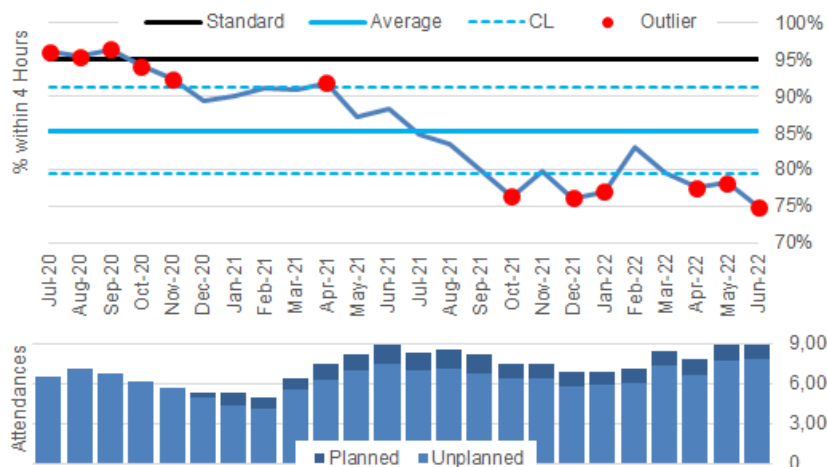
| | | 2021/22 | | | | | | | | | | 2022/23 | | |
|----------------|-------------------------|---------|--------|--------|--------|--------|-------|-------|--------|-------|-------|---------|-------|--|
| | | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | |
| NHS Fife | % Closed on Time | 37.5% | 26.5% | 15.2% | 4.8% | 10.5% | 5.9% | 23.1% | 11.8% | 7.9% | 5.9% | 3.0% | 3.4% | |
| | % Acknowledged (3 days) | 96.9% | 100.0% | 100.0% | 100.0% | 100.0% | 88.2% | 84.6% | 100.0% | 89.5% | 88.2% | 90.9% | 93.1% | |
| Acute Services | % Closed on Time | 26.1% | 31.6% | 21.7% | 0.0% | 16.7% | 7.7% | 30.0% | 18.2% | 3.6% | 8.0% | 0.0% | 5.0% | |
| HSCP | % Closed on Time | 50.0% | 16.7% | 0.0% | 20.0% | 0.0% | 0.0% | 0.0% | 0.0% | 14.3% | 0.0% | 9.1% | 0.0% | |

| Key Deliverable | End Date |
|------------------------------------------------------------------------------|--------------------|
| Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) | Mar-23 On track |
| Adherence to NHS Fife's Participation and Engagement Framework | Mar-23 On track |
| Rebrand Patient Relations to Patient Experience Team | Dec-22 On track |

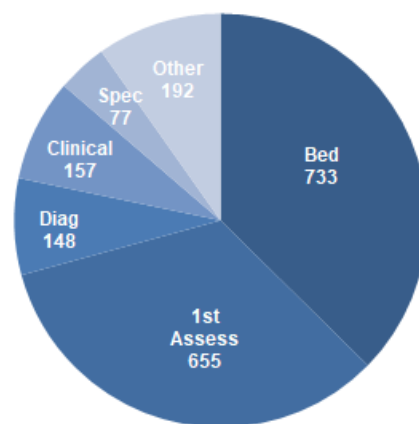
4-Hour Emergency Access

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

Local Performance



Breach Reason; Jun-22



National Benchmarking

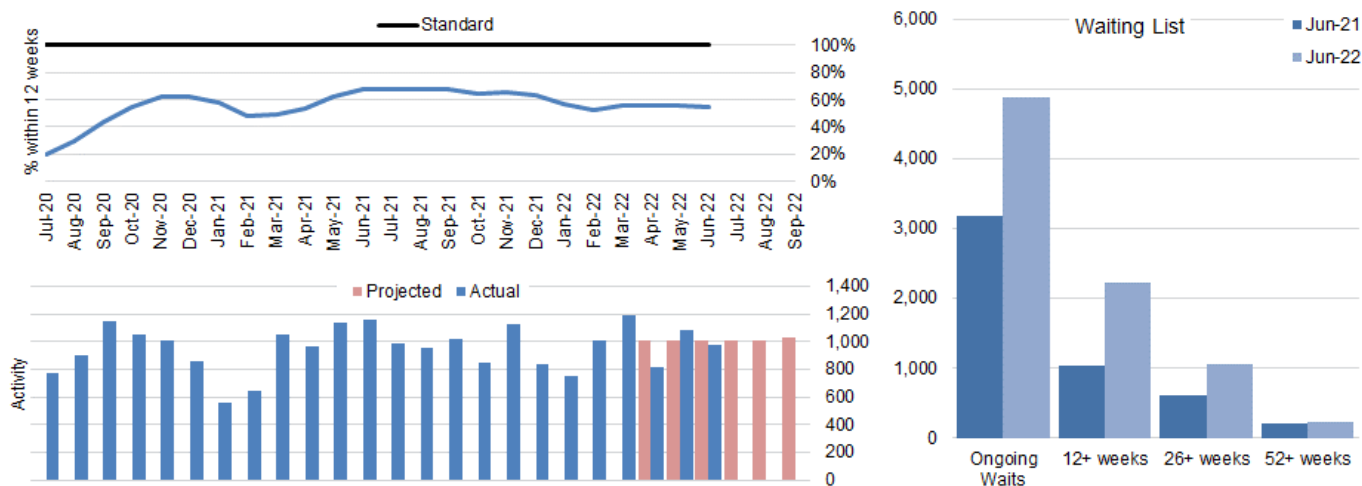
| | 2021/22 | | | | | | 2022/23 | | | | | |
|----------|---------|-------|-------|-------|-------|-------|---------|-------|-------|-------|-------|-------|
| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
| NHS Fife | 84.7% | 83.6% | 80.1% | 76.3% | 79.7% | 76.1% | 77.0% | 83.0% | 79.6% | 77.5% | 78.2% | 74.9% |
| Scotland | 81.5% | 77.8% | 76.1% | 73.5% | 75.9% | 75.7% | 76.0% | 74.2% | 71.6% | 72.1% | 73.0% | 71.3% |

| Key Deliverable | | End Date |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Enhance and optimise our ECAS/AU1 assessment | | Apr-23 At risk |
| Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach | | Sep-23 At risk |
| Key Milestones | Improve access to Integrated Assessment Team services for frailty positive patients. Develop an in-reach physio model to support earlier diagnosis/treatment. | Mar-23 On track |
| | Develop an in-reach model for people requiring mental health support UCAT. Develop an in-reach model for people requiring addictions support for recovery and crises management. | Mar-23 At risk |
| | Develop appropriate alternatives to attendance at A&E, minimise the need for admission, and reduce length of stay and increase options and processes for timely and appropriate discharge | Sep-23 At risk |
| Implement an enhanced triage model within ED to support scheduling with FNC | | Mar-23 At risk |
| Redesign of Urgent Care in close working with partners | | Apr-23 At risk |

Patient TTG

We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Local Performance



National Benchmarking

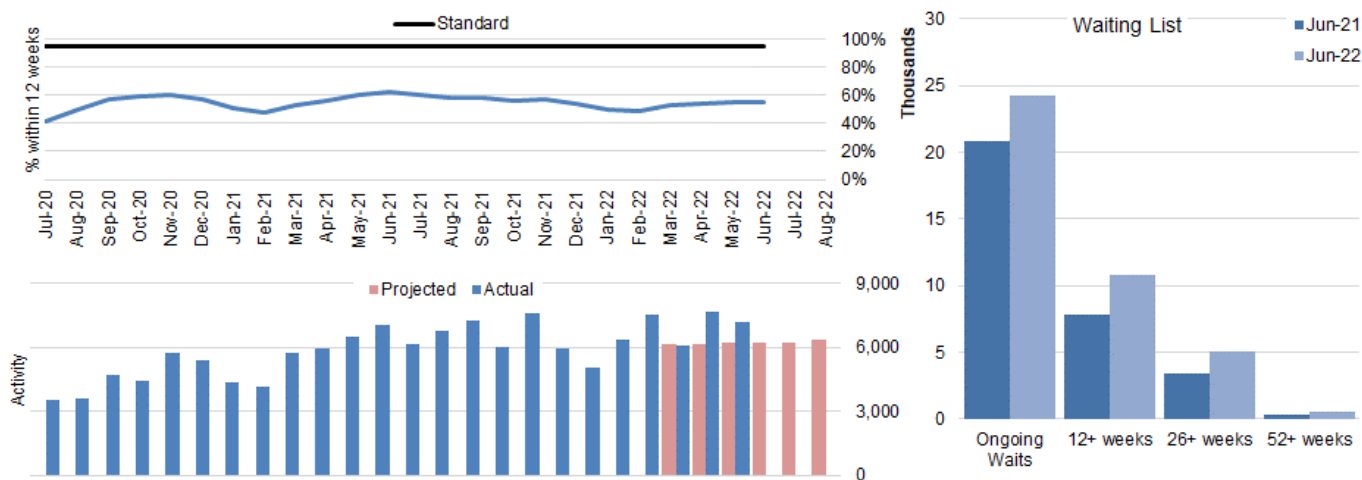
| | 2021/22 | | | | | | 2022/23 | | | | | |
|----------|---------|-------|-------|-------|-------|-------|---------|-------|-------|-------|-------|-------|
| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
| NHS Fife | 67.6% | 68.2% | 68.2% | 64.9% | 65.1% | 63.1% | 56.6% | 52.7% | 55.2% | 55.9% | 55.6% | 54.3% |
| Scotland | 36.7% | 36.5% | 34.0% | 37.5% | 37.3% | 34.6% | 33.7% | 32.5% | 34.0% | | | |

| Key Deliverable | | End Date |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------|
| Reducing long waits; TTG <i>Inpatient surgery continues to be restricted due to sustained pressures in unscheduled care and COVID sickness absence. The clinical prioritisation framework has been stood down and new targets for long waiting patients have been introduced. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver the new targets.</i> | | Mar-23 Off track |
| Key Milestones | Preassessment | Sep-22 At risk |
| | Elective Orthopaedic Centre | Jan-23 On track |
| | Maximise utilisation of QMH Theatres | Mar-23 On track |
| | Optimising Theatres on VHK site - Clinical prioritisation of VHK Theatres | Mar-23 On track |

New Outpatients

95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment

Local Performance



National Benchmarking

| | 2021/22 | | | | | | | | | | 2022/23 | | |
|----------|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-------|--|
| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | |
| NHS Fife | 60.7% | 58.6% | 58.3% | 56.5% | 57.1% | 53.8% | 50.1% | 48.8% | 53.4% | 53.9% | 55.3% | 55.4% | |
| Scotland | 51.6% | 49.7% | 48.1% | 48.0% | 48.4% | 46.5% | 45.5% | 45.9% | 49.6% | | | | |

Key Deliverable

End Date

Reducing long waits; Outpatients

The need for enhanced infection control procedures and the pressures of unscheduled care continues to impact on outpatient capacity in some specialities. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver the new targets.

Mar-23
Off track

Key Milestones ACRT and PIR - Continue rollout throughout 2021/22 to all appropriate services

Sep-22
At risk

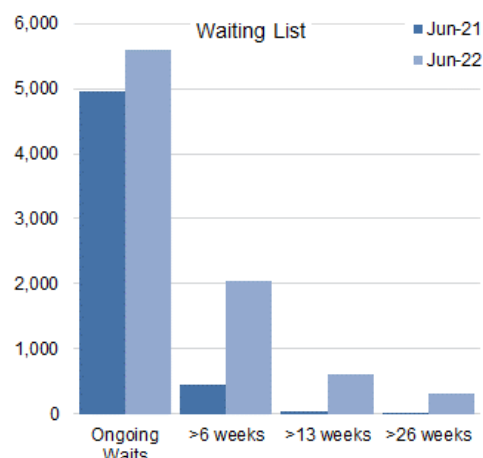
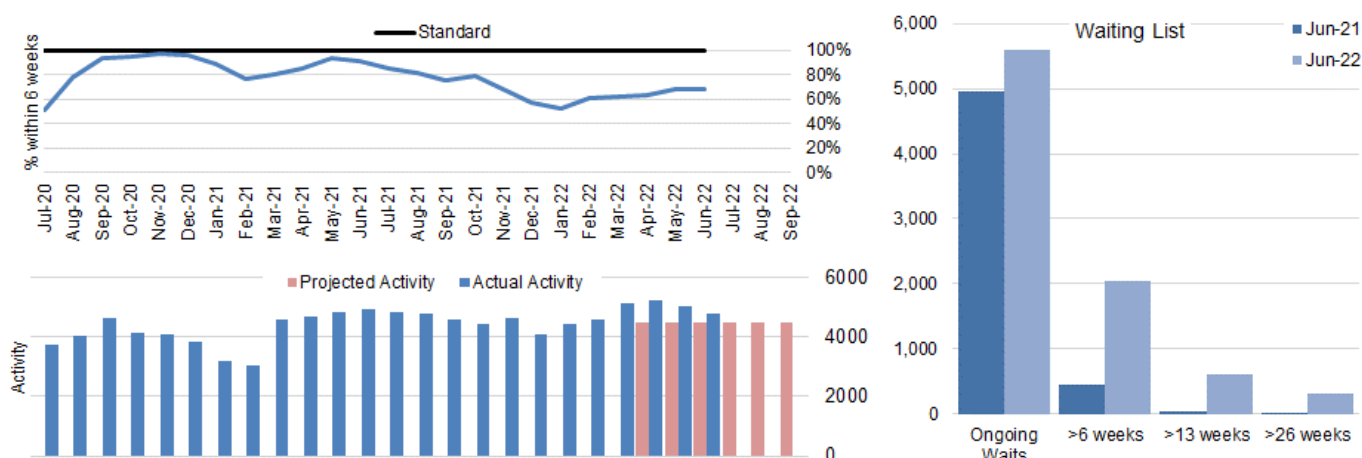
Three step validation process of waiting lists will be implemented

Mar-23
At risk

Diagnostics Waiting Times

No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment

Local Performance



National Benchmarking

| | 2021/22 | | | | | | | | | 2022/23 | | |
|-----------------|---------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-------|-------|
| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
| NHS Fife | 84.9% | 81.2% | 75.7% | 78.7% | 68.3% | 57.8% | 52.7% | 61.2% | 61.6% | 63.0% | 67.8% | 68.2% |
| Scotland | 57.2% | 56.5% | 57.8% | 55.2% | 56.9% | 49.6% | 48.1% | 50.8% | 49.6% | | | |

Key Deliverable

End Date

Reducing long waits; Diagnostics

No additional activity has been undertaken and core activity continues to be restricted in Endoscopy due to the need for enhanced infection control procedures. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver additional capacity to reduce the number of long waiting patients.

Mar-23
Off track

Radiology -7 day working

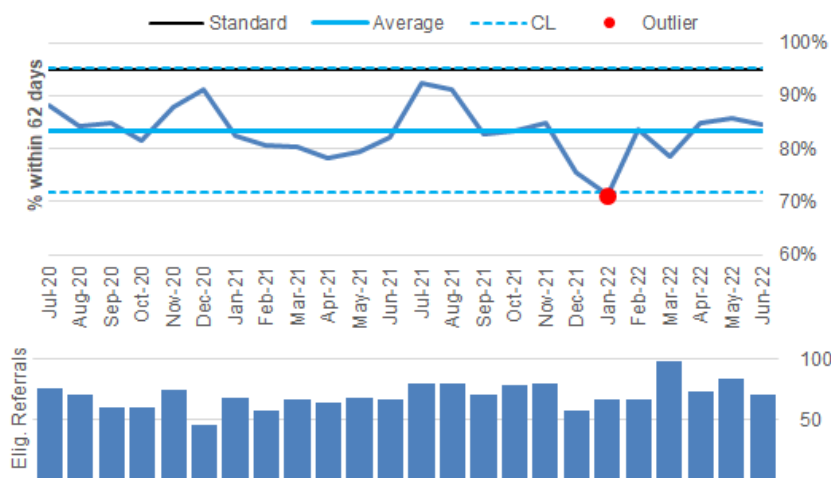
No funding identified from SPRA. Ongoing work to scope out 24/7 CT only

Apr-23
At risk

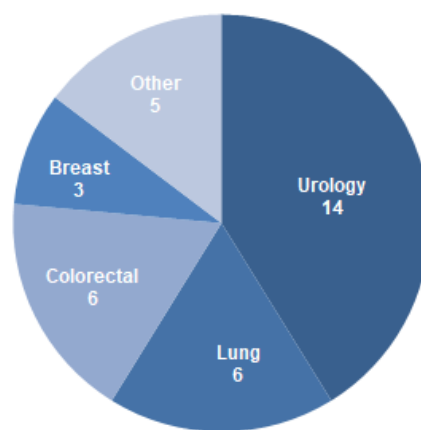
Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days

Local Performance



Breaches; QE Jun-22



National Benchmarking

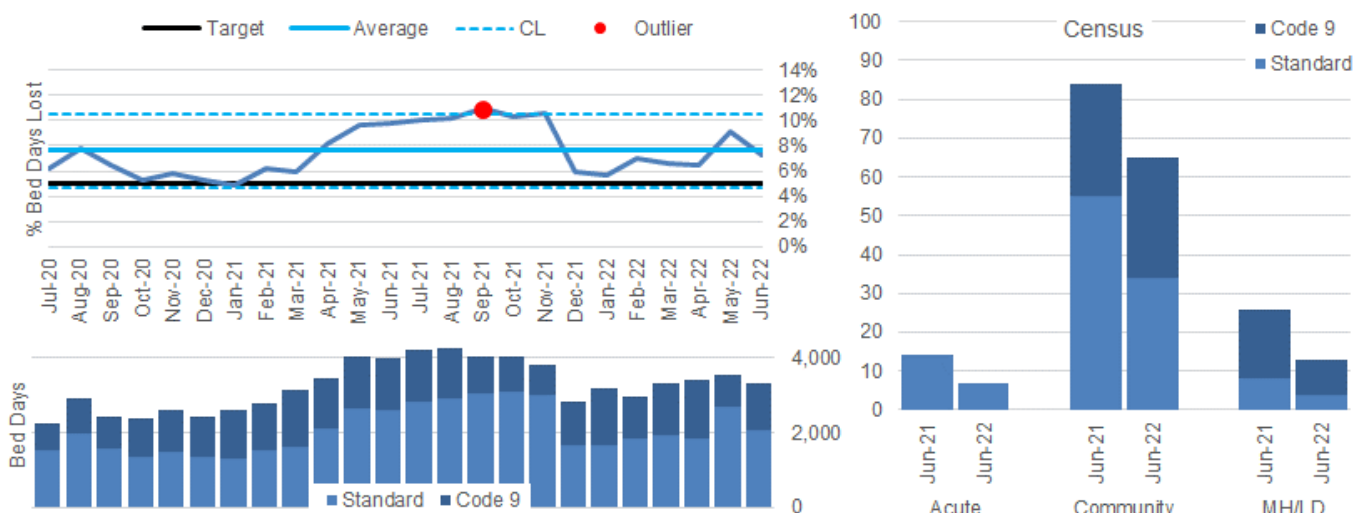
| Month | 2021/22 | | | | | | 2022/23 | | | | | |
|----------|---------|-------|-------|-------|-------|-------|---------|-------|-------|-------|-------|-------|
| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
| NHS Fife | 92.5% | 91.3% | 82.9% | 83.3% | 85.0% | 75.4% | 71.2% | 83.6% | 78.6% | 84.9% | 85.7% | 84.5% |
| Scotland | 82.8% | 83.5% | 83.1% | 78.8% | 78.1% | 78.3% | 76.3% | 77.4% | 75.5% | 77.0% | 75.8% | 73.5% |

| Key Deliverable | | End Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Implementation of Cancer Framework and delivery plan in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services | | Mar-23 On track |
| Key Milestones | ECDC development/expansion | Mar-23 On track |
| | Development of single point of contact hub (SPOCH) | Sep-22 On track |
| | Review of cancer workforce | Mar-23 At risk |
| | Environmental needs of cancer services | Mar-23 On track |
| | Continued public and patient engagement | Mar-23 On track |
| | Increased access to trials linking with R, I & K | Mar-23 On track |
| | Optimal and timed patient pathways (including BSC), aligning to Effective Cancer Management Framework | Mar-23 At risk |
| Delivery of Cancer Waiting Times | | Mar-23 At risk |
| Key Milestones | Deliver improved Digital solutions to support delivery of Cancer Waiting Times performance <i>Initial plan was not supported by eHealth and a supported alternative tracking solution is being considered. This will not be delivered this FY.</i> | Suspended |
| | Implement refreshed Effective Cancer Management Framework to drive improvement of Cancer Waiting Times performance | Mar-23 On track |
| | Targeted improvements designed to maintain the 31-day standard and improve the 62-day standard on a sustainable basis | Jul-22 At risk |

Delayed Discharges (Bed Days Lost)

We will limit the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Local Performance



National Benchmarking

| % Bed Days Lost | | Quarter Ending | | | | | | | | | |
|-----------------|----------|----------------|------|-------|------|---------|-------|-------|-------|-------|---------|
| | | 2019/20 | | | | 2020/21 | | | | | 2021/22 |
| | | Mar | Jun | Sep | Dec | Mar | Jun | Sep | Dec | Mar | |
| NHS Fife | Standard | 8.3% | 4.6% | 6.8% | 5.4% | 5.7% | 9.2% | 10.4% | 9.0% | 6.4% | |
| | All | 12.4% | 8.6% | 10.1% | 9.6% | 10.9% | 14.4% | 14.8% | 12.4% | 11.1% | |
| Scotland | Standard | 7.3% | 3.8% | 5.1% | 4.8% | 4.6% | 5.0% | 6.8% | 7.2% | 7.2% | |
| | All | 9.3% | 5.9% | 7.1% | 7.3% | 7.3% | 7.4% | 9.4% | 9.7% | 10.4% | |

| Key Deliverable | | End Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Deliver Home First and enable Prevention and Early Intervention | | Dec-23 On track |
| Discharge without Delay project as part of the U&UC programme to improve patient pathways to reduce preventable delays that extend length of stay | | Mar-23 On track |
| Continue to reduce delayed discharge | | Dec-23 At risk |
| Key Milestones | Reduce hand offs in discharge processes | Sep-22 On track |
| | Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian <i>Highest number of delays recorded in recent months. Lead SW progressing with key actions. Some aspects of legal process out with our control.</i> | Oct-22 Off track |
| | Develop capacity within the in-house care at home provision (START) plus additional investment to and to develop a programme of planning with the private agencies supported by Scottish Care | Apr-23 At risk |
| | Develop app to support the Moving on Policy and help with decision making of moving on patients. This will include care home videos, staff messages. | Dec-23 At risk |
| | Planned Date of Discharge Project | Jul-22 On track |
| | Front Door Model <i>1 x Patient Flow Co-ordinator and 1 x Senior Practitioner appointed. Next step to agree project brief and move to a project management structure. SLT discussed an SBAR outlining the vision with no substantial objects raised. Recruitment will continue.</i> | Dec-22 Off track |
| | Electronic referrals | Dec-23 At risk |

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Finance

NHS Boards are required to work within the revenue and capital resource limits set by the Scottish Government Health Care Directorates (SGHSCD)

1. Executive Summary

- 1.1 At the end of June, an overspend of £6.222m is reported for Health Retained Services. This overspend comprises: £3.620m core overspend (of which £0.904m relates to acute set aside services overspend) and £2.602m of the financial gap identified in the board's approved financial plan. Funding for both Covid-19 and Public Health Test and Protect costs has been anticipated. Health Delegated Services are reporting an underspend at the end of June of £1.845m.

Revenue Financial Position as at 30 June 2022

| Budget Area | Annual Budget £'000 | YTD Budget £'000 | YTD Spend £'000 | YTD Variance £'000 |
|----------------------------------------------------|------------------------|---------------------|--------------------|-----------------------|
| NHS Services (incl Set Aside) | | | | |
| <u>Clinical Services</u> | | | | |
| Acute Services Division | 237,620 | 60,650 | 63,116 | -2,466 |
| IJB Non-Delegated | 9,426 | 2,350 | 2,319 | 31 |
| Non-Fife & Other Healthcare Providers | 96,197 | 24,033 | 24,327 | -294 |
| <u>Non Clinical Services</u> | | | | |
| Estates & Facilities | 78,454 | 19,266 | 19,586 | -320 |
| Board Admin & Other Services | 74,991 | 18,923 | 19,028 | -105 |
| <u>Other</u> | | | | |
| Financial Flexibility & Allocations | 29,403 | 351 | | 351 |
| Income | -30,167 | -7,762 | -7,798 | 36 |
| Grip and Control | -3,412 | -853 | | -853 |
| Sub-total Core position | 492,512 | 116,958 | 120,578 | -3,620 |
| Financial Gap | -10,408 | -2,602 | | -2,602 |
| HB retained Covid 19 | 5,907 | 5,907 | 5,907 | 0 |
| SUB TOTAL | 488,011 | 120,263 | 126,485 | -6,222 |
| <u>Health & Social Care Partnership</u> | | | | |
| Fife H & SCP | 372,256 | 89,015 | 87,170 | 1,845 |
| Health delegated Covid 19 | 2,471 | 2,471 | 2,471 | 0 |
| SUB TOTAL | 374,727 | 91,486 | 89,641 | 1,845 |
| TOTAL | 862,738 | 211,749 | 216,126 | -4,377 |

- 1.2 As previously reported, the NHS Fife financial plan approved in March 2022 identified a cost improvement requirement for 2022/23 of £24.1m and approved cost improvement plans of £11.7m, resulting in a residual financial gap of £10.4m.
- 1.3 The Board's Financial Plan for 2022/23 was developed on the assumption of receipt of full funding for the ongoing additional costs of managing the Covid 19 pandemic in line with Scottish Government (SG) advice at the time of writing the plan. Subsequently we received notification, on 1 June, that the Health retained Covid-19 financial envelope for 2022/23 is £7.5m. This funding has been recognised in our month 3 reporting position, along with anticipated funding for Public Health measures including Test and Protect costs. It is also anticipated funding for 2022/23 Covid-19 costs in respect of Acute set aside Covid-19 spend will be met from the Covid allocations provided in 2021/22 to the Integration Joint Board. Scottish Government has confirmed there will be no further funding issued in 2022/23 and beyond for Covid 19 expenditure. Therefore there is a pressing need to exit from Covid related costs as far as possible and to plan for remaining 'business as usual' costs.

FINANCE, PERFORMANCE & RESOURCES: FINANCE

- 1.4 We received our first allocation letter this financial year on 5 July which confirmed our funding uplift and extant recurring allocations. One new allocation was received for Long Covid Support funding (£0.125m non-recurring). Appendix 1 shows our recurring baseline as per the Scottish Budget with details of all anticipated allocations for both core and non-core allocations.
- 1.5 In line with reporting requirements we will submit our quarterly reporting templates to SG through the established reporting mechanisms. We received a letter from SG dated 14 July setting out 2022/23 priorities and finance planning which sets out the requirement to deliver a balanced financial position without additional financial support. Notwithstanding our financial planning arrangements sets out a £10.4m remaining gap which will be addressed as part of our medium-term financial planning process. An in-depth review of Q1 financial performance has been undertaken to assess key risks and financial projections for 2022/23. Reviews have considered performance to date, Covid spend, forecast outturns, emerging risks and issues and any implications for the medium term financial plan. A financial review meeting with SG colleagues is expected late summer to consider our Q1 submission including the board's 3 year financial plan.
- 1.6 Given the challenging financial environment the board is operating within, it is vital that the board's cost improvement target of £11.7m is delivered during 2022/23. Cost improvements of £1.214m have been delivered in the first quarter of the financial year and work continues to progress the financial improvement and sustainability programme. Other opportunities are currently being pursued to support any potential slippage in plans to ensure delivery of the board's planned financial position for 2022/23.
- 1.7 The overall anticipated capital budget for 2022/23 is £27.443m. This reflects the core Capital Resource limit (CRL) of £7.764m notified by Scottish Government and anticipated allocations expected during the year to support numerous ongoing projects. The capital position for the period to June records spend of £5.677m. Therefore, 20.69% of the anticipated total capital allocation has been spent to month 3. The capital programme is expected to deliver in full with significant activity in the latter half of the financial year particularly with the completion of the National Treatment Centre – Fife Orthopaedics, . Additional capital funding of £1.5m has been secured in the first quarter of the financial year from the National Infrastructure and Equipping Board to support purchase of equipment.

2. Health Board Retained Services

Clinical Services financial performance as at 30 June 2022 excluding Covid-19 costs

| Budget Area | Annual Budget £'000 | YTD Budget £'000 | YTD Spend £'000 | YTD Variance £'000 |
|-------------------------------------------|------------------------|---------------------|--------------------|-----------------------|
| Acute Services Division (HB Retained) | 195,378 | 49,996 | 51,558 | -1,562 |
| Acute Services Division (Acute Set Aside) | 42,242 | 10,654 | 11,558 | -904 |
| Subtotal Acute Services Division | 237,620 | 60,650 | 63,116 | -2,466 |
| IJB Non Delegated | 9,426 | 2,350 | 2,319 | 31 |
| Non-Fife & Other Healthcare Providers | 96,197 | 24,033 | 24,327 | -294 |
| Income | -30,167 | -7,762 | -7,798 | 36 |
| SUB TOTAL | 313,076 | 79,271 | 81,964 | -2,693 |

- 2.1 The Acute Services Division reports a core **overspend of £2.466m**. Acute Services continue to experience challenging capacity pressures at the front door with ED attendances increasing 7% compared to Q1 last year, all of which are major presentations. Delayed discharges continue to put pressure on surge capacity, with occupied bed days increasing by 10% since last year. Continued reliance on supplementary staffing within Acute continues to impact on the pay overspend position. Work is underway to determine where there is opportunity to scale back on these costs which are partially contributing to the £1.166m pay overspend. The reported non pay overspend to June of £1.166m relates mainly to continued medicines growth, particularly within haematology with medicines budget overspent by £0.620m to date. Additionally, Acute Services are awaiting the outcome of a Labs and Radiology bid submitted to Scottish Government requesting funding of £1.7m. Expenditure of £0.504m has been incurred against this scheme, contributing to the overspend as no funding has been confirmed yet. The Acute directorate are absorbing £0.352m of expenditure for Waiting List Initiatives as the funding has not been increased to reflect the pay growth on substantive contracts. The remainder of the reported overspend to June relates to unachieved savings of £0.124m, with an expectation the pipeline schemes will cover any in year slippage.

Progress is underway with schemes funded by Scottish Government focusing on Interface Care and Discharge without Delay and posts continue to be appointed to on a non-recurring basis to support the transition of service delivery to more streamlined patient pathways. Income has been anticipated for the current year for allocations from Scottish Government for ICU additional bed capacity, B2-B4 posts as part of the national winter pressures

FINANCE, PERFORMANCE & RESOURCES: FINANCE

funding package and TAC, all of which were received last year with an expectation funding would be received again in the 2022/23 financial year.

Included in the core ASD position is an overspend on Set aside services of £0.904m which is being funded on a **non-recurring** basis by the board. The full year cost pressure on set aside budgets is circa £6m and is included in the board's financial plan gap of £10.4m.

2.2 The IJB Non-Delegated budget reports an **underspend of £0.031m**. This is within Acute Services within the North East Fife Hospitals.

2.3 The budget for healthcare services provided out-with NHS Fife is **overspent by £0.294m** which reflects significant recurring unbudgeted costs for a number of mental health services which we are now in the process of discussing appropriate realignment with the HSCP. Further detail is contained in Appendix 2.

2.4 Corporate Functions and Other Financial performance at 30 June 2022

| Budget Area | Annual Budget £'000 | YTD Budget £'000 | YTD Spend £'000 | YTD Variance £'000 |
|-------------------------------------|------------------------|---------------------|--------------------|-----------------------|
| <u>Non Clinical Services</u> | | | | |
| Estates & Facilities | 78,454 | 19,266 | 19,586 | -320 |
| Board Admin & Other Services | 74,991 | 18,923 | 19,028 | -105 |
| <u>Other</u> | | | | |
| Financial Flexibility & Allocations | 29,403 | 351 | 0 | 351 |
| SUB TOTAL | 182,848 | 38,540 | 38,614 | -74 |

2.5 The Estates and Facilities budgets report an **overspend of £0.320**. This comprises an underspend in pay of £0.209m which is continuing the trend of last year across several departments including estates services, catering, and portering. Non-pay costs are over spent by £0.531m with energy and clinical waste the main drivers.

2.6 Within the Board's corporate services there is **an overspend of £0.105m**. The main drivers are the areas within Corporate who have just received their Cost Improvement Target and work continues to regain traction on this efficiency target.

Financial Flexibility

2.7 Financial flexibility at the end of the June reflects financial plan assumptions which are being held corporately and includes supplies, medical supplies and drugs uplifts. The release of this flexibility and allocations will take place as the year unfolds as the financial impact of national policies crystallise. A summary of funding held in **financial flexibility** and the release of **£0.351m** to month 3 is shown at Appendix 3.

Financial Gap

2.8 The **financial plan gap** at month 3 reflects the proportionate share of the planned £10.4m deficit (**£2.602m** to month 3) which will be addressed as part of our medium term (3 year) financial planning.

Approved Cost Improvement Plans

2.9 The year to date target at month 3 was £2.399m with £1.214m achieved, resulting in a current year shortfall of £1.185m. Schemes with fully completed CIP documents have been most successful in delivering, with significant risk around those where plans are not yet finalised. The Programme Board governance arrangements are key to instil rigour and momentum to this agreed plan.

| Budget Area | Current Year Target £'000 | Year to Date Target £'000 | Year to Date Achieved £'000 | Year to Date Variance £'000 |
|----------------------|------------------------------|------------------------------|--------------------------------|--------------------------------|
| Acute | 5,752 | 424 | 290 | -134 |
| Estates & Facilities | 1,652 | 841 | 844 | 3 |
| Corporate | 4,296 | 1,134 | 80 | -1,054 |
| Total | 11,700 | 2,399 | 1,214 | -1,185 |

By the end of Month 3 Acute Services delivered £0.290k, a year to date shortfall of £0.134m. The current month achieved was £0.126m, with Emergency Care contributing £0.042m from medicines efficiencies. WCCS have seen a continued benefit of schemes from month 1 and a recovered position against vacancy factor which contributed £0.084m. To date £0.460m has been identified on a recurring basis. Recurring pipeline opportunities will continue to be explored at pace to mitigate against areas of potential high risk anticipated in month 4 relating to reduction in supplementary staffing and reduced procurement expenditure.

The vacancy factor target of £3m distributed across Corporate directorates and Acute services remains undelivered at month 3 and plans are in place to determine if vacancy factor has materialised to offset against this target and, where possible, mitigate the shortfall through identification of pipeline CIP's. Estate and Facilities have absorbed £0.402m of the grip and control target through matching with pipeline opportunities, leaving £3.412m of the grip and control target as outstanding. Further detail is included in Appendix 4 to this report.

3. Health Board Covid-19 spend

3.1 As highlighted in 1.1 above, the Covid-19 Health retained financial envelope is £7.5m for 22-23. The table below shows Covid-19 spend of £4.390m for quarter one. This comprises £1.945m for Health retained funded from the £7.5m financial envelope; and £2.445m for Acute set aside funded from the Covid allocations provided in 2021/22 to the Integration Joint Board. In addition, we have anticipated funding of £1.517m for Public Health measures including Test and Protect costs in line with SG guidance, but until funding is formally confirmed, remains a risk.

| HB & Acute set aside Covid-19 spend | Year to Date Budget £'000 | YTD Spend HB Retained £'000 | YTD Spend Set Aside £'000 | YTD Spend Total £'000 | YTD Variance £'000 |
|--------------------------------------------|------------------------------|--------------------------------|------------------------------|--------------------------|-----------------------|
| Acute | 3,752 | 1,576 | 2,176 | 3,752 | 0 |
| Estate & Facilities | 269 | 50 | 219 | 269 | 0 |
| Corporate | 369 | 319 | 50 | 369 | 0 |
| Subtotal (fund from £7.5m envelope) | 4,390 | 1,945 | 2,445 | 4,390 | 0 |
| Public Health (anticipated funding) | 1,517 | 1,517 | 0 | 1,517 | 0 |
| Total | 5,907 | 3,462 | 2,445 | 5,907 | 0 |

3.2 Acute Services continue to incur Covid expenditure for services which have not yet scaled back and the ongoing significant numbers of Covid positive patients within the hospital setting. Delays in transfer of care due to the Covid impact in Community settings generates both a capacity and financial pressure on the Acute Services. Point of Care testing continues and NMAB clinics provide access to medication for Covid positive individuals in a bid to prevent acute hospital admissions. Staff absences for covid reasons continue at levels seen in 21-22 and are driving sickness absence costs well in excess of "normal" sickness absence costs. Discussions with services are ongoing to determine an exit strategy for Covid expenditure and to gain an understanding of what will become business as usual in the future.

3.3 Corporate budgets continue to incur Covid-19 costs. Detailed work continues with services to secure exit planning and absorption of the Covid-19 costs 'tail' in to core costs.

3.4 Public Health colleagues have established a short life working group to work through the staffing implications of the ending of Contact Tracing, Asymptomatic Testing and Fixed Term Public Health roles. There is considerable work involved as the Organisation must deal with staff on an individual basis. The current level of spend will fall over the coming months. A level of symptomatic testing will continue which is currently being modelled nationally.

4. Health & Social Care Partnership

4.1 Health services in scope for the Health and Social Care Partnership report a core **underspend of £1.845m**.

| Budget Area | Annual Budget £'000 | YTD Budget £'000 | YTD Spend £'000 | YTD Variance £'000 |
|---------------------------------------------|------------------------|---------------------|--------------------|-----------------------|
| Health & Social Care Partnership | | | | |
| Fife H & SCP | 372,256 | 89,015 | 87,170 | 1,845 |
| SUB TOTAL | 372,256 | 89,015 | 87,170 | 1,845 |

FINANCE, PERFORMANCE & RESOURCES: FINANCE

The Health and Social Care Partnership budget detailed above are Health budgets designated as in scope for HSCP integration, excluding services defined as Set Aside. The financial pressure related to 'Set Aside' services is currently held within the NHS Fife financial position. These services are currently captured within the Clinical Services areas of this report (Acute set aside £0.904m overspend to month 3 per 1.1 above). Anticipated funding from the IJB earmarked reserve is shown at Appendix 5.

4.2 HSCP Covid-19 spend

The Health Delegated covid spend of £2.471m to month 3, including Covid vaccine costs, will be met from the Covid-19 earmarked reserve.

| Health Delegated Covid-19 spend | Budget £'000 | YTD Spend £'000 | YTD Variance £'000 |
|---------------------------------|-----------------|--------------------|--------------------------|
| Community Care Services | 799 | 799 | 0 |
| Complex And Critical Services | 56 | 56 | 0 |
| Primary Care + Prevention Ser | 58 | 58 | 0 |
| Professional/business Enabling | 33 | 33 | 0 |
| Covid-19 Vaccination Costs | 1,525 | 1,525 | 0 |
| Total | 2,471 | 2,471 | 0 |

5. Risks

- 5.1** Although access to Covid funding is available to the board in 2022/23, the level of covid service demands coupled with increasing inflation levels, may exceed the available funding support We are working to mitigate this risk through a detailed review of costs incurred in this financial year and to work with services to ensure exit plans are in place and to embed necessary activities and actions within our core service delivery where practicable.
- 5.2** There is a risk around Public Health test and protect and track and trace funding where we await receipt of funding. Until funding is confirmed this remains a financial risk.
- 5.3** There is a lack of certainty over future funding allocations, for example: Redesign of Urgent Care and International Recruitment. This uncertainty and the need for flexibility to adapt to national priorities is harnessed in our financial and operational planning.
- 5.4** There are a number of ongoing price increases which are globally out with our control, e.g. energy price increases; and the cost of food; and building materials. Whilst some assumptions have been made in the financial planning process, close and detailed work remains ongoing to capture and forecast the potential impact to NHS Fife.

6. Capital

- 6.1** The overall anticipated capital budget for 2022/23 is £27.443m. The capital position for the period to June records spend of £5.677m. Therefore, 20.69% of the anticipated total capital allocation has been spent to month 3.
- 6.2** The capital plan for 2022/23 is pending approval by the FP&R Committee in July and will subsequently be tabled at the NHS Fife Board. NHS Fife has assumed a programme of £27.443m, as detailed in the table below.

| Capital Plan | £'000 |
|-----------------------------|---------------|
| Initial Capital Allocation | 7,764 |
| Elective Orthopaedic Centre | 13,389 |
| Kincardine Health Centre | 856 |
| Lochgelly Health Centre | 1,228 |
| QMH Theatres PH2 | 1,500 |
| Mental Health | 100 |
| National Equipping | 1,506 |
| HEPMA | 1,000 |
| Pharmacy Robot | 100 |
| Total | 27,443 |

The Scottish Capital Investment Group have given approval for the Kincardine & Lochgelly Health Centres to proceed to FBC, subject to NHS Assure approval and a Benefits Realisation Addendum to the OBC.

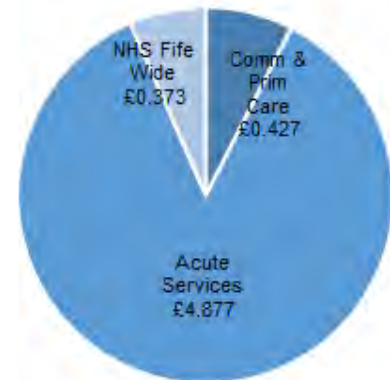
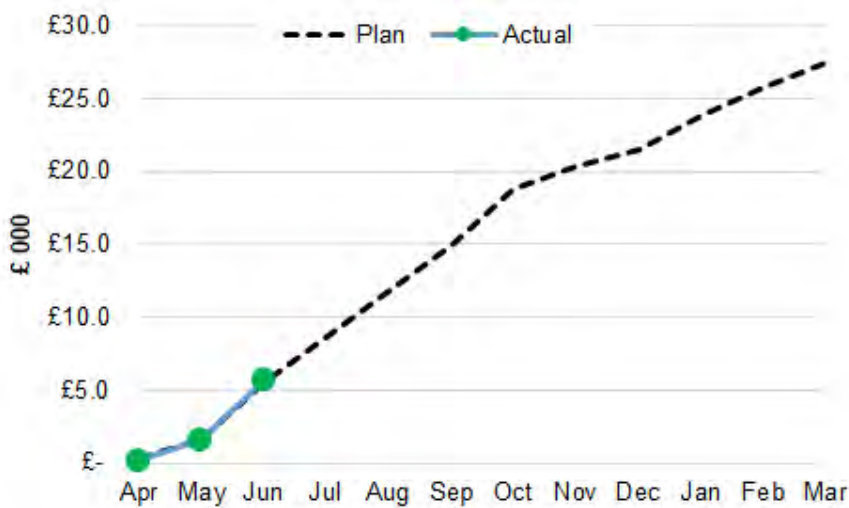
6.3 Capital Receipts

Work continues into the new financial year on asset sales re disposals:

- Lynebank Hospital Land (Plot 1) (North) – discussions are ongoing as to whether to remarket, there are also discussions ongoing around the potential possibility of HFS constructing a new sterilising unit for East Scotland on the site.
- Skeith Land – an offer has been accepted subject to conditions for planning and access - however the GP's have now put in an objection to the planning department. The Developers have provided other plans in order to move forward, however, the GP's are still objecting.

6.4 Expenditure / Major Scheme Progress

The summary expenditure position across all projects is set out in the dashboard summary below. The expenditure to date amounts to £5.667m, this equates to 20.69% of the total anticipated capital allocation, as illustrated in the spend profile graph below.



The main areas of spend to date include:

| | |
|-----------------------------|---------|
| Statutory Compliance | £0.840m |
| Equipment | £0.154m |
| Digital | £0.373m |
| Elective Orthopaedic Centre | £3.959m |
| Health Centres | £0.334m |

6.5 The capital programme is expected to deliver in full with significant activity in the final month of the year working towards a balanced capital position. Further detail on capital expenditure is detailed in Appendices 6 and 7.

7 Recommendation

7.1 EDG is asked to consider the detail of this report and specifically:

- **Note** the reported core overspend £6.222m
- **Note** the Health delegated core underspend position £1.845m
- **Note** the capital expenditure spend of £5.677m

Appendix 1: Revenue Resource Limit

| | Baseline Recurring £'000 | Earmarked Recurring £'000 | Non- Recurring £'000 | Total £'000 |
|---------------------------------------------------|--------------------------------|---------------------------------|----------------------------|----------------|
| Initial Baseline Allocation | 749,382 | | | 749,382 |
| 20-21 Recurring allocation Adjustment | -527 | | | -527 |
| Long Covid Support Fund | | | 125 | 125 |
| Total Core RRL Allocations | 748,855 | 0 | 125 | 748,980 |
| Primary Medical Services | | 59,263 | | 59,263 |
| Outcomes Framework | | 4,520 | | 4,520 |
| Mental Health Bundle | | 1,363 | | 1,363 |
| Salaried Dental | | 2,090 | | 2,090 |
| Distinction Awards | | 139 | | 139 |
| Research & development | | 822 | | 822 |
| Community Pharmacy Champions | | 20 | | 20 |
| NSS Discovery | | -40 | | -40 |
| Pharmacy Global Sum Calculation | | -204 | | -204 |
| NDC Contribution | | -843 | | -843 |
| Community Pharmacy Pre-Reg Training | | -165 | | -165 |
| Patient Advice & Support Service | | -39 | | -39 |
| FNP | | 1,425 | | 1,425 |
| New Medicine Fund | | 6,683 | | 6,683 |
| Golden Jubilee SLA | | -25 | | -25 |
| PCIF | | 10,037 | | 10,037 |
| Action 15 Mental Health strategy | | 2,121 | | 2,121 |
| ADP:seek & treat | | 1,159 | | 1,159 |
| Veterans First Point Transition Funding | | 116 | | 116 |
| Tariff reduction to global sum | | -4,245 | | -4,245 |
| District Nurses | | 333 | | 333 |
| ADP | | 920 | | 920 |
| School Nurse | | 276 | | 276 |
| Perinatal and Infant Mental Health | | 663 | | 663 |
| Primary care development funding | | 30 | | 30 |
| CAMHS | | 704 | | 704 |
| National Cancer Recovery Plan SPOC | | 64 | | 64 |
| National SACT Pharmacy | | 8 | | 8 |
| Mental Health Funding Pharmacy recruitment | | 64 | | 64 |
| Mental health & Wellbeing primary care services | | 105 | | 105 |
| Waiting list | | | 6,700 | 6,700 |
| Capital to Revenue | | | 2,000 | 2,000 |
| Covid 19 Retained | | | 7,500 | 7,500 |
| Young Peoples fund | | 10 | | 10 |
| Band 2-4 | | 895 | | 895 |
| TAC | | 1,000 | | 1,000 |
| ICU | | 799 | | 799 |
| Best Start | | | 56 | 56 |
| Midwife Training | | | 7 | 7 |
| NSD etc | | -4,526 | | -4,526 |
| Test & protect | | | 1,517 | 1,517 |
| | 0 | 85,542 | 17,780 | 103,322 |
| | 748,855 | 85,542 | 17,905 | 852,302 |
| IFRS | | | 9,301 | 9,301 |
| Donated Asset Depreciation | | | 135 | 135 |
| Impairment | | | 500 | 500 |
| AME Provisions | | | 500 | 500 |
| | | | | 0 |
| | | | | 0 |
| Total Anticipated Non-Core RRL Allocations | 0 | 0 | 10,436 | 10,436 |
| Grand Total | 748,855 | 85,542 | 28,341 | 862,738 |

Appendix 2: Service Agreements

| | Annual Budget | YTD Budget | YTD Spend | YTD Variance |
|----------------------------|---------------|---------------|---------------|--------------|
| | £'000 | £'000 | £'000 | £'000 |
| Health Board | | | | |
| Ayrshire & Arran | 101 | 25 | 24 | 1 |
| Borders | 47 | 12 | 14 | -2 |
| Dumfries & Galloway | 26 | 6 | 14 | -8 |
| Forth Valley | 3,311 | 828 | 917 | -89 |
| Grampian | 374 | 93 | 70 | 23 |
| Greater Glasgow & Clyde | 1,724 | 431 | 419 | 12 |
| Highland | 141 | 35 | 51 | -16 |
| Lanarkshire | 120 | 30 | 54 | -24 |
| Lothian | 32,822 | 8,206 | 8,351 | -145 |
| Scottish Ambulance Service | 105 | 26 | 26 | 0 |
| Tayside | 41,258 | 10,315 | 10,810 | -495 |
| | 80,029 | 20,007 | 20,750 | -743 |
| UNPACS | | | | |
| Health Boards | 14,564 | 3,641 | 3,146 | 495 |
| Private Sector | 799 | 200 | 394 | -194 |
| | 15,363 | 3,841 | 3,540 | 301 |
| OATS | 740 | 185 | 37 | 148 |
| Grants | 65 | | | 0 |
| Total | 96,197 | 24,033 | 24,327 | -294 |

Appendix 3: Financial Flexibility

| | | Flexibility Released to Jun-22 |
|---------------------------------------------------------|---------------|--------------------------------|
| | £'000 | £'000 |
| Drugs :NMF | 1,209 | |
| Junior Doctor Travel | 44 | |
| Consultant increments | 441 | |
| Discretionary Points | 259 | |
| AME impairments | 500 | |
| AME Provisions | 638 | |
| Prior Years Approved Developments, National Initiatives | 2,436 | 351 |
| Health Retained 22-23 Uplifts | 8,514 | |
| Cost pressures 22-23 | 4,179 | |
| Allocations to be distributed | 11,183 | |
| Total | 29,403 | 351 |

Appendix 4: Detailed Cost Improvement Plans

| Area | Plan | Current Year Target | Year to Date Target | Year to Date Achieved | Year to Date Variance |
|----------|-----------------------------------------------------|---------------------|---------------------|-----------------------|-----------------------|
| | | £'000 | £'000 | £'000 | £'000 |
| PCD | Instruments & Sundries | 1,000 | 70 | 70 | 0 |
| PCD | Investment in Theatres Procurement / Cost Reduction | 500 | 0 | 0 | 0 |
| PCD | Repatriation of Radical Prostatectomy | 205 | 0 | 0 | 0 |
| WCCS | Travel & Printing | 60 | 18 | 18 | 0 |
| WCCS | Managed Service Contract for Labs | 425 | 107 | 69 | (38) |
| WCCS | Skill Mix Review | 50 | 10 | 10 | 0 |
| ECD | Pirfenidone / Nintedanib | 40 | 10 | 10 | 0 |
| ECD | Patent Expiry / Homecare | 160 | 16 | 0 | (16) |
| WCCS | Community Paediatric Drugs | 20 | 5 | 5 | 0 |
| Acute | Reduction in Non Core Staffing | 2,000 | 0 | 0 | 0 |
| WCCS | Vacancy Release | 210 | 50 | 50 | 0 |
| Pharmacy | Medicines Efficiency, PAS Rebates, Contract Changes | 700 | 42 | 58 | 16 |
| P&I | Major Contract Review | 250 | 0 | 0 | 0 |
| P&I | Property Maintenance Minor Works Team | 100 | 0 | 0 | 0 |
| P&I | Energy Savings - NDEE Project | 150 | 0 | 0 | 0 |
| P&I | Rates Review | 500 | 500 | 503 | 3 |
| P&I | Roster Review | 250 | 0 | 0 | 0 |
| P&I | Terminate Lease for Evans Business Park | 80 | 80 | 80 | 0 |
| P&I | Grip and Control | 402 | 341 | 341 | 0 |
| All | Vacancy Factor | 3,000 | 750 | 0 | (750) |
| All | Financial Grip & Control | 1,598 | 400 | 0 | (400) |
| | Total | 11,700 | 2,400 | 1,214 | (1,185) |

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Appendix 5: Anticipated Funding from Health Delegated Earmarked Reserve

| | 2021/22 Earmarked Reserve £'000 | May-22 £'000 | Jun-22 £'000 |
|---------------------------------------|------------------------------------|-----------------|-----------------|
| Covid-19 earmarked reserve | 33,522 | 1,784 | 1,607 |
| Vaccine | 2,472 | 1,053 | 472 |
| ADP (from Core) | 1,700 | | |
| Primary Care Improvement Fund | 6,585 | | 145 |
| Care homes | 817 | | |
| Urgent Care Redesign | 950 | 139 | 110 |
| Action 15 | 1,791 | | |
| RT Funding | 1,500 | | |
| District Nurses | 213 | | |
| Fluenz | 18 | | |
| Mental Health Recovery & Renewal | 3,932 | 100 | 122 |
| Workforce Wellbeing | 244 | | |
| Budival | 213 | | |
| Child Healthy Weight | 23 | | |
| Acceleration of 22/23 MDT recruitment | 300 | | |
| Multi Disciplinary Teams | 1,384 | | |
| GP Premises | 430 | | |
| Afghan Refugees | 47 | | |
| Dental Ventilation | 669 | | 72 |
| Interface care | 170 | | |
| Core general reserve | 4,125 | | 168 |
| Core underspend | 3,550 | | |
| TOTAL | 64,655 | 3,076 | 2,696 |

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 6 : Capital Expenditure Breakdown

| Project | CRL Confirmed Funding £'000 | Total Expenditure to Date £'000 | Projected Expenditure 2022/23 £'000 |
|-------------------------------------------------|-----------------------------------|---------------------------------------|-------------------------------------------|
| COMMUNITY & PRIMARY CARE | | | |
| Clinical Prioritisation | 67 | 16 | 67 |
| Statutory Compliance | 340 | 64 | 340 |
| Capital Equipment | 229 | 13 | 229 |
| Condemned Equipment | 0 | 0 | 0 |
| Total Community & Primary Care | 636 | 93 | 636 |
| ACUTE SERVICES DIVISION | | | |
| Statutory Compliance | 1,891 | 776 | 1,891 |
| Capital Equipment | 920 | 142 | 920 |
| Clinical Prioritisation | 67 | 0 | 67 |
| Condemned Equipment | 13 | 0 | 13 |
| QMH Theatre | 734 | 0 | 734 |
| Total Acute Services Division | 3,626 | 918 | 3,626 |
| NHS FIFE WIDE SCHEMES | | | |
| Equipment Balance | 258 | 0 | 258 |
| Information Technology | 877 | 373 | 877 |
| Clinical Prioritisation | 115 | 0 | 115 |
| Statutory Compliance | 165 | 0 | 165 |
| Condemned Equipment | 87 | 0 | 87 |
| Fire Safety | 0 | 0 | 0 |
| Scheme Development | 0 | 0 | 0 |
| Vehicles | 0 | 0 | 0 |
| Capital to Revenue Transfer | 2,000 | 0 | 2,000 |
| Total NHS Fife Wide Schemes | 3,501 | 373 | 3,501 |
| TOTAL CAPITAL ALLOCATION FOR 2022/23 | 7,764 | 1,383 | 7,764 |
| ANTICIPATED ALLOCATIONS 2022/23 | | | |
| QMH Theatres PH2 | 1,500 | 0 | 1,500 |
| Kincardine Health Centre | 856 | 190 | 856 |
| Lochgelly Health Centre | 1,228 | 144 | 1,228 |
| Mental Health Review | 100 | 0 | 100 |
| Elective Orthopaedic Centre | 13,389 | 3,959 | 13,389 |
| National Equipping | 1,506 | 0 | 1,506 |
| HEPMA | 1,000 | 0 | 1,000 |
| Pharmacy Robot | 100 | 0 | 100 |
| Anticipated Allocations for 2022/23 | 19,679 | 4,293 | 19,679 |
| Total Anticipated Allocation for 2022/23 | 27,443 | 5,677 | 27,443 |

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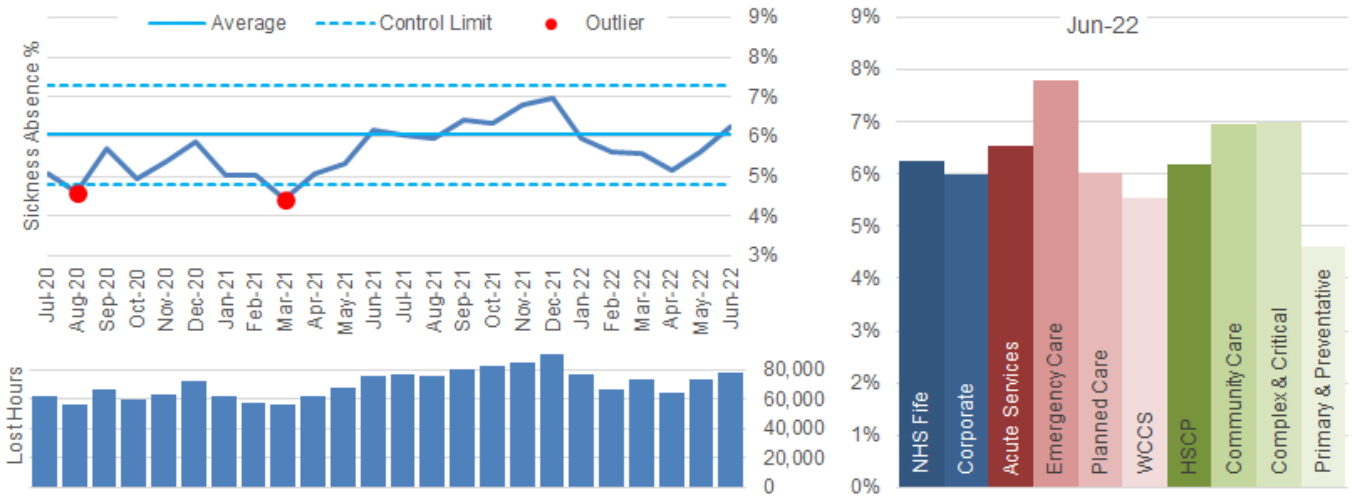
Appendix 7: Capital Plan - Changes to Planned Expenditure

| Capital Expenditure Proposals 2022/23 Routine Expenditure | Pending Board Approval | Cumulative Adjustment to May | June Adjustment | Total |
|------------------------------------------------------------------|------------------------|------------------------------|-----------------|---------------|
| | £'000 | £'000 | £'000 | June £'000 |
| Community & Primary Care | | | | |
| Capital Equipment | 0 | 20 | 209 | 229 |
| Condemned Equipment | 0 | 0 | 0 | 0 |
| Clinical Prioritisation | 0 | 105 | -37 | 67 |
| Statutory Compliance | 0 | 346 | -6 | 340 |
| Total Community & Primary Care | 0 | 470 | 166 | 636 |
| Acute Services Division | | | | |
| Capital Equipment | 0 | 1,130 | -210 | 920 |
| Condemned Equipment | 0 | 13 | 0 | 13 |
| Clinical Prioritisation | 0 | 30 | 37 | 67 |
| Statutory Compliance | 0 | 1,890 | 1 | 1,891 |
| QMH Theatre | 734 | 734 | 0 | 734 |
| | 734 | 3,798 | -172 | 3,626 |
| Fife Wide | | | | |
| Backlog Maintenance / Statutory Compliance | 2,396 | -2,236 | 5 | 165 |
| Fife Wide Equipment | 1,407 | -1,150 | 1 | 258 |
| Digital & Information | 877 | 0 | 0 | 877 |
| Clinical Prioritisation | 250 | -135 | 0 | 115 |
| Condemned Equipment | 100 | -13 | 0 | 87 |
| Capital to Revenue Transfer | 2,000 | 0 | 0 | 2,000 |
| Fife Wide Fire Safety | 0 | 0 | 0 | 0 |
| Fife Wide Vehicles | 0 | 0 | 0 | 0 |
| Total Fife Wide | 7,030 | -3,534 | 6 | 3,501 |
| | | | | |
| Total Capital Resource 2022/23 | 7,764 | 734 | 0 | 7,764 |
| ANTICIPATED ALLOCATIONS 2022/23 | | | | |
| QMH Theatres PH2 | 1,500 | 0 | 0 | 1,500 |
| Kincardine Health Centre | 856 | 0 | 0 | 856 |
| Lochgelly Health Centre | 1,228 | 0 | 0 | 1,228 |
| Mental Health Review | 100 | 0 | 0 | 100 |
| Elective Orthopaedic Centre | 13,389 | 0 | 0 | 13,389 |
| National Equipping | 1,506 | 0 | 0 | 1,506 |
| HEPMA | 1,000 | 0 | 0 | 1,000 |
| Pharmacy Robot | 100 | 0 | 0 | 100 |
| Anticipated Allocations for 2022/23 | 19,679 | 0 | 0 | 19,679 |
| | | | | |
| Total Planned Expenditure for 2022/23 | 27,443 | 734 | 0 | 27,443 |

Sickness Absence

To achieve a sickness absence rate of 4% or less

Local Performance



National Benchmarking

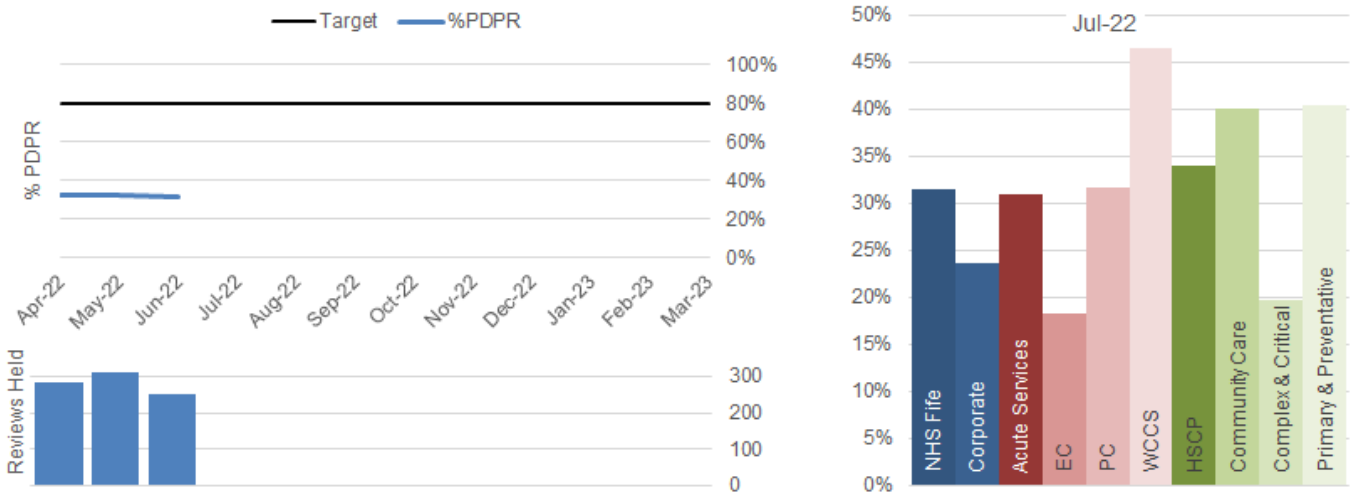
| Month | 2021/22 | | | | | | 2022/23 | | | | | |
|----------|---------|-------|-------|-------|-------|-------|---------|-------|-------|-------|-------|-------|
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
| NHS Fife | 6.03% | 5.95% | 6.42% | 6.34% | 6.79% | 6.98% | 5.93% | 5.63% | 5.59% | 5.14% | 5.62% | 6.24% |
| Scotland | 5.62% | 5.76% | 6.12% | 6.30% | 6.37% | 6.23% | 5.37% | 4.96% | 5.47% | 5.10% | 5.59% | 0.00% |

| Key Deliverable | | End Date |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Support the Health and Wellbeing of our Staff | | Mar-23 On track |
| Key Milestones | Work towards improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions | Mar-23 On track |
| | Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence | Mar-23 At risk |

PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

Local Performance

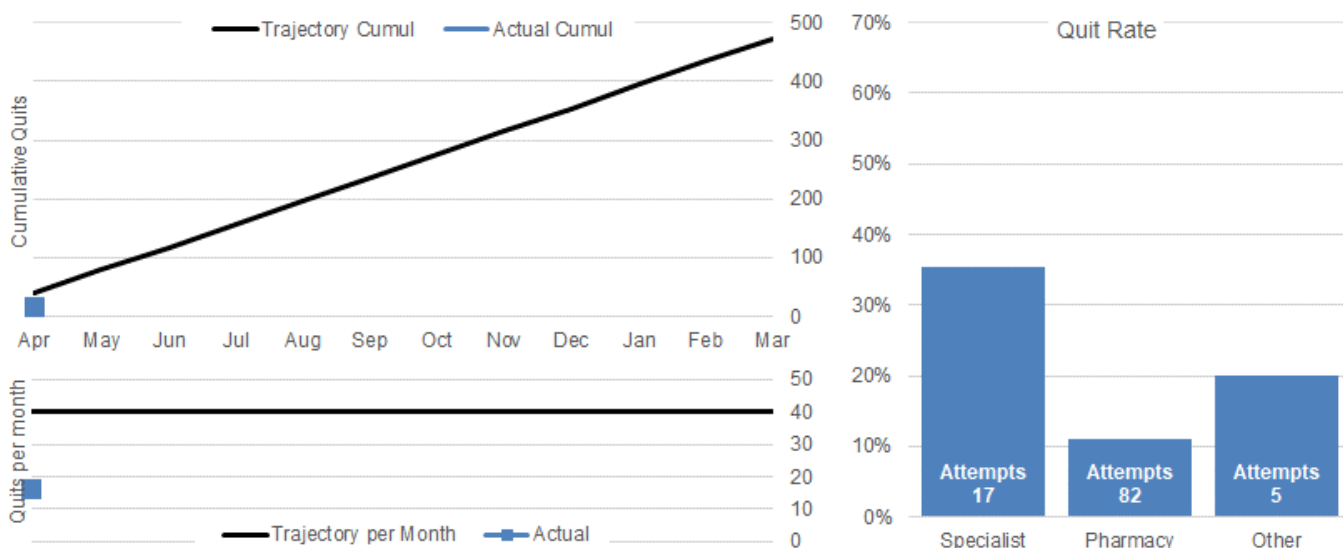


| Key Deliverable | | End Date |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Work towards improvement in PDPR engagement and achieving an 80% compliance rate | | Mar-23 |
| Key Milestones | Continued delivery of bitesize training sessions, service specific sessions and 1:1 support as needed | |
| | RAG status reports will be provided to all Managers during September 2022 | |
| | Compliance reports will be provided to the Executive Directors Group and relevant forums, including engagement with staff side colleagues on a monthly basis, including a trend of the total number of employees who have participated in PDPR meetings | |
| | Increased communication via Stafflink with regular updates in the NHS Fife Weekly Update | |

Smoking Cessation

In 2022/23, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Local Performance (lag due to 12-week follow-up from quit date)



National Benchmarking

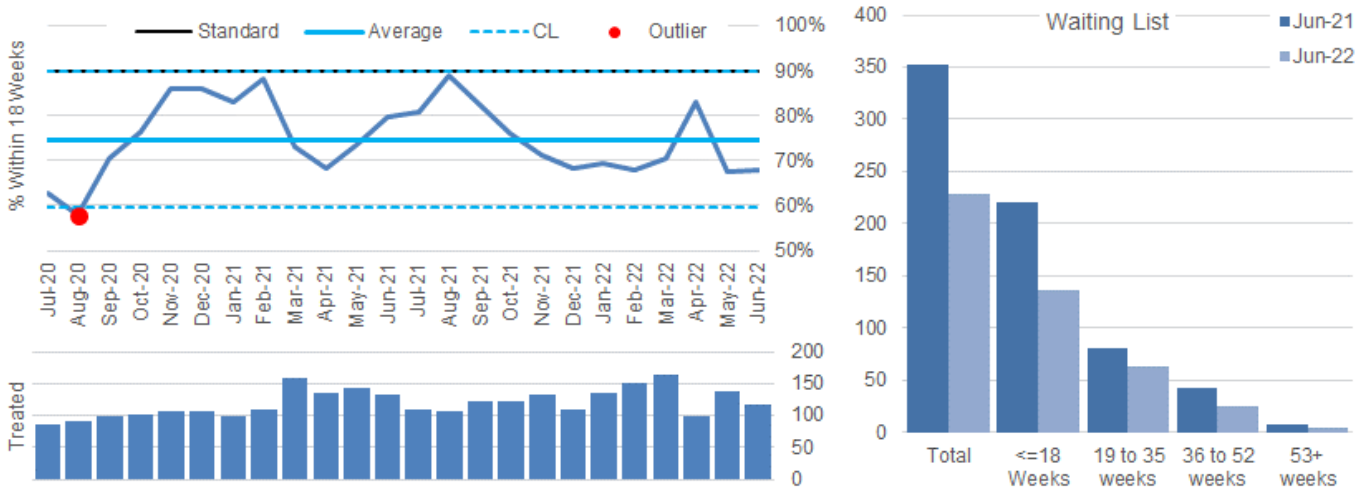
| | | 2021/22 | | | | | | | | | | | |
|----------|------------------|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| NHS Fife | Actual | 39 | 31 | 27 | 32 | 27 | 26 | 18 | 37 | 13 | 45 | 35 | 33 |
| | Actual Cumul | 39 | 70 | 97 | 129 | 156 | 182 | 200 | 237 | 250 | 295 | 330 | 363 |
| | Trajectory Cumul | 40 | 79 | 118 | 158 | 197 | 236 | 276 | 315 | 354 | 394 | 434 | 473 |
| | Achieved | 97.5% | 88.6% | 82.2% | 81.6% | 79.2% | 77.1% | 72.5% | 75.2% | 70.6% | 74.9% | 76.0% | 76.7% |
| Scotland | Achieved | | | 93.3% | | | 82.7% | | | 74.3% | | | |

| Key Deliverable | | End Date |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2022-23 | | Mar-23 On track |
| Key Milestones | Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system | Mar-23 On track |
| | Remobilise face to face service provision within community venues; contact community venues to assess accommodation, costings, working arrangements, appointment system | Mar-23 On track |
| | Engage with and offer service to all pregnant mums identified as smokers at booking appointment | Mar-23 On track |
| | Increase awareness that the service is available using a variety of mechanisms; consider available opportunities to promote service and establish a marketing and communication plan | Mar-23 On track |
| | Remobilise out-reach service provision in most deprived communities; negotiate use of sexual health mobile unit, assess appropriate sites and permissions to park, signage | Mar-23 On track |

CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

Local Performance



National Benchmarking

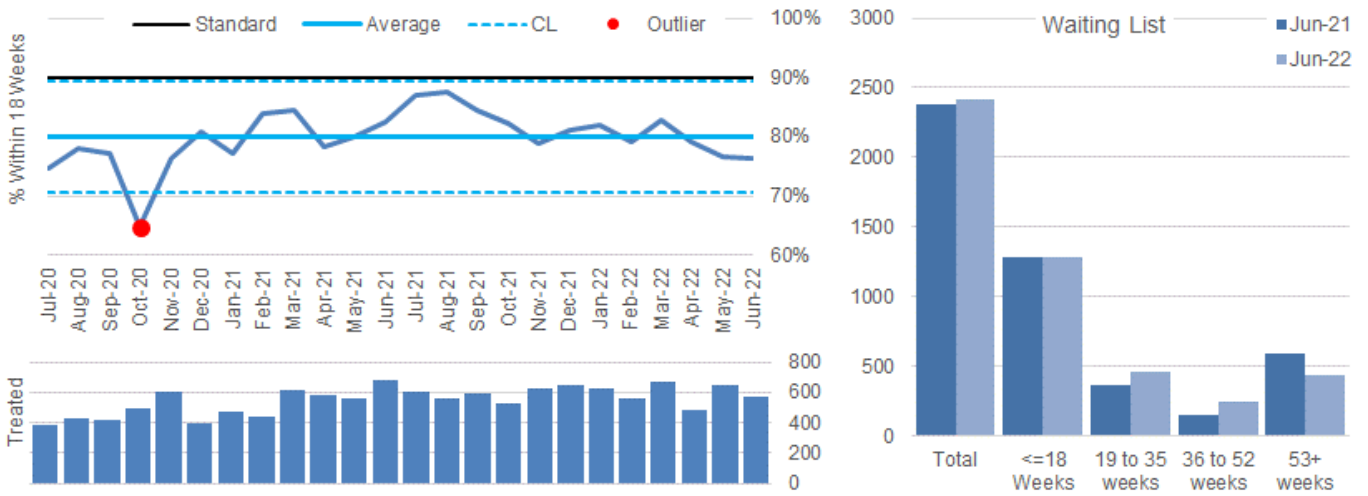
| Month | 2021/22 | | | | | | 2022/23 | | | | | |
|----------|---------|-------|-------|-------|-------|-------|---------|-------|-------|-------|-------|-------|
| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
| NHS Fife | 80.9% | 88.8% | 82.1% | 76.0% | 71.2% | 68.2% | 69.4% | 68.0% | 70.6% | 83.0% | 67.4% | 67.8% |
| Scotland | 75.9% | 77.4% | 82.1% | 71.5% | 70.5% | 68.9% | 73.9% | 71.9% | 73.8% | | | |

| Key Deliverable | | End Date |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to CAMHS | | Mar-23 On track |
| Key Milestones | Development of a CAMHS Urgent response Team for young people who present to ED/ Paediatric /in patients with self-harm/suicidal ideation which has significantly increased over the course of the pandemic | Nov-22 On track |
| | Recruitment of Additional Workforce | Mar-23 On track |
| | Delivery of SEAT Regional delivery for CAMHS/Eating Disorders and Perinatal Mental Health | Mar-23 On track |

Psychological Therapies 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

Local Performance



National Benchmarking

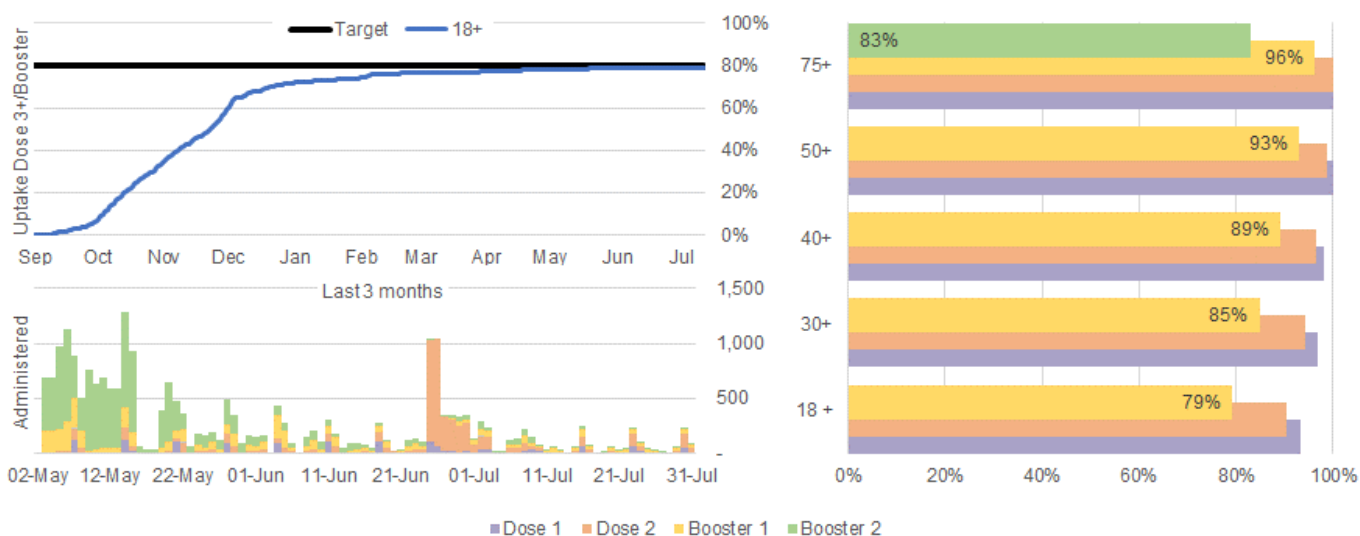
| Month | 2021/22 | | | | | | 2022/23 | | | | | |
|----------|---------|-------|-------|-------|-------|-------|---------|-------|-------|-------|-------|-------|
| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
| NHS Fife | 86.9% | 87.4% | 84.5% | 82.3% | 78.8% | 81.1% | 81.8% | 79.2% | 82.7% | 79.2% | 76.5% | 76.3% |
| Scotland | 88.5% | 87.0% | 86.1% | 85.5% | 83.0% | 85.1% | 82.6% | 82.0% | 84.5% | | | |

| Key Deliverable | | End Date |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to Psychological Therapies | | Mar-23 On track |
| Key Milestones | Recruit to vacancy within Unscheduled Care Brief Psychological Intervention service | Dec-22 On track |
| | Recruit new staff as per Psychological Therapies Recovery Plan | Dec-22 At risk |
| | Waiting list management within General Medical Service in Clinical Health | Dec-22 On track |
| | Implement PT improvement plan that has been developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit | Mar-23 At risk |
| | Support and develop the NHS Fife response to Long COVID | Dec-22 On track |

Covid-19 Vaccination

At least 80% of the Age 18+ population will receive a Booster 1 or Dose 3 vaccine

Local Performance



National Benchmarking

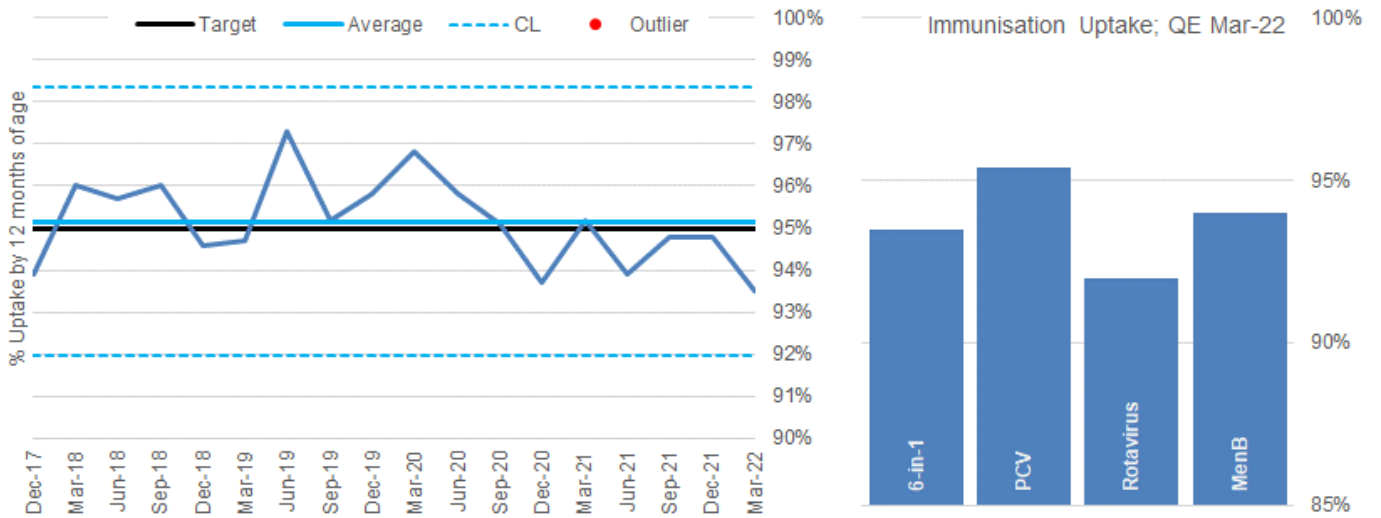
| Month Ending | 2021/22 | | | | | | | 2022/23 | | | |
|--------------|---------|-------|-------|-------|-------|-------|-------|---------|-------|-------|-------|
| | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul |
| NHS Fife | 0.9% | 19.9% | 44.0% | 68.6% | 73.6% | 76.8% | 77.5% | 78.0% | 78.5% | 78.8% | 78.9% |
| Scotland | 1.8% | 17.4% | 38.5% | 66.7% | 73.5% | 76.4% | 77.4% | 77.8% | 78.3% | 78.7% | 78.8% |

| Key Deliverable | | End Date |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Delivery of the COVID booster 1 and 2 programme for eligible population in Fife | | Dec-22 On track |
| Key Milestones | COVID Booster 1 (dose 3) uptake for 18+ Fife population | Dec-22 On track |
| | COVID Spring/Summer 22 booster 2 (dose 4) uptake for 75+ Fife population <i>Latest PHS data (13/7/22) - Fife uptake for booster 2 (dose 4) in 75+ = 94.5%. Programme completed though rolling offer ongoing.</i> | Jul-22 Complete |
| Delivery of the Autumn/Winter Seasonal 22-23 Flu & COVID vaccination programme for eligible population in Fife | | Jan-23 On track |
| Key Milestones | COVID uptake for 75+ in Fife, Autumn/Winter 22-23 | Dec-22 On track |
| | Flu Vaccination uptake for 18-59 years at risk group in Fife, Autumn/Winter 22-23 | Jan-23 On track |
| | Flu vaccination uptake for 65+ Fife population, Autumn/Winter 22-23 | Dec-22 On track |
| | Flu vaccination uptake in 2-5 years, primary & secondary school programme | Jan-23 On track |

Child Immunisation: 6-in-1

At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age

Local Performance



National Benchmarking

| Quarter | 2020/21 | | | | 2021/22 | | | |
|-----------------|---------|-------|-------|-------|---------|-------|-------|-------|
| | Jun | Sep | Dec | Mar | Jun | Sep | Dec | Mar |
| NHS Fife | 95.8% | 95.1% | 93.7% | 95.2% | 93.9% | 94.8% | 94.8% | 93.5% |
| Scotland | 96.4% | 96.8% | 96.4% | 96.5% | 96.6% | 96.6% | 96.4% | 96.1% |

Key Deliverable

Delivery primary & booster childhood immunisation programme to infants and pre-school children in Fife population; 6-in-1 primary vaccination uptake at age 12 months for Fife population

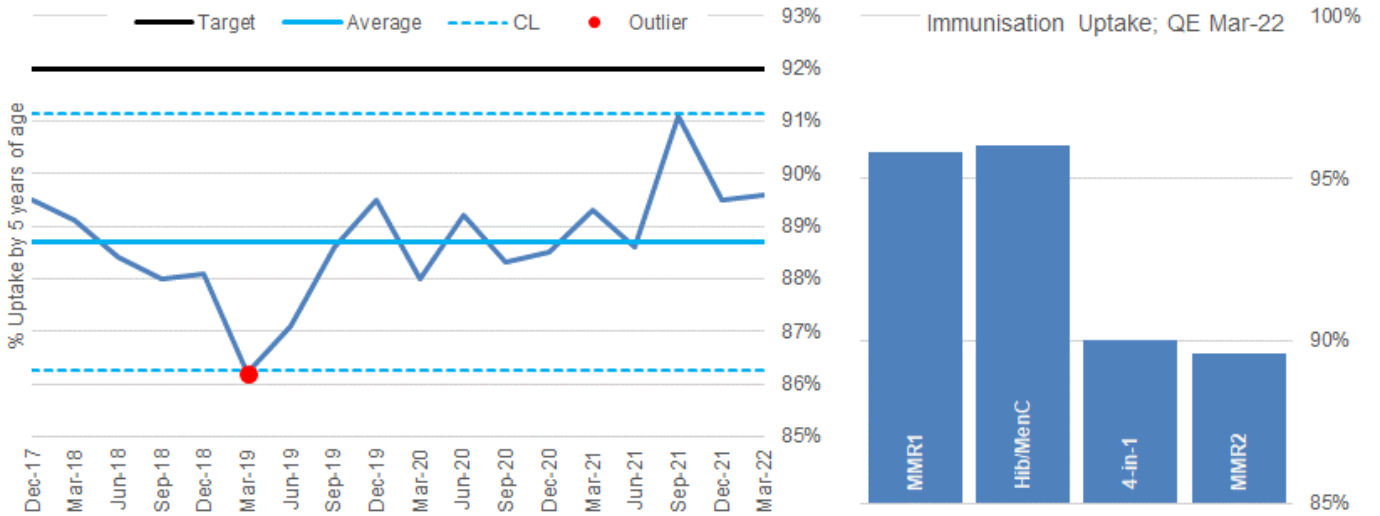
End Date

Mar-23

Child Immunisation: MMR2

At least 90% of children will receive their MMR2 vaccination by the age of 5

Local Performance



National Benchmarking

| Quarter | 2020/21 | | | | 2021/22 | | | |
|-----------------|---------|-------|-------|-------|---------|-------|-------|-------|
| | Jun | Sep | Dec | Mar | Jun | Sep | Dec | Mar |
| NHS Fife | 89.2% | 88.3% | 88.5% | 89.3% | 88.6% | 91.1% | 89.5% | 89.6% |
| Scotland | 92.3% | 92.6% | 92.8% | 92.2% | 93.2% | 92.8% | 91.7% | 91.9% |

Key Deliverable

Delivery primary & booster childhood immunisation programme to infants and pre-school children in Fife population; MMR2 uptake at age 5 years for Fife population

End Date

Mar-23



Report to the Board on 27 September 2022

BOARD DEVELOPMENT SESSION – 30 August 2022

Background

1. The bi-monthly Board Development Sessions provide an opportunity for Board Members and senior clinicians and managers to consider key issues for NHS Fife in some detail, in order to improve Members' understanding and knowledge of what are often very complex subjects. The format of the sessions usually consists of a briefing from the lead clinician or senior manager in question, followed by discussion and questions, or a wide-ranging discussion led by members themselves.
2. These are not intended as decision-making meetings. The Board's Code of Corporate Governance sets out the decision-making process, through recommendations from the Executive Directors Group and/or relevant Board Committee, and this process is strictly observed.
3. The Development Sessions can, however, assist the decision-making process through in-depth exploration and analysis of a particular issue which will at some point thereafter be the subject of a formal Board decision. These sessions also provide an opportunity for updates on ongoing key issues.

August Development Session

4. The most recent Board Development Session took place in the Dean Park Hotel, Kirkcaldy on Tuesday 30 August 2022. There were two main topics for discussion: Cybersecurity and an update on the Proposal to Develop Assistant Practitioner Role.

Recommendation

5. The Board is asked to **note** the report on the Development Session.

TRICIA MARWICK
Board Chairperson
31 August 2022

| | |
|-------------------------------|---------------------------------------------------------------------------------|
| Meeting: | Fife NHS Board |
| Meeting date: | 27 September 2022 |
| Title: | Community Immunisation Service FVCV Delivery Update |
| Responsible Executive: | Nicky Connor, Director of Health, and Social Care |
| Report Author: | Karen Nolan, Clinical Service Manager Community Immunisation Service |

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this report is to provide assurance to NHS Fife Board on the local delivery position for the Autumn/Winter Flu and Covid vaccination programmes and the planning that is in place to support safe and effective delivery of the programmes to the people of Fife through the Community Immunisation Service in NHS Fife.

2.2 Background

The Community Immunisation Service continues to successfully progress with the local delivery of the nationally directed immunisation programme for all eligible cohorts.

The Spring vaccination programme can now be considered complete with all those eligible having being offered several opportunities to uptake vaccination along with an ongoing

rolling offer through the provision of drop-in clinics for those missing earlier doses. The uptake of the Spring booster among eligible groups in Fife was above the national average. Autumn/Winter 2022 Covid and Flu Vaccination Campaign has now commenced

National guidance received in the form of a JCVI statement on the 15th of July confirmed the cohorts to be offered a vaccination. Further JCVI guidance regarding the new variant vaccine has also now been received on 15th August 2022.

National guidance received in the form of a JCVI statement on the 15th of July confirmed the cohorts to be offered a vaccination. Further JCVI guidance regarding the new variant vaccine was received on 15th August 2022 and updated 3rd September. This stated an aim to offer authorised bivalent vaccines throughout the autumn programme subject to operational considerations. Individuals offered vaccination should be advised that timely boosting is desirable to increase protection over the winter, and therefore to accept whichever booster vaccine is offered.

Autumn/Winter cohorts:

- residents in a care home for older adults and staff working in care homes for older adults
- frontline health and social care workers
- all adults aged 50 years and over
- persons aged 5 to 49 years in a clinical risk group
- persons aged 5 to 49 years who are household contacts of people with immunosuppression
- persons aged 16 to 49 years who are carers
- persons who are pregnant

A minimum 24 week dose interval from the previous COVID booster is built into planning assumptions, with co-administration with the flu vaccination wherever practicable. An updated CMO letter issued 15th September 2022 asked Health Boards to make best endeavours to complete vaccinations by the start of December in alignment with JCVI advice.

2.3 Assessment

At time of writing 901,202 full course doses have been administered in Fife.

Planning to support both an 80% uptake within clinics for Autumn and Winter vaccinations were reviewed with the following aspects taken into consideration,

- National planning assumptions guided for Autumn/Winter
- Appointment timescales
- Current delivery from contracted staff
- Delivery assumptions based on completion by beginning of December 2022

It was agreed that 'normal' delivery would be based on an assumption of 80% uptake as directed nationally, with current delivery achievable by the existing staff within the Community Immunisation Service. Based on current planning assumptions,

Autumn/Winter delivery commenced the week of 5th September for frontline health and social care staff, care home residents and those who are housebound and appointments for the wider community cohorts commenced on 19th of September. Appointments will be scheduled in order of clinical priority. Following JCVI advice, including staff, the total number of adult appointments being planned in Fife is 167,000. This consists of around 160k clinic-based vaccinations and around 7k community (Housebound and care home) vaccinations. The at-risk cohort extends to ages 5+ and at-risk children will also be offered a further COVID booster.

The Flu vaccine will be delivered through a co-administration appointment with COVID for eligible adults in a similar model adopted in 2021. The children's flu programme will be delivered through a school-based delivery model for those of primary and secondary age, and a community venue model for those aged 2 to 5 years.

Based on current national planning assumptions, an accelerated Autumn/Winter Programme is aiming to be complete by the 4th of December with as many people across Fife who are eligible to have been offered a vaccination by then. This earlier completion date arose following a further review of the guidance from JCVI July 2022 by the CMO, The service leads project acceleration is achievable based on current workforce and run rate projections and any risks associated with clinical priority and costs will be closely monitored.

The Programme will also roll to the end of Jan 2023 to support any mop up and a rolling offer for people. There will be no drop-in appointments within the initial phase of delivery focused to ensure the most vulnerable will be offered a vaccination appointment and be protected first.

Most of the eligible adult population will receive an appointment via a "blue letter", with those aged 50-64 who don't have any at-risk conditions guided to self-book via the portal at a later stage in the programme.

There have been several national discussions surrounding the evolution of a variant vaccine and a bivalent vaccine has now been licensed for use within the United Kingdom and will be used to increase immunity to circulating variants.

To ensure accessible vaccination, citizens will have the opportunity to uptake the vaccine in several centres across Fife. This includes the more rural populations.

Delivery Plan – current dates, please see Appendix 1

Outreach Work

Community outreach and pop-up activity has continued throughout the year this will continue to be used to reach more rural populations in Fife for the Autumn/Winter campaign. Uptake rates will be monitored to target focused outreach where required.

2.3.1 Quality/ Patient Care

NHS Fife will continue to respond to new developments as guided nationally to provide a safe and effective service to all citizens in Fife. A clinical oversight and assurance group meets regularly to provide assurance to the boards regarding safe delivery of the Immunisation Programme.

2.3.2 Workforce

Currently, there are no immediate concerns or pressures regarding workforce ability to deliver the circa 178,000 vaccinations projected within Fife inclusive of adult Covid, flu and children's programmes. This will continue to be monitored.

2.3.3 Financial

The programme continues to work closely with Finance colleagues to track and report on expenditure. Additional costs and any risks identified throughout the planning stages of this campaign and are being managed, mitigated, and reported accordingly. Finance were consulted with and collectively agreed the accelerated programme financial impact.

2.3.4 Risk Assessment/Management

A robust risk review process is in place where risks are reviewed frequently across key work streams. There have recently been several risks closed with the current total now equating to 7 with no high-level risks, all 7 are either moderate or low-level risks.

2.3.5 Equality and Diversity, including health inequalities

The established inclusivity group will continue to lead delivery of EQIA actions and direct specific outreach activities to ensure access for all eligible.

2.3.6 Other impact

No other impact.

2.3.7 Communication, involvement, engagement and consultation

Communications are linked with the national direction applying national toolkits provided with adaption locally and the team have established a range of channels, with lessons learned from the COVID programme to ensure effective, timely and targeted communications.

2.4 Recommendation

NHS Fife Board are asked to consider this report for assurance regarding the planning that is in place to support safe and effective delivery of Autumn/Winter Flu and Covid vaccination programmes to the people of Fife through the Community Immunisation Service in NHS Fife.

3 List of appendices

The following appendices are included with this report:

- Appendix 1: Flu and Covid Vaccination Autumn/Winter Planned Timetable 2022

Report Contact

Karen Nolan

Clinical Services Manager

karen.nolan@nhs.scot

Appendix 1: Flu and Covid Vaccination Autumn/Winter Planned Timetable 2022

| Cohort | Delivery Setting | Start date | Projected completion date |
|---------------------------------------------|-------------------------------------------------------|----------------------------|----------------------------------|
| Care Home residents | Care Homes | 5 th September | 13 th November |
| Housebound Patients | In own homes | 5 th September | 13 th November |
| HSCWs (frontline flu/covid) | Community Vaccination Clinic Sites, Hospital settings | 5 th September | 30 th September |
| 16 to 64 at risk | Community Vaccination Clinic Sites | 24 th October | 27 th November |
| 5 to 15 at risk | Community Vaccination Clinic Sites | 10 th October | 31 st October |
| Pregnant women | Community Vaccination Clinic Sites /Maternity clinics | 19 th September | 30 th March 2023 |
| Household contacts of immunosuppressed | Community Vaccination Clinic Sites | 31 st October | 4 th December |
| Carers - including unpaid carers | Community Vaccination Clinic Sites | 31 st October | 4 th December |
| 65yrs and over | Community Vaccination Clinic Sites | 19 th September | 6 th November |
| 50 – 64yr (no underlying health conditions) | Community Vaccination Clinic Sites | 31 st October | 4 th December |

| | |
|-------------------------------|--------------------------------------------------------------------|
| Meeting: | Fife NHS Board |
| Meeting Date | 27 September 2022 |
| Title: | 2022 Property & Asset Management Strategy |
| Responsible Executive: | Neil McCormick, Director of Property & Asset Management |
| Report Author: | Ben Johnston, Head of Capital Planning |

1 Purpose

This is presented for:

- Approval

This report relates to the:

- 2022 Property & Asset Management Strategy

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This document presents the 2022 Property & Asset Management Strategy (PAMS) as required by the State of the NHS Scotland Assets & Facilities Report (SAFR) Programme. The Board's PAMS submission to Scottish Government is now every two years with an interim PAMS update report required every other year. The 2022 document is an interim update, but it is expected that future PAMS submissions will be in a similar format.

2.2 Background

The PAMS is a strategic document which highlights the current condition of NHS Fife's assets together with any current and proposed investments.

2.3 Assessment

This 2022 NHS Fife PAMS has been streamlined to be more readable and succinct. New information has been presented on the Boards Statutory Compliance figures. The data in this document represents NHS Fife's position as of 1 April 2022 and an allowance for inflation has been included since the last full report.

The 2022 PAMS document is a part of NHS Scotland's data collection for information pertaining to the Estate.

The document also provides:

- An insight into our directorate and what we do
- The Alignment of the PAMS as an enabling strategy as part of the Population Health and Wellbeing Strategy development.
- The development of an action plan within the PAMS in line with best practice and to provide a way to measure progress in delivering the key changes required to enable the wider Population Health and Wellbeing Strategy.
- A context for future infrastructure investment Business Cases which should be in line with the 2022 PAMS
- The strategic issues that are being considered for future developments within the Estate as identified in the Executive Summary

NHS Fife's 2022 PAMS return was compiled by the Head of Capital Planning in conjunction with key stakeholders.

The Report covers all buildings owned or leased by the Board and only references third party ownership.

2.3.1 Quality/ Patient Care

Not Applicable.

2.3.2 Workforce

Not Applicable.

2.3.3 Financial

A summary investment plan is included within the report.

2.3.4 Risk Assessment/Management

Key risks are monitored and managed in line with the Board's Assurance & Risk Management Framework.

2.3.5 Equality and Diversity, including health inequalities

EQIA Assessments are carried out as and when required for significant developments and/or service changes.

2.3.6 Other impact

Not Applicable.

2.3.7 Communication, involvement, engagement and consultation

Not Applicable.

2.3.8 Route to the Meeting

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

- FCIG, 27 July 2022
- EDG, 18 August 2022
- FP&R, 13 September 2022

2.4 Recommendation

- **Approval** – NHS Fife Board are asked to approve the 2022 PAMS

3 List of appendices

The following appendices are included with this report:

- Property & Asset Management Strategy 2022

Report Contacts

Neil McCormick
Director of Property & Asset Management
Email neil.mccormick@nhs.scot

Ben Johnston
Head of Capital Planning & Project Director
Email ben.johnston2@nhs.scot

Property & Asset Management Strategy - 2022

September 2022 (Draft) v5 NMCC

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Glossary of Terms

| | |
|-------|---------------------------------------------------|
| AIMS | NHS Scotland Assure Information Management System |
| BIM | Building Information Management |
| DATIX | Incident Reporting System |
| DCP | Decontamination Collaborative Programme |
| DL | Document List |
| EAMS | Estates Asset Management System |
| FY | Financial Year |
| GMS | General Medical Services |
| GP | General Practitioner |
| HFS | Health Facilities Scotland |
| IJB | Integrated Joint Board |
| KSAR | Key Stage Assessment Review |
| KWH | Kilowatt Hours |
| NPD | Non-Profit Distributing |
| PAMS | Property and Asset Management Strategy |
| PFI | Private Finance Initiative |
| QMH | Queen Margaret Hospital, Dunfermline |
| SAFR | NHS Scotland Assets and Facilities Report |
| SCART | Statutory Compliance Audit and Risk Tool |
| SCIG | Scottish Capital Investment Group |
| SCIM | Scottish Capital Investment Manual |
| SG | Scottish Government |
| SPRA | Strategic Planning and Resource Allocation |
| UN | United Nations |
| VHK | Victoria Hospital, Kirkcaldy |
| WTE | Whole Time Equivalent |

1 Introduction from the Director of Property & Asset Management

I am delighted to be able to present NHS Fife's 2022 Property & Asset Management Strategy (PAMS) to you.

The PAMS sets out our progress from previous years along with our vision of the future in support of the NHS Fife Population Health and Wellbeing Strategy.

A lot of work has gone into ensuring that the strategy is aligned with the wider Population Health and Wellbeing Strategy with the help and support of the wider Executive Team and other key stakeholders within the organisation.



The PAMS also now explicitly includes an Implementation Action Plan (Section 6.3) which will be used to track future progress against the strategy.

The 4 pillars of the Population Health and Wellbeing Strategy are shown overleaf which are overlaid with some of our directorate's key areas of work.

One of the most exciting developments currently in the final phases of construction is the National Treatment Centre for Fife Orthopaedics which will see a step change in the delivery of modern elective care in Fife and beyond.

It has also been a pleasure over the last year to work with a range of primary care colleagues to develop a strategy for the premises that are used to deliver that valuable service and to begin to identify short-, medium- and long-term solutions to some of the problems that will hopefully provide a more sustainable position.

The key challenge, however, that faces NHS Fife over the next 15 years is addressing the Climate Emergency in partnership with our staff, patients, supply chain, and the wider Public and Voluntary Sector within Fife. We also have the much-appreciated help and support of our East Region and National Colleagues.

NHS Fife's continued focus on the Anchor Institution principles and the future potential community use of our property and assets in a more sustainable way will, I hope, support the Population Health and Wellbeing Strategy and the Wider Plan 4 Fife for years to come.

Neil McCormick

Director of Property & Asset Management

The goals of the Population Health and Wellbeing Strategy fall within four domains. These domains are aligned to the NHS Fife Population Health and Wellbeing Strategy and help us to ensure our work aligns with the priorities of the wider organisation. We have mapped some of our directorate's key priorities against these domains which you can see below.

IMPROVE HEALTH AND WELLBEING



Anchor Institution – extended community use of land and assets
Minimise the impact of climate change through decarbonisation and adaption
Development of a Green Space Strategy for NHS Fife

IMPROVE QUALITY OF HEALTH AND CARE SERVICES



Help to provide the right services in the right places and facilities
Support the development of options for the future delivery of Mental Health Services
Continue to deliver strategic premises reviews (Primary Care)

IMPROVE STAFF EXPERIENCE AND WELLBEING



Provide excellent facilities to attract, retain and develop staff
Develop facilities to support our staff's physical, mental, social and spiritual wellbeing
Create opportunities for sustainable travel and exercise

DELIVER VALUE AND SUSTAINABILITY



Develop an improved database of medical devices
Reduce energy usage and carbon emissions within NHS Fife
Maximise the use of our assets (eg room bookings and agile working)

2 Who are we and what do we do?

Estates, Facilities and Capital Planning is a significant directorate with a budget of £80m (not including capital investment) and a staff complement in the order of 1,100 or 900 WTE.

Our directorate's remit is diverse but our main objective so to provide safe and appropriate facilities together with hard and soft FM services to support excellent care for the people of Fife.

The sub departments within our directorate help us to achieve this objective and for clarity and understanding these are noted below.

Estates – ensures that our properties are safe and compliant so that continuity of patient care can be maintained. Our Estates department also undertakes small capital projects on an annual basis to help improve our facilities and services. *Key contact: Paul Bishop, Head of Estates*

Facilities – undertakes estate & space management, soft FM (cleaning, catering, laundry), grounds maintenance, vehicle and waste management. *Key contact: Jim Rotheram, Head of Facilities*

Capital Planning – develops a longer-term property investment strategy whilst delivering larger capital projects against that plan. *Key contact: Ben Johnston, Head of Capital Planning & Project Director*

Health & Safety – helps to protect the safety of our staff, patients, visitors, and contractors by putting policy, processes, procedures, advice, and training in place. *Key contact: Billy Nixon, Health & Safety Manager*

Property – manages our property transactions in respect to sales, leases, and purchases. *Key contact: Neil McCormick, Director of Property & Asset Management*

Sustainability – helps to drive sustainability, energy efficiency, carbon reduction and sustainable travel across our Board. *Key Contact: Jimmy Ramsay, Estates Compliance Manager*

Compliance – working closely with Estates the compliance team help to ensure that our systems are administered, and our processes and procedures are in place to help provide a compliant and safe estate. *Key Contact: Jimmy Ramsay, Estates Compliance Manager*

3 Introduction to Property & Asset Management Strategy

The State of the NHS Scotland Assets and Facilities Report (SAFR) Programme is an annual Scottish Government requirement.

The data allows NHS Scotland Assure to establish the position of the NHS estate across Scotland.

The data also allows Scottish Boards to understand their own estate in the form of a Property and Asset Management Strategy (PAMS).

NHS Fife's PAMS has been developed in line with guidance (SHTN 00-02) and a conscious effort has been made, this year, to consolidate the PAMS document into a summarised format. This will provide a more meaningful understanding of the estate and future change plans linked to the wider strategy.

Your feedback is welcome.

The report is split into 3 main sections:

- **Section 4 – Where are we now?**

The section summarises the current position in respect to property and assets, reflects on initiatives completed in the year and ongoing committed project work

- **Section 5 – Where do we want to be?**

This section sets out the position regarding our Clinical Strategy and the vision for how the PAMS might respond and support

- **Section 6 – How will we get there?**

This section is more tangible and consists of a proposed delivery programme, key departmental objectives together with risks and constraints

4 Where are we now?

4.1 Summary of Last Year's Strategic Developments

4.1.1 National Treatment Centre – Fife Orthopaedics

The National Treatment Centre – Fife Orthopaedics Project is progressing well and is currently anticipated to be complete in 2022.

Following a service decant and transition period, it is projected that the building will be operational for patients in January 2023.

Despite several external (global and national) pressures, the project is also performing well from a budgetary point of view. The project budget is £33.4m.



Figure 1 - NTC, Fife Orthopaedics - West Elevation



Figure 2 - NTC, Fife Orthopaedics - South Elevation

4.1.2 Lochgelly and Kincardine Health & Wellbeing Centres

The Outline Business Cases for the projects have been approved by the Fife Board and Integrated Joint Board and were submitted to the Scottish Capital Investment Group (SCIG) for their meeting on 29 June 2022. The SCIG were supportive of the projects and formal approval is anticipated imminently.

Design work is ongoing, and it is anticipated that the Full Business Cases will be submitted early in 2023 which would facilitate completion of the facilities in 2024.

The current anticipated project budgets are £13m for Lochgelly and £7.8m for Kincardine.



Figure 4 - Lochgelly Health & Wellbeing Centre - Artist's Impression



Figure 3 - Kincardine Health & Wellbeing Centre - Artist's Impression

4.1.3 Mental Health Inpatient Redesign

The project is at an early stage where the Initial Agreement is being developed for internal and external governance later in 2022. A Service Option Appraisal is currently in progress to identify the best service option for Mental Health Inpatient Services moving into the future.

This project is likely to be considerable in scope and value and may require to be delivered progressively over several years. It is planned that it will be delivered in parallel with a new complimentary community model which will mean that robust mental health support will be provided within the communities across Fife with inpatient environments provided where they are needed.

4.1.4 Other Key Initiatives

Other key initiatives undertaken in the period include:

- Removal of steam boilers at Queen Margaret Hospital, Dunfermline providing improved energy performance and reduced operational risk:



Figure 5 - Replacement Boilers at QMH, Dunfermline

- Completion of North Labs, Pharmacy and VHK Phase 2 Tower Block Feasibility Studies
- Completion of draft GP Premises Strategy
- Ongoing development and delivery of staff wellbeing hubs
- Implementation of £1.8m energy efficiency measures

4.2 Capital Expenditure – 2021/2022

Capital planning and expenditure has been substantial with Directorates having worked collaboratively to deliver a substantial programme of capital investment in the year.

Our routine Capital Formula from Scottish Government amounted to £7.04m for 2021/22. In addition, we received £19.36m of project specific funding to cover expenditure on major Capital Schemes. Later in the financial year, we were allocated £6.43m of additional capital which was used to purchase a variety of priority equipment. A detailed breakdown of Capital Expenditure is provided in the table below:

Table 1 - Capital Expenditure 2021/22

| Project | Expenditure 2021/22 |
|-------------------------------------------|---------------------|
| Community & Primary Care | |
| Capital Equipment | 149,125 |
| Clinical Prioritisation | 210,700 |
| Condemned Equipment | 22,682 |
| Kincardine Health Centre | 207,000 |
| Lochgelly Health Centre | 347,999 |
| Statutory Compliance | 156,699 |
| National Equipping Balance | 6,158 |
| Decontamination Unit | 350,000 |
| Total Community & Primary Care | 1,450,363 |
| | |
| Acute Services Division | |
| Capital Equipment | 1,879,918 |
| Cancer Waiting Times Equipment | 77,790 |
| Condemned Equipment | 73,116 |
| Elective Orthopaedic Centre | 16,740,019 |
| Clinical Prioritisation | 687,194 |
| Statutory Compliance | 2,979,273 |
| National Equipping Balance | 3,370,200 |
| Laundry Support | 654,444 |
| National Eye Care Workstream | 147,438 |
| SG & Louisa Jordan Equipment | 49,753 |
| QMH Theatre Upgrades | 753,893 |
| Additional SG Equipment Tranche 1 | 741,586 |
| Audiology Equipment | 95,660 |
| Decontamination Equipment | 244,634 |
| Additional SG Equipment Tranche 2 | 368,651 |
| Colposcope | 12,240 |
| Total Acute Services Division | 28,875,809 |
| | |
| NHS Fife Wide Schemes | |
| Fire Safety (Fife Wide) | 182,234 |
| Digital & Information | 1,643,165 |
| Vehicles (Fife Wide) | 198,033 |
| Mental Health Review | 25,774 |
| COVID | 46,016 |
| Total NHS Fife Wide | 2,095,222 |
| | |
| TOTAL ALLOCATION FOR 2021/22 | 32,421,394 |

4.3 Summary of Asset Condition & Performance

4.3.1 Summary of NHS Fife Board's Property Assets

Table 2 - Board's Property Assets Summary

| NHS Fife Board's Property Assets | 2022 | 2021 |
|----------------------------------|------|------|
| Number of Sites | 43 | 43 |
| Floor area (000s sq m) | 276 | 276 |
| Net book value (£m) | 471 | 454 |
| Tenure | | |
| Owned | 73% | 73% |
| Leased | 0.2% | 0.2% |
| PFI/NPD | 21% | 21% |
| Hub | 0% | 0% |
| Other | 6% | 6% |

There were no disposals or property sales in 2021/22.

4.3.2 State of the Board's Property and Assets

The table below provides an overview concerning the state of the Board's property with the position very similar to 2021:

Table 3 - State of the Board's Property Assets

| | Age Profile (years) | | | | Condition | | | |
|-------------|---------------------|------------|------------|--------------|-----------|-------------------------------|-----|----|
| | >50 | 30-50 | 10-29 | 0-10 | A | B | C | D |
| 2022 | 40% | 19% | 40% | 1% | 26% | 45% | 29% | 0% |
| 2021 | 40% | 19% | 39% | 2% | 26% | 48% | 26% | 0% |
| | Functional | | | | Quality | | | |
| | A | B | C | D | A | B | C | D |
| 2022 | 27% | 49% | 19% | 6% | 27% | 41% | 27% | 5% |
| 2021 | 27% | 49% | 19% | 6% | 27% | 41% | 27% | 5% |
| | Space | | | | Key | | | |
| | Empty | Under-used | Fully used | Over-crowded | A | Excellent | | |
| 2022 | 6% | 11% | 79% | 4% | B | Satisfactory | | |
| 2021 | 6% | 11% | 79% | 4% | C | Poor / less than satisfactory | | |
| | | | | | D | Unacceptable / poor quality | | |

4.3.3 Statutory Compliance & Assurance

SCART (Statutory Compliance Audit & Risk Tool) is a web-based risk assessment tool.

Health Boards can use this tool to measure and manage their level of compliance with legal and best practice guidance.

Where a gap in statutory compliance has been identified, NHS Fife has a Risk Register and a Risk-based Action Plan in place for each of its sites.

The Risk Register is reviewed bi-monthly at Estate Manager Meetings and all risks, with a risk rating of 15 or more, are reported to the Executive Directors Group through the Board Assurance Framework.

The table below provides a summary of the current position in respect to Statutory Compliance. It can be seen there has been a slight improvement since 2021:

Table 4 - Statutory Compliance Summary

| Year | NHS Fife Completed Sites | NHS Fife's Average Score | National Average Score |
|------|--------------------------|--------------------------|------------------------|
| 2022 | 95% | 66.3% | 63.91% |
| 2021 | 93% | 66.1% | 63.75% |

4.3.4 Backlog Maintenance

The investment required to bring NHS Fife properties up to an acceptable physical condition (Condition A or B) is known as backlog costs.

There has been a reduction in backlog costs compared to 2021 and this is primarily connected to the steam decentralisation work undertaken at Queen Margaret Hospital, Dunfermline.

Given the constraints in connection with Capital Formula, the Board focuses on mitigating 'high' risk backlog items resulting in a reduction of £1.2m in the year.

It should be noted that backlog costs for 2022 are subject to inflationary increases and 5.56% is due to be imminently applied. For this reason, it is important that capital allocations are increased broadly in line with inflation to ensure that the Board has the necessary resources to continue to manage and control backlog risks and costs:

Table 5 - Backlog Risk & Costs

| Year | Low (£) | Moderate (£) | Significant (£) | High (£) | Total (£) |
|------|--------------|---------------|-----------------|--------------|---------------|
| 2022 | 5,517,660.74 | 29,096,217.43 | 51,875,059.53 | 5,319,778.71 | 91,808,716.41 |
| 2021 | 5,108,301.30 | 27,498,615.95 | 53,094,005.58 | 6,541,883.35 | 92,242,806.18 |

4.3.5 Environmental Management Strategy

During 21/22, NHS Fife secured access to a £1.8m energy efficiency fund from Scottish Government.

This has facilitated several energy efficiency measures including:

- Calorifier replacement
- LED lighting upgrades
- Increased photovoltaics



Figure 6 - Photovoltaics at VHK, Kirkcaldy

Associated revenue savings will flow through into the next financial year. We also delivered 9 Feasibility Study reports outlining measures that could be delivered to reduce carbon across 9 sites. These will be used to apply for a proportion of escalating Capital Funding for the Scottish Central Energy Efficiency Grant Scheme to support further decarbonisation.

4.3.5.1 Steam

Steam has been removed from the Queen Margaret Hospital, Dunfermline and the final phase of the Project to carry out similar works at Victoria Hospital, Kirkcaldy is underway.

Together, these Projects will improve energy efficiency and overall site resilience at these key sites.

4.3.5.2 National Sustainability Assessment Tool

NHS Fife has recently secured 'Silver Status' (not verified) using the National Sustainability Assessment Tool which indicates the Board's commitment to the UN Sustainable Development goals.

Over the past 2 years we have:

- Installed 105 covered, enclosed, and sheltered cycle parking
- Implemented a 5 e-bike Trial Scheme to encourage staff to use more sustainable forms of transport. Travel plans for Victoria Hospital, Kirkcaldy, Queen Margaret Hospital, Dunfermline and Cameron Hospital, Windygates have been updated in the period.

4.3.5.3 NHS Fife's Energy and Carbon Emissions

The current position in respect of NHS Fife's energy and carbon emissions is noted in the table below:

Table 6 - Energy and Carbon Emission Summary

| Fuel Type | Total Energy Use | | | Total Energy CO ₂ e | | |
|-------------------|--------------------|-------------------|--------------|--------------------------------|-----------------|--------------|
| | 2019/20 | 2021/22 | Difference | 2019/20 | 2021/22 | Difference |
| | kWh | kWh | % | Tonnes | Tonnes | % |
| Biomass Woodchips | 5,926,200 | 7,236,172 | 22.1% | 139.6 | 166.8 | 19.5% |
| Electricity | 23,481,647 | 23,123,886 | -1.5% | 6,511.5 | 5,344.4 | -17.9% |
| Gas kWh | 72,180,499 | 68,773,796 | -4.7% | 14,996.2 | 14,752.7 | -1.6% |
| Gasoil (Class A2) | 205,172 | 114,187 | -44.3% | 64.8 | 36.0 | -44.3% |
| Total | 101,793,519 | 99,248,042 | -2.5% | 21,712.0 | 20,299.9 | -6.5% |

4.3.6 Office Accommodation

A summary of the main blocks of office accommodation retained by NHS Fife is noted in the table below:

Table 7 - Main Block Office Accommodation Summary

| Office | Gross area m ² | Desks |
|--------------------------------------------------|---------------------------|-------|
| Hayfield House Victoria Hospital Kirkcaldy | 1,851 | 126 |
| Cameron House Cameron Hospital Windygates | 662 | 35 |
| Haig House Cameron Hospital Windygates | 2,048 | 129 |

Due to the current Covid-19 situation, it is difficult to assess utilisation of the desks in relation to future trends. That said, however, the pandemic has offered the Board the opportunity to consolidate existing desk space.

One key change to office accommodation is the move of the Finance Directorate from Evans Business Park, Kirkcaldy to Board owned accommodation at Hayfield House, Victoria Hospital, Kirkcaldy. This measure has had a positive revenue effect and is in keeping with the Board's emerging strategy which is to utilise office accommodation in a much more agile and efficient manner.

4.3.7 Medical Equipment

Given the financial situation in 2021/22 in respect of surplus available capital, the Board was able to apply for significant additional funding to procure much needed equipment. In total, £6.43m of additional priority equipment was purchased in 2021/22. This included CT scanners and much needed replacement laundry equipment.

The current financial position in respect of equipment:

Total replacement and equivalent value: £40.2m (excl VAT)

Total recurring expenditure: £2.2m (excl VAT)

(Please note that Radiology and Radiotherapy equipment are excluded from these figures as these are monitored centrally).

The National Infrastructure and Equipping Board has requested that Boards submit their equipping requirements for years 2022/23 and 2023/24. The purpose of this request is to enable Boards to take a nationally co-ordinated approach with Procurement to gain the best overall value.

A National Procurement approach may secure greater purchasing power for existing capital allocations.

4.3.8 Existing Vehicular Fleet

4.3.8.1 Transport Assets

NHS Fife utilises a fleet of 99 vehicles. The fleet includes a mix of cars, light and medium sized commercial vehicles.

The fleet is currently augmented by 26 short-term hires. These hires are specifically related to the Test and Protect Programme and other requirements of the Covid-19 pandemic. Most of the 26 hires will be terminated in the short-term.

The Fleet is funded through a mix of revenue funding for leased vehicles and on-going annual capital investment. Currently for 2022/23, available capital funds are £100k. NHS Fife recognises that there is a need to regularly invest capital in order to decarbonise the fleet. Significant investment has been provisionally earmarked for capital expenditure in future years.

The make-up of the 99 fleet vehicles include:

- 41 vehicles of which approximately 41.4% are owned
- 58 vehicles of which approximately 58.6% are leased

4.3.8.2 Pool Cars

In addition to the main fleet, NHS Fife currently utilises a pool of 30 cars for staff travel.

The majority of this fleet (27 vehicles) are leased from and managed by Enterprise Car. The 27 Enterprise cars are supplemented by 3 directly leased Nissan Leaf vehicles which are fitted with the Enterprise keyless entry system. These vehicles are primarily used by staff delivering community services throughout Fife.

As the charging infrastructure matures, it is planned that these pool cars will be replaced by EVs. A small trial of Enterprise EVs is planned for 2022/23.

4.3.9 Other Independent Facilities

Surveys of independent GP premises were commissioned by HFS Scotland in 2019 and the results uploaded onto our Estates EAMS system. No annual reviews are carried out and there are currently no formal conditional surveys carried out in independent dental, pharmaceutical or optical premises as this is not funded.

A desktop review of condition, functional suitability, space utilisation and quality was carried out in late 2017 confirming that these premises, although aging, are generally in good order.

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5 Where do we want to be?

5.1 Strategic Overview

NHS Fife's Population Health & Wellbeing Strategy is currently being developed for publication in 2023. The Strategic Framework underpinning the Strategy is referenced at Appendix A (extracted graphic below). Ultimately, the role of Property & Asset Management within the Framework is to act as an enabling service working with other Directorates and colleagues to collaboratively meet our objectives and emerging strategy.



Figure 7 - NHS Fife Strategic Framework 2022-27

Property & Asset Management will act as one of the key enablers within the Framework helping to realise the strategy. To ensure we manage our estate sustainability, it is important that property related solutions help to tackle emerging health and wellbeing priorities rather than being the instigator themselves.

To enable this, the following community-based planning model will generally be adopted where people, communities and health services help to drive physical property requirements:

Table 8 - Community Based Planning Model

| Community Based Planning | | | |
|--------------------------|-------------------|-------------------------------|-----------------------------|
| 1 – People | 2 - Community | 3 - Service | 4 - Property |
| ➔ | | | |
| Health needs | Wellbeing | Capacity | Capacity/function |
| Wellbeing needs | Support | Performance | Age/infrastructure risks |
| Population needs | Public services | Transformation | Modernisation opportunities |
| Demand projections | Development plans | Health and wellbeing outcomes | Anchor role in community |

5.2 Property & Asset Management Strategy

5.2.1 Anchor Institution

An Anchor Institution is an organisation whose long-term sustainability is tied to the wellbeing of the population they serve.

NHS Fife has a strong desire and conscious sense of responsibility to develop as a recognised Anchor Institution.

The key objectives of NHS Fife's Anchor Institution Programme are:

- Additional local purchasing thus increasing social benefits
- Widening of access to quality work
- Using buildings and spaces to support communities
- Reducing NHS Fife environmental impact
- Working more closely with local partners

These key objectives, which are relevant to this Property & Asset Management Strategy, include maximising growth, community, health and environmental benefits through the design and procurement of buildings, land, and other assets.

It also includes how we manage land and built assets and the way in which they can benefit local communities, help the environment, and create great places.

The following sections describe what we can do to improve our progression:

Design and Procurement of new Infrastructure and Developments

- NHS Fife will design and commission new infrastructure with inclusive growth, community and the environment in mind including location, access, attractive design and usability
- NHS Fife will go beyond standard procurement good practice by adding clauses that are specific to the opportunities provided by large construction projects eg minimum requirements for new job opportunities, accessible to local and previously unemployed people, enabling local sub-contracting and links to local schools/colleges

Management of Existing Buildings, Land and Other Assets

- NHS Fife will adopt good environmental practice and management systems and retrofit assets to improve their attractiveness, enhance green infrastructure and enable active travel
- NHS Fife will widen the extent to which local groups and communities can use buildings and spaces for enjoyment or positive uses
- NHS Fife will encourage the sharing of resources and facilities involve communities in managing and maintaining assets and take opportunities to transfer assets to the third-party sector where this would improve their use and strengthen communities

- NHS Fife will work across localities to develop shared anchor asset strategies eg looking at the assets of a hospital, university, local authority and planning how they can best be used for the benefit of the economy, people and places

5.2.2 **Staff Health and Wellbeing**

In alignment with our Staff Governance Standard, NHS Fife are committed to providing a healthy working environment which supports, promotes and protects the physical and mental wellbeing of our employees.

To enable this an NHS Fife Staff Health and Wellbeing Framework has been developed in 2022, the aims of the framework include:

- To promote a healthy and safe working environment where our employees can thrive
- To support the physical, mental, social and spiritual wellbeing of our employees
- To encourage, promote and support employees to develop and maintain a healthy lifestyle
- To support long term Health and Wellbeing through supporting sustainable measures

To support the aims and outcomes identified within the framework, several physical components have been developed – these are:

5.2.2.1 *Staff Hubs*

As part of the response to managing challenges connected to working through the Covid-19 pandemic, a network of temporary Staff Hubs was established across NHS Fife.

Hubs offered safe, calm, relaxing environments for staff to come to away from busy, demanding clinical and administrative spaces. Free refreshments were made available.

During the first wave of the pandemic, as well as being able to rest and recharge, staff were able to access support in the form of literature as well as being able to speak with Psychologists and members of the Spiritual Care Service and generally achieve respite from the unprecedented demands during the Covid-19 pandemic. Literature remains in our Hubs with Psychological and Spiritual Care services available.

Ten temporary Hubs, providing access to staff from across all services, were established across Fife at the beginning of the pandemic. As a result of positive feedback from staff as well as evidenced need, NHS Fife, with the support of Fife Health Charity Trustees, has agreed to create permanent Hubs to aid the resilience of staff and support their mental health and wellbeing.

The Wellbeing Hub at Queen Margaret Hospital, Dunfermline was recently handed over.



Figure 8 - Staff Wellbeing Hub, QMH, Dunfermline



Figure 9 - Sir Tom Moore picture on display

The creation of the new facility cost around £65,000. Funding was provided jointly by the Fife Health Charity and NHS Charities Together, which was brought to prominence by the incredible fundraising efforts of the late Captain Sir Tom Moore.

5.2.2.2 *Pause Pods*

Pause pods are nicely furnished small discrete rooms for staff to rest and recharge their body and mind at Whyteman's Brae Hospital, Kirkcaldy, and within the Playfield Institute, Stratheden Hospital, Cupar.

5.2.2.3 *Environmental Sustainability*

Environmental sustainability has an important role to play in contributing towards staff health and wellbeing.

Sustainable travel has been promoted during pandemic times as a means of saving lives and the environment as part of the wider carbon reduction strategy. Many initiatives have been promoted to encourage employees to use more active and sustainable forms of travel, contributing towards Scotland's target of achieving Net-Zero emissions by 2040.

NHS Fife has been updating its travel plans for 3 major sites by partnering with Mobility ways, an organisation that's primary focus is to support staff to choose more active and sustainable forms of travel to reduce commuter emissions. Mobility ways platform will enable staff to be provided with personal travel plans if they fill in a short 3-minute survey distributed via communications. As part of this, NHS Fife will continue to promote active and sustainable means of transportation, such as walking, cycling, ebikes, lift share (when permitted), public transport (NHS fife enjoys a 10% bus discount for stagecoach for staff) and working from home in accordance with the Health and Wellbeing Framework.



Figure 10 - Prioritising sustainable travel

NHS Fife's homeworking policy (part of the Health and Wellbeing Framework) allows staff to agree to work from home part or full time as agreed with their line manager. We intend to continue to promote this practice in accordance with other active and carbon saving strategies.

Cycling storage has more than doubled across fife over the last two years. The cycle to work salary sacrifice scheme currently operating allows staff to access a discount on active travel and can be access during designated windows. Bookable E-bikes are also now available across 5 sites.

NHS Fife will also continue to increase its electric vehicle infrastructure for fleet and visitors to support reduced emissions and improved air quality. This will build on the increased proportion of renewable technologies and fleet charging points we have installed across our sites over the last two years to support reduced emissions for travel and commuting, it will also continue to increase its proportion of low emissions vehicles.

5.2.3 Environmental/Zero Carbon

The revised policy for NHS Scotland on the Climate Emergency & Sustainable Development DL(2021)38 is now extant. This sets out mandatory requirements for all NHS bodies and its scope extends to all their activities.

The supporting NHS Scotland Climate Emergency & Sustainability Strategy 2022-2026 is being finalised by Scottish Government.

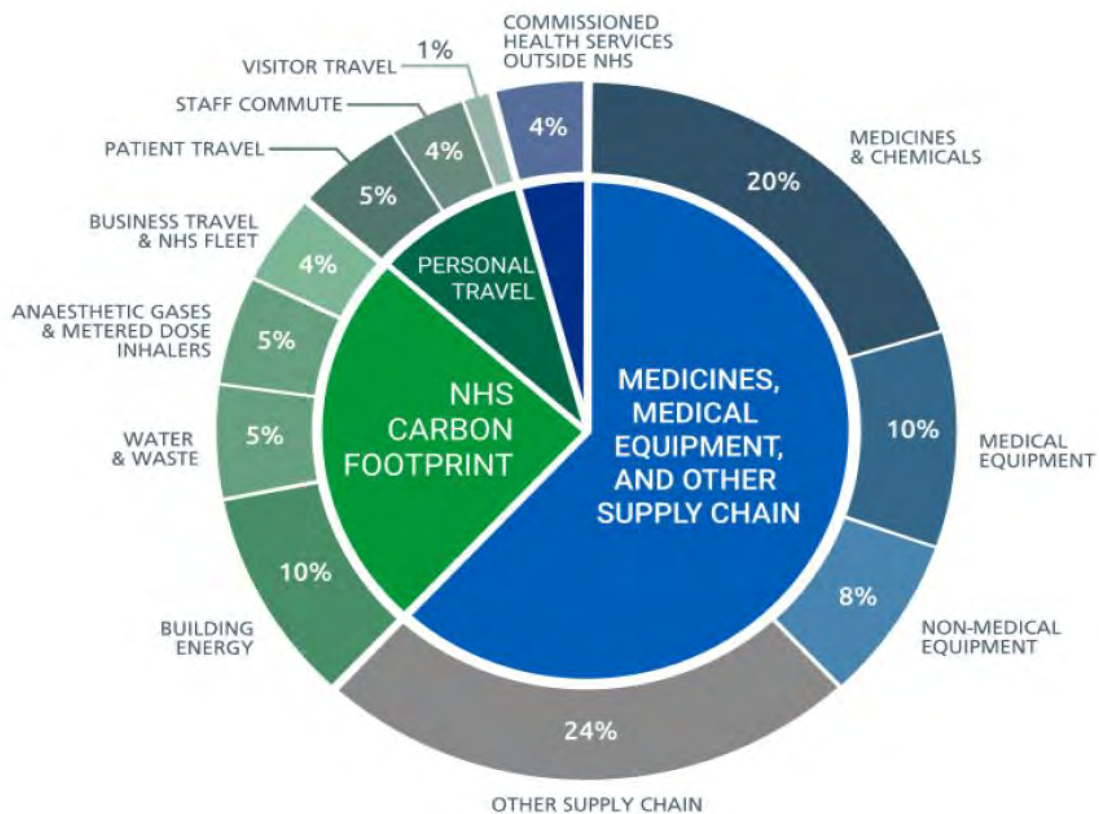
The Strategy convenes a national Climate Emergency & Sustainability Board which will be chaired by the Chief Medical Officer for Scotland. Membership of the Board includes a representative from the east north and west region and from the National Board.

Key policy objectives arising include:

- The NHS target on net-zero carbon has been amended from 2045 to 2040
- All Health Service owned buildings are to be heated by renewable sources by 2038 at the latest
- The Scottish Government is to invest £250m in this parliamentary term to support the transition

It is important to acknowledge that zero carbon requires a whole systems endeavour. Building energy may only amount to around 10% of the overall carbon emissions generated by the NHS whilst medicines, medical equipment and other supply chain emissions account for around 60%.

Figure 11 - Indicative Carbon Emissions



Whilst Property & Asset Management will lead on the implementation of the Strategy locally, it will require support from the whole organisation to meet these onerous but important objectives.

Given the challenge and responding actions set out in the Strategy, resources and governance will need to be designed appropriately within Boards. There is also an opportunity to work in partnership with the East Region and Fife Council and this is in keeping with structure of the proposed national Climate Emergency & Sustainability Board.

Sharing skills and technical expertise in relation to Climate Change & Sustainability presents a key opportunity for a regional approach and discussions have already commenced in this regard. There will however also be a requirement to strengthen our resources and expertise locally.

The next step is to produce a reporting template and an Action Plan to ensure that progress can be monitored and reported to the Board and Scottish Government by November 2022. A template is being developed by the National Environmental Sustainability Group.

The reduction in our use of energy has become even more important as a result of rising utility costs.

5.2.4 **Green Space and Biodiversity**

The growing threat to public health from the current climate and ecological crisis increases the need for action. NHS Fife's estate provides diverse green space resources for both people and wildlife and these natural environments form the foundation of a healthy environment. The NHS Fife estate contributes to biodiversity at multiple levels from bat roosts in older buildings to purpose-built gardens and green space.

Collectively, the outdoor estate is a valuable and under used asset. If planned and managed well, it can make a significant contribution to the physical, mental health and wellbeing of our staff, patients, visitors and local communities – creating spaces for rest, exercise and enjoyment. This is also a key part of NHS Fife's response to the climate emergency and to meeting Scotland's biodiversity commitments.

We have recently started to move this element of our strategy forward in the following ways:

- Completed a workshop with various internal and external stakeholders with a view to preparing a brief for the development of a 2030 Strategy
- Purchased ESRI software to allow us to map out all NHS Fife properties (GIS mapping) which will allow us to understand the extent of our space so that we can collaborate further with key stakeholders to ensure the Strategy fits the needs of patients, staff and the wider citizens of Fife
- We have partnered with St Andrew's University with intern students supporting us in undertaking work on this important project over the summer

5.2.5 Agile Working

Agile working has been a key strand of our approach to safe and effective working during the Covid-19 pandemic and has enabled the organisation to adapt to new ways of working from varying locations using a range of technology.

There are many benefits of agile working for the employee and organisation. As we navigate our way out of the Covid-19 pandemic and into a future state, we need to consider how best to organise ourselves moving forward. This may allow better use of our estate for clinical utilisation and provide a better quality of office workspace to serve our future needs.

To enable further consideration around this topic, NHS Fife has engaged with the Scottish Futures Trust to undertake a property review, looking at our existing office space and what might be required to support a more agile form of working.

A report has been prepared around the feasibility of improving our existing main office block accommodation. The report summary is that whilst it would be impractical to invest in alterations at Haig House, Cameron Hospital, Windygates however, improvements could be made at Cameron House, Cameron Hospital, Windygates and Hayfield House, Victoria Hospital, Kirkcaldy.

The next step is to consult with key staff groups about how to implement the strategy together with an enabling Policy.

The longer-term strategy regarding office accommodation is to identify good quality agile office space away from our hospital sites, allowing hospital space to be maximised for clinical use.

There may even be opportunities to share office space as 'public sector hubs' and this will be reviewed with our Public Sector partners.

5.2.6 Teaching Health Board Status

As part of the strategy to tackle workforce supply issues in the health sector, the Scottish Government has instigated a significant expansion to the number of places available at Scottish universities to train medical students. The expansion brings the opportunity for NHS Fife to align with the University of St Andrews and be the primary partner in a new medical degree and this would lead the board towards achieving teaching health board status.

The number of medical students is already increasing and the current medical education estate is saturated. It fails to provide sufficient facilities for the medical students who are based on the VHK site such as places they can attend online tutorials and adequate "wet" areas where they can learn and practice skills. In addition to this pressure within VHK there is also increased number of medical students in the community. Teaching medical students in community settings has a key influence on their career intentions towards general practice and this is an acute critical workforce need and therefore we need to prioritise this as a board.

Community education could be delivered through a community educational hub and spoke model. This model delivers education and training in a geographical area. The hub is a

physical building or space where the students can gather for teaching and the spokes are healthcare providers in the community area. This would require investment in buildings or spaces to deliver this education. The reach of medical education into local communities can also widen access to medicine as a career to those in local schools and therefore assist with ambitions of the organisation as an anchor employer.

The requirement for the hubs to be developed and delivering education is needed by academic year 24/25.

In addition to the medical education needs of undergraduate medical learners is our doctors in training. Areas of particular concern for doctors in training are around health and wellbeing at night. Rest areas, facilities for hot food and refreshment and overnight sleeping accommodation require to be invested in. Less than 25% of the week lies between the hours of 9-5 Monday to Friday and we need to ensure that our doctors in training who provide most of the medical care in this period are adequately provided for. This investment may in part help to influence people's long-term career choices leading to benefits for the Board.

In summary priority estate needs associated with medical education include:

- Expansion of learning and teaching space for undergraduates at VHK
- Development of estate associated with community hub and spoke models
- Ensuring that there is adequate provision for doctors in training providing care in the out of hours period

5.2.7 Acute Estate

The acute hospital estate is relatively mature and concentrated at Victoria Hospital, Kirkcaldy and Queen Margaret Hospital, Dunfermline. Changes relating to the estate are largely driven by adjustments to service models, increased space requirements and general improvements relating to condition.

5.2.7.1 Queen Margaret Hospital, Dunfermline

At Queen Margaret Hospital, working closely with the Acute Directorate we are aware that there are opportunities to rationalise and improve service provision. To enable this to progress, there is a requirement for a Queen Margaret Hospital Services Masterplan to be developed where estate and project requirements will flow from this piece of work.

At present we are aware of the following priorities:

- Improve Theatre Day Case capacity (initial project underway)
- Improve Gynaecology service both in terms of capacity and condition
- Improve Cancer Services within Fife generally

5.2.7.2 Victoria Hospital, Kirkcaldy

Victoria Hospital is Fife's main acute hospital. Phase 3 was established in 2012 and includes 500 beds together with 11 operating theatres and an Accident & Emergency Department.

Currently a new National Treatment Centre for Orthopaedics is being erected and is due to be operational in early 2023.

The older Phases 1 and 2 of the hospital are being listed by Historic Scotland. Phase 1 is to be listed as Category C whilst the Tower Block in Phase 2 is set to be listed as Category B.

Table 9 - Listed Building Scotland Criteria

| Category | Criteria |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | Buildings of national or international importance, either architectural or historic or fine little-altered examples of some particular period, style or building type |
| B | Buildings of regional or more than local importance, or major examples of some particular period, style or building type which may have been altered |
| C | Buildings of local importance, lesser examples of any period, style or building type as originally constructed or moderately altered and simple traditional buildings which group well with others in Categories A and B |

Victoria Hospital, therefore, has mature buildings of historical importance which have received significant investment in recent years. Given progressive development together with planning and parking constraints, the site has reached a point of saturation where future development will require to be carefully planned.

For the future, our intention is to establish a Development Framework in conjunction with external consultants in order to explore future utilisation of the site whilst maintaining clinical services, car parking, green spaces and buildings of historical importance.

In parallel with the Development Framework, 3 Feasibility Studies were completed in 2021/22 to explore options for the North Laboratory building, Phase 2 Tower Block and space to accommodate Pharmacy robotics.

The key outputs of the Feasibility Study reports are noted below:

- North Labs – North Labs cannot be accommodated as a vertical extension to the South Lab building and refurbishment of the existing building would not be a prudent investment. The recommendation is for a new building to be established on or close to the Victoria Hospital site.
- Pharmacy Robotics – investigations have concluded that the Pharmacy Robot and dispensary can be accommodated within the existing Phase 1 estate if a Dependency Project (Dermatology) is completed in advance. This option would make best use of the existing estate and is more sustainable and cost effective than a new build option.
- Phase 2 Tower Block – a study was commissioned to investigate the long-term viability of the Phase 2 Tower Block in advance of the proposed Historic Scotland listing. The report concludes that whilst a replacement building would be a viable option, site spatial constraints, embodied carbon and cost represent challenges together with the viability of removing the Phase 2 tower whilst located in the centre of an acute hospital site.

Whilst we are moving the final inpatients out of the Tower Block due to changes in best practice with respect to fire safety and patient evacuation, the building is still capable of offering good accommodation for other purposes including outpatient and administration and office accommodation.

Moving forward, there are good opportunities to work with stakeholders to upgrade the structure both externally and internally to enable the building to remain functional and useful as part of our longer-term acute estate.

Subject to funding and business case approvals, the following capital projects are on the horizon to be delivered at Victoria Hospital in future years:

- Pharmacy refurbishment to accommodate robotics and dispensary
- Dermatology refurbishment
- Potential refurbishment to accommodate ambulatory care
- North Lab replacement
- Progressive refurbishment of Phase 1 and 2 to create agile administration office space and outpatient services

5.2.8 Decontamination

A national initiative, the Decontamination Collaborative Programme (DCP), has been set up to review the current and future requirements for decontamination in Scotland.

The DCP's Strategic Objectives are:

- Decontamination capacity to meet the demands of 2035
- Development of National Contingency arrangements

NHS Fife is represented on this group and within the Strategic Facilities Group to which it reports. NHS Fife will be keen to ensure that resilient and sustainable proposals are developed which meet the Board's future requirements. This may include the establishment of a Regional Decontamination Unit within Fife serving local requirements whilst offering resilience to neighbouring boards. Discussions regarding the options are ongoing at a National and Regional level.

5.2.9 Primary Care Premises Review

The General Medical Services (GMS) Contract introduced several additional roles that are to be delivered by multi-disciplinary Primary Care teams. This will fundamentally change the way in which Primary Care will be delivered in the future. In particular, where the Contract identified a number of new workforce roles, this is likely to create a requirement for additional accommodation in Primary Care premises in the future.

To respond to this need, NHS Fife commissioned a Primary Care Premises Review to measure the current situation and include a range of other drivers eg new housing developments. The objective was to identify the investment priorities for Primary Care premises across NHS Fife.

The approach included the following key stages:

- Data Gathering – local, national, Board level and practice level information
- Establishing Trends – demographic, housing, impact of new models of care, increased use of information technology and smarter working
- Future Capacity Planning – identification of the capacity required to deliver demand by practice and highlighting gaps
- Prioritised Investments – identifying the investments both short-term minor modifications and long-term major capital investment requirements

The output of this exercise has been a 'draft' report which outlines initial short, medium and long-term service and premises recommendations. Since the 'draft' report has only recently been concluded, the recommendations will be considered by NHS Fife, Fife Health & Social Care Partnership and key stakeholders.

In the meantime, a sum of funding (around £2m) has been secured to attend to some of the immediate short-term premises priorities and the aim is to spend this funding and attend to these priorities by the end of 2022/23.

In respect of the medium to long-term priorities, these focus on larger Capital Projects in the form of new premises. Our intention is to reach agreement on the way forward by March 2023. This will then allow associated Business Case activity to commence.

The National Code of Practice for GP Premises 2017 sets out the support for a long-term shift to a model where GPs do not own their premises. In addition, it provides a mechanism if a GP wishes the Board to take on their responsibilities under an existing lease.

To enable this vision, the GP Premises Sustainability Loans Scheme was established to allow GPs to be able to access interest free secured loans. The Code describes the planned transition over a 25 year period to a model where GP contractors no longer own their premises.

5.2.10 Mental Health

Mental Health Inpatient & Community Services are in the process of being re-designed to ensure that services are provided in the most suitable places throughout Fife. The Fife Mental Health Strategy 2020-2024 provides the strategic context for this Programme.

The refreshed Strategy takes full account of the recommendations of the Scottish Government's National Mental Health Strategy 2017-2027. The Strategy emphasises the need to build capacity within our local communities, increase access at the earliest point in a patient's journey to proportionate advice, support and treatment and reduce the reliance on hospital beds.

The Fife Mental Health Strategy is currently under review with the refreshed position being developed. The spirit of the Strategy will remain the same with updates required to provide clear direction and tangible objectives that can be delivered upon, measured and reported.

Currently, NHS Fife's Mental Health inpatient establishment is spread across several sites including:

- Stratheden Hospital, Cupar
- Queen Margaret Hospital, Dunfermline
- Whytemans Brae Hospital, Kirkcaldy
- Lynebank Hospital, Dunfermline

We are aware that the current configuration of services and beds across multiple sites is sub-optimal, affecting patient flow and staffing efficiencies. The condition and configuration of the facilities are also of concern in respect of patient and staff safety, promoting therapeutic interventions and reducing lengths of patient stays. The Mental Welfare Commission, Health & Safety Executive and Scottish Government are all actively involved around seeking reassurances around positive changes to the estate.

The current situation and strategic and political context are enabling consideration of positive and bold changes regarding the Mental Health inpatient estate. This is an attractive opportunity to design sustainable long-term Mental Health inpatient services in Fife. It will support the overall strategy by offering patient centred care locally and the provision of appropriate inpatient services, where necessary.

To enable these changes, a dedicated Inpatient Redesign Project Board has been established to initially support completion of the Initial Agreement Document in accordance with the Scottish Capital Investment Manual. The current trajectory is to complete the Initial Agreement this year.

Following approval of the Initial Agreement, the Outline and Full Business Case components of the Business Case will require to be completed. Taking this into account, it could be several years before substantial reconfiguration works commence. As such, there will be an ongoing requirement to maintain and improve the existing inpatient estate in order for patient and staff safety protection.

At the end of March 2022, an allocation of around £1m was identified by Scottish Government to Fife IJB for Mental Health Facilities Improvement. The Fife IJB and NHS

Fife are investigating how a portion of this funding may be used to improve the Mental Health estate.

5.2.11 **Community Hospitals**

Our Inpatient Community Hospital estate includes:

- Adamson Hospital, Cupar
- Cameron Hospital, Windyates
- Glenrothes Hospital, Glenrothes
- Queen Margaret Hospital (Wards 5-8 &16), Dunfermline
- Hospice at Victoria Hospital, Kirkcaldy
- St Andrews Community Hospital, St Andrews

Our Community estate locations within Fife are historical and potentially do not align with the best model for community based service delivery. Work is underway to initiate the development of a Community Strategy which will help to define the best way forward for balancing community inpatient provision including Care at Home or in a homely setting.

Once this work is complete, a Programme Board will be assembled to help deliver the necessary change (including changes to our estate).

5.2.12 **Future Vehicular Fleet**

The main features facilitating the future green direction of the fleet include:

- Pragmatic use of a mix of capital funding, revenue funding and Switched on Fleet grants to deliver the decarbonisation agenda
- Where financially appropriate, we will use leasing as the procurement method which will continue to ensure a modern, reliable and fit for purpose fleet
- Utilise leasing as a way forward to ensure full advantage can be made of developing EV technology
- Close work with Clinical staff to ensure effective use of fleet. Examples of ongoing works include:
 - Actions taken following Clinical Waste Audits which precipitated changes in collection routines
 - Investment in GP used centrifuges which allowed efficiencies in sample collection logistics
 - Circa 4 ICE vehicles will be replaced in 2022/23 with EVs and this will bring the percentage of EVs within the fleet to approximately 27%

6 How will we get there?

To move our Capital Plans forward, NHS Fife will continue to work collaboratively, both internally and externally, with multiple stakeholders. By doing so, we will be able to generate buy-in to our proposals enabling them to be delivered as smoothly as possible.

The financial environment to realise our objectives is challenging. NHS Fife receives around £7.5m of reoccurring capital each year. The allocation is only subject to a periodic inflationary uplift which can mean a shortfall in real terms in subsequent years. The recurring capital is primarily used to maintain the status quo in terms of the estate and equipment. Therefore, any funding required to instigate real change requires to be funded separately via Scottish Government Business Case applications and agreement around initial scheme development.

6.1 Capital Plan for 2022/23

The planned distribution of capital funding for FY 2022/23 is noted in the table below.

A 5% inflationary increase was awarded taking the funding allocation to £7.764m. £2m of the capital formula allocation for 2022/23 has been approved via the financial planning process, to be transferred to revenue in the form of a Capital to Revenue transfer. This will support the implementation of a number of revenue projects and initiatives to be taken forward by NHS Fife in 2022/23.

Table 10 - Capital Plan for 2022/23

| Project | Expenditure 2021/22 £'000 |
|------------------------------------|------------------------------|
| Source of Funding | |
| Scottish Government Allocation | 7,764,000 |
| Capital to Revenue Transfer | (2,000,000) |
| | |
| Total Core Funding | 5,764,000 |
| | |
| Planned Capital Expenditure | |
| Queen Margaret Hospital Theatres | 734,000 |
| Digital and Information | 877,000 |
| Capital Equipment | 1,507,000 |
| Backlog and Statutory Compliance | 2,230,000 |
| Transport | 100,000 |
| Capital Planning | 66,000 |
| Clinical Prioritisation | 250,000 |
| | |
| Total Capital Expenditure | 5,764,000 |

Beyond capital formula, £18.1m has been identified to fund existing and new capital initiatives in the financial year with most of the funding (£13.39m) being allocated to complete the National Treatment Centre – Fife Orthopaedics.

The balance of the funding, if agreed by Scottish Government, will be allocated to progress the following schemes:

- Kincardine and Lochgelly Health & Wellbeing Centres – scheme development
- Mental Health Inpatient Re-design – scheme development
- Pharmacy robotics – scheme development
- Queen Margaret Hospital Day Surgery Theatres – delivery/construction
- E-health main servers – delivery

Pending agreement with Scottish Government, NHS Fife's total capital allocation for 2022/23 will be in the order of £23.9m.

Beyond the Capital Plan, NHS Fife is working closely with the Fife IJB to agree how the IJB may be able to support improvements in the Primary Care and Mental Health estate.

6.2 10-Year Capital Investment Plan

The 10-Year Capital Investment Plan is included at Appendix B. The Plan represents the current position but will be subject to change. The intention will be to review and update the Plan on a quarterly basis to provide clear visibility to Scottish Government regarding our funding intent.

It should be noted that the 10-Year Capital Investment Plan, is a plan and does not confirm that funding is in place for the schemes identified. Funding support will be agreed progressively in line with the Business Case process set out in the Scottish Capital Investment Manual (SCIM).

6.3 Strategic Planning & Resource Allocation (SPRA) 2022/23

NHS Fife has, in recent years, instigated a bottom up SPRA process where each directorate is required to identify several of their strategic priorities for the coming year(s).

This constitutes the Action Plan against which progress will be reported to the Fife Capital Investment Group and the Finance Performance & Resources Committee of the Board.

The majority of these Actions are included in the Annual Delivery Plan reporting mechanisms.

The Estates, Facilities & Capital Planning SPRA objectives and status are summarised in the table below:

Table 11 - SPRA Objectives 2022/23

| Objective | Benefit | Lead | Time |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------|------------|
| Increase the capacity of Capital Planning | Ability to deliver scale and ambition of the Capital Programme whilst mitigating risk | Ben Johnston | FY 2022/23 |
| Develop and deliver a Medical Devices Strategy with supporting governance | Support and develop a proactive replacement and modernisation programme over 5-10 years | Neil McCormick | FY 2022/23 |
| Implement the Climate Emergency & Sustainable Development Policy including agreed Net Zero commitments | Board response to global climate emergency | Neil McCormick | FY 2022/27 |
| Managing temporary Covid-19 workforce through end of pandemic transition | Ensure that cost pressure is managed through redeployment and completion of short-term contracts | Jim Rotheram | FY 2022/23 |
| Identify more appropriate use of Corporate Services accommodation to encompass agile working and reduce numbers at VHK | Create better working environments and estate efficiencies | Neil McCormick Jim Rotheram | FY 2022/23 |
| Delivery of National Treatment Centre – Fife Orthopaedics | Increased capacity and better environment for local and regional use | Ben Johnston | FY 2022/23 |
| Delivery of 2 Health & Wellbeing Centres | Facilities to meet the new GMS requirements | Ben Johnston | FY 2024/25 |
| Complete Mental Health Inpatient Initial Agreement | To deliver inpatient need for change | Ben Johnston | FY 2022/23 |
| Contribute towards Pharmacy Robotics Initial Agreement | Improved dispensing and control of medicines | Ben Johnston | FY 2022/23 |
| Expansion and refurbishment of QMH day surgery accommodation | Better efficiency/increased capacity | Ben Johnston | FY 2023/24 |
| Development of an internal minor works capability | More responsive, cost-effective internal offering to support minor works/refurbishments | Paul Bishop | FY 2022/23 |

6.4 Risks and Constraints to Successful Delivery of the PAMS

In respect of Estates and Facilities, in order to maintain the status quo, risk is managed day-to-day as business as usual through DATIX, SCART and EAMS.

To implement wider significant organisational change, risk requires to be embraced and managed. Therefore, to allow the delivery of the Population Health & Wellbeing Strategy, our Strategic Framework and this PAMS, we will require a risk appetite in line with these aspirations.

A new Corporate Risk will be developed in line with NHS Fife's revised Risk Management Framework to cover delivery of the PAMS. This will generally support the Population Health & Wellbeing Strategy, our Strategic Framework.

This risk entry will be inclusive of the matters noted in the table below:

Table 12 - Key Risks

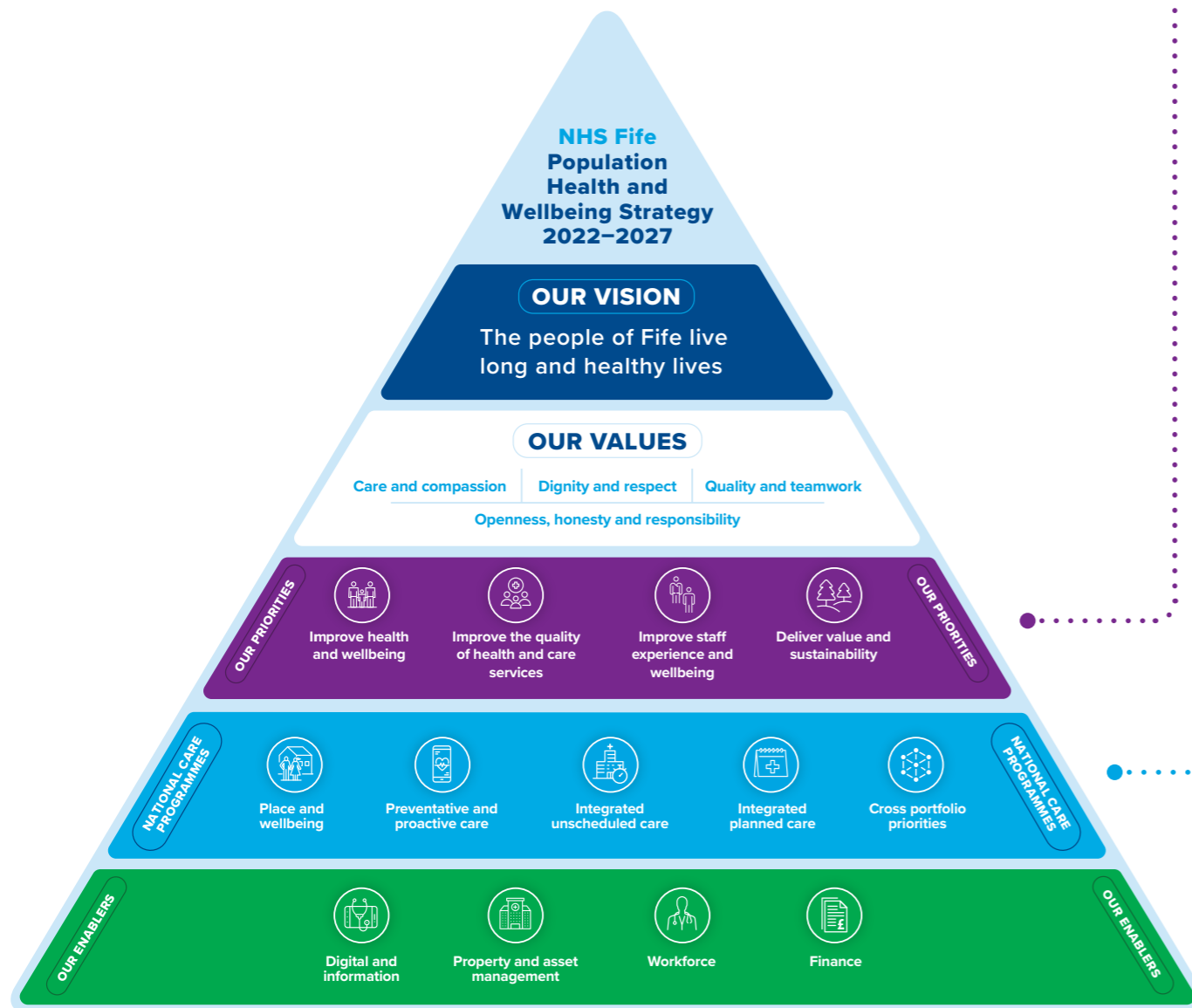
| Theme | Risk | Action |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Strategy | Disconnect between Population Health & Wellbeing Strategy, our Strategic Framework and this PAMS | Continue to work hand-in-hand with other directorates to ensure that the PAMS captures the requirements of the Population Health & Wellbeing Strategy |
| Capital Projects | Lack of internal human resource to deliver programme | Identified through SPRA as a key departmental objective for 2022/23 Revenue/capital funding is required to support this |
| Capital Projects | Availability of experienced human resource (internal & external) to deliver programme | Escalate through national groups |
| Capital Projects | Complexity and forever changing project delivery landscape Impact of new initiatives on resources, funding and programme including: <ul style="list-style-type: none"> • NHS Assure KSAR • New sustainability tool • Soft landings • BIM/AIMS In some cases, new revenue-based roles are required with no connected funding – Sustainability Champion, Soft Landings Champion and AIMS Champion | Escalate issues through NHS Assure and, where necessary, SG |
| Capital Projects | Funding constraints | Develop robust PAMS together with a 10-year plan and engage regularly with SG |
| Sustainability Policy and Strategy | Lack of internal and external human resource to deliver the required change | <ul style="list-style-type: none"> • Seek support within NHS Fife for additional resources • Re-deploy or assign new duties |

| Theme | Risk | Action |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | to existing posts <ul style="list-style-type: none"> • Identify shared resources with other Boards • Seek associated funding from SG to enable delivery of this work |
| Sustainability Policy and Strategy | Funding constraints | Engage with SG |
| Sustainability Policy and Strategy | Maturity of technology/industry to allow the required level of change eg replacement for gas | Work closely with SG, regional partners (health and public sector) and the private sector to identify opportunities |
| Estate and Facilities | Capital formula funding fails to keep pace with inflation affecting the Board's ability to cope with back-log and statutory compliance | Engage with SG |

DRAFT

Our Strategic Framework 2022–2027

This is our strategic framework, developed by our staff and built on our vision and values.



OUR PRIORITIES



To improve health and wellbeing

Helping people to stay well at home and addressing inequalities and access.



To improve the quality of health and care services

Providing the safest and best possible services to the people of Fife.



To improve staff experience and wellbeing

Valuing and looking after our staff.



To deliver value and sustainability

Ensuring our services are sustainable, relevant and provide the best use of our resources.

NATIONAL CARE PROGRAMMES



Place and Wellbeing

The aim is to support partnership working to improve health and wellbeing and reduce health inequalities of a population within a defined local geography.



Preventative and Proactive Care

The aim is to proactively keep people well, independent and in the most appropriate care setting for their needs.



Integrated Unscheduled care

The aim is to provide support to those people in need of urgent health and/or social care.



Integrated Planned Care

The aim is to support the effective implementation of the Remobilise, Recovery, Redesign Framework (2020).

OUR ENABLERS



Digital and Information

To improve the care and wellbeing of people in Fife by making the best use of digital technologies in the design and delivery of services.



Property and Asset Management

To ensure the infrastructure is fit for purpose and supports the delivery of patient care and services across Fife.



Workforce

To ensure a sustainable, fulfilled workforce to deliver innovative and high quality patient care.



Finance

To support investment and disinvestment which delivers prioritised and impact assessed financial arrangements.

NHS Fife Capital Planning Investment Proforma

20.09.22
Ben Johnston & Tracy Gardiner

NHS Board: NHS Fife

This should include all Board approved investments plus those anticipated and described within your PAMS for the next 10 years
Rows may be added to include all investment plans within each category but you must ensure that the summary totals at the bottom of the table remain valid and correct

| 10 Year Investment Plan | | | | | | | | | | | | | | | Comments |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Investment Projects likely to be revenue based (Hub, NPD, etc) - include total capital value, upfront costs, and equivalent capital spend | | | | | | | | | | | | | | | |
| Projects: | Total Capital Value | To date | 2020/21 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 | 2029/30 | 2030/31 | 2031/32 | Balance | (Equivalent capital spend should be profiled over the anticipated construction investment period) |
| | 0 | | | | | | | | | | | | | | |
| | 0 | | | | | | | | | | | | | | |
| | 0 | | | | | | | | | | | | | | |
| Capital / Board Funding Projects: | | | | | | | | | | | | | | | |
| New Investment Projects: | Total Capital Value | To date | 2020/21 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 | 2029/30 | 2030/31 | 2031/32 | Balance | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Investment in Existing Estate: | Total Capital Value | To date | 2020/21 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 | 2029/30 | 2030/31 | 2031/32 | Balance | (including refurbishment schemes, direct backlog maintenance projects, environmental improvements projects etc) |
| Backlog | 39416.2 | 0.0 | 3318.2 | 2396.0 | 3680.0 | 3680.0 | 3680.0 | 3777.0 | 3777.0 | 3777.0 | 3777.0 | 3777.0 | 3777.0 | 0.0 | Back-log, statutory - detailed 3-5 year plan being worked up 22/23 which sits behind this yearly general allocation. |
| Refurbishment / upgrade | 6011.9 | 0.0 | 943.9 | 250.0 | 526.0 | 526.0 | 526.0 | 540.0 | 540.0 | 540.0 | 540.0 | 540.0 | 540.0 | 0.0 | Clinical Prioritisation |
| | 0.0 | | | | | | | | | | | | | | |
| | 0.0 | | | | | | | | | | | | | | |
| Investment in Other Assets: | Total Capital Value | To date | 2020/21 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 | 2029/30 | 2030/31 | 2031/32 | Balance | |
| Medical Equipment | 30175.2 | 0.0 | 7539.2 | 1507.0 | 2307.0 | 2307.0 | 2307.0 | 2368.0 | 2368.0 | 2368.0 | 2368.0 | 2368.0 | 2368.0 | 0.0 | |
| IM&T | 12980.2 | 0.0 | 1643.2 | 1710.0 | 1051.0 | 1051.0 | 1051.0 | 1079.0 | 1079.0 | 1079.0 | 1079.0 | 1079.0 | 1079.0 | 0.0 | |
| Remobilisation Equipment | 49.8 | 0.0 | 49.8 | | | | | | | | | | | | louisa jordan equipment |
| Vehicles | 198.0 | 0.0 | 198.0 | | | | | | | | | | | | |
| Laundry Equipment | 654.4 | 0.0 | 654.4 | | | | | | | | | | | | |
| Any Other Investment Plans | | | | | | | | | | | | | | | |
| Projects: | Total Capital Value | To date | 2020/21 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 | 2029/30 | 2030/31 | 2031/32 | Balance | |
| Property | | | | | | | | | | | | | | | |
| Orthopaedic Centre | 34347.0 | 3978.0 | 16740.0 | 13629.0 | | | | | | | | | | 0.0 | Funding confirmed, board priority |
| Kincardine Health Centre | 7816.0 | 37.0 | 207.0 | 856.0 | 5749.0 | 967.0 | | | | | | | | 0.0 | OBC Stage, funding tbc, board priority |
| Lochgelly Health Centre | 13031.0 | 60.0 | 348.0 | 1228.0 | 9735.0 | 1660.0 | | | | | | | | 0.0 | OBC Stage, funding tbc, board priority |
| QMH Theatre reception | 2500.0 | | 266.0 | 2234.0 | | | | | | | | | | 0.0 | 22/23 funding tbc, design being developed so full budget tbc |
| Mental Health Strategy | 150000.0 | | 25.8 | 100.0 | 2000.0 | 3000.0 | 4500.0 | 4500.0 | 25000.0 | 25000.0 | 25000.0 | 25000.0 | 25000.0 | 10874.2 | IA Stage - board priority, high level initial cost for planning purposes |
| Pharmacy Robot | 9250.0 | | | 100.0 | 200.0 | 250.0 | 4700.0 | 1000.0 | 1000.0 | 1000.0 | 1000.0 | | | | IA stage - board priority, feasibility costs currently being worked up. High level initial cost for planning purposes |
| Dermatology, Phase 2, level 3 | 4100.0 | | | | 1100.0 | 3000.0 | | | | | | | | | Scheme to be confirmed/endorsed internally - high level initial cost for planning purposes. Requested to proceed with design phase pending funding allocation. |
| QMH Theatre Upgrades Ph2 | 3500.0 | | | | 150.0 | 200.0 | 3150.0 | | | | | | | | Scheme to be confirmed/endorsed internally - high level initial cost for planning purposes |
| North Labs | 18000.0 | | | | | 600.0 | 600.0 | 600.0 | 8000.0 | 8200.0 | | | | | Scheme to be confirmed/endorsed internally - high level initial cost for planning purposes |
| Ambulatory care, Phase 2, level 4 | 4000.0 | | | | | 1000.0 | 3000.0 | | | | | | | | Scheme to be confirmed/endorsed internally - high level initial cost for planning purposes |
| Ortho offices, Phase 1, level 2 refurb | 900.0 | | | | 400.0 | 500.0 | | | | | | | | | Scheme to be confirmed/endorsed internally - high level initial cost for planning purposes - area/cost not based on full level |
| General refurbishment of Phase 2 | 0.0 | | | | | | | | | | | | | | Will be difficult to achieve without a decant of a floor. Item 17 may assist? |
| QMH Master-plan and clinic 4 gynaecology | 0.0 | | | | | | | | | | | | | | More info required |
| Community hospital strategy | 0.0 | | | | | | | | | | | | | | |
| Primary Care Premises Strategy | 0.0 | | | | | | | | | | | | | | |
| Teaching Health Board status | 0.0 | | | | | | | | | | | | | | Looking for extra space at VHJ plus, 3 community hubs |
| Audiology | 0.0 | | | | | | | | | | | | | | |
| Decontamination unit | 0.0 | | | | | | | | | | | | | | |
| Statutory compliance bid | 2720.0 | | | 2720.0 | | | | | | | | | | | Awaiting confirmation from SG |
| VHK Phase 2 general refurb | 0.0 | | | | | | | | | | | | | | |
| E-health | | | | | | | | | | | | | | | |
| HEPMA | 2672.0 | | | 1000.0 | 925.0 | 747.0 | | | | | | | | | SG funding for initial IA but revised IA/funding tbc |
| LIMS | 1920.0 | | | | 1920.0 | | | | | | | | | | To be confirmed |
| Net App SAN | 605.0 | | | 605.0 | | | | | | | | | | | Awaiting confirmation from SG |
| Main Servers | 352.0 | | | 352.0 | | | | | | | | | | | Awaiting confirmation from SG |
| LIMS accelerated adoption | 271.0 | | | 271.0 | | | | | | | | | | | Awaiting confirmation from SG |
| Digital Bid | 700.0 | | | 700.0 | | | | | | | | | | | Awaiting confirmation from SG |
| CUCM Platform Replacement | 860.0 | | | | 860.0 | | | | | | | | | | To be confirmed |
| Telecomms | 1155.0 | | | | 1155.0 | | | | | | | | | | To be confirmed |
| GP Server Hardware | 330.0 | | | | 330.0 | | | | | | | | | | To be confirmed |
| | 0.0 | | | | | | | | | | | | | | |
| Planned Disposals | | | | | | | | | | | | | | | |
| Properties: | Total Value | To date | 2020/21 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 | 2029/30 | 2030/31 | 2031/32 | Balance | Include current anticipated / estimated disposal value |
| Lynebank Hospital Land | 0 | | | | | | | | | | | | | | Access and drainage issues affecting sale. We also need to define mental health strategy before we release land. |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| SUMMARY | | | | | | | | | | | | | | | |
| | Total Value | To date | 2020/21 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 | 2029/30 | 2030/31 | 2031/32 | Balance | |
| Total Investment | 192309.5 | 4075.0 | 31933.5 | 29658.0 | 32088.0 | 19488.0 | 23514.0 | 13864.0 | 41764.0 | 41964.0 | 33764.0 | 32764.0 | 32764.0 | 10874.2 | |
| Total Disposal Receipts | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Balance | 192309.50 | 4075.00 | 31933.50 | 29658.00 | 32088.00 | 19488.00 | 23514.00 | 13864.00 | 41764.00 | 41964.00 | 33764.00 | 32764.00 | 32764.00 | 10874.20 | |

| | |
|-------------------------------|------------------------------------------------------------------|
| Meeting: | Fife NHS Board |
| Meeting date: | 27 September 2022 |
| Title: | Alignment to the 4 National Care Programmes |
| Responsible Executive: | Margo McGurk, Director of Finance and Strategy, |
| Report Author: | Susan Fraser, Associate Director Planning and Performance |

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- National strategy and local response.

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Scottish Government has created a National Care and Wellbeing Portfolio which is overseeing the delivery of the four National Care Programmes. This paper provides:

- An overview of the aims and scope of the National Care and Wellbeing Portfolio
- Summary of the work that is underway locally across NHS Fife that supports the local implementation of this nationally led work.
- Assurance that through the development and implementation of the Public Health and Wellbeing Strategy is aligning with the Care and Wellbeing Portfolio.

2.2 Background

The National Care and Wellbeing Portfolio was created to improve population health and wellbeing and reduce inequalities. The approach recognises the role of government in:

- Delivering high quality and effective health and social care services.
- Supporting ongoing improvements in the health of the population with a particular focus on reducing inequalities and improving the health for those who suffer poor health disproportionately.

- Recognising the work to improve population health and reduce health inequalities requires a cross cutting approach across a range of government policy areas.

To support delivery, the Care and Wellbeing Portfolio has established four national care programmes. In addition, the portfolio is taking a cross cutting approach with a range of other relevant programmes in government. For example: child poverty, climate change and economic transformation.

The Care and Wellbeing Portfolio has established a programme board to ensure there is advice and challenge from a broad range of stakeholders.

The four programmes include:

1. **Place and Wellbeing Programme-** bringing together communities, third sector, private sector and public sector organisations together to jointly drive local change. The aim is to create systems that better align with local needs by focussing on prevention and keeping people well. This work will also consider how we harness the collective power of local people through effective partnerships and leadership.
2. **Preventative and Proactive Care Programme-** supporting people to keep well and live independently as possible. Through early intervention ensuring that people are supported to live in the most appropriate care setting for their needs.
3. **Integrated Planned Care Programme-** responding to emerging challenges and embracing change in the delivery of health and care. The programme supports the strategic delivery of the NHS Recovery Plan and aims to be inclusive in our approach to recovery and promoting transformation and innovation. This work supports recovery and remobilisation, reducing the ongoing impact of Covid-19 on planned care through addressing waiting times.
4. **Integrated Unscheduled and Urgent Care Programme-** improving health and wellbeing outcomes for people who access unscheduled care services by simplifying the way people access these services and how they are delivered. The ambition is to create a single clearly understood care pathway for unscheduled and urgent care.

All four programmes are taking a person-centred approach using codesign and other engagement activities where appropriate. This will ensure that work is driven by the key issues from the perspectives of those using and delivering services.

2.3 Assessment

Within NHS Fife, the National Care Programmes are a key part of the NHS Fife Strategic Framework 2022-27 (included at appendix one). As part of this plan, there is a wide range of activities already underway that supports local delivery of the National Care and Wellbeing Portfolio objectives. Arranged around the four National Care programmes key activities are summarised below. In addition, some areas of local work that impact across multiple programmes have been identified separately as cross-cutting priorities.

Place and Wellbeing Programme

- ‘Anchor Institutions’¹ have been identified as a key mechanism to reduce health inequalities. This can be achieved through considering employability; procurement

¹ The term anchor institutions refers to large, typically non-profit, public sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchors get their name because they are unlikely to

and spend; estates; property, land and finances; and by working with Community Planning partners. In NHS Fife the Anchor Institution Programme Board has led the scoping activity around this work locally. The Anchor Institution work is now being integrated across all our work to ensure that there is a joined-up approach across NHS Fife.

- Plans to re-provision Kincardine and Lochgelly Health Centres with new Health and Wellbeing Centres are underway. Outline Business Cases for both areas have been developed and now with Scottish Government for approval. The next stage will be development of the Full Business Cases.
- The NHS Fife Chief Executive and Director of Public Health are members of the national Place and Wellbeing Programme Steering Group.

Preventative and Proactive Care Programme

- Fife HSCP is developing a range of strategies to support its Strategic Plan. It is expected that these will be completed by November 2022.
- The key strategies relating to this area of work are Early Intervention and Prevention (EI&P) and Primary Care.
- It is anticipated that successful implementation of the EI&P strategy will support conversations around future allocation of resource to increased preventative expenditure. Work is underway to:
 - Explore what is meant by EI&P locally and develop a shared vision for EI&P in Fife
 - Map existing work and understand opportunities for further EI&P activity.
 - Develop priorities, a delivery mechanisms and a robust evaluation plan
- The Primary Care Strategy covers GP, opticians, dentists and pharmacy services across Fife. A working group has been established to take this work forward.

Integrated Planned Care Programme

- Remobilising the elective programme to deliver reduced waiting times and reduce the harms associated with delays in treatment.
- Developing the Queen Margaret Hospital (QMH) site through enabling capital works to increase planned care capacity.
- Opening the National Treatment Centre – Fife Orthopaedics at the Victoria Hospital Kirkcaldy (VHK).
- Redesigning of planned care pathways, for example through the development of robotic surgery and the further development and expansion of a Day surgery programme as our redeveloped estate capacity increases and allows.
- Developing specialty improvement support plans across all specialties. This links to and continues our work with the Centre for Sustainable Delivery (CFSD) to support general service improvement.
- All this work is being overseen and driven by the NHS Fife Planned Care Programme Board and reporting to the Portfolio Board.

Integrated Unscheduled and Urgent Care Programme

- Developing improvements in relation to three identified High Impact Change areas of Care Closer to Home, Redesign of Urgent Care and New Models of Acute Care.
- Delivering Discharge Without Delay project.
- All this work is being managed by the Integrated Unscheduled Care Programme Board and reporting to the Portfolio Board.

relocate, given their connection to the local population, and have a significant influence on the health and wellbeing of communities. ([The Health Foundation](#), [The NHS as an Anchor Institution](#))

Cross Cutting Priorities

To support all the work outlined above, NHS Fife is delivering a number of cross-cutting clinical programmes that touch on multiple programmes - this list is not exhaustive:






- **Realistic Medicine** - this work is seeking to deliver healthcare that is valued by people working in health and social care and people who use services. NHS Fife is appointing a project manager to support this work.
- **Mental Health** - a strategy has been developed by Fife HSCP and is now under review. Work is ongoing to take forward an options appraisal around in-patient sites at Stratheden Hospital, Whyteman's Brae and Queen Margaret Hospital.
- **High pain medicine programme**
- **Immunisation programme**

Other priorities include those identified in the care programme briefing including Children's Health and Wellbeing, Communities and Fair Work and Climate Change & Net Zero.

Milestone Plan

This paper is in line with the strategy milestones agreed with the Board. The plan has been updated to reflect milestone changes.

Milestone Plan for the Development of the Population Health and Wellbeing Strategy (updated 22 Aug 2022)

| | Mar-22 | Apr-22 | May-22 | Jun-22 | July-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 |
|---------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Actions | Outline phased Approach to Strategy Development Plan and transitional 1- year for 2022-23 ✓ |  Propose our Strategic Framework Approach for 2022-2027 ✓ | Strategy update to Board | Board Development Session on Development of PHW Strategy | Strategy update to Board ✓ | Propose and agree NHS Fife Programme Plans and Priorities aligned to the 5 National care Programmes ✓ | Strategy update to Board ✓ Initial prioritisation and phasing across Programmes and 5- year timeline | Review and refine NHS Fife Programme Plans and Priorities aligned to the 5 National Care Programmes | Strategy update to Board Review and refine all enabling strategic plan: PAMS, Digital, Workforce, Financial | Validate our Strategic Framework Approach for 2022-2027 |
| Actions | Propose Milestone Plan and Governance Route ✓ |  Propose Population Health Assessment, the role of NHS Fife in creating Health & Wellbeing ✓ | | | | |  Propose enabling strategic plans: PAMS, Digital, Workforce, Financial  Prepare report detailing outcomes from current Clinical Strategy | Final prioritisation and phasing across Programmes and 5- year timeline | Refine/validate against Engagement Outcomes – NHS Fife Programme Plans and Priorities aligned to 5 National care Programmes | Finalise draft Strategy and Delivery Plan |
| Actions | | | | | Review Community and staff engagement Survey – Inform focussed engagement approach ✓ |  Launch focussed Community and Staff Engagement programme | Progress focussed Community and Staff Engagement programme | Finalise proposal in relation to the specific role of NHS Fife in creating Health & Wellbeing | Report on Outcomes from focussed Community and Staff Engagement programme | Propose draft Strategy and Delivery Plan to NHS Board |

Summary

The NHS Fife Population and Health Wellbeing (PHW) Strategy is being developed in response to the same drivers for change that have seen the Scottish Government establish the National Care and Wellbeing Portfolio and the four National Care Programmes.

The PHW Strategy will support local delivery of the National Care Programmes in NHS Fife. This is described in the NHS Fife PHW Strategic Framework and it is intended will ensure ongoing alignment and monitoring of progress.

2.3.1 Quality/ Patient Care

All of this work supports high quality care. It will ensure the ongoing sustainability of services for the population of Fife.

2.3.2 Workforce

Workforce to deliver this work is part of the organisational delivery plan. This paper is not a further request for additional workforce resource, however projects and programmes detailed here may have their own additional resource requirements which will be prioritised as appropriate.

2.3.3 Financial

Financial resource to deliver this work is part of the organisational delivery plan. This paper is not a further request for additional financial resource, however projects and programmes detailed here may have their own additional resource requirements which will be considered as part of the initiation of work.

2.3.4 Risk Assessment/Management

Risks are identified and managed as part of the Corporate PMO.

2.3.5 Equality and Diversity, including health inequalities

Collectively this work seeks to reduce inequalities. Equality Impact Assessments are completed as part of the component programmes.

2.3.6 Other impact

The intention is that the work described in this paper and any resulting discussion will inform the NHS Fife Population Health and Wellbeing Strategy. From this work NHS Fife will develop a delivery plan which will include ongoing evaluation and monitoring of impact.

2.3.7 Communication, involvement, engagement and consultation

Governance and strategic oversight of this work is via NHS Fife Board via the Portfolio Board. The development of the NHS Fife Population Health and Wellbeing Strategy will ensure strategic alignment of all this work.

2.3.8 Route to the Meeting

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

- **Executive Directors Group** 18 August 2022
- **Public Health and Wellbeing Committee** 29 August 2022
- **Portfolio Board** – 15 September 2022

2.4 Recommendation

The Board is asked to take:

1. **Assurance** that NHS Fife, in developing its Population Health and Wellbeing Strategy, is aligning to the National Care and Wellbeing Portfolio

Appendices

1. Appendix One- NHS Fife Strategic Framework

Report Contact

Tom McCarthy (Portfolio Lead- Corporate PMO)
tom.mccarthy@nhs.scot

Our Strategic Framework 2022-2027





This is our strategic framework, developed by our staff and built on our vision and values.



OUR PRIORITIES

-  **To improve health and wellbeing** Helping people to stay well at home and addressing inequalities and access.
-  **To improve the quality of health and care services** Providing the safest and best possible services to the people of Fife.
-  **To improve staff experience and wellbeing** Valuing and looking after our staff.
-  **To deliver value and sustainability** Ensuring our services are sustainable, relevant and provide the best use of our resources.

NATIONAL CARE PROGRAMMES

-  **Place and Wellbeing** The aim is to support partnership working to improve health and wellbeing and reduce health inequalities of a population within a defined local geography.
-  **Preventative and Proactive Care** The aim is to proactively keep people well, independent and in the most appropriate care setting for their needs.
-  **Integrated Unscheduled care** The aim is to provide support to those people in need of urgent health and/or social care.
-  **Integrated Planned Care** The aim is to support the effective implementation of the Remobilise, Recovery, Redesign Framework (2020).

OUR ENABLERS

-  **Digital and Information** To improve the care and wellbeing of people in Fife by making the best use of digital technologies in the design and delivery of services.
-  **Property and Asset Management** To ensure the infrastructure is fit for purpose and supports the delivery of patient care and services across Fife.
-  **Workforce** To ensure a sustainable, fulfilled workforce to deliver innovative and high quality patient care.
-  **Finance** To support investment and disinvestment which delivers prioritised and impact assessed financial arrangements.

| | |
|-------------------------------|---------------------------------------------------------------------------------------------------------------|
| Meeting: | Fife NHS Board |
| Meeting date: | 27 September 2022 |
| Title: | PHW Strategy: Whole System Engagement |
| Responsible Executive: | Janette Owens, Director of Nursing Margo McGurk, Director of Finance and Strategy |
| Report Author: | Susan Fraser, Associate Director of Planning and Performance Fay Richmond, Executive Officer |

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- NHS Board Strategy

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

In developing the Population Health and Wellbeing Strategy, a critical element is meaningful engagement with both the citizens of Fife but also our staff.

For the first time we have had the opportunity to jointly plan and deliver public engagement with Fife Health and Social Care Partnership (FHSCP). Both NHS Fife and FHSCP were planning engagement activities over similar periods with the public, partners, voluntary sector as well as service users across Fife.

This report is an update on the programme of engagement undertaken or planned, to date, to support the strategy development over the coming weeks.

2.2 Background

Since late 2021, a programme of work has been progressing in support of NHS Fife's Public Health and Wellbeing Strategy development. Engagement with staff and citizens is multi-faceted and we have provided or planned a range of opportunities for people to engage with our strategic planning.

Being mindful of the risk of engagement fatigue, NHS Fife and FHSCP have agreed to work collaboratively to deliver an engagement plan that meets both organisations' needs in relation to public and staff engagement for their PHW strategy and IJB strategic priorities. Using a "Once for Fife" approach will support both partners to get greater reach and quality engagement and the resulting outputs will provide a rich source of opinions and information to help shape our strategic plans.

We are aware that a significant number of our citizens, and to some extent staff, do not engage until they have had an experience with a service or team. This is a challenge when planning and delivering these types of engagement programmes.

In December 2021, the public and staff Community and Colleague Conversation surveys were designed and analysed by Progressive, an independent market research company. They have been commissioned to manage this next stage of engagement, with the delivery of several focus groups and 1 to 1 interviews. This will provide an unbiased and independent view and provide analysis from the engagement process, with a representative range of stakeholders across Fife.

2.3 Assessment

Engagement and consultation with staff and citizens are not a one-off events or opportunities. From individual conversations, comments, and complaints, through to distinct pieces of work all support strategy development and service redesign.

NHS Fife and FHSCP are working collaboratively to deliver an engagement plan that meets the needs of both organisations' strategies, while ensuring maximum reach and engagement with this next phase of public engagement. Resources are limited and working collaboratively is allowing the best use of those available, to facilitate an engagement programme of scale within a limited time scale.

To date NHS Fife has:

- Surveyed staff and citizens (late 2021) using the agreed independent company, who also provide the analysis of the results.
- Engaged with clinical teams – understanding the outcomes from the previous clinical strategy and future ambitions for clinical services
- Undertaken a prevention workshop with staff – PH, Health Promotion, Clinical Delivery, Primary Care
- Held an extraordinary Grand Round with accompanying survey. Both have been made available on StaffLink for staff unable to attend
- Monitored social media comments and care opinion feedback

Working collaboratively with FHSCP, further work underway during September/ October including:

- Locality based focus groups (core 7 localities) and recognising geographic differences 2 additional group, 1 in NE Fife and 1 in SW Fife. These will be delivered by the same independent company that delivered the Conversation Surveys (September 2022)
- 4 focus groups (2 in person and 2 online) and 1:1 interview with seldom heard citizens, again delivered by the same independent company (September 2022)
- Recruitment will be through existing participation and engagement networks, volunteers from Community Conversation survey from December 2021 and through social media. This is aligned to the agreed EQIA.
- Sharing of information obtained during other engagement by FHSCP
- Follow up to the Grand Round in August, roadshow meetings with clinical teams (September/ October 2022)
- Wider staff engagement – face to face and Teams at different sites across Fife.

The timeline for the engagement work commissioned by Progressive is as follows:

| Action | Date | Who |
|------------------------------------------------------|-----------------------------------------------------------|--------------------|
| Briefing meeting | 23 rd August | All |
| Recruitment questionnaire development | w/c 22 nd August | Progressive |
| Recruitment to begin | w/c 29 th August | NHS |
| Topic guide development | w/c 29 th August | Progressive |
| Topic guide feedback shared | w/c 5 th September | NHS |
| Topic guide approval | 13 th September | NHS |
| Fieldwork – focus groups and depth interviews | 19th September – 7th October | Progressive |
| Analysis and report writing | 10 th to 21 st October | Progressive |
| Provision of report/presentation | w/c 24 th October | Progressive |

To ensure all activity aligns to NHS Fife’s strategic priorities, a small group are supporting the work. This includes the planning and delivery of the roadshows, Grand Round and liaising with the independent company. Close links with NHS Fife communications team has ensured consistent messaging and branding.

A broader timeline below outlines the extent of the engagement plan for the next few months to develop the PHW Strategy and IJB Strategic Plan.

| August 2022 | September 2022 | October 2022 | November 2022 | December 2022 |
|-----------------------------------|--------------------------------|-----------------------------------|---------------------------------------|------------------|
| Public | Public | Public | Public | |
| Confirm Brief with Progressive | focus groups | outputs from sessions | | |
| Clinical Teams | Clinical Teams | Clinical Teams | Clinical Teams | |
| Develop Grand Round Materials | Second Workshop | sense check findings | | |
| Deliver the Grand Round | Review Grand round feedback | | | |
| Revisit clinical teams - feedback | | | | |
| Staff | Staff | Staff | Staff | |
| Plan staff sessions | Sessions - f2f and Teams | Collate feedback | Feedback - Blink, weekly update, etc. | |
| | | | | |
| Strategy | Strategy | Strategy | Strategy | Strategy |
| | include clinical team feedback | include public and staff feedback | | Deliver to Board |
| | | | | |

All outputs/ feedback and responses received by either FHSCP or NHS Fife during this work will be shared, supporting the development of the NHS Fife Population Health and Wellbeing Strategy, FHSCP Strategic Priorities and other strategies.

A parallel, important, thread of work has been the engagement work with clinical teams to understand their:

- experiences of the clinical strategy - what worked well and what didn't for them as a clinical service or support.
- ambitions for the clinical services in the next 5 years
- plans for what they would/ could do differently to deliver the ambitions of the Population Health and Wellbeing Strategy

This was achieved through meetings with clinical teams, collation of their comments and workshops. We are now in the next stage, providing feedback - "what we heard". This includes:

- Grand Round
- Development of the PHW Strategy including mainstreaming Prevention
- Follow-up meetings with clinical and managerial teams.

An insight into citizen opinions and concerns around population health and wellbeing, quality and delivery of health and care services as well as value and sustainability will be gathered from this stage of our engagement. This aligns to three of the four NHS Fife strategic priorities. Engagement with our staff will cover the fourth, staff experience and wellbeing.

Milestone Plan

This paper is in line with the strategy milestones agreed with the Board. The plan has been updated to reflect milestone changes.

Milestone Plan for the Development of the Population Health and Wellbeing Strategy (updated 8 Sept 2022)

| | Mar-22 | Apr-22 | May-22 | Jun-22 | July-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-22 |
|---------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------|
| Actions | Outline phased Approach to Strategy Development Plan and transitional 1-year for 2022-23 | Propose our Strategic Framework Approach for 2022-2027 | | Board Development Session on development of PHW Strategy | | Propose and agree NHS Five Programme Plans and Priorities aligned to the 5 National care Programmes | Initial prioritisation and phasing across Programmes and 5-year timeline | Review and refine NHS Five Programme Plans and Priorities aligned to the 5 National Care Programmes | Final prioritisation and phasing across Programmes and 5-year timeline | Validate our Strategic Framework Approach for 2022-2027 | |
| Actions | Propose Milestone Plan and Governance Route | | | | | Prepare report detailing outcomes from current Clinical Strategy | Propose enabling strategic plans: PAMS, Digital, Workforce, Financial | | Review and refine all enabling strategic plans: PAMS, Digital, Workforce, Financial | | Finalise draft Strategy and Delivery Plan |
| Actions | | Propose Population Health Assessment, the role of NHS Five in creating Health & Wellbeing | Prepare initial plan for focussed Community and Staff engagement programme | | Review Community and staff engagement: Survey – Inform focussed engagement approach | Launch focussed Community and Staff Engagement programme | Progress focussed Community and Staff Engagement programme | Finalise proposal in relation to the specific role of NHS Five in creating Health & Wellbeing | Report on Outcomes from focussed Community and Staff Engagement programme and refine/validate against Engagement Outcomes | Propose draft Strategy and Delivery Plan to NHS Board | |

2.3.1 Quality/ Patient Care

Working collaboratively with FHSCP and sharing the rich vein of information that we will both have, allows us to develop and delivery strategies that meet the needs of our populations and with the supporting delivery plans.

2.3.2 Workforce

Our staff are often our citizens so they will benefit from a strategy that delivers health and wellbeing to all the population.

2.3.3 Financial

There is a financial cost for the commissioning of an independent company to support the work with the public.

2.3.4 Risk Assessment/Management

No risks identified.

2.3.5 Equality and Diversity, including health inequalities

By ensuring we have accurate information we are reflecting the diversity of the population. An impact assessment has not been completed because an EQIA And CRWIA have been completed for all the strategy work.

2.3.6 Other impact

n/a

2.3.7 Communication, involvement, engagement and consultation

The Corporate Communications team and local contacts will be supporting the recruitment to the locality focus groups and promoting opportunities for engagement via a range of channels including the Public Engagement Network (PEN) and continuing to monitor a

range of existing channels for the public and staff to feedback including, Care opinion, NHS Fife social media and StaffLink.

2.3.8 Route to the Meeting

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

- Executive Directors Group - 18 August 2022
- Public Health and Wellbeing Committee – 29 August 2022
- Portfolio Board – 15 September 2022

2.4 Recommendation

The Board is asked to take:

- **Assurance** that the engagement plan is aligned to the 4 strategic priorities of NHS Fife and the output from this engagement will be included in the development of the PHW Strategy.

3 List of appendices

Report Contact

Fay Richmond

Executive Officer

Email Fay.Richmond@nhs.scot

| | |
|-------------------------------|-------------------------------------------------------|
| Meeting: | Fife NHS Board |
| Meeting date: | 27 September 2022 |
| Title: | Board Assurance Framework |
| Responsible Executive: | Margo McGurk, Director of Finance and Strategy |
| Report Author: | Pauline Cumming, Risk Manager |

1 Purpose

This is presented to the NHS Fife Board for:

- Assurance

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction
- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Board Assurance Framework (BAF) identifies risks to the delivery of NHS Fife's strategic objectives and priorities, including the NHS Fife Strategic Framework, the NHS Fife Clinical Strategy and the Fife Health & Social Care Integration Strategic Plan. It integrates information on strategic risks, related operational risks, controls, assurances, mitigating actions and an assessment of current performance.

This report summarises the position on the BAF components which were reported to the governance committees in September 2022.

2.2 Background

This paper fulfils the requirement to report to the Committee on the status of the BAF and any relevant developments.

2.3 Assessment

The current BAF risk levels and ratings are summarised in Table 1.

Table 1 - Risk Level and Rating over time

| Risk ID | Risk Title | Initial Risk Level & Rating Likelihood (L) x Consequence (C) | Current Level & Rating Aug/ Sep 2021 | Current Level & Rating Oct / Nov 2021 | Current Level & Rating Jan / Feb 2022 | Current Level & Rating Mar / Apr 2022 | Current Level & Rating May / June 2022 | Current Level & Rating July / Aug 2022 |
|---------|-------------------------------------|---------------------------------------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|----------------------------------------|----------------------------------------|
| 1671 | Financial Sustainability | Likely 4 x Major 4 = 16 High | 16 (4x 4) High | 16 (4x 4) High | 9 (3x3) Mod | 9 (3x3) Mod | 16 (4x4) High | 16 (4x4) High |
| 1672 | Environmental Sustainability | Likely 4 x Extreme 5 =20 High | 20 (4x 5) High | 20 (4x 5) High | 20 (4x5) High | 20 (4x5) High | 20 (4x5) High | 20 (4x5) High |
| 1673 | Workforce Sustainability | Almost Certain 5 x Major 4= 20 High | 16 (4x 4) High | 16 (4x 4) High | 16 (4x4) High | 16 (4x4) High | 16 (4x4) High | 16 (4x4) High |
| 1674 | Quality & Safety | Likely 4 x Extreme 5 = 20 High | 15 (3x 5) High | 15 (3x 5) High | 15 (3x5) High | 15 (3x5) High | 15 (3x5) High | 15 (3x5) High |
| 1675 | Strategic Planning | Likely 4x Major 4 = 16 High | 16 (4 x 4) High | 16 (4 x 4) High | 12 (3x4) Mod | 12 (3x4) Mod | 12 (3x4) Mod | 12 (3x4) Mod |
| 1676 | Integration Joint Board | Likely 4 x Major 4 =16 High | 12 (3x4) Mod | 12 (3x4) Mod | 12 (3x4) Mod | 12 (3x4) Mod | 4 (1x4) Low | Closed |
| 1677 | Digital and Information | Likely 4 x Extreme 5 = 20 High | 15 (3x5) High | 15 (3x5) High | 15 (3x5) High | 15 (3x5) High | 15 (3x5) High | 15 (3x5) High |

Key points from updates to be provided to Committees in September 2022

The BAF components are provided separately in Appendices 1-7.

Financial Sustainability

The Director of Finance & Strategy reported on the above component of the BAF to the Finance, Performance & Resources Committee (F, P&RC) on 10 May and 12 July 2022, and will report on the current position to the Committee on 13 September 2022. Members will be asked to take assurance that there is mitigation in place for risks associated with financial sustainability.

Since the last update, the current risk level has been reviewed twice and assessed as **High**. The linked Risk 522 - Prescribing and Medicines Management - Prescribing Budget is unchanged at High 15.

It is proposed that as we transition from the BAF, this risk is closed and replaced with the following strategic risks for inclusion in the Corporate Risk Register:

- Delivery of a balanced in-year financial position
- Delivery of recurring financial balance over the medium-term

Environmental Sustainability

The Director of Property & Asset Management reported on the above component of the BAF to the F, P & R C on 10 May and 12 July 2022, and will report on the current position to the Committee on 13 September 2022. Members will be asked to take assurance that there is mitigation in place for risks associated with environmental sustainability.

Since the last update, the current risk level has been reviewed and it remains **High**. There are no changes to report in relation to the linked risks.

It is proposed that as we transition from the BAF, this risk is closed and replaced with the following strategic risks for inclusion in the Corporate Risk Register:

- Policy obligations in relation to environmental management and climate change
- Prioritisation & Management of Capital Funding

Workforce Sustainability

The Director of Workforce reported on the above component of the BAF to the Staff Governance (SG) Committee on 12 May 2022, and 14 July 2022, and will report on the current position to the Committee on 1 September 2022. Members will be asked to take assurance that there is mitigation in place for risks associated with Workforce Sustainability.

Since the last update, the current risk level has been reviewed and remains **High**. Changes to the BAF are highlighted in Appendix 3. There are no changes to report in relation to linked risks.

It is proposed that as we transition from the BAF, this risk is closed and replaced with the following strategic risks for inclusion in the Corporate Risk Register:

- Workforce: Planning and Delivery
- Staff Health & Wellbeing

Quality & Safety

The Medical Director and the Director of Nursing reported on the above component of the BAF to the Clinical Governance Committee (CGC) on 29 April and 1 July 2022 respectively, and will report on the current position to the committee on 2 September 2022. Members will be asked to take assurance that there is mitigation in place for risks associated with Quality and Safety.

Since the last update, the current risk level has been reviewed and remains at **High**. There are no changes to report in relation to linked risks.

It is proposed that as we transition from the BAF, this risk is closed and replaced

with a new strategic risk for inclusion in the Corporate Risk Register:

- Quality & Safety: Control, Assurance and Improvement

It was previously reported to the Committee, that consideration was being given to adding a risk to the BAF around Unscheduled Care. This has been superseded by the development of a draft strategic risk associated with whole system capacity which is being proposed for inclusion in the new Corporate Risk Register.

Strategic Planning

The Director of Finance & Strategy reported on the above component of the BAF to the F, P&RC on 10 May 2022 and CGC on 1 July 2022, and will report on the current position to the CGC on 2 September 2022. Members will be asked to take assurance that there is mitigation in place for risks associated with strategic planning.

Since the last update, the current risk level has been reviewed and remains at **Moderate**.

Work is progressing in the development of the Population Health and Wellbeing Strategy with revised timescales. Further engagement work has been commissioned and will take place over the next few months. A Milestone plan to December 2022 has been produced.

The Annual Delivery Plan (ADP) 2022/23 was submitted on 29 July 2022 and a feedback meeting with the Scottish Government took place on 22 August 2022. The Planned Care section of the ADP was submitted on 12 August 2022 with a financial template supporting the long waiting times recovery plan.

It is proposed that as we transition from the BAF, this risk is closed and replaced with a new strategic risk for inclusion in the Corporate Risk Register:

- Population Health and Wellbeing Strategy

Digital and Information (D&I)

The Associate Director of Digital & Information reported on the above component of the BAF to the CGC on 29 April and 1 July 2022, and will report on the current position to the Committee on 2 September 2022. Members will be asked to take assurance that there is mitigation in place for D&I risks.

New Linked Risk

Since the last update, Risk 1500 - Cyber Resilience, has been added as a linked risk. This risk represents the overarching corporate risk and is underpinned by 4 additional risks that have been updated to align with the 4 Objectives of the Cyber Resilience Framework and the Network and Information Security Directive.

Previously Linked Risks

There are no changes to those linked risks.

Since the last update, the BAF's current risk level has been assessed and remains **High**.

It is proposed that as we transition from the BAF, the extant D&I BAF Risk 1677 and linked Risk 1500, are included in the Corporate Risk Register.

Integration Joint Board (IJB)

The IJB component of the BAF was discussed at EDG on 16 June 2022. In light of the completion of the Integration Scheme review, and approval by Scottish Ministers in March 2022, and the work to strengthen governance arrangements, the risk as stated in the BAF, had considerably reduced in terms of likelihood. The Director of Health and Social Care proposed that consideration should be given to closing this risk.

EDG noted the work that had been completed, agreed the risk had reduced to its target risk level, and supported closure of the IJB component.

2.3.1 Quality/ Patient Care

Risks to quality and safety are detailed in Appendix 4.

2.3.2 Workforce

Risks to workforce sustainability are detailed in Appendix 3.

2.3.3 Financial

Risks to financial sustainability are detailed in Appendix 1.

2.3.4 Risk Assessment/Management

Risk management is a key component of the Board's Code of Corporate Governance, a fundamental part of each committee's remit and intrinsic to the BAF.

2.3.5 Equality and Diversity, including health inequalities

It is expected, that the assessment of equality or diversity implications is intrinsic to the analysis of the BAF risks and thus reflected in the content of the appendices.

2.3.6 Other impact

Appendices 2, 5, 6 and 7 describe impacts relating to Environmental Sustainability, Strategic Planning, Digital & Information, and the Integration Joint Board.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects the engagement of Executive Directors, Non-Executives, the Associate Director of Quality and Clinical Governance, and other key stakeholders.

2.3.8 Route to the Meeting

EDG 18/08/22

Public Health & Wellbeing Committee 29/08/22

Staff Governance Committee 01/09/22

Clinical Governance Committee 02/09/22

2.4 Recommendation

The NHS Fife Board is asked to take **assurance** from BAF.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Fife BAF Financial Sustainability for FP& RC on 130922
- Appendix 2, NHS Fife BAF Environmental Sustainability for FP& RC on 130922
- Appendix 3, NHS Fife BAF Workforce Sustainability for SGC on 010922
- Appendix 4, NHS Fife BAF Quality & Safety for CGC on 020922
- Appendix 5, NHS Fife BAF Strategic Planning for CGC on 020922
- Appendix 6, NHS Fife BAF Digital and Information for CGC on 020922
- Appendix 7, NHS Fife BAF Integration Joint Board (IJB) as at 160622

Report Contact

Pauline Cumming

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NHS Fife Board Assurance Framework (BAF)

| Risk ID | Strategic Framework Objective | Date last reviewed | Date of next review | Description of Risk | Initial Score | | | | Current Score | | | | Rationale for Current Score | Owner (Executive Director) | Assurance Group Standing Committee and Chairperson | Current Controls (What are we currently doing about the risk?) | Gaps in Control | Mitigating actions - what more should we do? | Assurances (How do we know controls are in place and functioning as expected?) | Sources of Positive Assurance on the Effectiveness of Controls | Gaps in Assurance (What additional assurances should we seek?) | Current Performance | Target Score | | | | Rationale for Target Score |
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| | | | | | Likelihood (Initial) | Consequence (Initial) | Rating (Initial) | Level (Initial) | Likelihood (Current) | Consequence (Current) | Rating (Current) | Level (Current) | | | | | | | | | | | Likelihood (Target) | Consequence (Target) | Rating (Target) | Level (Target) | |

Board Assurance Framework (BAF) - Financial Sustainability

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| 1671 | Sustainable | 31/05/2022 | 31 August 2022 | There is a risk that the board will not achieve its financial targets in 2022/23 due to the inability to deliver the level of cost improvement plans required, the costs of managing the ongoing global Covid 19 pandemic exceed available funding, the increasing cost of very challenging unscheduled care service pressures and insufficient resource to support the recovery of elective care services. | 4 – Likely – Strong possibility this could occur | 4 – Major | 16 | High Risk | 4 – Likely – Strong possibility this could occur | 4 – Major | 16 | High Risk | <p>Although agreement has been reached with IJB CFO in relation to partnership approach to funding support from Covid reserve carried forward by the IJB for both partnership and health delegated services and a further COVID financial envelope made available by SG to support health non delegated services, there remains the risk that the cost of managing the pandemic will exceed the available funding. The challenges involved with managing increasing services pressures could impede the achievement of cost improvement plans.</p> <p>Capacity within the Corporate Programme Management office has been increased to provide support to deliver on the FIS programme.</p> <p>Agreement has been reached with IJB CFO on partnership approach to the use of the Covid reserve carried forward by the IJB to support Covid expenditure across the partnership and Health delegated Services.</p> <p>Covid financial envelope to support non delegated Health services has been provided by Scottish Government</p> <p>Covid expenditure to be mitigated wherever possible either by stopping spend or absorbing into business as usual resources.</p> <p>All cost improvement opportunities to be shared by and with all NHS boards across Scotland through the establishment of national cost improvement workstreams</p> | Nil | <p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>2022/23 Financial Plan approved by NHS Board in March 2022. Cost improvement plans of £11.7m and capital to revenue transfer of £2m approved to mitigate the initial funding gap of £24m. Remaining Funding gap of £10.4m with plans to mitigate over the medium term.</p> <p>Financial Improvement and Sustainability Programme (FIS) board established to provide oversight to the delivery of Cost Improvements Plans and approve pipeline schemes to be taken to implementation.</p> <p>1. Continue to develop all opportunities identified through the FIS programme cost improvement pipeline tracker in the context of sustainability & value.</p> <p>2. Continue to maintain an active overview of national funding streams to ensure all NHS Fife receives a share of all possible allocations.</p> <p>3. Continue to scrutinise and review any potential financial flexibility.</p> <p>4. Engage with H&SC / Council colleagues on the risk share methodology and in particular ensure that EDG, FP&R and the Board are appropriately advised on the options available to manage any overspend within the IJB prior to the application of the risk share arrangement</p> | <p>1. Produce monthly reports capturing and monitoring progress against financial targets and efficiency savings for scrutiny by all responsible managers and those charged with governance and delivery.</p> <p>2. Undertake regular monitoring of expenditure levels through managers, Executive Directors' Group (EDG), Finance, Performance & Resources (F,P&R) Committee and Board. As this will be done in parallel with the wider Integrated Performance Reporting approach, this will take cognisance of activity and operational performance against the financial performance.</p> | <p>1. Internal audit reviews on controls and process; including Departmental reviews.</p> <p>2. External audit review of year end accounts and governance framework.</p> | <p>1. Enhanced reporting on various metrics in relation to supplementary staffing.</p> <p>2. Confirmation via the Director of Health & Social Care on the social care forecasts and the likely outturn at year end.</p> | Current performance very challenging with ongoing financial consequences of Covid 19, significant cost pressures associated with workforce and medicines due to high levels of unscheduled care activity, enhanced costs of recruitment and retention issues and rising inflationary costs. Cost improvement plans continue to be developed with 6.4% of approved CIP target delivered to end of May 2022. | 4 – Likely – Strong possibility this could occur | 4 – Major | 16 | High Risk | Financial risks will always be prevalent within the NHS / public sector and it would be reasonable to aim for a position where these risks can be mitigated to an extent. However, SG have indicated significant financial challenge in year which requires robust mitigation and may impact availability of SG funding allocations. |
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| Risk ID | Risk Title | Risk Status | Current Level | Current Rating | Risk Owner |
|---------|-----------------------------------------------------------|-------------|---------------|----------------|----------------------|
| 522 | Prescribing and Medicines Management - Prescribing Budget | Active Risk | High Risk | 15 | McKenna, Christopher |

Previously Linked Operational Risk(s)

| Risk ID | Risk Title | Risk Status | Current Level | Current Rating | Risk Owner |
|---------|------------------------------------------------|-------------|---------------|----------------|-----------------|
| 1357 | Financial Planning, Management and Performance | Active Risk | Moderate | 12 | McGurk, Margo |
| 1363 | Health and Social Care Integration | Active Risk | Moderate | 9 | McGurk, Margo |
| 1513 | Financial and Economic impact of Brexit | Active Risk | Low Risk | 6 | McCormick, Neil |
| 1364 | Efficiency Savings | Closed Risk | High Risk | 16 | McGurk, Margo |
| 1784 | Finance (Short Term/Immediate) | Closed Risk | Moderate | 8 | Connor, Nicky |
| 1846 | Test and Protect/Covid Vaccination | Closed Risk | Low Risk | 6 | Connor, Nicky |

NHS Fife Board Assurance Framework (BAF)

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| | | | | | Likelihood (Initial) | Consequence (Initial) | Rating (Initial) | Level (Initial) | Likelihood (Current) | Consequence (Current) | | | | | | | | | | | Rating (Current) | Level (Current) | Likelihood (Target) | Consequence (Target) | |

Board Assurance Framework (BAF) - Environmental Sustainability

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| 1672 | Clinically Excellent, Sustainable | 01/08/2022 | 30 September 2022 | There is a risk that Environmental & Sustainability legislation is breached which impacts negatively on the safety and health of patients, staff and the public and the organisation's reputation. | 4 – Likely – Strong possibility this could occur | 5 - Extreme | 20 | High Risk | 4 – Likely – Strong possibility this could occur | 5 - Extreme | 20 | High Risk | Estates currently have significant high risks on the E&F risk register; until these have been eradicated this risk will remain. Action plans have been prepared and assuming capital is available these will be reduced in the near future. | Neil McCormick Director of Property & Asset Management Finance, Performance & Resources (F,P&R). Rona Laing. | <p><i>Ongoing actions designed to mitigate the risk including:</i></p> <ol style="list-style-type: none"> Operational Planned Preventative Maintenance (PPM) systems in place Systems in place to comply with NHS Estates Action plans have been prepared for the risks on the estates & facilities risk register. These are reviewed and updated at the monthly risk management meetings. The highest risks are prioritised and allocated the appropriate capital funding. The SCART (Statutory Compliance Audit & Risk Tool) and EAMS (Estates Asset Management System) systems record and track estates & facilities compliance. Sustainability Group manages environmental issues and Carbon Reduction Commitment(CRC) process is audited annually. Externally appointed Authorising Engineers carry out audits for all of the major services i.e. water safety, electrical systems, pressure systems, decontamination and so on. | Nil | <ol style="list-style-type: none"> Capital funding is allocated depending on the E&F risks rating Responsible person: Director of Estates, Facilities & Capital Services Timescale: Ongoing as limited funding available Increase number of site audits Responsible person: Estates Compliance Manager Timescale: Ongoing | <ol style="list-style-type: none"> Capital Investment delivered in line with budgets Sustainability Group minutes. Estates & Facilities risk registers. SCART & EAMS. Adverse Event reports.. | 1. Internal audits | 2. External audits by Authorising Engineers | 3. Peer reviews. | None. | High risks still exist until remedial works have been undertaken, but action plans and processes are in place to mitigate these risks. | 1 – Remote – Can't believe this event would happen | 5 - Extreme | 5 | Low Risk | All estates & facilities risk can be eradicated with the appropriate resources but there will always be a potential for failure i.e. component failure or human error hence the target figure of 5.. |
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Linked Operational Risk(s)

| Risk ID | Risk Title | Risk Status | Current Level | Current Rating | Risk Owner |
|---------|-----------------------------------------------|-------------|---------------|----------------|-----------------|
| 1007 | Theatre Phase 2 Remedial work | Active Risk | High Risk | 15 | Cross, Murray |
| 1252 | Flexible PEX hoses in PHASE 3 VHK | Active Risk | High Risk | 15 | McCormick, Neil |
| 1296 | Emergency Evacuation, VHK Phase 2 Tower Block | Active Risk | High Risk | 15 | McCormick, Neil |

Previously Linked Operational Risk(s)

| Risk ID | Risk Title | Risk Status | Current Level | Current Rating | Risk Owner |
|---------|------------------------------------------------------------------|-------------|---------------|----------------|--------------------|
| 1207 | Water system Contamination STACH | Active Risk | Moderate Risk | 10 | McCormick, Neil |
| 1275 | South Labs Plantroom | Active Risk | Moderate Risk | 8 | Lowe, David |
| 1306 | Risk of pigeon guano on VHK Ph2 Tower Windows | Active Risk | Moderate Risk | 12 | Lowe, David |
| 1316 | Inadequate Compartmentation VHK Phase 1, Phase 2 floors B-1st | Active Risk | Moderate Risk | 8 | McCormick, Neil |
| 1341 | Oil Storage - Fuel Tanks - Central/NEF | Active Risk | Moderate Risk | 10 | Keatings, Gordon |
| 1342 | Oil Storage - Fuel Tanks - QMH/DWF | Active Risk | Low Risk | 5 | Wishart, James |
| 735 | Medical Equipment Register | Closed Risk | Moderate Risk | 10 | Lowe, David |
| 749 | 836 - VHK Ph.2 Main Foul Drainage Tower Block | Closed Risk | High Risk | 15 | Lowe, David |
| 1083 | VHK CLO2 Generator (Legionella Control) | Closed Risk | High Risk | 15 | GRB |
| 1312 | Vertical Evacuation - VHK Phase 2 Tower Block | Closed Risk | Moderate Risk | 10 | Fairgrieve, Andrew |
| 1314 | Inadequate Compartmentation of Escape Stairs and Lift Enclosures | Closed Risk | Low Risk | 6 | Fairgrieve, Andrew |
| 1315 | Vertical Evacuation - VHK Phases 1 and 2 (excluding Tower Block) | Closed Risk | Moderate Risk | 8 | BAN |
| 1335 | FCON Fire alarm potential failure | Closed Risk | High Risk | 15 | GRB |
| 1352 | Pinpoint malfunction | Closed Risk | High Risk | 16 | Pirie, Margaret |
| 1384 | Microbiologist Vacancy | Closed Risk | High Risk | 20 | JGARDN |
| 1473 | Stratheden Hospital Fire Alarm System | Closed Risk | High Risk | 20 | Keatings, Gordon |

NHS Fife Board Assurance Framework (BAF)

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| | | | | | Likelihood (Initial) | Consequence (Initial) | Rating (Initial) | Level (Initial) | | | | | | | | | | Likelihood (Current) | Consequence (Current) | Rating (Current) | Level (Current) | |

Board Assurance Framework (BAF) - Workforce Sustainability

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| 1673 | Exemplar Employer | 05/08/2022 | 3 October 2022 | There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy and the future population Health & Wellbeing Strategy and the challenges associated with the COVID-19 pandemic. | ALCERT | MAJOR | 20 | 1_HIGH | LIKELY | MAJOR | 16 | 1_HIGH | <p>Workforce failures may have consequences for patients' health outcomes. NHS Fife has an ageing workforce, with recruitment challenges in many disciplines. Failure to ensure the right composition of workforce with the right skills and competencies continues to give rise to a number of organisational risks including: reputational and financial risk; a potential adverse impact on the safety and quality of care provision; staff engagement, staff absence, staff attrition and morale. Failure may also adversely impact on the implementation of the current Clinical Strategy and the future NHS Fife Population Health & Wellbeing Strategy.</p> <p>The current scores reflect the existing controls and mitigating actions in</p> | Linda Douglas Director of Workforce Staff Governance | Sinead Braiden | <p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>WORKFORCE – GENERAL</p> <ul style="list-style-type: none"> Development and implementation of the Workforce Strategy to support the Clinical Strategy, workforce elements of the Annual Delivery Plan, Population Health & Wellbeing Strategy and Strategic Framework; alongside the Workforce Plan for 2022 to 2025. The Workforce Plan for 2022 to 2025 has been developed in partnership with Trade Union / Professional Body representatives and submitted to the Scottish Government in July 2022. Implementation of the Health & Social Care Workforce Strategy to support the Health & Social Care Strategic Plan for 2019 to 2022, the integration agenda and the development of the H&SCP Workforce Strategy and Workforce Plan for 2022 to 2025. Implementation of the NHS Fife Board Strategic and Corporate Objectives, particularly the “exemplar employer / employer of choice” and the associated values and behaviours and aligned to the ambitions of an anchor institution. Implementation of the NHS Fife / H&SCP Joint Interim Workforce Plan for 2021/2022. Workforce Plans to align to and take account of the National Workforce Strategy for Health & Social Care. <p>WORKFORCE CAPACITY</p> <ul style="list-style-type: none"> Current resourcing actions include: active local and international recruitment campaigns and continued expansion of bank and supplementary staffing resources, including recruitment of newly qualified nurse practitioners in all disciplines, Band 4 Assistant Practitioners, additional Band 2 bank HCSWs, fast track process to support appointable candidates being appointed to other vacancies and admin support roles as part of a commitment to support Senior Charge Nurses and nursing teams. NHS Fife has been successfully recruiting international recruits for Nursing and Radiology roles. Our first group commenced on the 28 February 2022 and we have welcomed our 5th group on 27 June 2022. To date we have recruited 21 Staff Nurses within Acute and 2 Radiographers. 2 staff Nurses will join us in September 2022 and a further 2 Radiographers and 6 Staff Nurses are within the recruitment pipeline to join NHS Fife. We are building a strong working relationship with Yeovil District Hospital NHS Foundation Trust who conduct the recruitment process for Fife. This has been a positive experience for both NHS Fife and the candidates and it is hoped that international recruitment will increase and expand to other professions over 2022/2023. Pastoral support of overseas recruits and the welcome to Fife is crucial to the success of this initiative, and a package of support, including practice development to facilitate on the job learning and skills development, is in place for each international recruit who joins NHS Fife. Planning and delivery of actions undertaken by respective COVID-19 and Workforce Groups at various levels, (now moving into business as usual with the emergency footing ending in NHS Scotland in April 2022), including inter alia local workforce groups, workstreams associated with new programmes of work, for example, Community Care and Treatment, Vaccination Transformation and Implementation of the General Medical Services contract. Planning to meet future service needs, applying workforce planning and forecasting skills in support of service delivery, using the workforce modelling and abstraction techniques learned during the pandemic and managing staff availability to respond to escalation requirements. The impact of these actions will be reflected in the annual workforce projections exercise, when re-introduced, to determine future capacity requirements Supporting service delivery through implementation and integration of systems and joint working with services on redesign of services to mitigate shortfalls in staff availability. The first fourteen young people took up paid placements on our Kickstart Programme at the end of March 2022. Thirteen young people remain in post, the intention of the programme is to improve employment opportunities for those at risk of long-term unemployment. They have been provided with development opportunities, and employability support, with the aim of supporting them to a positive work destination. We have identified and secured funding to support the implementation and sustainability of future programmes including several ‘No one left behind’ programmes. <p>WORKFORCE CAPABILITY</p> <ul style="list-style-type: none"> eLearning and training offers aligned to current work modes Continuation of fast track induction and related activity, including new welcome and orientation package. Implementation of Practice Development initiatives to support changes in service delivery and preparation for further escalation requirements, for example training resources for non-clinical staff to support clinical service delivery. Ensuring managers and staff are prepared for the implementation of and compliance with the Health & Care (Staffing) (Scotland) legislation within the clinical workforce. Develop and deliver Phase 1 of the framework to improve leadership capability and embed talent management and succession planning. To prioritise staff personal / professional development needs that have been delayed or restricted due to COVID-19 response as restrictions are eased, through Directorate development delivery plans. To progress actions in support of the employability agenda. To progress actions in support of the equality, diversity and human rights agenda. <p>WORKFORCE ENGAGEMENT</p> <ul style="list-style-type: none"> Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff engagement opportunities are maximised. iMatter – supporting action planning and Board actions arising from the 2021 cycle of feedback and reporting. Our 2022 cycle of iMatter has just concluded and we achieved a higher response rate, Fife achieved a higher response rate (60%) than the NHS Scotland average (56%) attributed to the NHS Fife iMatter Roadshow ‘lets have a natter because iMatter’ We are now providing support to the action planning piece. Supporting staff through changes in ways of working and providing access to new and different career opportunities. Realising the benefits of the Internal (Staff) Communication Strategy and ensuring that StaffLink and other mediums for example the weekly Team and Chief Executive Briefings, joint managerial / partnership walkabouts support | Nil | <p>WORKFORCE – GENERAL</p> <ul style="list-style-type: none"> Implementation and review of workforce plans and strategies to ensure that these support service delivery and the provision of appropriate and safe care to the population of Fife. Ensuring workforce preparedness for any further COVID-19 escalation requirements and the legacy of the pandemic, working in partnership through the respective Workforce Groups and command structure. Support for capacity building within and across the organisation to make sure we make the best use of the skills of all of our workforce and to foster an environment for staff development. <p>WORKFORCE CAPACITY</p> <ul style="list-style-type: none"> Consideration of redesign of roles and services, for example: expansion of Health Care Support Worker and Assistant Practitioner roles, Advanced Practitioners, Pharmacy Technicians and Physicians Associates, combined with targeted ward administrative support, to enable clinical time to be released. Consideration of alternative ways to attract and recruit staff, or redesign of job roles to support service delivery models and the future supply pool. Realising the benefits of implementation of the regional recruitment model from July 2022. Harnessing the benefits of digital technology and automation to support service delivery and the commitments within the Recovery Plan / Clinical Strategy, for example within Laboratory Services, to compensate for shortfalls in current staff / future pipeline and complement recruitment and the introduction of advanced practice. Create a pathway for young people with barriers to employment to gain paid work experience with us, with the aim of securing future employment via the Kickstart and Long Term Unemployed Programme. Continue with plans to develop and implement an Apprenticeship programme starting in August 2022, in collaboration with the Nursing Team and Digital and information colleagues. <p>WORKFORCE CAPABILITY</p> <ul style="list-style-type: none"> Consideration of and implementation of learning and development activities in support of skill mix and associated actions. Contributing to NHS Scotland developments in Learning and Development. Realising benefits from the implementation of and compliance with the Health & Care (Staffing) (Scotland) legislation within the clinical workforce. Supporting managers to harness the benefits of Tableau, TURAS and other systems integration aligned to workforce planning. Provision of workforce planning training and support for managers. Develop and deliver further phases of the framework to improve leadership capability and embed talent management and succession planning. Consideration of the functionality of TURAS Learn to support capture and to facilitate reporting and analysis of training and development data. <p>WORKFORCE ENGAGEMENT</p> <ul style="list-style-type: none"> Continuation of active partnership working through APF and LPFs, with staff side colleagues key stakeholders in the development of the Workforce Strategy, future Workforce Plan’s and associated Action Plans. Continue to promote NHS Fife as an employer to enhance our ability to recruit and retain staff, utilising positive Communication support and social media, alongside participation in careers events. We have very recently supported two careers events (one in partnership with our pharmacy colleagues where we have posted the success of the events on LinkedIn). To develop mechanisms which enable everyone to feel more valued and involved on a collaborative basis throughout health and social care. Review of alternative workforce infomatics to widen the current range of workforce engagement indicators. <p>WORKFORCE SUPPORT & WELLBEING</p> <ul style="list-style-type: none"> Review of Staff Health & Wellbeing Framework to take account of COVID-19 lessons learned and evaluation of activities to establish which are most appreciated by staff. Provision of additional staff support and wellbeing initiatives which contribute to staff health and wellbeing, staff resilience and staff retention, showcasing NHS Fife as an exemplar employer in the local labour market. Continue to hold Gold HWL Award status and deliver on Health Promoting Health Service commitments. Consideration of support for the ageing workforce and other disadvantaged groups and opportunities for | 1. Regular performance monitoring and reports to Executive Directors Group, Area Partnership Forum, Local Partnership Fora and Staff Governance Committee | 2. Staff Governance activities are reported to EDG, APF, LPFs and Staff Governance Committee | 1. Use of national data for comparative purposes | 2. Internal Audit reports | 3. Audit Scotland reports | 4. Bench marking comparison with other NHS Boards | Full implementation and utilisation of eESS, Job Train, Tableau and TURAS will provide integrated workforce systems which, alongside access to national data via the NES Portal will capture and facilitate reporting, including all learning and development activity. | Overall NHS Fife has robust workforce planning, learning and development, governance and risk systems and processes in place. Continuation of the current controls and full implementation of mitigating actions, in particular the Workforce Strategy supporting the Clinical Strategy and the future Population Health and Wellbeing Strategy for Fife and full implementation and use of eESS, should provide appropriate levels of control. | UNLIKE | MAJOR | 8 | 2_MOD/ | Continuing improvements in current controls, ongoing review and full implementation of mitigating actions will reduce both the likelihood and consequence of the risk to moderate, taking account of current and potential future workforce challenges. |
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NHS Fife Board Assurance Framework (BAF)

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Board Assurance Framework (BAF) - Quality & Safety

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| 1674 | Clinically Excellent, Person Centred | 01 July 2022 | 02 September 2022 | <p>There is a risk that due to failure of clinical governance, performance and management systems (including information and information systems), NHS Fife may be unable to provide safe, effective, person centred care. Additionally, there is a risk that the effects of the COVID - 19 pandemic, including restricted capacity, reduced elective & non urgent services, and workforce pressures, will impact on the quality & safety of patient care and service delivery.</p> | 4 | 5 - Extreme | 20 | High Risk | 3 | 5 - Extreme | 15 | High Risk | <p>Failure in this area could have a direct impact on patients' health, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme harm can occur daily, the proportion of these in relation to overall patient activity is very small.</p> | <p>Christopher McKenna Medical Director Clinical Governance Christina Cooper</p> | <p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>Oversight and monitoring of strategy / framework / policy and procedure implementation and impact including:</p> <ol style="list-style-type: none"> 1. Strategic Framework 2. Clinical Strategy 3. Clinical Governance Structures and operational governance arrangements 4. Clinical & Care Governance Strategy 5. Participation & Engagement Strategy 6. Risk Management Framework 7. Governance arrangements established to support delivery of the UK Coronavirus (COVID-19) action plan and Scottish Government Annual Delivery Plan 2022/23 8. Processes established for reporting and escalation of COVID-19 related incidents & risks 9. NHS Recovery Plan and Remobilisation <p>These are supported by the following:</p> <ol style="list-style-type: none"> 10. Risk Registers 11. Integrated Performance and Quality Report (IPQR), Performance reports dashboard data 12. Performance Reviews 13. Adverse Events Policy 14. Acute Adult Programme (formerly Scottish Patient Safety Programme (SPSP) 15. Implementation of SIGN and other evidence based guidance 16. Staff Learning & Development 17. System of governance arrangements for all clinical policies and procedures 18. Participation in relevant national and local audit 19. Complaints handling process 20. Using data to enhance quality control 21. HIS Quality of Care Approach & Framework, Sept 2018 22. Implementing Organisational Duty of Candour legislation 23. Adverse event management process 24. Sharing of learning summaries from adverse event reviews 25. Implementing Excellence in Care 26. Using Care Opinion feedback 27. Acting on recommendations from internal & external agencies 28. Revalidation programmes for professional staff 29. Electronic dissemination of safety alerts 30. Organisational Learning Group established in August 2021. 31. Implementing the Adverse Event improvement Programme. 32. Reviewing and updating the Clinical and Care Governance Framework for delivery by 31/10/22. 33. Review of the Risk Management Framework and development of improvement programme is underway. 34. The Child and Young People Death Review Commissioning Group is well | <ol style="list-style-type: none"> 1. Reviewing together of patient experience, complaints, adverse events and risk information to provide an overview of good practice, themes, trends, and exceptions to the norm 2. Weaknesses in the process for recording completion of actions from adverse event reviews including evidence of steps taken to implement and share learning from actions. 3. Weaknesses in related oversight and monitoring processes at operational level 4. Risk Management Improvement programme to be implemented | <ol style="list-style-type: none"> 1. Give due consideration to how to balance the stabilisation and remobilisation of clinical services and take forward improvement work while managing staff and public expectations, as we recover from the COVID-19 pandemic. 2. Continually review the Integrated Performance and Quality (IPQR) to ensure it provides an accurate, current picture of clinical quality / performance in priority areas. To incorporate a risk component from late summer 2022. 3. Refresh the extant Clinical Governance structures and arrangements to ensure these are current and fit for purpose as part of the review of the Clinical & Care Governance Framework. 4. Review the coverage of mortality & morbidity meetings in line with national developments and HIS guidance. 5. Review and refresh the current content and delivery models for key areas of training and development e.g. corporate induction, in house core, quality improvement, leadership development, clinical skills, interspecialty programmes, risk management, clinical effectiveness. 6. Review annually, all technology & Digital & Information systems that support clinical governance e.g. Datix / Formic Fusion Pro./ Labs systems. 7. Establish via HIS, the plans for Board reviews against the Quality of Care Framework in order to prepare and understand our state of readiness for a review. 8. Further develop the culture of a person centred approach to care. 9. Executive commissioning of reviews as appropriate e.g. internal audit, external peer and 'deep dives' 10. Align the developing Clinical & Care Governance Framework with the NHS Fife Strategic Priorities, Corporate Objectives and the developing Population Health & Wellbeing Strategy. 11. Identify improvements within the adverse events process taking into consideration communication, roles, use of DATIX and lines of reporting. 12. Build a risk culture which ensures that there is engaged risk leadership and proactive measures with focus in place to address risks. 13. Build a risk culture which links the identification of risk to organisational objectives and strategic priorities. 14. Identify and implement an electronic system/ quality management system for managing policy and procedures to improve efficiency and assurance of document management. 15. Use the Essentials of Safe Care framework as the basis of an organisational self assessment to understand status quo and support development of C&CG Framework . | <ol style="list-style-type: none"> 1. Assurance statements from clinical & clinical & care governance groups and committees 2. Assurances obtained from all groups and committees that: <ol style="list-style-type: none"> i. they have a workplan ii. all elements of the work plan are addressed in year 3. Annual Assurance Statement 4. Annual NHS Fife CGC Self assessment 5. Reporting bi annually on adequacy of systems & processes to Audit & Risk Committee 6. External accreditation systems e.g.. Unicef - Accredited Baby Friendly Gold. UKAS Inspection for Labs 7. External agency reports e.g. GMC 8. Quality of Care review 9. Compliance and monitoring of policies & procedures to ensure these are up to date 10. Locally designed subject specific audits 11. National audits | <ol style="list-style-type: none"> 1. Internal Audit reviews and evaluation reports on controls and process; including annual assurance and governance review / departmental reviews to Audit & Risk Committee 2. External Audit reviews 3. HIS visits and reviews 4. Healthcare Environment Inspectorate (HEI) visits and reports 5. Health Protection Scotland (HPS) support and feedback 6. Health & Safety Executive visits and reports 7. Acute Adult Programme (formerly SPSP) visits and reviews 8. Scottish Govt Organisational DoC Annual Report 9. Scottish Public Service Ombudsman (SPSO) reports 10. Patient Experience and Feedback (PEaF) Quarterly Report which includes Care Opinion, compliments, and complaints report KPIs. 11. Specific National reporting 12. Mental Welfare Commission (MWC) reviews | <ol style="list-style-type: none"> 1. Key performance indicators relating to corporate objectives e.g. person centred, clinically excellent, exemplar employer & sustainable 2. We require additional assurances that there is a system in place for oversight, monitoring of actions, and disseminating learning from a variety of sources e.g. audit, adverse events, SPSP, MWC reviews 3. We require additional assurances that there are systems in place for oversight of operational and strategic risks | <p>Overall, NHS Fife has in place sound systems of clinical governance and risk management as evidenced by Internal Audit and External Audit reports and the Statement of Annual Assurance to the Board.</p> | 2 | 5 - Extreme | 10 | Moderate Risk | <p>The organisation can identify the actions required to strengthen the systems and processes to reduce the risk level.</p> |
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established having met monthly since October 2021
Three posts to support the infrastructure of the death reviews process have been successfully recruited to.
A Child & Young People Death Governance Group is in place and meets quarterly. The Year 1 report from the Child and Young People Death Commissioning Group will be submitted to the Clinical Governance Committee in November 2022.

16. Ensure linkages with Patient Relations Team to allow for shared learning and identification of organisational themes.

17. Further embed and monitor implementation of NHS Fife governance and reporting on the reviews of deaths of children and young people.

Linked Operational Risk(s)

| Risk ID | Risk Title | Risk Status | Current Level | Current Rating | Risk Owner |
|---------|---------------------------------------------------|-------------|---------------|----------------|-----------------|
| 2214 | Nursing and Midwifery Staffing Levels | Active Risk | High Risk | 20 | Owens, Janette |
| 1904 | Coronavirus Disease 2019 (COVID-19) Pandemic | Active Risk | High Risk | 16 | Tomlinson, Joy |
| 2297 | Cancer Waiting Times Access Standards | Active Risk | High Risk | 15 | Dobson, Claire |
| 1296 | Emergency Evacuation, VHK Phase 2 Tower Block | Active Risk | High Risk | 15 | McCormick, Neil |
| 1907 | Public Health Oversight of COVID-19 in Care Homes | Active Risk | High Risk | 15 | Tomlinson, Joy |

Previously Linked Operational Risk(s)

| Risk ID | Risk Title | Risk Status | Current Level | Current Rating | Risk Owner |
|---------|------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|----------------|-----------------------|
| 43 | Vascular access for haematology/Oncology | Active Risk | High Risk | 16 | Shirley - Anne Savage |
| 528 | Pandemic Flu Planning | Active Risk | Moderate Risk | 12 | Brown, George |
| 637 | SAB LDP standard | Active Risk | Moderate Risk | 9 | Cook, Julia |
| 1652 | Medical Capacity in Community Paediatric Service | Active Risk | Moderate Risk | 12 | Dobson, Claire |
| 1670 | Temperature within fluid storage room within critical care | Active Risk | Moderate Risk | 12 | Morgan, Belinda |
| 356 | Clinical Pharmacy Input | Closed Risk | High Risk | 15 | McKenna, Christopher |
| 521 | Capacity Planning | Closed Risk | Very Low Risk | 1 | Watts, Miriam |
| 529 | Information Security Risk | Closed Risk | High Risk | 16 | McGurk, Margo |
| 1287 | Overcapacity in AU1 Assessment Unit | Closed Risk | Very Low Risk | 3 | Shepherd, Angie |
| 1297 | Obsolete Equipment In Use – No Replacement Plan In Place (Graseby 3000 Series) | Closed Risk | Moderate Risk | 10 | Lowe, David |
| 1366 | T34 syringe drivers in the Acute Division | Closed Risk | Low Risk | 6 | Savage, Shirley-Anne |
| 1502 | 3D Temperature Monitoring System (South Lab) | Closed Risk | Moderate Risk | 12 | Campbell, Ken |
| 1514 | Impact of the UK's withdrawal from the EU on the availability and cost of medicines and medical devices | Closed Risk | High Risk | 15 | Garden, Scott |
| 1515 | Impact of the UK's withdrawal from the EU on Nuclear Medicine and the ability to provide diagnostic and treatment service(s) | Closed Risk | High Risk | 15 | Anderson, Jane |
| 1524 | Oxygen Driven Suction | Closed Risk | High Risk | 20 | McKenna, Christopher |
| 1667 | Infusion pumps, volumisers and Syringe Divers in Paediatrics and Neonatal Units | Closed Risk | High Risk | 25 | Dobson, Claire |

NHS Fife Board Assurance Framework (BAF)

| Risk ID | Strategic Framework Objective | Date last reviewed | Date of next review | Description of Risk | Initial Score | | | Current Score | | | Rationale for Current Score | Owner (Executive Director) Assurance Group Standing Committee and Chairperson | Current Controls (What are we currently doing about the risk?) | Gaps in Control | Mitigating actions - what more should we do? | Assurances (How do we know controls are in place and functioning as expected?) | Sources of Positive Assurance on the Effectiveness of Controls | Gaps in Assurance (What additional assurances should we seek?) | Current Performance | Target Score | | | | Rationale for Target Score |
|---------|-------------------------------|--------------------|---------------------|---------------------|----------------------|-----------------------|------------------|-----------------|----------------------|-----------------------|-----------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------|----------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------|---------------------|------------------|-----------------|---------------------|----------------------|----------------------------|
| | | | | | Likelihood (Initial) | Consequence (Initial) | Rating (Initial) | Level (Initial) | Likelihood (Current) | Consequence (Current) | | | | | | | | | | Rating (Current) | Level (Current) | Likelihood (Target) | Consequence (Target) | |

Board Assurance Framework (BAF) - Digital & Information

| | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1677 | Clinically Excellent, Exemplar Employer, Person Centred, Sustainable | 08/08/2022 | 3 October 2022 | There is a risk that the organisation will fail to recognise and afford the financial investment necessary to deliver its D&I Strategy and current operational lifecycle commitment to enable transformation across Health and Social care to deliver sustainable and integrated services that are safe, secure and compliant with governance frameworks and associated legislation. | 4 – Likely – Strong possibility this could occur | 5 - Extreme | 20 | High Risk | 3 – Possible – May occur occasionally – reasonable chance | 5 - Extreme | 15 | High Risk | <p>Failure in this area could have a direct impact on patients care, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme can occur daily, the proportion of these in relation to overall activity is very small and reporting to competent authorities is minimal.</p> | <p><i>Ongoing actions designed to mitigate the risk including:</i></p> <ol style="list-style-type: none"> Consistent alignment of the D&I Strategy with the NHS Fife Corporate Objectives and developing Health & Wellbeing Strategy Digital & Information Board Governance established and supporting prioritisation with ongoing review Information Governance & Security Governance Groups implemented with improvement and assurance activity plans reviewed and monitored by Steering Group. Caldicott - register maintained and reviewed Review of financial impact of D&I Strategy as part of annual deliver planning and areas of exposure quantified and presented via SPRA process Operational governance lead through SLT focusing on operation controls (finance & resource), lifecycle management, policy/procedure implementation a workforce development Risk management arrangements underpinned by: Policy & Process, Adverse event management, Asset Management Controls, Monitoring and Detection, Defence in Depth security measures and technology; all of which are receiving a higher percentage of budget allocation. Directive on security of network and information systems (NIS) & Cyber Essentials Compliance – Action Plan developed prioritising a series of Cyber workshops informing technical controls and organisational response to Cyber attacks Additional resilience planning and disaster recovery work underway to update alignment to current operating priorities FOI, SAR, records management, DPA improvements being lead through IG&S Steering and Operational Groups Senior Management Team consideration of policy and procedure impact and associated implementation Monthly risk reviews with Operational Leads and escalation/reporting to Governance Groups as necessary Performance Review Participation in national and local audit e.g. NISD Audit Commitment to ensure appropriate implementation of Cyber Defence Measures, including support of national centralised cyber incident reporting and coordination protocols. Staff Learning & Development, both Digital staff and the wider organisation including leadership skills. Business Case development to include costed resilience by design and ongoing support activities. Enhancing monitoring of our digital systems. | <p>Lack of formal quantification of the financial impact of the remaining items associated with the Digital Strategy, Business Cases in development.</p> <p>Level of financial and resource exposure linked to COVID response items.</p> <p>Lack of long term financial, lifecycle and workforce planning.</p> <p>Lack of evidence of assurance now that systems to maintain ongoing monitoring of compliance and control are established: GDPR/DPA 2018 - Improvements noted in IG&S Assurance Report (Target March 2022)</p> <p>Lack of consideration and commitment to unification of business process on strategic applications and the associated remove of duplicate or legacy systems</p> <p>Lack of training and education resource to ensure our staff and patients are digitally ready - Business Case in consideration</p> <p>Lack of resilience of key digital systems and technical recovery procedures and regular failover (DR) testing. - Plan to address agreed with EDG - April 2021- project now in initiation – Oct 2021</p> <p>Governance and procedures do not fully follow ITIL professional standards - Internal Audit Findings responded to</p> | <ol style="list-style-type: none"> Improving and maintaining strong governance, risk management and operating procedures following Information Technology Infrastructure Library (ITIL) professional standards within early adoption of continuous improvement assessment. (ITIL implementation - Phase 1 Agreed - Phase 2 underway) Organisation to consider the gaps in current operating financial commitments as a result of COVID response and assessment of financial implementation of Digital Strategy presented through SPRA process. Develop long term financial, lifecycle and workforce planning - plan to address is in development Work to become fully compliant with GDPR, DPA 2018, NIS Directive, Information Security Policy Framework and thereafter maintain compliance. | <p>Second line of Assurance:</p> <ol style="list-style-type: none"> Reporting to D&I SLT, D&I Board, Information Governance & Security Steering Group (IG&SG), EDG & Clinical Governance groups and committees. Annual Assurance Statements for the D&I Board and IG&S Steering Group. Locally designed subject specific audits. Compliance and monitoring of policies & procedures to ensure these are up to date via D&I Senior Management Team. Reporting bi annually on adequacy of risk management systems and processes to Audit & Risk Committee. Monthly SIRO report SGHSCD Annual review SG Resilience Group Annual report on NIS & Cyber compliance External Assurance on Delivery Plan by Scottish Government Update to Assessment following June 2019-Digital Maturity Assessment Periodic Benchmarking for areas of focus | <p>Third line of Assurance :</p> <ol style="list-style-type: none"> Internal Audit reviews and reports on controls and process; including annual assurance and governance review / departmental reviews. External Audit reviews. Formal resilience testing / DR testing using an approved scope and measured success and mechanism for lessons learned and action plans. Alignment to Cyber Resilience Framework NISD Audit Commissioned by the Competent Authority for Health. Benchmarking with NHS Scotland's Boards | <ol style="list-style-type: none"> The remaining deliverables as stated in the D&I Strategy have yet to undergone business case assessment against delivery. Findings presented via SPRA and FCIG. Continual development of data assured performance is ongoing across all D&I Domains. Development of workplans aligned to risk continually developed. Assurance reports are consistently provided to D&I SLT monthly and development of data/KPI reports to Governance Groups continue to be developed. These reports will ensure trend and analysis to highlight potential vulnerabilities and provide assurances (including assurances that confirm compliance with GDPR, DPA 2018, NIS Directive, the Information Security Policy Framework is being maintained). Implementation of improvements as recommended in Internal and external Audit ongoing. Adverse Events review to be included Improvements to SLA's (in line with 'affordable performance') is that output still awaited from 4 to provide assurance or otherwise Assurance on patients' readiness/equality impact in the adoption of digital care provision Assurance on organisational readiness for further Digital Adoption | <p>Overall, NHS Fife Digital has in place a sound systems of</p> <ol style="list-style-type: none"> Governance - agreed ToR and reporting Improving security defences and risk management as evidenced by Internal Audit and External Audit reports Investment has been made to support NIS, GDPR and Cyber resilience and some tools which will improve visibility of the Network. Clear articulation of digital aspiration via the Digital Strategy 2019-2024 Extended corporate governance including EDG attendance Meeting visibility through provision of minutes and delivery plans to EDG/CGC Investment in substantive resources for IG&S, Programme Management office and architecture service. | 2 – Unlikely – Not expected to happen – potential exists | 5 - Extreme | 10 | Moderate Risk | <ol style="list-style-type: none"> Difficulty in securing investment in people, tools and maintaining systems that are resilient and always within support cycles. Fully implementing resistance to attack through 'resilience by design', well practised response plans and recovery procedures. Reduce the 'human factor' through ongoing 'user base education' and improving organisational digital readiness. Enhanced controls and continuing improvements to systems and processes for improved usage, monitoring, reporting and learning are continually being put in place. <p>Aim for Moderate Risk as target rather than Low Risk is due to the fact that likelihood whilst unlikely may still happen and consequence will be extreme due to level of fines that may be imposed, reputational damage and patient harm.</p> |
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Linked Operational Risk(s)

| Risk ID | Risk Title | Risk Status | Current Level | Current Rating | Risk Owner |
|---------|---------------------------------------------------------------------------------------|-------------|---------------|----------------|------------------|
| 2192 | Risk that Digital & Information Service Management activities are not aligned to ITIL | Active Risk | High Risk | 20 | Graham, Alistair |
| 1422 | Unable to meet NIS & Cyber Resilience Framework compliance | Active Risk | High Risk | 16 | Graham, Alistair |
| 1500 | Cyber Resilience Risk | Active Risk | High Risk | 16 | Potter, Carol |
| 1934 | Loss of Cloud based Email & Collaboration Services | Active Risk | High Risk | 16 | Young, Allan |
| 537 | Failure of the Network causing widespread loss of access to IT systems | Active Risk | High Risk | 15 | Young, Allan |
| 885 | Digital & Information Financial Position | Active Risk | High Risk | 15 | Graham, Alistair |

Previously Linked Operational Risk(s)

| Risk ID | Risk Title | Risk Status | Current Level | Current Rating | Risk Owner |
|---------|-----------------------------------------------------------------------------------------|-------------|---------------|----------------|----------------------|
| 226 | Security of data being transferred off/on site | Active Risk | High Risk | 16 | Graham, Alistair |
| 1338 | NHS Fife at increased cyber attack risk due to legacy systems / application versions | Active Risk | Moderate Risk | 12 | Graham, Alistair |
| 1393 | Patch Management Risk | Active Risk | Moderate Risk | 8 | Young, Allan |
| 1504 | Lack of a central IT location to store guidance documents | Active Risk | High Risk | 20 | McKenna, Christopher |
| 1576 | Risk of not meeting Software as a Medical Device full compliance | Active Risk | Moderate Risk | 9 | McKenna, Christopher |
| 1746 | O365 May Cause Disruptive Network Overhead | Active Risk | Moderate Risk | 9 | Young, Allan |
| 1932 | T4 - User error in use of O365 products (including those supporting system) | Active Risk | Moderate Risk | 12 | Fowles, Malcolm |
| 1996 | Office 365 - Unknown Financial Consequence and so risk to licence availability | Active Risk | Moderate Risk | 12 | Graham, Alistair |
| 529 | Information Security Risk | Closed Risk | High Risk | 16 | McGurk, Margo |
| 913 | MIDIS replacement | Closed Risk | Moderate Risk | 9 | Donovan, Lesly |
| 1424 | End of support lifecycle for Microsoft Server Products | Closed Risk | High Risk | 16 | Young, Allan |
| 1927 | Deliberate unauthorised data access or misuse by insiders (staff, contractors etc.) | Closed Risk | Moderate Risk | 12 | Fowles, Malcolm |
| 1928 | T2 - Deliberate unauthorised access or misuse of O365 Email by outsiders (e.g. hackers) | Closed Risk | Moderate Risk | 12 | Young, Allan |
| 1929 | T7 - Inadequate or absent audit trail | Closed Risk | High Risk | 25 | Young, Allan |

NHS Fife Board Assurance Framework (BAF)

| Risk ID | Strategic Framework Objective | Date last reviewed | Date of next review | Description of Risk | Initial Score | | | Current Score | | | Rationale for Current Score | Owner (Executive Director) | Assurance Group Standing Committee and Chairperson | Current Controls (What are we currently doing about the risk?) | Gaps in Control | Mitigating actions - what more should we do? | Assurances (How do we know controls are in place and functioning as expected?) | Sources of Positive Assurance on the Effectiveness of Controls | Gaps in Assurance (What additional assurances should we seek?) | Current Performance | Target Score | | | | Rationale for Target Score |
|---------|-------------------------------|--------------------|---------------------|---------------------|----------------------|-----------------------|------------------|-----------------|----------------------|-----------------------|-----------------------------|----------------------------|----------------------------------------------------|----------------------------------------------------------------|-----------------|----------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|---------------------|------------------|-----------------|---------------------|----------------------|----------------------------|
| | | | | | Likelihood (Initial) | Consequence (Initial) | Rating (Initial) | Level (Initial) | Likelihood (Current) | Consequence (Current) | | | | | | | | | | | Rating (Current) | Level (Current) | Likelihood (Target) | Consequence (Target) | |

Board Assurance Framework (BAF) - Strategic Planning

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1675 | Clinically Excellent, Exemplar Employer, Person Centred, Sustainable | 03/10/2022 | 3 October 2022 | <p>There is a risk that the development and the delivery of the new NHS Fife Population Health and Wellbeing strategy is not adequately supported by the required planning and programme management capacity, capability and governance arrangements.</p> <p>Key Risks from previous BAFs will remain until committees are content they are covered in renewed PHW Strategy.</p> <p>1. Community/Mental Health redesign is the responsibility of the H&SCP/IJB which hold the operational plans, delivery measures and timescales</p> <p>2. Governance of the transformation programmes remains between IJB and NHS Fife.</p> <p>3. Regional Planning - risks around alignment with regional plans are currently reduced as regional work is focussed on specific workstreams</p> <p>4. Clinical Strategy does not reflect that the strategic direction of the organisation following the COVID-19 pandemic.</p> | 4 – Likely – Strong possibility this could occur | 4 – Major | 16 | High Risk | 3 – Possible – May occur occasionally – reasonable chance | 4 – Major | 12 | Moderate Risk | <p>Following period of COVID-19, portfolio management is being put in place.</p> <p>Programme management approach being refreshed through Strategic Planning Resource Allocation (SPRA) process.</p> | <p>Margo McGurk Director of Finance and Strategy</p> <p>Clinical Governance.</p> <p>Christina Cooper.</p> | <p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>11/8/22</p> <p>1. Workshop has been held with PH to discuss DoPH report and focus for NHS Fife strategy. Next step is Grand Round on 31/8/22 with clinicians from across Fife to discuss next steps. Supported by MD, DoP and DoN</p> <p>2. Joint engagement progressing with focus groups being planned. Opportunity to benefit from wider engagement process in HSCP.</p> <p>3. Annual Delivery Plan submitted to SG but still in draft form.</p> | <p>EDG Portfolio Board will provide the required leadership and executive support to enable strategy development - now in place.</p> | <p>PHW Portfolio Board is now meeting monthly. TOR signed off. Governance route will be Public Health and Wellbeing Committee</p> <p>Time period for Strategy has been amended to start from 23/24 rather than 22/23. Annual Delivery Plan for 22/23 providing interim strategic direction. Work will continue during 2022 to ensure delivery of Strategy for 23/24.</p> <p>Responsible Person: Director of Finance</p> <p>Timescale: 31/03/2023</p> | <p>1. Minutes of meetings record attendance, agenda and outcomes.</p> <p>2. Reporting of key priorities to governance groups from the SPRA process.</p> | <p>1. Internal Audit Report on Strategic Planning (no. B10/17)</p> <p>2. Governance committee scrutiny and reporting.</p> | <p>Governance of new arrangements will be agreed to deliver the required assurance. This gap have now been closed.</p> | <p>Corporate Objectives now finalised for 22/23.</p> <p>Draft Annual Delivery Plan has been submitted in July 22 with draft Planned Care plan submitted on 12/8/22.</p> <p>ADP Q2 update on deliverables to be submitted in October 22.</p> | 2 – Unlikely – Not expected to happen – potential exists | 4 – Major | 8 | Moderate Risk | <p>Position is improving as Portfolio Board and Public Health and Wellbeing Committee is in place.</p> |
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Linked Operational Risk(s)

| Risk ID | Risk Title | Risk Status | Current Level | Current Rating | Risk Owner |
|---------|--------------------------|-------------|---------------|----------------|------------|
| | Nil currently identified | | | | |

Previously Linked Operational Risk(s)

| Risk ID | Risk Title | Risk Status | Current Level | Current Rating | Risk Owner |
|---------|----------------|-------------|---------------|----------------|------------|
| | Nil applicable | | | | |

NHS Fife Board Assurance Framework (BAF)

| Risk ID | Strategic Framework Objective | Date last reviewed | Date of next review | Description of Risk | Initial Score | | | Current Score | | | Rationale for Current Score | Owner (Executive Director) | Assurance Group Standing Committee and Chairperson | Current Controls (What are we currently doing about the risk?) | Gaps in Control | Mitigating actions - what more should we do? | Assurances (How do we know controls are in place and functioning as expected?) | Sources of Positive Assurance on the Effectiveness of Controls | Gaps in Assurance (What additional assurances should we seek?) | Current Performance | Target Score | | | | Rationale for Target Score |
|---------|-------------------------------|--------------------|---------------------|---------------------|----------------------|-----------------------|------------------|-----------------|----------------------|-----------------------|-----------------------------|----------------------------|----------------------------------------------------|----------------------------------------------------------------|-----------------|----------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|---------------------|------------------|-----------------|---------------------|----------------------|----------------------------|
| | | | | | Likelihood (Initial) | Consequence (Initial) | Rating (Initial) | Level (Initial) | Likelihood (Current) | Consequence (Current) | | | | | | | | | | | Rating (Current) | Level (Current) | Likelihood (Target) | Consequence (Target) | |

Board Assurance Framework (BAF) - Integration Joint Board

| | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1676 | Sustainable | 31/05/2022 | 10 June 2022 | There is a risk that the Fife Integration Scheme does not clearly define operational responsibilities of the Health Board, Council and Integration Joint Board (IJB) resulting in a lack of clarity on ownership for risk management, governance and assurance. | 4 – Likely – Strong possibility this could occur | 4 – Major | 16 | High Risk | 1 – Remote – Can't believe this event would happen | 4 – Major | 4 | Low Risk | In light of the completion of the Integration Scheme review and the work to strengthen governance arrangements consider reducing risk score to target score and closing this risk | Nicky Connor NHS Fife Board. Tricia Marwick. Director of HSCP | Nil | Nothing more to be done than the ongoing actions set out. Responsible Person: Director of Health & Social Care | 1. Through regular updates to SLT and EDG about the progress of the reviews. 2. Updates to Audit & Risk Committees, the Integration Joint Board (IJB) and NHS Fife. . | 1. • The views of auditors will be the key independent assurance mechanism around this risk. We will involve them in the work to clarify governance arrangements as it progresses. 2. • Scottish Government will also provide useful advice and an independent perspective on the work to be carried out. | None. | The problem should be largely resolved with the action taken. | 1 – Remote – Can't believe this event would happen | 4 – Major | 4 | Low Risk | Once resolved and given effect to in IJB integration scheme and NHS Fife corporate governance arrangements, the issue should largely be resolved. But given maturity of relationships and dynamics around regional approaches a remaining risk will remain.. |
|------|-------------|------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------|----|-----------|----------------------------------------------------|-----------|---|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------|----------------------------------------------------|-----------|---|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Linked Operational Risk(s)

| Risk ID | Risk Title | Risk Status | Current Level | Current Rating | Risk Owner |
|---------|--------------------------|-------------|---------------|----------------|------------|
| | Nil currently identified | | | | |

Previously Linked Operational Risk(s)

| Risk ID | Risk Title | Risk Status | Current Level | Current Rating | Risk Owner |
|---------|----------------|-------------|---------------|----------------|------------|
| | Nil applicable | | | | |

Meeting: Fife NHS Board
Meeting date: 27 September 2022
Title: Draft Corporate Risk Register & Dashboard
Responsible Executive: Margo McGurk, Director of Finance and Strategy
Report Author: Pauline Cumming, Risk Manager

1 Purpose

This is presented for:

- Approval

This report relates to a:

- Annual Operational Plan
- Government policy/directive
- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

As part of the refresh of the Risk Management Framework, it was agreed that the Board Assurance Framework (BAF) would be replaced with a renewed NHS Fife Corporate Risk Register (CRR).

2.2 Background

An iterative process to agree the content of the CRR has been underway over recent months. This has involved:

- reviews of risks on the extant Corporate Risk Register
- reviews of other active risks, including those linked to the BAF
- discussion within EDG, the governance committees and the Board
- engagement with Senior Leadership Teams and Operational Teams
- identification of new risks that require to be considered for inclusion

Risk Categorisation

It has been agreed that risks on the Corporate Risk Register will be categorised by mapping across to the 4 strategic priorities as follows:

- To improve health and wellbeing
- To improve the quality of health and care services
- To improve staff experience and wellbeing
- To deliver value and sustainability

2.3 Assessment

Proposed Corporate Risks

The aim has been to draw out and refocus the presentation of the corporate risks with the mitigation in place at a strategic level. Annex 1 presents a draft of the strategic risk profile as a dashboard set in the context of the risk appetite of the Board. Annex 2 sets out the draft Corporate Risk Register for review.

The plan is to create opportunities at each committee and Board session to carry out deep dives into high risks which are deteriorating or not improving over time. The dashboard will also feature in the executive summary of the IPQR.

It is recognised that the CRR must be dynamic and act as a tool to enable the management of risks that may affect delivery of our strategic priorities. Frequent review of existing risks and monitoring of the environment is necessary to ensure the risks captured represent the current profile of the organisation. Continual communication of risks within the organisation, with the Board and other stakeholders, is essential to allow for informed decision-making, to enable appropriate scrutiny and to provide assurance that the risk profile is being effectively managed. In this way, the corporate risk register content will be subject to continuing refinement and development.

The Risks and Opportunities Group will play a key role in supporting the development, monitoring and review of the corporate risk register, identifying risks and opportunities to the strategic priorities, and ensuring continuous improvement of the organisation's control environment, including appropriate containment of risks.

2.3.1 Quality/ Patient Care

Effective risk management enables risks to quality and patient care to be identified and appropriately managed.

2.3.2 Workforce

Effective management of workforce risks supports delivery of quality and patient care.

2.3.3 Financial

Effective management of financial risks supports delivery of quality and patient care.

2.3.4 Risk Assessment/Management

As detailed in the paper.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment will be conducted.

2.3.6 Other impact

None

2.3.7 Communication, involvement, engagement and consultation

This paper has been developed following the range of engagement over time with EDG, SLTs, governance committees and Board.

2.3.8 Route to the Meeting

EDG 18/08/22

Public Health & Wellbeing Committee 29/08/22

Staff Governance Committee 01/09/22

Clinical Governance Committee 02/09/22

Audit & Risk Committee 12/09/22

Finance, Performance & Resources Committee 13/09/22

2.4 Recommendation

The NHS Fife Board is asked to:

- **Approve** this proposal which will create the initial version of the Corporate Risk Register and Dashboard.

Report Contact

Pauline Cumming

Risk Manager

Email pauline.cumming@nhs.scot

Working examples for discussion
Strategic Risk Profile

| Strategic Priority | Total Risks | Current Strategic Risk Profile | | | | Risk Movement | Risk Appetite | Summary Statement on Risk Profile |
|----------------------------------------------------|-------------|--------------------------------|----------|----------|----------|---------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| To improve health and wellbeing | 5 | 3 | 2 | - | - | ◀▶ | High | Current assessment indicates delivery against 3 of the 4 strategic priorities facing a risk profile in excess of risk appetite. Mitigations in place to support management of risk over time with some risks requiring daily assessment. Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place. |
| To improve the quality of health and care services | 5 | 4 | 1 | - | - | ◀▶ | Moderate | |
| To improve staff experience and wellbeing | 2 | 2 | - | - | - | ◀▶ | Moderate | |
| To deliver value and sustainability | 6 | 4 | 2 | - | - | ◀▶ | Moderate | |
| Total | 18 | 13 | 5 | 0 | 0 | ◀▶ | Moderate | |

Risk Key

| | |
|---------------|---------|
| High Risk | 15 - 25 |
| Moderate Risk | 8 - 12 |
| Low Risk | 4 - 6 |
| Very Low Risk | 1 - 3 |






Movement Key



- Improved - Risk Decreased
- No Change
- Deteriorated - Risk Increased

Risk Improvement Trajectory & Deep Dive into deteriorating risks (1 for each strategic objective)



| To improve health and wellbeing | Risk Improvement Trajectory | | | | Deep Dive |
|--------------------------------------------------------|-----------------------------------|---------------------------------------------------------------|--|--|-----------|
| Risks which have improved | [Risk Improvement Trajectory Bar] | Risk | | | |
| Risks which have deteriorated | | Risk Level and Score | | | |
| Risks which have not moved | | Risk Mitigation | | | |
| Risks which have reached acceptable level of tolerance | | Anticipated Timeline to Risk Reduction / Tolerate and Monitor | | | |
| Total | | | | | |

Corporate Risk Register contains individual risk details



| M | Strategic Priority | Risk | Mitigation | Risk Level | Target Risk / Date | Risk Level Trend | Risk Owner | Primary Committee |
|---|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|------------------|---------------------------|---------------------------|
| 1 |  | <p>Population Health and Wellbeing Strategy</p> <p>There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.</p> | EDG has established a Portfolio Board, reporting to the Public Health and Wellbeing Committee to deliver the required system leadership and executive support to enable effective strategy development. The Portfolio Board commissions and monitors the delivery of key milestone activity associated with the delivery of an effective new strategy. | Mod 12 | Mod 8 | | Chief Executive | Public Health & Wellbeing |
| 2 |  | <p>Health Inequalities</p> <p>There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.</p> | Public Health and Wellbeing Committee established, with the aim of providing assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population. Public health department and wider partners ongoing programme of work on reducing health inequalities relating to Public Health Priorities, Health Promotion, Vaccination, Screening, and Dental Public Health (ongoing). Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife. | High 20 | Mod 10 | | Director of Public Health | Public Health & Wellbeing |
| 3 |  | <p>COVID 19 Pandemic</p> <p>There is an ongoing risk to the health of the population, particularly the clinically vulnerable, the elderly and those living in care homes, that if we are unable to protect people through vaccination and other public health control measures to break the chain of transmission or to respond to a new variant, this will result in mild-to-moderate illness in the majority of the population, but complications requiring hospital care and severe disease, including death in a minority of the population.</p> | Delivery plans are being developed for the autumn/winter vaccination campaign. The proposed start date is early September 2022; some planning is pending JCVI decisions. Implementation of new treatments for individuals at higher risk of adverse outcomes. Public communications programme to raise awareness of infection prevention and control measures across the region population cross the population. | High 16 | Mod 12 | | Director of Public Health | Clinical Governance |



| | | | | | | | | |
|---|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|--|------------------------------------------------|---------------------------|
| 4 |  | <p>Policy obligations in relation to environmental management and climate change</p> <p>There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'</p> | <p>Robust governance arrangements have been put in place including an Executive Lead and Board Champion appointed</p> <p>Regional working group and representation on the National Board</p> <p>Active participation in Plan 4 Fife</p> | Mod 12 | Mod 10 | | Director of Property & Asset Management | Public Health & Wellbeing |
| 5 |  | <p>Optimal Clinical Outcomes</p> <p>There is a risk that recovering from the legacy impact of the ongoing pandemic, combined with the impact of the cost-of-living crisis on citizens, will increase the level of challenge in meeting the health and care needs of the population both in the immediate and medium-term.</p> | <p>The Board has agreed a suite of local improvement programmes, as detailed in the diagram below to frame and plan our approach to meeting the challenges associated with this risk.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p> | High 15 | Mod 10 | | Medical Director/ Director of Public Health | Clinical Governance |







| | | | | | | | | |
|---|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------|--|----------------------------|---------------------|
| 6 |  | <p>Whole System Capacity</p> <p>There is a risk that significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.</p> | <p>The combination of application of our OPEL process on a daily basis and the improvement work through our Integrated Unscheduled Integrated Care and Planned Care programmes provides the operational and strategic response to the challenges posed through this risk.</p> | High 20 | Mod 9 | | Director of Acute Services | Clinical Governance |
| 7 |  | <p>Access to outpatient, diagnostic and treatment services</p> <p>There is a risk that due to demand exceeding capacity, compounded by COVID -19 related disruption and stepping down of some non-urgent services, NHS Fife will see a deterioration in achieving waiting time standards. This time delay could impact clinical outcomes for the population of Fife.</p> | <p>Recovery Plans developed outlining additional activity and resources required to reduce backlog and meet ongoing demand.</p> <p>Speciality level plans in place outlining local actions to mitigate the most significant areas of risk.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p> | High 16 | Low 4 3-4 years | | Director of Acute Services | Clinical Governance |



| | | | | | | | | |
|----|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|--|-------------------------------------------------------|---------------------|
| 8 |  | <p>Cancer Waiting Times</p> <p>There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Fife will see further deterioration of Cancer Waiting Times (CWT) 62-day performance.</p> | <p>Effective Cancer Management Framework Action plan agreed both locally and by Scottish Government and actions identified. A national Short Life Working Group (SLWG) is being set up to develop a 'Once for Scotland' approach to management of breaches standard operating procedure. This will be led by the NHS Fife Cancer Transformation Manager (Chair of National Cancer Managers' Forum). The Cancer Framework and delivery plan is almost complete. Optimal Pathways and integrated care are included in the framework along with viewing CWT targets as a minimum standard. The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p> | High 15 | Mod 12 | | Director of Acute Services | Clinical Governance |
| 9 |  | <p>Quality & Safety</p> <p>There is a risk that if our governance, arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided thereby being unable to provide adequate assurance and possible impact to the quality of care delivered to the population of Fife.</p> | <p>Effective governance is in place and operating through the clinical Governance Oversight Group (CGOG) providing the mechanism for assurance and escalation of clinical governance (CG) issues to Clinical Governance Committee (CGC). This is further supported by the organisational Learning Group to ensure that learning is used to optimise patient safety, outcomes and experience, and to enhance staff wellbeing and job satisfaction. There are also effective systems & processes to ensure oversight and monitoring of national & local strategy / framework / policy / audit implementation and impact.</p> | High 15 | Mod 10 | | Medical Director | Clinical Governance |
| 10 |  | <p>Primary Care Services</p> <p>There is a risk that due to a combination of the demand on services, workforce availability and current funding and resourcing of Primary Care, it may not be possible to deliver sustainable quality</p> | <p>A Primary Care Governance and Strategy Oversight Group has been established. The group brings together both the transformation and sustainability initiatives for all four of the independent primary care contractors, whilst also overseeing any critical aspects of</p> | High 16 | Mod 8 | | Medical Director/ Director of Health & Social Care | Clinical Governance |

| | | | | | | | | |
|----|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|--|-----------------------|------------------|
| | | services to the population of Fife into the medium-term. | governance. It is co-chaired by the Medical Director and the Director of Health and Social Care. The group will provide assurance to NHS Fife Board and the Integration Joint board through the appropriate sub committees. The establishment of this group will allow governance and scrutiny of all aspects of primary care delivery and to provide a focus for improving patient care for the population of Fife | | | | | |
| 11 |  | Workforce Planning and Delivery There is a risk that if we do not implement effective strategic and operational workforce planning, we will not deliver the capacity and capability required to effectively deliver services. | Development and implementation of the Workforce Strategy to support the Clinical Strategy, workforce elements of the Annual Delivery Plan, Population Health & Wellbeing Strategy and Strategic Framework; alongside the Workforce Plan for 2022 to 2025. Implementation of the Health & Social Care Workforce Strategy to support the Health & Social Care Strategic Plan for 2019 to 2022, the integration agenda and the development of the H&SCP Workforce Strategy and Workforce Plan for 2022 to 2025. Implementation of the NHS Fife Board Strategic and Corporate Objectives, particularly the “exemplar employer / employer of choice” and the associated values and behaviours and aligned to the ambitions of an anchor institution. | High 16 | Mod 8 | | Director of Workforce | Staff Governance |
| 12 |  | Staff Health and Wellbeing There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future. | Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff engagement opportunities are maximised. Scoping a Staff Experience and Engagement Framework that sets out our key ambitions and commitments for improving staff experience, which will help to develop a culture that values and supports our workforce. | High 16 | Mod 8 | | Director of Workforce | Staff Governance |

| | | | | | | | | |
|----|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|--|-----------------------------------------|----------------------------------|
| 13 |  | <p>Delivery of a balanced in-year financial position. There is a risk that the Board may not achieve its statutory financial targets in 2022/23 due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally.</p> | <p>Financial Improvement and Sustainability Programme (FIS) board established to provide oversight to the delivery of Cost Improvements Plans and approve pipeline schemes to be taken to implementation.</p> | High 15 | Mod 8 | | Director of Finance & Strategy | Finance, Performance & Resources |
| 14 |  | <p>Delivery of recurring financial balance over the medium-term There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium-term.</p> | <p>Strategic Planning and Resource Allocation process will continue to operate and support financial planning The FIS Programme will focus on medium-term productive opportunities and cash releasing savings The Board will maintain its focus on reaching the full National Resource Allocation (NRAC) allocation over the medium-term</p> | High 15 | Mod 8 | | Director of Finance & Strategy | Finance, Performance & Resources |
| 15 |  | <p>Prioritisation & Management of Capital funding There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.</p> | <p>Infrastructure developments prioritised and funded through the NHS Board capital plan. Regular Property and Asset Management Strategy (PAMS) report submitted to FP&R, NHS Board and Government.</p> | Mod 12 | Low 6 | | Director of Property & Asset Management | Finance, Performance & Resources |
| 16 |  | <p>Off-Site Area Sterilisation and Disinfection Unit Service There is a risk that by continuing to use a single off-site service Area Sterilisation Disinfection Unit (ASDU), our ability to control the supply and standard of equipment required to deliver a safe and effective service will deteriorate.</p> | <p>Monitoring and review through Decontamination Group Establishment of local SSD for robotic being planned</p> | Mod 12 | Low 6 | | Director of Property & Asset Management | Clinical Governance |
| 17 |  | <p>Cyber Resilience There is a risk that NHS Fife will be overcome by a targeted and sustained cyber attack that may impact the availability and / or</p> | <p>Considerable focus continues in 2022 with heightened threat level to improve our resilience to attack and ability to recover quickly.</p> | High 16 | Low 6 | | Medical Director | Clinical Governance |

| | |
|-------------------------------|-----------------------------------------------------------|
| Meeting: | Fife NHS Board |
| Meeting date: | 27 September 2022 |
| Title: | Joint Health Protection Plan |
| Responsible Executive: | Joy Tomlinson, Director of Public Health |
| Report Author: | Duncan Fortescue-Webb, Consultant in Public Health |

1 Purpose

This is presented for:

- Assurance

This report relates to a:

- Legal Requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe

2 Report summary

2.1 Situation

The Board is asked to endorse the Joint Health Protection Plan (JHPP) for 2022-24 which has been prepared by Fife Council Environmental Health and NHS Fife Public Health departments.

2.2 Background

The Public Health etc. (Scotland) Act 2008 requires NHS Boards, in consultation with Local Authorities, to produce a Joint Health Protection Plan (JHPP) which provides an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness for the NHS Board area.

2.3 Assessment

This is the seventh JHPP for Fife and covers the time period 2022-24. It builds upon the series of plans issued each two years since 2010 when this became a requirement.

The purposes of the plan are:-

- i. To provide an overview of health protection priorities, provision and preparedness for NHS Fife and Fife Council.
- ii. To outline the joint arrangements which Fife Council and NHS Fife, have in place for the protection of public health.
- iii. To improve the level of “preparedness” to respond effectively to a health protection incident and emergency.
- iv. To clarify the priorities for the period of the plan 2022 – 2024.
- v. To identify and subsequently secure the resources which are required to meet the plan.
- vi. To detail the liaison arrangements between NHS Fife, Fife Council, Fife Health and Social Care Partnership and other Agencies.
- vii. To develop “learning” across the agencies.
- viii. To provide a mechanism for reviewing and recording outcomes and achievements.

2.3.1 Quality/ Patient Care

The Joint Health Protection plan supports preparedness and the protection of population health.

2.3.2 Workforce

Existing specialist resource is described within the JHPP.

2.3.3 Financial

There are no additional costs within the plan although there is an acknowledgement that significant additional health protection staffing costs have been required as part of the pandemic response.

2.3.4 Risk Assessment/Management

The JHPP is a legal requirement. The plan optimises co-ordination of stakeholder Health Protection action and minimises the risk of uncoordinated effort.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because JHPP is a statutory requirement.

2.3.6 Other impact

This JHPP time period is particularly important as services return to business-as-usual activities. The COVID19 pandemic has not yet ended and the plan provides a framework to strengthen co-ordination of health protection effort across Fife.

2.3.7 **Communication, involvement, engagement and consultation**

The plan was prepared between NHS Fife Health Protection and Fife Council Environmental Health teams. Stakeholders include NHS Fife Health Protection Team, Fife Council, Scottish Environmental Protection Agency (SEPA), and Scottish Water.

2.3.8 **Route to the Meeting**

This JHPP has been developed collaboratively by NHS Fife and Fife Council.

It has previously been considered at:

NHS Fife Executive Directors Group on 18 August 2022

NHS Fife Public Health and Wellbeing Committee 29 August 2022

And will be considered also at:

Fife Council Environment, Transportation and Climate Change Scrutiny Committee on 31 January 2023.

2.4 **Recommendation**

The Board are asked to take;

- **Assurance** from the updated JHPP 2022-24.

3 **List of appendices**

The following appendices are included with this report:

- Appendix 1: JHPP 2022-24

Report Contact

Duncan Fortescue-Webb
Consultant in Public Health Medicine
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NHS FIFE and FIFE COUNCIL JOINT HEALTH PROTECTION PLAN

2022-2024

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Introduction

The Public Health etc. (Scotland) Act 2008 requires NHS Boards, in consultation with Local Authorities, to produce a Joint Health Protection Plan (JHPP) which provides an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness for the NHS Board area.

This plan covers the period 1st April 2022 to 31st March 2024.

Health protection has been a central part of society's response to the covid pandemic. There have been many changes to local teams and working arrangements, and extensive multi-agency collaboration. The pandemic response has inevitably drawn attention away from other issues. Although the pandemic is not over, the availability of widescale vaccinations has greatly reduced the harms and we are entering a new phase. Now is an opportunity to take stock of events and assess how best to respond to re-emerging and novel risks.

Significant work is underway to develop a regional model for health protection across the East of Scotland. Our processes are becoming more closely aligned to support increasing collaboration and mutual support. This will provide greater resilience to manage ongoing work related to the pandemic, and also to respond to any future pressures.

This is a public document and is available to members of the public on the NHS Fife website www.nhsfife.org and on request. We hope that you will find this plan to be of interest and value, and that it will contribute to protecting the health of the people who visit, work, and live in Fife.

Signed

.....
Dr Joy Tomlinson
Director of Public Health
NHS Fife

.....
Mr Nigel Kerr
Head of Protective Services
Fife Council

1. Overview

1.1 Fife Joint Health Protection Plan

This plan has been created following the requirements set out in the Public Health etc. (Scotland) Act 2008. NHS Fife, Fife Council and Fife Health & Social Care Partnership have prepared this plan in collaboration and consultation. This plan is herewith referred to as the Joint Health Protection Plan.

The plan relates to the period 1st April 2022 to 31st March 2024.

The plan requires to be formally approved by NHS Fife and Fife Council.

The format of the plan meets the details of Annex D of the Scottish Government Guidance *Joint Health Protection Plans*.

The purposes of the plan are:

- i. To provide an overview of health protection priorities, provision and preparedness for NHS Fife and Fife Council.
- ii. To outline the joint arrangements which Fife Council and NHS Fife, have in place for the protection of public health.
- iii. To improve the level of “preparedness” to respond effectively to a health protection incident and emergency.
- iv. To clarify the priorities for the period of the plan 2022 – 2024.
- v. To identify and subsequently secure the resources which are required to meet the plan.
- vi. To detail the liaison arrangements between NHS Fife, Fife Council, Fife Health and Social Care Partnership and other Agencies.
- vii. To develop “learning” across the agencies.
- viii. To provide a mechanism for reviewing and recording outcomes and achievements.

The plan will be reviewed annually by representatives from Environmental Health and Health Protection, and any necessary changes made and reported to the JHPP signatories. The plan will only be formally changed and updated every 2 years in accordance with legislative requirements.

1.2 Review of previous Joint Health Protection Plan 2020-2022

In preparing the JHPP 2022-24, we have reviewed the JHPP 2020-22. This identified that:

- Priorities have shifted over the last two years to respond effectively to the pandemic, and the related reduction in incidence of other infectious diseases. This has been accompanied by a redeployment of staff and resources from other work areas.
- The working arrangements between local partners have developed significantly to facilitate a concerted response to incident management, while being flexible enough to evolve with changing demands and circumstances.
- Areas which are still relevant but incomplete have been taken forward into the 2022-24 JHPP; and new priority areas have been introduced. Fife Council's declaration of a Climate Emergency was noted within the last plan. This will require longer term commitments and responses are ongoing to mitigate and prevent adverse health impacts from t ecological degradation and climate change.

1.3 Health protection planning infrastructure

The prevention, investigation and control of communicable diseases and environmental hazards are central to the JHPP. This requires specialist knowledge and skills. These include risk assessment, risk management and risk communication, along with individual professional skills and qualifications within our staff. These specialist skills and knowledge are applicable to a wide range of incidents or scenarios and are often facilitated by the existence of agreed plans and procedures for specific diseases or situations. Health Protection expertise is also key to many elements of Risk Preparedness and Resilience capability. There are many such national and local plans.

Effective working arrangements are in place to support partnership working and use of specialist skills and knowledge between the Health Protection Team within NHS Fife and the Environmental Health Teams within Fife Council.

Lists of the plans which are common to both agencies are in Appendix 2.

1.4 Overview of NHS board and local authority population

Population

In June 2020, an estimated 374,130 persons lived in Fife, 580 more people than in 2019. This equates to an annual growth rate of 0.2% which was greater than the national growth rate of 0.05%.¹ Current population projections estimate that by mid-2028, the population of Fife will be a similar size with a 0.1% decrease in the total population compared to 2018.²

Children aged 0-15 years make up 17% of the population with 64,152 children living in Fife as of June 2020. The majority of the population in Fife (62%) are aged 16-64 years, whilst 12% of the population are aged 65-74 and 9% aged 75 and over. By mid-2028 the number of people aged under 65 is estimated to fall but the number of people aged 65-74 is estimated to increase by 10% and the number aged 75 and over by 31% which will see almost a quarter (24.3%) of the population in Fife being aged 65 and over.

Births

3,143 babies were born in Fife in 2020, a 6% reduction in the number of babies born in Fife compared to in 2019.³ This continues the trend of falling numbers of births in Fife in the last ten years and is the lowest annual number of births since 1991. Fertility rates in Fife, although falling, continue to be higher than the rates for Scotland, 47.1 per 1000 women aged 15-44 years compared with a national rate of 45.5.

More than half (59%) of the babies born in Fife were born to mothers aged 25-34 years, 5% to mothers aged 19 and under and 4% to mothers aged 40 and over. Since 2000 the number of births to mother aged 19 and under has decreased by 61% whilst births to mothers aged over 40 have more than doubled.

Life Expectancy

Life expectancy at birth in Fife was 77.2 years for males and 81.4 years for females in 2018-2020.⁴ This was a small annual fall in life expectancy in males and a small rise in females since the last estimates of 77.3 and 81.2 years respectively in 2017-2019.

¹ NRS (2021) Mid-2020 Population Estimates, Scotland. Available:

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2020>

² NRS (2020) Population Projections for Scottish Areas 2018-based. Available:

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/sub-national-population-projections/2018-based>

³ NRS List of data tables 2020. Sections 3: Births. Available:

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/vital-events-reference-tables/2020/list-of-data-tables#section3>

⁴ NRS Life Expectancy in Scotland 2018-2020. Available: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/life-expectancy/life-expectancy-at-scotland-level> v NRS

(2021) Vital Events - Deaths. Available: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths>

Although recent changes in life expectancy in Fife have been small, more significant changes have been seen since 2012-14, the point at which Scotland and other countries experienced an unprecedented slowing of life expectancy growth. Among females a much slower rate of life expectancy growth has been observed from 2012-14 to present compared to between 2001-3 and 2012-14. Among males in Fife life expectancy decreased between 2012-14 to present compared to increasing from 2001-3 to 2012-14.

Current life expectancy in Fife is higher than estimates for Scotland. Across Scotland life expectancy fell by the largest ever annual amount in 2018-2020 and was 76.8 years for males and 81 years for females. This large annual fall was mainly driven by COVID-19 deaths, but drug-related deaths and deaths from external causes (including accidents and suicides) also contributed to the fall in male life expectancy. The full impact of COVID-19 on life expectancy will be clearer in future estimates that cover the whole period of the pandemic as current estimates only include 2020.

Deaths

There were 4,285 deaths in Fife in 2020, an increase of 130 (3%) compared to 2019. 36% of these or 1,529 deaths were in people aged under 75 years. All-cause mortality rates in Fife, for all ages and in the under 75s, were lower in 2020 than the Scottish average.

Grouped together cancers were the most common cause of death in Fife (and Scotland) with 1,112 deaths being attributed to malignant neoplasms in 2020, 26% of all deaths. The most common cancer death was lung cancer which accounted for almost a quarter (23%) of all cancer deaths and 6% of all deaths.

Heart disease, the majority of which were ischaemic heart disease, was the next most common cause of death accounting for 13% of deaths followed by dementia and Alzheimer's disease (11%) and cerebrovascular diseases (7%). The impact of the pandemic is still being assessed, however there were 310 deaths recorded in Fife where confirmed or suspected COVID-19 was mentioned on the death certificate.⁵

1.5 Overview of communicable diseases for 2020-22

| <u>Notifiable disease/organism</u> | <u>2019</u> | <u>2020</u> | <u>2021</u> |
|-------------------------------------------|--------------------|--------------------|--------------------|
| Covid-19* | 0 | 6,587 | 56,252 |
| Cryptosporidium | 35 | 8 | 11 |
| <i>E. coli</i> (non O157 VTEC) | <5 | <5 | 5 |

⁵ NRS (2021) Vital Events - Deaths. Available: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths>

| | | | |
|----------------------------|----|----|----|
| E. coli O157 | 12 | 7 | 6 |
| Giardia | 6 | 0 | <5 |
| Legionellosis | <5 | <5 | 0 |
| Listeria | <5 | 0 | <5 |
| Lyme disease** | 31 | 18 | 27 |
| Measles | <5 | 0 | 0 |
| Meningococcal infection | 5 | <5 | 0 |
| Mumps | 43 | 19 | 0 |
| Rubella | 0 | 0 | 0 |
| Salmonella | 67 | 16 | 21 |
| Shigella | <5 | <5 | <5 |
| Tuberculosis*** | 12 | <5 | 7 |
| Whooping cough (pertussis) | 36 | 7 | 0 |

* Covid-19 – confirmed by PCR, including reinfections (defined as a new positive test after 90 days)

** Subject to data validation

*** Tuberculosis cases - clinical notification with/without microbiology confirmation in line with national TB surveillance

The above table gives an overview of the *confirmed* communicable diseases notified to NHS Fife. In addition to this, the Health Protection Team, Fife Council, and partner agencies were also notified of many possible and probable cases of communicable diseases that required investigation and implementation of control measures.

During the pandemic, case numbers for other diseases declined markedly. Many factors are likely to have been involved, including: social and travel restrictions; increased ventilation, face covering and hand hygiene measures; and barriers to accessing healthcare.

1.6 Significant health protection incidents

Covid-19 impact on Health Protection

Health Protection has continued to provide a full range of services through the pandemic. Most notably, the workforce expanded to include Test and Protect teams who provided testing and contact tracing services across Fife in collaboration with Fife Council and other partners.

With most covid testing and contact tracing ending in April 2022, and pandemic-response activity declining, the service is now looking to learn lessons from the pandemic in order to better prepare for the future. In particular, we are considering

how best to protect more vulnerable populations such as those in care homes, how to minimise barriers for the wider community accessing services and advice, and how further responses to pandemics could be set up effectively if needed.

Covid19 impact on Environmental Health

The realignment of resources in response to the meant that Environmental Health had to pause and/or reduce routine work activities, including routine inspection programmes. The Environmental Health (Food & Workplace Safety) Team along with colleagues in the wider Protective Services continue to be heavily involved in Fife's Public Health response to the Covid19 Pandemic working with colleagues across Fife Council and Partner agencies. A summary of activities related to the Covid19 Pandemic are noted below:

- Responding to Covid19 related complaints & concerns, as of 31 December 2021, 2181 enquiries or complaints had been received since March 2020.
- Advice to businesses.
- Advice & support to colleagues across Fife Council.
- Active in various local & national forums including for example the Environmental Health & Trading Standards Covid Expert Group, Scottish Government Working Groups.
- In the early stages of the pandemic three team members worked with the NHS Fife Test & Protect Team as contact tracers for periods of time, one of which was six months as a Contact Tracer Team Lead.
- NHS Fife's Contact Tracers reported settings where covid positive cases attended during their infectious period directly to the Environmental Health (Food and Workplace Safety) Team, such as hospitality, retail, and workplaces. These setting referrals were then triaged, with ones of concern allocated for follow up by officers from Environmental Health or Trading Standards. Where there were clusters or outbreaks Environmental Health were involved in the multiagency Problem Assessment Group and/or Incident Management Team meetings called by NHS Fife.
- Protective Services increased their out of hours standby provision for significant periods of time during the initial stages of the pandemic and again over the Christmas and New Year Period 2021/22 due to the emergence of the Omicron variant.
- Following the introduction of the Covid Certification Scheme in October 2021, 22 proactive interventions were made to night-time economy businesses by Protective Services Licencing Standards Officers.

Mossmorran flaring

SEPA receive a considerable number of complaints from the community about flaring. Environmental Health and NHS Fife took part in several SEPA Engagement Group Meetings in 2021. These events were a key step in listening to the needs of

the community and informing SEPA's review of the monitoring they undertake around the Mossmorran complex and how they share the results of that monitoring with the local community.

The Mossmorran & Braefoot Bay Independent Air Quality Review Group also consider flaring incidents. This is a multi-agency group with representation from all of the agencies in Fife with responsibility for different aspects of air quality. .

In 2020, at a meeting of the Environment and Protective Services Subcommittee of the Fife Council, it was agreed that the Mossmorran and Braefoot Bay Community and Safety Committee would be the recognized forum for community oversight. This is an umbrella committee where issues or concerns from the community can be raised. Three Expert Advisory Groups (EAGs) have been formed under this committee – one on air quality (which would take place of the Review Group), one on noise and light and vibration, and one on communications. These groups carry out tasks assigned by the Safety Committee. Environmental Health and NHS Fife are represented on all three EAGs.

Avian influenza

Between 2020 and 2022 Fife Council have been alerted to a number of wild bird deaths from the H5N1 strain of Avian Influenza. This is a natural occurrence but does raise concerns regarding the potential for infection spread to commercial flocks, hobby bird owners, and risk to the public.

An Avian Influenza Protection Zone came into force across the whole of the UK in November 2021. It requires that all flocks must be kept covered to protect against spread of avian influenza.

In Feb 2021 a commercial flock in Fife became positive with H5N1 with a resultant loss of thousands of game birds, some dying of Avian influenza and the remainder being humanely culled. Temporary control zones (3km and 10km) were put in place to restrict movements of birds, eggs, and any potentially infected materials on and off premises.

Fife Council's Animal Health Officers assisted government agencies by visiting premises to check on compliance with the protection zone and site movements. Following the cull, Fife Council officers assisted APHA vets inspecting the site to check on compliance with the notices served by APHA, which included pest proofing the buildings.

The site has been dormant for twelve months now and is deemed to be free of the virus. The sheds have been pest proofed and the operator will be able to restock soon once the considerable amount infected waste is removed and disposed of.

Multidisciplinary response to Afghan and Ukrainian Resettlement

NHS Fife health protection team have formed part of the collaborative response for refugees from both Afghanistan and Ukraine. This has included health screening, input to support childhood immunisations, support to access health services and emergency dental care.

1.7 Risks and challenges

NHS Fife and Fife Council in conjunction with other partner agencies regularly review and highlight specific high-risk facilities, events, and scenarios in Fife. Based upon these reviews a local community risk register (CRR) is produced and is used to inform local contingency planning. The local community risk register is available for the public to view on the Scottish Fire and Rescue Service website.

Pandemic preparedness

Whilst there are important differences, the influenza pandemic framework was used as the basis for drafting a Fife strategic framework for the current Covid-19 pandemic. If further additional covid responses are required, or other infections become established with comparable impact, the lessons from the covid response will be valuable to preparedness and response.

EU Exit and Imported/Exported Food Control

Food imported into Scotland or elsewhere in the UK from outside of the UK is now covered by domestic and retained EU regulation. Fife Council's Environmental Health (Food and Workplace Safety) Team is responsible for enforcing the relevant legislation in relation to food stuffs imported from outwith the UK (3rd country). Food import controls include meat and meat products, dairy products, fish and honey.

At this time, the Environmental Health (Food and Workplace Safety) Team is awaiting guidance on EU exit requirements for imported food and agreements regarding the creation and resourcing of Border Control Posts (BCPs) throughout Scotland. The following changes regarding food imports are anticipated during 2023, subject to confirmation by the UK Government:

- All consignments arriving into Great Britain, (not from Island of Ireland) must be registered on the Import of Products, Animals, Food and Feed System (IPAFFS) at least four hours before arrival. The IPAFFS reference number must then be input to customs forms. There is no requirement at this stage to pass through a Border Control Point (BCP), even for Products of animal Origin (POAO) and High Risk Food not of Animal Origin (HRFNAO) and no other physical import checks.

- BCPs to be operational across Great Britain and physical checks begin on imported POAO, HRFNAO.

As of early 2022 the resourcing of these import checks is subject to ongoing discussion.

Applications for Border Control Post status in various Scottish ports have been received, are ongoing or pending. Rosyth is currently a BCP for animal feed stuffs. Responsibility for oversight sits with Food Standards Scotland/Trading Standards. The resourcing options for BCPs are under ongoing discussion for the Animal Plant Health Agency (APHA) or Local Authorities to provide this resource, including the required Official Vet input, or a combination thereof.

Exported foodstuffs of animal origin destined for the EU along with other third countries requires to have an Export Health Certificate. The requirements relating to Export Health Certificates are set by the importing country. Environmental Health (Food and Workplace Safety) Certifying Officers are regularly inspecting consignments and issuing Export Health Certificates. This has also necessitated the inspection of the Fife fishing vessel fleet.

New Scottish Veterinary Service

Following an independent review, Scottish Ministers committed to creating a new Scottish Veterinary Service (SVS). This Service will ensure that enough people with the right qualifications in veterinary services, animal health and food safety can manage the need for land and marine based animal health issues in Scotland.

A Programme Board and relevant working groups are in place and will, over the next 3 to 4 years, determine how the SVS will be governed, any policy and legislative changes required and the service design. The outcome of this work will be presented to the Scottish Government in due course for approval and implementation.

It is anticipated that this work may change how Fife Council delivers its current responsibilities particularly around animal health and welfare, with the potential for the removal of some duties and staff being transferred directly to the new Scottish Veterinary Service.

East of Scotland regional health protection

Planning is ongoing between Fife and nearby Health Boards in the East of Scotland to formalise regional collaboration for health protection. This will improve resilience and availability of specialist expertise, increase career development opportunities, and support sharing of training and development.

Environmental Health resourcing

Fife Council has experienced difficulties in recruiting qualified Environmental Health Officers over recent years. Information gathered by the Society of Chief Officers of Environmental Health in Scotland (The Society) during 2019 indicated that there were approximately 40 vacancies within Environmental Health in Scotland, with the age profile of those in post increasing. The Society has worked and continues to work with the Royal Environmental Health Institute of Scotland (REHIS) to look into the concerns. The undergraduate route to becoming an Environmental Health Officer in Scotland has been refreshed through tripartite work between The Society, REHIS and the University of West of Scotland. This has resulted in the required practical training to be undertaken as part of the REHIS Diploma in Environmental Health is now embedded into the undergraduate degree in years three and four. The first cohort of students are currently undertaking their third-year placement supported by several local authorities including Fife Council.

A managing change exercise was undertaken during the summer of 2021 within the Environmental Health (Food & Workplace Safety) Team. The new structure utilised technical positions to support and undertake work activities within the Environmental Health (Food & Workplace Safety) Team's remit. It also reintroduces a Trainee Environmental Health Officer post into the Team's structure in addition to the Student Environmental Health Officer Placement, from the University of West of Scotland that Protective Services is currently supporting. As of April 2022, further recruitment for various Environmental Health related posts across Protective Services are underway.

Outbreaks of communicable disease in care homes

Outbreaks of communicable diseases in care homes are of particular concern because of the vulnerability of residents to more severe illness than the wider population. These outbreaks often require close management from the Health Protection Team to ensure Care Homes have access to expert advice and can implement appropriate control measures. Support is also offered by the Care Home infection Prevention and Control Team and Care Home Liaison Team both to reduce the risk of infection but also during times of outbreaks. During the covid pandemic this has been an area requiring considerable effort.

Immunisation delivery

Immunisation is essential in protecting our communities against vaccine preventable diseases and there is an ongoing challenge to ensure that immunisation uptake rates remain high in Fife. Having started in April 2018, the Vaccination Transformation Programme (VTP) concluded in April 2022, with the complete transfer of all remaining vaccination delivery to the health board from General Practice. Delivery of the national routine vaccination schedule for children & adults in Fife is through the Community

Immunisation Service and clinical specialities support the delivery of some of the selective immunisation programmes. In addition to the delivery changes brought about by the VTP, significant changes to immunisation programmes in Scotland have been brought about by the COVID population-wide vaccination programme as part of the pandemic response.

In the context of these changes, NHS Fife and Fife HSCP worked collaboratively to develop a 3-year Immunisation Strategic framework 2021-2024. The vision is for '*A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course*'. Four high-level priorities for action were identified following an in-depth review process that took place in 2021, and considerable progress was made towards these in 2021/22. A key focus for 2022/23 is completing the transition to an integrated Community Immunisation Service that brings together the governance and delivery of vaccinations across the life-course, including flu and COVID vaccination, childhood, adult, and selected vaccinations. A new equality impact assessment will be published in 2022 to reflect these changes in the service, and actions will focus on ensuring equitable access for vaccinations, targeted work to reduce inequalities in uptake and engaging with our partners in local communities to promote the service and build trust in vaccinations. A further priority for 2022/23 will be strengthening local monitoring and evaluation processes by making effective use of the emerging digital support tools. Considerable progress was made in 2021/22 to recruit to a sustainable immunisation workforce, and the activity for 2022/23 includes developing career frameworks, and enhancing the prescribing function within the service.

2. Health Protection: national and local priorities

2.1 National priorities

The Scottish Government set national public health priorities with SOLACE and COSLA, and these direct public health improvement across the whole of Scotland.⁶ These priorities are also described in Public Health Scotland's national strategic plan⁷ and NHS Fife's Director of Public Health Report 2021-2021.

Public Health Priorities

⁶ Our context – public health in Scotland [Public health reform - Our context - public health in Scotland - Our organisation - Public Health Scotland](#)

⁷ A Scotland where everybody thrives: Public health Scotland's strategic plan 2020-2023 [A Scotland where everybody thrives: Public Health Scotland's Strategic Plan 2020 to 2023 - Our organisation - Public Health Scotland](#)

- 1: We live in a vibrant, healthy and safe places and communities
- 2: We flourish in our early years
- 3: We have good mental wellbeing
- 4: We reduce the risk of harm from alcohol, tobacco and drugs
- 5: We have a sustainable inclusive economy with equality of outcomes for all
- 6: We eat well, have a healthy weight and are physically active

Health Protection contributes to all of these priorities. NHS Fife and Fife Council have pledged to support these National public health priorities by focusing on initiatives to:

- Improving health in early years
- Ensuring the effective implementation of the Sexual Health and Blood Borne Virus Framework; the Scottish TB Framework; and the VTEC Action Plan
- Enhancing the prevention and management of life threatening or lifelong conditions (as is already occurring with HPV vaccine (to prevent cervical cancer))
- Improving food, water and environmental safety
- Protecting vulnerable groups, especially older people in health and social care, against exposure to hazards and their adverse effects.

2.2 Local priorities

Health Protection is a core part of the services delivered by NHS Fife, Fife Council and Fife Health & Social Care Partnership, particularly through Protective Services remits (environmental health, trading standards, animal health & welfare and building standards & public safety). This is facilitated through various forums. This plan recognises that work is undertaken on a daily basis relating to areas of responsibility and service delivery:

- Preventing the spread of communicable diseases in the community
- Improving standards of food safety
- Ensuring safe and potable drinking water supplies
- Improving health and safety standards in the workplace, including the promotion of mental wellbeing
- Ensuring adequate plans are in place to respond to incidents and emergencies
- Improving standards within the built environment

- Improving air quality and addressing historical contamination of land

In addition, several local health protection priorities requiring joint action have been identified through a variety of mechanisms including regular review of surveillance data, joint meetings, workshops, and stakeholder events.

The local priorities (which inform the actions now detailed in Appendix 1) will be incorporated within the operational service plans of NHS Fife, Fife Council and/or partner agencies. Where they are shared priorities, they will be delivered through effective joint working and partnership arrangements between the agencies.

To assist with statutory compliance, and as part of the national priority of promoting Good Work for All, the Workplace Team in the Health Promotion Service, Fife Health & Social Care Partnership will also help workplaces take a preventative approach in relation to mental health, specifically to:

- Promote general awareness of creating mentally healthy workplaces
- Provide support to help employers create mentally healthy workplaces
- Raise awareness of specialist support for when people become unwell and promote the employment of people with a history of mental health issues

Climate Emergency

Climate change is now recognised as the greatest global threat to health, and COP26 was held in Glasgow in November 2021.

The increased frequency of extreme weather events can reasonably be attributed to climate change. Climate change in Scotland and worldwide is now inevitable. Scotland is unlikely to be able to insulate itself against the international impact of mass human migration, global hostility and unrest caused by climate change.

It has been agreed to focus on a joint climate change plan. This approach formally acknowledges the Fife Council declaration of a Climate and Nature Emergency and recognises the scientific consensus that ecological degradation presents the greatest global threat to health, particularly increasing risks from non-communicable diseases. Preventing and reversing this and restoring balanced ecology to our environments thus presents our greatest challenge. The approach supports the *Addressing the Climate Emergency* aim in the updated Plan4Fife and will work with the Fife Environmental Partnership and Addressing the Climate Emergency Board.

3. Health Protection: resources and operational arrangements

Human resource capacity of specialist health protection skills in NHS Fife and Fife Council is limited. Appendix 3 lists the resources, operational arrangements, and numbers of designated competent persons in terms of the Act current at the time of publication. NHS Fife's Health Protection Team and Fife Council's Environmental Health Team keep up to date records of their designated competent persons.

3.1 Information, Communication and Technology

Video conferencing and tele-conferencing, primarily via MS Teams, is widely used for communication across the health board and within the local authorities. NHS Fife is responsible for disease surveillance. Information collected is entered onto HPZone, our clinical management system. Routinely collected surveillance data and reports are provided to Fife Council Environmental health team.

Adequate arrangements are in place for the reporting and recording of work electronically within Fife Council. However, these systems, are currently not compatible with the NHS systems.

3.2 Emergency planning and service continuity

The Fife Local Resilience Partnership (LRP) continues to develop and now includes the Fife Health and Social Care Partnership as one of its members. The chair of the LRP is shared between NHS Fife, Fife Council, Scottish Fire and Rescue, and Police Scotland.

Scottish Government employ a number of Regional Resilience Co-ordinators, who provide a consistency of approach across the resilience community in Scotland.

3.3 Inter-organisational collaboration

Communication required for routine activities includes face-to-face, telephone and electronic communications. Where needed a problem assessment group (PAG) or incident management meeting (IMT) is held.

Prior to the covid pandemic, the Environmental Health Liaison Group which met twice per year provided an opportunity to debrief and evaluate the management of significant incidents. Lessons learnt could be shared and disseminated among NHS Fife, Fife Council, Fife Health & Social Care Partnership, SEPA and APHA colleagues. As Agencies return to routine work activities, there is an opportunity to review the terms of reference and meeting

frequency of the Environmental Health Liaison Group to ensure it remains fit for purpose.

3.4 Maintenance of competencies for Health Protection staff

NHS Fife

NHS Fife staff undergo an annual appraisal to ensure that their knowledge and skills remain up to date. Staff are encouraged to identify their own learning needs and attend external conferences and meetings as part of continuing professional development (CPD) activities. Nursing staff meet the requirements of the Knowledge and Skills Framework and revalidation requirements for NMC registration.

Fife Council

Fife Council staff are encouraged to identify their own learning needs and attend external conferences and meetings as part of continuing professional development (CPD) activities and record on Fife Council's systems. Officers involved in food law enforcement activities are required to undertake CPD activities in line with the Food Law Code of Practice.

Both NHS Fife and Fife Council undertake internal training events, and where appropriate cross invite staff to attend. Regionalisation will support greater sharing of training opportunities.

4. Capacity and Resilience

Fife Council will utilise staff from other teams within Protective Services. However, it should be noted that the ability of Environmental Health staff and technical support is already challenged to respond in times of major demands around incidents, outbreaks, and accidents in areas they enforce within current resources.

Review of capacity and resilience is on-going, particularly in response to the current pressure on all services.

Health Protection workforce increased to respond to the pandemic and is now returning towards its previous size. For a large incident, staff from the wider department of public health will be utilised in the first instance. For more prolonged and severe incidents, staff from other teams and departments in NHS Fife will be drawn on. As regional working becomes established between Health Protection Teams in the East of Scotland, arrangements for sharing of expertise will further improve resilience.

4.1 Mutual aid

Formal arrangements for mutual aid with other NHS Boards in Scotland are recorded and reviewed through Resilience procedures. Regional working will complement this as processes are aligned between nearby boards, and working relationships are developed.

4.2 Out-of-hours arrangements

NHS Fife

A senior member of public health staff is available 24 hours a day, 7 days a week. Outside of office hours, this service is provided by health board competent persons who are public health consultants, and supervised training grade public health specialty registrars and Health Protection Nurse Specialists. The service can be accessed through Victoria Hospital switchboard on 01592 643355.

Fife Area Laboratory provides a microbiology service out of hours. Urgent sample requests can be performed for some diseases following discussion with the on-call microbiology team. National Reference laboratories are able to perform analysis of urgent specimens.

Fife Council

From 5pm each weekday and 24 hours at weekends and public holidays (1st Monday in May, 3rd Monday in July, 3 days at Christmas and 3 days at New Year) a weekly standby rota operates for food and waterborne incidents, with contact made via Fife Council's Emergencies Helpline on 03451 550099.

5. Public feedback

NHS Fife

Information is provided to the public through local media and the NHS Fife website, along with written information where required. NHS Fife has a complaints system.

Fife Council

Information is provided to the public through local media and the Fife Council website, along with written information where required. Fife Council has enquiries, comments & compliments e-form on its website.

Appendix 1: Action overview

| Ref | Source | Outcome | Activity descriptor | Agencies involved |
|-----|-------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 1 | National priority | Reduce Vaccine Preventable Diseases | <ol style="list-style-type: none"> 1. Work towards improving uptake rates across Scotland for all vaccinations. 2. Enhanced surveillance to monitor the effectiveness of current and new vaccination programmes to detect any changes in epidemiology. 3. The Vaccine Transformation Programme continues to develop, and immunisation services are moving away from GP delivery to Health Boards. 4. Eliminate Measles and Rubella in the UK by <ul style="list-style-type: none"> • Achieving and sustaining $\geq 95\%$ coverage with two doses of MMR vaccine in the routine childhood programme (<5 years old) • Achieving $\geq 95\%$ coverage with two doses of MMR vaccine in older age cohorts through opportunistic and targeted catch-up (>5 years old) • Strengthening measles and rubella surveillance through rigorous case investigation and testing $\geq 80\%$ of all suspected cases with an Oral Fluid Test (OFT) • Ensuring easy access to high-quality, evidence-based information for health professionals and the public | NHSF |
| 2 | National priority | Minimise the risk to the public from Gastrointestinal infections | <ol style="list-style-type: none"> 1. Ensure that public health interventions are taken for any failing drinking water supply, whether public or private, as necessary for E. coli failures. 2. Promotion of safe practices and procedures where there is contact with livestock at animal parks and farms. 3. Monitoring of bathing water quality (designated beaches/lochs). | FC NHSF SEPA Scottish Water |

| | | | | |
|---|-------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 3 | National priority | Monitoring and Improving drinking water quality | <ol style="list-style-type: none"> 1. Collaboration between agencies and Scottish Water in the monitoring and improvement of public and private water supplies. 2. The Water Intended for Human Consumption (Private Supplies) (Scotland) Regulations 2017- Protective Services will ensure that the requirements of these regulations as they relate to enforcement, risk assessment and sampling are appropriately applied to supplies to ensure human health is protected from the adverse effects of any contamination of water intended for human consumption by ensuring the water meets water quality standards. 3. The Private Water Supplies (Scotland) Regulations 2006 - Protective Services will ensure that the requirements of these regulations are appropriately applied to ensure human health is protected from any adverse effects of any contamination of private water supplies. Protective Services will continue to provide a service, on request, to those with small or non-commercial private water supplies. 4. Private water supply improvement grants continue to be regulated under The Private Water Supply (Grants) (Scotland) Regulations 2006. | NHSF FC Scottish Water |
| 5 | National Priority | Air Quality | <ol style="list-style-type: none"> 1. The aims and objectives of Fife Council's Air Quality Strategy 2020-25 are consistent with the Scottish Government Cleaner Air Strategy. 2. FC have installed PM 2.5 air monitors at key locations and work is ongoing to develop a nation-wide network to monitor small particulate matter (PM2.5) 3. Fife Council and NHS Fife will continue to work with partners in public and private sector and with communities to improve air quality. 4. Action in the Air Quality Management Areas (AQMAs) includes plans to raise public awareness around air quality and to encourage active travel. 5. Fife Council and NHS Fife will continue to work together to respond to enquiries from the public. | FC SEPA NHSF |

| | | | | |
|---|----------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 6 | Local priority | Control environmental exposures which have an adverse impact on health | <ol style="list-style-type: none"> 1. Tackle the effects of antisocial or excessive noise in the communities. 2. Report on local air quality within local authority area. 3. Review approach to swimming pools and spas to ensure appropriate controls are in place regarding infection control. 4. Blue-green algae - Promotion of safe usage of recreational waters where there is a risk of BGA and responding to incidents. 5. Progress contaminated land strategies. 6. Sharing of information and working in partnership to reduce and control environmental exposures that may have an adverse impact on health. | FC NHSF |
| 7 | Local priority | Resilience to respond to a Pandemic Flu outbreak through effective multi-agency response | <ol style="list-style-type: none"> 1. Continual cycle of revision and review of business continuity, Public Health Incident plans and Pandemic Flu Plans via relevant governance committees. 2. Multi-agency pandemic influenza exercise led by Local Resilience Partnership. | NHSF FC |
| 8 | Local priority | Effective port health plans to provide adequate disease control measures | <ol style="list-style-type: none"> 1. Fife has seven seaports authorised (in accordance with International Health Regulations) for the inspection and issuance of ship sanitation certificates, which are used to help identify and record all areas of ship-borne public health risks. 2. A small number of cruise ships dock at Rosyth Port, and procedures are in place for dealing with cases of suspected infectious disease on board vessels in line with current guidance. 3. Ongoing review of Fife ports status in line Regulation EU 2017/625 specifically with regards to Border Control Post status. | NHSF FC |
| 9 | Local priority | Reducing the impact of tobacco, alcohol and other harmful substances on public health | <ol style="list-style-type: none"> 1. Continue regulation of the smoking ban in enclosed and public places. 2. Continue work with licensed trade in respect of responsible drinking and challenge 25, or similar, scheme. 3. Continue regulatory work on Age-related sales activity of cigarettes (including e-cigarettes) and other products. 4. Continue monitoring the display ban for all retail premises in respect of tobacco. | NHSF FC |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| | | | <p>5. Promotional campaign targeted at reducing the under-age sale of tobacco to children and young adults.</p> <p>6. Monitor the implementation of the legislation on no-smoking areas outside hospital buildings.</p> | |
| 10 | Local priority | Food safety priorities | <p>1. Undertake statutory duties of the Food Authority in enforcing and promoting food safety in line with the Food Law Code of Practice and Fife Council's Service Delivery Plan.</p> <p>2. Work in partnership with other regulatory agencies to identify, investigate and tackle illegal / fraudulent food activities.</p> | NHSF FC |
| 11 | Local priority | Health and safety at work initiatives | <p>Fife Council Environmental Health, HSE and Workplace Team, and Health Promotion Service work in partnership to promote health, safety, and wellbeing initiatives, to assist workplaces comply with relevant statutory provisions and promote good work for all.</p> <p>Explore options for the development of a referral system where staff of Fife Council can raise health and wellbeing concerns of people they encounter during their daily work. The referral system would have knowledge of a wide range of services and support available across many sectors and should have the capacity to engage with the person directly to determine what support is required.</p> | NHSF FC |
| 12 | Local priority | Minimise the adverse impact of climate change | <p>Sustainability and protection from climate change features within the Director of Public Report 2020-21, and Fife Council and NHS Fife will jointly develop climate change plans.</p> | NHSF FC |
| <p>Key</p> <p>FC – Fife Council NHSF – NHS Fife APHA – Animal and Plant Health Agency HPS – Health Protection Scotland SEPA – Scottish Environmental Protection Agency HSCP – Fife Health & Social Care Partnership</p> | | | | |

Appendix 2: Local NHS and council plans

| | Title |
|----|-----------------------------------------------------------------------------------------------------------|
| 1 | Public Health Incident Plan |
| 2 | Major Incident Plan (includes Bomb Threats, Hospital Evacuation Procedures and Lockdown Plans) (Draft) |
| 3 | Smallpox Plan |
| 4 | Avian Flu Plan |
| 5 | Pandemic Flu Plans (NHS Fife, Fife Council (Communicable Disease Plan), and Local Resilience Partnership) |
| 6 | Blue Green Algae Plan |
| 7 | NHS Fife Staff Prophylaxis and Immunisation Plan (Draft) |
| 8 | NHS Fife and Fife Council Business Continuity Plans |
| 9 | Fife Council Incident Management Plan |
| 10 | Animal Diseases Plan |
| 11 | Communicable Diseases Plan |
| 12 | Environmental Health (Food and Workplace Safety) Service Delivery Plan |
| 13 | Air Quality Strategy |
| 14 | Contaminated Land Strategy |
| 15 | Pollution Contingency Plan |
| 16 | Fife External Emergency Plan |
| 17 | Resilience Partnership Plans (various) |
| 18 | Local Housing Strategy |
| 19 | Scheme of Assistance |
| 20 | BTS (Below Tolerable Standards) Strategy |

| | |
|----|-------------------------------------------------------------------|
| 21 | Private Sector Housing Enforcement Approach |
| 22 | Scottish Waterborne Hazard Plan |
| 23 | Scottish Water Wastewater Pollution Incidents Plan |
| 24 | Delivering Differently - Workforce Wellbeing Action Plan for Fife |
| 25 | Fife Sustainable Energy and Climate Action Plan 2020-2030 |

Appendix 3: Resources and operational arrangements for Health Protection

NHS Fife – Health Protection Team

| Job Title | Role and Responsibility | FTE |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Director of Public Health | Strategic Lead for Public Health activities in NHS Fife. | 1 |
| Consultant in Public Health | Provide leadership and strategic oversight for health protection development and implementation in NHS Fife. To co-ordinate the provision of an effective service for the control of communicable disease, and environmental health hazards. | 3.2 |
| Health Protection Nurse | Contribute to the delivery activities surrounding the prevention, investigation and control of communicable disease and immunisation programmes. | 5 |
| Public Health Scientists | Responsible for disease surveillance records and reports. | 1 |
| Emergency Planning Officer | Ensuring NHS Fife is prepared for a major incident. | 2 |
| Administration | Provision of administrative support. | 2 |

Fife Council - Protective Services

| Job Title | Role and Responsibility | FTE at 01/04/2022 |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Head of Protective Services | Strategic and Operational Lead for Regulatory activities including public health in Fife Council. The Head of Protective Services is a qualified EHO. | 1 |
| Service Manager Environmental Health | To lead and manage a team and co-ordinate the activities and functions of the team to ensure the delivery of a consistent, high quality and focussed service Each of the 2 Environmental Health Teams Food & Workplace Safety and Public Protection are managed by a Service Manager who is a qualified EHO | 2 |
| Lead Officers (Environmental Health, Private Housing) | To support and assist the Service Manager in ensuring the effective organisation and delivery of the statutory and non-statutory, technical, professional, and operational standards to achieve the requirements of the Team. To lead on identified work areas of the Team on a day-to-day basis. The Lead Officers are qualified EHO/FSO | 5 |
| Environmental Health Officers | To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions | 10.8 |
| Food Safety Officers | To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions | 2.83 |
| Technical Officers | To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions. | 15 |

| | | |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Trainee Environmental Health Officer | Enable the post holder to undertake training in the practical aspects of Environmental Health sufficient to enable progression towards taking the Royal Environmental Health Institute of Scotland Diploma in Environmental Health. (Can be Student or Graduate posts) | 2 |
| Environmental Health Technician | To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions. | 0 |
| Animal Health Officers | To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions. | 1.8 |
| Licensing Standards Officers | To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions. | 2 |
| Enforcement Officers (Environmental Health) | To enforce the provisions of waste statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions | 2 |
| Environmental Health Technician (Food & Workplace Safety) | To undertake a range of Environmental Health activities to support the proactive intervention programmes and reactive response remit of the Team including in relation to Food Safety and Health & Safety | 2 |
| Technical Support Officer | To provide Advanced Technical Support to facilitate and improve Service Delivery of the regulatory functions of Environmental Health including but not limited to food safety, health & safety, port health, waste duty of care and public health. | 1 |
| Building Standard Inspectors (Private Housing Standards) | To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions. | 2 |

Appendix 4: Numbers of Designated Competent Persons

Under the Public Health etc. (Scotland) Act 2008, the following numbers of Competent Persons work with NHS Fife and Fife Council

NHS Fife (at 01/04/2020)

8 Consultants in Public Health (individuals)
1 Health Protection Nurse Specialist

Fife Council (at 01/04/2022)

17.8 Environmental Health Officers

The Council policy is that professional staff are authorised by the Head of Protective Services according to competency, and experience. In addition, we have several Technical Staff as detailed in Appendix 3.

| | |
|-------------------------------|----------------------------------------------------|
| Meeting: | Fife NHS Board |
| Meeting date: | 27 September 2022 |
| Title: | Health Promoting Health Service |
| Responsible Executive: | Joy Tomlinson, Director of Public Health |
| Report Author: | Kay Samson, Deputy Health Promotion Manager |

1 Purpose

This is presented to the Fife NHS Board for:

- Assurance

This report relates to a:

- Government policy/directive

This aligns to the following NHS Scotland quality ambition(s):

- Person Centred

2 Report summary

2.1 Situation

NHS Fife are required to submit an annual update on progress against the Health Promoting Health Service (HPHS) outcomes and indicators as part of the Chief Medical Officers HPHS Guidance (CMO 2018 3 letter).

With the establishment of Public Health Scotland on 1st April 2020 Although HPHS outcomes remain in place the requirement to submit an annual report has been suspended until there is a review of this workstream and reporting requirements nationally. The pandemic has put progress and activities across the HPHS agenda on pause over the last 2 years and for 21/22 reporting year.

This paper provides the Board with an update on progress within NHS Fife during 2021/22.

2.2 Background

The Health Promoting Health Service (HPHS) is a national programme that focuses on the health and wellbeing of staff, patients and visitors in the hospital setting. It has an underpinning theme that **“every healthcare contact is a health improvement opportunity.”**

The HPHS guidance (CMO 2018 3 letter) sets out the continued focus of Health Promoting Health Service on prevention, early intervention and whole systems working in improving healthy life expectancy and addressing health inequalities in Scotland. NHS Fife has established a baseline self-assessment and action plan outlining our planning, activity and performance against 4 outcomes.

- **Outcome 1:** Prevention, improving health and reducing health inequalities are core parts of the system and planned, delivered and performance managed as such
- **Outcome 2:** Patients are routinely assessed for health improvement and inequalities as part of their person-centred assessment and care. Where appropriate, they are offered quality assured interventions that improve their health outcomes and support their clinical treatment, rehabilitation and on-going management of long-term conditions
- **Outcome 3:** All staff work in an environment that promotes physical and mental health, safety and wellbeing.
- **Outcome 4:** The hospital environment is designed and maintained to support and promote the health and wellbeing of staff, patients and visitors.

2.3 Assessment

The HPHS framework continues to be developed with improvements around prevention, health improvement and inequalities activity in acute and community hospitals, as part of the broader strategic approach to improving health and wellbeing.

Prior to the pandemic progress had been made in developing and embedding a HPHS approach within NHS Fife by recognising where health promotion fits into existing activity, acknowledging and supporting work in practice.

However, the pandemic has seen further progress paused due to the continued focus on Covid19. An area of particular focus and importance due to organisational pressure has been on staff health and wellbeing in response to their needs and to manage their health and wellbeing in these unprecedented times. Some examples of this are:

- **Peer Support** is available to all staff in any role. NHS Fife Peer supporters are a diverse group of staff (e.g. domestics, porters, doctors administration staff, nurses, physiotherapists) trained to listen in an empathic, non-judgmental manner that facilitates understanding of the response to difficult events and how we cope
- **Wellbeing benches** to improve our outdoor environments were installed across all our 10 hospital sites. The benches offer space for staff to enjoy their lunch or for some peace to restore their resilience whilst on a break.
- Ongoing work during the pandemic has seen the implementation of **Smokefree Mental Health** sites from the 5th of September 2021 following an appropriate consultation. A digital campaign pack was developed to promote change and manage the implementation across Mental Health areas.
- **Nature Taster Sessions** have been on offer. 7 ways nature, incorporating outdoor activities whatever the weather can make you feel awesome. There is a high demand for these events but due to work pressures staff are not always able to attend.
- **Easy Access to free emergency Sanitary protection for NHS Fife staff & visitors:** Fife Support Services teams distributed of almost 1000 boxes and posters to support

the Period Poverty initiative across all 10 Fife Acute and Community Hospitals. The uptake of products has been positive.

- The online **Inspiring Kindness Conference** was well-received by the 124 participants. The event was well supported by senior management and included external speakers and a number of workshops which included Self Compassion, Physical Activity, Mental Relaxation and Using Good Conversations.
- **Fuel Poverty Training Sessions** were offered both online and in person to staff.
- **Self-Care workshop** this was developed to support people with compassion fatigue and burnout could be offered throughout NHS Fife.
- **Coaching for Wellbeing** support offered through a bespoke digital platform in partnership with NHS Education for Scotland has been used by 1,500 staff across health and social care
- Additional **cycle racks** for staff in 2 community hospitals have been installed. The enclosed cycle stores at our two main acute sites have been well-received.
- **Occupational Health OT Fatigue Management Service** has been set up to assist individuals with their return to work after an extended period off or long rehabilitation; the first patient has just resumed work despite there being no expectation of a return.
- The establishment of the **Public Health and Wellbeing Committee** demonstrates commitment by NHS Fife that we are fully engaged in supporting wider population health and wellbeing for the local population, including overseeing the implementation of the population health and wellbeing actions defined in the Board's strategic plans and ensuring effective contribution to population health and wellbeing related activities including those that will benefit our staff, most of whom are Fife residents.
- **Confidential Income Maximisation Support** for staff in partnership with CARF has been rolled out to support staff that are worried about debt or struggling financially or may be entitled to benefits.

Next Steps

As there has been no updates from Scottish Government on HPHS, PHS are still advising Boards to proceed as they were, until we get further information. It should be noted that there are developments and strategic drivers in other areas that cover some of the content of the HPHS CMO letter, such as:

- (i) **Leadership; embedding HPHS in core business- Outcome 1:** Leadership for improving health and inequalities as part of Place and Wellbeing Programme is being developed by SG. PWB programme vision: Communities, the third, public and private sector organisations working jointly to reduce health inequalities and drive improvement in health and wellbeing within local communities.
- (ii) **Transforming the hospital environment - Outcome 4:** The pending NHS Scotland Climate Emergency and Sustainability Strategy 2022 to 2026 will cover certain aspects of the hospital environment, such as access to greenspace to support wellbeing.

The HPHS work already has an established action plan and the action plan is available on request. This will be taken forward as capacity allows.

2.3.1 Quality/ Patient Care

Improve the quality of patient care through consideration of social determinants and health inequalities in patient pathways; promotion of physical and mental health, safety and wellbeing, the hospital environment and improving access to services.

2.3.2 Workforce

Contribute to improved health and wellbeing and reduction of staff sickness absence.

2.3.3 Financial

No additional financial costs have been identified.

Early intervention and prevention impact positively on health and prevention of disease.

2.3.4 Risk Assessment/Management

N/A

2.3.5 Equality and Diversity, including health inequalities

The HPHS programme aims to provide fair and equitable services for all individuals and communities who come in contact with our services. Staff interactions with individuals consider the needs of all individuals in their day-to-day work. HPHS supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

2.3.6 Other impact

Prevention, improving health and reducing health inequalities is central to this approach. Poor health and wellbeing disproportionately affect those on low incomes. HPHS will contribute to reducing health inequalities experienced by our staff, patients and population. The HPHS outcomes will be strengthened through the NHS Fife Population health and Wellbeing strategy.

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

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

H&SCP Head of Primary & Preventative Care Services 2nd August 2022

H&SCP Health Promotion Service Manager 2nd August 2022

H&SCP Staff Health and Wellbeing Group 2nd August 2022

NHS Fife Executive Directors Group 18th August 2022

NHS Fife Public Health and Wellbeing Committee 29th August 2022

2.4 Recommendation

For Members' information only.

3 List of appendices

N/A

Report Contact

Kay Samson
Deputy Health Promotion Manager
kay.samson@nhs.scot

| | |
|-------------------------------|------------------------------------------------------------|
| Meeting: | Fife NHS Board |
| Meeting date: | 27 September 2022 |
| Title: | Community Children's Services Annual Report 2021/22 |
| Responsible Executive: | Nicky Connor: Director of Health and Social Care |
| Report Author: | Heather Bett, Interim Senior Manager |

1 Purpose

This is presented to the Fife NHS Board for:

- Assurance

This report relates to a:

- NHS Board/Integration Joint Board Strategy
- National Health & Well-Being Outcomes

This aligns to the following NHS Scotland quality ambition(s):

- Effective
- Person Centred

2 Report summary

2.1 Situation

This report is presented to Fife NHS Board to provide assurance on the role of the Community Children's Service, the range of work undertaken and services provided.

2.2 Background

The Community Children Services annual report for 2021/22 provides information on the role of the service as well as some of the key national and local strategic drivers. The report demonstrates the range of work undertaken and the services provided, along with some of the success the service has achieved in the last year.

2.3 Assessment

Community Childrens Services work in partnership across Fife supporting delivery of : national strategic priorities and in line with Children & Young People's (Scotland) Act 2014; Children's Rights Information; Getting it Right for Every Child (GIRFEC); Fife Children's

Services Plan; Health & Social Care Partnership Strategic Plan; The Promise; National Guidance for Child Protection; Child Poverty and the Plan for Fife

The services include: Child Health Administration Services; Children & Young People's Community Nursing Service; School Nursing; Health Visiting Service; Family Nurse Partnership; Child Protection; Children's and Young People's Occupational Therapy; Service Breastfeeding Support Services; Infant Mental Health Team.

The attached report covers a range of community children services providing back ground on the range of services provided and details achievements across these services. It also sets out the challenges faced by all services and the priorities for all of these services in the forthcoming year.

2.3.1 Quality/ Patient Care

The approach that the Service will take to Quality and Governance is set out within the document as is the work the service has undertaken in relation to participation and engagement with young people and their families.

The philosophy in relation to patient care is set out in the Vision and Values of the Service

2.3.2 Workforce

The Service has experienced significant challenges in relation to Workforce and this is captured in the report. It will be a challenge that the Service will continue to address.

There has been some positive workforce engagement in relation to joy@work which the OT team have taken forward. The Health Visiting team have taken forward the Wellbeing Champions approach.

2.3.3 Financial

No additional financial considerations.

2.3.4 Risk/Legal/Management

None.

2.3.5 Equality and Diversity, including health inequalities

The values of the Service are to address inequality and value diversity.

2.3.6 Other impact

No other impacts identified

2.3.7 Communication, involvement, engagement and consultation

The report gives information about the participation and engagement undertaken by the services and the commitment to hear the Voice of the child to design and redesign services.

All services contributed to the compilation of the report.

2.3.8 Route to the Meeting

The Executive Directors' Group on 18 August 2022.
Public Health and Wellbeing Committee on 30 August 2022.

2.4 Recommendation

Assurance to Fife NHS Board on the work undertaken by community children's services support early intervention, prevention and support centred round the needs of child and in support of families aligned to both national and Fife policy and direction.

3 List of appendices

The following appendices are included with this report:

- Community Children Services annual report 2021/22.

Report Contact

Heather Bett
Interim Senior Manager
Email heather.bett@nhs.scot

**Fife Health & Social Care Partnership
Community Children's Services
Annual Report
2021 – 2022**

| | | |
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Section 1: Foreword

Welcome to the Community Children's Services Annual Report 2021 – 2022. The Annual Report provides us with an opportunity to give an overview of the range of activities that have been undertaken to support children & young people. All of those involved in this work can be proud of the high quality contribution that their service makes.

This report is written against a background of a worldwide pandemic which has brought specific challenges to our children & young people. Our staff have gone to extra lengths to ensure they felt supported throughout this challenging time.

As we move in 2022 we will build on our successes and address our challenges. My personal thanks to all of the team who have worked so tirelessly over the last year to ensure that the needs of Children & Young People and their families can be met.

Heather Bett

Heather Bett
Interim Senior Manager
Children's Services

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Section 2: Our Vision, Values, Principles, Priorities

Vision - Making Fife a place where every child and young person matters.

As part of the Fife Children’s Services Partnership we are committed to promoting, supporting and safeguarding the wellbeing of all children and young people in Fife. We recognise that the children, young people and families of Fife have experiences, needs and aspirations that are many and varied.

Our Values - Compassion, Ambition, Respect, Collaboration, Integrity

By ensuring we have a shared set of values, irrespective of which service or organisation we work for, we are confident that our priorities and plans will allow us to work together to achieve our ambitions. Our common values demonstrate our shared commitment to improving outcomes for our children, young people and families.

Our Principles

- A targeted response, with a focus on the needs of the most disadvantaged and vulnerable children and young people
- Trauma-informed and nurture approaches, recognising the particular needs of vulnerable children and young people
- The importance of friendship and relationships, of enabling children to re-establish and further develop their networks of support, and of supporting staff wellbeing
- Choice and participation, recognising the varied needs of children and young people, and allowing them a greater voice in identifying how their needs are met
- Mitigate the impact of poverty, recognising that the Covid pandemic has had a negative impact on overall levels of poverty, and specific issues like food poverty and inequalities in digital access/opportunity

The five foundations of the Promise are central to the way we want to work within Community Children’s Services:-

- Voice:** Children are listened to and meaningfully and appropriately involved in decision - making about their care
- Family:** Where children are safe in their families and feel loved, they must stay there – and families must be given support together to nurture that love and overcome the difficulties they face
- Care:** Where living with their family is not possible, children must stay with their brothers and sisters where safe to do so and belong to a loving home, staying there for as long as needed
- People:** Children that we care for must be actively supported to develop relationships with people in the workforce and wider community, who in turn must be supported to be compassionate

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Scaffolding: Children, families and the workforce must be supported by a system that is there when it is needed. The 'scaffolding' of help, support and accountability must be ready and responsive when it is required

Our Priorities

In line with the Children's Services Plan, the priorities of Community Children Services will be focused around:-

- Delivering the Promise
- Supporting wellbeing
- Closing the equity gap
- Promoting Children's rights

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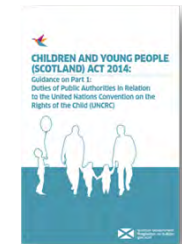
Section 3: National and Local Context

3. Children & Young People's (Scotland) Act 2014 (Children's Rights Information)

1

The Children and Young People (Scotland) Act 2014 places a duty on all public authorities to uphold and promote the Rights of the Child in line with the United Nation Convention on the Rights of the Child (UNCRC), this includes their right to participate and contribute to decisions that affect them.

Section 2 of the Children and Young People (Scotland) Act 2014 requires them to report every 3 years on the steps they have taken to secure better or further effect the requirements of the UNCRC.



3.2 Getting It Right For Every Child (GIRFEC)

Getting It Right For Every Child (GIRFEC) is Scotland's approach to supporting children, young people and their families. It is designed to ensure that all practitioners working with and for children and young people have the UN Convention on the Rights of the Child at the heart of the work they do. It is enshrined in the Children and Young People (Scotland) Act 2014.

A refresh of this guidance has been expected over the last year and an external consultation has been undertaken at national level. The updated guidance is expected in Summer 2022.



3. Fife Children's Services Plan

3

Fife's Children's Services Partnership involves a range of partners that provide services for children and young people working together in order to promote, support and safeguard the wellbeing of all children and young people.

This Children's Services Plan sets out how we will work together to achieve this aim over the period 2021-2023. It has been prepared by the senior leaders of Fife Children's Services Partnership.



3. Health & Social Care Partnership Strategic Plan

4

The Strategic Plan outlines the vision for health and social care services for the people of Fife; what the priorities are for the next 3 years and beyond; how we determine those priorities; and how we will work in partnership to deliver them. All of children service priorities are aligned to the priorities set out in the plan.



3. The Promise

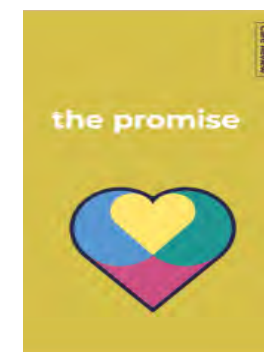
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Published by the Independent Care Review in February 2020, The Promise is a 10 year plan which aims to:-

- Support our children, young people, adults, and families with care experiences
- Support our children and young people and adults that are at risk of being taken into care
- Support all of our children, young people, adults, and families to ensure that by getting services right, we reduce the level of engagement with care teams

This 10 year commitment is based on the following foundations:-

- Do what matters to children and families
- Listen and embed what we have heard from children and families
- Tackle poverty and the factors that push families into it
- Respect children's rights
- Improve our language



3. National Guidance for Child Protection

6

Reviewed guidance was published in September 2021. The guidance supports practices that place children and young people's needs, wishes and feelings at the centre of decision making, builds on strengths as well as addressing and working towards our working in partnership with families and communities.

The guidance has a strengthened trust for children's rights, engagement, and collaboration with families and building on existing strengths.



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3.7 Child Poverty

The Child Poverty (Scotland) Act 2017 sets out targets to reduce the proportion of children in poverty by 2030. Every child, every chance is the Tackling Child Poverty Delivery Plan 2018-2022.

The plan focuses on three drivers of poverty reduction:

- To increase incomes from work and earnings
- To reduce household costs
- To maximise incomes from social security and benefits in kind

The plan also sets out Priority families:

- Lone Parents
- Minority Ethnic
- Mothers Aged <25
- Disabled Adult or Child
- Youngest Child Aged <1
- 3+ Children



3.8 Plan4Fife

The plan for Fife is Fife community plan which aims to deliver real improvements for the people of Fife. The plan set out a vision for Fife which includes the aim that Fife will be a place where all children are safe, happy and healthy. The Plan4Fife has 4 priorities:

- opportunities for all
- thriving place
- inclusive growth and jobs
- community led services

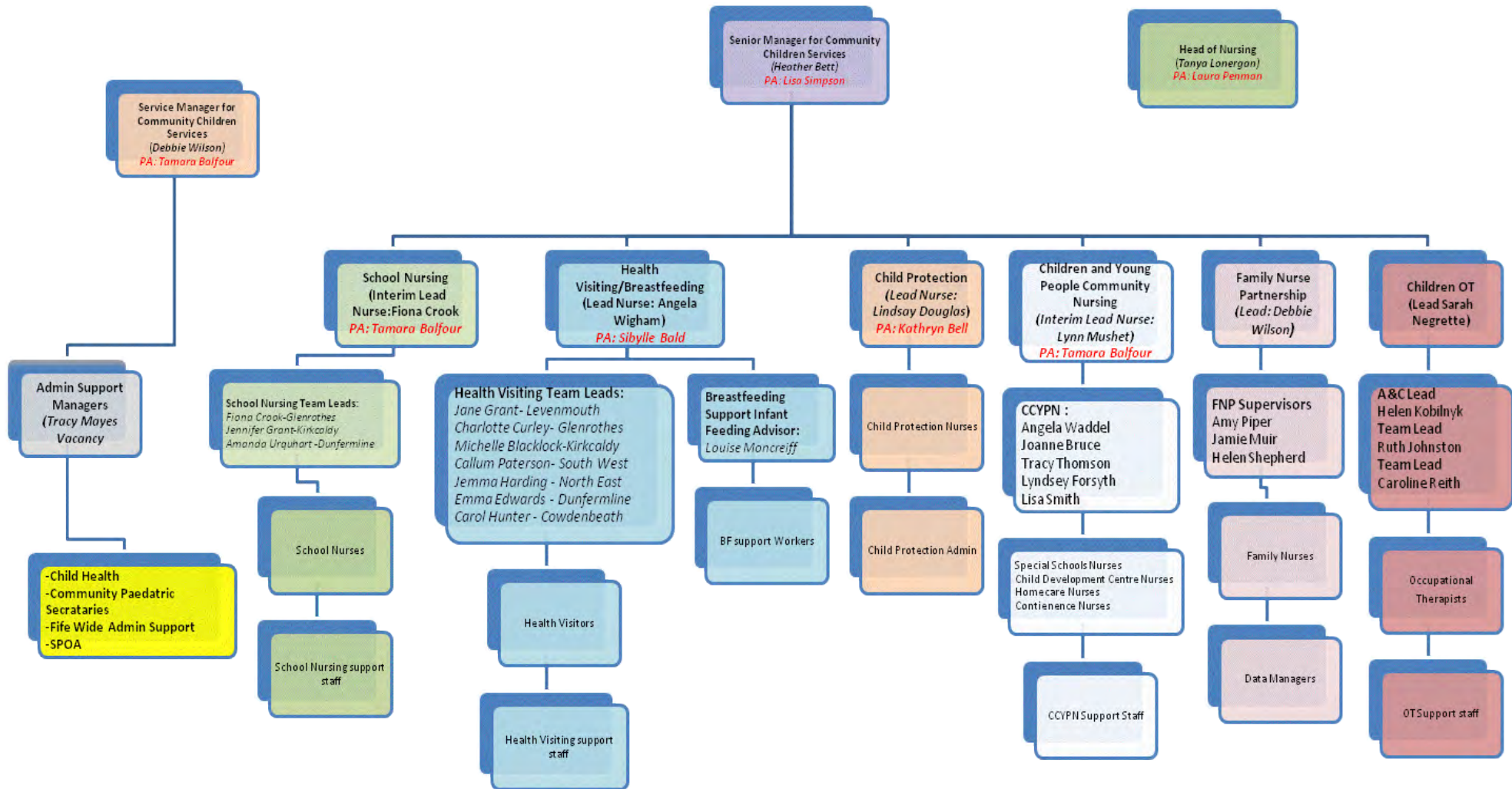


These link closely with the priorities of the Children Services Plan and those of the Children Services Team.

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Section 4: Community Children's Services

4.1 Community Children's Services Structure

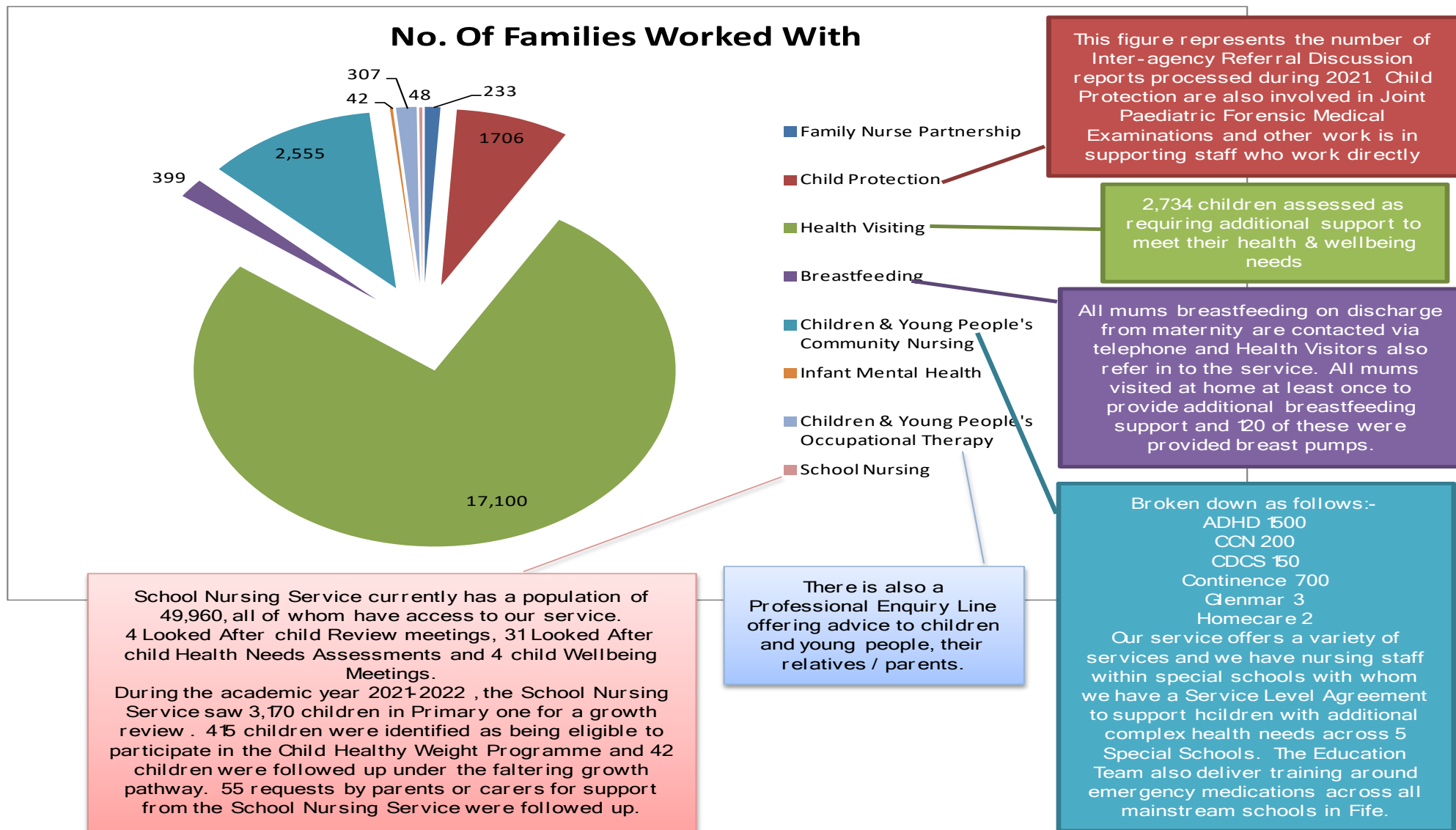


4. Families Worked With In Community Children's Services

2

Our Services cover a Fife Wide population of children and young people over varying stages of their lives. The chart below gives a snapshot of the numbers of children and families each service works with and a small overview of each service and the figures they represent.

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4.3 Community Children's Services

Fife wide Community Children's Services work in a complex multi-agency environment. The Services work in partnership with Fife Council colleagues (principally

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Education and Social Work) and others, in which many of the services integrate with other parts of the service. There are currently over 400 members of staff across Children's Services.

The Community Children's Service is made up of 5 further services:

- Child Health Surveillance Services
 - Children and Young People's Community Nursing Service including:
 - Special schools
 - Attention Deficit Hyperactivity Disorder (ADHD)
 - Child Development Centres
 - Community Children Nursing Team
 - Homecare
 - Out of School Nursing for children with additional needs
 - Continence Nurse Service
 - Glenmar Residential Care
 - Education Team
 - School Nursing
 - Health Visiting
 - Family Nurse Partnership
 - Child Protection
 - Children's and Young People's Occupational Therapy (OT) Services
 - Breast feeding Service
 - Infant Mental Health Team

4.3.1 Child Health Administration Services

The administration staff work to support the medical, nursing and managers across the whole of Children's Services. There are several teams who have specific expertise to support their roles e.g. Looked After Children; Child Protection and Child Health Surveillance. The tasks undertaken ensure the day to day business functions are completed to facilitate the work of the services from being the single points of access, to administering clinic appointments and the production of the paperwork with the outcomes for all our children.

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4.3.2 Children and Young People’s Community Nursing Service

The Children and Young People Community Nursing Service (CYPCN) is the overarching service which encompasses nine different service areas that aims to improve quality of life and health outcomes for children and young people across Fife. However acute or chronic their condition, the service aims to deliver safe, effective patient centred care to meet the children and young people’s emotional, physical, spiritual, or environmental needs where identified and to promote a quality family life, equity of service provision and limit hospital stays to a minimum. The service works in partnership predominantly with Health, Social Work, 3rd Sector, and Education colleagues.

The service provision includes:

- Community Children’s Nursing Team
- Child Development Centres:-
 - Gordon Cottage, Child Development Centre, Kelty
 - Leven Development Centre, Leven
- Home care support for children with exceptional healthcare needs
- Nursing support across all five Special Schools
- ADHD Nursing team to support the ADHD pathway
- Out of School Nursing Support for Children with Additional Needs
- Continence Nurse Service
- Education provision across the team and delivery of emergency medication training across all Fife Council schools.

4.3.3 School Nursing

The key objective of Fife’s School Nursing Service is to deliver safe, effective and person centred care based on the Getting It Right for Every Child (GIRFEC) Framework.

Our service works in partnership with a variety of agencies to ensure that children and young people receive high quality, effective interventions which are designed to improve their health & wellbeing.

The Service is Fife Wide and offers a universally accessible service. The skill mix of School Nurses, Staff Nurses, Nursery Nurses and Health Care Support Workers work together to address any unmet local and individual health need. School Nurses are qualified nurses who hold an additional qualification in person centered care.

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Our service actively promotes and respects Children’s Rights. Participation and engagement with children, young people and families when planning care and new service developments (including the development of the School Nursing brand and health and wellbeing programme for S1 pupils demonstrate the Service’s commitment to value and consider their views.

Our service uses the National Practice Model to assess children and young people, to identify health and wellbeing needs.

Support for unaddressed health and wellbeing needs is provided through:

- One to one support (either face to face, telephone consultation or Near Me video)
- Group support
- Sign-posting
- Onward referrals
- Health Zones (Secondary Schools)
- Provision of a Health zone telephone helpline/ Near Me
- Delivery of the Primary 1 Child Health Screening and Surveillance Programme
- Provision of Sleep Clinics and behaviour support to parents
- Safe guarding and wellbeing processes for the school age population as required
- Provision of services for identified vulnerable groups including Looked after Children
- Promotion of health and wellbeing based on National and Local Targets
- Development and provision of evidence based health and wellbeing interventions for children and young people who require additional support to vulnerable and to improve their health and wellbeing
- Provision of health focussed information, advice and support to:
 - Children and Young People
 - Parents/carers and Families
 - Education Staff & Partner Agencies

4.3.4 Health Visiting Service

The Health Visiting service is a Fife Wide Service with staff working in seven locality-based teams across Fife that are aligned to the Health & Social Care Partnership (H&SCP) planning localities.

Health Visitors are the named person, as outlined in Getting It Right For Every Child (GIRFEC), for all pre-school aged children, and provide support and advice to parents/carers of children from pre-birth to pre-school, as well as routine health and development assessments.

The key objectives of the Health Visiting Service is to:

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- Deliver the Universal Health Visiting Pathway – (a minimum of 11 home visits to all preschool children - 8 within the first year of life and 3 Child Health Reviews between 13 months and 4-5 years). There are currently approx. 18,500 pre-school children in Fife
- Promote, support and safeguard the wellbeing of children through child centered practice
- Build strong relationships with families starting from pre-birth
- Focus on family strengths, while assessing and respectfully responding to their needs
- Signpost / refer to other agencies / 3rd sector as appropriate

Where families require additional support to ensure their children’s wellbeing is as good as it can be and that they are safe from harm, an enhanced visiting / contact schedule is agreed with the family in addition to the universal pathway contacts.

4.3.5 Family Nurse Partnership

The Family Nurse Partnership (FNP) is a home visiting programme offered to all first-time mums aged 19 and under across Fife. The programme is delivered by specially trained Family Nurses, using methods based on theories of human ecology, self-efficacy and attachment, with a focus on building a strong relationship between the family nurse and the young woman. Beginning in the antenatal stage the Family Nurse continues to visit up to the child’s 2nd birthday.

The Family Nurse Partnership's three main aims are to improve:

- Pregnancy and birth outcomes
- Child health and development
- Parents' economic self-sufficiency.

Over 35 years of research, the programme has been shown to produce many benefits including:

- Improved early language development and academic achievement
- Improvements in antenatal health
- Reductions in children's injuries, neglect and abuse
- Improved parenting practices and behaviour
- Fewer subsequent pregnancies and greater intervals between births
- Increased maternal employment and reduced welfare use
- Increased involvement from fathers
- Reduced arrests and criminal behaviour for both children and mothers

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Family Nurses take on the named person role until the child reaches 2 or the woman leaves the programme early when they are supported by the Health Visiting service.

4.3.6 Child Protection

The Health Child Protection team is a small team of specialist nurses and paediatricians with a Fife-wide remit to support and provide expertise, strategic leadership and quality assurance.

The teams core functions are:

- Contribute to risk assessment and decision making at daily multi-agency Initial Referral Discussions (IRD), which consider all cases of significant harm
- Coordinate arrangements for Joint Paediatrics Forensic Medicals/Specialist Medicals
- Deliver child protection supervision to key staff groups within the specific and intensive workforce
- Offer advice and support to all health staff in relation to child protection and trauma
- Develop and deliver regular child protection training, including local and regional peer reviews to staff in accordance with the national Child Protection Learning and Development Framework, Royal College Guidance and literature evidence

The team works collaboratively with partner agencies, community children's services, Allied Health Partner's and relevant adult services, as well as acute – particularly maternity, paediatrics and the Emergency Department. On a strategic level the Lead Nurse and the Consultant Paediatrician are members of the Child Protection Committee and other strategic groups both within health and the wider partnership.

4.3.7 Children's and Young People's Occupational Therapy Services

Fife H&SCP Integrated Children and Young People's Occupational Therapy Service is community based over four community hospital sites and offers support in various environments dependent on the child's and family's needs (e.g. home, school, nursery, clinic, child development centres, leisure centres and parks).

Provision of the service is based on assessment of risk and impact, focussing on personal outcomes. The service webpage is [Children and Young People's Occupational Therapy | NHS Fife](#), which provides information about how to contact the service directly to access support and advice. There are a number of useful 'top tips', strategies and resources available on the webpage. Any concerned person is encouraged to make initial contact via the enquiry and advice lines to support ease of access and early intervention and prevention. The service utilises various social media platforms using a communication schedule for promoting the enquiry and advice lines.

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The Professionals Enquiry and Parent / Carer Advice Lines are managed by experienced clinicians; this means that we are opening up access to expertise 'upstream'. The principles are reflective of Getting It Right For Every Child (GIRFEC), bringing expertise closest to those most proximal to the child / young person with a focus on early intervention and prevention and thus maximising outcomes.

4.3.8 Breastfeeding Support Service

Breastfeeding support is provided as part of universal service provision by Midwives, Health Visitors and Family Nurses. Both Maternity and Community Services have UNICEF UK Baby Friendly Initiative (BFI) accreditation. Maternity services achieved the Achieving Sustainability (Gold) Award in 2019 and Community Services will work towards achieving this award in 2022.

The Breastfeeding Support Worker service works alongside these universal services to provide additional breastfeeding support, prioritising younger mothers and mothers from less affluent communities as breastfeeding rates in these groups is historically poor.

The Breastfeeding Support Worker service receives notifications of discharges direct from the maternity unit in Victoria hospital and aims to offer breastfeeding support proactively to all breastfeeding mothers in Fife within 48 hours of discharge.

The Breastfeeding Support Worker service also receives referrals from community and hospital midwives, the Neonatal Unit, Health Visitors, Family Nurses and directly from mothers. The service offers breastfeeding support throughout the breastfeeding journey.

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Specialist support for enduring and complex breastfeeding issues is provided by the Infant Feeding Advisors (IFAs) for Maternity Services and Community. The Infant Feeding Advisors (Community) also manages the Breastfeeding Support Workers team and provides support and advice with care planning to Breastfeeding Support Workers and other community staff to support the provision of a continuum of care to meet individual needs.

4.3.9 Infant Mental Health Team

The team was developed in April 2020 with Scottish Government Perinatal and Infant Mental Health funding.

The function of the team is to provide infant mental health support to infants under the age of 3 years where there are emotional wellbeing difficulties relating to attachments with parents / care-givers.

The team consist of professionals from Child Psychotherapy within Child and Adolescent Mental Health Services, Health Visiting, Nursery Nursing and Speech And Language Therapy and have links with other statutory services, e.g. Children and Young People’s Occupational Therapy and Family Nurse Partnership. The team forms part of Perinatal and Infant Mental Health Services and works in collaboration with the other two teams, the Community Perinatal Mental Health Service and the Maternal Neonatal Psychological Intervention Service.

The Infant Mental Health Team (IMHT) has evolved and data is evidencing positive outcomes through direct interventions with families in both clinic and home settings. The team engages with services in the 3rd sector to support their work and signposts families to them where relevant. The aim of the team is also to support learning in the wider workforce through consultancy with individual practitioners when needed and through sharing information around observing infants to focus on what they are conveying through their behaviour.

Section 5: Successes

5.1 Child Health Administration Services

During the pandemic, our administrative support staff continued to provide comprehensive provision to our children’s services teams and community paediatric service, adapting to blended and remote working as necessary, and often also overcoming personal and practical difficulties. With an alternative approach to managing the workload, and often with an increased workload, staff have really gone above and beyond to ensure seamless admin support to all our services.

Fortnightly team huddles are in place, introduced in order to improve communication channels and provide support across the whole team.

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Several peer support groups are up and running, including one which was introduced specifically for those staff working with higher impact services such as Adoption & Fostering, Looked After Children and Child Protection.

Constant consideration of systems and processes, mean that there are ongoing improvements and adjustments across all our services. Over the past few months, we have updated our systems in relation to general reporting of training, skin health, health and safety, and absence management in order to streamline and improve accuracy. We have updated, and embedded in practice, processes for managing safety alerts and incident reports. We have worked with the health visiting service to ensure reporting mechanisms are updated for bloodspot reporting for children transferring into Fife.

We have introduced an electronic 'Whereabouts' sheet. This provides an instant snapshot of all administrative staff whereabouts and all administrative staff have access to this. A robust and transparent system is in place to record annual leave, and flexi.

5.2 Children and Young People's Community Nursing Service

5.2.1 Emergency Medication Delivery by Children and Young People's Community Nursing Service Education Team

Children and Young People's Community Nursing Service (CYPCNS) Education Team became responsible for the delivery of emergency medication training for all schools within Fife as of January 2020. This initially included the administration of Midazolam and adrenaline auto injectors. There was no capacity, at this time, to deliver asthma training until an eLearning platform was developed and another staff member was recruited into Children and Young People's Community Nursing Service Education Team. The eLearning platform was completed June 2021, this is when the Children and Young People's Community Nursing Service Education Team then began to deliver practical sessions only for the administration of Midazolam, adrenaline auto injectors and asthma inhalers were then included at this time.

The last two and a half years have been very challenging in the delivery of emergency medication training due to Covid restrictions, delays in the development of the eLearning platform and changes to Children and Young People's Community Nursing Service Education staff. The team had to be creative and adaptable throughout, which has been achieved through excellent collaborative working, effective communication and the ability to adapt in a timely manner from Fife Education, Fife Specialist Nurses and the Children and Young People's Community Nursing Service Education Team. The following training has been provided in the school year:

Emergency Medication Delivery: August 2021 – May 2022

x55 Epilepsy Sessions = 481 staff

x46 Allergy Sessions = 439 staff

x33 Asthma Sessions = 351 staff

Emergency Medication Sessions – Audit

During October 2021 and December 2021 an audit of the emergency sessions that we had delivered and was conducted:

- Did you find the audio presentations easy to understand and useful in preparation today's practical session? **91% of standard reached**
- How relevant was this practical session to your day to day job role? **80% of standard reached**

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- Please indicate your current level of confidence to apply learning from today's practical sessions to your job role? **100% of standard reached**
- Did Facilitator/s answer questions adequately? **92% of standard reached**

Bespoke sessions have been offered to individual schools to ensure that new pupils or pupils who have recently been prescribed an emergency medication can access school without delay.

Large group weekly practical sessions will begin October 2022 which will allow the Children and Young People's Community Nursing Service Education Team to concentrate on healthcare needs training from August to September 2022. Bespoke emergency medication sessions will continue to be offered to ensure that there are no delays in a pupil being able to attend school.

5.2.2 Children and Young People's Community Nursing Service – Attention Deficit Hyperactivity Disorder Nurse Team

The Attention Deficit Hyperactivity Disorder (ADHD) nurse service has expanded significantly in the past three years. The nurses work as part of a multidisciplinary service delivering support and care to children and young people between the ages of 5 years to 18 years who have Attention Deficit Hyperactivity Disorder and co-occurring conditions. There is an estimated 1500 to 1750 children and young people supported by the Attention Deficit Hyperactivity Disorder Team in Fife at present. The nurses provide assessment and general review, at times working jointly with Psychology / Psychiatry / Community Paediatric colleagues. The nurses also facilitate / co-facilitate sleep sessions and parent advice session and undertake school observation sessions.

The nurse team historically had individual mobile telephones and parents were given the nurse's number to use if they required support between appointments. This became a large part of the nurse role and was challenging in terms of time and capacity to return and deal with calls amongst an increasing clinical case load.

The Attention Deficit Hyperactivity Disorder nurse line was put into place and after a three month period we reviewed the number of calls and the general themes of the calls. There were a variety of themes from medication requests to issues with education.

Having the line in place allowed the nurses to deal with the concerns in a more timely manner as there was no clinical pressure. The number of calls each week can vary significantly and the amount of time required to deal with the call can also vary significantly. Around the phone line the nurses were also able to have time to catch up on administrative tasks, Learn Pro/Turas etc and this had an impact on their own wellbeing. Having space to deal with the calls coming into the phone line reduced pressure on staff. It was felt it was also good learning experiences for new team members – having to seek guidance and advice provided learning opportunities and experiences for new members of staff, increasing their knowledge base.

The Nurse on the rota has one clinical session reviewing T3 patients – this has been beneficial in two ways, it has supported the T3 nurses with their heavy case load and also given our newer member of the team an opportunity to get to know the young people on the T3 caseload. This builds resilience within the team and provides further opportunities to learn.

ADHD Nurse Telephone Line Data - Number of calls received and time (minutes):

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| Week Commencing | No of calls | Minutes/time spent | Theme of Calls | |
|-----------------|-------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15.2.21 | 12 | 205 | <ul style="list-style-type: none"> ▪ Appointment details / requesting appointments. ▪ School requesting details of diagnosis for DLA form ▪ Missed appointments ▪ Psychology drop in | <ul style="list-style-type: none"> ▪ Parent requesting completion of DLA forms ▪ Increase in tics ▪ Parent requesting date of diagnosis |
| 22.2.21 | 6 | 110 | <ul style="list-style-type: none"> ▪ Reschedule physical observation appointment ▪ DLA letter requested ▪ Had not received letter confirming diagnosis | |
| 1.3.21 | 9 | 320 | <ul style="list-style-type: none"> ▪ GP requesting details regarding Single Point of Advice ▪ Appointment details | <ul style="list-style-type: none"> ▪ Observation appointments requested – GP refusing ▪ Sleep advice |
| 8.3.21 | 11 | 410 | <ul style="list-style-type: none"> ▪ Anxiety concerns ▪ Appointment details ▪ Transfer of case to outwith area | <ul style="list-style-type: none"> ▪ DLA form support ▪ Concerns regarding physical observations |
| 15.3.21 | 11 | 180 | <ul style="list-style-type: none"> ▪ Patient received opt in letter & wished for transfer to adult services ▪ Confirmation of physical observation appointment details ▪ Supporting letter request regarding Universal Credit | |
| 22.3.21 | 5 | 230 | <ul style="list-style-type: none"> ▪ Patient moved to outwith area - transfer | |
| 29.3.21 | 4 | 90 | | |
| 5.4.21 | 11 | 635 | <ul style="list-style-type: none"> ▪ Police adult protection issues regarding sexual assault ▪ Learning Disability service requesting further information regarding transfer of care | |
| 12.4.21 | 9 | 505 | <ul style="list-style-type: none"> ▪ Appointment query ▪ Request for physical observation appointment ▪ Sleep issues | |
| 19.4.21 | 10 | no data (minutes had not been logged) | <ul style="list-style-type: none"> ▪ Appointment details – ADHD & physical observation ▪ Details requested regarding logging into Near Me ▪ Requesting feedback regarding cardiology review | <ul style="list-style-type: none"> ▪ FNDQ questions ▪ Sleep concerns ▪ Anxiety concerns ▪ Diet concerns (over eating) |
| 26.4.21 | 17 | 490 | <ul style="list-style-type: none"> ▪ Appointment details requested ▪ Low mood ▪ Sensory concerns ▪ anxiety | |

5.2.3 Child Development Centres:-

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NHS Fife Child Development Centres (CDCs) provide specialist coordinated support for children under three years who have a significant delay in two or more areas of development impacting on their daily function, and require / or will require input from two or more non generic services. This service provides targeted multi-agency support to children and their families through attendance at sessions in the centres, and by providing individual work within the child’s home or Nursery through the Community Caseload. The service works closely with Education as part of the Pre School Community Team (PSCT) and a range of Allied Health Professionals, particularly Speech and Language Therapists (SLT).

The service receives over 20 referrals per month and the service has a rolling caseload of over 140 children at any time. The Child Development Centres support children across Fife with highly complex needs and potentially life limiting conditions. The caseloads include a high level of Looked After and Accommodated Children, families where there are wellbeing and child protection concerns, and families dealing with issues of poor mental health and social deprivation. The patient acuity and demand for this service are very high and the more flexible ways of working and increased community and outreach work allows the teams to meet the individual needs of children and families across this community.

The Child Development Centres has been through a significant redevelopment processes since October 2019 to deliver service improvement for children and families, and standardisation of referral screening, assessments, and pathways, and to maximise the use of available resources. In recognition of Getting It Right For Every Child (GIRFEC) principles and Government policy the team have taken care closer to home for the most vulnerable families in our communities. They have improved the consistency and flexibility of service provision across Fife to address potential health inequalities and enable them to be more responsive to the needs of children and families. As part of this service improvement they have merged teams to form two larger Child Development Centre teams which are co-located in two Children’s Hubs at Leven and Kelty alongside the Children’s Community Nursing team. These larger teams lend themselves to improved partnership working, improved communication, and seamless pathways of care. They have also evidenced increased shared learning and development opportunities, and peer support and supervision through these improvements.

Increased flexibility in the model of working means teams are more accessible to families and carry out more home visits and outreach work in the children’s local communities reducing the need for children to travel long distances.

An engagement exercise was carried out across the service to gain feedback from professionals and service users to explore the impacts of the changes to care delivery. Feedback from the public was also sought through the NHS Fife Public Engagement Directory.

The feedback received supported a blended approach to service delivery, which works well for the children and families and was favoured by staff. The Child Development Centres continue to deliver sessions for children on site, and in addition to this increased provision of home visits and also offer a blended approach of a mix of session and home visits to meet the needs of children and families.

Parents’ feedback was very positive about the blended more responsive care provided by the Child Development Centres and have found the increased provision of home visits can work well for them to meet their individual family’s needs. Staff have reported higher levels of autonomy and job satisfaction

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due to working in both sessions and the community with all members of the team and by being able to provide continuity of care to their key worker children by seeing them in sessions and in the home as required.

5.2.4 Glenmar Residential House, Markinch

Glenmar historically provided nursing respite care for children and young people with complex additional healthcare needs. Over recent years the amount of children accessing respite had reduced significantly, with many children having no identified nursing need, resulting in a reduction in nursing requirement.

Three Looked After Children (LAC) from Fife had been placed in a residential home in Lanark, where they had been cared for over a significant number of years. In early 2021 Fife Social Work were asked to bring these children and young people back to Fife as part of the "Frae Fife" project and Glenmar House was identified as a potential unit to place the three children, who all have complex healthcare needs.

Repatriating the children back to Fife has improved care provision, family contact and allowed the young people to return to their own community. However, to get to this point the nursing staff requirement needed to be increased significantly in Glenmar in order to meet the needs of the young people.

With a newly recruited Nurse Team Leader in place and competent and confident staff embedded the priority going forward for next year is:-

- (i) Improving the quality of life for the residents;
- (ii) Including them in their local and wider community and meeting their social outcomes;
- (iii) Improving family relationships and connections;
- (iv) (iv) ensuring the residents feel included and respected.

Glenmar Residential House has now officially been up and running for 12 months. Throughout that time the priority for the team was to ensure the residents' medical and nursing needs were being met and a high standard of care imbedded in the house. Now that the residents are well settled, safe and healthy and their care needs are being met, the focus going forward is on the residents' social needs and outcomes.

5.3 School Nursing

Like so many other services School Nursing has had to adapt day to day practice during COVID19. The use of telephone consultation, Near Me video appointments and Microsoft Teams has been fundamental in keeping connected, especially with the vast array of health concerns that children and young people have experienced during this challenging time, e.g. self-harm, social isolation, anxiety, low mood, suicidal thoughts, sexual health, poor sleep pattern, behavioural concerns to name but a few. No two days are ever the same, which keeps our service focused on being dynamic in our approach.

5.3.1 Looked After or Accommodated Children and Young People

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The School Nursing Service continues to commit to the Scottish Government target to offer all children and young people who become care experienced a health assessment within 4 weeks of notification. This has allowed for identification of unaddressed health needs early in the planning of care to ensure that, where possible, outcomes of care experienced children and young people will be as good as those who are not. This has included timely referrals to other services including immunisation team, sexual health services, audiology and optometry. The Service has also welcomed the opportunity to undertake health assessments for children and young people who are part of the National Transfer Scheme and again, this opportunity has allowed for timely referral to services, including Health Protection for necessary screening and treatment where indicated.

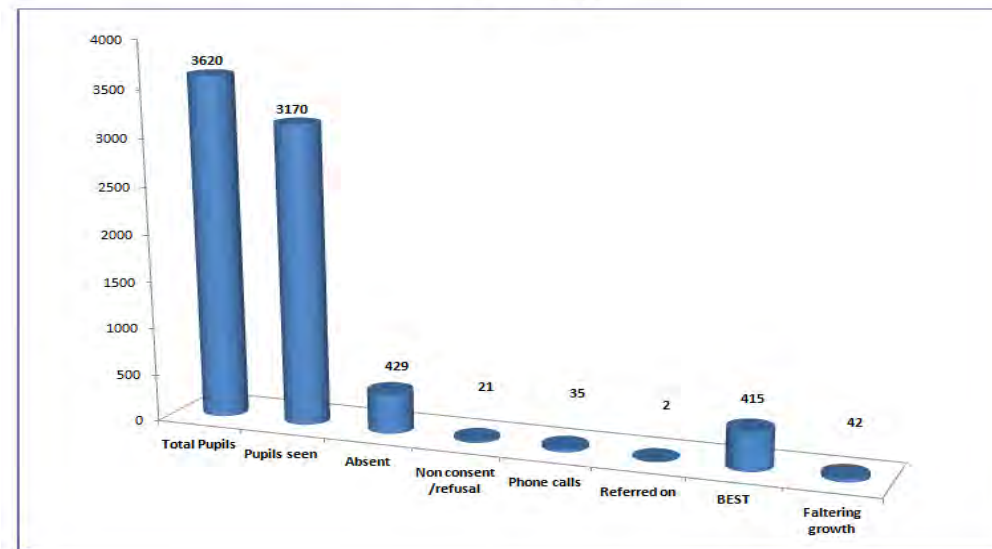
- 84 Looked After Child Health Needs Assessments requests met our criteria and 100% were offered within the 4-week period
- 17 were undertaken outwith the 4-week period (14%) . This was due to circumstances outwith the School Nursing Service's control

5.3.2 Health Primary 1 Screening

The School Nursing Service has successfully delivered the Primary 1 Screening programme in the 133 Primary Schools across Fife. Of the 3,620 pupils, 3,170 were seen. This allowed for the identification of 415 children who were eligible to participate in the Child Healthy Weight Programme and 42 children who went on to the faltering growth pathway, five of which were referred on to the dietician after follow up from the School Nursing Service.

Fife Wide Primary One 2021-2022

133 Schools



5.4 Health Visiting Service

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Throughout the COVID 19 pandemic the Health Visiting Service has continued to visit and support families with preschool aged children. In addition to this the service has continued to undertake several improvement initiatives with the objectives of improving outcomes for children in Fife. Two such initiatives are outlined below:

5.4.1 Tackling Poverty

During 2021 a team of Health Visitors in the Kirkcaldy locality ran a service improvement initiative to explore how they could enhance support to families in relation to financial concerns. An initial scoping exercise identified that routine enquiry regarding money was not being undertaken by all Health Visitors and the reasons given for this included a lack of practitioner confidence in raising this topic with families as well as using environmental and/or circumstantial evidence to form an unconscious bias that indicated financial issues were or were not a concern. It was also identified that there was no formal guidance or referral pathway to follow when a family did divulge concerns about money.

The main aims of the project were to increase practitioners' levels of confidence in discussing financial worries with all families regardless of environmental or circumstantial evidence, and to make these conversations more effective.

The project team worked with Citizen's Advice Rights Fife (CARF) and the Money Talks team over a 3 month period to realise these aims.

The data collected from before and after the project shows progress in achieving the project aims and intention, with practitioners involved self-reporting increased confidence in discussing financial worries with all families regardless of environmental or circumstantial indicators. Process changes also included the introduction of a referral form and a referral mechanism which allows feedback to the practitioner about the outcome of the referral.

This resulted in a 157% increase in referrals made to Citizen's Advice Rights Fife / Money Talks which ultimately resulted in an average financial gain of £989.50 per household referred.

Some feedback from staff and clients:

"One family on caseload really appreciated referral to service. They received a financial gain that they would not have been aware of" (Health Visitor)

Universal credit is confusing. I thought the 2 child rule meant that I couldn't get Child Benefit until my HV explained I could get another £14 per week on top of what I

I didn't know I would be entitled to Best Start grant and foods. I got £303 in payment as this was my 2nd child and a further £34 per month in Best Start foods pre-payment card allowance. This makes a huge difference.

Referral form is easy to complete. Parents appreciate a 'One stop shop' service.
(Health Visitor)

5.4.2 Implementation of National Society for the Prevention of Cruelty to Children (NSPCC) Graded Care Profile 2

Learning from the last 5 years local Initial and Significant Case reviews, it was identified that improvements were needed in the assessment of, and support provided to families in relation to all categories of childhood neglect. On survey of Health Visiting staff, one of the main barriers was practitioner confidence in either recognising or evidencing neglect.

Results below:

| | Confident or extremely confident in recognising neglect | Confident or extremely confident in evidencing neglect |
|----------------------|----------------------------------------------------------------|---------------------------------------------------------------|
| PHYSICAL | 75% | 49% |
| SAFETY | 57% | 54% |
| EMOTIONAL | 56% | 19% |
| DEVELOPMENTAL | 49% | 38% |

In response to these findings, The Health Visiting Service purchased the National Society for the Prevention of Cruelty to Children Graded Care Profile 2 (GCP2). The license for this toolkit provided a train the trainer model and allows for sustainability of its use in the years ahead. In recognition of the benefits of this toolkit for a wider professional audience, places on the train the trainer courses were offered to Family Nurse Partnership, Child Protection and Children and Young Persons Community Nursing Services.

The Graded Care Profile 2 helps professionals measure the quality of care provided by a parent or carer in meeting their child's needs, particularly where there are concerns about neglect.

Using the Graded Care Profile 2 assessment tool, professionals score aspects of family life on a scale of one to five. This assessment helps them identify areas where the level of care children receive could be significantly improved.

Practitioners using Graded Care Profile 2 are now able to:

- Measure the quality of care being provided to children

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- Identify where children require further support and whether the level of care received needs to be improved
- Implement a constructive working relationship with families
- Increase practitioner confidence in decision making at all levels
- Promote multi-agency working and improve the quality of evidence in referrals.

Between January and April 2022, 14 staff from Health Visiting successfully completed the train the trainer sessions along with 6 colleagues in Family Nurse Partnership, Child Protection, and Children and Young People’s Community Nursing Service and are now delivering sessions to their colleagues.

Further evaluation of the benefits to both staff and children will be undertaken once the toolkit has been fully embedded in practice during 2022/2023.

5.4.3 Supervision

The importance of robust management, caseload and restorative supervision has long been recognised as crucial in Health Visiting (Wallbank, 2011). During discussion with the Health Visiting Team Leaders during 2020 it was identified that their confidence in providing this to the staff they line manage was relatively low and practice varied across the teams. The provision of caseload supervision had also been identified as an area for improvement during an initial case review and audits carried out during 2020/2021.

In response to this, four of the current eight Health Visiting Team Leaders successfully completed a postgraduate module in Professional Supervision and Stirling University during 2021, with the remaining 4 undertaking it during 2022/2023.

Some feedback from staff since completion of module and implementation of learning in practice:

“The course highlighted the importance of ensuring a robust supervision model is fully embedded to ensure safe practice, adequate staff support and effective engagement with service users. I completed the course feeling more confident and better equipped to respond to the needs of supervisees which will ultimately impact outcomes for our children and their families” HV Team Leader

“At first I was unsure about how supervision would benefit in my role and whether it would leave me open to judgement from others. I have now attended for a few sessions and the learning and support I have gained from these sessions has been invaluable. The opportunity to discuss and share challenging cases and how these impact on my own wellbeing has provided me with the tools to ensure I can continue to develop and be an effective practitioner” Health Visitor

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*“The supervision sessions now provide a regular, opportunity to build a professional relationship with my Team Leader, as well as the opportunity to bring difficult cases for discussion which gives me time to reflect on issues and resolve problems in a structured way.”
Health Visitor*

“I feel my confidence has grown following the course and that I have a better understanding of what the different types of supervision are, and which one works best for my team. This makes the staff feel that the sessions have a value, they are much keener to attend the sessions and will now seek me out to arrange supervision if a session had to be cancelled.” HV Team Leader

Since completing this module, two of the Team Leaders have gone on to speak at a Child Protection Masterclass to a group of 50 Trainee Health Visitors and Practice Supervisors/ Assessors at Stirling University on the different types of supervision and the importance of engaging regularly in supervision sessions.

References: Wallbank S, Hatton S. Reducing burnout and stress: the effectiveness of clinical supervision. Community Pract. 2011 Jul;84(7):31-5. PMID: 21941708.

5.5 Family Nurse Partnership

Family Nurse Partnership (FNP) is an intensive, preventative, one-to-one home visiting programme developed in the USA. The aim of this complex clinical intervention is to improve pregnancy and birth outcomes, child health and development, and the economic stability of the family.

Family Nurses adopt a strength-based person-centred approach, forming therapeutic relationships with clients and tailoring the programme to the individual needs of parents and their infants. Based on the human ecology, attachment and self efficacy theories, the programme helps to improve self-confidence as well as supporting other areas including maternal physical and mental health, environment factors, relationships, maternal role, and life-course development.

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FNP was introduced to NHS Fife in 2012 and is now fully embedded within Fife Community Children’s Services and the Health and Social Care Partnership. To mark the first ten years of the Family Nurse Partnership in **Scotland**, in May 2022 the Scottish Government published a detailed analysis of the FNP data collected over this time.

Please click on the link for more information <https://www.gov.scot/isbn/9781804352281>

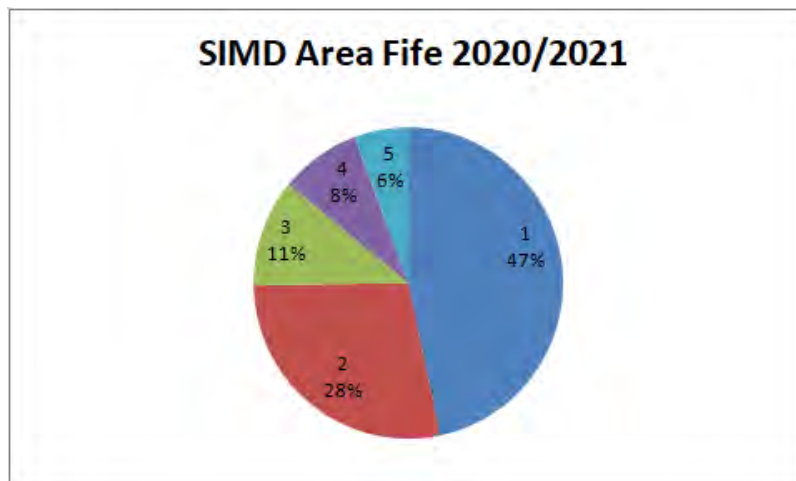
5.5.1 Annual uptake rate

FNP is offered to all eligible women aged 19 years and under, pregnant with their first child. Normally all home visits take place face to face however throughout the pandemic Family Nurses continued to recruit clients but mainly via phone contacts. The consistently high annual uptake rate of over 80% throughout the pandemic demonstrates the skill and tenacity of Family Nurses in developing rapid therapeutic relationships without the benefit of face to face social interactions.

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5.5.2 FNP client demographics

This table illustrates that FNP clients currently enrolled on the programme continue to mainly reside in SIMD 1 & 2. The vulnerabilities experienced by many FNP clients in regard to ACEs, poor mental health, housing and poverty is well documented.



5.5.3 Annual Attrition

Attrition for the reporting year remains very low at 13% and demonstrates the skill of the FNs as well as how much FNP clients value the programme.

5.5.4 Poverty

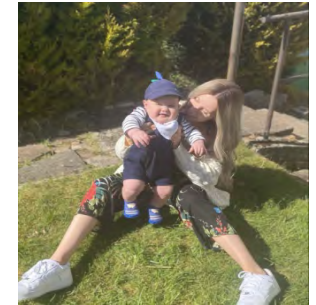
In January 2021 FNP received 23 laptops and 25 WIFI connections from Connect Scotland which were shared with clients who had no access to IT equipment or the internet.

During the pandemic the majority of health and social care as well as voluntary services were not able to meet with families directly, reverting to the use of video calls via Microsoft teams. The receipt of the laptops and/or WIFI helped to reduce families' isolation and poor mental health experienced during the pandemic, enabling them to participate in online support and mother and baby activities facilitated by local voluntary groups such as Fife Gingerbread and Homestart. It also facilitated their engagement in important child wellbeing or child protection meetings all of which have taken place via video link throughout the pandemic. Before receiving the equipment clients were using unreliable internet connections via mobile phones.

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5.5.5 Infant Mental Health

In November 2021 a FN was seconded to the new Infant Mental Health Service, 2 days per week, with the reminder of the week continuing in her role as a FN. NHS Fife Health and Social Care Partnership have been awarded Scottish Government funding to develop an Infant Mental Health Service that involves a multi disciplinary team with expertise in supporting and strengthening relationships. The FNs contribution to the team has been highly valued and reciprocal as she brings learning back to share with the wider FNP team. As part of this learning the FN is leading on a small piece of quality improvement work, improving capturing of the infant's voice in child health record keeping and report writing.



5.5.6 Client feedback

Client feedback of the service during the pandemic has been very positive. Most clients experienced a degree of isolation due to the restrictions, with many not able to access vital support from family and friends. Voluntary and other health services were also not able to continue with direct face to face contact and therefore the home visits received from Family Nurses provided much needed support of client and infant wellbeing.



Although out with this reporting year, as part of "What Matter's To You" on 9th June 2021, clients provided their feedback which was shared on social media.

"A life saver! I have felt distanced from friends since falling pregnant and having my baby, and there have also been no other face to face groups or services available because of the pandemic. I have found having a family nurse really beneficial in having someone else (other than my mum) to talk things through with and seek advice from and I think it has helped with my

5.5.7 Pre-Registration Students

In 2020 FNP in Fife began offering a placement for pre-registration students undertaking a degree in Children’s Nursing, and in February 2022 Fife became the first FNP site in Scotland to offer pre-registration placements for Mental Health Nursing students. Feedback from student nurses has been positive with students reporting that they felt valued by all of the team and well supported in their learning journey.

Sonia, our first pre-registration mental health student, with her Practice Assessor & Practice Supervisor (Jacqueline Fleming and Adele Corkery)!



5.6 Child Protection

Throughout 2021/2022, the Child Protection team continued to support practitioners and services to feel confident, knowledgeable and empowered in their role to protect and promote the safety and wellbeing of children and young people. We have continued to build on new ways of working and adapting service delivery, developed in response to the COVID-19 pandemic.

- Appointment of two Senior Nurse Advisor, Child Protection, who bring with them a wealth of experience and knowledge working with children, young people and their families

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- Maintained positive working relationships with partners and adapted to teleconferencing to enable a continued health contribution to risk assessment, decision making and timely coordination of Joint Paediatrics Forensic Medicals/Specialist Medicals at daily multi-agency Interagency Referral Discussions
- Training moved to a virtual platform in summer 2020 and continues to evolve. Twenty eight sessions were delivered with a training list developed highlighting additional learning opportunities. Feedback for virtual training has been positive and indicates benefits in terms of travel time and accessibility.
- Continue to facilitate supervision to staff from across the NHS Fife workforce, receiving positive feedback from staff. A test of change of 1:1 supervision for Health Visiting commenced in the Glenrothes area and was well received and it is hoped this will influence future direction
- Supported 208 health practitioners via advice calls, with consistent positive feedback indicating a highly valued supportive service for staff in relation to their decision making and planning for children and young people
- An audit was undertaken in partnership with social work to review outcomes for children and their families following the introduction of the NMIB policy in NHS Fife, supporting interagency assessment and development. Evaluation is ongoing with sharing learning at child protection peer review planned
- Implementation of Restorative Supervision for the Senior Nurse Advisor, Child Protection, commenced in February 2021 and has continued monthly thereafter. This is highly valued by the team and has been identified to support with recognition of team needs including team identity, shared values, purpose and goals, self-care, working from home and vicarious trauma
- Two Senior Nurse Advisors, Child Protection, have completed the CGP2 trainer course
- One Senior Nurse Advisor, Child Protection, has completed PG Cert in Child Welfare and Protection via University of Stirling
- Implementation of Restorative Supervision sessions, further supported by a team development day in November 2021.

5.7 Children's and Young People's Occupational Therapy Services

5.7.1 Supervision / Staff Wellbeing

Despite the challenges of the past year the service has continued to maintain the robust structure of supervision. This has been core to ensuring safe practices, prioritisation and staff wellbeing during the pandemic.

In addition the service has been undertaking a Quality Improvement Joy@Work project (www.ihl.org). #transform culture>transform service>transform outcomes.

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Joy@Work Driver Diagram:-

Children & Young People’s Occupational Therapy Service

Aim

**Primary drivers –
Needed to achieve aims**

**Secondary Drivers –
Our theory about what needs
to be in place to achieve
primary drivers**

**Change ideas –
What can be tried out in
practice
PDSA**

To reduce the impact of increased screen time on positive work life balance from a score of 3.8 to 2.8 by the 26th of May 2021.

To increase staff Joy at Work by encouraging positive participation and engagement within the staff team.

To reduce the risk of musculoskeletal injuries

To reduce the risk of eye strain

To promote the general well-being of staff

Improve outcomes for service users through promoting Joy @Work

Reflexive response to staff feedback re barriers to Joy @ Work

Practical application of QI methodology

Creative and innovative practices to facilitate and sustain positive change

Sustained support at a managerial level

Provide range of top tips for:

- Highlight strategies to combat sedentary behaviour
- Prevention of musculoskeletal strains
- Eye care i.e. 20/20/20 rule
- Promotion of screen breaks
- Identify a time keeper in meetings to promote movement breaks
- Encouraging staff to explore positive screen time activities i.e virtual coffee breaks with a colleague/s

When covid restrictions are eased:

- Revisit whether screen time continues to be a significant barrier to Joy @ Work
- Explore whether there are any opportunities to reduce screen time overall

5.7.2 Children & Young People’s Professionals Enquiry Line

Easy access to advice, expert reassurance and signposting remains a strategic priority and driver for services and the way to ensure needs are addressed early, harm prevented and best outcomes achieved. The pandemic has further highlighted the need for easy and alternative methods of accessing services for help.

In September 2020 an Enquiry Line was opened for education staff (now open to all professionals). This was part of a collaborative quality improvement test of change between; Education Support for Learning Service, Occupational Therapy, Physiotherapy and Speech & Language Therapy.

The aims are to:

- Provide easy access to services
- Reduce waiting times for families / staff requiring universal / targeted support from the services
- Reduce the number of requests for assistance (RfA’s) requiring universal / targeted support from the services

Quantitative and qualitative data evidences the value and positive impact of the enquiry line in meeting needs and avoiding long waits for the same support. 80% of calls to the enquiry line have been supported at this level, providing timely access to the right information at the right time. Effective decision making at the point of request for help. The project was nominated for Children and Young People Improvement Collaborative (CYPIC) 2021 award.

5.7.3 Fife Community Equipment Loan Store – appointment of stores technician

Appointment of Technical Clinical Support post in February 2022 after a number of years of work. This is an integrated role financed via five partnership services (one of which is Children and Young People Occupational Therapy). There are a number of objectives and measures associated with this post including improved safety and efficiency.

5.7.4 Lochore Meadows Project

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Aim; to provide a facility in the community where all people, including those with additional support needs, can access outdoor play with their family and peers to promote their health and wellbeing and prevent illness and dependency on services.

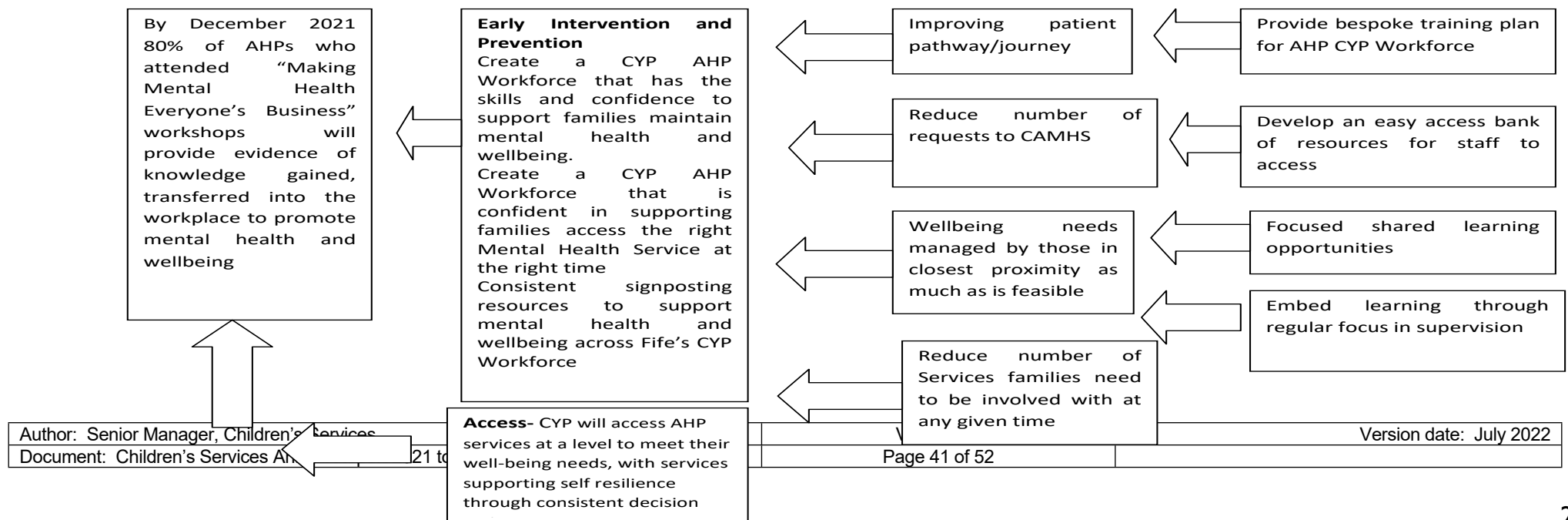
The project group membership is made up of representatives from; parents, carers, children & young people, NHS Fife, Fife Health and Social Care Partnership, Fife Council, Friends of Lochore Meadows (FOLM), Promoting A More Inclusive Society (PAMIS), Play As One Scotland and Plan Inclusive Play Areas (PiPA). This is an ambitious collaborative project which plans to complete in Summer 2023.

5.7.5 Making Mental Health Everyone’s Business

Collaboration with Children and Adolescent Mental Health Services and Primary Mental Health service to up skill Allied Health Practitioner workforce maximizing every contact and ensuring mental health is routinely part of wellbeing conversations, ensuring practitioners are confident and competent to share universal key messages and signpost to resources and other services when required.

Ready to Act – Early Intervention & Prevention Ambition

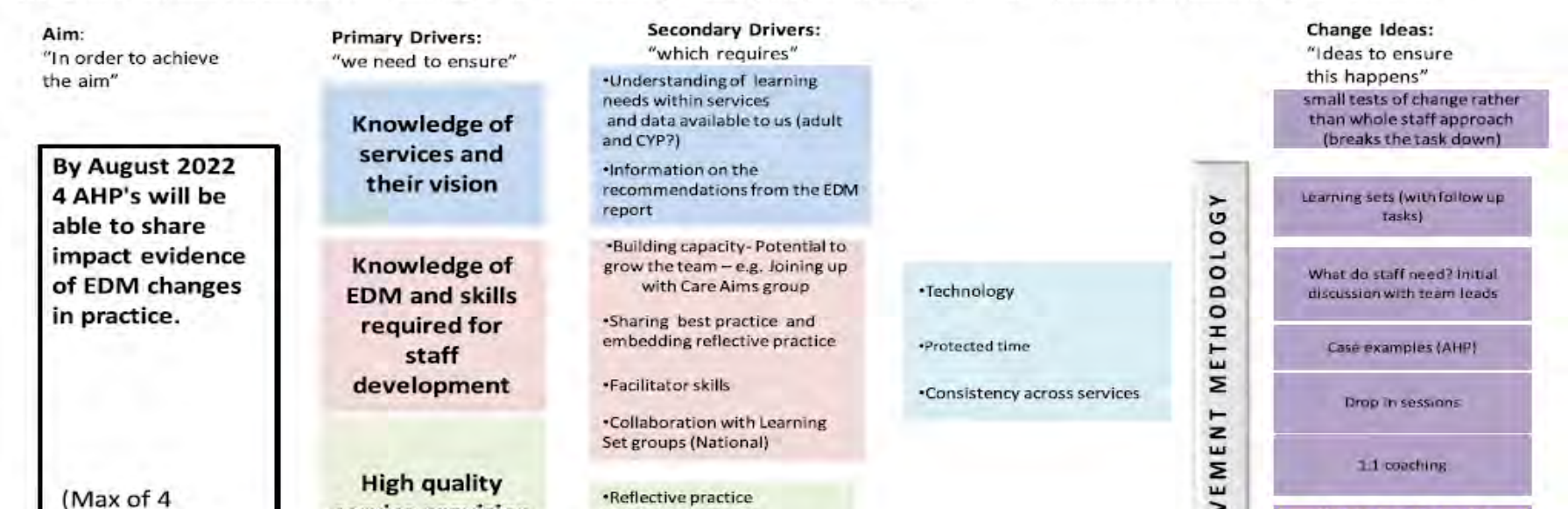
Collaborate with mental health services for children and young people to jointly support early intervention and prevention for those experiencing mental and wellbeing health issues.



5.7.6 Effective Decision Making (www.careaims.com)

Two local champions trained (occupational therapist and speech & language therapist). Agreed strategy and implementation of test of change - driver diagram below

Over all aim: AHP staff will increase their knowledge and understanding of EDM principles and implement this in practice to help achieve better outcomes.



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5.8 Breastfeeding Support Service

The Breastfeeding Support Service (BFS) continued delivering a home visiting service throughout COVID19 and has strived to meet the priority of the Scottish Government's Maternal and Infant Nutrition Framework of:

- Keeping breastfeeding maintenance as a priority: ensure that the United Nations International Children's Emergency Fund (UNICEF) best practice standards for supporting infant nutrition are in place; core staff have the necessary support, tools, capacity and capability to deliver this care and that the additional specialist support for mothers with feeding challenges in maternity, neonatal and community services is in place

During 2021/2022 the Breastfeeding Support Team commenced telephoning all mothers discharged home from Maternity services at Victoria Hospital, Kirkcaldy who gave any breastfeeds during admission. These discharge calls were to offer immediate telephone support and assessment to identify any

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issues, concerns or worries the mother may have in relation to feeding their infant. From these calls the Breastfeeding Support team provided a home visit to 25.4% to provide face to face support, and a further 49.5% had ongoing telephone support.

In addition to patient facing service delivery, the Breastfeeding Support Service team also support the ongoing training of universal staff in Breast Feeding support. Although the delivery of training has been challenging due to the pandemic, this has successfully now been transferred to MS Teams and during 2021/2022 the service supported delivery of six staff training sessions: three Introduction to Breastfeeding and three Introduction to Complementary Feeding (Weaning).

5.9 Infant Mental Health Team

A recent Government visit to the Infant Mental Health Team (IMHT) and the other two streams within the broader Perinatal Infant Mental Health Service included personnel from Senior Leadership Teams. This allowed for a sharing of the successes and challenges of the newly developing services in line with the monitoring report submitted in May 2022 to the Scottish Government’s Perinatal and Infant Mental Health Programme Board.

Successes include the following:

- Working within the remit of the initial Infant Mental Health proposal to provide both a targeted service within the wider community and specialised interventions for individual infants and their care-givers
- A bespoke Infant Mental Health Pathway has been established which is effective
- Common training has been accessed for team members through NHS Education for Scotland (NES) to ensure seamless delivery of support to infants and their care-givers
- Meetings with 3rd sector services in Fife such as Home-Start; Cottage Family Nurture Centre; Stargazers; Father’s Network; Art at the Start have been set up and are ongoing to progress engagement and promote shared language between statutory and 3rd sector services.
- Positive connections have been established with enquirers and referrers (Health Visitors and Family Nurses) who are utilising the Infant Mental Health service appropriately and well
- Expertise within the team means that individualised, specialist interventions can be made in ways that can effectively support the emotional wellbeing needs of infants
- We can accommodate assessment and intervention both in the clinic and home environment depending on need
- Targeted work in the wider community is supported by the Infant Mental Health Team through its links with 3rd sector agencies in order to share learning and to ensure that the Voice of the Infant is prioritised in all settings
- The service now provides consultancy and supervision to clinicians who might require this, for example Health Visitors and Family Nurses
- Shared learning has recently become a focus for the team through the use of the Lanarkshire Indicator Set to facilitate discussions about what infants are telling us through their presentation and behaviour. The Team has set up protected time for this

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- Educational sessions with Health Visiting and Psychology / Psychotherapy trainees have been set up to raise awareness of the importance of positive infant mental health
- The Infant Mental Health Team is now linking effectively with the other two services within the Perinatal Mental Health Service. These are the Maternity and Neonatal Psychology Team (MNP) and The Community Perinatal Mental Health Team (CPMHT). There is weekly communication between the three streams to support delivery of a needs led service with the unborn baby and the infant as the focus

Positive outcomes have been evidenced for infants through numerical data collection as follows:

| Information on activity levels April 2021 to April 2022 | |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Current caseload: | 35 |
| Number of new enquiries coming into the team: | 66 |
| Number of accepted referrals: | 25 |
| Number of enquiries signposted: | 27 |
| Average wait time from enquiry to initial enquiry meeting with named person: | 18 days |
| Average wait time from enquiry to first assessment: | 65 days. This has been due to a variety of issues, for example families who have had other services involved and for whom it has not been appropriate for the IMHT to become directly involved until care-givers therapeutically available. |

- The use of lived experience of Care-givers of infants has been implemented as part of Quality Improvement and positive feedback has been received from care-givers.

This is evidenced by the following comments after intervention from the Infant Mental Health Team:-

"I'm expecting another baby soon and I feel so much more prepared for this one because of the help and support I have had"

"I struggle with child play (I hate it, it bores me) but I don't hate it as much now. They've explained to me how important play is and they've guided me in the right

"I feel so connected to him now"

"I never felt judged"

"When my son cries I know what he wants now"

"I was always made to feel normal"

"Started to see progress weekly – play improved, child more comfortable, involving us a lot more".

"Child really came out of her shell due to the play based home visits. Before she really preferred to do things on her own but now she brings me books or takes me to toys she wants me to join her in playing with. Bookbug and Sensory Play stuff were really good for this and learning to let my child lead the play".

"The play approach was really good for my child"

Section 6: Challenges

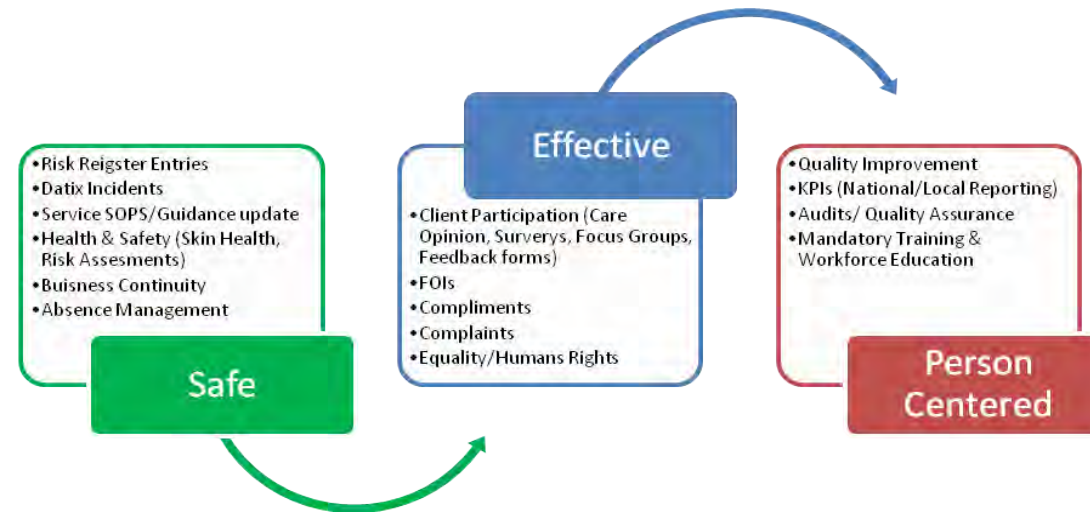
Community Children's Service are facing a number of common challenges which impact on service delivery:-

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- Remobilisation following covid impact;
- Staff wellbeing;
- Workforce pressures – vacancies, recruitment, training and development, blended working;
- Implementation of Morse and other IT solutions;
- Embedding new models of care.

Section 7: Governance

7.1 Health & Social Care Children’s Services Governance Structure



To give assurance that all specialised teams that make up Children’s Services are providing services that are safe, effective and person centred, regular governance meetings are currently being planned with the leads of each of these service areas.

The group will review all clinical activities managed by the different disciplines within Children’s Services with the objectives of:

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- Identifying any risks to ensure mitigation measures are implemented and escalated appropriately when required, to ensure an effective, proactive approach to risk and service delivery is achieved
- Provision of assurance regarding the consistent delivery of safe, inclusive and effective person-centred care
- Providing a forum for clinically led engagement and dialogue across disciplines to enable outcome and solution focused discussions
- Ensuring evidence-based practice is delivered in line with national guidance
- Providing input into clinical stakeholder communications
- Ensuring a consistent approach to quality improvement, applying improvement methodology, including a commitment to ongoing evaluation of strategies developed and implemented
- Design methods for identifying and overseeing learning from incidents, audits or case reviews to identify themes or trends and lead an improvement approach, and will have responsibility for ensuring that actions recommended are completed and/or escalated as necessary

A collated Children’s Service report will be compiled from this meeting and shared with the Head of Service, and the Nursing Directorate.

7.2 Participation and Engagement

Practitioners within Community Children’s services continue to utilise the Engagement and Participation Framework to support children and young people’s (up to age of 25 years) participation and engagement across Fife Children’s Services Partnership, creating a shared understanding of practice. This framework has been developed as a starting point for engagement with young people in decision making processes and includes practical tools and tips to plan and undertake successful consultations and engagement activities. A new formed child’s rights partnership group will support the quality assurance and improvement in this core area, central to all practice and interactions with children and young people.



Fife School Nursing Service has developed a health and wellbeing programme for S1 pupils which will be offered to Fife Secondary Schools. This was developed in response to pupil feedback from a school nursing survey which was undertaken in April 2021 whereby 1335 young people responded and informed the service that we needed to engage with S1 pupils when they commenced secondary school to raise awareness of the service and supports available to them. Following the pupil engagement, a health and wellbeing programme, “Look After Your Selfie” was developed for S1 pupils which would consist of three sessions for the duration of a 50 minute period. The programme has currently been tested out in two schools – Bell Baxter and Woodmill High School - and a total number of 890 pupils have participated so far. All of the sessions have evaluated very well. The aims of the first session were to explore different aspects of wellbeing and what factors can influence health and wellbeing. Also, to increase awareness of the school nursing service and how to access support if required. During the first session, young people were asked to identify other health topics that they would like more information on which would then inform the subsequent sessions ensuring that the programme is tailored to meeting the information needs of

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local young people within each school community. The pupils from Bell Baxter High School highlighted that mental health & wellbeing was an area that they wanted to learn more about and therefore the second session delivered in school was more practical based which focused on understanding anxiety and participating in relaxation / breathing techniques. Whereas, the second session at Woodmill High School focussed on physical and mental wellbeing incorporating the benefits of being active, eating and sleeping well and how these areas can all positively impact on mental wellbeing.

Further engagement with 400 pupils has taken place across Primary and Secondary schools in Fife to involve pupils in the development and design of creating a new school nursing service brand alongside promotional materials to ensure that they are relatable, accessible and relevant to our target audience.

Ongoing, meaningful engagement has remained a priority within Fife’s school nursing service to ensure that changes are relevant and support the needs of children, young people and families. Measures to control the COVID19 pandemic, including lockdown restrictions, created a challenge for traditional ways of engaging in particular with young people. Therefore, Fife school nursing service undertook a survey across secondary schools to ascertain what support young people were looking for around their health and wellbeing. A total amount of 1,335 pupils responded to the survey which informed new developments for the service.

Young people’s involvement has been instrumental in identifying school nursing service priorities. Over the past year, the school nursing service has engaged with 2613 young people to ensure that the views of young people were incorporated into shaping new service developments such as a new school nursing brand and a S1 health and wellbeing programme.

Talking Mats are being increasingly used in practice. They enable rights-based participation for children and young people with and without additional support needs and facilitate the below points;

- Under Article 12 of UNCRC, every child has the right to give their views in matters affecting them. That view should be listened to by those who can influence and bring about the change required to maximise wellbeing.
- The rights in UNCRC apply to all CYP of all ages from birth to 18 years and therefore the concept of the evolving capacities of the child must be respected. It is the duty of adults to create environments which cater to a child’s evolving ability to participate.

Service users (parents / carers and young people) are supporting recruitment process and playing an active part in interviews.



“The value of the service users experience with services and the added perspective this brings, provided an invaluable contribution to the interviews” Recruiting Manager

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Accessible and inclusive play for all children. Partnership project with parents / children, Fife Council, Lochore Meadows, PAMIS and Occupational Therapy. A survey was undertaken to capture the views of children with additional support needs (ASN) and their families to discover what could be included in an upgrade to Lochore Meadows play park to make it more accessible and user-friendly for this group of children. 111 families participated in the survey and this is being used to design and plan the new play park which should be open by summer 2023.



Section 8: Objectives for 2022 to 2023

8.1 Children & Young Peoples Nursing Service

- Involving people – Service users, Attention Deficit Hyperactivity Disorder Ambassadors, partnership colleagues
- Transitioning towards a good conversations model – personal outcome approach
- Engagement & Participation of children and young people
- Staff Wellbeing

8.2 School Nursing

- To strengthen partnership working with Health and Social Care Partnership (H&SCP) colleagues to increase awareness of the School Nursing Service to participate in collaborative working to improve health and wellbeing outcomes for the school-age population
- To offer a variety of communication methods for young people to have increased access to the School Nursing Service to access support for their self-identified health and wellbeing needs
- To focus on prevention and early intervention initiatives with an aim to reduce risk taking behaviours and increase positive health outcomes for children and young people

8.3 Health Visiting

- To achieve and maintain the required staffing levels within the service
- To deliver the Universal Health Visiting Pathway to all children’s and families in Fife

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- To utilise skills, mix to its full potential by upskilling non-registered staff to deliver locally relevant early intervention interventions to either groups or individuals
- Continuing to ensure workforce fully trained, with adequate supervision and leadership to support their professional development and contribution to service improvements

8.4 Family Nurse Partnership

- To extend the eligibility criteria for first time mothers, age 21 years and under by 2024.

8.5 Child Protection Team

- Implementation of the new Scottish Government Child Protection Guidance with associated review of existing systems and procedures
- Resuming child protection training following a period of critical function, envisaging a hybrid model moving forward. A vision of a move towards greater access to multiagency training, developing a sense of working in partnership and greater understating of roles and responsibilities
- Resuming planned group supervision sessions with identified health services, reviewing staff groupings for group supervisions based on emerging data, a revisit to a previously paused 1 to 1 Health Visiting supervision pilot
- Review and progression of quality assurance and reporting measures to ensure continued self evaluation
- Continued focus on staff wellbeing with future restorative supervision planned considering compassion fatigue and self-care

8.6 Children & Young People Occupational Therapy

- **Partnership & Integration** - Collaborative working and co production with service users and other partners
- **Access** - Professionals Enquiry Line & Parent / Carer Advice Line. Implementation and embedment of Near Me in clinical practice
- **Engagement & Participation** - Effective Decision Making (EDM). Personal outcomes. Joy@Work
- **Children's Rights** - Use of Talking Mats to elicit child's thoughts, feelings - voice
- **Equity** - Occupational justice – community opportunities and access. Income maximisation. Trauma & mental health informed workforce
- **Early intervention & prevention** - shifting expertise 'upstream' and enabling access

8.7 Infant Mental Health Team

The objectives of the Infant Mental Health Team, until the completion of involvement from the Perinatal and Infant Mental Health Programme Board on 31st March 2023, are:

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- To continue to deliver direct interventions through liaising with professionals working with families where there are infants presenting with emotional difficulties or developmental problems linked to attachments with key care-givers
- To continue to link with wider services from statutory and 3rd sector services to support their work in respect of the emotional wellbeing of infants
- To signpost families to relevant services when direct interventions from the INM service are not required or if there is poor engagement
- To continue to build on linking with the Community Perinatal Mental Health Team and the Maternal Neonatal psychological Intervention team in order to ensure provision of a needs led service with a lens on the infant around the perinatal period
- To establish a base where the team can share learning and progress professional development through being able to have face to face case discussions
- To establish a clinical setting to supplement the clinical bases situated within the Child and Adolescent Mental Health Service

Section 9: Conclusion

Fife's Community Children's Health Services have much to celebrate in what has been a difficult year. The work of staff individually and collectively as teams, across the service, continues to be exemplary. Our services consistently deliver high-quality person-centred care even when working in challenging circumstances. We have seen significant changes in leadership over the last year but the ambition of the service remains to ensure that we drive to improve and further develop the services we deliver.

In line with the principles of The Promise we remain committed to hearing the views and opinions of our children and young people, through participation and engagement work, and use this Voice to ensure we provide a service that their needs and expectations.

Our focus for 2022 will be on ensuring the implementation of the revised Child Protection Guidance and meeting the expectations of The Promise.

We acknowledge there will be many challenges over the coming year as we aim to "build back better" but we are confident that together we can meet these challenges head on and we remain focussed on getting it right for every child, young person and their families living in Fife.

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|-------------------------------|------------------------------------------------------------------|
| Meeting: | Fife NHS Board |
| Meeting Date: | 27 September 2022 |
| Title: | Whistleblowing Annual Performance Report 2021 / 2022 |
| Responsible Executive: | Linda Douglas, Director of Workforce |
| Report Author: | Sandra Raynor, Head of Workforce Resourcing and Relations |

1. Purpose

This is presented to Fife NHS Board Members for:

- Assurance

This report relates to a:

- Government policy / directive
- Legal Requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

As previously advised, with effect from 1 April 2021, all NHS organisations are required to follow the National Whistleblowing Principles and Standards and report on any concerns raised both quarterly and annually.

2.2 Background

This is the first Annual Report provided to Fife NHS Board members, as required by the National Whistleblowing Standards, on whistleblowing concerns received from 1 April 2021 to 31 March 2022. Whilst anonymous concerns do not meet the definition of the standards, as best practice, they are managed in line with the standards and are therefore part of the reporting data.

The report also provides information to Fife NHS Board members on the progress with the implementation of the Standards.

2.3 Assessment

2.3.1 Reporting

As part of on-going engagement with NHS Boards, the Independent National Whistleblowing Officer (INWO) continues to review and evolve best practice on reporting. The issue of quarterly reporting being separate from or incorporated into annual reporting has been noted and the INWO has indicated the intention to seek feedback from across Boards.

In this first year (2021 / 2022) NHS Fife decided to report both quarterly and then annually to allow greater flexibility in developing the format of the annual report in year one of the implementation of the Standards.

Whilst anonymous complaints that could be deemed as whistleblowing are not in scope of the Standards, NHS Fife uses the same approach to deal with these concerns as adopted when dealing with concerns that meet the requirements of the Standard. This allows us to draw out any learnings or service improvements.

The Whistleblowing Annual Performance Report for 2021 / 2022 which details the concerns raised during the reporting period is attached (**Appendix 1**).

2.3.2 Awareness Raising and Training

NHS Fife continues to be committed to supporting staff and creating an environment that promotes their welfare and development. Across the year (2021 / 2022) promotion of training has been maintained to ensure managers are aware of the requirements for handling whistleblowing concerns and staff are aware of how to raise concerns.

Three on-line learning modules, developed by NES, have been promoted in a range of ways (e.g. via a Desktop Banner, the weekly brief and StaffLink). The TURAS Learning modules have also been supplemented with Face-to-Face training for those who work in services that are less enabled or may not access TURAS Learn e.g. Support Services.

We continue to develop awareness raising and promotion of the new standards in line with INWO advice and share / learn from best practice across NHS Health Boards. More recently (and therefore outwith the reporting period for this annual performance report), the INWO has encouraged the use of business as usual processes for handling concerns and making sure routes for speaking up are obvious and easy to access. This remains a focus for work in both Staff and Clinical Governance activity to encourage staff to use internal routes in the first instance which will allow the most effective issue resolution.

2.3.3 Key Performance Indicators

Two whistleblowing concerns were received during quarter four of 2021 / 2022, these instances had not reached a conclusion and therefore remained open in Datix (our incident reporting system) at the time of producing the Annual Performance Report. Consequently, we were unable to report on our performance in relation to the handling of these whistleblowing concerns within the annual report. This data will be reported during 2022 / 2023 via quarterly reports and captured in the Whistleblowing Annual Performance Report for 2022 / 2023.

2.3.4 Lessons Learned / Actions Taken

One of the main aims is to ensure learning is taken from any investigation into and outcomes of whistleblowing concerns being raised and to identify opportunities to improve NHS services.

Managers must record all whistleblowing concerns, in a systematic way so that the concerns data can be analysed to identify themes, trends and patterns and to prepare management reports. By recording and using information in this way, the root causes can be identified, service improvements or training opportunities identified, and action(s) taken.

A focus on the lessons learned will demonstrate that concerns are taken seriously, and that staff are treated well throughout the process.

2.3.5 Quality / Patient Care

Ensuring effective governance oversight is applied across the organisation in terms of any issue of whistleblowing is supportive of enhanced patient care and quality standards.

2.3.6 Workforce

The monitoring of whistleblowing concerns ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Handbook and a culture which supports the appropriate raising and handling of concerns.

2.3.7 Financial

N/A

2.3.8 Risk Assessment / Management

Dealing appropriately with whistleblowing concerns is an important factor in the identification and management of risk and providing appropriate assurance to the NHS Fife Board.

In respect of the implementation of the Standards, there is a risk that if the new Standards are not widely promoted across the organisation, then staff will be unaware of how to raise a concern and consequently the organisation may lose the opportunity for improvement and learning. In order to mitigate this risk, there is on-going communications and training. Work continues in both Staff and Clinical Governance activity to encourage staff to use, as appropriate, other internal processes / procedures in the first instance which will allow the most effective issue resolution nearest the source. It can in some instances be as straight forward as raising the concern with a colleague or line manager to resolve.

2.3.9 Equality and Diversity, including Health Inequalities

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people.

2.3.10 Other Impact

N/A

2.3.11 Communication, Involvement, Engagement and Consultation

Over the course of 2021 / 2022 quarterly reports were prepared for consideration by the Executive Directors Group, Area Partnership Forum, Staff Governance Committee and Fife NHS Board.

The report includes comments provided by the Whistleblowing Champion.

2.3.12 Route to the Meeting

This paper has been shared within the Workforce Senior Leadership team, Executive Directors Group, Area Partnership Forum and Staff Governance Committee and their feedback has informed the development of the content presented in this paper.

2.4 Recommendation

The Whistleblowing Annual Performance Report 2021 / 2022 is provided to Fife NHS Board for **Assurance** and confirms:

- concerns raised in the period 1 April 2021 to 31 March 2022;
- the data on training from 1 April 2021 to 31 March 2022.

3. List of Appendices

The following appendix is included:

Appendix 1 – Whistleblowing Annual Performance Report 2021 / 2022.

Report Contact:

Sandra Raynor
Head of Workforce Resourcing and Relations
E-mail: sandra.raynor@nhs.scot

Whistleblowing Annual Performance Report 2021 / 2022

V2: September 2022

VERSION CONTROL

| | | |
|-----------|---------|--------------------------------------------------------------------------------------------------------------------------------|
| Draft V1 | 30/6/22 | Whistleblowing Annual Performance Report 2021 / 2022 drafted |
| Version 1 | 7/7/22 | Whistleblowing Annual Performance Report 2021 / 2022 |
| Version 2 | 15/9/22 | Whistleblowing Annual Performance Report 2021 / 2022 amended following comments from the Non Executive Whistleblowing Champion |
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1. Whistleblowing Concerns 2021 /2022

1.1 Context

The new role of Independent National Whistleblowing Officer (INWO), undertaken by the Scottish Public Services Ombudsman came into effect on the 1 April 2021. This provides a mechanism for external review of how a Health Board, primary care or independent provider has handled a whistleblowing concern. On the same date, the National Whistleblowing Standards were formally published and the “Once for Scotland” Whistleblowing Policy went live.

The National Whistleblowing Standards (the Standards) set out how all NHS service providers in Scotland must handle concerns that have been raised with them about risks to patient safety and effective service delivery. They apply to all services provided by or on behalf of NHS Scotland and must be accessible to all those working in these services, whether they are directly employed by the NHS or a contracted organisation.

The Standards specify high level principles together with a detailed process for investigating concerns which all NHS organisations in Scotland must follow. Health Boards have particular responsibilities regarding the implementation of the Standards:

- Ensuring that their own whistleblowing procedures and governance arrangements are fully compliant with the Standards.
- Ensuring there are systems in place for primary care providers in their area to report performance data on handling concerns.
- Working with higher education institutions and voluntary organisations to ensure that anyone working to deliver NHS Scotland services (including students, trainees and volunteers) has access to the Standards and knows how to use them to raise concerns.

To comply with the whistleblowing principles for the NHS as defined by the Standards, an effective procedure for raising whistleblowing concerns needs to be *“open, focused on improvement, objective, impartial and fair, accessible, supportive to people who raise a concern and all people involved in the procedure, simple and timely, thorough, proportionate and consistent.”*

A staged process has been developed by the INWO. There are two stages of the process which are for NHS Fife to deliver, and the INWO can act as a final, independent review stage, if required:

- **Stage 1:** Early Resolution – for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action (5 working days).
- **Stage 2:** Investigation – for concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response (20 working days).

The Standards require all NHS Boards to report quarterly and annually and detail information on three key statements:

- Learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns.
- The experience of all those involved in the whistleblowing procedure.
- Staff perceptions, awareness, and training.

1.2 Areas Covered by the Report

Since the go-live of the Standards in April 2021, processes have been put in place in NHS Fife to gather whistleblowing information raised across all NHS services to which the Standards apply.

Within NHS Fife in the Health and Social Care Partnerships (HSCP) any concerns raised about the delivery of a health service by the HSCP are reported and recorded using the same reporting mechanism which is in place for those staff employed by NHS Fife.

The Primary Care Manager has specific responsibilities for concerns raised within and about primary care service provision. Mechanisms are in place to gather information from our primary care contractors and those local contractors who are not part of wider National Procurement contracts managed by NHS National Services Scotland.

1.3 Implementation and Raising Awareness

- NHS Fife in advance of the launch of the standards began raising awareness of the Standards with all staff, which includes managers, via Managers, Staff Side Colleagues, Staff Briefs and Communications on StaffLink.
- Various iterations of papers were presented to the Executive Directors Group, LPFs and APFs outlining implementation plans in the lead up to the standards coming into force.
- A Whistleblowing Champion was appointed to support the implementation of the Whistleblowing Standards.
- NHS Fife is committed to supporting staff and creating an environment that promotes their welfare and development. Two on-line learning modules were made available to managers and staff to help the transition to the new standards. One for staff who need an overview of the Standards, which takes around an hour to complete; and the other for managers, which takes two to three hours to complete. The learning programme for managers is longer and more in-depth. This reflects their extra responsibilities for responding to concerns raised under the Standards for managers. These have been promoted via a Desktop Banner, the weekly brief and StaffLink.
- All managers and staff were encouraged to access the learning programme on the TURAS platform, which will be added to their personal development plan. A certificate of completion was made available for each learning programme to evidence learning and understanding of this across the Board.

- A section on the standards and the required training that has to be undertaken by all staff has been included in our new “welcome and orientation” pages on TURAS Learn and built into Core Training Guidance. In addition, a Whistleblowing hub has been established on StaffLink.
- During April 2022, a third on-line learning module has been launched for Senior Managers who are responsible for recording and reporting of Whistleblowing Concerns. The TURAS Learning modules have also been supplemented with Face-to-Face Training for those who work in services that are less enabled and may not access TURAS Learn e.g. Support Services.
- Quarterly reports on the uptake of the training modules on TURAS are prepared to monitor activity.
- We have also worked closely with our primary care colleagues, raising awareness through their Primary Care Manager. Processes are now in place with each primary care contractor group.

1.4 Our Plans for 2022 / 2023

- We will continue to promote the Standards and how to raise concerns safely within the organisation and develop a systematised approach to sharing learning.
- We want to continue the discussions of the need for further training managers in the skills to undertake a good investigation.
- We will continue to develop our awareness raising and promotion of the new standards in line with INWO advice and best practice sharing across the sector.
- Recent INWO updates have encouraged the use of business as usual processes for handling concerns and making sure routes for speaking up are obvious and easy to access. This remains a focus for work in both Staff and Clinical Governance activity to encourage staff to use internal routes in the first instance which will allow the most effective issue resolution.
- Working with investigators and Executive Directors, we will review learning from the process and share as appropriate across the organisation.
- Undertake a review of the existing Confidential Contacts to gain their views a year into the implementation of the standards and establish areas of improvement and the work required to increase the number of confidential contacts are appropriate.
- Develop a Standard Operating Procedure to deal with anonymous concerns.
- Consider how those who have been involved feedback their experiences and the role of the Whistleblowing Champion within that feedback process.
- We will continue to gather information on barriers to raising concerns and look at way in which these can be addressed.
- We will commence reporting of any local press coverage so we can use this to inform our practice.

1.5 Performance Information 1 April 2021 – 31 March 2022

Under the terms of the Standards, the quarterly performance report must contain information on the:

- Total number of concerns received.
- Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed.
- Concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage.
- Average time in working days for a full response to concerns at each stage of the whistleblowing procedure.
- Number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days.
- Number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1.
- Number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.

1.6 Total Number of Whistleblowing Concerns and Anonymous Concerns

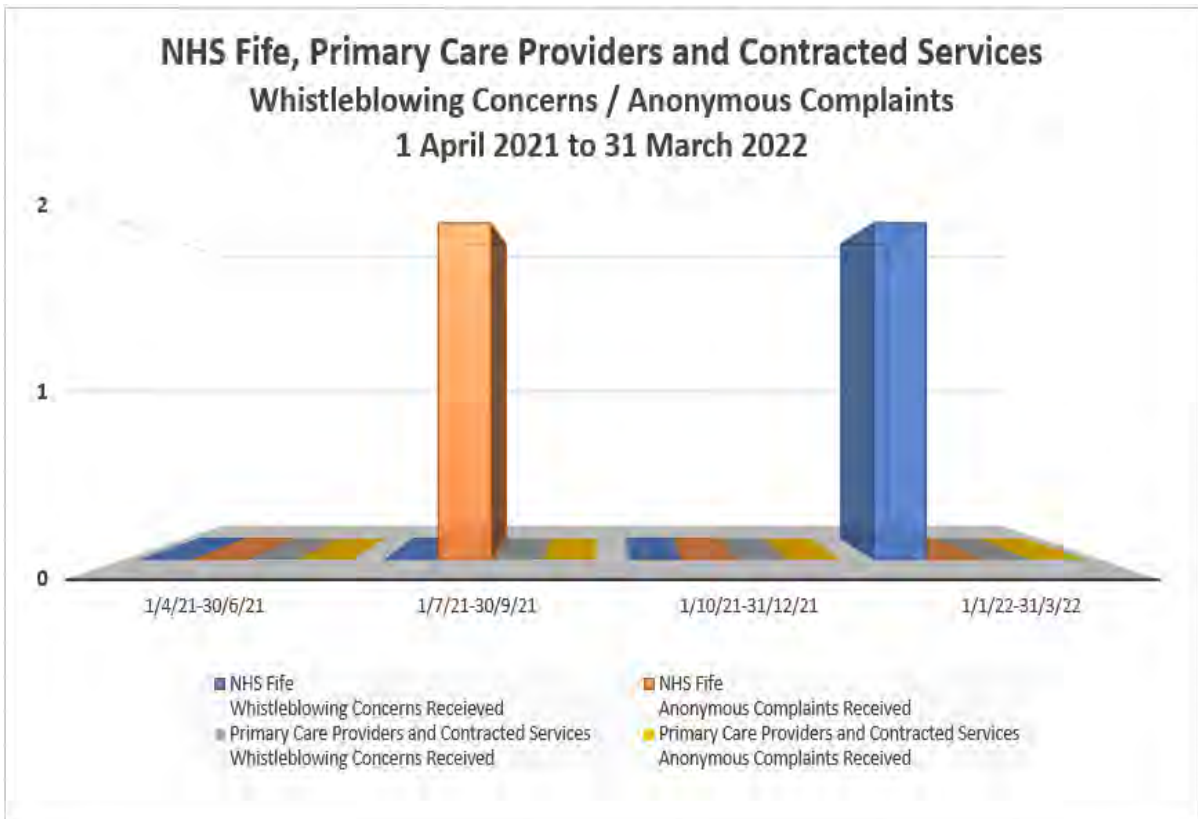
Since the implementation of the Standards (April 2021), NHS Fife have received two whistleblowing concerns during quarter four of the annual reporting period, and none from primary care providers and contracted services, as detailed in the graph below.

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However, good practice is to follow the whistleblowing principles and investigate the concern in line with the Standards, as far as practicable.

NHS Fife has decided that anonymous concerns should be recorded for management information purposes. The definition of an anonymous concern is “a concern which has been shared with the organisation in such a way that nobody knows who provided the information”.

NHS Fife received two anonymous concerns during quarter two of the annual reporting period and none from primary care providers and contracted services, also detailed in the graph below. The anonymous concerns were received within the Acute Services Division and Health and Social Care Partnership and related to Safe Staffing Levels and Appointment Scheduling respectively.

Where appropriate, and applicable, the outcomes from the investigations into anonymous concerns are shared with the service area.



1.7 Concerns Closed at Stage 1 and Stage 2

The two whistleblowing concerns received during quarter four have not yet reached a conclusion and been closed in Datix. Both concerns are being dealt with at Stage 2 of the standards, meaning they require further investigation before a conclusion can be reached. In line with policy, both concerns have had extensions approved for investigation, see additional information at 1.11.

1.8 Concerns Upheld, Partially Upheld and Not Upheld

As previously referenced, the definition of a Stage 1 concern – Early resolution is for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action, within 5 working days.

The definition of a Stage 2 concern – are concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response within 20 working days.

Since the two whistleblowing concerns received during quarter four have not yet reached a conclusion and been closed in Datix, we unable to provide this analysis, but will report this in future reporting.

1.9 The Average Time in Working Days for a Full Response

Again, since the two whistleblowing concerns received during quarter four have not yet reached a conclusion and been closed in Datix, we are unable to provide this analysis.

1.10 Number of Concerns Closed in Full Within Set Timescales

Again, since the two whistleblowing concerns received during quarter four have not yet reached a conclusion and been closed in Datix, we are unable to provide this analysis.

1.11 Concerns Where an Extension Was Authorised

Under the terms of the Standards for both Stage 1 and Stage 2 concerns there is the ability, in some instances, for example staff absence, the number of witnesses involved or difficulty in arranging meetings, to extend the timeframe in which a response is provided. The person raising the concern must be advised that additional time is required, when they can expect a response, and for Stage 2 concerns an update on the progress must be provided every 20 days.

Extensions have been approved for the two whistleblowing concerns received during quarter four. The whistleblowers have been advised of the need to extend the timescales and have been kept up-to-date with the progress of the investigation into their concerns throughout the process.

1.12 Primary Care Contractors

Primary Care Contractors (GP practices, dental practices, optometry practices and community pharmacies) are also covered by the Standards.

The Primary Care Manager wrote to all practices and community pharmacies in March 2021 advising that new National Whistleblowing Standards for the NHS in Scotland would come into force from 1 April 2021. A further letter was circulated providing an update on the requirements for local policies and information on the reporting process as we refined that for contractors.

Each contractor group were also supplied with a dedicated contact within NHS Fife who would help with raising concerns. Primary Care Contractors are required to report in line with the same key performance information as NHS i.e. quarterly reports on number of cases, cases closed etc. In instances where no concerns have been raised within either primary care or other contracted services there is no need to provide a quarterly return to the Board, but annual reports must still be submitted, setting out the concerns that have been raised over the year, or providing an explanation that there have been no concerns raised.

1.13 Learning, Changes or Improvements to Services or Procedures

One of the main aims of the whistleblowing procedure is to ensure learning from the outcome of whistleblowing concerns and to identify opportunities to improve NHS services.

Managers must record all whistleblowing concerns, in a systematic way so that the concerns data can be analysed to identify themes, trends and patterns and to prepare management reports. By recording and using concerns information in this way, the root causes of concerns can be identified and addressed, such as through service improvements or training opportunities.

A focus on the lessons learned will demonstrate that concerns are taken seriously and that staff are treated well through the process.

Due to the low number of concerns received learning, changes or improvements to services are limited, as there is a requirement in the Standards to maintain anonymity. However, learning from concerns is being recorded and shared with relevant management teams and service areas, as appropriate.

System-wide learning, changes or improvements to services can be limited by the need to maintain confidentiality of individual Whistleblowers. For each complaint that is upheld or partially upheld, it is proposed that a documented action plan is put in place to address any shortcomings or apply the identified learning. The action plan is agreed and overseen by the Executive Director responsible for commissioning the investigation under the standards.

It is recognised that there is a need to capture both local and system-wide learning from investigations and processes are being put in place to record this.

Part of the work referred to in section 1.4 is on-going work to allow future learning to be captured. This will include any local or system wide learning identified during the investigation, and the Executive Director commissioning the investigation will also document any additional learning they have identified and agree/advise how best this will be shared and the appropriate forums for sharing.

1.14 Experience of Individuals Raising Concerns

All those who raise concerns are given the opportunity to feedback on their experience of using the Whistleblowing procedure in order that we can learn and make any improvements in our processes as appropriate.

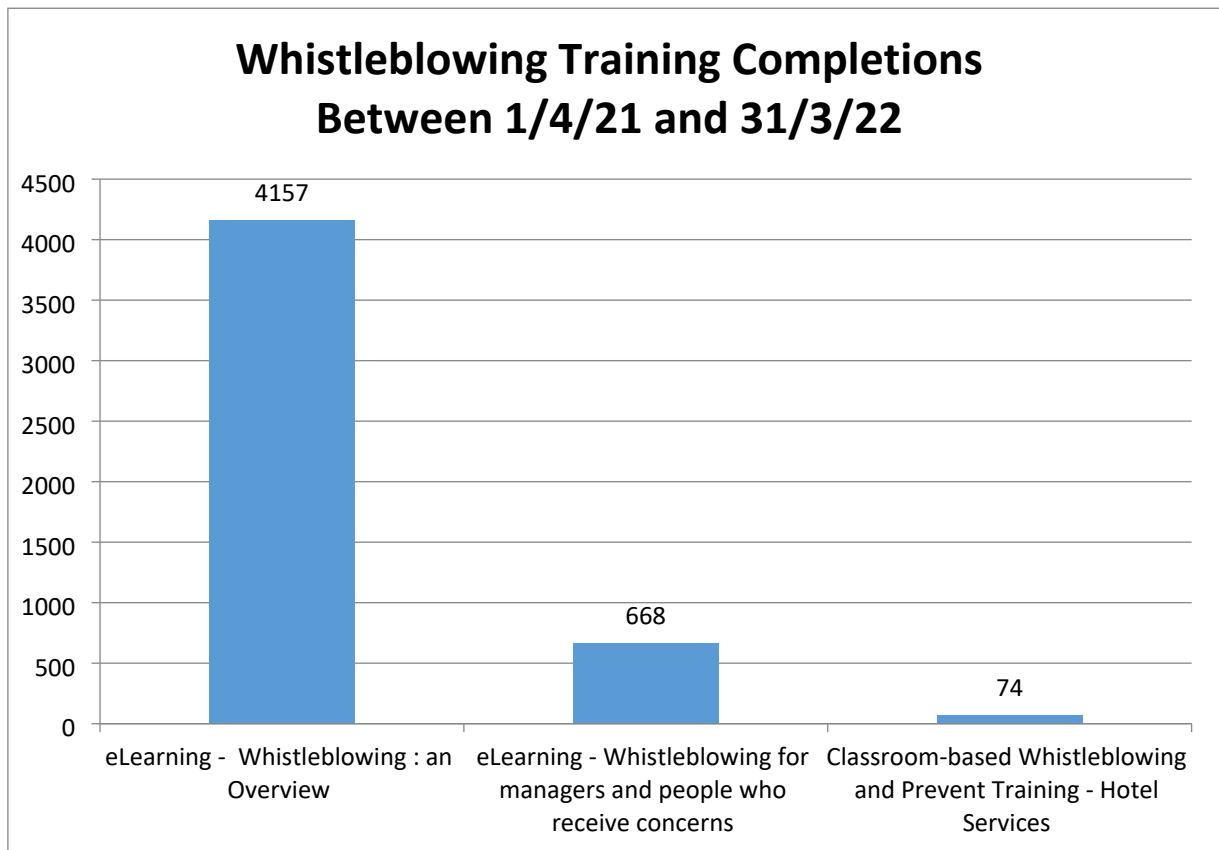
Those raising concerns at Stage 2 will be offered a follow up conversation with the Non Executive Whistleblowing Champion, should they wish to discuss their experience of the process.

1.15 Level of Awareness and Training

Managers and staff guidance have been produced and have been widely publicised. Softer skills and investigation training for those who may be involved in taking or investigating whistleblowing concerns remains under review for work in 2022 / 2023.

We will continue to monitor uptake, effectiveness and appropriateness of training and will review and refine, as required. Communications continue to promote raising concerns in NHS Fife and how this can be done. Through our communications on whistleblowing and how staff can raise concerns in general, we continue to promote the TURAS learning modules.

The training data is summarised below; the data shows all the training that was undertaken between 1 April 2021 and 31 March 2022.



1.16 Whistleblowing Themes, Trends and Patterns During 2021 / 2022

Analysis of the concerns raised by key themes is provided below.

| Theme | Quarter 1 1 April 2021 to 30 June 2021 | Theme | Quarter 2 1 July 2021 to 30 September 2021 |
|-------|----------------------------------------------|------------------------|-----------------------------------------------------|
| | Nil | Safe Staffing Levels | 1 |
| | | Appointment Scheduling | 1 |

| Theme | Quarter 3 1 October 2021 to 31 December 2021 | Theme | Quarter 4 1 January 2022 to 31 March 2022 |
|-------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| | Nil | Adult Protection, Other Clinical Events, Patient Information (Records / Documentation / Tests / Results) | 1 |
| | | Adult Protection | 1 |

1.17 Whistleblowing Concerns and Anonymous Concerns Raised by Division During 2021 / 2022

| Division | Quarter 1 | | Quarter 2 | |
|------------------------------------|-------------------------|--------------------|-------------------------|--------------------|
| | Whistleblowing Concerns | Anonymous Concerns | Whistleblowing Concerns | Anonymous Concerns |
| Acute Services Division | | | | 1 |
| Health and Social Care Partnership | | | | 1 |
| Corporate Directorates | | | | |

| Division | Quarter 3 | | Quarter 4 | |
|------------------------------------|-------------------------|--------------------|-------------------------|--------------------|
| | Whistleblowing Concerns | Anonymous Concerns | Whistleblowing Concerns | Anonymous Concerns |
| Acute Services Division | | | | |
| Health and Social Care Partnership | | | 2 | |
| Corporate Directorates | | | | |

1.18 Comments from Whistleblowing Champion

Ms Kirstie MacDonald is the Whistleblowing Champion and is a Non Executive Member of the NHS Fife Board. Ms MacDonald has offered the following comments relating to whistleblowing work and the implementation of the National Whistleblowing Standards (the Standards) during 2021 / 2022.

The Standards introduced in April 2021 provide a clear framework through which to raise serious concerns, with access to an ombudsman, for any person providing NHS services. The process should be used where other day-to-day routes have failed to provide resolution.

The Standards are part of the greater remit to ensure an open, responsive and learning culture and this is the responsibility of all Board members and senior managers. I am assured that at Board level there is an environment of listening and openness and this needs to trickle down into all NHS Fife services.

NHS Fife quickly implemented all recommendations relating to the new Standards and I would like to acknowledge the great efforts of the lead officer (Head of Workforce Resourcing and Relations) and the Confidential Contact team and thank them for their commitment in what have been very challenging times.

The emergent nature of the processes mean that it is difficult to ascertain how effective these have been, but such an assessment along with Internal Audit feedback will be addressed in future reports, along with lesson learnt in the implementation of the Standards and indeed from cases investigated.

Looking to the year 2022 / 2023 other important developments will include:

- *Supporting Confidential Contacts to ensure availability.*
- *Publication of a single source of information for staff on ALL routes for raising concerns.*
- *Sharing learning and describing improvement work from concerns raised.*

- *Developing a means by which we can analyse staff concerns alongside patient concerns to identify themes and improvement opportunities.*
- *Review of the schedule of reporting to improve timeliness.*

| | |
|-------------------------------|------------------------------------------------------------------|
| Meeting: | Fife NHS Board |
| Meeting Date: | 27 September 2022 |
| Title: | Whistleblowing Quarter 1 Report for 2022 / 2023 |
| Responsible Executive: | Linda Douglas, Director of Workforce |
| Report Author: | Sandra Raynor, Head of Workforce Resourcing and Relations |

1. Purpose

This is presented to Fife NHS Board Members for:

- Assurance

This report relates to a:

- Government policy / directive
- Legal Requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

The National Whistleblowing Standards and Once for Scotland Whistleblowing policy (the Standards) were introduced on 1 April 2021.

The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage record and report whistleblowing concerns.

The Standards also require that Boards publish an Annual Report, setting out performance in handling whistleblowing concerns. The annual report will summarise and build on the quarterly reports produced by the Board.

2.2 Background

This report is to provide Area Partnership Forum members with an update on whistleblowing and anonymous concerns for the reporting period 1 April 2022 to 30 June 2022, to provide an assurance on awareness raising of the standards and data on the training modules undertaken between 1 April 2022 to 30 June 2022.

2.3 Assessment

Whistleblowing Concerns Reporting

The first quarterly report for 2022 / 2023 on the Standards covers the reporting period 1 April 2022 to 30 June 2022. During this period, there were no whistleblowing concerns reported within NHS Fife and none from primary care providers and contracted services.

Anonymous Concerns Reporting

NHS Fife received no anonymous concerns during the first quarter reporting period.

Local Press Coverage

We are cognisant of what has been reported in local press coverage and how this informs our practice, therefore, we intend to report quarterly on any press coverage. During Quarter 1, one Whistleblowing article was published in the local newspaper, which was responded to by the Director of Nursing.

Awareness Raising and Training

As previously reported, NHS Fife is committed to supporting staff and creating an environment that promotes their welfare and development. Three on-line learning modules were developed by NES, and these have been promoted via a Desktop Banner, the weekly brief and Stafflink. The TURAS Learning modules have also been supplemented with Face-to-Face Training for those who work in services that are less enabled and may not access TURAS Learn e.g. Hotel Services.

We continue to develop our awareness raising and promotion of the new standards in line with INWO advice and best practice sharing across the sector. Recent INWO updates have encouraged the use of business as usual processes for handling concerns and making sure routes for speaking up are obvious and easy to access. This remains a focus for work in both Staff and Clinical Governance activity to encourage staff to use internal routes in the first instance which will allow the most effective issue resolution. The training data between 1 April 2022 and 30 June 2022, is summarised within Appendix 1.

The Quarter 1 data report is attached at Appendix 1, for information.

2.3.1 Quality / Patient Care

Procedures for raising concerns should provide good-quality outcomes through a thorough but proportionate investigation. The approach to handling whistleblowing concerns ensures that learning and improvement is progressed for upheld whistleblowing concerns and are shared across all relevant services.

2.3.2 Workforce

The monitoring of whistleblowing concerns ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Handbook and a culture which supports the appropriate raising and handling of concerns.

The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through

our organisational Values of Care and Compassion, Dignity and Respect, Openness, Honesty and Transparency and Quality and teamwork. These standards support our commitment to making a positive contribution to organisational change. In order to maintain a healthy work environment, we believe that staff need to be empowered to speak up without fear, confident in the knowledge that their voices will be heard and taken into consideration. Our organisational values of openness, honesty, and transparency are used to achieve this goal.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

Dealing appropriately with whistleblowing or anonymous concerns are an important factor in the identification and management of risk and providing appropriate assurance to the Fife NHS Board.

If staff do not have confidence in the fairness of the procedures through which their concerns are raised, or do not feel assured that concerns raised will be acted upon, there is a risk that they will not raise valid concerns about quality, safety or malpractice. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety and effectiveness of services.

2.3.5 Equality and Diversity, including Health Inequalities

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people.

2.3.6 Other Impact

The delivery of an effective process for whistleblowing concerns will support the Board's commitment to safe, effective and person-centred care.

Creating compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect.

2.3.7 Communication, Involvement, Engagement and Consultation

Over the course of 2022 / 2023 quarterly reports will be prepared for consideration by the Executive Directors Group, Area Partnership Forum, Staff Governance Committee and NHS Fife Board.

2.3.8 Route to the Meeting

The Whistleblowing Standards have previously been considered through standard governance routes and the Quarter 1 report has been shared with Executive Directors Group, Area Partnership Forum and Staff Governance Committee.

2.4 Recommendation

This paper is provided to Fife NHS Board members for **Assurance** and confirms:

- the data for the first quarter of 2022 / 2023, i.e., 1 April 2022 to 30 June 2022. No whistleblowing concerns were received, and no anonymous concerns were received;
- one Whistleblowing article was published in the local newspapers during Quarter 1.
- the data on training from 1 April 2022 to 30 June 2022.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Whistleblowing Concerns Raised, Anonymous Concerns Raised, and Whistleblowing Training undertaken during Quarter 1 (1 April 2022 to 30 June 2022)

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Appendix 1 – Whistleblowing, Anonymous Concerns Raised and Whistleblowing Training undertaken during Quarter 1: 1 April 2022 to 30 June 2022)

1. Introduction

This report provides details of Whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Fife. This report will demonstrate our performance in the national key indicators, as required by the INWO, and includes key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes. Over time, this approach will illustrate trends, and more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

2. Whistleblowing Concerns Received During Quarter 1

There were no Whistleblowing concerns received during Quarter 1:

| Theme | Quarter 1 1 April 2022 to 30 June 2022 | Theme | Quarter 2 1 July 2022 to 30 September 2022 |
|-------|----------------------------------------------|-------|--------------------------------------------------|
| | Nil | | |

| Theme | Quarter 3 1 October 2022 to 31 December 2022 | Theme | Quarter 4 1 January 2023 to 31 March 2023 |
|-------|----------------------------------------------------|-------|-------------------------------------------------|
| | | | |

3. Anonymous Concerns Received During Quarter 1

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However, good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable. NHS Fife has decided that anonymous concerns should be recorded for management information purposes. The definition of an anonymous concern is “a concern which has been shared with the organisation in such a way that nobody knows who provided the information”.

There were no Anonymous concerns received during Quarter 1:

| Theme | Quarter 1 1 April 2022 to 30 June 2022 | Theme | Quarter 2 1 July 2022 to 30 September 2022 |
|-------|----------------------------------------------|-------|--------------------------------------------------|
| | Nil | | |

| Theme | Quarter 3 1 October 2022 to 31 December 2022 | Theme | Quarter 4 1 January 2023 to 31 March 2023 |
|-------|----------------------------------------------------|-------|-------------------------------------------------|
| | | | |

4. Learning, Changes or Improvements to Service or Procedures

Learning / improvement or actions plans will be developed as investigations into concerns lodged are concluded.

5. Experience of Individuals Raising Concerns

This section reports the experiences of all those involved in the whistleblowing procedure (where this can be provided without compromising confidentiality). A process to gather feedback from those involved in the whistleblowing process is being considered and will reflect the need for confidentiality of those raising concerns.

6. Whistleblowing Themes, Trends and Patterns

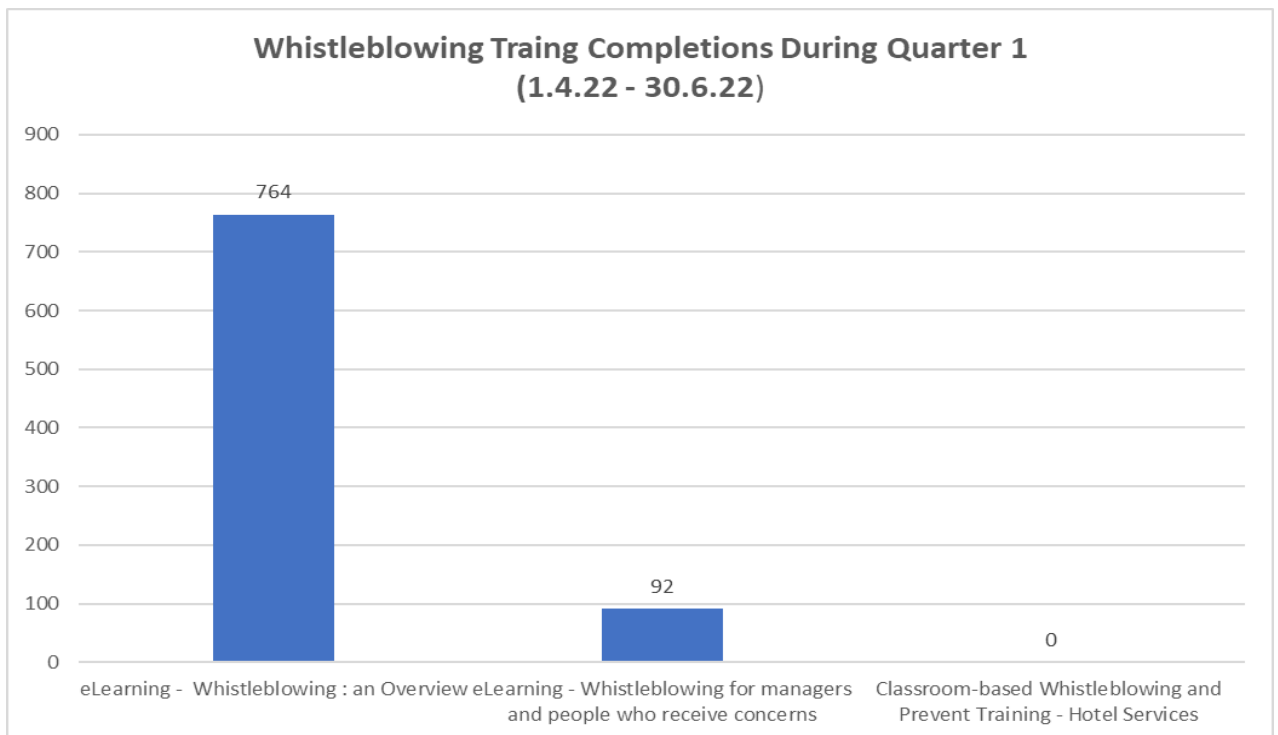
This section provides information on themes from whistleblowing concerns being raised and will aid identification of any shared root causes, and to progress learning and improvement in a targeted manner.

7. Independent National Whistleblowing Officer Referrals and Investigations

A clear indicator of the satisfaction of those who raise concerns can be derived from the number of concerns that are escalated to the Independent National Whistleblowing Officer (INWO). At this current time, there have been no referrals to the INWO that NHS Fife have been made aware of.

8. Whistleblowing Training Data

The training data is summarised below for all the training that was undertaken between during Quarter 1 (1 April 2022 to 30 June 2022):



AUDIT & RISK COMMITTEE
(Meeting on 12 September 2022)

No issues were raised for escalation to the Board.

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON MONDAY 12 SEPTEMBER 2022 AT 2PM VIA MS TEAMS

Present:

M Black, Non-Executive Member (Chair)
D Graham, Non-Executive Member
A Grant, Non-Executive Member
A Lawrie, Non-Executive Member
K MacDonald, Non-Executive Member

In Attendance:

K Booth, Head of Financial Services & Procurement
A Brown, Principal Auditor (*deputising for B Hudson*)
C Brown, External Auditor (Azets)
G Couser, Associate Director of Quality & Clinical Governance
P Cumming, Risk Manager
T Gaskin, Chief Internal Auditor
G MacIntosh, Head of Corporate Governance & Board Secretary
M McGurk, Director of Finance & Strategy
H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

A welcome was extended to C Brown, the Board's new External Auditor from Azets, who is attending his first meeting of the Audit & Risk Committee.

A welcome was also extended to Cllr David Graham, who has been re-appointed to the Audit & Risk Committee, and he was welcomed to his first meeting of his new term.

The Chair congratulated A Grant, who has been appointed as Chair of the Audit & Risk Committee with effect from 1 October 2022.

1. Apologies for Absence

Apologies were received from attendees B Hudson (Regional Audit Manager) and C Potter (Chief Executive).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 29 July 2022

The minute of the last meeting was **agreed** as an accurate record.

4. Action List / Matters Arising

The Audit & Risk Committee **noted** the updates provided and the closed items on the Action List.

Action 1: National Risk Management System

The Risk Manager reported that an update was received from National Procurement via the Health Improvement Scotland Adverse Events Network, advising that a tendering process is underway with a view to procuring a Once for Scotland digital system. The system will include risk management and adverse events modules. The timeframe for the outcome of the tendering process is October 2022, with evaluation in November 2022 and the preferred supplier to be agreed in December 2022. All NHSS Boards will have the option to procure the preferred system or go forward on an individual basis.

The Chief Internal Auditor questioned why it was decided to link both the adverse events SAR system and the Datix Cloud IQ system. It was also questioned who defines the criteria and decides on the specification. The Risk Manager confirmed that the system will not be exclusive for adverse events, and that the notification received was via that route. It was advised the specification that was presented to the companies was not shared with the NHS Boards.

The Associate Director of Quality & Clinical Governance added that our preference is to procure a system that supports our ability to implement a quality management system, in which risk management, adverse events and other areas would be contained. The Associate Director of Quality & Clinical Governance, recommended waiting on the outcome of the tender process and, at that point, the Board can make an assessment and confirm whether the selected system meets our requirements.

The Chair questioned if the national risk management system will link in with systems used in Fife Council and the Health & Social Care Partnership, given that risks can sit across partners. The Associate Director of Quality & Clinical Governance advised that this can be raised during national discussions.

5. Introduction from Azets External Auditors

C Brown, External Auditor, delivered a short presentation as an introduction to Azets, who are now providing external audit services to the Board.

The Director of Finance & Strategy highlighted that Azets' values are closely aligned to the values within NHS Fife.

The presentation will be shared with the Committee.

Action: Board Committee Support Officer

6. GOVERNANCE MATTERS

6.1 Proposed Audit & Risk Committee Meeting Dates 2023/24

It was agreed to change the proposed June 2023 to a slightly later date that month, due to the likely timing of the Annual Accounts process. The Committee **approved** the proposed Committee meeting dates for 2023/24, subject to the amendment of the June 2023 date.

D Graham, Non-Executive Member, thanked the team for rescheduling the remaining 2022/23 meetings to accommodate his diary.

7. RISK

7.1 Board Assurance Framework (BAF)

The Risk Manager reported on the current position of the BAF, and advised that the BAF, in its current format, is coming to the Committee for the last time and this will be replaced by the new Corporate Risk Register going forward. The paper that will be presented to the next Committee meeting will outline the transition process and strategic risks proposed for inclusion in the Corporate Risk Register.

The Risk Manager highlighted that the risk in relation to the Integrated Joint Board has now been closed.

The Committee took **assurance** from the update on the BAF and from the approach to transitioning from the BAF to the new Corporate Risk Register.

7.2 Draft Corporate Risk Register & Dashboard

The Director of Finance & Strategy provided background information and advised that the new draft Corporate Risk Register, has been considered by all Governance Committees during September.

The Director of Finance & Strategy advised that the paper presents a new Strategic Risk Profile (annex 1), which will allow Governance Committees and the Board to be sighted on the overall risk profile of the organisation. It was reported the strategic level risks have been mapped across to our four key strategic priorities, and the risk appetite levels for each of the four key strategic priorities is also highlighted. It was noted the revised risk appetite was agreed by the Board recently. It was advised that detailed scrutiny and deep dive areas will be identified as the new process embeds.

The Director of Finance & Strategy advised that 18 strategic risks have been identified within the Corporate Risk Register, detailed at annex 2. It was noted that the 18 risks have been given an indicative risk level. It was advised that the risk mitigations are described at a high level.

It was reported that the Draft Corporate Risk Register had been presented to the Public Health & Wellbeing Committee, Staff Governance Committee and Clinical Governance Committee, with positive feedback received and further enhancements suggested. The Draft Corporate Risk Register will also be con the Finance, Performance & Resources Committee at the September meeting.

Feedback was requested from the Audit & Risk Committee on whether the 18 strategic risks identified are the key challenges and risks that the organisation is facing.

The External Auditor noted that articulating strategic risks and mitigating actions is a difficult task for all NHSS Health Boards, due to the various inherent risks associated with delivering healthcare. He also noted it can be difficult to distinguish between objectives within the organisation and the risks, and what are currently issues and the risks those issues present to the delivery of the objectives.

The External Auditor highlighted there are strengths in the current BAF, which distinguishes between current mitigation actions and action plans. He questioned if this would be carried forward to the new dashboard, and if future plans with actions would also be included. The Director of Finance & Strategy explained a presentation is being created of corporate risks that allows meaningful discussion, supported by more detailed information. It was advised there will be operational risk registers linked to the corporate risk register that will have significant levels of detail in terms of current and future plans. It was noted operational level risks can be escalated to strategic level, and vice versa, if required. In terms of mitigation planning, the Director of Finance & Strategy agreed to explore how this can be captured.

K MacDonald, Non-Executive Member, questioned where changes, improvements, outcomes and mitigations will be reflected. The Director of Finance & Strategy advised that currently there is risk level trend which will indicate how the risk profile has moved between the reporting period and previous period.

K MacDonald, Non-Executive Member, also questioned if there will be changes to some of the narrative within the Integrated Performance & Resources Committee. The Director of Finance & Strategy reported it is intended to clearly identify the connection and link between strategic level risks and performance, and that the presentation of this information requires further work.

The Associate Director of Quality & Clinical Governance advised that a Risk & Opportunities Group has been formed, with the first meeting scheduled for 14 September 2022. They will carry out detailed scrutiny and challenge the Corporate Risk Register before consideration at EDG and Committee level. The Group will also try and identify any new potential risks. The Committee will be provided with an update from the first meeting of the Group, along with a draft Terms of Reference for consideration and review.

K MacDonald, Non-Executive Member, questioned if staff identify risks which prevent them reaching objectives and goals, how will these risks be escalated through the governance process and through to the Corporate Risk Register, if appropriate. The Director of Finance & Strategy advised that through existing operational teams and senior leadership teams, these risks would be considered for the operational risk register, and depending on the severity, the Risk & Opportunities Group may request these risks are escalated to the Corporate Risk Register.

The Chair queried if there would be a Committee Development Session arranged for Committee members to receive training on the Corporate Risk Register. The Director of Finance & Strategy advised a Development Session would benefit members who could

have an overview of the Corporate Risk Register in practice and an oversight into the detail that will be retained, for assurance.

Action: Board Committee Support Officer

The Chair asked who would identify the deep dives into deteriorating risks. The Director of Finance & Strategy advised that the Executive Team carry out active risk management on a daily basis and would propose deep dives. It was noted that the Board has primary responsibility to review the information presented to them and instruct, as appropriate, deep dives into specific risks. The External Auditor highlighted that Governance Committees have responsibility for risks within their own areas. The Chief Internal Auditor agreed to share the Committee Assurance Principles with the External Auditor.

Action: Chief Internal Auditor

A Grant, Non-Executive Member, commended the improvements made in the revised format of the new Corporate Risk Register, welcoming its clarity.

The Committee took **assurance** from the work to date on developing the Corporate Risk Register and Dashboard reporting.

7.3 Risk Management Improvement Programme – Progress Report

The Risk Manager spoke to the report.

The Committee took **assurance** from this update on the Risk Management Improvement Programme.

8. GOVERNANCE – INTERNAL AUDIT

8.1 Internal Audit Progress Report 2021/22

The Principal Auditor advised that the progress report details activity on the internal audit plan, and it was noted Appendix A provides the status of all remaining reviews since June 2022. The Principal Auditor also advised that fieldwork is progressing on the 2022/23 plan.

The Committee took **assurance** from the progress on the delivery of the Internal Audit Plans.

8.2 Internal Audit – Follow Up Report on Audit Recommendations 2021/22

The Principal Auditor spoke to the paper.

The Committee took **assurance** of the current status of Internal Audit recommendations recorded within the Audit Follow-Up system.

8.3 Internal Audit Review of Property Transactions Report 2021/22

The Principal Auditor provided an overview on the audit opinion for the property transactions concluded in 2021/22, as detailed in the report. It was noted checklists

were provided to the Property Department and it is expected these checklists will be used to improve certain areas which have been raised previously regarding the timing of transaction sign-offs, and other minor areas.

The Committee took **assurance** from the report.

8.4 Internal Audit Service - External Quality Assessment (5 yearly)

The Chief Internal Auditor spoke to the paper and advised that NHS Fife scored well in the external quality assessment and that there were no major findings of concern. It was noted that internal assessments continue to be carried out.

The Committee noted the **assurance** provided within the FTF Self-Assessment.

8.5 Fife IJB Draft Internal Audit Joint Working and Reporting Protocol

The Chief Internal Auditor spoke to the paper and welcomed comments on the standard report format to be used for all IJB Internal Audit Reports.

The Board Secretary highlighted the difference in timelines between Fife Council and NHS Fife in terms of the Annual Accounts process, which can sometimes cause issues around the availability of information. The Chief Internal Auditor advised that steps have been taken to ensure information is received timeously for the following year.

The Committee **approved** the draft Internal Audit Joint Working and Reporting Protocol.

9 FOR ASSURANCE

9.1 Losses & Special Payments Quarter 1

The Head of Financial Services & Procurement advised that the number of losses and special payments were of a similar level in comparison to the previous 12 months. An increase in costs was reported and it was noted that this is in comparison to quarter 4 of the previous year, which was an outlier in terms of being historically low.

The Head of Financial Services & Procurement provided assurance and confirmed that a series of local reviews are carried out for adverse events and follow both local and national guidance to ensure that learning is taken and this reduces the risk of the Board being exposed to similar future claims.

The Committee took **assurance** from the report.

9.2 Audit Scotland Technical Bulletin 2022/2

The Head of Financial Services & Procurement advised that the bulletins provides support to Auditors in the public sector, cover any ongoing technical accounting developments and provides information on any ongoing professional matters. It was advised that the current iteration of the Bulletin primarily focuses on annual account matters. The bulletin will be presented to this Committee on a quarterly basis.

The Committee took **assurance** from the Audit Scotland Technical Bulletin 2022/2.

9.3 Delivery of Annual Workplan

The Board Secretary presented the annual workplan, noting that the Risk Management Key Performance Indicators (KPIs) 2021/22 has been deferred until work on the risk management framework has concluded. The Risk Manager provided an update on this item and advised that it is proposed the Risk Management KPIs will be discussed through the Risk & Opportunities Group, with an update on the position to the next Audit & Risk Committee meeting in December 2022.

Action: Risk Manager

The Committee **approved** the tracked workplan.

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no issues to highlight to the Board.

11. ANY OTHER BUSINESS

11.1 Audit & Risk Committee Chair

The Director of Finance & Strategy, on behalf of the Chief Executive, the finance team and Committee members, warmly thanked M Black for all his support during his term as Chair of the Audit & Risk Committee, and he was wished well for the future.

Date of Next Meeting: Monday 5 December 2022 at 2pm via MS Teams

CLINICAL GOVERNANCE COMMITTEE

(Meeting on 2 September 2022)

No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 2 SEPTEMBER 2022 AT 10AM VIA MS TEAMS

Present:

| | |
|----------------------------------------------------|------------------------------------------------|
| C Cooper, Non-Executive Member (Chair) | A Wood, Non-Executive Member |
| M Black, Non-Executive Member | S Fevre, Area Partnership Forum Representative |
| S Braiden, Non-Executive Member | J Owens, Director of Nursing |
| A Haston, Non-Executive Member | C McKenna, Medical Director |
| K MacDonald, Non-Executive Whistleblowing Champion | C Potter, Chief Executive |

In Attendance:

L Barker, Associate Director of Nursing (*deputising for N Connor*)
L Campbell, Associate Director of Nursing
P Cumming, Risk Manager (*item 7 only*)
C Dobson, Director of Acute Services
A Graham, Associate Director of Digital & Information
B Hannan, Director of Pharmacy & Medicines
G MacIntosh, Head of Corporate Governance & Board Secretary
M McGurk, Director of Finance & Strategy
E O'Keefe, Deputy Director of Public Health (*deputising for J Tomlinson*)
H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and extended a welcome to A Haston, Non-Executive Member, who is joining her first meeting of the Clinical Governance Committee following her recent appointment to the Board.

The Chair recognised the dedication of our staff and volunteers and thanked them for their ongoing hard work and effort.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

1. Apologies for Absence

Apologies were noted from members A Lawrie (Area Clinical Forum Representative) and J Tomlinson (Director of Public Health), plus attendees N Connor (Director of Health & Social Care), S Fraser (Associate Director of Planning & Performance), G Couser (Associate Director of Quality & Clinical Governance), J Morrice (Associate Medical Director, Women & Children's Services), E Muir (Clinical Effectiveness Manager) and M Wood (Interim Associate Medical Director for Surgery, Medicine & Diagnostics).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on 1 July 2022

The Committee formally **approved** the minutes of the previous meeting.

4. Matters Arising / Action List

The Committee **noted** the updates and also the closed items on the Action List.

Emergency / Resilience Planning

A Wood, Non-Executive Member, noted that the NHS Fife Resilience Forum is still referred to in the Clinical Governance Committee Terms of Reference and requested clarity that either resilience is reported through the Executive Directors' Group straight to the Board or if there is a requirement to report through the Clinical Governance Committee. The Board Secretary advised that a proposal is shortly going to the Executive Directors' Group that the Resilience Forum continues to report formally into the Clinical Governance Committee and that the Committee receives an Annual Assurance Report, similar to the existing assurance reports from the Committee's sub-groups. The Resilience Forum minutes will also be supplied to the Committee on a quarterly basis. This will shortly be reflected in the Committee's workplan once reporting dates have been agreed. No change is therefore proposed to the Committee's Terms of Reference.

Integrated Performance & Quality Report: Actions 1 - 3

It was agreed the Medical Director would address actions 1 – 2 outwith the meeting with A Wood, Non-Executive Member, and action 3 outwith the meeting with the Director of Public Health.

Action: Medical Director

Addiction Services in Fife: Action 5

The Medical Director advised that the governance route for Addiction Services is largely through the Clinical & Care Governance Committee (now the Quality & Communities Committee) which feeds into the Integration Joint Board. It was noted that Addiction Services could be a topic for a Committee Development Session. Following a statement from M Black, Non-Executive Member, regarding addiction being also a mental health issue, the Medical Director confirmed that Mental Health staff work in Addiction Services. L Campbell, Associate Director of Nursing, advised that an Integration Joint Board Development Session took place recently and there was a presentation on Mental Health Services, and it had been noted at the session a further discussion is required on where Addiction Services sits within Mental Health. L Campbell agreed to liaise with the team regarding presenting at a future Committee Development Session.

Action: L Campbell, Associate Director of Nursing / Board Committee Support Officer

The Action List will be updated accordingly.

5. ACTIVE OR EMERGING ISSUES:

5.1 Covid-19

The Medical Director provided a verbal update and advised that the situation with managing the number of Covid-19 cases has improved.

The Medical Director advised of the potential consequences of the energy price crisis and noted that this is an emerging issue throughout the Winter that could impact on patient demand. It was reported that NHS Fife will be prepared for all scenarios, however it is expected to be challenging.

The Committee took **assurance** from the update.

6. GOVERNANCE MATTERS

6.1 Annual Statement of Assurance for Clinical Governance Oversight Group

The Medical Director advised that the Annual Statement of Assurance for the Clinical Governance Oversight Group is being provided to the Committee for the first time. The Statement sets out the range of activities from the Clinical Governance Oversight Group over the previous year.

A Wood, Non-Executive Member, praised the report and requested more detail on the clinical effectiveness agenda and other key indicators, such as the quality indicator profile for mental health, stroke standards and the Scottish intensive care elements. A Wood noted that assurance to the Committee needs considered in terms of the scope and breadth of this work, along with the Scottish programmes of work around governance issues such as maternity & children and mental health.

The Medical Director reported that careful consideration is required on areas for escalation to this Committee and advised that there are other governance routes to consider, with some of the areas mentioned sitting within the Acute Services Clinical Governance Committee. It was noted minutes of these meetings are shared with this Committee, however if the Committee is unable to take assurance from the minutes, then consideration is required on the level and detail of information that would be provided. It was agreed a further discussion on governance escalation and alignment will take place outwith the meeting between the Medical Director and A Wood, Non-Executive Member.

Action: Medical Director

The Chair queried the level of absence from key attendees at meetings, given the importance of the Group. The Medical Director noted that there had been some issues with attendance at meetings, which was due to the pressures of the pandemic, and that going forward it is expected attendance levels will improve.

The Committee took **assurance** from the Annual Statement of Assurance.

6.2 Board Assurance Framework (BAF) - Quality and Safety

The Medical Director advised that the BAF, in its current format, will be replaced by the new Corporate Risk Register going forward. The Medical Director advised that there were no significant changes to the BAF from the last presentation to the Committee.

A Wood, Non-Executive Member, highlighted the audit trail and questioned the checks and balances that will be put in place for the transition of moving to the new Corporate Risk Register, to ensure that there are no losses of information. The Director of Finance & Strategy advised that the majority of the detail associated with the BAF will remain in the system, and that the new Corporate Risk Register will present the same information in an alternative and focussed way, to allow more meaningful discussions and deep dives. Assurance was provided that the Chief Internal Auditor has been working closely with the team on the development of the new Corporate Risk Register, to provide scrutiny and challenge.

The Committee **considered** the questions set out and **approved** the updated quality and safety component of the BAF.

6.3 Board Assurance Framework (BAF) - Strategic Planning

The Director of Finance & Strategy advised that the moderate level of risk has not changed. Within the Corporate Risk Register, the description of the risk has been changed to reflect the effectiveness and delivery of the strategy.

The Committee **approved** the current position in relation to the Strategic Planning risk.

6.4 Board Assurance Framework (BAF) - Digital and Information

The Associate Director of Digital & Information advised that the Cyber Resilience Risk has been added as a linked risk and is aligned with the four objectives of the Cyber Resilience Framework.

A Wood, Non-Executive Member, queried the associated risk for Laboratory Information Management System (LIMS), noting it was not visible on the BAF, despite recent Board-level discussions on this issue. The Associate Director of Digital & Information advised that the risk is currently sitting within the operational area of Digital & Information, and consideration will be given to including it within the Corporate Risk Register.

Following a question from the Chair on the financial position, the Associate Director of Digital & Information advised of an improved position, noting that the ongoing demand for digital investment still needs to be confirmed. It was also advised that the decision on demand is linked to the outcomes of the Public Health & Wellbeing Strategy development work and the engagement that is being carried will inform that decision.

The Committee **noted** the content and current assessment of the Digital & Information BAF for **assurance**. The BAF's current risk level has been assessed as High, with the target score remaining moderate.

7. RISK

7.1 Corporate Risk Register

The Director of Finance & Strategy advised that the paper is being presented to all the Governance Committees at their September meetings, for onward submission to the full Board on 27 September 2022.

The Director of Finance & Strategy provided background detail and advised that the main focus of the new Corporate Risk Register was the presentation, opportunity for scrutiny and consequential impacts of the risks.

An explanation was provided on the 'Strategic Risk Profile' and 'Risk Improvement Trajectory & Deep Dive into deteriorating risks' graphics, at annex 1. It was advised that detailed scrutiny and deep dive areas will be identified. It is proposed that there is also a high-level summary statement, which would be drafted on behalf of the Chief Executive and would form part of the Chief Executive's key message on the overall position. The Director of Finance & Strategy noted that for deep dives identified, the Executive Lead would be expected to present on the risk and mitigations. It was reported that at the recent Board Development Session, a deep dive was carried out on cyber resilience. It was noted formal reporting outcomes of deep dives, and any potential changes in terms of risk levels, is under consideration.

It was advised that an operational Risk & Opportunities Group has been formed, with positive engagement, and they will carry out detailed scrutiny and challenge the Corporate Risk Register before consideration at Committee level.

The Director of Finance & Strategy advised that the next iteration of the Corporate Risk Register will include the previous risk profile to identify the movement between reporting periods.

The Director of Finance & Strategy advised that 18 strategic risks have been identified within the Corporate Risk Register, detailed at annex 2. It was noted that the 18 risks are at strategic or corporate level, and that the Board need to be assured risks are being managed at an operational level. Feedback was requested from the Committee on whether the 18 strategic risks identified are the key challenges and risks that the organisation is facing. It was also questioned if the description of the risks has improved and if there is anything missing that should be included.

The Medical Director noted that the some of the risks are significant and broad, and questioned if the 'Risk Owner' is the correct term. The Director of Finance & Strategy advised that all the risks relate to corporate objectives, which have a designated Executive Lead, and that this has been replicated in the Corporate Risk Register. It was noted agreement can be made on the overall lead for the risks, if required.

A Wood, Non-Executive Member, commended the work and the concept of the deep dives. She highlighted that 10 of the 18 risks sit with the Clinical Governance Committee and requested that all risks are reviewed to ensure an appropriate spread across the Board's governance structure. A Wood also noted consideration will need to be given to the risks that sit in other areas in terms of the clinical governance aspects. The Director of Finance & Strategy advised that there are a number of risks

that are being proposed to sit within the Clinical Governance Committee and that the Finance, Performance & Resources Committee also have a locus on these risks. It was agreed to review and discuss further at the Executive Directors' Group, with a view to concluding before the Corporate Risk Register is presented to the September Board meeting.

Action: Director of Finance & Strategy

S Fevre, Area Partnership Forum Representative, offered to provide some comments regarding the 'Whole System Capacity' risk, which was welcomed.

Action: Area Partnership Forum Representative

Following a question from the Chair, the Director of Finance & Strategy advised that the Committee should be aware that risks need to be identified in the context that is currently being operated in as a Clinical Governance Committee. It was also advised that the Committees and Board members should be aware that we have a risk around the delivery of a balanced in-year financial position. It was noted that there should be no risks on the Corporate Risk Register that the Committee have not had sight of.

The Committee thanked all involved for their hard work in the development of the Corporate Risk Register.

The Committee took **assurance** from the work to date on developing the Corporate Risk Register and Dashboard reporting.

7.2 Development of Assistant Practitioner Role

The Director of Nursing spoke to the paper. It was advised that a Board Development Session took place on 31 August 2022, and the development of the Assistant Practitioner role was discussed. This item has also been discussed at the recent Staff Governance Committee and will also be discussed at the Finance, Performance & Resources Committee at their September meeting.

Following a question from A Wood, Non-Executive Member, the Director of Nursing confirmed that Band 5 roles will not be replaced by Band 4 roles. There will be opportunity for Band 4 Assistant Practitioners to carry out training and progress to become Registrants. It was noted there has been a significant drop, compared to the previous year, in the number of people applying to become Registrants.

The Director of Finance & Strategy advised more detailed discussions around the financial framework is required through the Finance, Performance & Resources Committee. Assurance was provided that the budget available for Band 5 staff will be maintained at a level which allows all possible recruitment. It was noted agency work is not always the most effective way to recruit staff.

The Chief Executive noted that the focus for the development of the Assistant Practitioner role will change slightly for each Committee and added that a thorough discussion took place at the Staff Governance Committee held on 1 September 2022 on the Staff Governance Standards aspect. Further work will be carried out in relation to engagement with our Band 5 workforce. The financial aspects will take place through the Finance, Performance & Resources Committee for scrutiny.

L Campbell, Associate Director of Nursing, gave assurance and provided detail on the validated tools. Assurance was also provided that there is an associate professional judgement tool which allows the organisation to look at dynamics within areas and the change in clinical delivery that is required, and it also provides the skill mix most appropriate to carry that out. It was noted this is an annual process that forms part of the legislation about to be implemented, and the process can be carried out at any point in the year.

S Fevre, Area Partnership Forum Representative, questioned the accountability and responsibility of Band 5 roles, from a clinical aspect. It was also questioned where the new roles will be allocated. The Director of Nursing advised that accountability and delegation forms part of the learning for Registrants and the Professional Assurance Framework. It was noted that the new roles will support and release pressure from the Registrants, as they will be able to take accountability and delegation for some of the Band 2 to Band 4 roles. The Director of Nursing advised that Fife College have advised that there are 25 spaces for the first cohort and the new roles will be prioritised across Fife, linking in with Acute Services and the Health & Social Care Partnership.

L Barker, Associate Director of Nursing noted that a robust engagement plan is under development.

Following a question from M Black, Non-Executive Member, regarding international recruits, the Director of Nursing advised that NHS Fife is working closely with the Centre for Workforce Supply around international recruitment. It was also advised that there is a Memorandum of Understanding with Yeovil Trust, who are an experienced Trust in terms of international recruits, and that international recruits that are coming to NHS Fife via Yeovil Trust are mainly from India and the Philippines.

M Black, Non-Executive Member, questioned if we need to review our service models, suggesting some of the services could move to the voluntary sector. The Director of Nursing advised that some services models are being reviewed and it is likely that this will discontinue as we go forward.

Following a question from M Black, Non-Executive Member, on the clinical aspect, the Chief Executive advised that there was a challenge from the Staff Governance Committee around the extent of the engagement carried out with our workforce. The Chief Executive also advised that she raised concern at the Staff Governance Committee that if there was a reluctance to proceed with the development of a Band 4 role, then the Staff Governance Committee had to be prepared to accept the clinical risks of not having a workforce as we move into Winter. The Chief Executive added that the Staff Governance Standards were queried at the meeting, and if assurance on our engagement could be offered that the Standards were being met.

The Director of Nursing highlighted the career development pathways, which will hopefully increase our pipeline. S Fevre, Area Partnership Forum Representative, questioned any potential additional support for Registrants. The Director of Nursing advised that close communication and engagement will be carried out with nursing teams, and the Practice Development Nurse will also be closely involved.

The Medical Director recommended that the Committee take assurance from this development and the assurance around the educational aspect. The Medical Director

also recommended that the Committee take assurance that senior staff are exploring supporting staff in clinical areas throughout the Winter to address the exceptional risk.

The Committee **noted** the contextual information and took **assurance** that the Assistant Practitioner role is being progressed with staff, financial and clinical governance aspects in mind.

8. QUALITY/PERFORMANCE

8.1 Integrated Performance and Quality Report (IPQR)

The Director of Nursing spoke to the Clinical Governance section with the IPQR.

A Wood, Non-Executive Member, raised concern that the narrative for the in-patient falls and the reference to staffing issues and Covid factors which are impacting on the number of in-patient falls, has not changed over a long period of time. No changes in the narrative around complaints was also highlighted.

A Wood, Non-Executive Member, also highlighted the number of people who have experienced major/extreme harm or moderate harm and sought assurances on outcomes and on the work that is being carried out to reduce the number of falls, including those that were preventable.

L Barker, Associate Director of Nursing, agreed to look at the narrative that is included in the report going forward to provide greater assurance.

Action: L Barker, Associate Director of Nursing

The Committee took **assurance** from this report.

8.2 Healthcare Associated Infection Report (HAIRT)

The Director of Nursing outlined the key points in the Infection, Prevention & Control Priorities report, as detailed in the paper.

The Director of Nursing reported on the Healthcare Improvement Scotland Infection Prevention and Control Standards (2022) and advised that further updates will be provided to the Committee as the actions progress for each of the new Standards.

The Committee took **assurance** from the report.

9. DIGITAL/INFORMATION

9.1 Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme

The Director of Pharmacy & Medicine provided a verbal update and advised that the Board had approved the full business case for HEMPA, and progress since then has been positive. The Programme Board recently met and had advised that the contract negotiations in relation to the new supplier is well underway. Advanced planning is ongoing in terms of the delivery of the discharge element and the pharmacy stock control solution, which will enable the foundations to be built. It is expected progress

for both elements, in terms of implementation, will be this financial year, which will allow us to commence the pilot in late Spring 2023.

The Director of Pharmacy & Medicine reported that progress has been made on recruiting teams, advanced planned resource, Terms of Reference, and governance structures.

A written update will be provided to the Committee at its next meeting.

The Committee **noted** the update.

9.2 Information Governance and Security Steering Group Update

The Associate Director of Digital & Information spoke to the paper and advised that there is a defined risk appetite for the organisation that will allow the Information Governance & Security Steering Group to carry out work in relation to its responsibilities. It was noted that it is expected that the risk appetite will change from low for cyber security.

The Associate Director of Digital & Information highlighted that whilst we are in an improving position for assuring measures, the position is not yet final.

M Black, Non-Executive Member, queried the number of Freedom of Information (FOI) requests that are received on a monthly basis. In response, it was advised that the number is variable and amounts to circa 80 – 100 per month, throughout the whole organisation. The Associate Director of Digital & Information agreed to provide a summary on the FOI requests and share with the Committee.

Action: Associate Director of Digital & Information

A Wood, Non-Executive Member, queried why there is no risk associated with FOIs. It was advised that the resourcing which was added in June 2022 impacted positively on the risk, however it was noted that there be some residual risk in terms of the operational pressures and that this would be considered.

Action: Associate Director of Digital & Information

The Committee **noted** the progress being made across the Information Governance and Security domains and took **assurance** from the governance, controls and measures in place.

10 PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

10.1 Patient Experience & Feedback Report - Quarter 1

The Director of Nursing spoke to the paper and advised that a new Head of Patient Experience is now in post.

The Patient Experience and Feedback Quarterly Report was shared with members separately just before the meeting. The Director of Nursing apologised for the lateness of circulation and agreed to discuss any aspects of the report outwith the meeting, should Committee Members have any queries.

The Director of Nursing highlighted from the Patient Experience and Feedback Quarterly Report, that there were 191 care opinion posts over the quarter, and 7,500 views. Almost 80% of the care opinions were positive and complimentary around the service that people had received. A reduction in the complaints, compared to the previous quarter, was reported, and it was noted that the average length of time to respond to complaints has improved. It was reported that work is ongoing with the Organisational Learning Group to improve the number of compliments and reduce complaints. An overview was provided on the reasons for complaints, which are detailed in the report.

The Chair questioned if there will be more investment in staff within the Patient Experience Department. The Director of Nursing outlined the work that is ongoing in the background and noted that some staff who were part of the Test & Protect Team have been seconded to the department.

M Black, Non-Executive Member, highlighted the improvement with complaints, noting this is positive.

The Chief Executive provided assurance that benchmarking of the team against other areas in Scotland is underway and that this will link into the ways of working, processes and process mapping.

K MacDonald, Non-Executive Whistleblowing Champion, suggested the narrative within the IPQR is referenced to within the Patient Experience and Feedback Quarterly Report, and to also provide more information on outputs and outcomes. The Director of Nursing advised that this work is ongoing.

The Committee **noted** the report.

11. ANNUAL REPORTS

11.1 Nursing, Midwifery, Allied Health Professionals – Professional Assurance Framework

The Director of Nursing spoke to the paper. Assurance was provided that strategies have been reviewed and references updated within the report.

A Wood, Non-Executive Member, questioned if there are any measure dashboards associated with the framework. The Director of Nursing advised that there is an Excellence in Care dashboard that includes the quality issues. It was also reported that a survey was carried out the previous year on the Professional Assurance Framework and, due to a lack of learning opportunities during the pandemic, it was felt there would be no benefit to carry out another survey this year, however it will be considered in 2023. It was also noted that updates are provided to the Director of Nursing on a monthly basis and include Personal Development Plans, lapses in registrations and suspensions.

The Committee **noted** and **took** assurance from the contents of the paper.

11.2 Occupational Health Annual Report

S Braiden, Non-Executive Member, advised that this report was a substantive item at the Staff Governance Committee held on Thursday 1 September 2022 and was well received.

The Occupational Team were thanked for all their hard work.

The Committee **noted** the report.

12. FOR ASSURANCE

12.1 Delivery of Annual Workplan

The Committee took **assurance** from the tracked workplan.

12.2 Proposed Clinical Governance Committee Meeting Dates 2023/24

The Committee **approved** the Committee meeting dates for 2023/24.

13. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes.

- 13.1 Acute Services Division Clinical Governance Committee held on 15 June 2022 (unconfirmed)
- 13.2 Area Clinical Forum held on 4 August 2022 (unconfirmed)
- 13.3 Area Medical Committee held on 14 June 2022 (unconfirmed)
- 13.4 Cancer Governance & Strategy Group held on 2 June 2022 (unconfirmed)
- 13.5 Clinical Governance Oversight Group held on 14 June 2022 (unconfirmed)
- 13.6 Digital & Information Board held on 28 July 2022 (unconfirmed)
- 13.7 Fife Drugs & Therapeutic Committee held on 22 June 2022 (unconfirmed)
- 13.8 Fife IJB Clinical & Care Governance Committee held on 5 July 2022 (unconfirmed)
- 13.9 Health & Safety Subcommittee held on 10 June 2022 (unconfirmed)
- 13.10 Infection Control Committee held on 8 June 2022 (confirmed) & 3 August 2022 (unconfirmed)
- 13.11 Ionising Radiation Medical Examination Regulations Board (IRMER) held on 24 May 2022 (unconfirmed)
- 13.12 Information Governance & Security Steering Group held on 6 July 2022 (unconfirmed)

A Wood, Non-Executive Member, requested feedback on the violence and aggression incidents discussed at the Clinical Governance Oversight Group, and also around the RIDDOR reportable incidents in relation to physical assault, noting that this had been flagged for escalation. It was noted that some minutes do not have an escalation of issues cover paper, and the importance was highlighted, for assurance, of providing this to the Committee. The Medical Director agreed to take this forward with the Associate Director of Quality & Clinical Governance.

Action: Medical Director

14. ESCALATION OF ISSUES TO NHS FIFE BOARD

14.1 To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

14.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters/issues to escalate to the Board.

15. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 4 November 2022 at 10am via MS Teams.

FINANCE, PERFORMANCE & RESOURCES COMMITTEE

(Meeting on 13 September 2022)

No issues were raised for escalation to the Board.

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 13 SEPTEMBER 2022 AT 9.30AM VIA MS TEAMS

Alistair Morris
Chair

Present:

A Morris, Non-Executive Director (Chair)

W Brown, Non-Executive Member

A Grant, Non-Executive Director

M McGurk, Director of Finance & Strategy

J Tomlinson, Director of Public Health

In Attendance:

L Barker, Associate Director of Nursing (*deputising for J Owens*)

N Connor, Director of Health & Social Care

G Couser, Associate Director of Quality & Clinical Governance (*items 1 – 7.1 only*)

B Hannan, Director of Pharmacy & Medicines

B Johnson, Head of Capital Planning & Project Director (*items 6.3 & 6.4 only*)

N McCormick, Director of Property & Asset Management

G MacIntosh, Head of Corporate Governance & Board Secretary

M Michie, Deputy Director of Finance

A Wilson, Waiting Times General Manager (*item 6.7 only*)

H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to meeting.

Members were advised that a recording pen will be in use at the meeting to aid production of the minutes.

1. Apologies for Absence

Apologies were received from members A Lawrie (Area Clinical Forum Representative), M Mahmood (Non-Executive Director), C Potter (Chief Executive), J Owens (Director of Nursing), C McKenna (Medical Director) and from attendee C Dobson (Director of Acute Services).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minute of the last Meeting held on 12 July 2022

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The Committee formally **approved** the minute of the last meeting.

4. **Action List / Matters Arising**

The Committee **noted** the updates on the Action List.

5. **GOVERNANCE MATTERS**

5.1 **Board Assurance Framework (BAF) – Financial Sustainability**

The Chair advised that the BAF, in its current format, will be replaced by the new Corporate Risk Register going forward.

The Deputy Director of Finance advised that the risk remains high and is likely to remain high for the remainder of the financial year.

Following a question from the Chair on the funding received from the Scottish Government for additional Covid pressures the previous year, the Deputy Director of Finance advised that £7.5m has been made available and we must contain all of our Covid expenditure within this. It was noted the projected Covid spend is circa £12m, and work is underway to try and reduce this, exploring other options to manage the situation.

The Committee **considered** and took **assurance** from the updated Financial Sustainability element of the Board Assurance Framework.

5.2 **Board Assurance Framework (BAF) – Strategic Planning**

The Director of Finance & Strategy advised there has been no change to the risk since the previous iteration of the BAF and it remains at a moderate level. It was reported within the new Corporate Risk Register, the risk description has been changed around strategy and strategic planning.

The Committee **considered** and took **assurance** from the current position in relation to the Strategic Planning element of the Board Assurance Framework.

5.3 **Board Assurance Framework (BAF) – Environmental Sustainability**

The Director of Property & Asset Management advised the BAF remains as a high risk. It was advised the two risks within the BAF have not moved in terms of risk level and it was noted they are both long term risks. One of the risks will be mitigated when the National Centre for Orthopaedic Centre opens, which is still on track for this year.

The Committee **considered** and took **assurance** from the current position in relation to the Environmental Sustainability element of the Board Assurance Framework.

5.4 **Proposed Finance, Performance & Resources Committee Meeting Dates 2023/24**

The Committee **approved** the proposed Committee meeting dates for 2023/24.

6. **STRATEGY / PLANNING**

6.1 Development of Assistant Practitioner Role

The Associate Director of Nursing reported on the development of the Assistant Practitioner role which will contribute to delivering a sustainable workforce for the future. This new role is supported nationally by the Scottish Government and the Chief Nursing Officer Directorate. The three-phased approach to implementation and the financial impact of the new role are detailed in the paper.

W Brown, Non-Executive Member, advised she took assurance around the financial plan and advised that the new role is not designed to prevent the recruitment of Band 5 nurses. The Director of Health & Social Care agreed and thanked the teams for all their support.

The Committee **noted** the contextual information and took **assurance** that the Assistant Practitioner role is being progressed with due consideration to all staff, financial and clinical governance aspects.

6.2 Financial Improvement and Sustainability Programme Progress Report

The Deputy Director of Finance reported on the cost improvement position and advised that some of the targets are proving to be challenging to deliver, due to a number of factors. It was advised that the cost improvement target for medicines is progressing positively and is anticipated to be delivered in full. The targets within property and infrastructure areas are on target and expected to be delivered. It was reported that the targets within Acute Services must be delivered by the end of the financial year.

It was advised that the high-risk areas identified in the report relate to supplementary staffing, procurement and the grip & control target, and it was noted work is underway to address these risks. The Deputy Director of Finance advised there is a commitment to deliver the full £11.7m target.

The Chair stated that the full £11.7m target must be delivered, and indicated that if it was not delivered, then the following year would be much more challenging. Regular and clear updates going forward were requested by the Chair.

Following a question from A Grant, Non-Executive Member, the Deputy Director of Finance advised that the targets at risk are not specific to one area but the whole organisation. The Chair asked what more the Committee could do to support delivery of the plans. The Deputy Director of Finance advised that continued support from the Committee through active scrutiny is very welcome, and support for staff to be innovative in terms of delivery will be required.

W Brown, Non-Executive Member, noted that there has not been the capacity to focus on savings compared to pre-pandemic times, and that consideration needs to be given to improve the situation. She also noted that staff are aware of savings that need to be made and are actively supporting this.

The Director of Finance & Strategy was encouraged by the difficult questions being asked by the Committee in relation to meeting the cost improvement targets. The Director of Finance & Strategy highlighted the impact of the cost of living crisis, and the removal of Covid financial support from the Scottish Government, which is impacting

across the whole system. It was reported that the Scottish Government have recognised that NHS Fife is looking ahead further than the 12 month operating time, which is positive. It was noted that to deliver the £11.7m target, difficult decisions will need to be made, including a potential proposal to revisit some of the revenue commitments in terms of the new programmes of work.

The Director of Finance & Strategy advised the Committee that the Financial Improvement and Sustainability Programme is not solely focussed on saving money and includes all the work that is ongoing around increasing productivity and capacity.

The Director of Pharmacy & Medicines noted that there is acceptance on delivery of what is required in moving forward, which is positive.

The Committee took **assurance** from the Financial Improvement and Sustainability Programme Progress Report.

6.3 Property & Asset Management Strategy (PAMS)

The Director of Property & Asset Management advised this is the third PAMS in just under two years. A significant amount work has been undertaken to streamline the document, and an overview on what the document provides was given. It was noted close working has been ongoing with the Internal Auditors, as there are audit recommendations with regards to alignment with the strategy and ensuring that we can deliver against the action plan and demonstrate progress. It was also advised that there is an opportunity within the document to describe the function of the Property & Asset Management department.

The Head of Capital Planning & Project Director reported that the document is required by the Scottish Government and is also used as an internal document for colleagues across all directorates.

A Grant, Non-Executive Member, queried if there was an update or feedback to the outline business cases for Kincardine and Lochgelly Health Centres, since submission to the Scottish Capital Investment Group in June. The Head of Capital Planning & Project Director advised that the outline business cases were submitted to the Scottish Government, and that they were relatively supportive of the two projects. The Scottish Government had requested an update to take account of the current position in respect of the option appraisal to demonstrate our preferred option has not changed. A meeting is scheduled with the Scottish Government on 16 September 2022 and will be discussed further.

The Director of Finance & Strategy noted that the Deputy Director of Finance for Capital at the Scottish Government is attending the Finance, Performance & Resources Committee Development Session on 20 September 2022 to present on capital planning and the National Infrastructure Board.

The Committee **endorsed** the 2022 PAMS prior to submission to the Board for Approval in September.

6.4 Victoria Hospital, Kirkcaldy – Locations with Listed Building Status by Historic Environment Scotland

The Head of Capital Planning & Project Director spoke to the paper and advised that Phase 1 and Phase 2 Tower Block have both now been categorised as listed buildings. Internally there will be freedom to carry out refurbishment however this will require liaison with the local authority.

The Director of Property & Asset Management added that there are no other buildings on the Victoria Hospital site that Historic Environment Scotland are considering in terms of listing, which provides a degree of flexibility for any further developments.

The Board Secretary questioned the likelihood of other NHS Fife premises being listed. The Director of Property & Asset Management advised that there is a block at Lynebank Hospital site, which has been listed. In terms of the Stratheden site, it is expected that one of the older buildings at this site could be listed.

The Committee took **assurance** from the Report.

6.5 Fife Capital Investment Group Report 2022/23

The Deputy Director of Finance spoke to the report and gave an overview on recent successful bids for additional capital.

The Chair congratulated everyone involved on securing the additional capital funding.

The Committee took **assurance** from the report.

6.6 Orthopaedic Elective Project

The Associate Director of Nursing spoke to the paper.

The Head of Capital Planning & Project Director advised that from a construction perspective, work is expected to conclude in November 2022. It was also noted there is additional work to be carried out in terms of the commercial costs in bringing patients in who are outwith the Fife boundary.

The Chair stated that the development may attract staff who want to work in the new facility and questioned whether this would result in a deficit in other areas. The Associate Director of Nursing advised that there is a whole system approach to recruitment to the NTCs, and that attracting staff from outwith Fife is being explored as part of that.

The Chair also asked if there is anything that can be done for those who are not getting the opportunity to work in the new facilities in terms of keeping up morale. The Director of Property & Asset Management advised that discussions are ongoing in terms of exploring areas for refurbishment and there is a lot of activity in terms of wellbeing hubs for our staff. It was noted more work is required to improve the working environments within the hospital over the coming months.

The Committee took **assurance** from the current position.

6.7 Delivery of Long Wait Targets, Outpatients, Elective Surgery and Diagnostics

The Waiting Times General Manager joined the meeting and presented the report.

Following a question from A Grant, Non-Executive Member, on the implications of the core waiting times monies, the Waiting Times General Manager explained the financial support requested, as per the table at point 2.3.3 in the paper.

The Director of Public Health questioned if there was any additional support being provided to NHS Health Boards in terms of modelling from our Scottish Government colleagues. The Waiting Times General Manager explained that the modelling has been very difficult, as it is normally based on previous referral patterns, and that this was interrupted due to the pandemic. It was noted in some specialities, we have returned to pre Covid levels of activity, however, some areas remain challenged.

Following a question from the Chair, the Waiting Times General Manager advised that the delivery plan to deal with the waiting times backlog does not include involving new staff, and that the addition would be delivered by existing staff. It was noted theatres are an area of concern as this is where the most pressure sits.

W Brown, Non-Executive Member, emphasised that NHS Fife have a duty to ensure that targets are met. Consideration and the importance of language when reporting on the longest waits was noted.

The Waiting Times General Manager was thanked for providing a comprehensive report and update.

The Committee **considered** and took **assurance** from the report.

7. RISK

7.1 Draft Corporate Risk Register & Dashboard

The Director of Finance & Strategy provided background detail and advised that the paper presents the strategic risk profile and a number of proposed strategic risks for consideration. It was reported that the Draft Corporate Risk Register had been presented to the all the Governance Committees at their September meetings, with positive feedback received and further enhancements suggested.

The Associate Director of Quality & Clinical Governance noted the new corporate risk register and dashboard will provide opportunities for more alignment within our decision making in terms of our risk profile and strategic priorities. It was advised annex 1 sets out the proposed strategic risk profile and demonstrates that three out of the four strategic priorities are currently facing a risk profile in excess of our risk appetite. It was advised that it has been recognised that risk movement between each of the Committee cycles needs to be presented, and this is work that is being taken forward.

The Associate Director of Quality & Clinical Governance reported that deep dives into deteriorating risks will be carried out. It was expected this will initially be directed by the Executive Team.

It was advised that 18 strategic risks have been identified within the Corporate Risk Register, detailed at annex 2. Operational risk registers linked to the Corporate Risk Register will have significant level of detail in terms of current and future plans.

The Chair advised that the Corporate Risk Register will be reviewed and developed over time.

The Committee took **assurance** from the work to date on developing the Corporate Risk Register and Dashboard reporting.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Director of Finance & Strategy advised that we have maintained the forecast position at £10.4m forecast deficit for this financial year.

The Deputy Director of Finance reported that there was an overspend of £6.2m with an underspend on Health Delegated Services, at the end of June 2022.

It was advised that the August IPQR is being finalised, and early indications suggest we continue to see additional costs in relation to the level of demand on services. It was noted however that there has been some improvement within the Financial Improvement and Sustainability Programme.

A Grant, Non-Executive Member, asked whether the impact of delayed discharges on costs could be quantified. The Deputy Director of Finance advised that circa £1m is an overspend of set aside services, which is a combination of factors, such as additional beds due to delayed discharges. It was advised work is ongoing through the Unscheduled Programme Board, who are looking at the various projects that are underway and evaluating what improvements can be made.

Following a question from A Grant, Non-Executive Member, on the medicines position, the Director of Pharmacy & Medicines explained that there have been advancements in expensive drug treatments and we are treating more people for longer due to these advancements. Challenges of growth and rate of growth was reported, which is continuing to outstrip the efficiencies delivered.

The Director of Health & Social Care reported on the operational aspects of the IPQR and advised that the number of bed days lost due to patients being in delay had reduced in June 2022. One of the key challenges is the type of delay that is being experienced.

An overview was provided on the Delayed Discharges (Bed Days Lost) statistics, as detailed in the report. The actions that are in place were outlined, including Home First Strategy which focuses on prevention and early intervention; partnership working across the whole system in relation to our delay work and feeding into our urgent care programme work; and specific actions in relation to delayed discharge. In relation to patient Guardianship, it was advised part of this relates to national challenges with times and processes within courts. Within Fife, and through joint working with Fife Council Social Work Department, it was reported weekly Whole System Verification meetings are taking place to look at quality improvement methodology, rapid changes and continuous improvement.

The Committee took **assurance** from the report.

9. FOR ASSURANCE

9.1 Audit Report – Post Transaction Monitoring

The Committee took **assurance** from the Post Transaction Monitoring Report No. B19-23.

9.2 Delivery of Annual Workplan

The Committee **approved** the tracked workplan.

10. LINKED COMMITTEE / GROUP MINUTES

The Committee **noted** the linked committee minutes:

10.1 Fife Capital Investment Group held on 9 June 2022 (confirmed) & 27 July 2022 (unconfirmed)

10.2 IJB Finance & Performance Committee held on 8 July 2022 (unconfirmed)

10.3 Primary Medical Services Committee held on 7 June 2022 (confirmed)

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

11.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no issues to escalate to the Board.

12. ANY OTHER BUSINESS

There was no other business.

13. DATE OF NEXT MEETING

The next meeting will be held on Tuesday 15 November 2022 at 9.30am via MS Teams.

PUBLIC HEALTH & WELLBEING COMMITTEE

(Meeting on 29 August 2022)

No issues were raised for escalation to the Board.

**MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING
HELD ON MONDAY 29 AUGUST 2022 AT 10AM VIA MS TEAMS**

Present:

| | |
|---------------------------------|------------------------------------------|
| T Marwick, (Chair) | M McGurk, Director of Finance & Strategy |
| M Black, Non-Executive Director | C McKenna, Medical Director |
| C Cooper, Non-Executive Member | J Owens, Director of Nursing |
| A Morris, Non-Executive Member | J Tomlinson, Director of Public Health |
| C Potter, Chief Executive | |

In Attendance:

N Connor, Director of Health & Social Care
P Cumming, Risk Manager (*Item 7 only*)
S Fraser, Associate Director of Planning & Performance
G MacIntosh, Head of Corporate Governance & Board Secretary
F Richmond, Executive Officer to the Chief Executive & Board Chair
H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

1. Apologies for Absence

Apologies were received from member W Brown, Employee Director.

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on Monday 4 July 2022

The minutes from the previous meeting was **agreed** as an accurate record.

4. Matters Arising / Action List

The Committee **noted** the updates and the closed items on the Action List.

5. GOVERNANCE MATTERS

5.1 Proposed Public Health & Wellbeing Committee Dates 2023/24

The Committee **approved** the proposed dates for 2023/24.

6. STRATEGY / PLANNING

6.1 Population Health & Wellbeing Strategy: Progress Update

The Director of Finance & Strategy reported that the paper explains the high-level progress against the key strands of our ongoing strategy work and development.

The Committee took **assurance** on the progress of the strategy through the content of the report.

Alignment to the Four National Care Programmes

The Director of Finance & Strategy advised that the paper describes the mapping out to each of the four national care programmes and the specific work captured to date as part of our corporate objectives in the first year of our strategy work.

The Committee took **assurance** that NHS Fife, in developing its Population Health and Wellbeing Strategy, is aligning to the National Care and Wellbeing Portfolio.

Public Health & Wellbeing Strategy: Whole System Engagement

The Director of Nursing provided an update on whole system engagement and advised that joint working is ongoing with the Fife Health & Social Care Partnership as engagement activity is planned over similar periods; this also increases partnership working, prevents duplication and ensures widespread engagement. Clinical teams are also being invited to assess the achievements of the previous clinical strategy. It was also advised an extraordinary Grand Round introducing the strategy and inviting staff contributions will take place on 31 August 2022.

Focus Groups are being arranged across the seven localities in conjunction with the Fife Health & Social Care Partnership. Engagement with harder to reach groups will form part of this work. The Focus Groups will commence from week beginning 19 September 2022 and will be flexible in approach to maximise engagement. M Black, Non-Executive Member, noted that it is positive the harder to reach groups are being involved.

The Director of Health & Social Care provided assurance that other areas of engagement work, including the mental health estate, will also contribute to the strategy. Assurance was provided that the engagement plan is aligned to the four strategic priorities of NHS Fife. F Richmond and S Fraser were thanked for all their hard work.

C Cooper, Non-Executive Member, questioned the timeline for the commissioning of an independent company and asked if the company will support and lead on engagement with the harder to reach groups. The Director of Nursing confirmed that the company will take the lead and have an independent viewpoint.

The Director of Finance & Strategy reported that a meeting is being arranged with the company Progressive to further discuss engagement work and how this can be improved.

A Morris, Non-Executive Member, raised concern around what seems to be ambitious timings and requested a timeline be added which takes the strategy to the delivery stage. The Director of Nursing provided assurance that timelines are being monitored on a regular basis to ensure milestones are reached.

The Committee took **assurance** that the engagement plan is aligned to the four strategic priorities of NHS Fife and the output from this engagement will be included in the development of the Public Health & Wellbeing Strategy.

6.2 NHS Fife as an Anchor Institution – Progress Update

The Director of Public Health highlighted and provided an overview on the national Place & Wellbeing Programme, the NHS Scotland Community Benefit Gateway and the workshop event scheduled with local community and voluntary sector organisations, as described in the paper. Assurance was provided that work is progressing, and it was advised a more formal process of reporting will be provided in time.

A Morris, Non-Executive Member, noted that procurement is largely controlled through a central procurement function at a national level and questioned if there was more that could be done from a local perspective. The Director of Finance & Strategy noted that this is challenging in terms of movement for the Anchor programmes at a national level, and that the majority of spend is locked into national contracts. It was advised a detailed assessment has been carried out for our local procurement and an overview of the spend was provided. Assurance was provided that all opportunities to procure locally are being explored.

M Black, Non-Executive Member, questioned the criteria of those involved in the ‘no-one left behind’ programme and questioned what steps have been taken to establish if there are any gaps. The Director of Public Health advised that there is a national framework of approach and agreed to provide M Black the detail of the ‘no-one left behind’ programme outwith the meeting.

Action: Director of Public Health

In terms of applications for local needs through the Community Benefits Portal, the Director of Public Health confirmed that the four themes are all linked and have been made explicit to ensure actions are aligned to each theme to progress with the priorities.

The Committee **noted** the contents of this paper and those areas of business included in development as an Anchor Institution.

7. RISK

7.1 Corporate Risk Register - Draft Strategic Risks

The Director of Finance & Strategy provided background to the Corporate Risk Register.

The paper outlines the output profile in terms of presenting the strategic risk profile, as per the exemplar given at annex 1. Each of the 18 proposed strategic risks have been mapped to the Board’s four strategic priorities within the emerging strategy and have

also been mapped to the agreement on the revised Board risk appetite. It was advised that the current strategic level profile indicates that three of the four strategic priorities are facing a risk profile in excess of the Board's risk appetite, and it was questioned if that reflects the performance being monitored for NHS Fife. It was noted mitigations, detailed in annex 2, are in place to support the risks. It was also noted there is the potential for a visual dashboard format to be used once there is agreement on specific risks.

The Director of Finance & Strategy asked Committee members' views on the visuals proposed and questioned if all risks that are currently facing the organisation have been captured and are at the correct level. A Morris, Non-Executive Member, agreed that there is a greater connectivity through the risk profiles and risk assessment, and that more clarity is provided through the visuals, which is good progress. M Black, Non-Executive Member, agreed that there has been good progress and noted concern regarding the cyber resilience risk, and the likelihood that this will remain an area of high risk for the foreseeable future. The Director of Finance & Strategy welcomed the feedback from Members and agreed to review the cyber resilience risk level.

Action: Director of Finance & Strategy

Following a question from M Black, Non-Executive Member, on the Operational Pressures Escalation Levels (OPEL), it was advised that the process forms part of business as usual activities.

The Committee took **assurance** from the work done to date on developing the Corporate Risk Register and dashboard reporting.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance and Quality Report (IPQR)

The Associate Director of Planning & Performance noted that the risk section will be included in the next iteration of the report.

The Director of Health & Social Care advised that there is an unavoidable 12 week time lag in the data, and provided an overview on performance in Smoking Cessation, Child & Adolescent Mental Health Service (CAHMS), Psychological Therapies and Covid Vaccination, as detailed in the report.

Following a question from M Black, Non-Executive Member, an explanation was provided on the definition of 'on track' for waiting times, this reflecting the fact that a timeline is being worked towards for delivery of meeting targets.

The Director of Public Health reported on immunisation, as detailed in the report, and noted that this is the first time the child immunisation data has been included. This will continue to be included in all future reports.

The Committee took **assurance** from the report.

8.2 Community Immunisation Service Flu & Covid Vaccination (FVCV) Delivery Update

The Director of Health & Social Care provided assurance that the work and decisions taken by the Board in relation to supporting a substantive workforce, and the work around the immunisation strategy, places Fife in a good position in relation to delivery.

An overview on the current position was provided, as detailed in the paper. It was noted that the issue with national scheduling, where people were not scheduled close to their home, was advised and engagement is ongoing to rectify the situation. Assurance was provided that this was not pose any difficulty for delivery in Fife.

M Black, Non-Executive Member, questioned if there would be communications to the public at a local level in relation to immunisations. The Director of Health & Social Care advised that there are national toolkits that will be adapted locally.

The Chair asked if there was any concern for the scale of the various immunisations given to members of the public and provided an example. The Director of Health & Social Care agreed to feed back the concern to the team. The Director of Public Health added that NHS Fife co-administers Flu and Covid vaccines to make best use of resources and capture as many of the population as possible.

Action: Director of Health & Social Care

A Morris, Non-Executive Member, questioned if all appointments are carried out through the national scheduling system, noting the issues that had previous occurred. In response, it was advised that there had been lessons learned and that the system now works well. It was noted NHS Fife have representation on the national group.

Following a question from A Morris, Non-Executive Member, on the prioritisation approach within cohorts, it was advised risk assessments will take place for individuals, and those individuals are then prioritised on the waiting list.

A Morris, Non-Executive Member, also questioned if staff are being reallocated and removed from the hospital posts potentially causing additional workforce pressures. It was reported that we are now in a position of having a stable cohort of vaccination workforce, which was not the same position the previous year. However, if timescales of delivery were brought forward nationally, then this would become a challenge and a risk. Assurance was provided that the workforce is in place for delivery in December 2022 without reprioritising or reallocating staff from other areas.

The Committee took **assurance** from the update, considered the progress achieved and updated information regarding the programme, and ongoing developments in the approach.

8.3 Community Children Services Annual Report 2021/22

The Director of Health & Social Care advised that the report outlines both the national and local context. An overview on the contents of the report was provided. The Director of Public Health highlighted that the preventive contribution from core services to children in their early years is crucial.

C Cooper, Non-Executive Member, praised the report and thanked the team for the assurance provided in this area.

It was agreed this report should go onward to the Board meeting in September 2022.

Action: Director of Health & Social Care

The Committee took **assurance** on the work undertaken by Fife Health Promotion Service during 2021/22 to support delivery of strategic priorities and public health priorities for the people of Fife and the priorities for 2022/23.

8.4 Local Delivery Plan Standard for Psychological Therapies: Update at June 2022

The Director of Health & Social Care spoke to the paper and highlighted appendix 1, which details a range of improvement actions that are taking place. It was reported the demand for psychological therapies is high and that this is challenging in terms of capacity to recruit and pathways for delivery of care.

It was highlighted that there has been a reduction since February 2022 of 53 people who have been waiting over 53 weeks, and a focus continues on reducing longest waits. An overview was provided on performance. Assurance was provided that work is ongoing to increase the number of referrals.

Assurance was also provided that psychological therapies is scrutinised in depth and that there are a range of improvement activities that are ongoing. It was also noted that the risk in relation to demand and recruitment is being closely monitored through the Integrated Performance & Quality Report (IPQR) with a further detailed report to come back to this Committee.

M Black, Non-Executive Member, queried the rationale which has driven developments within Adult Mental Health systems in recent years (detailed in appendix 1) to 'identify' blocks within current system and better understand demand-capacity ratios within tiers of the service, noting that the blocks are already known. The Director of Health & Social Care explained that the blocks are iterative and identifies what else can be carried out or delivered.

A Morris, Non-Executive Member, questioned what happens to those who are waiting over one year to be referred, and queried if their condition worsens, over this time, would this result in a need for more intensive treatment. Assurance was provided that there is a point of escalation within the service, should anyone deteriorate during the waiting time.

The Committee was informed on the current performance, the benefits realised from the improvement actions and the ongoing risk in relation to recruitment and took **assurance** that this is actively being managed through the Psychology Service, is actively being monitored and data is included in the IPQR.

8.5 Child & Adolescent Mental Health Service (CAMHS) Performance & Recruitment Update

The Director of Health & Social Care spoke to the paper and advised that the report details the 18-week referral & treatment position and the ongoing activity in relation to the CAMHS service. The support from the Scottish Government was highlighted and it was advised that this has allowed an opportunity to scrutinise. The report outlines a range of influencing factors and improvement actions. It was also noted, in line with the

Scottish Government and Public Health Scotland, that CAMHS will no longer have tier two psychological services as they are not the threshold for CAMHS intervention and will be extracted from submissions; this will provide a more accurate waiting time analysis, which is comparable with other Health Boards in Scotland.

An overview on recruitment was provided, and the Chair questioned if there was a willingness to over recruit. The Director of Health & Social Care agreed to explore this option with the team.

Action: Director of Health & Social Care

C Cooper, Non-Executive Member, queried if there was an opportunity in the redesign of the service for other sectors to support in areas that are potentially missing or any other support that is required. The Director of Health & Social Care agreed to ask the team to provide some examples, in relation to successful joint working, in the next iteration of the report for further discussion at this Committee on what else can be achieved through support from other sectors and services.

Action: Director of Health & Social Care

An explanation was provided on the 'All National Referrals to CAMHS per 1,000 people' and 'Accepted National Referrals to CAMHS per 1,000 people' charts in the paper. The Chair questioned why Fife receive more referrals compared to other local authorities. The Director of Health & Social Care agreed to feed this back to the team and provide an update in the next iteration of the report.

Action: Director of Health & Social Care

The Medical Director added that Omicron has had an impact on waiting times and delivery of health services across all NHS Scotland Boards and that it can be difficult to understand the reasons for variation in referral patterns between Boards. The Chair, on behalf of the Committee, acknowledged how difficult the situation is.

It was agreed to hold a Public Health & Wellbeing Committee Development Session in early 2023 for a deep dive on psychological services and CAHMS.

Action: Director of Health & Social Care/Board Committee Support Officer

The Committee was informed on the progress against achieving the Scottish Government CAMHS 18-week referral to Treatment Target (RTT), current referral and waiting times activity and took **assurance** on the progress on recruitment and further actions to achieve these objectives.

8.6 Health Promoting Health Service Update

The Director of Public Health spoke to the paper and advised that prior to the pandemic, there was a change in approach from the Scottish Government with a lighter touch and self-assessment approach to the different objectives. It was noted the programme is continuing, however it has not had the same level of scrutiny from national colleagues. It was reported that the paper outlines the work that has been carried out throughout the course of the pandemic, with the four outcomes linking in well with our strategy. It was noted that developments nationally are awaited regarding the future direction of the programme.

The Committee took **assurance** from the update.

8.7 Joint Health Protection Plan

The Director of Public Health spoke to the paper.

Following a question from the Chair, the Director of Public Health confirmed that the paper is also presented to a future meeting of the Fife Partnership and that she would clarify the timescales for this.

The Committee **endorsed** the updated Joint Health Protection Plan 2022-24.

9. INEQUALITIES

9.1 Child Poverty Action Plan

The Director of Public Health spoke to the paper and advised that there is a proposed change to the way the Child Poverty Action Plan will be reporting in future. Fife Partnership have included the Child Poverty Action plan within the delivery plan for the overarching Tackling Poverty and Preventing Crisis Board.

It was confirmed that this paper will also be presented to a future meeting of the Fife Partnership.

The Committee took **assurance** from the report, which was provided to members for information.

10. ANNUAL REPORTS

10.1 Immunisation Annual Report

The Director of Public Health spoke to the paper, noting it describes the key points over the course of the previous year. It was advised that there was a high uptake across all of the child immunisation programmes, although there are still areas for improvement.

It was reported that work is ongoing to complete an equality impact assessment, and data gathering is progressing well and will be concluding in the coming months, with an update brought back to this Committee.

The Committee **noted** the findings of the NHS Immunisation Annual Report provided to members for **assurance**.

11. FOR ASSURANCE

11.1 Delivery of Annual Workplan

The Committee took **assurance** from the tracked workplan.

12. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

12.1 Minutes of Population Health & Wellbeing Portfolio Board held on 12 May, 9 June and 14 July (unconfirmed)

12.2 Public Health Assurance Committee held on 3 August 2022 (unconfirmed)

13. ESCALATION OF ISSUES TO NHS FIFE BOARD

13.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

13.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters to escalate to NHS Fife Board.

14. ANY OTHER BUSINESS

None.

15. DATE OF NEXT MEETING

Monday 7 November 2022 at 10am via MS Teams.

STAFF GOVERNANCE COMMITTEE
Meeting on Thursday 1 September 2022

No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 1 SEPTEMBER 2022 AT 10AM VIA MS TEAMS

Present:

| | |
|-----------------------------------------|-------------------------------------------|
| S Braiden, Non-Executive Member (Chair) | J Owens, Director of Nursing |
| W Brown, Employee Director | C Potter, Chief Executive (<i>part</i>) |
| A Morris, Non-Executive Member | A Verrecchia, Co-Chair, Acute Services |
| M Mahmood, Non-Executive Member | Division & Corporate Directorates |
| S Fevre, Co-Chair, Health & Social Care | Local Partnership Forum (LPF) |
| Local Partnership Forum (LPF) | |

In attendance:

K Berchtenbreiter, Head of Workforce Development & Engagement
H Bett, Interim Senior Manager, Health & Social Care Partnership (*deputising for N Connor*)
C Dobson, Director of Acute Services
L Douglas, Director of Workforce
G MacIntosh, Head of Corporate Governance & Board Secretary
N McCormack, Director of Property & Asset Management (*item 5.3 only*)
M McGurk, Director of Finance & Strategy
S Raynor, Head of Workforce Resourcing & Relations
K Reith, Deputy Director of Workforce
R Waugh, Head of Workforce Planning & Staff Wellbeing
H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Chair advised that the Echo pen is being used to record the meeting for the purpose of the Minutes.

The Chair acknowledged the on-going service pressures affecting colleagues and thanked them for their efforts during what continues to be a very challenging time.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

1. Apologies for Absence

Apologies for absence were received from attendee N Connor (Director of Health & Social Care) and Kirstie MacDonald, Whistleblowing Champion and Non-Executive Member.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the last Meeting held on Thursday 14 July 2022

The minutes of the meeting of 14 July 2022 were **agreed** as an accurate record.

4. Matters Arising / Action List

The Committee **noted** the updates and the closed items on the Action List. The following Matters Arising were discussed:

Action No. 2 – Coverage of Staff Governance Standard

The Director of Workforce highlighted that no specific feedback been received, to date, from Committee Members in relation to providing feedback on how the strands of the Staff Governance Standard could be visibly demonstrated and linked to agenda items. Committee Members agreed this action could be closed, recognising that this will be developed over time.

S Fevre, Co-Chair, Health & Social Care LPF, suggested that SBARs coming to this Committee should be explicit in terms of which strands of Staff Governance reports are related to. The Board Secretary advised that a revised SBAR template is being presented to the Executive Directors' Group on 8 September 2022 for formal approval, with a proposal within that the Staff Governance Standard is incorporated into the template as a defined field for completing. Additionally, details of the applicable strand/s of the Standard will be included in the Assessment section of each SBAR. It was noted that this proposal had been incorporated into the papers for this meeting as an initial trial, and it was agreed this was a helpful addition.

Timeline for Receipt of Papers

W Brown, Employee Director, raised her concern that the papers were distributed less than seven days before the meeting and highlighted the difficulty she had encountered, due to this timeline, to be able to read all the Committee papers in advance of the meeting. The Director of Workforce noted that the meeting pack had been held back until completion, which was to avoid sending out more than one version and multiple emails. The Board Secretary advised that the Board's Standing Orders within the Code of Corporate Governance notes that papers should be distributed no later than three clear working days before the meeting and therefore the distribution and issue of Committee papers in this instance met this deadline. Nevertheless, a further ask will be made to report authors to request papers are submitted timeously, to provide all Committee Members with adequate time for preparation.

Action: Director of Workforce

5. GOVERNANCE / ASSURANCE

5.1 Board Assurance Framework (BAF) – Workforce Sustainability and Linked Operational High Risks Update

The Director of Workforce advised that the BAF, in its current format, will be replaced by the new Corporate Risk Register going forward and highlighted the content to the Committee for assurance.

W Brown, Employee Director, raised concern on the workforce engagement section, suggesting that closer attention is required in this area. Reassurance was requested that a high level of engagement with staff will be included in the plan and examples of good engagement was provided. The Director of Workforce confirmed that enriching workforce engagement will be taken forward.

A Morris, Non-Executive Member, noted that the BAF in its current format is difficult to read and analyse. A Morris also noted that the high risks appear to have stagnated and assurance was sought in relation to these. The Director of Finance & Strategy advised that the mechanisms currently in place make it difficult to focus on areas where risks are either deteriorating or are static. It was advised that the new Corporate Risk Register strategic risk profile process, at Board and Committee level, intends to identify these specific risks and a deep dive can then be carried out to provide meaningful discussions. Further discussion took place at Agenda item 6.1 on the Corporate Risk Register.

A Verrecchia Co-Chair, Acute Services Division and Corporate Directorates LPF, noted that, as a UNISON member, regular engagement with members and staff is carried out, and questioned the position that face-to-face engagement with staff is no longer allowed. The Director of Workforce suggested that he liaises with the Head of Workforce Resourcing & Relations outwith the meeting to discuss this further.

Action: Co-Chair, Acute Services Division and Corporate Directorates LPF and Head of Workforce Resourcing & Relations

The Committee broadly took **assurance** from the report, which confirms that:

- There have been no new linked operational high workforce risks added to the Board Assurance Framework
- The current risk ratings and the Workforce Sustainability elements of the Board Assurance Framework

5.1.1 Linked Operational High Risk Update – Risk ID: 1420 Loss of Consultants within the Rheumatology Service

H Bett, Interim Senior Manager, HSCP, spoke to the paper. It was advised that the Health & Social Care Partnership and Senior Teams will be provided with updates on a frequent basis. The Chair questioned if there was access to more locum Consultants to support the service during this difficult period. It was advised that locum Consultants are regularly sought, although the difficulties of recruiting locum Consultants were highlighted.

A Morris, Non-Executive Member, questioned if recruitment can be carried out earlier to replace the Rheumatology Consultants who are due to retire. He also questioned the barriers around the contracts of locum Consultants that prevent recruiting permanent Rheumatologist Consultants, and whether these barriers can be overcome. The Interim Senior Manager reported that there is a national shortage of Rheumatology Consultants and explained that service redesign is required to ensure service sustainability. The Director of Finance & Strategy added that this is an

example where a more generic risk is needed that describes the supply issues in terms of medical workforce and looks at all elements within our control in terms of exercising mitigation. It was noted that there are aspects that will be outwith our control, with a level of acceptance and a tolerance level. It was also noted that there may be other specialities that will be similarly impacted, and that this is a concern going forward.

The Committee took **assurance** from the report that the risk has been appropriately identified, there are mitigations in place to support patient care and an options appraisal is being undertaken to support a future sustainable model.

5.2 Implementation of Safe Staffing Legislation (The Health and Care (Staffing) (Scotland)) Act 2019 Update

The Director of Workforce advised that the paper provides a brief outline on the implementation of Safe Staffing Legislation (The Health and Care (Staffing) (Scotland)) Act 2019, including a timetable for implementation that has been shared and communicated. The timetable will support the sequence of actions required for the implementation date. It was highlighted that the paper has had oversight from the Strategic Workforce Planning Group at their most recent meeting.

W Brown, Employee Director, expressed disappointment that there is a 14 month period for the production of the national guidance, given that the Act was originally to be implemented in 2019. The Employee Director requested that this time is used to ensure NHS Fife is well prepared for implementation. She also noted that the current staffing models will be insufficient in terms of the numbers of staff required to satisfy the Act, and that this requires being considered in future, along with meeting staff expectations. The Deputy Director of Workforce provided assurance that NHS Fife will be proactive, and that there are workstreams in place which will support the development of the national guidance.

A Morris, Non-Executive Member, highlighted the current position in relation to safe staffing levels and expressed that this is borderline safe. A Morris also raised a concern about the timing of changes required to comply with this Act. W Brown, Employee Director, responded and expressed that current staffing levels are often less than the levels given in the legislation, noting the potential safety implications.

The Director of Nursing provided an overview of the local groups involved in the preparations for the implementation of safe staffing. It was reported that Nursing & Midwifery, over the previous few years, have been heavily involved in the staffing (workload) tools and methodology, which continue to be used and form part of the safe staffing programme. It was also advised that there is a lack of Registrants to achieve the requirement identified from the staffing (workload) tools and methodology, however, mitigation and risk assessments are in place. The Director of Nursing reported that Healthcare Improvement Scotland (HIS) inspections will include consideration of how the safe staffing legislation is managed, and that NHS Fife is looking at risk and escalation processes; the importance of ensuring that this is in place was noted.

M Mahmood, Non-Executive Member, questioned the impact of new recruits in terms of the staffing levels. The Director of Nursing advised that due to the increase in the number of Registrants around new service models, there will be a shortage of c.200

Registrants compared to where we would like the staffing levels to be. It was noted that all avenues are being explored for recruitment.

A Verrecchia, Co-Chair, Acute Services Division and Corporate Directorates LPF, advised that from a UNISON perspective there are serious concerns around staffing levels, and a meeting has been arranged with the Chief Executive to discuss this further as a health & safety issue within NHS Fife. He questioned if NHS Fife is offering to take part, or if they are appointed, in a pre-implementation test and learn stage, with two other Boards of varying location and size fully implementing the Act. The Deputy Director of Workforce advised that it is currently unknown how that will be decided, and the Committee will be updated once direction from the Scottish Government is provided.

The Chief Executive highlighted and explained the risk relating to safe staffing levels and advised that the Board will be asked to make difficult decisions over the coming months and years in this area.

The Committee took **assurance** from the report, which provides:

- an updated timescale for the implementation of the Health and Care (Staffing) (Scotland) Act 2019
- the proposed arrangements for the implementation of the Act provisions within NHS Fife

5.3 Staff Governance Standards Overview – Improved and Safe Working Environment

The Director of Property & Asset Management joined the meeting and advised that a presentation on the Staff Governance Standards was provided at the previous meeting. He spoke to the paper and reported that the Property & Asset Management Team are looking at the impact, effect and influence they have on the safe working environment and providing that as a continuing improvement situation. The overall team consists of Estates, Facilities, Health & Safety, Capital Development and Property. It was noted a new Health & Safety Manager commenced in post in August 2022.

W Brown, Employee Director, noted that the physical environment, in terms of buildings, is not the health & safety aspect that staff are concerned with, and that the greatest concern for staff is stress and working at a high level of activity, and that this also forms part of this particular strand of the Staff Governance Standard. The Director of Property & Asset Management noted it was also important to present on the work that happens in the background to provide safe working spaces and agreed to provide a further paper detailing the wider issues.

Action: Director of Property & Asset Management

S Fevre, Co-Chair, Health & Social Care LPF, highlighted that staff stress requires to be addressed through a number of channels within the organisation. It was noted that a Staff Facilities Group has been set up. The Chair requested that the Co-Chair, Health & Social Care LPF, Employee Director and the Director of Property & Asset Management have a discussion outwith the meeting to progress this issue.

Action: Director of Property & Asset Management

A Morris, Non-Executive Member, highlighted that although there are challenges, there are also successes.

The Chief Executive noted that in addition to the Staff Governance Committee, conversations are taking place on the impact of staff wellbeing, on a regular basis through a number of routes, and that there are opportunities for staff to raise concerns in any regard, through established processes.

The Committee took **assurance** from the report.

5.4 Whistleblowing Report – Quarter 1 2022/2023

The Head of Workforce Resourcing & Relations provided an overview on the report and advised that from the Q2 report, local press coverage on whistleblowing would be included.

An update was provided on the two live cases recorded in the Q4 report, noting that these cases are now with Commissioning Officers to consider recommendations. Performance and lessons learned from the two cases will be provided in the Q2 report.

S Fevre, Co-Chair, Health & Social Care LPF, suggested including concerns raised by our staff in the reports, noting that it appears external concerns have greater merit. The Head of Workforce Resourcing & Relations advised that if a member of staff raises a whistleblowing concern, then this would be recorded in the report, however the difficulty is if the concern is raised anonymously and that it may also be recorded through another route. The Chief Executive noted that the external concerns are not more important than staff concerns. The Head of Workforce Resourcing & Relations and Co-Chair, Health & Social Care LPF agreed to discuss further outwith the meeting on the assurances that can be provided within the report.

Action: Head of Workforce Resourcing & Relations and Co-Chair, HSCP LPF

The Committee took **assurance** from the report, which confirms:

- the data for the first quarter of 2022 / 2023, i.e., 1 April 2022 to 30 June 2022. No whistleblowing concerns were received, and no anonymous concerns were received
- one Whistleblowing article was published in the local newspapers during Quarter 1
- the data on training from 1 April 2022 to 30 June 2022

5.5 Proposed Staff Governance Committee Dates 2023/2024

The Committee **agreed** the proposed dates for the 2023/2024 meetings.

6. RISK

6.1 Corporate Risk Register – Draft Strategic Risks

The Director of Finance & Strategy advised that the paper is being presented to all the Governance Committees at their September meetings, for onward submission to the full NHS Fife Board meeting on 27 September 2022.

The Director of Finance & Strategy provided background detail and highlighted the key areas within the paper. An explanation was provided on the 'Strategic Risk Profile' and 'Risk Improvement Trajectory & Deep Dive into deteriorating risks' graphics, at Annex 1. It was reported that a Risk & Opportunities Group has been formed, who will carry out detailed scrutiny and challenge the Corporate Risk Register before the final assessment for the period is made.

The Director of Finance & Strategy advised that 18 strategic risks have been identified within the Corporate Risk Register, detailed at Annex 2. Feedback was requested from the Committee on whether the 18 strategic risks identified are the key challenges and risks that the organisation is facing. It was also questioned if the description of the risks has improved and if there is anything missing that should be included.

The Director of Nursing commented that the new Corporate Risk Register is easier to interpret and identifies important areas for deep dives, compared to the previous Board Assurance Framework. S Fevre, Co-Chair, Health & Social Care LPF, agreed and commented that it is difficult at this point to identify if there is anything missing.

A Morris, Non-Executive Member, questioned how changes to risks are tracked over reporting periods, and how areas for further Committee discussion are actioned and recorded. The Director of Finance & Strategy noted there was no immediate solution to recording the discussions and actions and questioned if these should be captured within the minute of the meeting, or if there is a need to highlight the key points in the SBAR. It was agreed to explore this further at the November 2022 meeting, when the Corporate Risk Register is presented for the first time as a live document for members' review and discussion.

The Director of Finance & Strategy noted that the deep dives will be populated in future into the two key risks after the new report is presented to the Committee at the November 2022 meeting.

The Committee took **assurance** from the work to date on developing the Corporate Risk Register and Dashboard reporting.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce highlighted that NHS Five is currently not achieving the sickness absence target, and similarly, the target is not yet achieved for the Personal Development Plan & Review (PDPR). Mitigations and actions are detailed in the report.

A Morris, Non-Executive Member, was encouraged that the report will include the establishment gap information in future. A Morris went onto suggest that if the PDPR process was in a simpler format, then it would be easier and less time consuming to complete these, which would hopefully bring back the momentum. The Director of Workforce noted that many managers have a light-touch approach to the process, and that the measurement provided in the IPQR is extracted from the system and is not necessarily a measurement of conversations or interactions between a team member and a team manager. The Director of Acute Services highlighted the

staffing challenges and time constraints to engage with the formal PDPR process and agreed with A Morris on having a simpler format.

S Fevre, Co-Chair, Health & Social Care LPF, noted that the reporting system does not recognise one-to-one discussions between team members and team managers. W Brown, Employee Director, highlighted the importance of having meaningful discussions with staff through the PDPR process.

The Committee took **assurance** from the Integrated Performance & Quality Report.

7.2 Promoting Attendance Update

The Head of Workforce Resourcing & Relations highlighted the key areas within the paper and noted that the attendance data will be monitored due to the recent change in Covid reporting.

The Head of Workforce Planning & Staff Wellbeing reported that the Staff Health and Wellbeing Framework is currently being developed and that the Live Positive Stress Toolkit is has been modernised, ready for re-launch. It was advised health and wellbeing activities will be covered in more detail at a future Staff Governance Development Session.

W Brown, Employee Director, expressed disappointment that the Attendance Management Taskforce has not progressed more quickly and noted that she had not been involved in the Attendance Management Operational Group. The Chief Executive advised that the Terms of Reference for the Attendance Management Operational Group are presently being reviewed.

The Chief Executive went onto provide an update on the Attendance Management Taskforce, noting that the focus for the group would arguably be more valuable by leadership teams being visible to the workforce, in addition to what is already in place. Assurance was provided that the Taskforce will be standing down over the coming weeks, as reporting is being absorbed into the Executive Directors' Group, with the commitment of Executive Directors and the support of Local Partnership Forum members and the Employee Director.

The Committee took **assurance** from this report, which confirms:

- the sickness absence and COVID-19 absence rates for July 2022
- the work currently being undertaken by the Attendance Management Taskforce and Operational Group towards improving attendance and wellbeing

8. PROJECTS / PROGRAMMES

8.1 Development of Assistant Practitioner Role

The Director of Nursing spoke to the paper. It was advised that a Board Development Session recently took place on 31 August 2022, and the development of the Assistant Practitioner role was discussed. This item will also be discussed at the Clinical Governance Committee and Finance, Performance & Resources Committee at their September 2022 meetings, with each Committee reviewing their particular aspect of the proposal.

Concern was raised about the proposed timing of recruitment. W Brown, Employee Director, noted the importance of engagement, which had not yet fully commenced with the Band 5 cohort, who will be impacted by the new Assistant Practitioner role and will require clarity on what the role entails. The Director of Nursing advised that the next college intake is in November 2022 and preparations need to commence, such as recruitment advertising and engaging with staff. The importance of the educational component of the Assistant Practitioner role was highlighted.

W Brown, Employee Director, highlighted that recruitment is likely to be internal, which would result in other roles requiring to be backfilled as a result of staff moves. The Employee Director also noted that the Assistant Practitioner role will not substitute for Band 5 Registrant roles, and that it is also not comparable to other Band 4 roles.

A Verrecchia, Co-Chair, Acute Services Division and Corporate Directorates LPF, advised that it has been identified that there are a number of Band 2 roles who could progress easily to Band 3 roles and questioned if it will be considered that Band 3 roles could easily progress to Band 4, with support. The Director of Nursing advised that Band 3 roles will be mapped against the development framework and any additional support that may be required would be identified.

Further discussion was had on the proposal. The Chief Executive, as Accountable Officer, asked the Committee - if recruitment for the new role is delayed further - if they would accept the level of risk to a sustainable workforce by not progressing this matter as quickly as possible the following week. The Chief Executive also noted that delaying recruitment could compromise staff starting their education at the November 2022 intake. The Chief Executive requested to commence recruitment, the following week, in parallel with input from other Operational Directors, and the Committee were asked if they would accept the level of risk that would bring, for the potential to enhance our workforce with this programme. The Chief Executive acknowledged that it was not an ideal position to carry out recruitment in parallel with continued engagement.

W Brown, Employee Director, did not agree to accept the risk and advised that staff-side colleagues have commented that processes have not been followed. She also noted that consideration and consultation is required for Band 5 staff, who will be impacted by the introduction of these new roles and questioned where the additional support will come from when the new postholders are receiving the educational input. W Brown also noted that some Band 3 roles could be assimilated to the new roles.

A Morris, Non-Executive Member, noted he was in favour of moving forward with recruitment and engagement from the following week.

The Director of Finance & Strategy advised that if the Committee did not agree to proceed with recruitment the following week, then the risk appetite that has already been agreed is being challenged.

S Fevre, Co-Chair, Health & Social Care LPF, stated that he did not take assurance from the report and provided his reasons for that. The Chief Executive explained that the role of this Committee is to scrutinise the contextual part of the process and take assurance that the different strands of the work is progressing appropriately. The

Committee are not being asked for approval to commence the recruitment process; they are being offered assurance on the way forward.

W Brown, Employee Director, expressed concern that the Staff Governance Standard was not being met. The Chief Executive offered an opportunity outwith the Committee with either W Brown, S Fevre or A Verrecchia and J Owens, with input from C Dobson and N Connor, to agree at what level and how staff engagement will be carried out over two weeks from 5 September 2022 in parallel with conversations through the Clinical Governance Committee and Finance, Performance & Resources Committee, in order to progress and ensure compliance with the Staff Governance Standard. The Committee agreed to this approach.

Action: Director of Nursing

The Committee broadly took initial **assurance** on taking the role development forward, subject to further discussion as detailed above, and **noted** that the Assistant Practitioner role is being progressed with staff, financial and clinical governance aspects in mind.

9. ANNUAL REPORTS / OTHER REPORTS

9.1 Staff Governance Annual Monitoring Return 2020/2021 Feedback and Staff Governance Annual Monitoring Return 2021/2022

The Head of Workforce Resourcing & Relations advised that the return has been received and is presently being compiled. The paper described the governance arrangements to get the return completed and submitted to the Scottish Government by 18 November 2022.

The Committee took **assurance** from the report, which confirms:

- the feedback received in relation to the Staff Governance Annual Monitoring Return for 2020/2021 closes the Staff Governance Annual Monitoring exercise for 2020/2021
- the areas the Staff Governance Plan should consider when planning the subsequent return for 2021/2022.
- the development of the Staff Governance Annual Monitoring Return for 2021/2022

9.2 Health and Social Care Partnership Local Partnership Forum Annual Report 2021/2022

S Fevre, Co-Chair, Health & Social Care LPF, noted that this is the second publication of the Annual Report and this has been through the Finance, Performance & Scrutiny Committee and the Integrated Joint Board of the Fife Health & Social Care Partnership.

The Committee took **assurance** from the report and noted the content.

9.3 Whistleblowing Annual Performance Report 2021/2022

The Head of Workforce Resourcing & Relations advised that this is the first Whistleblowing Annual Performance Report. Any updates from April 2022 will

feature in the quarterly reports or 2022/23 report. It was also advised that the reporting element is in development and there is an evolving position in relation to the handling of whistleblowing concerns.

It was reported that an assurance statement from Non-Executive Whistleblowing Champion, Kirstie MacDonald will be included in the 2021/2022 report.

The Committee took **assurance** from the report, which confirms:

- the concerns raised from 1 April 2022 to 31 March 2022
- the data on training from 1 April 2022 to 31 March 2022

9.4 Occupational Health & Wellbeing Service Annual Report 2021/2022

The Head of Workforce Planning & Staff Wellbeing highlighted the ongoing important role undertaken and the work that the Occupational Health & Wellbeing Service have been involved in during the pandemic, including responding to staff outbreaks, contact tracing and providing important advice to managers. The report also details business-as-usual activity, and it was advised that there are two new post holders: the Occupational Therapist and Mental Health Occupational Nurse, supporting NHS Fife staff.

S Fevre, Co-Chair, Health & Social Care LPF, appreciated the update provided by the report and recognised the hard work of the Occupational Health & Wellbeing Service staff. The Head of Workforce Planning & Staff Wellbeing agreed to pass this on to the team.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee took **assurance** from the report and **noted** the contents of the Occupational Health and Wellbeing Service Annual Report for 2021/2022.

9.5 NHS Fife Workforce Information Overview

The Deputy Director of Workforce advised that providing more routine information around workforce is being explored. It was noted that the frequency of reporting against availability of data is being investigated, and, in the longer term, we are looking to identify where the information will sit to enable easy access for the Committee Members.

The Deputy Director of Workforce acknowledged positive input from staff side colleagues involved in the recent Employee Relations case handling discussions.

The Committee took **assurance** from the report and **noted** the contents of the NHS Fife Workforce Information Overview report as at 30 June 2022 and summary of the Staff Health and Wellbeing Support activities and statistics for April to June 2022.

10. FOR ASSURANCE

10.1 Annual Workplan 2022/2023

The Committee took **assurance** from the updated workplan.

11. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

- 11.1 Minutes of the Area Partnership Forum held on 20 July 2022 (unconfirmed)
- 11.2 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 23 June 2022 (unconfirmed)
- 11.3 Minutes of the Health and Social Care Partnership Local Partnership Forum held on 20 June 2023 (confirmed)

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IQPR summary, notwithstanding the continuing challenges around managing the Board's sickness absence position.

11.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

W Brown, Employee Director, highlighted that if the Staff Governance Standard in relation to the recruitment of the Assistant Practitioner Role is not met in the coming weeks, then this issue will require to be escalated to the Board.

12. ANY OTHER BUSINESS

There was no other business.

13. DATE OF NEXT MEETING

Thursday, 10 November 2022 at 10.00 am, via MS Teams.

INTEGRATION JOINT BOARD

(Meeting on 22 April 2022)

No issues were raised for escalation to the Board.



MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 22 APRIL 2022 AT 10.00 AM

| | |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Present | Christina Cooper (CC) (Chair) Rosemary Liewald (RLi) (Vice-Chair) Fife Council – (DA), Tim Brett (TB), Dave Dempsey (DD), David Graham (DG), David J Ross (DJR), Jan Wincott (JW) NHS Fife Board Members (Non-Executive) – Alistair Morris (AM), Martin Black (MB), Sinead Braiden (SB), Arlene Wood (AW) Wilma Brown (WB), Employee Director, NHS Fife Amanda Wong (AW), Associate Director, AHP's, NHS Fife Debbie Thompson (DT), Joint TU Secretary, Fife Council Ian Dall (ID), Service User Representative Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer 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 (HH), Associate Medical Director Kathy Henwood (KH), Chief Social Work Officer, Fife Council Lynn Barker (LB), Associate Director of Nursing |
| Attending | Bryan Davies (BD), Head of Primary & Preventative Care Services Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning Norma Aitken (NA), Head of Corporate Services Hazel Williamson (HW), Communications Officer Wendy Anderson (WA), H&SC Co-ordinator (Minute) |

| NO | TITLE | ACTION |
|----|-------|--------|
|----|-------|--------|

1 CHAIRPERSON'S WELCOME / OPENING REMARKS

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

As this is the last meeting for the eight appointed members of the IJB from Fife Council, as the Council Elections will take place on 5 May 2022, The Chair passed on her thanks for the time and commitment that they have given to the Partnership over the years.

Those present were reminded that, in an effort to keep to timings for the meeting, all questions and responses should be succinct.

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

2 CONFIRMATION OF ATTENDANCE / APOLOGIES

Apologies had been received from Janette Owens, Chris McKenna, David Alexander and Paul Dundas.

| NO | TITLE | ACTION |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 3 | <p>DECLARATION OF MEMBERS' INTERESTS</p> <p>There were no declarations of interest.</p> | |
| 4 | <p>MINUTES OF PREVIOUS MEETING 25 MARCH 2022</p> <p>The Minute from the meeting held on 25 March 2022 was approved as an accurate record.</p> | |
| 5 | <p>MATTERS ARISING – ACTION NOTE</p> <p>The Action Note from the meeting held on 25 March 2022 was approved as accurate, with one small variation to Item 2.</p> | |
| 6 | <p>REVIEW OF GOVERNANCE COMMITTEE STRUCTURES</p> <p>The Chair handed over to Nicky Connor, who presented this report.</p> <p>With the Integration Scheme being approved by Scottish Government in March 2022, the Governance Committee structures and Terms of Reference (ToR) are being reviewed and improvement actions are proposed to strengthen our governance arrangements.</p> <p>Nicky thanked everyone who was involved in shaping the new structure and ToRs. Feedback had been received from internal and external audit as well as IJB members.</p> <p>The new governance arrangements should be in place, in time for the next IJB meeting on 29 July 2022 and assist the IJB in delivering the National Health & Wellbeing Outcomes as well as assisting in the review of the Strategic Plan.</p> <p>Each governance committee will now have a Chair and a Vice-Chair and they will be renamed as follows:-</p> <ul style="list-style-type: none"> • Audit and Risk Committee becomes Audit and Assurance Committee. • Finance & Performance Committee becomes Finance, Performance & Scrutiny Committee. • Clinical & Care Governance Committee becomes Quality & Communities Committee. <p>Other changes include:-</p> <ul style="list-style-type: none"> • ToR for each new governance committee gives new emphasis to the remit of that committee. • Membership of committees has been expanded to include non-voting members and professional advisers. • Papers for governance committees will be made available to the public via the H&SC website following meetings. • The reporting template for committees and the IJB will have sections relating to Environmental / Climate Change. • The remit of the Strategic Planning and Integration Professional Advisory Groups will show clear connections to the governance committees. | |

6 REVIEW OF GOVERNANCE COMMITTEE STRUCTURES(Cont)

Discussion took place around the process to date on shaping the new ToRs, the golden thread which is going to run through all governance arrangements and the reviewed Induction process which is being worked on.

Fiona McKay advised that the Strategic Planning Group (SPG) was being restarted and would feed up into the governance committees and IJB. The Chair of the SPG would be an IJB member and progress reports would come to future IJB meetings.

Whilst the Audit & Assurance Committee and Finance, Performance & Scrutiny Committee ToR's were accepted as proposed, there was further discussion on the content of the Quality & Communities ToR. It was felt that this lacked ambition regarding the Community aspects of the remit, which were not reflected in the ToR. It was agreed to strengthen the thread between Communities and Localities and ensure the Committee sought to reduce health inequalities. It was agreed that this ToR would be looked at again before being finalised and this would be approved at the first meeting of this Committee.

There was a request from Tim Brett for draft committee papers to be available for pre-agenda meetings of each committee going forward. This may not be possible immediately but will be explored.

There was discussion about the involvement of carers, the public and localities, using a bottom-up approach to shape how we move forward. The Participation and Engagement Strategy is currently out for consultation. Seven community forums will be set up in the coming months.

The Board approved the new governance committee structure to commence from June 2022. The Terms of Reference (ToR) for the for Quality and Communities Committee will be updated based on the feedback from the IJB and following the three new ToRs for the Governance Committees will be endorsed at the Committees first meetings. The wider improvement actions to strengthen governance arrangements were also approved and will be progressed.

7 DATES OF NEXT MEETINGS

IJB DEVELOPMENT SESSION – FRIDAY 24 JUNE 2022 – 9.30 AM

INTEGRATION JOINT BOARD – FRIDAY 29 JULY 2022 – 10.00 AM

FIFE PARTNERSHIP BOARD
(Meeting on 23 August 2022)

No issues were raised for escalation to the Board.

2022 FPB 1

Unconfirmed

THE FIFE COUNCIL - FIFE PARTNERSHIP BOARD – REMOTE MEETING

23rd August, 2022

2.00 p.m. – 3.00 p.m.

PRESENT: Councillors David Ross (Convener), David Alexander and Linda Erskine; Steve Grimmond, Chief Executive, Fife Council; Carol Potter, Chief Executive, Joy Tomlinson, Director of Public Health, Tricia Marwick, Chair of NHS Fife Board, NHS Fife; Nicky Connor, Director of Health and Social Care Partnership; Mark Bryce, Area Commander, Scottish Fire and Rescue Service; Lynne Cooper, Regional Engagement Partner, Skills Development Scotland; Anna Herriman, Senior Partnership Manager, SESTran; Stephen Gethins (Substitute for Prof Brad MacKay), St Andrews University; Chief Superintendent Derek McEwan, Police Scotland and Alison Taylor, Place Director, Scottish Government

ATTENDING: Tim Kendrick, Community Manager (Development), Communities and Corporate Development; Ken Gourlay, Executive Director, Enterprise and Environment; Gordon Mole, Head of Business & Employability, Bill Lindsay, Service Manager, Morag Millar, Programme Manager, Economy Tourism & Town Centres; Economy Planning and Employability Services and Michelle Hyslop, Committee Officer, Committee Services, Legal & Democratic Services.

1. **MINUTE**

The Board considered the minute of the Fife Partnership Board Meeting of 15th February, 2022.

Decision

The Board approved the minute.

2. **LOCAL COMMUNITY PLAN UPDATE**

The Board considered a report by the Executive Director, Communities which provided partners with an update on the development of the revised local community plans.

Decision

The Board endorsed the progress detailed in the report and noted that partners would be fully involved in the development of the revised local community plans.

3. **PLAN FOR FIFE DELIVERY UPDATE**

The Board considered a report by the Executive Director, Communities which provided partners with an update on the progress in delivering the Plan for Fife recovery and renewal priorities, which included the arrangements for the Our Fife Leadership Summits.

Decision./

Unconfirmed

Decision

The Board noted:-

- (1) the progress updates on the delivery of the recovery and renewal priorities; and
- (2) the arrangements for the Our Fife Leadership Summits.

4. FIFE LOCAL DEVELOPMENT PLAN REVIEW

The Board considered a report by the Head of Planning advising partners on the Local Development Plan (LDP2) review, which highlighted the importance of the land-use plan as the spatial expression of the Plan4Fife and sought a decision in respect of the Board's statutory processes.

Decision

The Board:-

- (1) considered the statutory process that would be required as part of the local development plan review;
- (2) noted the role of partners in promoting any land and property assets where land use change would be sought; and
- (3) agreed that a report would be presented to the Board once the review had gone through the key statutory stages.

5. LEVELLING UP FUND UPDATE

The Board considered a report by the Executive Director, Enterprise and Environment which provided partners with an update on the bids made to the UK Levelling Up Fund on the 2nd August, 2022.

Decision

The Board noted the bids that were submitted to the UK Levelling Up Fund.

6. FIFE'S UK SHARED PROSPERITY INVESTMENT PLAN

The Board considered a report by the Executive Director, Enterprise and Environment which provided partners with an update on the steps taken to develop Fife's Shared Prosperity Investment Plan.

Decision

The Board endorsed: -

- (1) the approach taken to develop the UK Shared Prosperity Investment Plan in line with the priorities of the Plan4Fife 2017-2027;
- (2)/

2022 FPB 3

Unconfirmed

- (2) the allocation to each of the investment priorities based on historical investment levels for EU Funding which included 50% for People & Skills, up to 29% for Supporting Local Business and at least 21% for Communities and Places;
- (3) the advisory governance, prioritisation principles and allocations by the UK Shared Prosperity Investment Priority and noted the process to confirm the interventions for 2023/24 and 2024/25 as detailed in the report;
- (4) the creation of a subgroup of the Fife Partnership Board, which would provide oversight to the UKSPF Investment Plan, and agreed to invite Fife's MP's and representatives from the UK Governments Levelling up Team to attend the subgroup;
- (5) the extension of the remit of the Employment Delivery Partnerships to provide advice to the People and Skills Investment Priority, the re-establishment of an economy delivery partnership to provide advice to support local businesses, and formation of a community and place delivery partnership which would address climate change, poverty, crisis management, leading economic recovery, community wealth building recovery and renewal; and
- (6) the revised Investment Plan and noted that the Board would be asked to approve the interventions for 2023/24 and 2024/25 at the Board Meeting in February 2023.

7. **DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT HEALTH AND WELLBEING IN FIFE 2020-2021**

The Board considered a report by the Director of Public Health, NHS Fife which provided partners with an update on the Public Health Annual Report for 2020 and 2021.

Decision

The Board welcomed the report and endorsed the approaches taken to date.

8. **FREE PERIOD PRODUCT PROVISION FOR FIFE'S COMMUNITIES**

The Board considered a report by the Executive Director, Communities which provided partners with an update on the free period product provision for Fife's Communities and advised on the plans for further expanding this provision. The Period Provision Scotland Act 2021 required local authorities to make period products free and easily obtainable within Scotland.

Decision

The Board:-

- (1) noted the requirements of the Period Products (Free Provision) (Scotland Act 2021) and considered the implications this may have on partner organisations;
- (2)/

2022 FPB 4

Unconfirmed

- (2) noted that Fife Council's Communities Directorate were undertaking the free period product provision in collaboration with partners,
- (3) acknowledged the successes in providing this provision to date;
- (4) considered the action plan for expanding the provision of free period products in Fife; and
- (5) agreed to promote the availability of free period products across Services.

9. DATE OF NEXT MEETING

Decision

The next Board Meeting would take place on Tuesday 8th November, 2022 at 10.a.m.

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON THURSDAY 16 JUNE 2022 AT 2PM VIA MS TEAMS

Present:

M Black, Non-Executive Member (Chair)
A Grant, Non-Executive Member
A Lawrie, Non-Executive Member
A Wood, Non-Executive Member

In Attendance:

K Booth, Head of Financial Services & Procurement
P Cumming, Risk Manager
P Fraser, Audit Scotland
T Gaskin, Chief Internal Auditor
L Graham, Audit Scotland
B Hudson, Regional Audit Manager
G MacIntosh, Head of Corporate Governance & Board Secretary
M Michie, Deputy Director of Finance
C Potter, Chief Executive
H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

1. MEMBERS' TRAINING SESSION – THE ANNUAL ACCOUNTS: THE ROLE & FUNCTION OF THE AUDIT & RISK COMMITTEE

The Chair welcomed P Fraser from Audit Scotland. A presentation on the role & function of the Audit & Risk Committee in the context of members' review of the annual financial accounts was provided. The main topics covered were:

- Remit of Audit & Risk Committee
- Responsibilities of Audit & Risk Committee in relation to the Annual Accounts
- Member review of Governance Statement
- Member review of Draft Accounts
- Recommending approval of Accounts to the Board

M Black, Chair, questioned if the reserves include those held by the Integrated Joint Board (IJB) and was advised by P Fraser, Audit Scotland, that the Accounts will present NHS Fife's share of the reserves, which is split 50/50 with Fife Council. P Fraser noted that a significant increase in the draft IJB reserves was expected and the audit work around this will be concluded, once the IJB Accounts are finalised and made available.

It was advised that members of the team from Audit Scotland will be present in Hayfield House on a weekly basis on a Thursday, and members were welcomed to attend to discuss any work in relation to the Annual Accounts and the Audit findings. It was reported that Audit Scotland have engaged regularly with key members of the Finance Team during the Audit process. It was also noted that the draft Annual Accounts were received a few days ahead of schedule and that they were of a good quality, enabling the audit review work to proceed promptly.

L Graham, Audit Scotland, described the level of work that Audit Scotland carry out for the Annual Accounts, in order to determine the Audit findings. It was advised that the process is going well thus far for NHS Fife and discussions are ongoing regarding the Integrated Joint Board (IJB) disclosures. It was noted the timing of the IJB Accounts reflects the different process and timescales used in the local authority. The work carried out in relation to the audit was described and it was reported that appropriate coverage for all areas of the financial statements will be ensured.

The Annual Accounts checklist was commended as being a helpful tool for members to use and this will be reissued with the July meeting papers.

Action: Board Committee Support Officer

The Committee thanked Audit Scotland for an informative session and their continued engagement.

2. Apologies for Absence

Apologies were received from member K MacDonald, Non-Executive Member, and attendee M McGurk, Director of Finance & Strategy.

3. Declaration of Members' Interests

There were no declarations of interest made by members.

4. Minutes of the Previous Meeting held on 18 May 2022

The minute of the previous meeting was **agreed** as an accurate record.

5. Action List / Matters Arising

The Committee **noted** the updates and also the closed items on the Action List.

6. GOVERNANCE MATTERS

6.1 Annual Review of Code of Corporate Governance

The Board Secretary advised that the Review of Code of Corporate Governance is provided to the Committee on an annual basis, normally at the May meeting, for onward submission to the Board. It was noted that the short delay was due to the issuing nationally of the new Model Code of Conduct (Code) for Board Members, which has now been published and is incorporated in full within the document.

A summary was provided on the updated version of the Code that was provided to the Committee and it was noted that an update to Board members on the changes within the Code will be provided at a future Board Development Session, involving colleagues from NHS Education for Scotland (NES). This briefing work is being led nationally, given that all Boards have to adopt the one standard Code of Conduct.

The Head of Financial Services and Procurement provided comment on his involvement in the review specifically highlighting a number of amendments to Procurement following the UK's withdrawal from the European Union.

A Wood, Non-Executive Director, suggested consideration be given to gender-neutral language being used in the Standing Financial Instructions and Scheme of Delegation, and to ensure that the approach to language is consistent throughout. The Head of Financial Services & Procurement and Head of Corporate Governance & Board Secretary agreed to take this forward these minor textual changes, prior to the Board's review of the full document.

Action: Head of Financial Services & Procurement and Board Secretary

The Risk Manager highlighted the mention of the BAFs within the Code and whether those references should be removed or held until the new arrangements are in place. The Risk Manager also noted that the Clinical Governance Steering Group has changed its name to the Clinical Governance Oversight Group. The Head of Corporate Governance & Board Secretary advised that changes to Committee remits cannot be made based on future plans and suggested that BAF updates and terminology are updated for the next cycle of review, to be undertaken by the Committees early in the new year. The Risk Manager agreed to send to the Head of Corporate Governance & Board Secretary any wording which is out of date.

Action: Risk Manager

The Committee recommended **approval** to the Board of the updated Code, subject to the minor textual changes being made as described above.

6.2 Committee & Directors' Annual Assurances for 2021/22

- **Clinical Governance Committee**
- **Finance, Performance & Resources Committee**
- **Public Health & Wellbeing Committee**
- **Remuneration Committee**
- **Staff Governance Committee**
- **Executive Directors' Assurance Letters**

The Board Secretary introduced this item and asked the Committee to consider if the statements appropriately reflect the work carried out throughout the year by the Board's standing committees and whether each gave sufficient level of detail on which members could take assurance on.

The Board Secretary advised that the Integrated Joint Board (IJB) Assurance Statement is still to be finalised, but that it is normal process to approve this prior to the Annual Accounts sign off. At present discussions are still ongoing with colleagues in the IJB in terms of timings and it is anticipated that the IJB Assurance Statement will be provided to the Committee at the next meeting. M Black, Non-Executive Member, raised concern for the timing of the IJB Assurance Statement, relative to the anticipated sign off date of the Boards Annual Accounts . The Chief Internal Auditor explained the reasons for the delay, noting this was largely due to the hiatus in IJB meetings, caused by the local authority elections recently held, and provided assurance that it is anticipated that there will be an improved timing of the IJB Assurance Statement next year.

A Grant, Non-Executive Member, questioned if returns were consistent with previous years and whether areas are highlighted that have changed from previous versions. In response, the Board Secretary advised that the reflection on the business of the year is unique and thus is newly written for each, though there is some consistency, from previous versions, particularly in the Appendices covering Best Value, Governance and Accountability. T Gaskin, Chief Internal Auditor, noted that the Board Secretary has had detailed discussions with the Committees on the level of detail to include, and the risks/issues that have been identified, therefore each statement is bespoke to address each Committee's work in these areas.

The Committee took **assurance** from the Committee & Directors' Annual Assurances for 2021/22.

6.3 Audit & Risk Committee Draft Annual Assurance Statement 2021/22

The Board Secretary advised the Audit & Risk Committee Annual Assurance Statement is in draft format, which the Chair and Director of Finance & Strategy have both had input to. A section relating to the Integrated Joint Board (IJB) Assurance Statement is still to be added before it is brought back to the Committee in its final version.

The Board Secretary advised that in instances when the Annual Accounts are signed off without the IJB Assurance Statement being provided to the Board, appropriate wording would be incorporated to advise of these circumstances.

A Wood, Non-Executive Member, requested more quantification of the statements in section 4.10. The Board Secretary agreed to take this forward in the final draft.

Action: Board Secretary

The Committee **noted** the Audit & Risk Committee draft Annual Assurance Statement 2021/22, agreeing that a final draft would be considered at their next meeting.

6.4 Draft Letter of Significant Issues of Wider Interest

The Head of Financial Services & Procurement advised that the Letter of Significant Issues of Wider Interest is an annual return made by all NHS Scotland Boards to inform Scottish Government ahead of the Annual Accounts completion and consolidation. The letter from the Chair of the Audit and Risk Committee will accompany and support the Draft Governance Statement that the committee had reviewed at the previous meeting.

The Head of Financial Services and Procurement confirmed that the letter followed the disclosure requirements from the Annual Accounts Manual and that there is nothing in addition to disclose in the letter for this year outside what has already been included in the draft Governance statement.

The Committee **approved** the letter and the return of this and the draft Governance Statement to the Scottish Government.

7. ANNUAL ACCOUNTS

7.1 Service Auditor Reports on Third Party Services

The Head of Financial Services & Procurement spoke to the paper and confirmed that the third Party Service Audit Reports were now all received and had been shared with Audit Scotland as part of the Annual Accounts process. The Head of Financial Services and Procurement confirmed that all three reports (NSS Practitioner and Counter Fraud Services, NSS IT Services and NHS A&A Financial Ledger Services) had come back as unqualified this year, therefore NHS Fife could take assurance that these services provided, operated under an appropriate control environment, which enables reliance to be placed upon them. It was noted that the Service Audit Report for Practitioner and Counter Fraud Services, following significant work undertaken during the year by NSS into ensuring that the recommendations made in the 2020/21 audit were met had come back as unqualified after previously being qualified in 2020/21.

The Committee took **assurance** from the audit opinions and the associated management responses for the services hosted by National Services Scotland (NSS) and by NHS Ayrshire & Arran (NHS A&A) on behalf of NHS Fife.

8. RISK

8.1 Final Risk Management Annual Report 2021/22

The Risk Manager advised the report is now in its final version and highlighted that comments previously received from the draft report have been incorporated, particularly in relation to language, terminology, and more definitive timescales.

The Committee took **assurance** from the Risk Management Annual Report 2021/22.

9. GOVERNANCE – INTERNAL AUDIT

9.1 Internal Audit Annual Report 2021/22

The Chief Internal Auditor reported that the Annual Internal Audit Plan has been delivered in accordance with the Public Sector and Internal Audit Standards. The Chief Internal Auditor highlighted Internal Audit opinions from the report that:

- The Board has adequate and effective internal controls in place
- The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.

The Chief Internal Auditor discussed the main points and themes in the report, noting the overall positive assessment of NHS Fife against the backdrop of another challenging year.

Following a question from A Wood, Non-Executive Member, the Chief Internal Auditor provided an explanation on the difference to the 'audit actions remaining' numbers in section 8 & 9 and 24.

A Wood, Non-Executive Member, questioned the revised timescales in the follow up of ICE recommendations (section 1, point 3) for the Organisational Duty of Candour, and sought clarification for section 1, point 4 on Adverse Events Key Performance Indicators (KPIs). The Chief Internal Auditor explained the Clinical Governance Committee receive Adverse Events, and, due to timings, the process for Adverse Events was deferred for the Organisation Duty of Candour Report.

The Board Secretary provided prior comments on behalf of K MacDonald, Non-Executive Member, and advised that notwithstanding the overall conclusion of the Internal Audit report, and in the context of an ongoing review of the Corporate Risk Register, K MacDonald noted as being of concern from a health & safety perspective the delayed progress against actions on the Organisational Duty of Candour, Adverse Events and Staff Governance Standards.

The Chief Internal Auditor reported that the NHS Fife Property & Asset Management Strategy Implementation Action Plan (PAMS) date was set to November 2022 with the rationale being that the PAMS will continue to evolve as the Health and Wellbeing Strategy evolves. The Committee was advised that by November 2022, a clearer implementation plan would be available to take forward the latest version of the PAMS.

M Black, Chair, sought clarification on the high risk 1677 - digital transformation. The Chief Internal Auditor advised that as a Health Board, there is a requirement for the Integrated Joint Board to transform the non-delegated functions, and highlighted that digital transformation is fundamental to NHS Fife to sustain services for the future.

The Chair thanked The Internal Audit team for all their hard work, and the Chief Internal Auditor thanked the Regional Audit Manager and his team for all their hard work over the year.

The Committee **approved** the report as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

9.2 Draft Annual Internal Audit Plan 2022/23

The Chief Internal Auditor noted that the comments made at the last Committee meeting have been incorporated.

A Wood, Non-Executive Member, questioned what is covered under 'Audit Follow Up' within the plan and was advised by the Chief Internal Auditor that all areas are risk assessed and reported on a quarterly basis. The Regional Audit Manager noted that

follow up reports are provided to the Executive Directors' Group for onward submission to the Audit & Risk Committee.

A Wood, Non-Executive Member, questioned delayed discharge management, and how the decision is reached to further audit in this area. The Chief Internal Auditor advised there are numerous processes in place to reach these decisions. It was noted, areas that require more focussed attention would be raised to the Committee, and that there is a degree of flexibility within the Internal Audit Plan to identify and review areas as are required.

The Committee **approved** the partial audit plan for 2022/23 (Appendix A) and supported the approach to further developing the Internal Audit Plan for 2022/23 once the Strategic Priorities and Corporate Risk Register are approved.

10. FOR ASSURANCE

10.1 Losses & Special Payments Quarter 4

The Head of Financial Services & Procurement highlighted the key points from the paper, confirming that a Year End Debtors review had been carried out in 2021/22 as this review had not been carried out in 2020/21. The Head of Financial Services and Procurement gave the committee assurance that a Year End review would be carried out as part of the Annual Accounts process going forward.

The Head of Financial Services and Procurement confirmed that a Year End analysis had been carried out to identify any significant increases or emerging patterns, but that no areas of concern were raised and a summary was provided for reference. The Head of Financial Services and Procurement assured the committee that this analysis again would become part of the Annual Accounts process going forward.

M Black, Chair, questioned if action plans are put in place when either clinical or non clinical compensation payments are made to ensure lessons are learned and to prevent the same issues from recurring and exposing NHS Fife to further loss. It was agreed to ask the Director of Finance & Strategy to provide feedback on the process from her involvement with the Central Legal Office proposed settlements at the next Committee meeting.

Action: Head of Financial Services & Procurement

The Committee took **assurance** from the update.

10.2 Delivery of Annual Workplan

The Board Secretary highlighted the items on the Workplan that have been deferred.

The Committee took **assurance** from the tracked Workplan.

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no issues to highlight to the Board.

12. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting: Friday 29 July 2022 at 2.30pm via MS Teams.

**MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON FRIDAY 29 JULY 2022
AT 2.30PM VIA MS TEAMS**

Present:

M Black, Non-Executive Member (Chair)
A Lawrie, Non-Executive Member
K MacDonald, Non-Executive Member
A Wood, Non-Executive Member

In Attendance:

K Booth, Head of Financial Services & Procurement
A Clyne, Audit Scotland
P Cumming, Risk Manager
P Fraser, Audit Scotland
B Howarth, Regional Audit Manager
B Hudson, Regional Audit Manager
G MacIntosh, Head of Corporate Governance & Board Secretary
M McGurk, Director of Finance & Strategy
M Michie, Deputy Director of Finance
A Mitchell, Independent Auditor - Thomson Cooper (*agenda item 7.1*)
C Potter, Chief Executive
H Thomson, Board Committee Support Officer (Minutes)

1. Welcome / Apologies for Absence

The Chair welcomed everyone to the meeting, in particular, B Howarth and P Fraser from Audit Scotland. He noted that A Mitchell, Auditor of the Patients Funds Accounts from Thomson Cooper, will be joining for specific agenda items.

The Chair expressed a warm thanks to A Wood for serving on the Committee over the last three meetings to cover the vacancy due to the recent council election process.

Apologies were received from member A Grant, Non-Executive Member and attendee T Gaskin, Chief Internal Auditor.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 16 June 2022

A slight amendment was made on page 6, paragraph 5 to read: K MacDonald advised the point was raised to gain assurance there were no quality & safety concerns arising from the delayed progress against actions on the Organisational Duty of Candour, Adverse Events and Staff Governance Standards.

The minute of the last meeting was then **agreed** as an accurate record.

4. Action List / Matters Arising

The Audit & Risk Committee **noted** the updates provided and the closed items on the Action List.

5. GOVERNANCE MATTERS

5.1 Fife Integration Joint Board (IJB) Annual Statement of Assurance 2021/22

The Regional Audit Manager provided background to the IJB Annual Statement of Assurance and highlighted the key points from the Annual Internal Audit Report, including workforce pressures which is reflected across the Health and Care system generally.

A Wood, Non-Executive Member queried 'no other significant control weaknesses or issues have arisen', under point 12 on page 3. Clarification was provided that this is a standard statement within the Report, and that the main recommendations detailed at the end of the Report covers this point.

A Wood, Non-Executive Member queried the locus of the 'Finance Governance Board' mentioned on page 15 of the report. The Regional Audit Manager agreed to clarify outwith the meeting.

Action: Regional Audit Manager

The Audit & Risk Committee took **assurance** from the conclusion of the Annual Internal Audit Report on the Fife Integration Joint Board.

5.2 Audit & Risk Committee Final Annual Statement of Assurance 2021/22

The Head of Corporate Governance and Board Secretary provided background to the Audit & Risk Committee Final Annual Statement of Assurance 2021/22 and advised that this final draft now reflects the content within the IJB Statement of Assurance. It was noted the Committee had previously scrutinised the Annual Statement of Assurance in depth.

The Audit & Risk Committee **approved** the Draft Audit & Risk Committee Final Annual Statement of Assurance, for onward submission to the Board.

6. ANNUAL ACCOUNTS

6.1 Patients' Private Funds – Receipts and Payments Accounts 2021/22 & Audit Report

A Mitchell, Auditor of the Patients Funds Accounts from Thomson Cooper, joined the meeting for this item.

The Head of Financial Services & Procurement introduced the Patients' Private Funds – Receipts and Payment Accounts 2020/21 and highlighted that there was a significant

reduction in the final value of the Patients' Private Funds, due to a number of patients moving in-year from health services to services operated by Fife Council.

The Independent Auditor advised that an Audit Planning Memorandum was issued to the Audit & Risk Committee at the start of the Audit process, which highlighted the main areas of risk: the security of assets and compliance with operating procedures for patients' private funds.

The Audit Completion Memorandum reports an Audit visit was carried out, followed up with Ward visits at Lynebank and Stratheden, and no restrictions were reported in the scope of the Audit work carried out. It was highlighted that there was a restriction at one of the Wards selected at Stratheden, due to an operational incident that had occurred, and that an alternative Ward was selected.

It was advised the Audit Completion Memorandum reports no significant issues identified throughout the Audit, and noted the main issues were minor in terms of compliance with the financial operating procedures.

A clean Audit report will be provided subject to the approval of the Annual Accounts by the NHS Fife Board for year ended 31 March 2022.

Following a question from A Lawrie, Non-Executive Member, the Independent Auditor advised that the Auditors set levels of materiality for the patients' private funds, and any breaches would be highlighted during the Audit process.

The Audit & Risk Committee:

- took assurance from the Independent Auditor Report on the Patients' Private Funds Accounts; and
- **recommended** that the accounts for approval by the NHS Board.

6.2 NHS Fife Annual Accounts for the Year Ended 31 March 2022

The Director of Finance & Strategy introduced the Annual Accounts for the Year Ended 31 March 2022.

Key areas of the Annual Report were highlighted. The Performance Report confirms that NHS Fife and partners delivered significant new services and priority projects throughout 2021/22: Early Diagnostic Centre, expanding scope and range of day activity at Queen Margaret Hospital, introduction of international recruits and the development of the outline business cases to deliver the new Health Centres at Kincardine and Lochgelly.

The Director of Finance & Strategy confirmed NHS Fife met all key statutory financial targets for 2021/22.

The Director of Finance & Strategy highlighted the importance of the Governance Statement and the role of the Audit & Risk Committee review of this aspect of the Annual Accounts.

Following a question from A Wood, Non-Executive Member, it was advised a financial risk share arrangement is in place with NHS Fife and Fife Council in relation to the Integrated Joint Board (IJB). An explanation was provided on the IJB reserves and noted that a strategy is being developed to agree the utilisation of these funds across health and social care.

The team were congratulated for all their hard work in delivering the accounts for 2021/22.

The Audit & Risk Committee:

- **reviewed** the draft Annual Accounts for the year ended 31 March 2021;
- **recommended** that the Board approve the Annual Accounts for the year ended 31 March 2021;
- **recommended** that the Board authorise the designated signatories (Chief Executive and Director of Finance) to sign the Accounts on behalf of the Board, where indicated in the document;
- **approved** the proposed arrangements for resolution of minor matters in relation to the accounts, and up to the date of submission to the Scottish Government Health and Social Care Directorate; and
- **noted** that the accounts are not placed in the public domain until they are laid in Parliament.

6.3 Draft Annual Audit Report

The Director of Finance & Strategy noted that it has been a challenging year both operationally and from a financial perspective, mainly due to the ongoing uncertainty in terms of the impact of the pandemic and the pausing and retracting of services in year.

B Howarth, Audit Scotland provided an update on the Draft Annual Audit Report.

The audit concluded with an unmodified opinion on the financial statements. It was reported that there were 2 significant adjustments made to the draft accounts; the first in relation to the IJB surplus the second to record a late notification of expenditure and matching funding for Covid testing.

It was reported that the non-adjusted misstatements mainly relate to over accrual of either capital or revenue expenditure. They have not been adjusted within the Annual Accounts and the reasons are outlined in paragraph 25 of the report which are based on materiality levels. It was advised that strengthening procedures are recommended within the report for ensuring accruals are supported going forward.

B Howarth highlighted that NHS Fife achieved its revenue resource limit. It was noted a significant element of Covid funding is held in the Integrated Joint Board (IJB) reserves

Following a question from A Wood, Non-Executive Member, it was explained that the IJB are responsible for decisions on the allocation of reserves, however it was noted that there is some ring fenced and ear marked funds within those reserves that are held to deliver aspects of Covid costs for NHS Fife. It was advised that both the Fife Council and NHS Fife report 50% of the final reserve balance in their respective consolidated Accounts.

B Howarth thanked the Chief Executive, Director of Finance & Strategy & the finance team noting that this was his last year to Audit NHS Fife.

The Director of Finance & Strategy expressed thanks to the Finance Team colleagues and Internal Auditors for all their hard work and diligence throughout the year. Thanks were also extended to the External Auditors, and they were wished well for the future. The Chair and Committee Members were also thanked for all their support throughout the year, particularly in terms of the progression of the revised risk management arrangements.

The Audit & Risk Committee took **assurance** from and **noted** the Annual Audit Report.

6.4 NHS Fife Independent Auditors Report - Including Draft Letter of Representation

B Howarth, Audit Scotland advised that the Audit work is now complete, and the revised set of Annual Accounts which are referred to in the Draft Letter of Representation, have been received and reviewed, and an unqualified audit opinion has been proposed.

6.5 Annual Assurance Statement to the NHS Board 2021/22

The Audit and Risk Committee **approved** the Chair's signed approval of the Committee's final version of the Committee Assurance Statement to the Board.

7. FOR ASSURANCE

The Committee **approved** the tracked workplan.

8. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no issues to highlight to the Board.

9. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting: Thursday 15 September 2022 at 2pm via MS Teams

Fife NHS Board

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON FRIDAY 1 JULY 2022 AT 10AM VIA MS TEAMS

Present:

C Cooper, Non-Executive Member (Chair) A Lawrie, Area Clinical Forum Representative
M Black, Non-Executive Member J Owens, Director of Nursing
A Wood, Non-Executive Member J Tomlinson, Director of Public Health
S Fevre, Area Partnership Forum
Representative

In Attendance:

J Brown, Head of Pharmacy (*Deputising for B Hannan*)
N Connor, Director of Health & Social Care (*Part*)
S Cosens, NHS Lothian (*Item 7.1 only*)
C Dobson, Director of Acute Services
S Fraser, Associate Director of Planning & Performance (*Part*)
A Graham, Associate Director of Digital & Information
S Harrow, NHS Lothian (*Item 7.1 only*)
H Hellewell, Associate Medical Director, H&SCP
G MacIntosh, Head of Corporate Governance & Board Secretary
M McGurk, Director of Finance & Strategy
E Muir, Clinical Effectiveness Manager
F Quirk, Assistant Research, Innovation & Knowledge Director (*Item 7.2 only*)
C Reid, NHS Lothian (*Item 7.1 only*)
H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Chair highlighted that as the easing of restrictions continue, and with the rising numbers of Covid cases, there are still unprecedented pressures across the whole health and social care system. The Chair recognised the dedication of our staff and volunteers and thanked them for their ongoing hard work.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

1. Apologies for Absence

Apologies were noted from members S Braiden (Non-Executive Member), K MacDonald (Non-Executive Whistleblowing Champion), C McKenna (Medical Director) and C Potter (Chief Executive), and attendees B Hannan (Director of Pharmacy & Medicines), L Campbell (Associate Director of Nursing), G Couser (Associate Director of Quality & Clinical Governance), J Morrice (Associate Medical Director, Women & Children's Services) and M Wood (Interim Associate Medical Director for Surgery, Medicine & Diagnostics).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on 29 April 2022

Updates to the previous minutes were made as follows:

- Item 5.2, paragraph 3: typo corrected.
- Item 5.3, paragraph 4 expanded to read: A Wood, Non-Executive Member, requested further information on the reasons for not meeting the Cancer Waiting Times 62-day target (Risk 2297). The Medical Director advised that the performance metrics would sit within the Finance, Performance & Resources Committee and the operational aspects are discussed at the Cancer Oversight Group. Clinical aspects are also discussed at the Cancer Oversight Group, with assurances coming from that Group to this Committee.
- Item 6.2, paragraph 5 expanded to read: Following a question from A Wood, Non-Executive Director, on the review of the Major Incident Plan, it was advised an update will be included in the report at the July Committee meeting.
- Item 7.3, paragraph 2 expanded to read: A Wood, Non-Executive Director, questioned if there continues to be an ongoing system issue in the reporting of hand hygiene trends, and highlighted page 12 of the report at 5.1 where it states hand hygiene trends are unable to be reported. The Director of Nursing advised that hand hygiene audits are included in the HAIRT Report (page 19 & 21), and that this data is being captured via the LanQIP dashboard. The Director of Nursing agreed to take forward the reference on page 12 – unable to report trends.

The Committee then formally **approved** the minutes of the previous meeting.

4. Matters Arising / Action List

Action Item 1 - Adult Support and Protection Biennial Report 2018-2020

The Director of Nursing advised that work is being carried out in relation to the number of reported self-harm cases and the link to the Psychological Therapies Services and Addiction Services waiting lists. M Black, Non-Executive Member, raised concern over the delay in the timeline for the report coming to the Committee and the Director of Health & Social Care advised that there had been an oversight and confirmed a report will come to the meeting on 2 September 2022, for assurance.

Action Item 2 - Clinical Governance Framework

The Associate Medical Director advised that the Clinical Governance Framework is actively being worked on, and, due to timelines being revised, the framework will come to the November Committee meeting.

M Black, Non-Executive Member, raised concern over the revised timeline for the framework and expressed displeasure over the delay. The Associate Medical Director advised that the framework has been delayed twice for feedback due to extreme service

pressures. The Director of Finance & Strategy added that engagement is vital, and assurance was provided that the Internal Auditors had referenced the delay as a minor slippage, which was unavoidable and symptomatic of wider system pressures, given the significance of the report.

Action Item 4 - Health & Safety Workplan

A Wood, Non-Executive Director, questioned if there is a plan or opportunity for an assurance report to come to the Committee at regular intervals in terms of the delivery of the Health & Safety Workplan. The Director of Nursing agreed to ask the Chair of the Health & Safety Subcommittee for an update.

Action: Director of Nursing

The Committee **noted** the updates and also the closed items on the Action List.

5. ACTIVE OR EMERGING ISSUES: COVID-19

The Director of Public Health provided a verbal update and advised of an uptake in reported Covid cases within the Region, which is being driven by two new variants: Omicron ba.4 & ba.5. It was reported that the pattern of cases is not as severe as it was in the past, due to the benefits of the vaccinations. It was noted, however, that there has been an uptake in the number of care homes affected.

The Associate Medical Director reported on the impact of staffing across the system due to the rising case numbers. It was also reported that there continues to be a high number of the population coming into the hospitals to be assessed, however, less are requiring more intensive therapy. Assurance was provided that work is ongoing to mitigate the staffing pressures and ensuring all areas are safe.

S Fevre, Area Partnership Forum Representative, questioned if there is any further support for staff in terms of booster vaccinations and if that would support prevention of positive cases within our workforce. The Director of Public Health advised that booster vaccinations will be nationally led, and that it is anticipated that correspondence will be received from the Joint Committee on Vaccination and Immunisation (JCVI), who make the determination of vaccination weaning and the benefit to the population, in the coming weeks.

The Chair questioned if there is any indication that there would be any supply issues for vaccinations in the future. The Director of Public Health advised that there will be restrictions in terms of numbers of supplies that are available, and the JCVI would make the decision on the best way to use the resources.

Following a question from M Black, Non-Executive Director, on reverting back to one visitor in the hospitals, the Director of Public Health advised that allowing for one visitor reduces pressures on staff and also reduces the footfall, which subsequently should reduce risk to patients in our hospitals. It was noted discussions have taken place through the Executive Directors' Group on wider communication to the population regarding raising awareness for individuals to protect themselves.

M Black, Non-Executive Director, questioned the impact of long Covid. The Director of Public Health reported that a full understanding of the different elements of support that is required to those with long Covid is not yet available. It was noted specific work is

ongoing in relation to recovery and rehabilitation of Covid, and a framework will be brought back to the Committee.

The Director of Nursing noted that she is now a representative on the 'Long COVID Strategic Oversight Board' and updates will be brought back to the Committee.

The Committee took **assurance** from the update.

6. GOVERNANCE MATTERS

6.1 Annual Internal Audit Report 2021/22

The Director of Finance & Strategy reported that conclusions of the Annual Internal Audit Report 2021/22 is very positive.

It was advised that the report details progress made regarding the Risk Management Improvements Programme and the review of the Board Assurance Framework. Also detailed within the report is the Organisational Duty of Candour Report, which has been delayed due to the pandemic, pressures on the systems and delays to the adverse events processes; every effort is being made to bring that back on track.

It was reported Information Governance & Security is an area of significant improvement, and all actions are complete. It was also reported good progress has been made on the Clinical Governance Framework, despite the slight delay in the timeline.

It was confirmed the Annual Internal Audit Report 2021/22 was brought to the Committee for assurance, and not for approval, as stated in the cover paper.

A Wood, Non-Executive Member, questioned the actions and support around the backlog of activity within the Organisational Duty of Candour Report and asked if an update will be brought back to this Committee on progress of actions. The Director of Finance & Strategy advised that the backlog was due to gaps in the service as a result of staff leaving the organisation and high staff absences due to Covid. It was advised that the Organisational Duty of Candour Report 2021/22 will be concluded shortly and as part of that report a section will be built in around improving resilience. The Director of Nursing added that work has been ongoing around the adverse events process and also around streamlining the complaints process as much as possible. The Organisational Duty of Candour Report 2021/22 will be brought to this Committee as soon as possible.

Action: Associate Medical Director

The Committee took **assurance** from the report as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

6.2 Board Assurance Framework (BAF) - Quality and Safety

The Director of Nursing reported that the quality & safety component of the BAF has been reviewed and updated. The risk level remains unchanged at high, and there have been no changes to the risk level or ratings of the linked risk. The BAF will be replaced by the Corporate Risk Register, and this new means of reporting will come to the Committee at the September meeting.

The Committee considered the questions set out in the paper and **approved** the updated quality and safety component of the BAF.

6.3 Board Assurance Framework (BAF) - Strategic Planning

The Director of Finance & Strategy reported that the Strategic Planning BAF has been assessed as moderate, and it is expected that this risk level will reduce as we progress through the milestone plan for strategy development.

The Committee **approved** the current position in relation to the Strategic Planning risk of moderate.

6.4 Board Assurance Framework - Digital and Information

The Associate Director of Digital & Information highlighted the two linked risks which have been removed from the Digital & Information BAF and are detailed in the paper. The current risk level for this BAF has been assessed as high, with the target score remaining at moderate.

M Black, Non-Executive Member, questioned why the cyber attack risk has been reduced. The Associate Director of Digital & Information reported that there has been the introduction of new technology for that specific risk, and work is being conducted in relation to the network and security audit to reframe some of the cyber attack risks.

The Committee took **assurance** from the content and current assessment of the Digital & Information BAF.

7. STRATEGY/PLANNING

7.1 Edinburgh Cancer Centre Reprovision - Regional Service Model Discussion

C Dobson introduced S Cosens, S Harrow and C Reid from NHS Lothian, who joined the meeting to speak to this item. S Cosens gave a presentation on the reprovision of the Edinburgh Cancer Centre, the slides for which will be shared with the Committee.

Action: Board Committee Support Officer

The Chair questioned the timelines once the Initial Agreement (IA) has been submitted to the Scottish Government. S Cosens advised that the Scottish Government are aware the IA will be submitted in August 2022, and that their Capital Investment Group is scheduled for 28 September 2022.

A Wood, Non-Executive Director, questioned if the decentralised radiotherapy model is an additionality. S Cosens advised that the demand in the future suggests that 10 linacs in the South East Region (Lothian, Fife, Borders and Dumfries & Galloway) are required, and that the decentralised model would suggest that at least two of these linacs would be together in another region. It was also reported that the impact of resources on other Boards in the region would be factored into service planning. S Cosens advised that the business case that is being submitted may include the radiotherapy satellite. Costings would be agreed through the South East Cancer Network (SCAN) where all the Health Boards come together to plan for cancer services

S Cosens explained that the Dumfries & Galloway Health Board send their oncology patients to the SCAN region and when specialist services are required, they are referred to the Edinburgh Cancer Centre, which is a continuation of the current service level provision. It was noted that this is a small number of patients.

The Chair commended the significant work of the whole team. S Cosens, S Harrow and C Reid were thanked for an excellent and informative presentation.

The Committee took **assurance** from the update.

7.2 Data Sharing Agreement for Use Case Project with Data Loch

The Assistant Research, Innovation & Knowledge (RIK) Director joined the meeting and provided an update on the situation of Data Loch, as described in the paper.

A Wood, Non-Executive Member, requested clarity that the proposal is recommended and supported from an information governance perspective and questioned if there is an ethics process that is required. The Assistant RIK Director advised that the Information, Governance & Security Oversight Group recommended the proposal. It was noted that Data Loch is not a research project and is a service management project, which is subject to innovation governance oversight and data security & protection confidentiality. The Associate Director of Digital & Information reported that a detailed assessment will take place if there is a recommendation to proceed with the project.

Following a question from M Black, Non-Executive Member, the Assistant RIK Director reported that Fife benefits from being able to access two trusted research environments which offer slightly different services.

A Lawrie, Area Clinical Forum Representative, questioned if patient consent is sought for statistical data and if there is an opportunity for patients to opt out of their data being used. The Assistant RIK Director explained that the data will be subject to the NHS Code of Conduct and Data Protection Act around data confidentiality and security. It was noted that policies and protections are in place that ensure those policies are upheld within the information governance framework for Data Loch. It was also advised that the data sits within NHS Lothian's infrastructure and is subject to the same policies and frameworks as NHS Fife. The Associate Director of Digital & Information noted that Data Loch have carried out some strong engagement work to help inform the public's perception of handling data and the legislative position.

The Committee provided indicative **approval** to develop and implement a use case demonstration project with Data Loch.

7.3 Emergency / Resilience Planning

The Director of Public Health advised that the reporting arrangements for emergency/resilience planning is being refreshed. The paper describes the updates on progress to date and the initial recommendations from the internal audit findings.

It was advised that the cycle of reporting is on annual basis in terms of business continuity assurance, and that this was heavily disrupted due to the pandemic. It was reported that the organisation has been working to enhance command and control

structures throughout the pandemic and that the Business Continuity Plan has been tested thoroughly during this period.

A Wood, Non-Executive Member, asked if progress updates would be provided to the Committee on the future via resilience assurance reports. The Director of Public Health advised that progress updates will now be provided to the Executive Directors' Group on a quarterly basis, and that the terms of reference will be updated to reflect that change. An annual statement of assurance would come forward to the Board.

The Committee took **assurance** from the update and **noted** the focus of future resilience assurance reports will cover the following:

- Quarter 2: Testing and exercising
- Quarter 3: Business continuity assurance statement
- Quarter 4: Major Incident plan formal sign-off

8. QUALITY/PERFORMANCE

8.1 Integrated Performance and Quality Report (IPQR) Review Progress Report

The Associate Director of Planning & Performance highlighted the introduction of risk management into the IPQR and advised that work continues to be ongoing on the corporate risks, which will inform how the risk management information is presented in the IPQR. It was reported that corporate risks will be aligned to risk management within the IPQR, which will also be aligned to the improvement outcomes.

The Associate Director of Planning & Performance also mentioned that the metrics have all been reviewed within the IPQR and a few changes have been made. It was highlighted that screening indicators are still under discussion.

It was reported that the IPQR is now in its new format, and the new metrics have been included. It was noted that projections of activity are still a work in progress. The Scottish Government are still in discussions for agreement on projections with individual operational departments, and the projections will be included in the IPQR, once this work is complete.

Following a question from M Black, Non-Executive Member, the Associate Director of Planning & Performance provided clarity on the 'All delayed discharge bed days lost' within the operational performance metrics section of the paper.

M Black, Non-Executive Member, highlighted that there is no direction about the updating of Scottish Government directed national targets. The Associate Director of Planning & Performance agreed to take this forward outwith the meeting and respond directly back to M Black and the Committee if necessary.

Action: Associate Director of Planning & Performance

The Committee **noted** and **agreed** to the proposed update to the IPQR from the IPQR Review Group.

8.2 Integrated Performance and Quality (IPQR) Report

The Director of Nursing provided an update and gave an overview of the key points within the report.

A Wood, Non-Executive Member, questioned if the level of performance for cardiac arrest should be added to the operational performance metrics. A Wood also noted that cardiac arrest is one of the top extreme adverse events and questioned what percentage of cardiac arrests were avoidable. The Director of Nursing agreed to bring an update back to the Committee from the Resuscitation Committee who have been looking at work around deteriorating patients. Assurance was provided from the Associate Medical Director that the Resuscitation Committee are also looking at whole systems.

Action: Director of Nursing

Following a question from A Wood, Non-Executive Member, the Director of Nursing agreed to take forward with the Medical Director the agreement of a timeline for an update to be brought to the Committee on the Hospital Standard Mortality Rates (HSMR).

Action: Director of Nursing

The Director of Public Health highlighted inequalities, and whether the data within our existing statistics could be analysed further to give a better understanding of inequalities and adverse events and if there are any patterns. It was agreed to take this forward as an action.

Action: Director of Nursing/Associate Director of Planning & Performance

The Committee took **assurance** from the IPQR report.

8.3 Healthcare Associated Infection Report (HAIRT)

The Director of Nursing spoke to the paper and highlighted the new Standards on Reduction of Healthcare Associated Infections (HAIs). A gap analysis will be carried out, and a paper will be brought back the Committee.

Action: Director of Nursing

It was reported that the reduction Standards for Clostridioides difficile Infection (CDI), Staphylococcus aureus Bacteraemia (SAB) and Escherichia coli Bacteraemias (ECB) have been extended to March 2024 due to the Covid response.

The Director of Nursing noted that the cleaning specification and Estates' work is still at green status, which is positive.

A Wood, Non-Executive Member, sought assurance on the resources for surgical site infection surveillance. The Director of Nursing advised that there are designated nurses for surgical site infection surveillance, however, due to the pandemic, those staff have been supporting other areas. This will be closely monitored to ensure that there is sufficient resource in place for when surveillance work returns.

The Committee took **assurance** from the update.

8.4 No Cervix Incident – Lessons Learned

The Director of Public Health provided background information, as detailed in the paper, and provided assurance that the process has been completed and lessons learned

identified. The full report of the lessons learned session is available via Joy Tomlinson, Director of Public Health.

The Committee took **assurance** from the update.

9. DIGITAL/INFORMATION

9.1 Update on Digital Strategy 2019-2024

The Associate Director of Digital & Information highlighted the key areas from the five key ambitions for Digital & Information and advised that progress remains strong. Delays in the implementation of HEPMA and paper-lite were reported, and those activities are now underway; it is expected initiation and early adoption will take place before the close of this digital strategy period, although there is recognition that implementation will be extended past that period.

The Associate Director of Digital & Information outlined the areas where delays have been recognised and will extend beyond delivery of the strategy period.

It was reported that there is a new Scottish Government consultation relating to the development of a National Data Strategy for Health & Social Care, and NHS Fife will receive further details in August 2022 to support our response.

Following a question from M Black, Non-Executive Member, assurance was provided that data availability and sharing between the Integrated Joint Board (IJB) and Primary Care is significant and will be encouraged as much as possible.

The Committee took **assurance** of suitable progress for the Digital and Information Strategy 2019-2024, despite challenges to complete the implementation of new capabilities within the remain term of the Digital Strategy.

10. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

10.1 Patient Experience & Feedback Report

The Director of Nursing spoke to the report and highlighted the key points.

It was noted that with additional staff in post, capturing live feedback from patients will be carried out. This will support improving processes around improving the patient experience.

The Committee **supported** the direction of travel indicated in the Report.

11. ANNUAL REPORTS

11.1 Clinical Advisory Panel Annual Report

The Associate Medical Director provided a brief update on the report.

A Wood, Non-Executive Member, questioned the financial details for referrals to the Independent Sector and asked if the services are being assessed. The Associate Medical Director provided assurance and advised that there is a process in place for

each provider, and that some of the services provided are for specific needs and may be the only option in the UK.

Following a question from M Black, Non-Executive Member, it was advised that addiction is just one of the services provided at The Priory, and that they also provide a service for those with severe and complex mental health needs. The Associate Medical Director agreed to provide M Black with more detail around the provision of addiction services in Fife outwith the meeting.

Action: Associate Medical Director

The Committee took **assurance** from the Report.

11.2 Director of Public Health Annual Report 2020-2021

The Director of Public Health highlighted the main points in the paper.

The Committee **considered** the emerging issues set out within the Director of Public Health Annual Report and **endorsed** the future opportunities listed for each priority.

12. FOR ASSURANCE

12.1 Delivery of Annual Workplan

The Clinical Effectiveness Manager outlined the updates to the annual workplan.

It was agreed to add the Annual Resilience Report to the workplan.

Action: Board Committee Support Officer

The Committee took **assurance** from the tracked workplan.

13. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes.

13.1 NHS Fife Clinical Governance Oversight Group held on 19 April 2022 (confirmed)

13.2 Digital & Information Board held on 19 April 2022 (unconfirmed)

13.3 Fife Drugs & Therapeutic Committee held on 27 April 2022 (unconfirmed)

13.4 Fife IJB Clinical & Care Governance Committee held on 20 April 2022 (unconfirmed)

13.5 Research, Innovation & Knowledge Oversight Group held on 24 May 2022 (unconfirmed)

14. ESCALATION OF ISSUES TO NHS FIFE BOARD

14.1 To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

14.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters/issues to escalate to the Board.

15. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 2 September 2022 at 10am via MS Teams.

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING
HELD ON TUESDAY 12 JULY 2022 AT 09:30AM VIA MS TEAMS**

Alistair Morris
Chair

Present:

A Morris, Non-Executive Director (Chair) J Owens, Director of Nursing
W Brown, Non-Executive Stakeholder Member C Potter, Chief Executive
A Grant, Non-Executive Director J Tomlinson, Director of Public Health
M McGurk, Director of Finance & Strategy

In Attendance:

J Brown, Head of Pharmacy (*deputising for B Hannan*)
N Connor, Director of Health & Social Care
S Fraser, Associate Director of Planning & Performance (*Items 7.1 & 7.2 only*)
N McCormick, Director of Property & Asset Management
G MacIntosh, Head of Corporate Governance & Board Secretary
M Michie, Deputy Director of Finance
K Donald, Interim PA to Director of Finance & Strategy (*observing*)
H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to meeting, noting this was his first meeting as Chair. A welcome was extended to J Brown who is deputising for B Hannan.

The Chair gave thanks and appreciation to Rona Laing for all her work over the years to guide and support this Committee.

Members were advised that a recording pen will be in use at the meeting to aid production of the minutes.

1. Apologies for Absence

Apologies were received from members M Mahmood (Non-Executive Director), A Lawrie (Area Clinical Forum Representative), C McKenna (Medical Director) and attendees C Dobson (Director of Acute Services), A Graham (Associate Director of Digital & Information) and B Hannan (Director of Pharmacy & Medicines).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minute of the last Meeting held on 10 May 2022

The Committee formally **approved** the minute of the last meeting.

4. Action List / Matters Arising

The Committee **noted** the closed item on the Action List.

5 GOVERNANCE MATTERS

5.1 Annual Internal Audit Report 2021/22

The Director of Finance & Strategy advised that the Annual Internal Audit Report 2021/22 forms part of the suite of assurance that is provided to the Audit & Risk Committee to support the Governance Statement within the Annual Accounts for 2021/22.

The Director of Finance & Strategy informed the Committee that the detailed report is positive and is testament to progress across a number of improvement areas over the previous 12 months, despite the ongoing challenges. Areas pertinent to this Committee within the Internal Control Evaluation (ICE) section of the report were highlighted.

The Committee took **assurance** from this report as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement within the Annual Accounts for 2021/22.

5.2 Board Assurance Framework (BAF) – Financial Sustainability

The Director of Finance & Strategy spoke to the Financial Sustainability BAF and reported that the risk score has been reviewed and updated to High.

The Director of Finance & Strategy advised that since the writing of the report, a level of allocation to support Health Board retained Covid expenditure has been received, which offers some mitigation, however, does not close the gap in terms of the forecast Covid expenditure. Significant work, both locally and nationally, looking to manage the costs of the Covid recovery is ongoing.

In terms of the risk around not achieving the revenue financial target, it was reported that this has been assessed as high. A financial gap of £10.4m for 2022/23 is being discussed with the Scottish Government.

It was advised that guidance has been received for the medium-term financial plan submission, and work is ongoing to progress this.

The Chair questioned if there was any further Covid related support anticipated from the Scottish Government. The Director of Finance & Strategy confirmed that Scottish Government have advised there will be no funding beyond that already received for 2022/23. A detailed assessment is however being made to determine whether any acute set aside service Covid expenditure could be supported from the IJB Covid reserve.

The Director of Finance & Strategy highlighted the importance of delivering against the savings plans within the Financial Sustainability Improvement Programme, which was discussed further at agenda item 7.4.

The Director of Public Health recognised the funding challenges, due to the ongoing pressures, and fully supported the escalation of the risk.

The Committee **considered** and **approved** the updated Financial Sustainability element of the Board Assurance Framework which confirms that risk has been increased to High.

5.3 Board Assurance Framework (BAF) – Strategic Planning

The Director of Finance & Strategy reported that the level of risk within the Strategic Planning BAF has been assessed as moderate, and as we continue to progress through the milestone plan activity for strategy development, it is expected that the risk level will reduce further.

As part of the discussions with the Board around risk appetite and the development of a new corporate risk register, the Director of Finance & Strategy advised that a review of the BAF risks is being carried out.

The Committee **considered** and **approved** the current position in relation to the Strategic Planning element of the Board Assurance Framework which confirms that risk has been assessed as Moderate.

5.4 Board Assurance Framework – Environmental Sustainability

The Director of Property & Asset Management spoke to the Environmental Sustainability BAF and advised that the risk remains at High.

The Director of Property & Asset Management reported that discussions are ongoing around identifying risks to include in the new corporate risk register. It was advised a risk has been identified in relation to the development and delivery of the Property & Asset Management Strategy in that it may not meet the requirements of the wider Population Health & Wellbeing Strategy. A further associated new risk is that that we do not have sufficient resources to deliver the strategy in terms of workforce and capital. A further risk identified is the potential failure to deliver the climate emergency arrangements set out by the Scottish Government in November 2021.

The Committee **considered** and **approved** the current position in relation to the Environmental Sustainability element of the Board Assurance Framework which confirms that risk remains at High.

6 STRATEGY / PLANNING

6.1 Property & Asset Management Strategy (PAMS) 2021/22

The Director of Property & Asset Management advised that development of the PAMS is in line with supporting strategies to ensure alignment. Engagement with key stakeholders will be carried out before the PAMS is presented to the Fife Capital Investment Group and Portfolio Board. The draft PAMS will then come back to this

Committee at the meeting on 13 September 2022, before it is then presented to the wider Board.

The Chief Executive provided background detail to previous iterations of the PAMS document and provided assurance that the approach the team are taking is to ensure that the PAMS is aligned and embedded to become an integral part of the Population Health & Wellbeing Strategy.

The Committee took **assurance** from the update and supported the timeline and proposed governance route.

6.2 Fife Capital Investment Group Report 2022/23

The Director of Finance & Strategy advised that the report details the proposed utilisation of the 2022/23 capital allocation. Assurance was provided that the Fife Capital Investment Group (FCIG) have reviewed in detail and supported the proposals around utilisation of the core allocation.

The Director of Finance & Strategy advised that the outline business cases for Lochgelly and Kincardine Health Centres were received positively by the Scottish Government's Capital Investment Group in June 2022. It was advised that the NHS Assure process needs to conclude and is a key milestone to be reached before full approval from the Scottish Government.

A Grant, Non-Executive Member questioned where the detail of the Elective Orthopaedic Centre expenditure is recorded and reviewed. The Director of Finance & Strategy advised a detailed breakdown of that spend is presented to the Elective Orthopaedic Centre Programme Board who review in detail, and that this Committee is presented with the high-level detail.

The Committee took **assurance** from the Report.

7 QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Associate Director of Planning & Performance joined the meeting and advised that the majority of the metrics within the IPQR remain very challenging. It was noted that the Annual Delivery Plan will explore ways to recover the position, and that operational plans will be aligned to the Annual Delivery Plan.

The Deputy Director of Finance spoke to the revenue expenditure section within the IPQR.

It was reported that the Covid spend, to date, totals £3.8m, and a breakdown of this is provided in the IPQR. It was reported an additional £7.5m for Covid expenditure has been allocated by the Scottish Government, and it was advised that confirmation is awaited in relation to test & protect and that this has not been included in the additional £7.5m allocation.

The Deputy Director of Finance advised that the Scottish Government have been clear that the monies that have been allocated must be spent on currently identified Covid spend.

It was reported that in terms of the cost improvement YTD target of £1.6m, that £750k has been delivered. It was advised that the slippage within this target relates to two areas: the vacancy factor target and the financial grip & control target.

A Grant, Non-Executive Member commented that the Covid funding from the Scottish Government appeared low. The Director of Finance & Strategy advised that the Scottish Government have not received any UK consequential to support Covid spend in 2022/23 and noted that it will be a very challenging year, with anticipated high levels of scrutiny by the Scottish Government in terms of in-year expenditure and delivery against saving targets.

The Director of Health & Social Care reported on the performance indicators for Acute Services and the Health & Social Care Partnership within the IPQR. The position remains extremely challenging and pressurised across all of our system.

The Director of Health & Social Care thanked all staff and volunteers for all their hard work during these challenging times.

The Chair highlighted that the majority of our trends are on an upward trajectory, which is positive.

The Committee took **assurance** from the Report.

7.2 Integrated Performance & Quality Report (IPQR) Review Update

The Associate Director of Planning & Performance advised a review of the IPQR has been carried out following the Board Active Governance Session in November 2021.

The Associate Director of Planning & Performance highlighted the introduction of risk management into the IPQR and advised that review work continues on the corporate risks, which will inform how the risk management information is presented in the IPQR. It was reported that corporate risks will be aligned to risk management within the IPQR, which will also be aligned to the improvement outcomes.

It was reported that the IPQR is now in its new format, and new metrics have been included.

The Committee were informed that activity projections remain a work in progress.

The Associate Director of Planning & Performance also reported that improvement actions from the previous year will be included in the next iteration of the IPQR and will be aligned to the Annual Delivery Plan.

The Chair requested further detail on complaints and the level of workforce vacancies within the IPQR. The Associate Director of Planning & Performance agreed to include this in the next iteration of the IPQR.

Action: The Associate Director of Planning & Performance

The Committee took **assurance** from the proposed update to the IPQR from the IPQR Review Group.

7.3 Labs Managed Service Contract (Msc) Performance Report

The Chief Executive provided background to the report.

The Director of Property & Asset Management provided an overview of the report and advised that the report provides a summary of activity over the previous year.

The Committee took **assurance** from the Report.

7.4 Financial Improvement and Sustainability Programme Progress Report

The Director of Finance & Strategy advised regular updates will be provided to the Committee on this important programme.

The Director of Finance & Strategy advised that each cost improvement area is supported by a detailed cost improvement plan which is scrutinised in detail at the Financial Improvement Sustainability Programme Board and at Directorate level.

The Deputy Director of Finance added that there are a number of pipeline schemes that will be presented during the year to the Financial Improvement Sustainability Programme Board.

A Grant, Non-Executive Member requested more detail, for this Committee, on delivery of the vacancy factor and financial grip and control plans. He also requested an additional column be added to the summary, which presents the breakdown for the year, on the current position. The Deputy Director of Finance agreed to take this forward.

Action: Deputy Director of Finance

The Committee took **assurance** from the Financial Improvement and Sustainability Programme Progress to date.

8 FOR ASSURANCE

8.1 Delivery of Annual Workplan

The Director of Finance & Strategy outlined the updates to the annual workplan. It was noted that the Development Sessions require to be rescheduled.

The Committee **approved** the workplan.

8.2 Procurement Governance Board Report No. B18-22

The Director of Finance & Strategy introduced the report and confirmed that the Procurement Governance Board is now active and detailed plans are coming forward in terms of improvement activity.

It was agreed that going forward a short covering SBAR would be prepared for these internal audit reports outlining key areas of committee focus.

The Committee took **assurance** from the Procurement Governance Board Report No. B18-22.

8.3 Financial Process Compliance Report No. B20-22

The Director of Finance & Strategy introduced the report.

The Committee took **assurance** from the Financial Process Compliance Report No. B20-22.

9. Linked Committee / Group Minutes

The Committee **noted** the linked committee minutes:

- 9.1 Fife Capital Investment Group held on 20 April 2022 (unconfirmed)
- 9.2 IJB Finance & Performance Committee held on 11 March 2022 (confirmed) and 29 April 2022 (unconfirmed)
- 9.3 Pharmacy Practice Committee held on 30 May 2022 (unconfirmed)

Following a question from A Grant, Non-Executive Member, it was advised that there are no Non-Executive Members on the Fife Capital Investment Group as this group is a subcommittee of the Executive Directors Group (EDG) who look at the operational detail of capital on behalf of the EDG.

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IQPR summary.

10.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no issues to escalate to the Board.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

The next meeting will be held on Tuesday 13 September 2022 at 9.30am via MS Teams.

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 4 JULY 2022 AT 10AM VIA MS TEAMS

Present:

T Marwick, (Chair)

C Cooper, Non-Executive Member

A Morris, Non-Executive Member

W Brown, Employee Director

M McGurk, Director of Finance & Strategy

J Owens, Director of Nursing

J Tomlinson, Director of Public Health

In Attendance:

N Connor, Director of Health & Social Care

S Fraser, Associate Director of Planning & Performance

G MacIntosh, Head of Corporate Governance & Board Secretary

F Richmond, Executive Officer to the Chief Executive & Board Chair

H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

1. Apologies for Absence

Apologies were received from members M Black (Non-Executive Director), C McKenna (Medical Director) and C Potter (Chief Executive).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on Monday 16 May 2022

The minutes from the previous meeting was **agreed** as an accurate record.

4. Matters Arising / Action List

The Committee **noted** the updates and the closed items on the Action List.

5 GOVERNANCE MATTERS

5.1 Annual Internal Audit Report 2021/22

The Director of Finance & Strategy reported that the conclusions of the Annual Internal Audit Report 2021/22 are very positive. The report is being presented to all the Board Committees this cycle, for assurance.

It was advised that the report is positive in terms of improvement activity, and, particularly for this Committee, highlighting the work on strategy development and scrutiny. The report also highlights a number of areas where improvement is needed, including the Organisational Duty of Candour Report, which has not progressed in line with the original timeline.

The Committee **noted for assurance purposes** the findings of the Annual Internal Audit Report 2021/22.

6. STRATEGY / PLANNING

6.1 Population Health & Wellbeing Strategy: Progress Update

The Director of Finance & Strategy provided assurance that the Population Health & Wellbeing Strategy Progress Report details some of the key components that were discussed at the April Board Development Session. A summary of the key components was provided.

The Director of Public Health reported that a workshop was carried out the previous week and deep discussions took place on the proposal, key questions to be addressed, and the focus for the new strategy. It was noted that there was a wide range of individuals from across the organisation in attendance, and there was good engagement. A key theme from the workshop was the importance of the different workstreams all contributing to the strategy. The information from the workshop will be collated and synthesised. An update on engagement activity will be provided to the Committee at its next August meeting.

The Associate Director of Planning & Performance noted that the Annual Delivery Plan and Strategic Planning & Resource Allocation (SPRA) process are interrelated to the development of the strategy.

Following a question from the Chair in terms of adding timelines, it was advised that we continue to progress through the original milestone plan for strategy development. It was agreed to include and define timelines in future updates.

Action: Director of Finance & Strategy

The Committee **noted for assurance** the contents of the report.

6.2 Mental Health Strategy Progress Report – June 2022

The Director of Health & Social Care spoke to the report and outlined the key points, developments and priorities. It was highlighted that a significant amount of work has been taken forward, despite the challenges of the pandemic. A refresh of the strategy approved pre-Covid will be carried out for the post-pandemic period, and this work is currently ongoing.

A Morris, Non-Executive Member, praised the report in terms of the detail on key developments, stages of development and the impact, and highlighted the importance of these areas. C Cooper, Non-Executive Member, added that the report clearly outlines the challenges moving forward. C Cooper also noted that the strategy requires

to be aligned in terms of the new national strategies, such as the suicide prevention and the mental health national review, and asked if additional resources would become available to support these new and updated national strategies in relation to mental health. In response, the Director of Health & Social Care advised that resources for the new strategies are being explored, particularly for mental health, and that there has been, to date, significant investment in this area. It was reported that some of the new national strategies will come with specific commitments that will be required to be delivered, with a level of ring-fenced funding that will be fully aligned to its requirements.

The Director of Public Health highlighted page 5 of the report (stepped model of care), noting it is positive that there is an understanding around individuals with more severe and complex mental health needs in the community.

The Director of Nursing noted that she is now a representative on the 'Long COVID Strategic Oversight Board' and updates on the linkages of this work will be brought back to the Committee.

The Committee took **assurance** on the work undertaken by Fife Mental Health services during 2021/22 to support and drive delivery of the strategic priorities for the people of Fife and took **assurance** that there is joined up working in place to support connections between the Mental Health Strategy and the Mental Health Estates work.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance and Quality Report Review Progress Report

The Associate Director of Planning & Performance highlighted the introduction of risk management into the IPQR and advised that work continues to be ongoing on the corporate risks, which will inform how the risk management information is presented in the IPQR. It was reported that corporate risks will be aligned to risk management within the IPQR, which will also be aligned to the improvement outcomes.

The Associate Director of Planning & Performance also mentioned that the metrics have all been reviewed within the IPQR and a few changes have been made. It was highlighted that vaccine and seasonal flu metrics have been included, and that screening indicators are still under discussion.

It was reported that the IPQR is now in its new format, and the new metrics have been included. It was noted that projections of activity are still a work in progress. The Scottish Government are still in discussions for agreement on projections with individual operational departments, and the projections will be included in the IPQR, once this work is complete.

The Director of Finance & Strategy reported that there has been a further delay from the Scottish Government in terms of formal targets, and that the Annual Delivery Plan, which is being presented to the Board Committees and Board this month, will not include the new Scottish Government targets.

A Morris, Non-Executive Director, requested more information on complaints in terms of volume of complaints and identifying particular areas of concern or trends. The Director of Nursing advised that the first quarterly report on complaints will go to the

Clinical Governance Committee in September and that this report will provide a lot more detail on complaints. Once the report develops, metrics will be identified to include in the IPQR. It was also advised that capturing live feedback from patients will be carried out. This will support improving processes around improving the patient experience.

A Morris, Non-Executive Director, also questioned the delay to providing the establishment gap measurement. The Director of Nursing advised that discussions are ongoing nationally, and Public Health Scotland have been looking at the best way to capture the establishment gap. The Director of Nursing will provide a fuller update outwith the meeting.

Action: Director of Nursing

A Morris, Non-Executive Director, noted measurements on the number of staff vacancies continues to be limited. W Brown, Employee Director, noted that there are around 50% less staff in some wards and that this is putting additional pressure on staff, resulting in longer staff absences due to stress and exhaustion. It was noted there is a Workforce Overview Report available, which is updated on a monthly or bi-monthly basis, and the Chair noted a verbal update could be provided alongside the Report. The Associate Director of Planning & Performance agreed to take forward and explore options for providing further measurements for staff vacancies.

The Committee **noted** and **agreed** the proposed update to the IPQR from the IPQR Review Group.

7.2 Integrated Performance & Quality Report

The Associate Director of Planning & Performance noted the report is in its new version.

The Director of Health & Social Care provided an overview on CAHMS waiting times and Psychological Therapies as detailed in the IPQR, noting that work continues in these areas and that there continues to be challenges in terms of capacity to deliver, which is being addressed. Smoking cessation would be covered in more detail under agenda item 7.4.

C Cooper, Non-Executive Member, requested more detail in relation to the lower-level intervention and the wider holistic support for individuals and families. The Director of Health & Social Care advised that once all the actions for these services have been included in the IPQR, the detail will become more evident to the Committee.

A Morris, Non-Executive Member, highlighted that the majority of our trends are on an upward trajectory, which is positive. The Chair suggested that the key points from these trends are shared with the Comms Department to support any negative media.

The Committee took **assurance** from the report.

7.3 East of Scotland Breast Screening Programme Recovery Update

The Director of Public Health spoke to the paper.

C Cooper, Non-Executive Member, highlighted communication and asked if patients are being advised of deferments in screening. The Director of Public Health advised

that patients in the South East are being offered alternative locations for screening and that they are also being offered an opportunity to go to the static site in Tayside if they are particularly concerned. It was noted that this service is not for symptomatic persons, and screening is provided to identify the early stages of disease, which will allow for better opportunities in care.

The Committee **noted** the contents of this report for **assurance**.

7.4 Smoking Cessation & Prevention Work

The Director of Health & Social Care provided an update on smoking cessation and prevention work, as described in the paper.

Following a question from C Cooper, Non-Executive Member, the Director of Health & Social Care confirmed that engagement/consultation with external stakeholders for the programme is carried out on an ongoing basis.

A Morris, Non-Executive Member, raised a question in relation to workforce being redeployed due to the Covid pandemic, and if that workforce has now returned to the programme. The Director of Health & Social Care explained that staff who were redeployed are in the process of being returned to their posts, and, for staff who have left roles, recruitment is being carried out for those posts.

The Committee took **assurance** regarding the work being progressed through prevention, protection and cessation and that this is aligned to the work being progressed that aligns to an indicator Integrated Performance and Quality Report.

7.5 Post Diagnostic Support for Dementia Update

The Director of Health & Social Care highlighted the key points from the paper.

The Committee took **assurance** from the work underway to address waiting list for people waiting for post diagnostic support within a 12-month period, noting that the information in the IPQR report will be replaced by a fuller annual report for assurance to the Public Health and Wellbeing Committee.

8. FOR ASSURANCE

8.1 Delivery of Annual Workplan

The Director of Public Health outlined the updates to the annual workplan.

The Committee took **assurance** from the tracked workplan.

9. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

9.1 Minutes of the Public Health Assurance Committee held on 1 June 2022 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

10.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters to escalate to NHS Fife Board.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

Monday 29 August 2022 at 10am via MS Teams.

Fife NHS Board

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 14 JULY 2022 AT 10AM VIA MS TEAMS

Present:

| | |
|-----------------------------------------------------------------------|-------------------------------------------------------------|
| S Braiden, Non-Executive Member (Chair) | K Macdonald, Whistleblowing Champion & Non-Executive Member |
| W Brown, Employee Director | J Owens, Director of Nursing |
| S Fevre, Co-Chair, Health & Social Care Local Partnership Forum (LPF) | C Potter, Chief Executive |

In attendance:

K Berchtenbreiter, Head of Workforce Development & Engagement
N Connor, Director of Health & Social Care
C Dobson, Director of Acute Services
L Douglas, Director of Workforce
S Fraser, Associate Director of Planning & Performance (*Item 7.1 & 7.2 only*)
R Lawrence, Workforce & OD Lead for the Health & Social Care Partnership (HSCP) (*Item 6.2 only*)
G MacIntosh, Head of Corporate Governance & Board Secretary
M McGurk, Director of Finance & Strategy
S Raynor, Head of Workforce Resourcing & Relations
K Reith, Deputy Director of Workforce
R Waugh, Head of Workforce Planning & Staff Wellbeing
H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Chair advised that the Echo pen is being used to record the meeting for the purpose of the Minutes.

The Chair acknowledged the ongoing pressures and extended a huge thanks to all staff and volunteers for their continuing efforts.

The Chair also advised that she attended the opening of the first Staff Wellbeing Hub at Queen Margaret Hospital, along with Rhona Waugh and Simon Fevre, which was a very valuable and welcoming addition to the practical support facilities available to staff.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

1. Apologies for Absence

Apologies for absence were received from members A Morris (Non-Executive Member), M Mahmood (Non-Executive Member), and A Verrecchia (Co-Chair, Acute Services Division and Corporate Directorates Local Partnership Forum).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the last Meeting held on Thursday 12 May 2022

Following comments from W Brown, Employee Director, it was agreed to update the following sections of the previous minutes:

Item 5.6, paragraph 3 expanded to read: "W Brown, Employee Director, noted that sickness absence is not a substantive item on the Committee Workplan, despite it being a high priority for the organisation, and recommended that this be considered for inclusion. In response, it was advised that actions to manage sickness absence is an area which is being developed further, and that a group has been set up to have detailed discussions on sickness absence, supporting staff on returning to work, and taking that work forward. W Brown, Employee Director, noted that the delay to the work of this group progressing has potentially had an impact on staff being supported who have been absent due to sickness."

Item 5.6, now forms a separate paragraph: "The Chief Executive highlighted the governance aspect around the roles and responsibilities of the Committee, noting it was important the Committee took assurance from the ongoing work in this area, but did not become operationally involved in the work itself."

Item 6.1, paragraph expanded to read: "The Chief Executive added that communication and staff engagement will be carefully considered and include clear and meaningful explanations to groups of staff and individuals on the Corporate Objectives, to which they can support generally with their own work. W Brown, Employee Director, indicated that staff may feel they are not connected to the Corporate objectives. Assurance was provided to the Committee that there will be engagement with all staff to communicate the overall organisational objectives and aims."

Subject to these additions, the minutes of the meeting of 12 May 2022 were then **agreed** as an accurate record.

4. Matters Arising / Action List

The Committee **noted** the updates and the closed items on the Action List. The following Matters Arising were discussed:

Item 6.2 – Draft NHS Fife Three Year Workforce Plan for 2022- 2025

Following a question from W Brown, Employee Director, it was advised by the Director of Workforce that this item is on today's agenda at item 6.1, and that detail on Fair Work and International Recruitment are captured in the draft Plan. It was also

confirmed that there will be opportunities to comment on the plan before submission to SG and that actions from the plan will be sequential.

Item 7.1 - Integrated Performance & Quality Report (IPQR)

W Brown, Employee Director, requested more detail on the improvement work being undertaken. The Director of Workforce advised that this will be covered on today's agenda at Item 7.1 and that consideration is ongoing in respect of additional workforce reporting metrics within the IPQR and the associated timeline.

The Director of Finance & Strategy reported that work is underway on developing elements to be added to the IPQR, and that this will include establishment gap information and metrics on the health and wellbeing activities in place. The Deputy Director of Workforce confirmed that priority work is ongoing in relation to the establishment gap, Personal Development Plan data capture and performance reporting for sickness absence.

Item 7.2 - NHS Fife Workforce Information Overview

W Brown, Employee Director, requested an update on the work that is underway to address Employee Relations cases with extended timescales. It was advised that this will be discussed under Item 7.3 on today's agenda.

5. GOVERNANCE / ASSURANCE

5.1 Annual Internal Audit Report 2021/2022

The Director of Finance & Strategy reported that conclusions of the Annual Internal Audit Report 2021/22 are very positive, particularly around the progress made in strategy development. The report will form part of the suite of assurances that are provided to the Audit & Risk Committee to support the Governance Statement within the Annual Accounts for 2021/22.

In relation to the Staff Governance Committee (SGC) section of the report, it was advised that there are two recommendations within the report noted in Section 1: succession planning and coverage of the Staff Governance Standard. It was advised that the Internal Auditors had questioned if the SGC workplan and agenda is appropriately aligned to the strands of the Staff Governance Standard, as the formal alignment is not clearly signposted within papers. However, it was noted that this did not suggest that the Committee are not considering the Staff Governance Standard strands, rather than the linkages need to be more explicit.

The Deputy Director Workforce added that all the strands are being covered and are evidenced in a number of ways. It is recognised that this requires to be explicit within the agenda and workplan, and that this is being considered for the next iteration. Feedback and views will be requested from the Committee in relation to the next iteration. The Director of Workforce noted it is important that the report acknowledges that this is work in progress and is an area of continued development.

Action: Deputy Director of Workforce

S Fevre, Co-Chair, Health & Social Care LPF, raised concern regarding the Staff Governance Standard element of the report and highlighted the level of slippage,

noting that it is a reflection of actions not being addressed from 2020/21. W Brown, Employee Director, agreed and noted concern that there are no plans in place evidenced for 2022/23. She highlighted that the Staff Governance Standard should be aligned to all areas of the work of the Committee and that staff are being informed, and can be informed, of decisions that directly affect them. The Director of Workforce recognised the audit rating and the Director of Finance & Strategy explained that this is attributed to the length of time which has lapsed since the recommendation was made.

Assurance was provided from the Director of Workforce that the actions raised within the Annual Internal Audit Report 2021/2022 will be reflected in the Committee Workplan and within future agendas. The Chief Executive noted that actions from the Annual Internal Audit Report 2021/2022 are monitored and reviewed by the Audit & Risk Committee, as part of the formal follow-up process, and it will be in this forum that the closure of the recommendation will be monitored.

W Brown, Employee Director, highlighted the Staff Governance Board Assurance Framework risks at Section 2 and advised that the comments made by the Internal Auditors needs addressed and made visible on the Committee's Workplan, as many of the assumptions within the report are high risk. She also highlighted the implementation of the Workforce Strategy and noted that there is no tool available for monitoring progress. The Director of Workforce highlighted the importance of what is required for the new Workforce Strategy in terms of presenting, alignment and reviewing development of progress and delivery of action plans from the Workforce Plan and Strategy; how this will be achieved is still to be considered.

W Brown, Employee Director, questioned how evidence-based reports will be provided so that the Committee can be assured the Staff Governance Standard is being met. The Director of Workforce advised that progress will be reflected in a number of areas, such as the new iteration of the Board Assurance Framework. It was also advised that when the new Workforce Strategy is being prepared, attention will be given to the feedback within the Annual Internal Audit Report 2021/2022. In conclusion, the Chief Executive noted that for this Committee, an additional bullet point could be added in to the covering SBAR to provide clear visibility that each report aligns to the Staff Governance Standard and the associated strand.

The Director of Finance & Strategy confirmed the Annual Internal Audit Report 2021/22 was brought to the Committee for assurance, and not for approval, as stated in the cover paper.

The Committee took **assurance** from the findings of the Annual Internal Audit Report and its recommendations as regards the work of the Staff Governance Committee.

5.2 Board Assurance Framework (BAF) – Workforce Sustainability and Linked Operational High Risks Update

The Director of Workforce highlighted the minor changes to the BAF since it was last presented to the Committee in May 2022. It was noted that the Workforce Sustainability risk level remains high.

In relation to the addition of Risk ID 1420: Loss of Consultants within the Rheumatology Service to the BAF, the Director of Health & Social Care reported that

work is ongoing in developing actions for models of care in relation to the Rheumatology Service and for recruitment, given the difficulties in recruiting to this area. The Director of Health & Social Care explained that more detail would be brought back to the Committee on the escalation of and mitigations to this risk.

Action: Director of Health & Social Care

W Brown, Employee Director, highlighted that the BAF reports positively on the commencement of the new registered nurses from the International Recruitment initiative, which is not necessarily a true reflection of the contribution of new starts, and that the narrative needs to reflect the current situation. The Director of Nursing agreed and provided an example of potential wording. The Director of Workforce added that with any new appointment, there is a period of induction and training. The Head of Workforce Planning & Staff Wellbeing agreed to take this forward for the next iteration of the BAF.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee took **assurance** from the report and the **confirmation** of:

- The addition of a new linked operational high risk, Risk ID 1420: Loss of Consultants within the Rheumatology Service to the Board Assurance Framework and
- The current risk ratings and the Workforce Sustainability elements of the Board Assurance Framework

5.3 Whistleblowing Quarter 4 Report

The Head of Workforce Resourcing & Relations spoke to the report and highlighted the two whistleblowing concerns at Appendix 1. It was reported that within the Whistleblowing Standards at Stage 2, there is an opportunity to extend the timelines, and extensions have been agreed for both of these concerns. It was also advised that the Whistleblowing Annual Report 2021/22 will be on the September 2022 Committee agenda and will detail improvement actions for 2022/23. In addition, the Head of Workforce Resourcing & Relations confirmed that press coverage will be added to the 2022/23 Quarterly Reports.

S Fevre, Co-Chair, Health & Social Care LPF, raised concerns regarding the recording of staff issues. K Macdonald, Whistleblowing Champion & Non-Executive Member, acknowledged that the data in the report could be more comprehensive and suggested adding staff feedback on the culture and capturing staff views on the processes. This might include how people feel about speaking up, the length of time to resolve issues, reasons for extending timelines, actions that are being taken based on feedback from staff, and to national guidance and information from other NHS Boards to inform learning. She also highlighted that there are other ways to raise concerns rather than Whistleblowing.

K MacDonald stated that it is difficult to take assurance from the report that concerns are being resolved in a timely fashion and that learning is being extracted from the process and not just the final outcome of findings. K MacDonald also noted that there is good proactive work being undertaken and that this needs to be published. The Director of Workforce added that assurance was provided to the Whistleblowing Champion at a meeting the previous day, on the actions that are in place, and discussion had taken place on representing the actions in the 2022/23 quarterly

reports and Annual Report. Assurance was provided that reports will be enhanced and that this is an iterative process.

W Brown, Employee Director, queried who approves the extensions and what the criteria is for approving Whistleblowing concerns. The Head of Workforce Resourcing & Relations explained that the Commissioning Manager, Investigating Officer and the Whistleblower meet to discuss the methodology and the factors that impact on the investigation progressing. The extensions required are then agreed along with an estimated date of when they anticipate conclusion. Once at Stage 2, this is reviewed every 20 days. W Brown added that the same process would be helpful for Employee Relations (ER) cases.

The Chief Executive noted that formal feedback from staff is available through the yearly iMatter survey, and that it would be helpful to have a mechanism in place that would encourage staff to provide feedback (both positive and negative) at any other time. K Macdonald, Whistleblowing Champion & Non-Executive Member, added that a National campaign will take place in October 2022 around 'speaking up' and that there will be an opportunity to hear stories from staff on good practice and on areas where improvement is required.

The Committee took **assurance** from the report, which confirms:

- The data for the fourth quarter i.e. 1 January 2022 to 31 March 2022. Two whistleblowing concerns were received and no anonymous concerns were received and
- The data on completion of Whistleblowing training from 1 April 2021 to 31 March 2022.

6. STRATEGY / PLANNING

6.1 Final Draft NHS Fife Three-Year Workforce Plan for 2022- 2025

The Head of Workforce Planning & Staff Wellbeing provided an update on the work undertaken to produce the draft three-year workforce plan for the Board. It was reported that the Health & Social Care Plan and the draft Health and Social Care Partnership (HSCP) Three Year Workforce Plan and Strategy for 2022-2025 covers the delegated services within the Partnership, and is being developed by HSCP colleagues, in collaboration with NHS Fife.

The final draft Plan provided has taken account of feedback from various parties following the circulation of the initial draft, which was discussed at the last meeting and includes updated workforce data as at 31 March 2022. The Head of Workforce Planning & Staff Wellbeing thanked service colleagues and Brian McKenna, Workforce Planning Manager, in particular, for their contributions to the development of the plan.

It was reported that the draft Plan will be considered at the Area Partnership Forum meeting the following week and will then be submitted to the Board at their July 2022 meeting, prior to submission to the Scottish Government by 31 July 2022. The Board and HSCP will then receive feedback on their respective plans and there will then be an opportunity to revise the content, prior to publication by October 2022.

In terms of the content, it was advised that there is confidence that the draft Plan satisfies the principles and requirements set out in the recent Scottish Government guidance and the six-step workforce planning methodology. It was noted the content covers the main professional groupings and details the demands and challenges these areas are facing over the period of the Plan, alongside information on the workforce risks. It also acknowledges the current backdrop and legacy of the pandemic. In addition, it is recognised that this is an iterative process and that there will be revisions in the future to take account of the emerging Population Health & Wellbeing and the Workforce Strategies.

W Brown, Employee Director, questioned why the information on the prioritisation of introducing Band 4 Nursing roles, the associated impact on the number Band 5 Nursing roles and on the Nursing workforce, is omitted from the plan. In response, the Director of Workforce advised that there is a reference to this within the plan and agreed to describe this aspect in more detail within the Plan.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee took **assurance** from the report and **endorsed** the content of the final draft Three-Year Workforce Plan 2022–2025, following the updates, for submission to NHS Fife Board and then Scottish Government by 31 July 2022.

6.2 Draft Health and Social Care Partnership Three Year Workforce Plan and Strategy for 2022-2025

The Director of Health & Social Care advised there has been a slightly different approach to the HSCP Plan and Strategy for 2022-25 to include the broad and wide range of services and remits of the Health & Social Care Partnership. An overview was provided on the key areas of the draft.

S Fevre, Co-Chair, Health & Social Care LPF, provided positive feedback on the final draft NHS Fife Three Year Workforce Plan for 2022- 2025 and the draft Health and Social Care Partnership Three Year Workforce Plan and Strategy for 2022-2025 and noted that that the synergies between the two plans was evident.

The Director of Health & Social Care thanked everyone involved in developing the plan.

The Committee took **assurance** from the report, noting that approval lay with the IJB.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report (IPQR) Review Progress Report

The Associate Director of Planning & Performance joined the meeting and advised that a review of the IPQR has been carried out following the Board Active Governance Session in November 2021. The membership for the IPQR Review Group was outlined.

The Associate Director of Planning & Performance highlighted the introduction of risk management into the IPQR and advised that work continues to be ongoing on the Corporate risks, which will inform how risk management information is presented within the IPQR and aligned to the improvement actions. The Associate Director of

Planning & Performance also mentioned that metrics have all been reviewed within the IPQR. New metrics have been identified for Staff Governance, and discussions are ongoing to refine these metrics. It was also highlighted that the IPQR is now in its new format, and the Staff Governance metrics will be added.

In addition, the Associate Director of Planning & Performance reported that improvement actions from the previous year will be included in the next iteration of the IPQR and will be aligned to the Annual Delivery Plan. The Committee were informed that projections of activity are still a work in progress and subject to discussions with Scottish Government, will be included in the IPQR, once this work is complete.

W Brown, Employee Director, queried why there was no Staff Side representation on the IPQR Review group. The Associate Director of Planning & Performance noted that this was an oversight. The Director of Finance & Strategy added that the membership had been agreed by the Executive Directors' Group.

S Fevre, Co-Chair, Health & Social Care LPF, suggested considering iMatter survey indicators and performance as part of the IPQR. The Associate Director of Planning & Performance agreed to having a discussion outwith the meeting on how best to take that forward.

Action: Associate Director of Planning & Performance

The Deputy Director of Workforce commented that the work carried out for the IPQR review has been positive. It was noted that staff and the Health & Social Care Partnership colleagues had been involved in discussions, and the importance of continuing this engagement was highlighted.

The Committee **noted** the content of the report and **agreed** to the proposed update to the IPQR from the IPQR Review Group.

7.2 Integrated Performance & Quality Report

The Director of Workforce spoke to the report and noted that sickness absence will become an overt part of this Committee's future agendas and Workplan.

The Director of Workforce highlighted the current status of sickness absence, noting that it is higher than the current 4% annual National target. A series of actions are being undertaken, with involvement from staff side colleagues, through improvement channels and the recently newly established Attendance Management Taskforce (an Operational Group is also in place to support the Taskforce). The Director of Workforce explained that the separate coding of Covid special leave will cease in August 2022, which is likely to have a consequential impact on absence rates.

K Macdonald, Whistleblowing Champion & Non-Executive Member, queried where actions and progress arising from the Attendance Management Taskforce will be reported. The Director of Workforce advised that there will be a number of locations where the actions and progress will feature, including within the narrative section of the IPQR.

The Committee discussed and took **assurance** from this report.

7.3 NHS Fife Workforce Information Overview

The Deputy Director of Workforce explained that the paper provides assurance around the broad information around our workforce and is separate to the IPQR. It was noted the establishment gap information is work in progress and will be brought back to the Committee for performance reporting purposes.

The Deputy Director of Workforce reported that he has had positive conversations in relation to the Employee Relations (ER) case information with W Brown, Employee Director, and that discussions with staff side colleagues will be arranged to look at themes, including reducing the number of cases addressed through formal channels, and the length of time taken for ER processes. Updates will be brought back to the Committee in due course.

The Committee took **assurance** from the report and **noted** the contents of the NHS Fife Workforce Information Overview report as at 31 March 2022 and the related appendices.

8. PROJECTS / PROGRAMMES

8.1 Workforce Implications of Memorandum of Understanding (MOU2) Implementation – General Medical Services Contract

The Director of Health & Social Care spoke to the paper and advised that the paper details the background to MOU2 and the requirements of what needs to be delivered. An update on progress was provided and it was reported that there was an underspend in relation to the funding, which partly due to the pandemic and inability to recruit. Agreement has now been reached in terms of the utilisation of this funding, including recruitment to fixed term posts and other practical support for GP Practices. It was highlighted that the requirement to transfer the Vaccination Transformation programme by April 2022 was also met.

The Director of Health & Social Care also advised that 60% of the new Community Care and Treatment service is in place to and models on how to achieve the balance are being progressed. It was also reported that the risks in relation to the workforce are recognised and continue to be worked through.

The risk in relation to pharmacotherapy was highlighted, and it was noted that it is difficult to recruit in this area, and that national agreement is awaited on what is a full Level One service. A range of actions are in place to mitigate this risk.

The Committee took **assurance** from the report and **noted** the content regarding progress in terms of recruitment of the MOU2 workforce, in particular the recent additional allocation of £6.5 million reserve on a non-recurring basis; that the Vaccination Transformation Programme transitioned on time; there is a clear identification of risk and in relation to mitigation of the associated workforce risks. The Committee also **noted** that this programme of work will continue to be reported to the Staff Governance Committee on a regular basis.

9. FOR ASSURANCE

9.1 Delivery of Annual Workplan 2022-2023

The Director of Workforce outlined the updates to the Committee Workplan. It was noted that the Workplan will be updated for the next iteration following comments throughout this meeting.

The Committee took **assurance** from the report and **noted** the updates made to the Staff Governance Workplan for 2022/23, since it was presented to members on 12 May 2022.

10. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked committee minutes:

- 10.1 Minutes of the Area Partnership Forum held on 25 May 2022 (unconfirmed)
- 10.2 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 28 April 2022 (unconfirmed)
- 10.3 Minutes of the Health & Social Care Partnership Local Partnership Forum held on 11 May 2022 (unconfirmed)
- 10.4 Minutes of the Strategic Workforce Planning Group held on 17 May 2022 (unconfirmed)
- 10.5 Minutes of the Health and Safety Sub Committee held on 10 June 2022 (unconfirmed)

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IQPR summary, notwithstanding the continuing challenges around the Board's sickness absence position.

11.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters for escalation to NHS Fife Board.

12. ANY OTHER BUSINESS

There was no other business.

13. DATE OF NEXT MEETING

Thursday 1 September 2022 at 10.00 am via MStTeams.

Fife Integrated Performance & Quality Report

Produced in July 2022

Introduction

The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Fife's performance relating to National Standards and local Key Performance Indicators (KPI).

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

The IPQR comprises of the following sections:

I. Executive Summary

- a. National Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Projected & Actual Activity
- e. Assessment

II. Performance Assessment Reports

- a. Clinical Governance
- b. Finance, Performance & Resources
 - Operational Performance
 - Finance
- c. Staff Governance
- d. Public Health & Wellbeing

Section II provides further detail for indicators of continual focus or those that are currently experiencing significant challenge. Each 'drill-down' contains further data presented in tables and charts, incorporating Statistical Process Control (SPC) methodology where applicable. Improvement actions sourced from the Annual Delivery Plan are being incorporated from July onwards, and will be developed further in the coming months.

Statistical Process Control (SPC) techniques can be used to highlight areas that would benefit from further investigation – known as 'special cause variation'. These techniques enable the user to identify variation within their process. The type of chart used within this report is known as an XmR chart which uses the moving range – absolute difference between consecutive data points – to calculate upper and lower control limits. There are a set of rules that can be applied to SPC charts which aid to interpret the data correctly. This report focuses on the 'outlier' rule identifying whether a data point exceeds the calculated upper or lower control limits.

MARGO MCGURK
Director of Finance & Strategy
21 July 2022

Prepared by:
SUSAN FRASER
Associated Director of Planning & Performance

I. Executive Summary

At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit. This section of the IPQR provides a summary of performance against National Standards and local Key Performance Indicators (KPI). These indicators are listed within the Indicator Summary, which shows current performance, comparison with 'previous' and 'previous year' and a benchmarking indication against other mainland NHS Boards (where appropriate). There is also an indication of 'special cause variation' based on Statistical Process Control methodology.

Amendments have been made to the IPQR following the IPQR Review. This involves the addition of some key indicators, removal of other indicators, updating of the Indicator Summary and data presented in SPC charts where appropriate. The Risk section will be introduced in the next few months.

NHS Boards are currently developing an Annual Delivery Plan (ADP) for 2022/23 to articulate the ongoing recovery of services following the COVID-19 Pandemic.

Actions relevant to indicators within the IPQR are being incorporated accordingly and will be updated routinely to report to Standing Committees, Board and the Scottish Government. Some rewording and rationalisation of actions has been necessary in order to match the ADP.

a. LDP Standards & Key Performance Indicators

The performance status of the 30 indicators within this report which currently have agreed targets is 7 (23%) classified as **GREEN**, 4 (13%) **AMBER** and 19 (64%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory. The indicator 4-hour Emergency Access is displaying 'special cause variation' for April based on data for past 24 months with performance of 77.5% exceeding lower control limit.

There were notable improvements in the following areas in May:

- Closure performance for Stage 1 Complaints above local target for first time since October 2021
- % patients waiting no more than 6 weeks for a Diagnostics test at its highest since November 2021, with the overall waiting list being at its lowest since September 2021

Additionally, it has now been 25 months since the Cancer-31 DTT performance fell below the 95% Standard.

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). This benchmarking information indicates that whilst a number of areas continue to experience significant levels of challenge, in 92% where we are able to compare our performance nationally (23 out of 25 measures) we are delivering performance within either the upper quartile or the mid-range.

c. Indicator Summary

| Section | Measure | Target 2022/23 | Reporting Period | Current Period | Current Performance | SPC Outlier | Vs Previous | Vs Year Previous | Trend | Benchmarking |
|-----------------------------|----------------------------------------------|----------------|------------------|----------------|---------------------|-------------|-------------|------------------|-------|--------------|
| Clinical Governance | Major & Extreme Adverse Events | N/A | Month | May-22 | 24 | ○ | ▲ | ▲ | | ● |
| | HSMR | N/A | Year Ending | Dec-21 | 1.02 | ● | ▲ | ▼ | | ● |
| | Inpatient Falls | 6.91 | Month | May-22 | 7.94 | ○ | ▼ | ▲ | | ● |
| | Inpatient Falls with Harm | 1.65 | Month | May-22 | 1.85 | ○ | ▼ | ▼ | | ● |
| | Pressure Ulcers | 0.89 | Month | May-22 | 1.11 | ○ | ▼ | ▼ | | ● |
| | SAB - HAI/HCAI | 18.8 | Month | May-22 | 10.3 | ○ | ▲ | ▲ | | ● |
| | C Diff - HAI/HCAI | 6.5 | Month | May-22 | 10.3 | ○ | ▼ | ▲ | | ● |
| | ECB - HAI/HCAI | 33.0 | Month | May-22 | 41.1 | ○ | ▼ | ▲ | | ● |
| | Complaints Closed - Stage 1 | 80% | Month | May-22 | 81.8% | ○ | ▲ | ▲ | | ● |
| Complaints Closed - Stage 2 | 50% | Month | May-22 | 2.9% | ○ | ▼ | ▼ | | ● | |
| Operational Performance | IVF Treatment Waiting Times | 90% | Month | May-22 | 100.0% | ● | ◀▶ | ◀▶ | | ● |
| | 4-Hour Emergency Access | 95% | Month | May-22 | 78.2% | ○ | ▲ | ▼ | | ● |
| | Patient TTG % <= 12 Weeks | 100% | Month | May-22 | 55.6% | ● | ▼ | ▼ | | ● |
| | New Outpatients % <= 12 Weeks | 95% | Month | May-22 | 55.3% | ● | ▲ | ▼ | | ● |
| | Diagnostics % <= 6 Weeks | 100% | Month | May-22 | 67.8% | ● | ▲ | ▼ | | ● |
| | 18 Weeks RTT | 90% | Month | May-22 | 72.0% | ● | ▲ | ▲ | | ● |
| | Cancer 31-Day DTT | 95% | Month | May-22 | 96.2% | ○ | ▼ | ▼ | | ● |
| | Cancer 62-Day RTT | 95% | Month | May-22 | 85.7% | ○ | ▲ | ▲ | | ● |
| | Detect Cancer Early | 29% | Year Ending | Sep-21 | 23.2% | ● | ▲ | ▲ | | ● |
| | Freedom of Information Requests | 85% | Month | May-22 | 96.0% | ● | ▼ | ▲ | | ● |
| | Delayed Discharge % Bed Days Lost (All) | N/A | Month | May-22 | 12.2% | ● | ▼ | ▲ | | ● |
| | Delayed Discharge % Bed Days Lost (Standard) | 5% | Month | May-22 | 9.2% | ○ | ▼ | ▲ | | ● |
| | Antenatal Access | 80% | Month | Mar-22 | 82.1% | ● | ▼ | ▼ | | ● |
| Finance | Revenue Resource Limit Performance | (£10.4m) | Month | May-22 | (£5.4m) | ● | — | — | | ● |
| | Capital Resource Limit Performance | £24.8m | Month | May-22 | £1.6m | ● | — | — | | ● |
| Staff Governance | Sickness Absence | 4.00% | Month | May-22 | 5.62% | ○ | ▼ | ▲ | | ● |
| Public Health & Wellbeing | Smoking Cessation (FY 2021/22) | 473 | YTD | Mar-22 | 363 | ● | — | ▲ | | ● |
| | CAMHS Waiting Times | 90% | Month | May-22 | 67.4% | ○ | ▼ | ▼ | | ● |
| | Psychological Therapies Waiting Times | 90% | Month | May-22 | 76.5% | ○ | ▼ | ▼ | | ● |
| | Drugs & Alcohol Waiting Times | 90% | Month | Mar-22 | 85.3% | ● | ▼ | ▼ | | ● |
| | COVID Vaccination (Booster 1 or Dose 3) | 80% | Month | Jun-22 | 78.7% | ● | ▲ | — | | ● |
| | Immunisation: 6-in-1 at Age 12 Months | 95% | Quarter | Q/E Mar-22 | 93.5% | ○ | ▼ | ▼ | | ● |
| | Immunisation: MMR2 at 5 Years | 92% | Quarter | Q/E Mar-22 | 89.6% | ○ | ▲ | ▲ | | ● |

Performance Key

| | |
|--|------------------------------------------------------------|
| | on schedule to meet Standard/Delivery trajectory |
| | behind (but within 5% of) the Standard/Delivery trajectory |
| | more than 5% behind the Standard/Delivery trajectory |

SPC Key

| | |
|---|--------------------------------------------------|
| ○ | SPC chart, within control limits |
| ○ | Special cause variation, out with control limits |
| ● | No SPC applied |

Change Key

| | |
|----|---------------------------------|
| ▲ | "Better" than comparator period |
| ◀▶ | No Change |
| ▼ | "Worse" than comparator period |
| — | Not Applicable |

Benchmarking Key

| | |
|---|----------------|
| ● | Upper Quartile |
| ● | Mid Range |
| ● | Lower Quartile |
| ● | Not Available |

d. Projected and Actual Activity

Better than Projected | Worse than Projected | No Assessment
 (NOTE: Better/Worse may be higher or lower, depending on context)

| | | Month End | | | Quarter End | Quarter End | Quarter End | Quarter End |
|--------------------------------------------------------------------------------------------------|-----------|-----------|--------|--------|-------------|-------------|-------------|-------------|
| | | Apr-22 | May-22 | Jun-22 | Jun-22 | Sep-22 | Dec-22 | Mar-23 |
| TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart) | Projected | 1,012 | 1,012 | 1,012 | 3,036 | 3,053 | 3,087 | 3,087 |
| | Actual | 816 | 1,091 | 968 | 2,875 | 0 | 0 | 0 |
| | Variance | -196 | 79 | -44 | -161 | | | |
| New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart) | Projected | 6,180 | 6,186 | 6,201 | 18,567 | 18,806 | 19,132 | 19,166 |
| | Actual | 6,085 | 7,680 | 7,172 | 20,937 | 0 | 0 | 0 |
| | Variance | -95 | 1,494 | 971 | 2,370 | | | |
| Urgent | Actual | 3,216 | 3,803 | 3,836 | 10,855 | 0 | 0 | 0 |
| | Routine | 2,869 | 3,877 | 3,336 | 10,082 | 0 | 0 | 0 |
| Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information) | Projected | 497 | 497 | 497 | 1,491 | 1,491 | 1,491 | 1,491 |
| | Actual | 463 | 548 | 534 | 1,545 | 0 | 0 | 0 |
| | Variance | -34 | 51 | 37 | 54 | | | |
| Upper Endoscopy | Actual | 181 | 197 | 198 | 576 | 0 | 0 | 0 |
| Lower Endoscopy | Actual | 52 | 73 | 57 | 182 | 0 | 0 | 0 |
| Coloscopy | Actual | 207 | 261 | 265 | 733 | 0 | 0 | 0 |
| Cystoscopy | Actual | 23 | 17 | 14 | 54 | 0 | 0 | 0 |
| Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information) | Projected | 3,996 | 3,996 | 3,996 | 11,988 | 11,988 | 11,988 | 11,988 |
| | Actual | 4,759 | 4,486 | 4,226 | 13,471 | 0 | 0 | 0 |
| | Variance | 763 | 490 | 230 | 1,483 | | | |
| CT Scan | Actual | 1,450 | 1,329 | 1,304 | 4,083 | 0 | 0 | 0 |
| MRI | Actual | 1,010 | 954 | 972 | 2,936 | 0 | 0 | 0 |
| Non-obstetric Ultrasound | Actual | 2,299 | 2,203 | 1,950 | 6,452 | 0 | 0 | 0 |

e. Assessment

| CLINICAL GOVERNANCE | | Target | Current |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|
| HSMR | | 1.00 | 1.02 |
| <p>Hospital Standardised Mortality Ratio (HSMR) is not intended for use in a pandemic situation. However, the increased HSMR that was observed in 2020 has subsequently reduced. Data for 2021 demonstrates a return to a typical ratio for NHS Fife.</p> | | | |
| Inpatient Falls | <i>Reduce all patient falls rate by 10% in FY 2022/23 compared to the target for FY 2021/22</i> | 6.91 | 7.94 |
| <p>Falls data/trends continue to be reviewed focussing on areas with higher incidence to support improvement work. The 2021/22 target (a rate of 7.68 falls per 1,000 Occupied Bed Days) was met but note the work required to drive this down. The new target reflects the ambition of SPSP to reduce falls by 30% by 2024 with the approach of a 10% reduction per year being envisaged. The Steering Group is currently updating the workplan to drive the activity toward this year's target for reduction. Imminent changes in Infection Control guidance is expected to reduce some of the environmental challenges that have presented over the last two years.</p> | | | |
| Pressure Ulcers | <i>Reduce pressure ulcer rate by 25% in FY 2022/23 compared to the rate in FY 2021/22</i> | 0.89 | 1.11 |
| <p>As we mobilise out of the pandemic and significant pressures continue across the system, the 25% reduction in pressure ulcers (grade 2 to 4) targeted for this FY is thought to be achievable and stretching. Whilst the data continues to show a random pattern, there has been a favourable downward trend over the past 3 months, with the previous 2 months being below the median. ASD have seen a month-on-month reduction in harms over the past 3 months with HSCP seeing the same pattern over the past 2 months. The pressure ulcer report continues to be shared with clinical teams and is one data source used for triangulation in order to drive improvement. Clinical Teams continue to follow the process for Major and Extreme Adverse Events for shared learning.</p> | | | |
| SAB (MRSA/MSSA) | <i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i> | 18.8 | 10.3 |
| <p>NHS Fife continues to address its SABs and is currently ahead of the trajectory to achieve the 10% reduction by March 2023. There was a single PVC SAB in March and there have been 3 PWID SABs in 2022 to date; positively, there has been no Renal haemodialysis line related SABs since October 2021.</p> | | | |
| C Diff | <i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i> | 6.5 | 10.3 |
| <p>NHS Fife is on target to achieve the 10% reduction by March 2023 although there have been 10 health care associated CDI to date in 2022. Reducing the incidence of CDI recurrence is pivotal to achieving the HCAI reduction target and continues to be addressed. There have been 2 recurrences of infection in 2022.</p> | | | |
| ECB | <i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2023</i> | 33.0 | 41.1 |
| <p>NHS Fife is on target to achieve a 25% reduction of HCAI ECBs by March 2023. Reducing CAUTI HCAI ECB incidence remains the quality improvement focus to achieve our targets. There have been 13 CAUTIs in 2022 to date.</p> | | | |
| Complaints – Stage 2 | <i>At least 50% of Stage 2 complaints will be completed within 20 working days by March 2023, rising to 65% by March 2024</i> | 50% | 2.9% |
| <p>There remain challenges in investigating and responding to Stage 2 complaints within the national timescales, primarily due to staffing and capacity issues across all services. We continue to see an increased volume of complaints, the majority being complex or covering multiple specialities/services. The Patient Relations team continues to face capacity and staffing levels, which have been exacerbated by vacancies and staff absence, some of which is long-term. This is having a negative effect on meeting timeframes, due to the increased workload on staff (who are managing multiple caseloads) and individual ability to manage day-to-day ad-hoc work. In order to address these challenges, existing processes have been reviewed in order to streamline workloads and generate efficiencies.</p> | | | |

| OPERATIONAL PERFORMANCE | | Target | Current |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------|--------------|
| 4-Hour Emergency Access | <i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i> | 95% | 78.2% |
| <p>Attendance has continued to be high (a 4-week average of 223 daily attendances), impacting on the 4-hour access target. Escalation actions through OPEL, including additional surge capacity, remains in place within ASD and HSCP to accommodate the additional inpatient demand. The emergency department continue with plans for remodelling to allow for expanded assessment provision and a new approach to enhanced triage and redirection to QMH MIU is being reviewed.</p> | | | |
| Patient TTG (Waiting) | <i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i> | 100% | 55.6% |
| <p>Performance in April has improved slightly. Day case elective activity increased in March due to additional waiting list initiatives, but inpatient surgery continues to be restricted to urgent and cancer patients due to sustained pressures in unscheduled care and COVID sickness absence. The waiting list continues to rise with 4,601 patients on list in April, 50% greater than in April 2021. There is a continued focus on clinical priorities whilst reviewing long waiting patients. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver additional capacity in the plan. No additional activity has been undertaken in April and core activity remains restricted.</p> | | | |
| New Outpatients | <i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i> | 95% | 55.3% |
| <p>Performance in April has improved slightly following additional waiting list activity; however, core capacity remains restricted due to the ongoing need for physical distancing and the pressures of unscheduled care on outpatient capacity in some specialities. The waiting list has increased, with 22,594 on the outpatient waiting list, 12% higher than in April 2021. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks. The number waiting over 52 weeks has risen to 567 in March mainly in Gastroenterology, General Surgery and Vascular Surgery specialties. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver additional capacity in the plan. No additional activity has been undertaken in April. Following updated infection prevention and control guidance it is anticipated that there will be a reduction in the need for physical distancing. However, the impact of this will be monitored and sustaining the current level of activity is heavily dependent on the demands on staff from unscheduled care activity and the impact on staffing from COVID.</p> | | | |
| Diagnostics | <i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i> | 100% | 67.8% |
| <p>Performance improved slightly in April. The improvement has been in Radiology with 67.7% waiting less than 6 weeks whilst the performance in endoscopy has deteriorated to 42.8% of patients waiting less than 6 weeks. Activity continues to be restricted in Endoscopy due to the need for social distancing and enhanced infection control procedures. The overall waiting list for diagnostics has reduced in April to 5,714 although the number waiting for an Endoscopy has increased. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver additional capacity in the plan. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics and the pressure from unscheduled care along with continued restrictions in activity due to enhanced infection control measures and staff absence due to COVID.</p> | | | |
| Cancer 62-Day RTT | <i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i> | 95% | 85.7% |
| <p>April continued to see challenges, but there was a slight improvement in performance. The number of referrals remains high, consistently exceeding pre pandemic numbers. Breaches are attributed to COVID-19 staffing issues and lack of resources, with particular capacity issues in some specialties. Breast, Oncology and Urology (Prostate) are currently our most challenged pathways. Improvements are being made at the start of the latter to reduce waits between steps and improve patient experience. The range of breaches (majority in Prostate) was 2 to 34 days (average 13 days).</p> | | | |

| OPERATIONAL PERFORMANCE | | Target | Current |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------|-------------|
| Delayed Discharges | <i>The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce</i> | 5% | 9.2% |
| <p>The number of bed days lost due to patients in delay continues to follow a downward trajectory following a spike in February, due largely to the significant covid wave the system has endured and subsequent demand pressures on H&SCP exits. Encouragingly, despite these pressures the position is only 1.3% over target 5%.</p> <p>The H&SCP continues to operate with approximately 44 surge beds and regularly maintains occupancy levels above 110%. On top of this, referrals to the VHK Integrated Discharge hub have never been higher which is putting continued strain on community services. Despite this however we note that the latest Public Health Scotland Data (3rd May 2022) placed NHS Fife as having the lowest number of patients in delay per 100,000 Age 18+ population of the 11 Mainland Health Boards.</p> | | | |

| FINANCE | | Forecast | Current |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------|----------------|
| Revenue Expenditure | <i>Work within the revenue resource limits set by the SG Health & Social Care Directorates</i> | (£10.4m) | (£5.4m) |
| <p>At the end of May the board's reported financial position is an overspend of £6.453m on Health Retained. This overspend comprises: £2.061m core overspend (of which £0.855m relates to Acute Set Aside overspend); £1.735m opening financial gap; and as yet unfunded Covid-19 costs of £2.657m (including £1.078m Public Health Test and Protect costs).</p> <p>The Health Delegated position reflects a core underspend of £1.043m.</p> | | | |
| Capital Expenditure | <i>Work within the capital resource limits set by the SG Health & Social Care Directorates</i> | £24.8m | £1.6m |
| <p>The overall anticipated capital budget for 2022/23 is £24.837m. The capital position for the period to May records spend of £1.595m. Therefore, 6.42% of the anticipated total capital allocation has been spent to month 2. The full capital programme is expected to deliver in full with significant activity in the final month of the year working towards a balanced capital position.</p> | | | |

| STAFF GOVERNANCE | | Target | Current |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------|--------------|
| Sickness Absence | <i>To achieve a sickness absence rate of 4% or less</i> | 4.00% | 5.62% |
| <p>The sickness absence rate in was 5.62%, an increase of 0.48% from the rate in April. The COVID-19 related special leave rate, as a percentage of available contracted hours for May, was 1.16%.</p> <p>To ensure focus on this issue an Attendance Taskforce has been established which will facilitate actions and drive improvements to ensure NHS Fife works to achieve the sickness absence performance target.</p> <p>Pending any additional NHS Scotland guidance on sickness absence targets, we continue to monitor absence against our existing target of 4%. We would anticipate that any national update will reflect the circumstances of the last two years and therefore this target may be subject to change.</p> | | | |

| PUBLIC HEALTH & WELLBEING | | Target | Current |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|
| Smoking Cessation | <i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i> | 473 | 340 |
| <p>The service is moving into a transitional stage whereby we are using a hybrid approach by continuing to deliver an element of service provision remotely through telephone support while concurrently returning to face to face delivery in Linburn and North Glen GP practices and Lochgelly Community centre. In addition, the mobile unit has been in Cowdenbeath, Templehall and Glamis Centre to build up service awareness and to reach our more vulnerable communities. Successful quits are currently sitting at 288 with room for improvement before final verification at the end of June. A range of service awareness opportunities and benefits of quitting happened on No Smoking Day on 9th March which saw an uplift in referrals of 14% during that week.</p> | | | |
| CAMHS Waiting Times | <i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i> | 90% | 67.4% |
| <p>RTT performance has been maintained at the projected level as work on the longest waits continues. Urgent and priority referrals remain high with an increased proportion of staff activity allocated to young people presenting with Acute/High Risk presentations. The process to fill vacant posts continues with a total of 16 posts either in the recruitment process or out to advert across a range of professions that contribute to CAMHS. The longest wait initiative has been implemented through the offer of additional hours and reallocation of PMHW clinical capacity in order to re-align the current position with the predicted position which was negatively impacted by staff absence and cancelled appointments during January and February.</p> | | | |
| Psychological Therapies | <i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i> | 90% | 76.5% |
| <p>The demand for PTs increased significantly in the latter half of 2021 compared to the first 6 months of that year and this remains the case in the first 4 months of 2022 so far. This has resulted in an increase in numbers on the waiting list. Issues of workforce availability have negatively impacted the increase in activity that was anticipated from October onwards.</p> | | | |
| COVID Vaccination | <i>At least 80% of the Age 18+ population will receive a Booster 1 or Dose 3 vaccine</i> | 80% | 78.7% |
| <p>Narrative will be added here when the August report is produced</p> | | | |
| Immunisation: 6-in-1 | <i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i> | 95% | 93.5% |
| <p>Narrative will be added here when the August report is produced</p> | | | |
| Immunisation: MMR2 | <i>At least 90% of children will receive their MMR2 vaccination by the age of 5</i> | 95% | 89.6% |
| <p>Narrative will be added here when the August report is produced</p> | | | |

II. Performance Exception Reports

Clinical Governance

| | |
|----------------------------------|----|
| Adverse Events (Major & Extreme) | 10 |
| HSMR | 11 |
| Inpatient Falls (With Harm) | 12 |
| Pressure Ulcers | 13 |
| SAB (HAI/HCAI) | 14 |
| C Diff (HAI/HCAI) | 15 |
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Finance, Performance & Resources: Operational Performance

| | |
|----------------------------------------|----|
| 4-Hour Emergency Access | 18 |
| Patient Treatment Time Guarantee (TTG) | 19 |
| New Outpatients | 20 |
| Diagnostics | 21 |
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| | |
|-------------------------------|----|
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|-------------------------------|----|

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| | |
|------------------|----|
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|------------------|----|

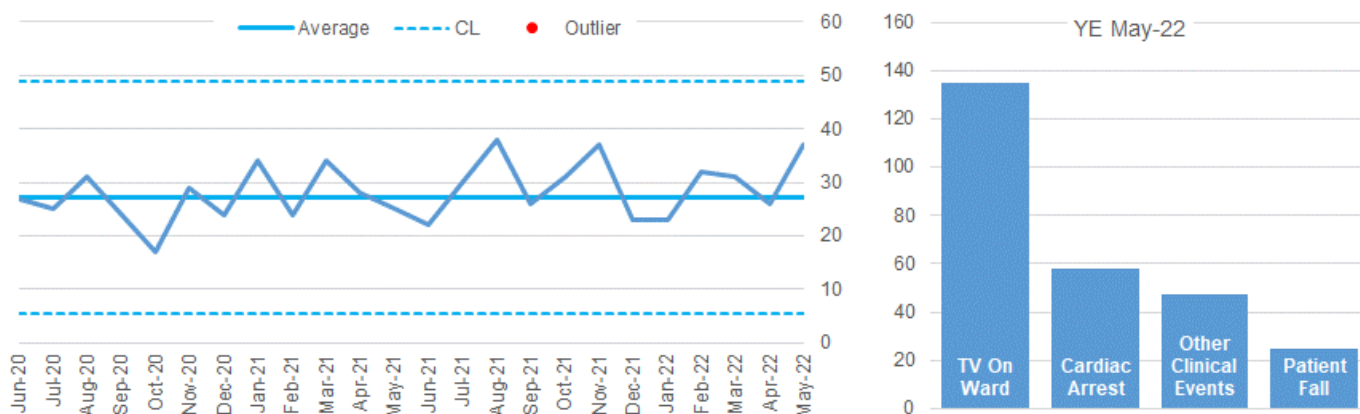
Public Health & Wellbeing

| | |
|--------------------------------------------------------|----|
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CLINICAL GOVERNANCE

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

| | Month | 2021/22 | | | | | | | | | | 2022/23 | |
|-----------------|-----------------------|---------|------|------|------|------|------|------|------|------|------|---------|------|
| | | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May |
| ALL | NHS Fife | 1352 | 1422 | 1455 | 1400 | 1397 | 1441 | 1496 | 1503 | 1295 | 1465 | 1231 | 1380 |
| | Acute Services | 606 | 630 | 616 | 611 | 650 | 632 | 596 | 615 | 514 | 676 | 527 | 597 |
| | HSCP | 695 | 741 | 801 | 747 | 692 | 750 | 837 | 853 | 730 | 722 | 651 | 737 |
| | Corporate | 51 | 51 | 38 | 42 | 55 | 59 | 63 | 35 | 50 | 67 | 53 | 45 |
| CLINICAL | NHS Fife | 937 | 1011 | 958 | 967 | 953 | 1017 | 970 | 944 | 900 | 1055 | 847 | 993 |
| | Acute Services | 547 | 569 | 551 | 538 | 570 | 581 | 535 | 568 | 462 | 615 | 481 | 535 |
| | HSCP | 366 | 412 | 386 | 402 | 353 | 407 | 395 | 361 | 409 | 401 | 344 | 437 |
| | Corporate | 24 | 30 | 21 | 27 | 30 | 29 | 40 | 15 | 29 | 39 | 22 | 21 |

Commentary

Incident numbers in March showed a slight increase, but decreased in April to the lowest level in the past 12 months; overall combined figures for the two month period is in keeping with monthly averages.

The sub category 'Transfer - In-Patient Transfer Problems' specifically relating to communication and delays, showed a significant increase in March. This sits within the 'Access / Appointment / Admission / Transfer or Discharge incidents' category, which is the only category showing any significant variation within March and April.

There were 30 Local Adverse Event Reviews and 6 Significant Adverse Event Reviews completed with formal sign off during March and April.

Focused improvement work continues in relation to falls, pressure ulcers and deteriorating patient. Adverse Events improvement work is ongoing. A dedicated Adverse Events resource folder has been created within Blink, and this holds resources to facilitate adverse events incident management as well as including links to human factors training. Collaborative work on the adverse events improvement plan is ongoing.

Key Deliverable

Adverse Event Process and Policy Review including

- 1) Review of policy
- 2) Increased focus on governance/assurance in relation to improvement actions from adverse events
- 3) training and education

End Date

Mar-23

HSMR

Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.

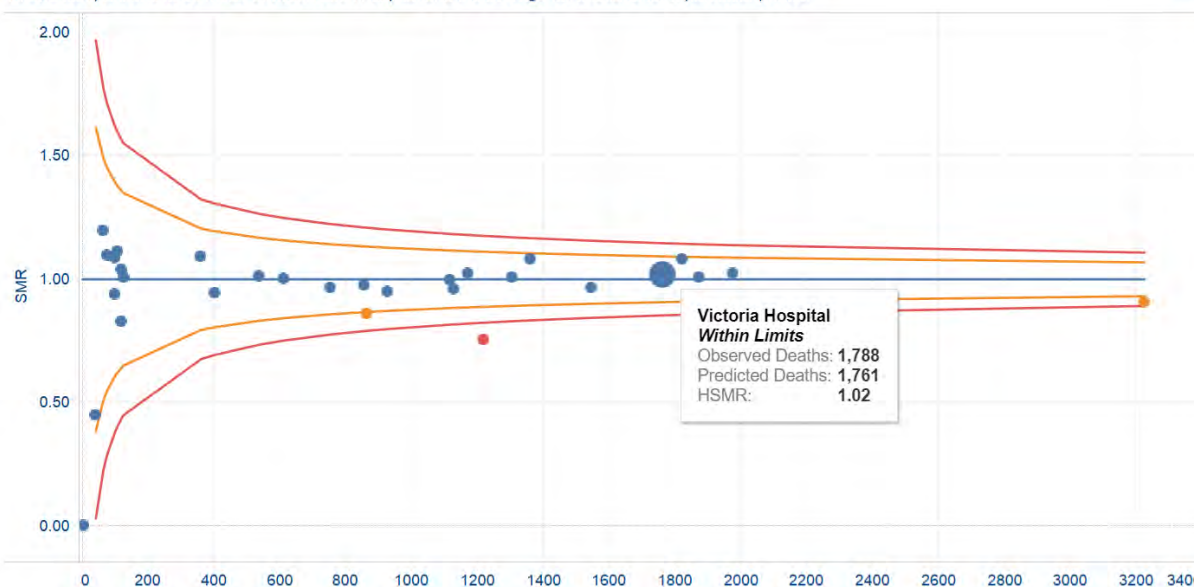
Reporting Period; January 2021 to December 2021^P

Please note that as of August 2019, HSMR is presented using a 12-month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

The rate for Victoria Hospital is shown within the Funnel Plot.

HSMR by Scotland: January 2021 to December 2021

Allows comparisons to be made between each hospital and the average for Scotland for a particular period.



Commentary

Hospital Standardised Mortality Ratio (HSMR) is not intended for use in a pandemic situation. However, the increased HSMR that was observed in 2020 has subsequently reduced. Data for 2021 demonstrates a return to a typical ratio for NHS Fife.

| Key Deliverable | End Date |
|--------------------------------------------------------------|----------|
| NEWS2 implementation – to support Deteriorating Patient work | TBC |

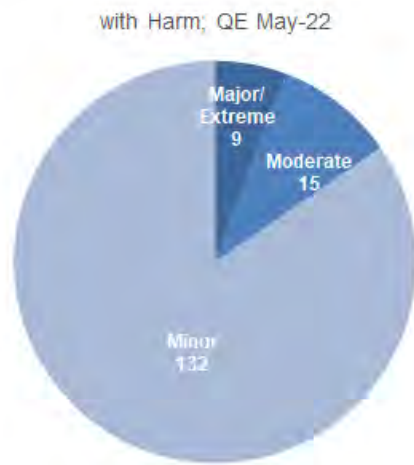
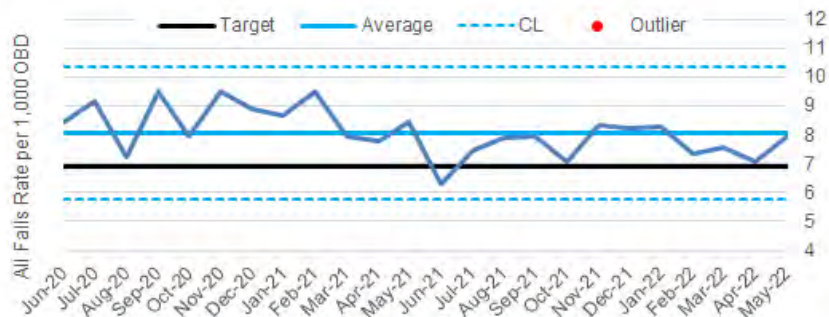
CLINICAL GOVERNANCE

Inpatient Falls

Reduce Inpatient Falls rate per 1,000 Occupied Bed Days (OBD)

Target Rate (by end March 2023) = 6.91 per 1,000 OBD

Local Performance



Performance by Service Area

| | 2021/22 | | | | | | | | | | | 2022/23 | |
|----------------|---------|------|------|------|------|------|------|------|------|------|------|---------|--|
| | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | |
| NHS Fife | 6.32 | 7.45 | 7.88 | 7.93 | 7.08 | 8.32 | 8.25 | 8.29 | 7.33 | 7.59 | 7.09 | 7.94 | |
| Acute Services | 6.14 | 7.17 | 8.17 | 7.61 | 8.51 | 8.71 | 8.47 | 9.39 | 7.55 | 7.10 | 8.17 | 8.18 | |
| HSCP | 6.47 | 7.70 | 7.63 | 8.21 | 5.85 | 7.97 | 8.06 | 7.34 | 7.16 | 8.01 | 6.14 | 7.72 | |

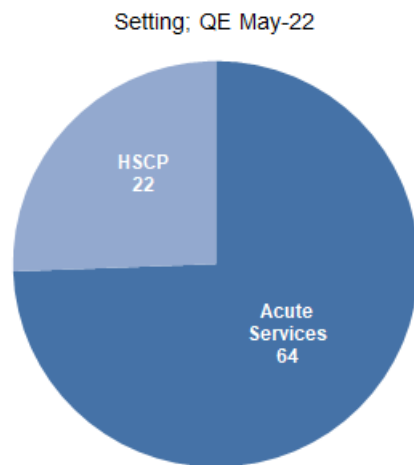
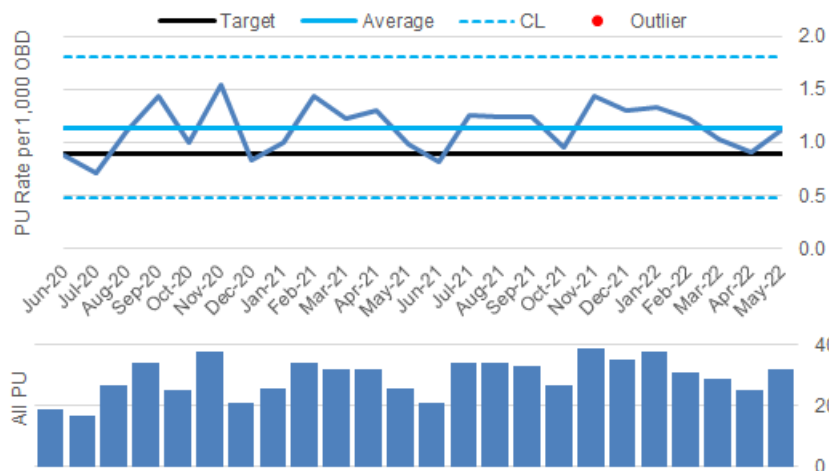
| Key Deliverable | End Date | |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------|
| Reduction in number of Patient Falls in order to achieve specified reduction target in this FY | Refresh Falls Champions Register and Network | Sep-22 |
| | Ensure that monthly falls data continues to be discussed and displayed in each ward setting along with associated improvement plans | Mar-23 |
| | Develop an Audit programme for 22/23 | Jun-22 |
| | Review and refresh Falls Toolkit | Sep-22 |
| | Review Related policies- Supervision, Boarding and Bed rails as identified/required by the policy timescales | Apr-23 |
| | Review LEARN summaries to support shared learning | Mar-23 |
| | Explore feasibility of implementation of Falls module on Patient Trak | Mar-23 |
| | Explore QI resource to support clinical staff and enhance local improvement work | Oct-22 |

Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting

Target Rate (by end March 2023) = 0.89 per 1,000 OBD

Local Performance



Performance by Service Area

| | 2021/22 | | | | | | | | | | 2022/23 | |
|-----------------------|---------|------|------|------|------|------|------|------|------|------|---------|------|
| | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY |
| NHS Fife | 0.82 | 1.26 | 1.25 | 1.24 | 0.95 | 1.44 | 1.30 | 1.32 | 1.23 | 1.03 | 0.90 | 1.11 |
| Acute Services | 1.58 | 2.13 | 2.36 | 2.10 | 1.44 | 2.54 | 2.16 | 2.25 | 1.84 | 1.76 | 1.45 | 1.62 |
| HSCP | 0.15 | 0.49 | 0.27 | 0.49 | 0.53 | 0.49 | 0.55 | 0.52 | 0.72 | 0.40 | 0.41 | 0.66 |

Key Deliverable

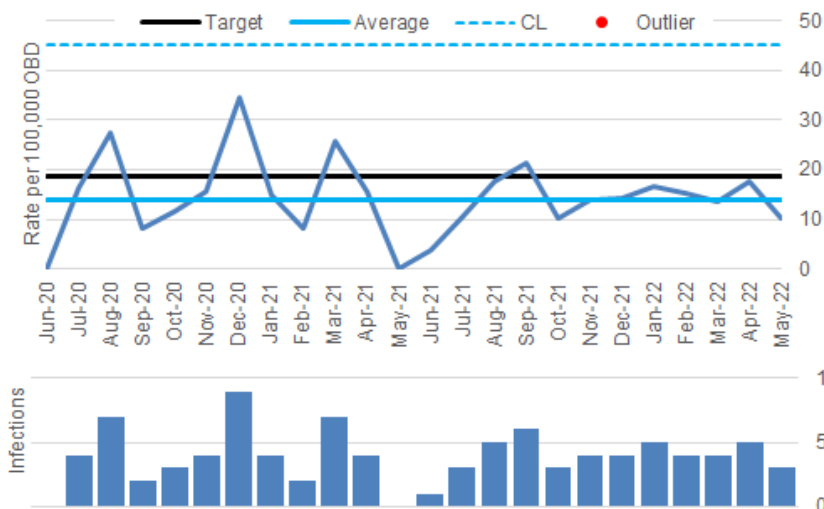
Reduction in number of Pressure Ulcers (PU) developed on case load across all health care setting in order to achieve specified reduction target in this FY

| | End Date |
|----------------------------------------------------------------------------------------------------------------------------------|----------|
| Refresh PU Champions Register and Network | Oct-22 |
| Ensure that monthly PU data continues to be discussed and displayed in each ward setting along with associated improvement plans | Dec-22 |
| PU data discussed and shared with senior HSCP management team at QMASH meetings | Mar-23 |
| PU Documentation Audit to support compliance | TBC |
| Review LEARN summaries to support shared learning | Mar-23 |
| Measurement against National Standards (Prevention & Management of PU) | Mar-23 |
| Establish an operational TV group | Aug-22 |
| Embed the revised HIS PU Standards (Oct 2020) | Oct-23 |
| Develop and test electronic PURA and SSKIN bundle on Patientrack | Oct-22 |
| Embed the use of the CAIR resource and Data and Insight Hub (ASD) for triangulation of data | Mar-23 |
| Clinical teams with an increase in PU harms to identify and plan improvements | Mar-23 |
| Develop a training and education plan | Oct-22 |
| Explore the option of an integrated Fife-wide service | Mar-23 |

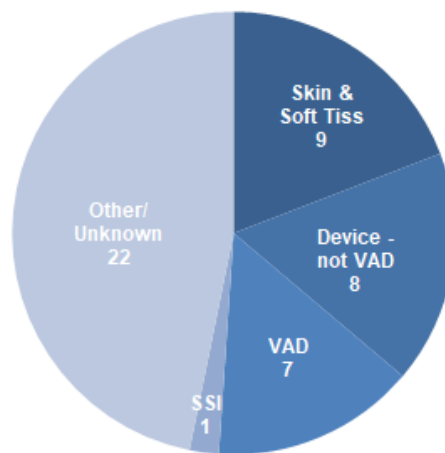
SAB (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

Local Performance



Infection Source; YE May-22



National Benchmarking

| Quarter Ending | 2020/21 | | | 2021/22 | | | |
|-----------------|---------|------|------|---------|------|------|------|
| | Sep | Dec | Mar | Jun | Sep | Dec | Mar |
| NHS Fife | 18.7 | 20.6 | 17.8 | 6.3 | 16.6 | 12.7 | 15.2 |
| Scotland | 17.2 | 18.9 | 18.4 | 18.6 | 18.3 | 17.3 | 16.3 |

Key Deliverable

End Date

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement | Mar-23 |
| Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans | Mar-23 |
| IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care | Mar-23 |

CLINICAL GOVERNANCE

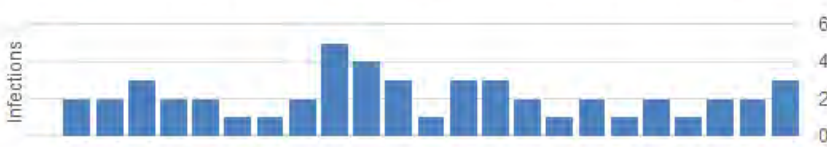
C Diff (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

Local Performance



Recurrence: YE May-22



National Benchmarking

| Quarter Ending | 2020/21 | | | 2021/22 | | | |
|-----------------|---------|------|------|---------|------|------|------|
| | Sep | Dec | Mar | Jun | Sep | Dec | Mar |
| NHS Fife | 9.3 | 7.7 | 14.0 | 10.0 | 9.5 | 4.6 | 7.0 |
| Scotland | 17.4 | 16.4 | 15.8 | 14.6 | 16.8 | 13.3 | 12.6 |

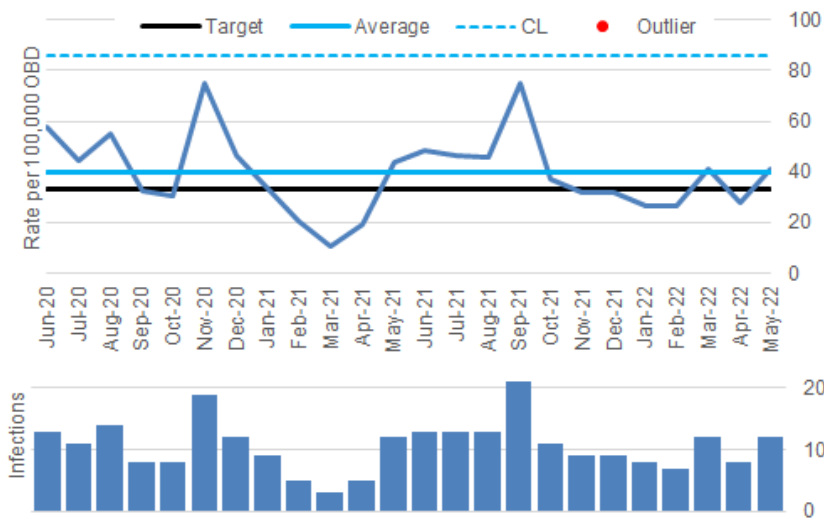
| Key Deliverable | End Date |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement | Mar-23 |
| Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans | Mar-23 |
| IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care | Mar-23 |

CLINICAL GOVERNANCE

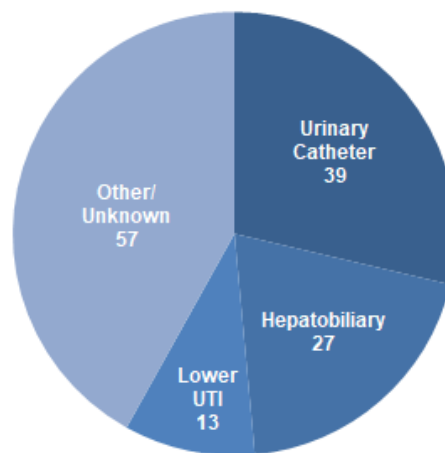
ECB (HAI/HCAI)

Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

Local Performance



Infection Source; YE May-22



National Benchmarking

| Quarter Ending | 2020/21 | | | 2021/22 | | | |
|-----------------|---------|------|------|---------|------|------|------|
| | Sep | Dec | Mar | Jun | Sep | Dec | Mar |
| NHS Fife | 45.3 | 50.3 | 21.6 | 37.6 | 60.3 | 33.6 | 31.6 |
| Scotland | 42.0 | 40.9 | 34.7 | 38.2 | 41.5 | 34.1 | 30.5 |

Key Deliverable

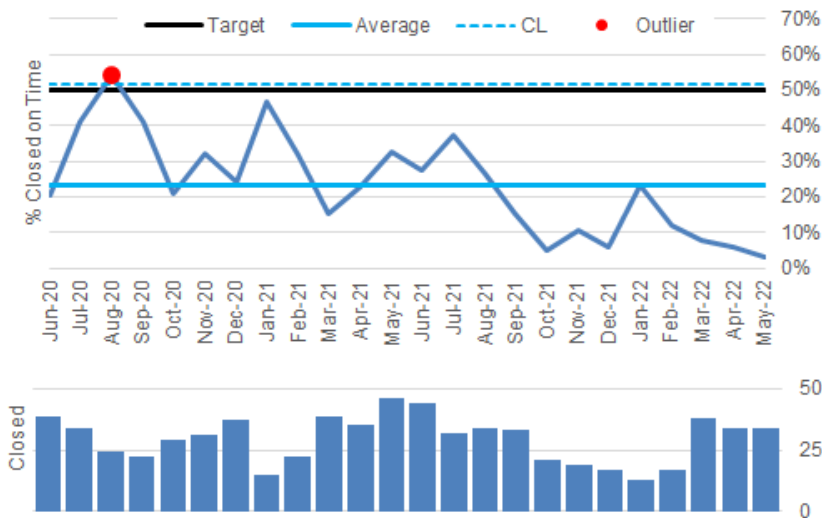
End Date

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement | Mar-23 |
| Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans | Mar-23 |
| IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care | Mar-23 |

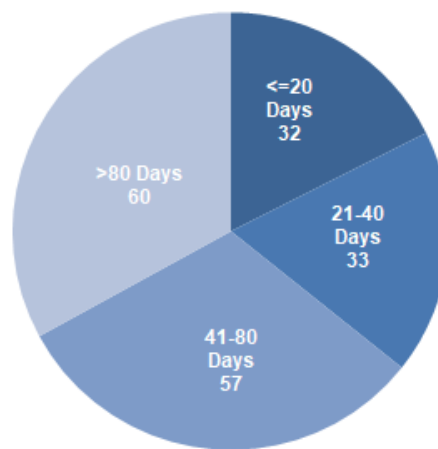
Complaints | Stage 2

At least 50% of Stage 2 complaints are completed within 20 working days by March 2023, rising to 65% by March 2024

Local Performance



Open Complaints; May-22



Performance by Service Area

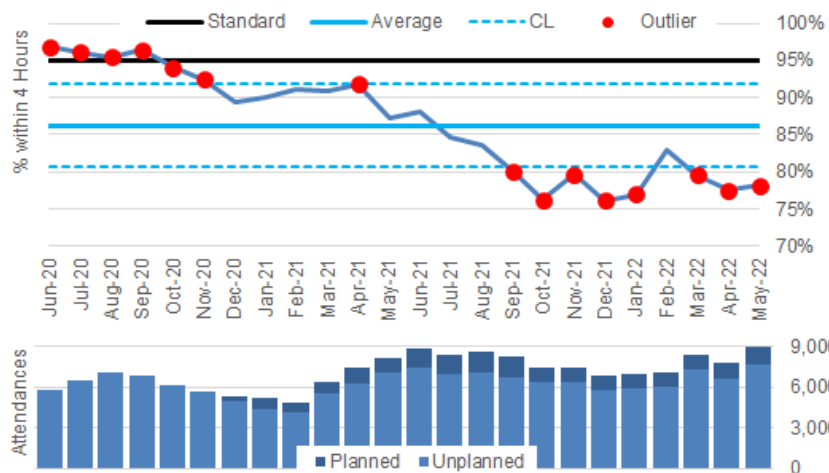
| | | 2021/22 | | | | | | | | | | 2022/23 | |
|----------------|-------------------------|---------|-------|--------|--------|--------|--------|-------|-------|--------|-------|---------|-------|
| | | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY |
| NHS Fife | % Closed on Time | 27.3% | 37.5% | 26.5% | 15.2% | 4.8% | 10.5% | 5.9% | 23.1% | 11.8% | 7.9% | 5.9% | 2.9% |
| | % Acknowledged (3 days) | 100.0% | 96.9% | 100.0% | 100.0% | 100.0% | 100.0% | 88.2% | 84.6% | 100.0% | 89.5% | 88.2% | 91.2% |
| Acute Services | % Closed on Time | 21.4% | 26.1% | 31.6% | 21.7% | 0.0% | 16.7% | 7.7% | 30.0% | 18.2% | 3.6% | 8.0% | 0.0% |
| HSCP | % Closed on Time | 16.7% | 50.0% | 16.7% | 0.0% | 20.0% | 0.0% | 0.0% | 0.0% | 0.0% | 14.3% | 0.0% | 9.1% |

| Key Deliverable | End Date |
|------------------------------------------------------------------------------|----------|
| Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) | Mar-23 |
| Adherence to NHS Fife's Participation and Engagement Framework | Mar-23 |
| Rebrand Patient Relations to Patient Experience Team | Dec-22 |

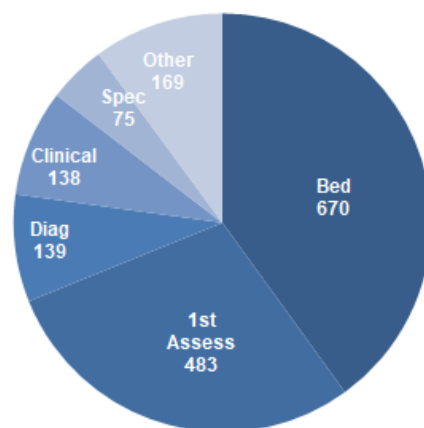
4-Hour Emergency Access

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

Local Performance



Breach Reason; May-22



National Benchmarking

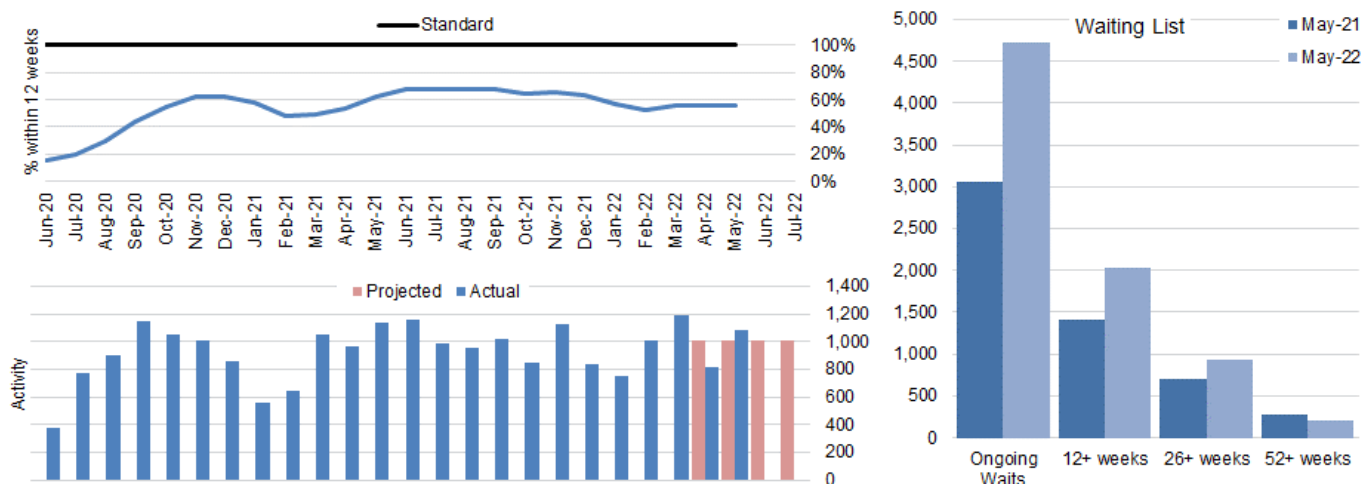
| | 2021/22 | | | | | | | | | | 2022/23 | |
|----------|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-------|
| | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY |
| NHS Fife | 88.2% | 84.7% | 83.6% | 80.1% | 76.3% | 79.7% | 76.1% | 77.0% | 83.0% | 79.6% | 77.5% | 78.2% |
| Scotland | 85.1% | 81.5% | 77.8% | 76.1% | 73.5% | 75.9% | 75.7% | 76.0% | 74.2% | 71.6% | 72.1% | 73.0% |

| Key Deliverable | End Date |
|----------------------------------------------------------------------------------------------------------------------------------------|----------|
| Enhance and optimise our ECAS/AU1 assessment | Apr-23 |
| Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach | TBC |
| Implement an enhanced triage model within ED to support scheduling with FNC | Mar-23 |
| Redesign of Urgent Care in close working with partners | Apr-23 |

Patient TTG

We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Local Performance



National Benchmarking

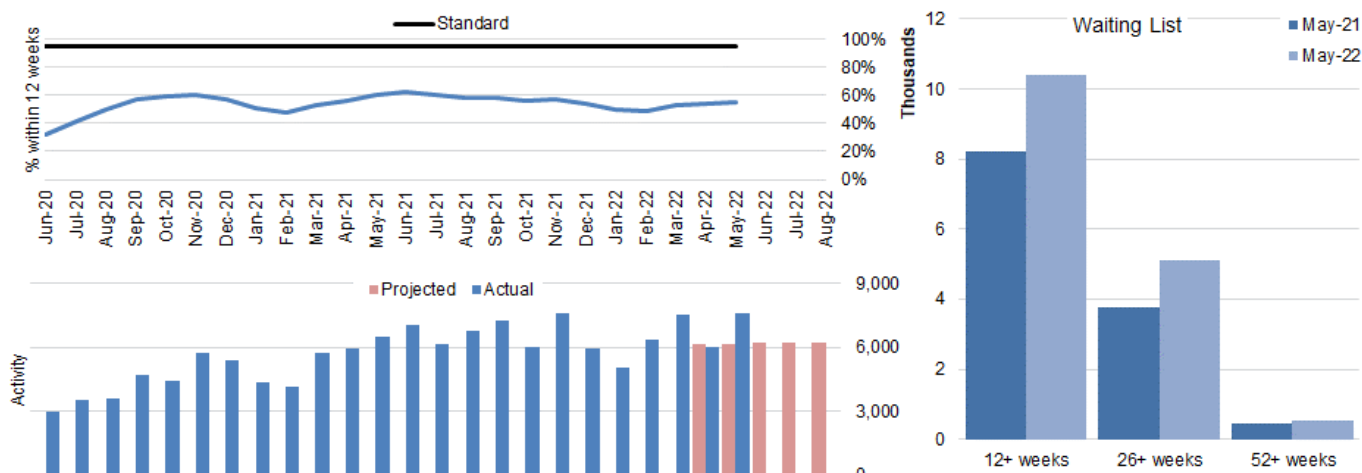
| | 2021/22 | | | | | | | 2022/23 | | | | |
|----------|---------|-------|-------|-------|-------|-------|-------|---------|-------|-------|-------|-------|
| | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY |
| NHS Fife | 67.9% | 67.6% | 68.2% | 68.2% | 64.9% | 65.1% | 63.1% | 56.6% | 52.7% | 55.2% | 55.9% | 55.6% |
| Scotland | 38.6% | 36.7% | 36.5% | 34.0% | 37.5% | 37.3% | 34.6% | 33.7% | 32.5% | 34.0% | | |

| Key Deliverable | End Date |
|---------------------------------------------------------------------------|----------|
| Preassessment | Apr-23 |
| Elective Orthopaedic Centre | Jan-23 |
| Maximise utilisation of QMH Theatres | Mar-23 |
| Optimising Theatres on VHK site - Clinical prioritisation of VHK Theatres | Mar-23 |

New Outpatients

95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment

Local Performance



National Benchmarking

| | 2021/22 | | | | | | | | 2022/23 | | | |
|----------|---------|-------|-------|-------|-------|-------|-------|-------|---------|-------|-------|-------|
| | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY |
| NHS Fife | 62.4% | 60.7% | 58.6% | 58.3% | 56.5% | 57.1% | 53.8% | 50.1% | 48.8% | 53.4% | 53.9% | 55.3% |
| Scotland | 53.4% | 51.6% | 49.7% | 48.1% | 48.0% | 48.4% | 46.5% | 45.5% | 45.9% | 49.6% | | |

Key Deliverable

ACRT and PIR - Continue rollout throughout 2021/22 to all appropriate services

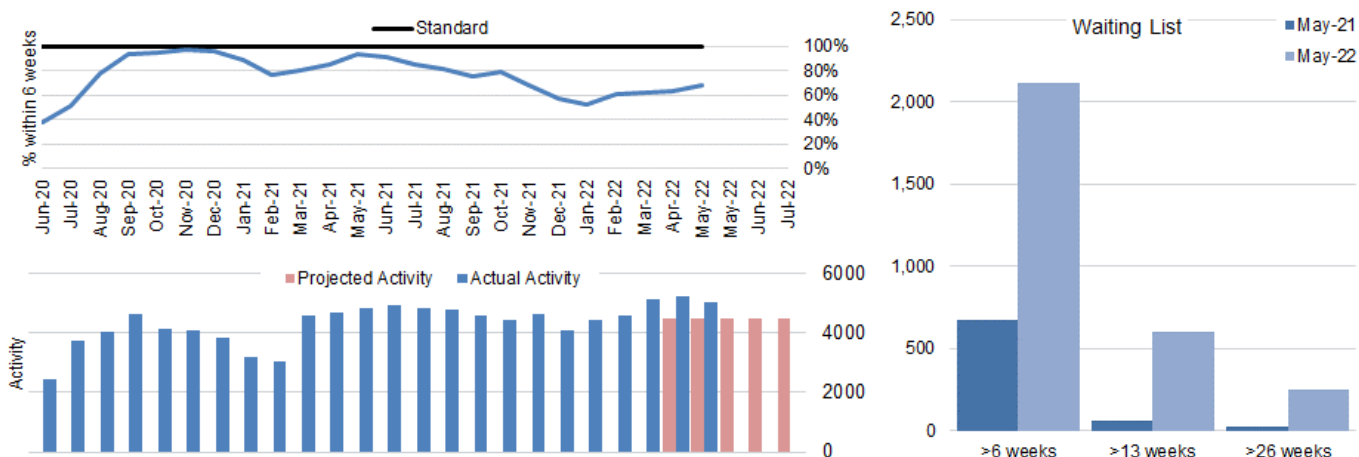
End Date

Sep-22

Diagnostics Waiting Times

No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment

Local Performance



National Benchmarking

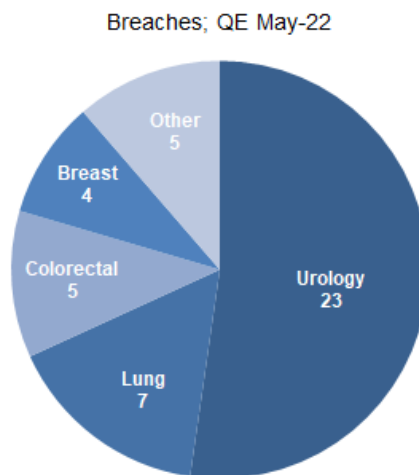
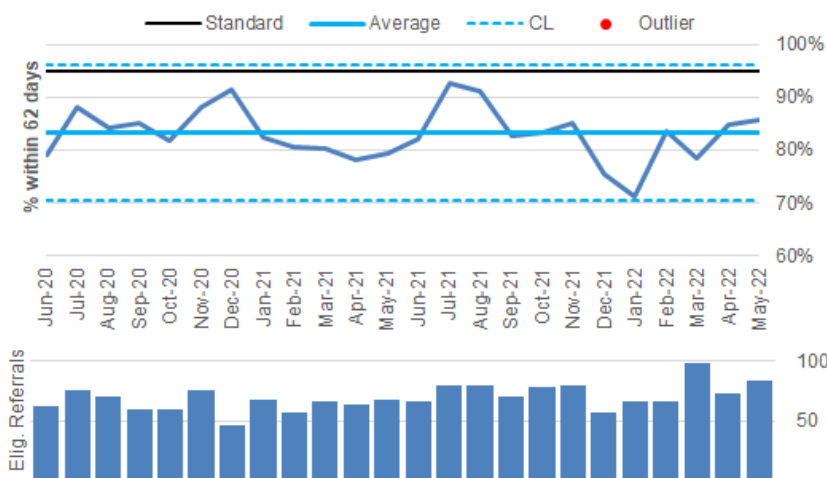
| | 2021/22 | | | | | | | | | | | 2022/23 | |
|-----------------|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|--|
| | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | |
| NHS Fife | 90.6% | 84.9% | 81.2% | 75.7% | 78.7% | 68.3% | 57.8% | 52.7% | 61.2% | 61.6% | 63.0% | 67.8% | |
| Scotland | 62.6% | 57.2% | 56.5% | 57.8% | 55.2% | 56.9% | 49.6% | 48.1% | 50.8% | 49.6% | | | |

| Key Deliverable | End Date |
|----------------------------------|----------|
| Reducing long waits; Diagnostics | Mar-23 |
| Radiology -7 day working | Apr-23 |

Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days

Local Performance



National Benchmarking

| Month | 2021/22 | | | | | | | | | | 2022/23 | |
|----------|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-------|
| | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY |
| NHS Fife | 82.1% | 92.5% | 91.3% | 82.9% | 83.3% | 85.0% | 75.4% | 71.2% | 83.6% | 78.6% | 84.9% | 85.7% |
| Scotland | 83.6% | 82.8% | 83.5% | 83.1% | 78.8% | 78.1% | 78.3% | 76.3% | 77.4% | 75.5% | 77.0% | 75.8% |

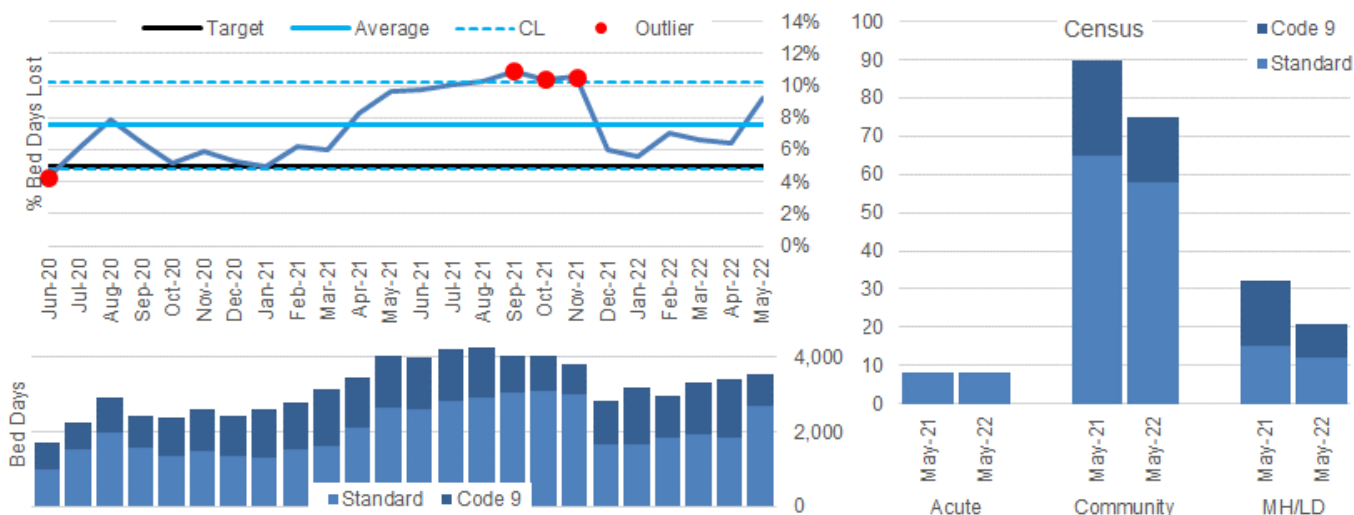
Key Deliverable

| Key Deliverable | End Date | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------|
| Implementation of Cancer Framework and delivery plan in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services | Reduction of health inequalities and improve access to services | Mar-23 |
| | ECDC development/expansion | TBC |
| | Development of single point of contact hub (SPOCH) | Sep-22 |
| | Review of cancer workforce | Mar-23 |
| | Environmental needs of cancer services | Mar-23 |
| | Continued public and patient engagement | Mar-23 |
| | Increased access to trials linking with R, I & K | Mar-23 |
| | Optimal and timed patient pathways (including BSC), aligning to Effective Cancer Management Framework | Mar-23 |
| Delivery of Cancer Waiting Times | Deliver improved Digital solutions to support delivery of Cancer Waiting Times performance | TBC |
| | Implement refreshed Effective Cancer Management Framework to drive improvement of Cancer Waiting Times performance | TBC |
| | Targeted improvements designed to maintain the 31-day standard and improve the 62-day standard on a sustainable basis | Jul-22 |

Delayed Discharges (Bed Days Lost)

We will limit the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Local Performance



National Benchmarking

| % Bed Days Lost | | Quarter Ending | | | | | | | | |
|-----------------|----------|----------------|------|---------|------|-------|-------|---------|-------|-------|
| | | 2019/20 | | 2020/21 | | | | 2021/22 | | |
| | | Mar | Jun | Sep | Dec | Mar | Jun | Sep | Dec | Mar |
| NHS Fife | Standard | 8.3% | 4.6% | 6.8% | 5.4% | 5.7% | 9.2% | 10.4% | 9.0% | 6.4% |
| | All | 12.4% | 8.6% | 10.1% | 9.6% | 10.9% | 14.4% | 14.8% | 12.4% | 11.1% |
| Scotland | Standard | 7.3% | 3.8% | 5.1% | 4.8% | 4.6% | 5.0% | 6.8% | 7.2% | 7.2% |
| | All | 9.3% | 5.9% | 7.1% | 7.3% | 7.3% | 7.4% | 9.4% | 9.7% | 10.4% |

| Key Deliverable | End Date | |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Deliver Home First and enable Prevention and Early Intervention | Dec-23 | |
| Discharge without Delay project as part of the U&UC programme to improve patient pathways to reduce preventable delays that extend LoS | Mar-23 | |
| Continue to reduce delayed discharge | Reduce hand offs in discharge processes | Sep-22 |
| | Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian | Oct-22 |
| | Develop capacity within the in-house care at home provision (START) plus additional investment to and to develop a programme of planning with the private agencies supported by Scottish Care | TBC |
| | Develop app to support the Moving on Policy and help with decision making of moving on patients. This will include care home videos, staff messages. | Dec-23 |
| | Planned Date of Discharge Project | Jul-22 |
| | Front Door Model | Dec-22 |
| | Electronic referrals | Dec-23 |

Finance

NHS Boards are required to work within the revenue and capital resource limits set by the Scottish Government Health Care Directorates (SGHSCD)

1. Executive Summary

- 1.1 At the end of May the board's reported financial position is an overspend of £6.453m on Health Retained. This overspend comprises: £2.061m core overspend (of which £0.855m relates to Acute Set Aside overspend); £1.735m opening financial gap; and as yet unfunded Covid-19 costs of £2.657m (including £1.078m Public Health Test and Protect costs).

The Health Delegated position reflects a core underspend of £1.043m.

Revenue Financial Position as at 31 May 2022

| Budget Area | Annual Budget £'000 | YTD Budget £'000 | YTD Spend £'000 | YTD Variance £'000 |
|----------------------------------------------------|------------------------|---------------------|--------------------|-----------------------|
| NHS Services (incl Set Aside) | | | | |
| <u>Clinical Services</u> | | | | |
| Acute Services Division | 238,149 | 40,588 | 41,879 | -1,291 |
| IJB Non-Delegated | 9,426 | 1,563 | 1,541 | 22 |
| Non-Fife & Other Healthcare Providers | 94,380 | 15,719 | 16,268 | -549 |
| <u>Non Clinical Services</u> | | | | |
| Estates & Facilities | 78,712 | 13,053 | 13,053 | 0 |
| Board Admin & Other Services | 74,277 | 12,337 | 12,415 | -78 |
| <u>Other</u> | | | | |
| Financial Flexibility & Allocations | 32,784 | 189 | 0 | 189 |
| Income | -29,556 | -4,935 | -4,914 | -21 |
| Grip and Control | -2,000 | -333 | 0 | -333 |
| Sub-total Core position | 496,172 | 78,181 | 80,242 | -2,061 |
| Financial Gap | -10,408 | -1,735 | | -1,735 |
| HB retained Covid 19 | 1,164 | 1,164 | 3,821 | -2,657 |
| SUB TOTAL | 486,928 | 77,610 | 84,063 | -6,453 |
| <u>Health & Social Care Partnership</u> | | | | |
| Fife H & SCP | 374,525 | 61,460 | 60,417 | 1,043 |
| Health delegated Covid 19 | 1,672 | 1,672 | 1,672 | 0 |
| SUB TOTAL | 376,197 | 63,132 | 62,089 | 1,043 |
| TOTAL | 863,125 | 140,742 | 146,152 | -5,410 |

- 1.2 NHS Fife Board approved the financial plan for 2022/23 on 29 March 2022. The Strategic Planning and Resource Allocation (SPRA) process which took place in Autumn/Winter 2021, endorsed by the Executive Director Group and the NHS Fife Board, captured key cost pressures for the board and in the main identified the significant level of existing cost pressure of £19.9m within Acute Services which has been recognised in the financial plan. Our financial plan (at Appendix 1) has a cost improvement target for 2022/23 of £24.1m (circa 5% of Health retained baseline budget). Cost improvement plans of £11.7m (at Appendix 2) have been agreed with directorates and their respective Senior Responsible Officers. In addition, a £2m capital to revenue transfer to provide non-recurring support in the main for locally and nationally agreed cost pressures has also been approved. We have highlighted to Scottish Government (SG) our current resulting financial gap of £10.4m through the financial planning process and have identified a "pipeline" of emerging potential plans which will begin to contribute to the remaining gap over the medium term. The financial gap arises in the main from the recognised cost pressures in Acute Services of £19.9m.

- 1.3 The Board's Financial Plan for 2022/23 was developed on the assumption of receipt of full funding for the ongoing additional costs of managing the Covid 19 pandemic in line with Scottish Government (SG) advice at the time of writing the plan. However, the financial plan also referred to several specific and inherent risks within the plan, including the availability of Covid 19 funding to match our net additional costs. At the end of February 2022, SG provided additional Covid 19 funding to NHS Boards and Integration Authorities to meet Covid 19 costs in year and to support the ongoing impact of the pandemic. Any funding remaining at year end 2021/22 was carried forward in an earmarked reserve for Covid 19 purposes by the Integration authorities. Use of this funding continues to be discussed by the IJB Chief Finance Officer and the NHS Director of Finance targeting the additional Covid 19 costs in the Integration Board as well as the NHS Board in 2022/23. A national Covid Cost Improvement programme to support delivery of efficient cost reduction measures has been established to transition towards Covid related costs being accommodated in the Health and Social care Directorate funding envelope
- 1.4 At present no formal allocation letters have been issued by SG. A formal Quarter 1 review will take place which will look at the initial AOP submitted in March and also re-introduce the 3 year planning cycle. Appendix 3 shows our recurring baseline as per the Scottish Budget with details of all anticipated allocations for both core and non-core allocations.
- 1.5 With regard to Covid-19 funding, the SG confirmed an allocation of £7.5m for 2022/23. This funding has not yet been received nor has it been recognised in our month 2 reporting position. In addition we await funding confirmation on Public Health measures including test & protect (£1.078m unfunded spend to month 2). The Health Delegated covid spend including Covid vaccine costs is expected to be met from the Covid-19 earmarked reserve.
- 1.6 The overall anticipated capital budget for 2022/23 is £24.837m. The capital position for the period to May records spend of £1.595m. Therefore, 6.42% of the anticipated total capital allocation has been spent to month 2. The full capital programme is expected to deliver in full with significant activity in the final month of the year working towards a balanced capital position.

2. Health Board Retained Services

Clinical Services financial performance as at 31 May 2022 excluding Covid-19 costs

| Budget Area | Annual Budget £'000 | YTD Budget £'000 | YTD Spend £'000 | YTD Variance £'000 |
|-------------------------------------------|------------------------|---------------------|--------------------|-----------------------|
| Acute Services Division (HB Retained) | 196,727 | 33,605 | 34,041 | -436 |
| Acute Services Division (Acute Set Aside) | 41,422 | 6,983 | 7,838 | -855 |
| IJB Non Delegated | 9,426 | 1,563 | 1,541 | 22 |
| Non-Fife & Other Healthcare Providers | 94,380 | 15,719 | 16,268 | -549 |
| Income | -29,556 | -4,935 | -4,914 | -21 |
| SUB TOTAL | 312,399 | 52,935 | 54,774 | -1,839 |

- 2.1 The Acute Services Division reports a core **overspend of £1.291m**. Acute Services continue to experience challenging capacity pressures at the front door and downstream wards in addition to delayed discharges. Measures are underway to ease the pressures and discussions are taking place around reliance on supplementary staffing within Acute. Key factors driving the non-pay overspend position to May of £0.395m relate to, continued medicines growth, diabetic pumps and the ongoing outsourcing of radiology reporting. Pay overspend of £0.273m is due to the delay in reducing supplementary staffing costs, which is one of the agreed cost improvement areas for Acute. Additionally, we await the outcome of a Labs and Radiology bid submitted to Scottish Government requesting funding of £1.7m. Expenditure has been incurred against this scheme and currently contributes to the overspend position. Additionally, the Acute directorate are incurring expenditure for Waiting List Initiatives but the level of available funding has not been increased to reflect the pay growth on substantive contracts and is also contributing to a level of the overspend. Discussions are ongoing with SG in relation to this issue. The remainder of the reported overspend to May relates to unachieved savings of £0.124m, with an expectation the pipeline schemes will cover any in year slippage.

Progress is underway with schemes funded by Scottish Government focusing on Interface Care and Discharge Without Delay and posts continue to be appointed to on a non-recurring basis to support the transition of service delivery to more streamlined patient pathways.

Included in the core ASD position is an overspend on Set aside services of £0.855m which is being funded on a non-recurring basis by the board. The full year cost pressure on set aside budgets is circa £6m and is included in the board's financial plan gap of £10.4m.

FINANCE, PERFORMANCE & RESOURCES: FINANCE

- 2.2 The IJB Non-Delegated budget reports an **underspend of £0.022m**. This is within Acute Services within the North East Fife Hospitals.
- 2.3 The budget for healthcare services provided out-with NHS Fife is **overspent by £0.549m** which reflects cost pressures within the SLAs with Tayside, Lothian, Forth Valley and private healthcare providers and includes a cost improvement target. Work is underway to develop a cost improvement plan to mitigate costs wherever possible and in the first instance a detailed review of private sector healthcare providers for mental health services is underway. Further detail is contained in Appendix 4.

2.4 Corporate Functions and Other Financial performance at 31 May 2022

| Budget Area | Annual Budget £'000 | YTD Budget £'000 | YTD Spend £'000 | YTD Variance £'000 |
|-------------------------------------|------------------------|---------------------|--------------------|-----------------------|
| <u>Non Clinical Services</u> | | | | |
| Estates & Facilities | 78,712 | 13,053 | 13,053 | 0 |
| Board Admin & Other Services | 74,277 | 12,337 | 12,415 | -78 |
| <u>Other</u> | | | | |
| Financial Flexibility & Allocations | 32,784 | 189 | 0 | 189 |
| SUB TOTAL | 185,773 | 25,579 | 25,468 | 111 |

- 2.5 The Estates and Facilities budgets report a **break-even position**. This comprises an underspend in pay of £0.158m which is continuing the trend of last year across several departments including estates services, catering, and portering. Non-pay costs are over spent by £0.158m with energy and clinical waste the main drivers. Also, this month there has been roof repairs of £0.051m at QMH and Leven Health Centre.
- 2.6 Within the Board's corporate services there is **an overspend of £0.078m**. Driven mainly by allocation of the in-year Cost Improvement Target and work continues to regain traction on this.
- Financial Flexibility
- 2.7 Financial flexibility at the end of the May reflects allocation and uplift assumptions held corporately including supplies, medical supplies and drugs uplifts. The release of this flexibility and allocations will take place as the year unfolds and as the financial impact of national policies crystallise. A summary of funding held in **financial flexibility** and the release of **£0.189m** to month 2 is shown at Appendix 5.
- Financial Gap
- 2.8 The **financial plan gap** at month 2 reflects the proportionate share of the planned £10.4m deficit (**£1.735m** to month 2) which will be addressed as part of our medium-term (3 year) financial planning.
- Approved Cost Improvement Plans
- 2.9 During the first quarter of the financial year significant activity has been taken forward led by each Senior Responsible Officer (SRO), to develop and implement the approved cost improvement plans. A summary by SRO of the status of approved plans is included in the table below.

Overall Summary

| Description (Original Confirmed Schemes) | Target £'000 | CIP Recur. £'000 | CIP Non-Rec £'000 | Made up of: | Current RAG / Narrative against delivery of £11.7M within 2022/23 Financial Year |
|------------------------------------------|--------------|------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Acute Services Directorate | 4450 | 4345 | 1000 | 14 CIP schemes – all in Delivery | £105k Overall Shortfall – pipeline projects being reviewed to mitigate |
| Pharmacy & Medicines Directorate | 920 | 638 | 262 | 20 CIP schemes – 11 delivering recurring savings, 9 non-recurring making up in-year shortfall before all recurring savings kick in | Confidence in delivery – additional substantial schemes in Pipeline |
| Property & Infrastructure | 1330 | 1330 | | 6 CIP schemes – all in Delivery | Confidence in delivery – weighted towards last Quarter |
| Vacancy Factor | 3000 | 3000 | | Split across 10 directorates / areas | TBC |
| Financial Grip & Control | 2000 | 2000 | | TBC | CIP in Development |
| Total | 11700 | 11595 | 262 | OVERALL RAG | Projected to deliver on Target |

To the end of May, actual cost improvement delivered total £0.747m as per the table below against a plan of £1.638. The majority of the slippage in plans is in relation to the vacancy factor which was only approved and allocated to directorates for their May financial performance. The slippage within Acute services is in relation to vacancy factor also and it is anticipated this will be picked up in later months as actions are taken by the directorates.

Approved Cost Improvement Plans - Position at 31 May 2022

| Budget Area | Current Year Target £'000 | Year to Date Target £'000 | Year to Date Achieved £'000 | Year to Date Variance £'000 |
|----------------------|---------------------------|---------------------------|-----------------------------|-----------------------------|
| Acute | 5,752 | 288 | 164 | -124 |
| Estates & Facilities | 1,250 | 500 | 503 | 3 |
| Corporate | 4,698 | 850 | 80 | -770 |
| Total | 11,700 | 1,638 | 747 | -891 |

3. Health Board Covid-19 spend

3.1 With regard to Covid-19 funding, a letter was received from SG on 1 June advising of a £7.5m Covid-19 for 2022-23. This funding has not yet been received or recognised in our month 2 reporting position. In addition we await funding confirmation on Public Health measures including test & protect (£1.078m unfunded spend to month 2).

| HB & Acute set aside Covid-19 spend | Year to Date Budget £'000 | YTD Spend HB Retained £'000 | YTD Spend Set Aside £'000 | YTD Spend Total £'000 | YTD Variance £'000 |
|-------------------------------------|---------------------------|-----------------------------|---------------------------|-----------------------|--------------------|
| Acute | 1,164 | 1,079 | 1,164 | 2,243 | -1,079 |
| Estate & Facilities | - | 41 | 161 | 202 | -202 |
| Corporate | - | 276 | 22 | 298 | -298 |
| Public Health | - | - | - | 1,078 | -1,078 |
| Total | 1,164 | 1,396 | 1,347 | 3,821 | -2,657 |

3.2 An additional layer of transparency around Covid-19 expenditure has been added for this financial year to encompass the breakdown of expenditure between HB Retained costs and those relating to Acute Set Aside.

- 3.3 Acute Services continue to incur Covid expenditure for services which have not yet scaled back and general delays in transfer of care due to the Covid impact in Community settings. Point of Care testing continues and NMAB clinics provide access to medication for Covid positive individuals in a bid to prevent hospital admissions. Staff absences for covid reasons also continue to drive sickness absence costs. Discussions with services are ongoing to determine an exit strategy for Covid expenditure and to gain an understanding of what will remain as business as usual in the future.
- 3.4 Corporate budgets continue to incur Covid-19 costs. Detailed work continues with services to secure exit planning and absorption of the Covid-19 costs into core costs.
- 3.5 Public Health colleagues have established a short life working group to work through the staffing implications of the ending of Contact Tracing, Asymptomatic Testing and Fixed Term Public Health roles. The current level of spend will fall over the coming months. A level of symptomatic testing will continue which is currently being modelled nationally.
- 3.6 It is anticipated funding for 2022/23 Covid-19 costs in respect of Acute set aside Covid-19 spend will be met from the Covid allocations provided in 2021/22 to the Integration Joint Board.

4. Health & Social Care Partnership

- 4.1 Health services in scope for the Health and Social Care Partnership report a core **underspend of £1.043m**.

| Budget Area | Annual Budget £'000 | YTD Budget £'000 | YTD Spend £'000 | YTD Variance £'000 |
|---------------------------------------------|------------------------|---------------------|--------------------|-----------------------|
| Health & Social Care Partnership | | | | |
| Fife H & SCP | 376,198 | 63,133 | 62,090 | 1,043 |
| SUB TOTAL | 376,198 | 63,133 | 62,090 | 1,043 |

The Health and Social Care Partnership budget detailed above are Health budgets designated as in scope for HSCP integration, excluding services defined as Set Aside. The financial pressure related to 'Set Aside' services is currently held within the NHS Fife financial position. These services are currently captured within the Clinical Services areas of this report (Acute set aside £0.855m overspend to month 2 per 1.1 above). Anticipated funding from the IJB earmarked reserve is shown at Appendix 7.

4.2 HSCP Covid-19 spend

The Health Delegated covid spend of £1.672m to month 2, including Covid vaccine costs, will be met from the Covid-19 earmarked reserve.

| Health Delegated Covid-19 spend Budget Area | Budget £'000 | YTD Spend £'000 | YTD Variance £'000 |
|------------------------------------------------|-----------------|--------------------|-----------------------|
| Community Care Services | 467 | 467 | 0 |
| Complex And Critical Services | 48 | 48 | 0 |
| Primary Care + Prevention Ser | 81 | 81 | 0 |
| Professional/business Enabling | 23 | 23 | 0 |
| Covid-19 Vaccination Costs | 1,053 | 1,053 | 0 |
| Total | 1,672 | 1,672 | 0 |

5. Risks

- 5.1 There is a risk around the Health Board retained Covid-19 costs and funding levels which encompass Acute, Acute set-aside and Corporate function costs.
- 5.2 There is a significant risk around Public Health test and protect and track and trace funding where we await confirmation of funding arrangements.
- 5.3 There is a lack of certainty over future funding allocations, for example: Redesign of Urgent Care and International Recruitment.

5.4 There are a number of ongoing inflationary price increases e.g. energy price increases, the cost of food and building materials. Whilst some assumptions have been made in the financial planning process, detailed work remains ongoing to capture and forecast the potential impact for NHS Fife.

6. Capital

6.1 The overall anticipated capital budget for 2022/23 is £24.837m. The capital position for the period to May records spend of £1.595m. Therefore, 6.42% of the anticipated total capital allocation has been spent to month 2.

6.2 The capital plan for 2022/23 is pending approval by the FP&R Committee in July and will subsequently be tabled at the NHS Fife Board. NHS Fife has assumed a programme of £24.837m detailed in the table below.

| Capital Plan | £'000 |
|-----------------------------|---------------|
| Initial Capital Allocation | 7,764 |
| Elective Orthopaedic Centre | 13,389 |
| Kincardine Health Centre | 856 |
| Lochgelly Health Centre | 1,228 |
| QMH Theatres PH2 | 1,500 |
| Mental Health | 100 |
| Total | 24,837 |

The Kincardine & Lochgelly Health Centres are still subject to approval at OBC stage. Confirmation on Health Centre plans approval status is anticipated following SCIG on 29 June 2022.

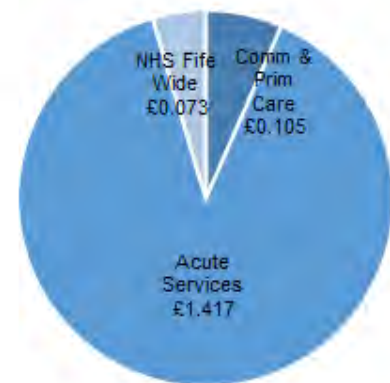
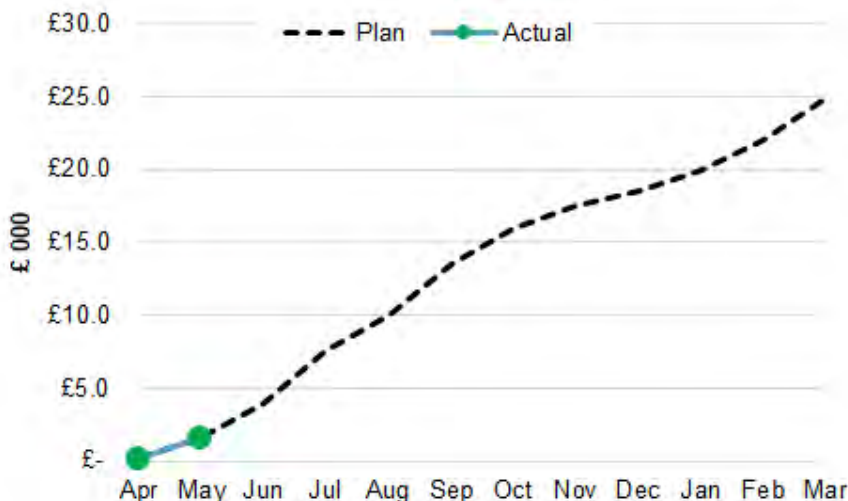
6.3 Capital Receipts

Work continues into the new financial year on asset sales re disposals:

- Lynebank Hospital Land (Plot 1) (North) – discussions are ongoing as to whether to remarket, there are also discussions ongoing around the potential possibility of HFS constructing a new sterilising unit for East Scotland on the site.
- Skeith Land – an offer has been accepted subject to conditions for planning and access - however the GP's have now put in an objection to the planning department. The Developers have provided other plans in order to move forward, however, the GP's are still objecting.

6.4 Expenditure / Major Scheme Progress

The summary expenditure position across all projects is set out in the dashboard summary above. The expenditure to date amounts to £1.595m, this equates to 6.42% of the total anticipated capital allocation, as illustrated in the spend profile graph above.



The main areas of spend to date include:

| | |
|-----------------------------|---------|
| Statutory Compliance | £0.479m |
| Equipment | £0.088m |
| Digital | £0.073m |
| Elective Orthopaedic Centre | £0.856m |
| Health Centres | £0.099m |

6.5 The full capital programme is expected to deliver in full with significant activity in the final month of the year working towards a balanced capital position. Further detail on capital expenditure are detailed in Appendices 8 and 9.

7 Recommendation

7.1 EDG is asked to consider the detail of this report and specifically:

- **Note** the reported core overspend £6.453m
- **Note** the Health delegated core underspend position £1.043m
- **Note** the capital expenditure spend of £1.595m .

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 1

| NHS Fife 2022/23 Financial Plan | | | |
|----------------------------------------------------------|------------------------|----------------------|------------------------------|
| | Total £'000 | IJB £'000 | HB retained £'000 |
| Expenditure FY budget roll forward | 878,069 | 408,956 | 469,113 ** |
| Allocation Uplifts 22/23 per SG announcement | 25,492 | 9,171 | 16,321 |
| Available budget | 903,561 | 418,127 | 485,434 |
| FP Uplift Assumptions 22/23 | | | |
| 21/22 ASD pressures | 19,900 | * | 19,900 |
| 22/23 pressure | 7,000 | * | 7,000 |
| Financial Flexibility | -2,800 | * | -2,800 |
| Budget requirement | 927,661 | 418,127 | 509,534 |
| Initial gap | -24,100 | 0 | -24,100 |
| Approved CIPs | 11,700 | * | 11,700 |
| Cap to rev transfer | 2,000 | * | 2,000 |
| Opening budget 22/23 | 917,261 | 418,127 | 499,134 |
| Agreed remaining gap for 22/23 | -10,400 | 0 | -10,400 |
| *to be considered through IJB financial planning process | | | |
| ** includes Acute set aside of £38.899m | | | |

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 2: Approved Cost Improvement Plans

| Confirmed Cost Improvement Plans 2022/23 | | | | |
|------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------|---------------|---------------|
| SRO | Area | Plan | £'000 | £'000 |
| | | Procurement: | | |
| Acute | PCD | Instruments & Sundries & CSSD | 1,000 | |
| Acute | PCD | Investment in Theatres Procurement/Cost reduction | 500 | |
| | | Service Commissioning: | | |
| Acute | PCD | Repatriation of Radical Prostatectomy | 205 | |
| Acute | WCCS | Travel, Printing | 60 | |
| Acute | WCCS | Managed Service Contract for Labs | 425 | |
| | | Service Redesign: | | |
| Acute | WCCS | Skill mix review | 50 | |
| | | Pharmacy: | | |
| Acute | ECD | Pirfenidone and Nintedanib Homecare | 40 | |
| Acute | ECD | Patent Expiry/ Homecare | 160 | |
| Acute | WCCS | Community Paediatric Drugs | 20 | |
| | | Supplementary Staffing: | | |
| Acute | Acute | Reduction in non core staffing | 2,000 | |
| Acute | WCCS | Vacancy release | 210 | 4,670 |
| | | Pharmacy & Medicines Directorate | | |
| Pharmacy | | Medicines Efficiency, PAS Rebates, Contract Changes | 700 | 700 |
| | | Property & Infrastructure | | |
| P&I | | Major Contract Review | 250 | |
| P&I | | Property Maintenance Minor Works Team | 100 | |
| P&I | | Energy Savings - NDEE Project | 150 | |
| P&I | | Rates Review | 500 | |
| P&I | | Roster Review | 250 | |
| P&I | | Terminate Lease for Evans Business Park | 80 | 1,330 |
| | | Vacancy Factor | | |
| All | All | Vacancy Factor (less than 1% of total pays) | 3,000 | 3,000 |
| | | Financial Grip & Control | | |
| Finance | All | Financial Control across all areas of spend and financial flexibility/Accelerate from Pipeline Projects where possible | 2,000 | 2,000 |
| | | Total | 11,700 | 11,700 |

Appendix 3: Revenue Resource Limit

| | | Baseline Recurring | Earmarked Recurring | Non- Recurring | Total |
|-------------------|---------------------------------------------------|-----------------------|------------------------|-------------------|----------------|
| | | £'000 | £'000 | £'000 | £'000 |
| | Initial Baseline Allocation | 723,323 | | | 723,323 |
| | | | | | |
| | Total Core RRL Allocations | 723,323 | 0 | 0 | 723,323 |
| Anticipated | Primary Medical Services | | 59,263 | | 59,263 |
| Anticipated | Outcomes Framework | | 4,520 | | 4,520 |
| Anticipated | Mental Health Bundle | | 1,363 | | 1,363 |
| Anticipated | Salaried Dental | | 2,090 | | 2,090 |
| Anticipated | Distinction Awards | | 139 | | 139 |
| Anticipated | Research & development | | 822 | | 822 |
| Anticipated | Community Pharmacy Champions | | 20 | | 20 |
| Anticipated | NSS Discovery | | -40 | | -40 |
| Anticipated | Pharmacy Global Sum Calculation | | -204 | | -204 |
| Anticipated | NDC Contribution | | -843 | | -843 |
| Anticipated | Community Pharmacy Pre-Reg Training | | -165 | | -165 |
| Anticipated | Patient Advice & Support Service | | -39 | | -39 |
| Anticipated | FNP | | 1,425 | | 1,425 |
| Anticipated | New Medicine Fund | | 6,683 | | 6,683 |
| Anticipated | Golden Jubilee SLA | | -25 | | -25 |
| Anticipated | PCIF | | 10,037 | | 10,037 |
| Anticipated | Action 15 Mental Health strategy | | 2,121 | | 2,121 |
| Anticipated | ADP:seek & treat | | 1,159 | | 1,159 |
| Anticipated | Veterans First Point Transisition Funding | | 116 | | 116 |
| Anticipated | Tariff reduction to global sum | | -4,245 | | -4,245 |
| Anticipated | District Nurses | | 333 | | 333 |
| Anticipated | ADP | | 920 | | 920 |
| Anticipated | School Nurse | | 276 | | 276 |
| Anticipated | Perinatal and Infant Mental Health | | 663 | | 663 |
| Anticipated | Primary care development funding | | 30 | | 30 |
| Anticipated | CAMHS | | 704 | | 704 |
| Anticipated | National Cancer Recovery Plan SPOC | | 64 | | 64 |
| Anticipated | National SACT Pharmacy | | 8 | | 8 |
| Anticipated | Mental Health Funding Pharmacy recruitment | | 64 | | 64 |
| Anticipated | Mental health & Wellbeing primary care services | | 105 | | 105 |
| Anticipated | Waiting list | | | 6,700 | 6,700 |
| Anticipated | Uplift 22/23 | 25,492 | | | 25,492 |
| Anticipated | Capital to Revenue | | | 2,000 | 2,000 |
| Anticipated | Covid 19 Retained | | | 7,500 | 7,500 |
| Anticipated | Young Peoples fund | | 10 | | 10 |
| Anticipated | Band 2-4 | | 895 | | 895 |
| Anticipated | TAC | | 1,000 | | 1,000 |
| Anticipated | ICU | | 799 | | 799 |
| Anticipated | Additional Waiting List | | | 1,189 | 1,189 |
| Anticipated | Radiology | | | 948 | 948 |
| Anticipated | NSD etc | | -4,531 | | -4,531 |
| Total Anticipated | | 25,492 | 85,537 | 18,337 | 129,366 |
| | | 748,815 | 85,537 | 18,337 | 862,689 |
| | | | | | |
| Anticipated | IFRS | | | 9,301 | 9,301 |
| Anticipated | Donated Asset Depreciation | | | 135 | 135 |
| Anticipated | Impairment | | | 500 | 500 |
| Anticipated | AME Provisions | | | 500 | 500 |
| Anticipated | | | | | 0 |
| Anticipated | | | | | 0 |
| | Total Anticipated Non-Core RRL Allocations | 0 | 0 | 10,436 | 10,436 |
| | Grand Total | 748,815 | 85,537 | 28,773 | 863,125 |

Appendix 4: Service Agreements

| | CY Budget £'000 | YTD Budget £'000 | YTD Actuals £'000 | YTD Variance £'000 |
|----------------------------|--------------------|---------------------|----------------------|-----------------------|
| Health Board | | | | |
| Ayrshire & Arran | 101 | 17 | 16 | 1 |
| Borders | 47 | 8 | 9 | -1 |
| Dumfries & Galloway | 26 | 4 | 10 | -6 |
| Forth Valley | 3,311 | 552 | 612 | -60 |
| Grampian | 374 | 62 | 47 | 15 |
| Greater Glasgow & Clyde | 1,724 | 287 | 279 | 8 |
| Highland | 141 | 23 | 34 | -11 |
| Lanarkshire | 120 | 20 | 36 | -16 |
| Lothian | 32,822 | 5,470 | 5,566 | -96 |
| Scottish Ambulance Service | 105 | 18 | 17 | 1 |
| Tayside | 41,258 | 6,878 | 7,164 | -286 |
| Cost Improvement target | -1,817 | -303 | | -303 |
| | 78,212 | 13,036 | 13,790 | -754 |
| UNPACS | | | | |
| Health Boards | 14,182 | 2,363 | 2,096 | 267 |
| Private Sector | 1,181 | 197 | 260 | -63 |
| | 15,363 | 2,560 | 2,356 | 204 |
| OATS | 740 | 123 | 122 | 1 |
| Grants | 65 | | | 0 |
| Total | 94,380 | 15,719 | 16,268 | -549 |

Appendix 5: Financial Flexibility

| | Flexibility Released to May-22 | |
|------------------------------------------------------------|--------------------------------|------------|
| | £'000 | £'000 |
| Drugs :NMF | 1,359 | |
| Junior Doctor Travel | 47 | |
| Consultant increments | 441 | |
| Discretionary Points | 232 | |
| AME impairments | 500 | |
| AME Provisions | 634 | |
| Prior Years Approved Developments, National Initiatives | 2,509 | 189 |
| Health Retained 22-23 Uplifts | 8,514 | |
| Cost pressures 22-23 | 4,179 | |
| Allocations to be distributed | 14,369 | |
| Total | 32,784 | 189 |

Appendix 6: Detailed Cost Improvement Plans

| Area | Plan | Current Year Target | Year to Date Target | Year to Date Achieved | Year to Date Variance |
|----------|-----------------------------------------------------|---------------------|---------------------|-----------------------|-----------------------|
| | | £'000 | £'000 | £'000 | £'000 |
| PCD | Instruments & Sundries | 1,000 | 70 | 70 | 0 |
| PCD | Investment in Theatres Procurement / Cost Reduction | 500 | 0 | 0 | 0 |
| PCD | Repatriation of Radical Prostatectomy | 205 | 0 | 0 | 0 |
| WCCS | Travel & Printing | 60 | 12 | 12 | 0 |
| WCCS | Managed Service Contract for Labs | 425 | 71 | 46 | (25) |
| WCCS | Skill Mix Review | 50 | 7 | 6 | (0) |
| ECD | Pirfenidone / Nintedanib | 40 | 7 | 7 | 0 |
| ECD | Patent Expiry / Homecare | 160 | 0 | 0 | 0 |
| WCCS | Community Paediatric Drugs | 20 | 3 | 3 | 0 |
| Acute | Reduction in Non Core Staffing | 2,000 | 0 | 0 | 0 |
| WCCS | Vacancy Release | 210 | 33 | 0 | (33) |
| Pharmacy | Medicines Efficiency, PAS Rebates, Contract Changes | 700 | 21 | 19 | (2) |
| P&I | Major Contract Review | 250 | 0 | 0 | 0 |
| P&I | Property Maintenance Minor Works Team | 100 | 0 | 0 | 0 |
| P&I | Energy Savings - NDEE Project | 150 | 0 | 0 | 0 |
| P&I | Rates Review | 500 | 500 | 503 | 3 |
| P&I | Roster Review | 250 | 0 | 0 | 0 |
| P&I | Terminate Lease for Evans Business Park | 80 | 80 | 80 | 0 |
| All | Vacancy Factor | 3,000 | 500 | 0 | (500) |
| All | Financial Grip & Control | 2,000 | 333 | 0 | (333) |
| | Total | 11,700 | 1,638 | 747 | (891) |

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 7: Anticipated Funding from Health Delegated Earmarked Reserve

| | 2021/22 Earmarked Reserve £'000 | Anticipated at May-22 £'000 |
|------------------------------------------------------|------------------------------------|--------------------------------|
| Covid-19 earmarked reserve - SG letter February 2022 | 35,478 | 1,784 |
| Vaccine | 2,472 | 1,053 |
| ADP (from Core) | 1,700 | 0 |
| Primary Care Improvement Fund | 6,585 | 0 |
| Care homes | 817 | 0 |
| Urgent Care Redesign | 950 | 139 |
| Action 15 | 1,791 | 0 |
| RT Funding | 1,500 | 0 |
| FSL | 0 | 0 |
| District Nurses | 213 | 0 |
| Fluenz | 18 | 0 |
| Mental Health Recovery & Renewal | 3,932 | 100 |
| Workforce Wellbeing | 244 | 0 |
| Budival | 213 | 0 |
| Child Healthy Weight | 23 | 0 |
| Acceleration of 22/23 MDT recruitment | 300 | 0 |
| Multi Disciplinary Teams | 1,384 | 0 |
| GP Premises | 430 | 0 |
| Afghan Refugees | 47 | 0 |
| Dental Ventilation | 669 | 0 |
| Interface care | 170 | 0 |
| Core general reserve | 4,125 | 0 |
| Core underspend | 3,409 | 0 |
| TOTAL | 66,470 | 3,076 |

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 8 : Capital Expenditure Breakdown

| Project | CRL Confirmed Funding £'000 | Total Expenditure to Date £'000 | Projected Expenditure 2022/23 £'000 |
|-------------------------------------------------|-----------------------------------|---------------------------------------|-------------------------------------------|
| COMMUNITY & PRIMARY CARE | | | |
| Clinical Prioritisation | 53 | 0 | 53 |
| Statutory Compliance | 346 | 6 | 346 |
| Capital Equipment | 14 | 0 | 14 |
| Condemned Equipment | 0 | 0 | 0 |
| Total Community & Primary Care | 413 | 6 | 413 |
| ACUTE SERVICES DIVISION | | | |
| Statutory Compliance | 1,890 | 473 | 1,890 |
| Capital Equipment | 1,130 | 88 | 1,130 |
| Clinical Prioritisation | 0 | 0 | 0 |
| Condemned Equipment | 13 | 0 | 13 |
| QMH Theatre | 734 | 0 | 734 |
| Total Acute Services Division | 3,767 | 561 | 3,767 |
| NHS FIFE WIDE SCHEMES | | | |
| Equipment Balance | 263 | 0 | 263 |
| Information Technology | 877 | 73 | 877 |
| Clinical Prioritisation | 197 | 0 | 197 |
| Statutory Compliance | 160 | 0 | 160 |
| Condemned Equipment | 87 | 0 | 87 |
| Fire Safety | 0 | 0 | 0 |
| Scheme Development | 0 | 0 | 0 |
| Vehicles | 0 | 0 | 0 |
| Capital to Revenue Transfer | 2,000 | 0 | 2,000 |
| Total NHS Fife Wide Schemes | 3,584 | 73 | 3,584 |
| TOTAL CAPITAL ALLOCATION FOR 2022/23 | 7,764 | 641 | 7,764 |
| ANTICIPATED ALLOCATIONS 2022/23 | | | |
| QMH Theatres PH2 | 1,500 | 0 | 1,500 |
| Kincardine Health Centre | 856 | 50 | 856 |
| Lochgelly Health Centre | 1,228 | 49 | 1,228 |
| Mental Health Review | 100 | 0 | 100 |
| Elective Orthopaedic Centre | 13,389 | 856 | 13,389 |
| Anticipated Allocations for 2022/23 | 17,073 | 955 | 17,073 |
| Total Anticipated Allocation for 2022/23 | 24,837 | 1,595 | 24,837 |

FINANCE, PERFORMANCE & RESOURCES: FINANCE

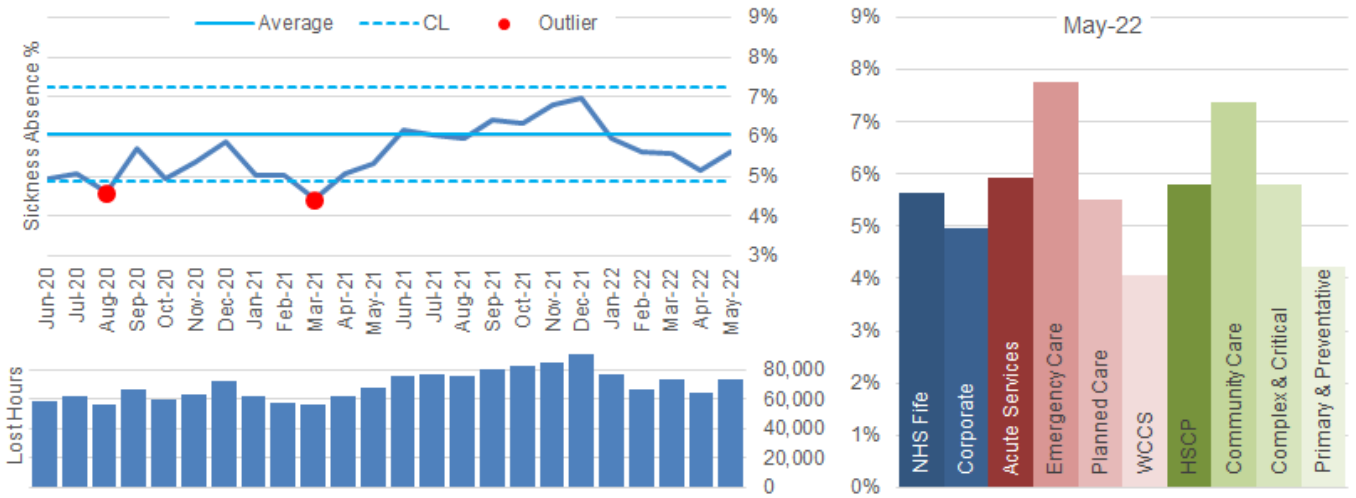
Appendix 9: Capital Plan - Changes to Planned Expenditure

| Capital Expenditure Proposals 2022/23 | Pending Board Approval | Cumulative Adjustment to April | May Adjustment | Total May |
|----------------------------------------------|------------------------|--------------------------------|----------------|---------------|
| Routine Expenditure | £'000 | £'000 | £'000 | £'000 |
| Community & Primary Care | | | | |
| Capital Equipment | 0 | 0 | 20 | 20 |
| Condemned Equipment | 0 | 0 | 0 | 0 |
| Clinical Prioritisation | 0 | 0 | 105 | 105 |
| Statutory Compliance | 0 | 341 | 5 | 346 |
| Total Community & Primary Care | 0 | 341 | 130 | 470 |
| Acute Services Division | | | | |
| Capital Equipment | 0 | 144 | 986 | 1,130 |
| Condemned Equipment | 0 | 0 | 13 | 13 |
| Clinical Prioritisation | 0 | 0 | 30 | 30 |
| Statutory Compliance | 0 | 1,891 | -1 | 1,890 |
| QMH Theatre | 734 | 0 | 0 | 734 |
| | 734 | 2,035 | 1,028 | 3,798 |
| Fife Wide | | | | |
| Backlog Maintenance / Statutory Compliance | 2,396 | -2,232 | -4 | 160 |
| Fife Wide Equipment | 1,407 | -144 | -1,006 | 257 |
| Digital & Information | 877 | 0 | 0 | 877 |
| Clinical Prioritisation | 250 | 0 | -135 | 115 |
| Condemned Equipment | 100 | 0 | -13 | 87 |
| Capital to Revenue Transfer | 2,000 | 0 | 0 | 2,000 |
| Fife Wide Fire Safety | 0 | 0 | 0 | 0 |
| Fife Wide Vehicles | 0 | 0 | 0 | 0 |
| Total Fife Wide | 7,030 | -2,376 | -1,158 | 3,496 |
| Total Capital Resource 2022/23 | 7,764 | 0 | 0 | 7,764 |
| ANTICIPATED ALLOCATIONS 2022/23 | | | | |
| QMH Theatres PH2 | 1,500 | 0 | 0 | 1,500 |
| Kincardine Health Centre | 856 | 0 | 0 | 856 |
| Lochgelly Health Centre | 1,228 | 0 | 0 | 1,228 |
| Mental Health Review | 100 | 0 | 0 | 100 |
| Elective Orthopaedic Centre | 13,389 | 0 | 0 | 13,389 |
| Anticipated Allocations for 2022/23 | 17,073 | 0 | 0 | 17,073 |
| Total Planned Expenditure for 2022/23 | 24,837 | 0 | 0 | 24,837 |

Sickness Absence

To achieve a sickness absence rate of 4% or less (Improvement Target for 2022/23 = TBD%)

Local Performance



National Benchmarking

| Month | 2021/22 | | | | | | | 2022/23 | | | | |
|----------|---------|-------|-------|-------|-------|-------|-------|---------|-------|-------|-------|-------|
| | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May |
| NHS Fife | 6.17% | 6.03% | 5.95% | 6.42% | 6.34% | 6.79% | 6.98% | 5.93% | 5.63% | 5.59% | 5.14% | 5.62% |
| Scotland | 5.52% | 5.62% | 5.76% | 6.12% | 6.30% | 6.37% | 6.23% | 5.37% | 4.96% | 5.47% | 5.10% | 0.00% |

Key Deliverable

Support the Health and Wellbeing of our Staff

Work towards improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions

Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence

End Date

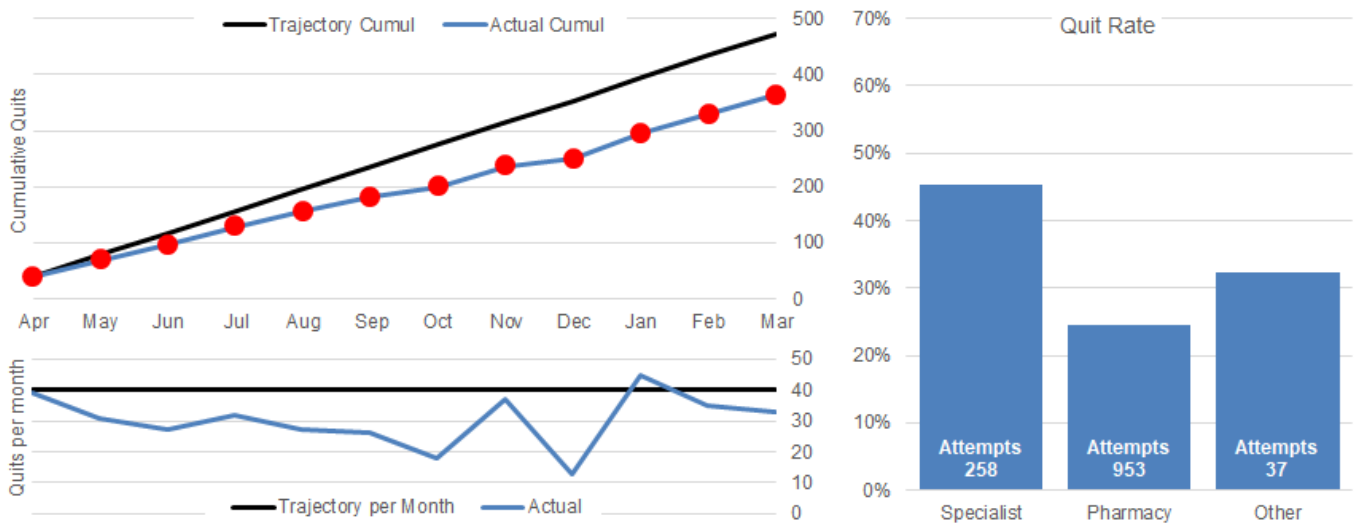
Apr-23

Apr-23

Smoking Cessation

In 2021/22, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Local Performance (lag due to 12-week follow-up from quit date)



National Benchmarking

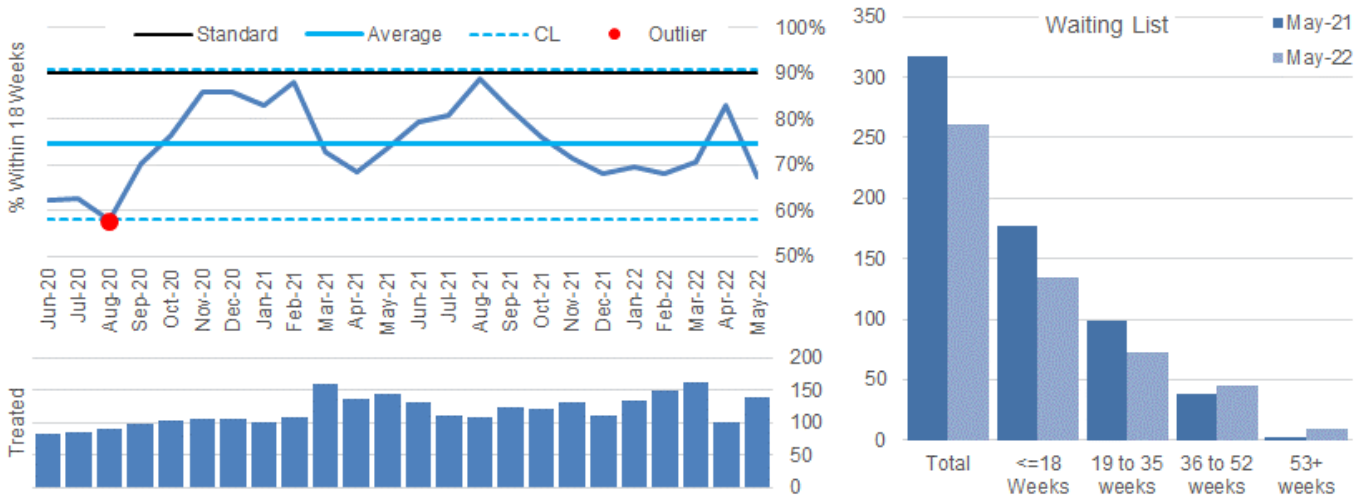
| | | 2021/22 | | | | | | | | | | | |
|-----------------|------------------|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| NHS Fife | Actual | 39 | 31 | 27 | 32 | 27 | 26 | 18 | 37 | 13 | 45 | 35 | 33 |
| | Actual Cumul | 39 | 70 | 97 | 129 | 156 | 182 | 200 | 237 | 250 | 295 | 330 | 363 |
| | Trajectory Cumul | 40 | 79 | 118 | 158 | 197 | 236 | 276 | 315 | 354 | 394 | 434 | 473 |
| | Achieved | 97.5% | 88.6% | 82.2% | 81.6% | 79.2% | 77.1% | 72.5% | 75.2% | 70.6% | 74.9% | 76.0% | 76.7% |
| Scotland | Achieved | | | 92.4% | | | 82.0% | | | | | | |

| Key Deliverable | End Date |
|-------------------------------------------------------------------------------------------------------------------------------|----------|
| Remobilise face to face service provision across GP practices to increase reach and engagement of target group (SIMD 1&2) | Mar-23 |
| Remobilise face to face service provision within community venues to increase reach and engagement of target group (SIMD 1&2) | Mar-23 |
| Remobilise out-reach service provision in most deprived communities | Sep-22 |
| Engagement with Pregnant Women | Sep-22 |
| Increase service awareness | Mar-23 |

CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

Local Performance



National Benchmarking

| Month | 2021/22 | | | | | | | | | | 2022/23 | |
|-----------------|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-------|
| | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY |
| NHS Fife | 79.5% | 80.9% | 88.8% | 82.1% | 76.0% | 71.2% | 68.2% | 69.4% | 68.0% | 70.6% | 83.0% | 67.4% |
| Scotland | 74.8% | 75.9% | 77.4% | 82.1% | 71.5% | 70.5% | 68.9% | 73.9% | 71.9% | 73.8% | | |

Key Deliverable

Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to CAMHS

Development of a CAMHS Urgent response Team for young people who present to ED/ Paediatric /in patients with self harm/suicidal ideation which has significantly increased over the course of the pandemic

End Date

Oct-22

Recruitment of Additional Workforce

Mar-23

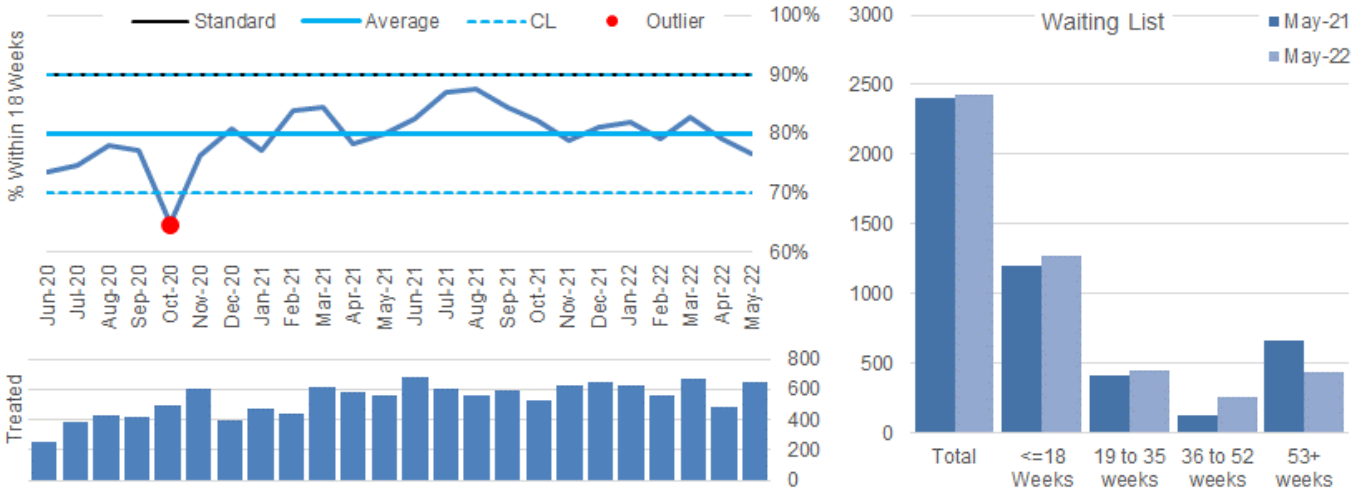
Delivery of SEAT Regional delivery for CAMHS/Eating Disorders and Perinatal Mental Health

TBC

Psychological Therapies 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

Local Performance



National Benchmarking

| Month | 2021/22 | | | | | | | | | | 2022/23 | |
|----------|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-------|
| | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY |
| NHS Fife | 82.6% | 86.9% | 87.4% | 84.5% | 82.3% | 78.8% | 81.1% | 81.8% | 79.2% | 82.7% | 79.2% | 76.5% |
| Scotland | 84.3% | 88.5% | 87.0% | 86.1% | 85.5% | 83.0% | 85.1% | 82.6% | 82.0% | 84.5% | | |

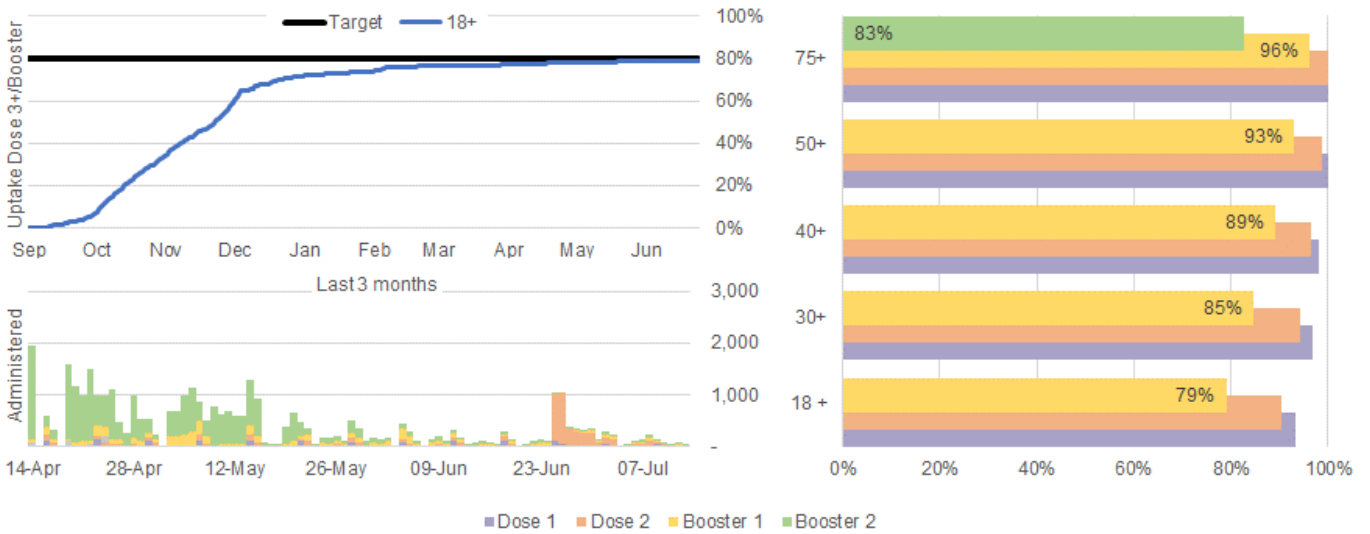
Key Deliverable

| Key Deliverable | End Date | |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to Psychological Therapies | Recruit new staff as per Psychological Therapies Recovery Plan | Dec-22 |
| | Waiting list management within General Medical Service in Clinical Health | Dec-22 |
| | Implement PT improvement plan that has been developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit | Mar-23 |
| | Support and develop the NHS Fife response to Long COVID | Dec-22 |

Covid-19 Vaccination

At least 80% of the Age 18+ population will receive a Booster 1 or Dose 3 vaccine

Local Performance



National Benchmarking

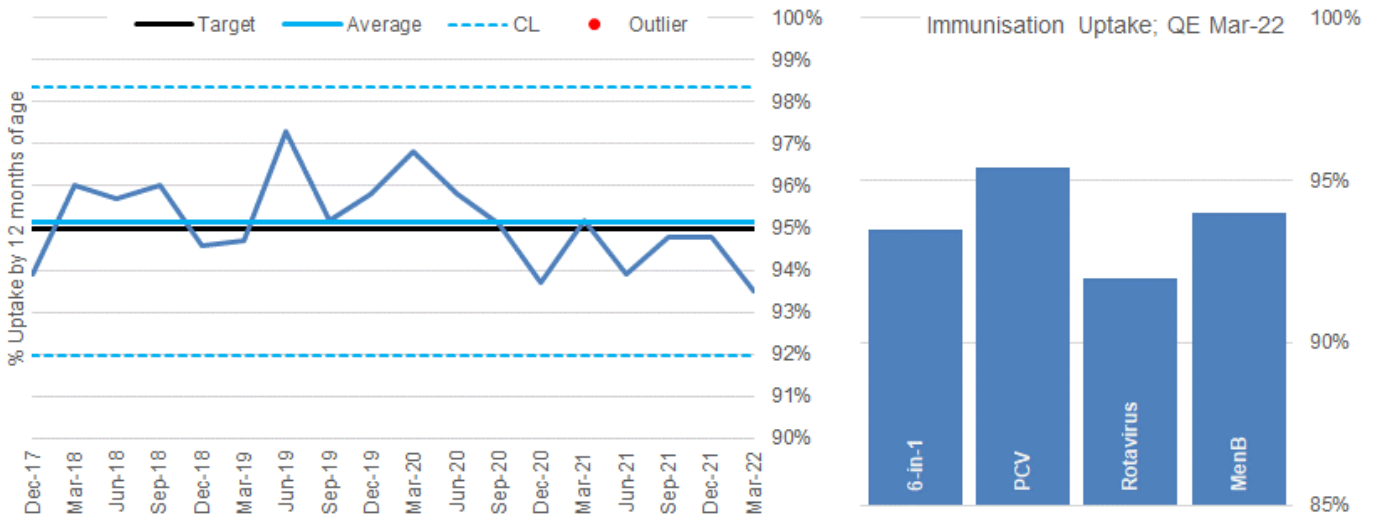
| Month Ending | 2021/22 | | | | | | 2022/23 | | | |
|--------------|---------|-------|-------|-------|-------|-------|---------|-------|-------|-------|
| | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
| NHS Fife | 0.9% | 19.9% | 44.0% | 68.6% | 73.6% | 76.8% | 77.5% | 78.0% | 78.4% | 78.7% |
| Scotland | 1.8% | 17.4% | 38.5% | 66.7% | 73.5% | 76.4% | 77.4% | 77.8% | 78.3% | 78.7% |

| Key Deliverable | End Date |
|----------------------------------------------------------------------------------------------------------------|----------|
| Delivery of the COVID booster 1 and 2 programme for eligible population in Fife | Dec-22 |
| Delivery of the Autumn/Winter Seasonal 22-23 Flu & COVID vaccination programme for eligible population in Fife | Jan-23 |

Child Immunisation: 6-in-1

At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age

Local Performance



National Benchmarking

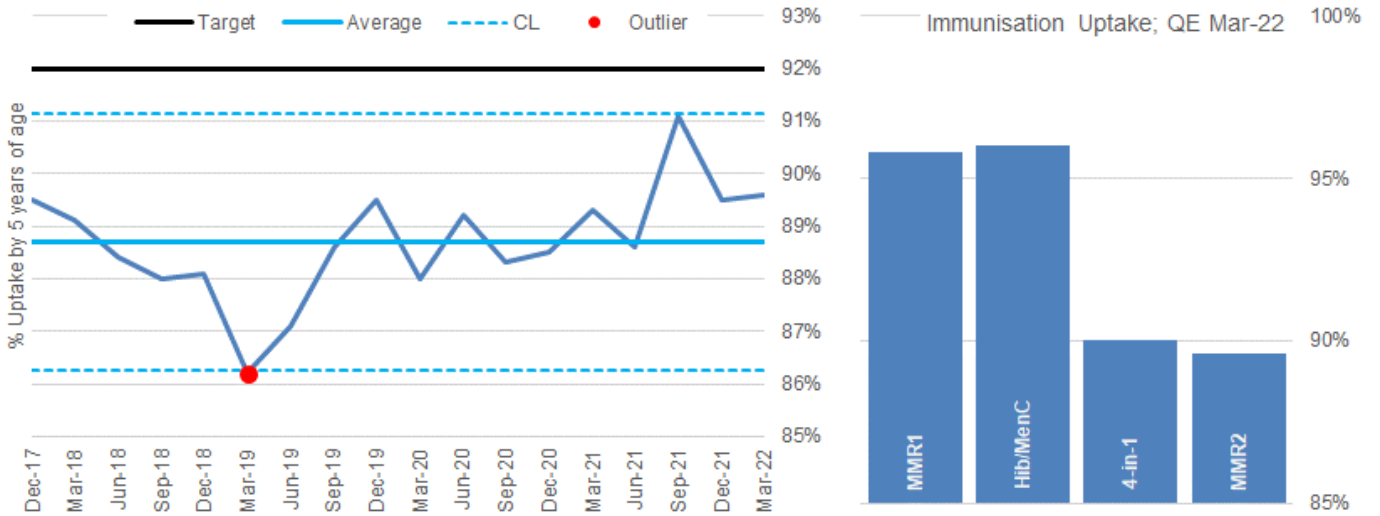
| Quarter | 2020/21 | | | | 2021/22 | | | |
|-----------------|---------|-------|-------|-------|---------|-------|-------|-------|
| | Jun | Sep | Dec | Mar | Jun | Sep | Dec | Mar |
| NHS Fife | 95.8% | 95.1% | 93.7% | 95.2% | 93.9% | 94.8% | 94.8% | 93.5% |
| Scotland | 96.4% | 96.8% | 96.4% | 96.5% | 96.6% | 96.6% | 96.4% | 96.1% |

| Key Deliverable | | End Date |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------|
| Delivery primary & booster childhood immunisation programme to infants and pre-school children in Fife population | 6-in-1 primary vaccination uptake at age 12 months for Fife population | Mar-23 |

Child Immunisation: MMR2

At least 90% of children will receive their MMR2 vaccination by the age of 5

Local Performance



National Benchmarking

| Quarter | 2020/21 | | | | 2021/22 | | | |
|-----------------|---------|-------|-------|-------|---------|-------|-------|-------|
| | Jun | Sep | Dec | Mar | Jun | Sep | Dec | Mar |
| NHS Fife | 89.2% | 88.3% | 88.5% | 89.3% | 88.6% | 91.1% | 89.5% | 89.6% |
| Scotland | 92.3% | 92.6% | 92.8% | 92.2% | 93.2% | 92.8% | 91.7% | 91.9% |

| Key Deliverable | | End Date |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------|
| Delivery primary & booster childhood immunisation programme to infants and pre-school children in Fife population | MMR2 uptake at age 5 years for Fife population | Mar-23 |

| | |
|-------------------------------|---------------------------------------------------------------------|
| Meeting: | Fife NHS Board |
| Meeting date: | 27 September 2022 |
| Title: | Corporate Calendar - Board and Committee Dates to March 2024 |
| Responsible Executive: | Margo McGurk, Director of Finance & Strategy |
| Report Author: | Gillian MacIntosh, Board Secretary |

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Effective

2 Report summary

2.1 Situation

Members are asked to approve the planned dates of meetings of Fife NHS Board and its Committees from April 2023 to the end of March 2024. Dates for the Board are published on the NHS Fife website to alert staff and members of the public to the meeting dates and availability of meeting papers.

2.2 Background

In accordance with the Code of Corporate Governance, the Board is required to meet at least six times in the year and will annually approve a forward schedule of meeting dates.

2.3 Assessment

The NHS Board dates have been set in relation to the publication/availability of performance and finance information, allowing sufficient information for the production of the Integrated Performance & Quality Report (IPQR) and the circulation and consideration by the appropriate sub-committees of the Board.

The use of the electronic Outlook calendar will continue, enabling diary 'invitations' to be sent to Members for the Board and Committee meetings they participate in. Invitations will

be circulated by email for the respective dates and will be kept updated on an ongoing basis, to aid Members' diary management. Where appropriate, these invitations will contain the MS Teams link for joining the meeting, as the Board and its committees continues to meet remotely.

2.3.1 Quality / Patient Care

There are no quality or patient care implications arising from this paper.

2.3.2 Workforce

There are no workforce implications arising from this paper.

2.3.3 Financial

There are no financial implications arising from this paper.

2.3.4 Risk Assessment/Management

There are no risk management implications arising from this paper.

2.3.5 Equality and Diversity, including health inequalities

There are no equality or diversity implications arising from this paper.

2.3.6 Other impact

None.

2.3.7 Communication, involvement, engagement and consultation

Liaison will continue to take place with the Fife Health & Social Care Partnership on the NHS Fife corporate calendar. NHS Fife dates have been set to take account of current Integration Joint Board (IJB) meeting cycles, though firm dates for the IJB for the period covered have not yet been communicated to us. An updated calendar will be shared when we receive notification of the IJB dates for its meetings and committees.

2.3.8 Route to the Meeting

Each individual Standing Committee has considered their individual planned dates at the September cycle of meetings and no changes to the current draft have been proposed.

2.4 Recommendation

The paper is presented for decision. The Board is asked to **approve** the proposed 2023-24 meeting dates for the Board and its committees (Appendix 1). The previously agreed dates for October 2022 to March 2023 (Appendix 2) are also included for information.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Proposed 2023-24 Meeting Dates (for approval)

- Appendix 2 – Previously Agreed Dates October 2022 to March 2023 (for information only)

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot

Fife NHS Board and Committee Dates 2023/24 (as at 14/09/2022)

| Board/Board Committees in Month | APF | Month | Committee Meeting Dates | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------|-------------------------|---------|-----------|----------|--------|----------|--------|--------|---------------------|---------------------|----------------------|----------------|----------|--------|-----------------------|-------------------------------|-------------------------------|----------------------|--------|----------|--------|-------------------------------|---------|-----------|-----------|--------|----------|--------|------------------------|------------------------|--------------|---------------------|----|----|----|----|--|--|--|--|--|--|--|--|--|
| | | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | | | | | | | | | | | | | | | |
| Board Development FHC Sub BoT 25/04/2023 05/04/2023 26/04/2023 | | April | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | | | | | | | | | | |
| Board CG FP&R SG PH&W Remuneration A&R 30/05/2023 05/05/2023 09/05/2023 11/05/2-23 15/05/2023 16/05/2023 18/05/2023 | ##### | May | 1 PH | 2 | | 4 EDG | 5 | 6 | 7 | 8 | 9 FPR (09:30) | 10 | 11 SGC (10:00) | 12 | 13 | 14 | 15 | 16 Remuneration (10:00) | 17 | 18 EDG | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 Board (10:00) | 31 | | | | | | | | | | | | | | |
| Board/Board Development FHC Sub AR BoT 27/06/2023 07/06/2023 23/06/2023 28/06/2023 | | June | | | | 1 EDG | 2 | 3 | 4 | 5 | 6 | 7 FHC SC | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 EDG | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 BoT | 29 | 30 | | | | | | | | | | | | |
| Board PH&W CG FP&R SG Remuneration 25/07/2023 03/07/2023 07/07/2023 11/07/2023 13/07/2023 18/07/2023 | ##### | July | | | | | 1 | 2 | 3 | 4 | 5 | 6 EDG | 7 | 8 | 9 | 10 | 11 FP&R (09:30) | 12 | 13 SGC (10:00) | 14 | 15 | 16 | 17 | 18 Remuneration (10:00) | 19 | 20 EDG | 21 | 22 | 23 | 24 | 25 Board (10:00) | 26 | 27 | 28 | 29 | 30 | 31 | | | | | | | | | | |
| Board Development FHC Sub BoT A&R 29/08/2023 03/08/2023 23/08/2023 31/08/2023 | | August | | 1 | FHC SC | 3 EDG | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 EDG | 18 | 19 | 20 | 21 | 22 | 23 BoT | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 A&R (2:00) | | | | | | | | | | | | | |
| Board PH&W CG FP&R SG 26/09/2023 04/09/2023 08/09/2023 12/09/2023 14/09/2023 | ##### | September | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 EDG | 8 | 9 | 10 | 11 | 12 FP&R (09:30) | 13 | 14 SGC (10:00) | 15 | 16 | 17 | 18 | 19 | 20 | 21 EDG | 22 | 23 | 24 | 25 | 26 Board (10:00) | 27 | 28 | 29 | 30 | | | | | | | | | | | |
| Board Development FHC Sub BoT 31/10/2023 04/10/2023 25/10/2023 | | October | | | | | | 1 | 2 | 3 | 4 PH | 5 | 6 | 7 FHC SC | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | | | | | | |
| Board CG PH&W SG FP&R Remuneration FHC 28/11/2023 03/11/2023 06/11/2023 09/11/2023 14/11/2023 15/11/2023 29/11/2023 | ##### | November | | | 1 | 2 EDG | 3 | 4 | 5 | 6 | 7 | 8 | 9 SGC (10:00) | 10 | 11 | 12 | 13 | 14 FP&R (09:30) | 15 Remuneration (10:00) | 16 EDG | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 Board (10:00) | 29 FHC SC | 30 | | | | | | | | | | | | | |
| Board Development AR BoT 19/12/2023 14/12/2023 20/12/2023 | | December | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 EDG | 8 | 9 | 10 | 11 | 12 | 13 | 14 A&R (2:00) | 15 | 16 | 17 | 18 | 19 | 20 BoT | 21 EDG | 22 | 23 | 24 | 25 PH | 26 PH | 27 | 28 | 29 | 30 | 31 | | | | | | | | | | |
| Board SG CG PH&W FP&R EDG 30/01/2024 11/01/2024 12/01/2024 15/01/2024 16/01/2024 | ##### | January | 1 PH | 2 PH | 3 | 4 EDG | 5 | 6 | 7 | 8 | 9 | 10 | 11 SGC (10:00) | 12 | 13 | 14 | 15 | 16 FP&R (09:30) | 17 | 18 EDG | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 Board (10:00) | 31 | | | | | | | | | | | | | | |
| Board Development FHC Sub BoT 27/02/2024 07/02/2024 28/02/2024 | | February | | | | 1 EDG | 2 | 3 | 4 | 5 | 6 | 7 FHC SC | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 EDG | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 BoT | 29 | | | | | | | | | | | | | |
| Board CG PH&W SG FP&R Remuneration AR 26/03/2024 01/03/2024 04/03/2024 06/03/2024 12/03/2024 13/03/2024 14/03/2024 | ##### | March | | | | | 1 | 2 | 3 | 4 | 5 | 6 SGC (10:00) | 7 EDG | 8 | 9 | 10 | 11 | 12 FP&R (09:30) | 13 Remuneration (10:00) | 14 A&R (2:00) | 15 | 16 | 17 | 18 | 19 | 20 | 21 EDG | 22 | 23 | 24 | 25 | 26 Board (10:00) | 27 | 28 | 29 | 30 | 31 | | | | | | | | | | |

KEY: EDG EDG Huddle 9:30-10 Board Board Development Committees IJB Committees APF IPR Board of Trustees / FHC Sub Committee

Fife NHS Board and Committee Dates 2022/23 - 05.09.22

| | | Month Committee Meeting Dates | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|-------------------|-----------|----------|--------|----------|--------|---------|--------------------------------------|--------------------------------------|------------------|--------|----------|--------|-------------------|----------------------------|----------------------------------|--------------------------------------------|--------|----------|--------|--------|-------------------|-----------------------|------------------------------------------------|--------|----------|--------|---------------------|---------------------|---------------------------------------|----|---------------------------|----|----|----|---------------------|
| Board/Board Committees in Month | | APF | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | | | | | | | |
| Board Development FHC Sub BoT Development BoT IJB Development | 25/10/22 05/10/22 20/10/22 26/10/22 28/10/22 | | | | | | | 1 | 2 | 3 | 4 | 5 Fife Health Charity Sub (10:00) | 6 EDG | 7 | 8 | 9 | 10 | 11 | 12 | 13 Oct IPQR | 14 | 15 | 16 | 17 | 18 | 19 | 20 Oct IPQR to EDG BoT Dev (2:00) | 21 | 22 | 23 | 24 | 25 (10:00) | 26 (10:00) | 27 | 28 IJB Dev (am) | 29 | 30 | 31 | |
| Board CG PH&W IJB CCG IJB A&R SG IJB F&P FP&R Remuneration IJB FHC | 29/11/22 04/11/22 07/11/22 08/11/22 09/11/22 10/11/22 11/11/22 15/11/22 21/11/22 25/11/21 30/11/22 | 23/11/22 | | 1 | 2 | 3 EDG | 4 | 5 | 6 | 7 | 8 IJB CCG (10:00) | 9 IJB A&R (10:00) | 10 SG (10:00) | 11 | 12 | 13 | 14 | 15 FP&R (9:30) | 16 Remuneration (10:00) | 17 Nov IPQR to EDG | 18 | 19 | 20 | 21 | 22 | 23 APF (1:30) | 24 | 25 | 26 | 27 | 28 | 29 Board (10:00) | 30 Fife Health Charity Sub (10:00) | | | | | | |
| Board Development AR IJB Development BoT | 20/12/22 05/12/22 09/12/22 15/12/22 | | | | | 1 EDG | 2 | 3 | 4 | 5 | 6 | 7 | 8 A&R (2:00) | 9 | 10 | 11 | 12 | 13 | 14 | 15 Dec IPQR to EDG BoT (2:00) | 16 | 17 | 18 | 19 | 20 (10:00) | 21 | 22 | 23 | 24 | 25 | 26 PH | 27 PH | 28 | 29 | 30 | 31 | | | |
| Board PH&W SG CG FP&R | 31/01/23 11/01/23 12/01/23 13/01/23 17/01/23 | 25/01/23 | | | | | | | 1 | 2 PH | 3 PH | 4 | 5 EDG | 6 | 7 | 8 | 9 | 10 | 11 PH&W (9:00) | 12 SG (10:00) | 13 | 14 | 15 | 16 | 17 FP&R (9:30) | 18 | 19 Jan IPQR to EDG | 20 | 21 | 22 | 23 | 24 | 25 APF (1:30) | 26 | 27 | 28 | 29 | 30 | 31 Board (10:00) |
| Board Development FHC Sub BoT | 28/02/23 07/02/23 23/02/23 | | | | 1 | 2 EDG | 3 | 4 | 5 | 6 | 7 Fife Health Charity Sub (10:00) | 8 | 9 Feb IPQR | 10 | 11 | 12 | 13 | 14 | 15 | 16 Feb IPQR to EDG | 17 | 18 | 19 | 20 | 21 | 22 | 23 (2:00) | 24 | 25 | 26 | 27 | 28 (10:00) | | | | | | | |
| Board PH&W CG SG FP&R Remuneration AR | 28/03/23 01/03/23 03/03/23 09/03/23 14/03/23 15/03/23 15/03/23 | 22/03/23 | | 1 PH&W (10:00) | 2 EDG | 3 | 4 | 5 | 6 | 7 | 8 | 9 SG (10:00) | 10 | 11 | 12 | 13 | 14 FP&R (9:30) | 15 Remuneration (10:00) | 16 Mar IPQR to EDG A&R (2:00) | 17 | 18 | 19 | 20 | 21 | 22 APF (1:30) | 23 Mar IPQR to EDG | 24 | 25 | 26 | 27 | 28 Board (10:00) | 29 | 30 | 31 | | | | | |

KEY:

| | | | | | | | | |
|-----|--------------------|-------|-------------------|------------|----------------|-----|-----|---------------------------------------|
| EDG | EDG Huddle 9:30-10 | Board | Board Development | Committees | IJB Committees | APF | IPR | Board of Trustees / FHC Sub Committee |
|-----|--------------------|-------|-------------------|------------|----------------|-----|-----|---------------------------------------|