

Chair - Tricia Marwick

10:00 - 10:10 **1. CHAIRPERSON'S WELCOME AND OPENING REMARKS**
10 min

TM

10:10 - 10:10 **2. DECLARATION OF MEMBERS' INTERESTS**
0 min

TM

10:10 - 10:10 **3. APOLOGIES FOR ABSENCE - C McKenna, J Tomlinson**
0 min

TM

10:10 - 10:10 **4. MINUTE OF PREVIOUS MEETING HELD ON 29 NOVEMBER 2022**
0 min

(enclosed) *TM*

 Item 04 - Mins 20221129 FINAL.pdf (10 pages)

10:10 - 10:10 **5. MATTERS ARISING / ACTION LIST**
0 min

(enclosed) *TM*

 Item 05 - Action List 2022-23.pdf (1 pages)

10:10 - 10:30 **6. CHIEF EXECUTIVE'S REPORT**
20 min

6.1. Chief Executive Up-date

(verbal) *CP*

6.2. Integrated Performance & Quality Report (December)

(enclosed) *CP*

 Item 06.2 - SBAR Board January 2023 Final 240123.pdf (4 pages)

 Item 06.2 IPQR December 2022.pdf (48 pages)

10:30 - 10:35 **7. CHAIRPERSON'S REPORT**
5 min

(verbal) *TM*

7.1. Board Development Session - 20 December 2022

(enclosed) TM

📎 Item 07.1 - Board Development Session Note 20221220.pdf (1 pages)

10:35 - 10:45
10 min

8. POPULATION HEALTH & WELLBEING STRATEGY PROGRESS UPDATE

(enclosed) MM

📎 Item 08 - SBAR NHS Board Population Health Wellbeing Strategy Progress.pdf (3 pages)

10:45 - 10:55
10 min

9. PROCUREMENT TENDER THRESHOLD PROPOSAL

(enclosed) MM

📎 Item 09 - SBAR Procurement Tender Threshold Proposal.pdf (4 pages)

📎 Item 09 - Appendix 1 - Code of Corporate Governance Extract Page 61 (Standing Financial Instructions).pdf (2 pages)

10:55 - 11:05
10 min

10. CORPORATE RISK REGISTER

(enclosed) MM

📎 Item 10 - SBAR & Appendix 1 - Corporate Risk Register to Fife NHS Board (FINAL).pdf (8 pages)

📎 Item 10 - Appendix 2 - NHS Fife Corporate Risk Register.pdf (9 pages)

📎 Item 10 - Appendix No 3 - Assurance Principles.pdf (1 pages)

11:05 - 11:10
5 min

11. STATUTORY AND OTHER COMMITTEE MINUTES

11.1. Audit & Risk Committee dated 5 December 2022 (unconfirmed)

(enclosed)

📎 Item 11.1 - A&R Minute Template.pdf (1 pages)

📎 Item 11.1 - Audit & Risk Committee Minutes (unconfirmed) 20221205.pdf (6 pages)

11.2. Clinical Governance Committee dated 13 January 2023 (unconfirmed)

(enclosed)

📎 Item 11.2 - CGC Minute Template.pdf (1 pages)

📎 Item 11.2 - Clinical Governance Committee Minutes (unconfirmed) 20230112.pdf (11 pages)

11.3. Finance, Performance & Resources Committee dated 17 January 2023 (unconfirmed)

(enclosed)

📎 Item 11.3 - FP&R Unconfirmed Minutes - 17.01.2023.pdf (7 pages)

11.4. Public Health & Wellbeing Committee dated 11 January 2023 (unconfirmed)

(enclosed)

📎 Item 11.4 - PHWC Minute Template.pdf (1 pages)

📎 Item 11.4 - Public Health Wellbeing Committee Minutes (unconfirmed) 20230111.pdf (9 pages)

11.5. Staff Governance Committee dated 12 January 2023 (unconfirmed)

(enclosed)

- 📄 Item 11.5 - SGC Minute Template.pdf (1 pages)
- 📄 Item 11.5 - Staff Governance Committee Minutes (unconfirmed) 20230112.pdf (9 pages)

11.6. Communities & Wellbeing Partnership dated 15 December 2022 (unconfirmed)

- 📄 Item 11.6 - CWP Minute Template.pdf (1 pages)
- 📄 Item 11.6 - CWP minute 221215 unconfirmed.pdf (3 pages)

11.7. Fife Health & Social Care Integration Joint Board dated 30 September 2022

(enclosed)

- 📄 Item 11.7 - IJB Minute Template.pdf (1 pages)
- 📄 Item 11.7 - IJB 300922 Final Minute.pdf (7 pages)

11.8. Fife Partnership Board dated 30 November 2022 (unconfirmed)

(enclosed)

- 📄 Item 11.8 - FPB Minute Template.pdf (1 pages)
- 📄 Item 11.8 - FPB Minute 2022-11-30 (unconfirmed).pdf (3 pages)

11.9. Audit & Risk Committee dated 12 September 2022

- 📄 Item 11.9 - Minute Audit & Risk Committee (confirmed) 20220912.pdf (7 pages)

11.10. Clinical Governance Committee dated 4 November 2022

(enclosed)

- 📄 Item 11.10 - Clinical Governance Committee Minutes (confirmed) 20221104.pdf (11 pages)

11.11. Finance, Performance & Resources Committee dated 15 November 2022

(enclosed)

- 📄 Item 11.11 - Finance Performance Resources Committee Minutes (Confirmed) 20221115.pdf (7 pages)

11.12. Public Health & Wellbeing Committee dated 7 November 2022

(enclosed)

- 📄 Item 11.12 - Public Health Wellbeing Committee Minutes (confirmed) 20221107.pdf (7 pages)

11.13. Staff Governance Committee dated 10 November 2022

(enclosed)

- 📄 Item 11.13 - Staff Governance Committee Minutes (confirmed) 10.11.2022.pdf (9 pages)

11:10 - 11:15 **12. FOR ASSURANCE:** 5 min

12.1. Integrated Performance & Quality Report - November 2022

(enclosed) MM

- 📄 Item 12.1 - IPQR November 2022.pdf (48 pages)

11:15 - 11:15 **13. ANY OTHER BUSINESS** 0 min

11:15 - 11:15
0 min

14. DATE OF NEXT MEETING: Tuesday 28 March 2023 at 10.00 am

Fife NHS Board

**MINUTE OF THE FIFE NHS BOARD MEETING HELD ON TUESDAY 29 NOVEMBER 2022
AT 10:00 AM VIA MS TEAMS**

TRICIA MARWICK

Chair

Present:

T Marwick (**Chairperson**)

C Potter, Chief Executive

M Black, Non-Executive Director

S Braiden, Non-Executive Director

W Brown, Employee Director

C Cooper, Non-Executive Director

A Grant, Non-Executive Director

C Grieve, Non-Executive Director

A Haston, Non-Executive Director

J Keenan, Non-Executive Director

J Kemp, Non-Executive Director

K MacDonald, Non-Executive Director
Whistleblowing Champion

M McGurk, Director of Finance & Strategy

C McKenna, Medical Director

A Morris, Non-Executive Director (part)

J Tomlinson, Director of Public Health

A Wood, Non-Executive Director

In Attendance:

N Connor, Director of Health & Social Care

C Dobson, Director of Acute Services

B Hannan, Director of Pharmacy & Medicines

K MacGregor, Associate Director of Communications

G MacIntosh, Head of Corporate Governance & Board Secretary

N McCormick, Director of Property & Asset Management

K Reith, Acting Director of Workforce

P King, Corporate Governance Support Officer (Minutes)

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the meeting, in particular Colin Grieve and John Kemp, who were both attending their first Board meeting as newly appointed Non-Executive members of the Board.

The Chair acknowledged that Martin Black and Christina Cooper are attending their last Board meeting as Non-Executive members and she thanked them, on behalf of the Board, for their many invaluable contributions to the work of the Board in improving healthcare services for the local population.

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 minute.

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 intense pressure.

The Chair congratulated Gemma Lawson, who has won the People's Choice Award, and the Rapid Cancer Diagnostic Services (RCDS) team, who won the Innovation Award, at the Scottish Health Awards held on 3 November. The Birth at Home team, who support women who choose to have their birth in their own home, were also finalists in the Midwife Award category. Gemma Lawson was honoured for her work consistently going above and beyond the call of duty to support patients and staff at Cameron Hospital, particularly during the height of the pandemic. She also made sure that patients were both stimulated with activities and felt safe and cared for during periods where wards were closed. The Rapid Cancer Diagnostic Service is a fast-track clinic where cancer symptoms can be investigated by a team of specialists to rule out cancer. The clinic is one of the first in Scotland, enabling tests to be carried out as quickly as possible to find out what is causing symptoms to get patients the treatment they may need.

The Chief Executive advised that NHS Fife welcomed the Cabinet Secretary for Health & Social Care to Victoria Hospital on 21 November to see the work of the RCDS and she thanked staff and patients who gave up their time to speak with him.

The Chair also congratulated Claire McDowall (Pharmacy), Rachael Gallagher, Lyndsey Brewer, and Laura Layton (Speech & Language Therapy) for attending the residential Young Scotland Programme on behalf of NHS Fife. The Young Scotland Programme encourages emerging young talent to develop greater intellectual thought, key communication skills and confidence.

The Chair reported that Alistair Morris has been reappointed for a further four-year term on the Board. It was noted that the current application period to recruit a new Chair of Fife NHS Board closes within the next week and Board members were thanked for their efforts in raising awareness of the ongoing recruitment process. The Chair has agreed to extend her term to 31 March 2022 until a new Chair has been appointed.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Apologies for Absence

Apologies for absence were received from Non-Executive members D Graham, A Lawrie and M Mahmood.

4. Minute of Previous Meeting Held on 27 September 2022

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

5. Matters Arising

There were no matters arising.

K MacDonald and A Morris joined the meeting.

6. CHIEF EXECUTIVE'S REPORT

6.1 Chief Executive Update

The Chief Executive took the opportunity to thank everyone across NHS Fife and our partners for their ongoing commitment, care and compassion in the ongoing challenging circumstances.

The Chief Executive reported that she continued to meet monthly with Scottish Government colleagues and the Health Board Chief Executives from across Scotland. In recent weeks, consideration has been given to the potential impact of industrial action on services and immediate operational pressures. In relation to potential industrial action, members will be aware from last week's announcement that the trade unions are consulting on the revised pay offer made by Government, and it is hoped this brings a positive outcome for all concerned.

It was noted that several actions have been implemented across the health and care system ahead of the winter period. This includes collaborative working with other partners in Fife, including the Chief Social Work Officer and teams in Fife Council, and the Chief Executive acknowledged the collective commitment from everyone involved, noting that it is a great example of integrated working and organisational collaboration to support capacity and flow across our services. The Medical Director led a Grand Round last week, which was attended by over 250 clinicians and other staff, to launch this work and the Board will be provided with further details at the Development Session next month.

The Chief Executive highlighted the importance of hearing directly from staff and visiting different services across NHS Fife. She was pleased to have recently met with staff from a dedicated front-door multidisciplinary team, who are piloting a new programme of activity alongside our discharge hub, to facilitate timely discharge from hospital. She was also pleased to address and speak to pharmacy colleagues across Scotland at their recent annual conference, the first to be held in person since 2019.

The Chief Executive, on behalf of the Executive Team, also acknowledged the considerable contribution from M Black and C Cooper during their time as Non-Executive Board members and she wished them well for the future.

It was noted that A Mackay, Deputy Chief Operating Officer for Acute Services, is leaving NHS Fife to join NHS Lothian as Site Director for St John's Hospital in Livingston. A MacKay has been a regular attendee and contributor to committees and Board meetings and was a key member of our Gold Command when we faced the prospect of the Covid pandemic back in early 2020. The Chief Executive acknowledged his valuable contribution to NHS Fife over the last few years and wished him all the best in his new role.

Finally, the Chief Executive was delighted to announce that David Miller has been appointed as the new Director of Workforce on 1 January 2023, following the retirement of Linda Douglas. D Miller has worked for NHS Scotland for over 20 years in human resources and is currently the Chief People Officer for NHS Scotland at the Scottish Government. As such, he brings a wealth of experience and unique insight to the role.

6.2 Integrated Performance & Quality Report (IPQR)

The Chair confirmed that the October IPQR had been scrutinised through the Governance Committees. The report covers the performance activity data up to August 2022 and Executive Leads made comment on the key issues emerging from those discussions:

Clinical Governance

The Director of Nursing provided an update on ahead of trajectory performance related to Inpatient Falls, Pressure Ulcers, Healthcare Acquired Infection (HAI) including c.difficile and e-coli bacteraemia and Complaints Management. The management of complaints continued to be challenging, with an increasing number of complex complaints that cover multiple specialties and services. Work was ongoing to restructure the Patient Experience Team and to review systems and processes to make improvements.

The Medical Director drew attention to HSMR data, which had been considered at the recent Clinical Governance Committee, and he assured members that the HSMR was within levels in keeping with the national average. Additionally, for the next quarter, this is sitting at 0.99, which is within the range of what is expected for a safe performing Acute hospital.

As Chair of the Clinical Governance Committee, C Cooper reported that the Committee recognised the hard work and commitment of staff specifically in view of the ongoing pressures and confirmed there were no issues to escalate.

Finance, Performance & Resources

NHS Fife Acute Services – The report reflected August performance, which was challenging, and the position remained so until the present time. It was noted that the 4-hour Emergency Access target remained challenged, with high attendance at Victoria Hospital. Overall, the site was frequently full, making system flow challenging. Work to support better use of Minor Injury Units is ongoing and work continued with the Health & Social Care Partnership around alternative pathways for patients arriving at the Acute Hospital. A deterioration in performance had been noted in relation to the Patient Treatment Time Guarantee (TTG) but capacity for long waiting patients has improved. Pressure on site at Victoria Hospital is leading to difficulties in accommodating the unscheduled care programme but focus remains on urgent cases and urgent cancer cases, with long waiting patients accommodated at Queen Margaret Hospital, if that is appropriate. A new recovery plan was submitted to the Scottish Government but unfortunately the funding received was not what was expected. A number of projections and trajectories are being revised to look at impact on activity within the funding envelope received and further detail will be available at the next meeting. Performance related to New Outpatients deteriorated, with demand

outstripping available capacity. However, focus remained on urgent and urgent suspicion of cancer cases as well as long waiting patients. It was noted that funding was not as anticipated, and consideration was being given about how to address the backlog of patients. Whilst performance had improved in relation to Diagnostics, the levels of demand remained high, with challenges around ultrasound investigations and endoscopy (although demand was met in endoscopy). Referrals related to cancer also remained high, consistently exceeding pre-pandemic numbers. Prostrate and colorectal cancer are the most challenged pathways and improvement work is underway in those areas, with the movement of patients being closely tracked as they complete their cancer journey.

In response to a comment about cancer and how to encourage people to come forward quicker, it was noted that there are various public health initiatives and screening programmes for certain types of cancer. The Director of Public Health advised that advice on screening to be offered to the population is received from the National UK Screening Committee and is based on the balance of benefit from intervening and any risk to individuals. She emphasised the importance of ensuring that people are aware of clinical symptoms and are encouraged to come forward quickly.

Health & Social Care Partnership (H&SCP) – Performance in relation to Delayed Discharges at August was highlighted, noting the position was 33% lower than the same time last year. Improving performance in this area remained one of the key priorities and key challenges for the partnership, which was actively working to bring forward new models of care. Joint working continued daily across Acute and Health & Social Care to support care in the right place at the right time.

The Director of Finance & Strategy confirmed a very challenging financial position, noting the Board's reported financial position at the end of August was an overspend of £14.7m, against a year-end overspend position of £10.4m. The main reasons for the overspend were set out and included the increasing level of demand and requirement to access unscheduled care, the level of acuity driving an increased length of stay in hospital, significant costs associated with supplementary staffing and, whilst successful in some areas, there are a number of cost improvement programmes that remain challenged in terms of delivering in year and trying to manage the ongoing impact of rising inflation and the cost of living. A detailed mid-year review of the financial position had been undertaken and actions were underway working with colleagues in NHS Fife and the Health & Social Care Partnership to deliver as close to plan as possible by 31 March 2022.

The Capital Programme was progressing well and in line with the financial plan and attention was drawn to the significant investment associated with construction of the National Treatment Centre Orthopaedics Fife, which was nearing completion.

The Chair of the Finance, Performance & Resources Committee confirmed there were no issues to escalate from the meeting, but he emphasised that the scale of the challenge in relation to the financial position should not be under-estimated.

Staff Governance

The Acting Director of Workforce was welcomed to the meeting, and he provided an update on the sickness absence rate, which had increased to 6.5% and was above

target. Focus remained on this work through the Attendance Management Operational Group to look at a range of improvement actions to support achievement of the sickness absence performance target. These actions are also complemented by ongoing health and wellbeing support for staff.

Personal Development Plan & Review (PDPR) compliance is an area for improvement, and discussions are taking place with services around how to get back to the required level of activity. The Acting Director of Workforce stressed that performance review of staff is taking place across the organisation, but improvement is needed in the formal recording element.

The Employee Director welcomed the addition of the PDPR information to the report and acknowledged that conversations with staff and their line managers are going on but are not recorded. This was reflected in a recent training compliance report discussed at the Area Partnership Forum and Executive Directors' Group, which showed low levels of uptake in some aspects of staff training, which are crucial to staff carrying out their roles safely and in the interest of patients. The Chief Executive confirmed that constructive discussion had taken place on certain aspects of training that needs to be refreshed and a set of actions is underway to improve compliance in a number of areas. The report is scheduled to be submitted to the Staff Governance Committee in January 2023.

As Chair of the Staff Governance Committee, S Braiden acknowledged the challenges within the workforce and the hard work of staff on a daily basis and she highlighted the ongoing commitment of NHS Fife to its staff and their wellbeing through the Staff Health & Wellbeing Framework, which was endorsed by the Committee for publication.

Public Health & Wellbeing

The Director of Health & Social Care Partnership confirmed that there continued to be a reduction in the longest waits related to Child and Adolescent Mental Health Services (CAMHS), with efforts put in to supporting the achievement of the target of less than 10% of children waiting more than 18 weeks by March 2023.

Demand for Psychological Therapies increased again, and challenges were still being experienced around recruitment and workforce, which has impacted on performance. A technical issue in relation to supporting self-referrals through the access therapies website had impacted performance for the period but this had been addressed and will show an increase in performance in the next IPQR.

The position related to Covid vaccination and Flu vaccination was set out, noting that performance was above target in both areas.

With regard to Childhood Immunisation, the Director of Public Health reported an improvement in the 6-in-1 primary vaccination, which provides excellent protection against common vaccine preventable diseases, and was pleased to report that performance had now reached the 95% target. In order to consistently meet the target, it was noted that as part of the Immunisation Strategy, the Quality Improvement Sub Group is looking deliberately at targeting areas of deprivation to achieve uptake across all areas

Performance related to the MMR2 vaccination was slightly below target, but there had been an improvement from the first quarter and the Quality Improvement Group was looking to build on that trajectory to make sure that as many children as possible are protected against MMR.

The Chair, as Chair of the Public Health & Wellbeing Committee, confirmed there were no issues to escalate.

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

7. CHAIRPERSON'S REPORT

The Chair confirmed that the committee appointment changes were now completed and she thanked members for their co-operation.

The Chair advised that she continues to meet on a regular basis with NHS Scotland Health Board Chairs and with Chief Executives and Scottish Government Ministers and officials to discuss topical matters.

7.1 Board Development Session – 25 October 2022

The Board **noted** the report on the recent Development Session.

8. DEVELOPING OUR POPULATION HEALTH & WELLBEING STRATEGY

8.1 Report on Outcomes from Clinical Strategy 2016-21

The Chair reported that good discussion had taken place at the Board Development Session in October, with the formal report submitted through committees in November. The significance of the previous Clinical Strategy 2016-21 was recognised and it was important to take lessons from its delivery to apply to the new Public Health & Wellbeing Strategy currently being formulated.

The report summarised feedback from clinical teams on the progress made against the recommendations of the Clinical Strategy produced in 2016. The feedback indicated that significant work had been carried out in most areas, which also reflected changes in services in relation to the outbreak of Covid in 2020.

The Chair thanked the Medical Director for the work to conclude the previous strategy, which will help to move forward in a proactive way to produce the new Public Health & Wellbeing Strategy.

The Board took **assurance** on the significant progress made on the recommendations of the Clinical Strategy 2016-21 and continuation of areas of priority in the developing Population Health & Wellbeing Strategy.

9. PHARMACEUTICAL CARE SERVICES REPORT 2021/22

The Director of Pharmacy presented the Annual Pharmaceutical Care Services Report 2021/22, published in accordance with the NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011. The report provided a brief overview of the population of NHS Fife and gave a detailed description of the current pharmaceutical services that exists within NHS Fife. It also assesses any unmet need and gaps in provision of the core services of the Community Pharmacy contract. In relation to this area, the report recommends that there is no unmet need within NHS Fife currently. The report has been out to public consultation and responses have been considered.

Questions were raised in relation to the distribution of services and around the qualitative and quantitative data and voice of lived experience, which could strengthen the report in the future. Whilst it was noted that the workforce requirements are met at present, there are increased difficulties in securing permanent pharmacists and discussion will take place with the new Director of Workforce to highlight areas of concern and to consider how to mitigate this locally through the remit of the Staff Governance Committee.

The Board considered the report for **assurance**.

10. ANNUAL PROCUREMENT REPORT 2021/22

The Director of Finance & Strategy presented the Annual Procurement Report 2021/22, which provided a summary of procurement activity during 2021/22 and is based on a consistent format comparable to other boards and public sector bodies.

This report demonstrates to stakeholders that the procurement spend is being used to best effect and highlights the adoption of the principles of the NHS as an Anchor Institution, capturing new community initiatives such as implementing a number of national food contracts for local suppliers and the creation of local apprenticeships as part of the construction of the new National Treatment Centre Orthopaedics Fife.

The Board **approved** the content of the Annual Procurement Report and its subsequent publication on the NHS Fife website.

11. CORPORATE RISK REGISTER

The Director of Finance & Strategy spoke to the paper, which provided assurance on the management of corporate risks. This was the first presentation of the new Corporate Risk Register to the Board, with the relevant sections having already been submitted through the governance committees in November (apart from the Audit & Risk Committee, which would receive the paper at its next meeting in December).

The Director of Finance & Strategy highlighted a few points around the alignment of corporate risks to the governance committees, risk ownership, alternations to risk levels and ratings and assurance reports to governance committees (set out under section 2.3 of the paper).

Discussion took place on risk appetite, noting that several risks were outwith the Board's risk appetite due to the impact of the pandemic, cost of living crisis and the fact that the Board may at some point need to tolerate a particular risk if appropriate mitigations are in place. Given presentation of the new Corporate Risk Register is at an early stage, the Chief Executive commented on the importance of letting the mitigating actions come to fruition but ensuring these are kept as a priority for each of the Board committees.

The Board noted the paper for **assurance**.

12. WHISTLEBLOWING QUARTER 2 REPORT 2022/23

The Acting Director of Workforce drew the Board's attention to the update on the whistleblowing and anonymous concerns, local press articles related to whistleblowing, assurance on awareness raising of the standards and data on the training modules undertaken between 1 July to 30 September 2022. The report also provided an update on the outcomes of two formal concerns lodged in Quarter 4 of 2021/2022, outlining the high level actions arising from these.

K MacDonald, Whistleblowing Champion, was pleased to see the analysis of the concerns now resolved listed in the report. She suggested it would be helpful to include information on the experience of staff who have raised a concern, particularly as the new standards for whistleblowing are not included in the iMatter Survey. Additionally, further information on the support available to staff to raise a concern such as the "Know who to turn to" campaign would be useful, as would data on the time taken to resolve a concern (to understand why they might take longer than the recommended 20 days and to try and improve on that performance).

The Chief Executive emphasised the importance of ensuring that the workforce can access support and know when and how they can speak up. She took the opportunity to advise that the "Know who to talk to" campaign to support the wellbeing of staff has been trailed on the Board's StaffLink app, to encourage staff to speak up and speak out, and this campaign is also the focus of the monthly TEAM Update. Directors also continue to undertake regular walkabouts and visits to speak with staff directly.

The Board took **assurance** from the report, noting there were no whistleblowing concerns received; no anonymous concerns received; one whistleblowing article was published in the local newspaper. Assurance was also taken around the awareness-raising activities and the whistleblowing training undertaken during Quarter 2.

13 STATUTORY AND OTHER COMMITTEE MINUTES

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

- 13.1. Clinical Governance Committee dated 4 November 2022 (unconfirmed)
- 13.2. Finance, Performance & Resources Committee dated 15 November 2022 (unconfirmed)
- 13.3. Public Health & Wellbeing Committee dated 7 November 2022 (unconfirmed)
- 13.4. Staff Governance Committee dated 10 November 2022 (unconfirmed)
- 13.5. Communities & Wellbeing Partnership dated 8 September 2022 (unconfirmed)

- 13.6. East Region Programme Board dated 16 September 2022 (unconfirmed)
- 13.7. Fife Health & Social Care Integration Joint Board dated 29 July 2022

Approved Minutes

- 13.8. Clinical Governance Committee dated 2 September 2022
- 13.9. Finance, Performance & Resources Committee dated 13 September 2022
- 13.10. Public Health & Wellbeing Committee dated 29 August 2022
- 13.11. Staff Governance Committee dated 1 September 2022

14. FOR ASSURANCE

The Board **noted** the item below:

- 14.1 Integrated Performance & Quality Report – September 2022

15. ANY OTHER BUSINESS

None.

16. DATE OF NEXT MEETING

Tuesday 31 January 2023 at 10:00 am via MS Teams

KEY:	Deadline passed / urgent
	In progress / on hold / ongoing
	Closed

FIFE NHS BOARD – ACTION LIST
Meeting Date: Tuesday 31 January 2023



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1	31/05/22	Corporate Objectives 2022/23	Consider timescales of when specific objectives should be progressed when presenting updates through committees over the year.	CP	May 2023	Individual committee workplans ensure appropriate coverage of the four NHS Fife strategic priorities, to which individual objectives are aligned. Assessment on the delivery of each Committee's 2022/23 workplan will be made in each respective Annual Report	
2	27/09/22	2022 Property & Asset M'ment Strategy (PAMS)	Consider having EQIA to demonstrate how strategy can promote equality & diversity across the protected characteristics re supporting delivery of the PAMS	NM	March 2023	Contact made with I Bumba, Equality & Human Rights Lead. PAMS going to EQIA Stage One (Standard) Equality Impact Assessment process, action to be complete by end of financial year	
3	29/11/22	Whistleblowing Quarter 2 Report 2022/23	Consider including info on experience of staff who raised a concern, support available to staff to raise a concern and data on time taken to resolve concern (to understand why it might take longer than recommended 20 days and to try and improve on that performance).	KR (DM)	Report next due March 2023		

Meeting:	Fife NHS Board
Meeting date:	31 January 2023
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:

- 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 EDG 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 generally up to the end of October 2022. However, there are a number of measures with a data time lag either due to their nature or when the information is published by Public Health Scotland. These are:

- | | |
|--------------------------------|-----------------|
| • HSMR | Lag of 3 months |
| • Detect Cancer Early | Lag of 9 months |
| • Antenatal Access | Lag of 3 months |
| • Drug & Alcohol Waiting Times | Lag of 2 months |
| • Child Immunisation | Lag of 3 months |

In the spirit of providing local data as soon as possible, however, the following measures have data up to the end of November 2022:

- 4-Hour Emergency Access
- Delayed Discharges (Bed Days Lost)
- Finance (Revenue & Capital)
- PDPR
- COVID & Flu Vaccination

The RAG status of the 'deliverables' in the drill-downs is as at the end of November 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 streamlines 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 Adverse Events (actions from Major and Extreme AE Reviews) in the Clinical Governance section.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities and linked to relevant indicators throughout the report. Risk level has been incorporated into the Assessment section.

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 2022.

2.3 Assessment

Section d (Assessment) of the IPQR provides a full description of the performance, achievements and challenges relating to the key measures in the report.

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

A mapping of key Corporate Risks to measures within the IPQR is provided via a Risk Summary Table and the Executive Summary narratives.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

Not applicable.

2.3.6 Climate Emergency & Sustainability 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 January 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 5 January 2023**
- **Public Health and Wellbeing Committee 11 January 2023**
- **Clinical Governance Committee 12 January 2023**
- **Staff Governance Committee 13 January 2023**
- **Finance, Performance and Resource Committee 17 January 2023**

2.3.9 Issues for Escalation to the NHS Fife Board

The **Clinical Governance Committee** asked for the following topics to be escalated to the Board for Assurance:

- Cancer Framework and Clinical Governance Framework

The **Finance, Performance & Resources Committee** agreed that the challenging financial position for 2022/23 should be escalated to the NHS Fife Board on the basis that the revenue budget target position will not be met without additional in-year support from Scottish Government.

There were no issues for escalation from the Staff Governance or Public Health & Wellbeing Committees.

2.4 Recommendation

The NHS Fife Board is requested to:

- **Take Assurance** on reported performance and achieved remobilisation activity to date

3 List of appendices

None

Report Contact

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Fife Integrated Performance & Quality Report

Produced in December 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 changes to the suit of key indicators, a re-design of the Indicator Summary, applying Statistical Process Control (SPC) where appropriate and mapping of key Corporate Risks.

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 the following sections:

- a) Corporate Risk Summary**
Summarising key Corporate Risks and status.
- b) Indicatory Summary**
Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.
- c) Projected & Actual Activity**
Comparing projected Scheduled Care activity to actuals for Patient TTG, New Outpatients and Diagnostics.
- d) Assessment**
Summary assessment for indicators of continual focus.
- e) Performance Exception 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
5 January 2023

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

To be cross referenced with in depth Risk Report presented at Committees and NHS Board

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	◀▶	High
To improve the quality of health and care services	5	5	-	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	14	4	0	0		




Summary Statement on Risk Profile

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.

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

b. Indicator Summary

Section	Indicator	Target 2022/23	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	Month	Oct-22	36	○	▲	▼	●
	Major/Extreme Adverse Events - % Actions Closed on Time	TBD	Month	Oct-22	23.1%	●	▲	▼	●
	HSMR	N/A	Year Ending	Jun-22	0.99	●	▲	▲	●
	Inpatient Falls	6.91	Month	Oct-22	8.00	○	▲	▼	●
	Inpatient Falls with Harm	1.65	Month	Oct-22	2.03	○	▼	▼	●
	Pressure Ulcers	0.89	Month	Oct-22	1.03	○	▲	▼	●
	SAB - HAI/HCAI	18.8	Month	Oct-22	9.6	○	▲	▲	● QE Jun-22
	C Diff - HAI/HCAI	6.5	Month	Oct-22	3.2	○	▲	▲	● QE Jun-22
	ECB - HAI/HCAI	33.0	Month	Oct-22	41.7	○	▼	▼	● QE Jun-22
	S1 Complaints Closed in Month on Time	80%	Month	Oct-22	63.9%	○	▼	▼	● 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Oct-22	0.0%	○	▼	▼	● 2021/22
	S2 Complaints Opened in Month and Closed On Time	N/A	Month	Oct-22	10.3%	○	▲	▲	●
Operational Performance	IVF Treatment Waiting Times	90%	Month	Oct-22	100.0%	●	◀▶	◀▶	●
	4-Hour Emergency Access	95%	Month	Nov-22	70.1%	○	▲	▼	● Nov-22
	Patient TTG % <= 12 Weeks	100%	Month	Oct-22	50.6%	●	▲	▼	● Sep-22
	New Outpatients % <= 12 Weeks	95%	Month	Oct-22	50.2%	●	▼	▼	● Sep-22
	Diagnostics % <= 6 Weeks	100%	Month	Oct-22	62.5%	●	▼	▼	● Sep-22
	18 Weeks RTT	90%	Month	Oct-22	69.9%	●	▲	▼	● QE Sep-22
	Cancer 31-Day DTT	95%	Month	Oct-22	96.7%	○	▲	▼	● QE Sep-22
	Cancer 62-Day RTT	95%	Month	Oct-22	68.3%	○	▼	▼	● QE Sep-22
	Detect Cancer Early	29%	Year Ending	Mar-22	22.2%	●	▼	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	Oct-22	93.8%	●	▲	▲	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Nov-22	12.1%	●	▼	▲	● QE Jun-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Nov-22	7.7%	○	▼	▲	● QE Jun-22
	Antenatal Access	80%	Month	Sep-22	86.1%	●	▼	▼	● CY 2021
Finance	Revenue Resource Limit Performance	(£10.4m)	Month	Nov-22	(£19.6m)	●	▼	—	●
	Capital Resource Limit Performance	£29.3m	Month	Nov-22	£17.8m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Oct-22	6.63%	○	▲	▼	● YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	Nov-22	33.6%	●	▲	—	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Jul-22	99	●	—	▼	● 2021/22
	CAMHS Waiting Times	90%	Month	Oct-22	77.2%	○	▲	▲	● QE Sep-22
	Psychological Therapies Waiting Times	90%	Month	Oct-22	75.8%	○	▼	▼	● QE Sep-22
	Drugs & Alcohol Waiting Times	90%	Month	Sep-22	98.8%	●	▲	▲	● QE Sep-22
	COVID Vaccination (Autumn/Winter Booster, Age 65+)	80%	Month	Nov-22	87.1%	●	▲	—	●
	Flu Vaccination (Age 65+)	80%	Month	Nov-22	85.5%	●	▲	—	●
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Sep-22	94.4%	○	▼	▼	● QE Sep-22
Immunisation: MMR2 at 5 Years	92%	Quarter	Sep-22	88.4%	○	▼	▼	● QE Sep-22	

Performance Key

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

SPC Key

○	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

c. Projected and Actual Activity

Better than Projected | Worse than Projected | No Assessment
 (NOTE: Better/Worse may be higher or lower, depending on context)

		Quarter End	Quarter End	Month End			Quarter End	Quarter End
		Jun-22	Sep-22	Oct-22	Nov-22	Dec-22	Dec-22	Mar-23
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	3,036	3,053	1,029	1,029	1,029	3,087	3,087
	Actual	2,878	2,996	1,012	1,215		2,227	0
	Variance	-158	-57	-17	186			
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	18,567	18,806	6,400	6,395		12,795	19,166
	Actual	20,951	21,448	6,710	8,611		15,321	0
	Variance	2,384	2,642	310	2,216			
Urgent	Actual	10,868	11,377	3,684	4,177		7,861	0
	Routine	10,083	10,071	3,026	4,434		7,460	0
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	1,491	497	497	497	1,491	1,491
	Actual	1,550	1,608	595	560		1,155	0
	Variance	59	117	98	63			
Upper Endoscopy	Actual	575	630	227	191		418	0
Lower Endoscopy	Actual	182	191	77	71		148	0
Colonscopy	Actual	738	742	268	277		545	0
Cystoscopy	Actual	55	45	23	21		44	0
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	11,988	3,996	3,996	3,996	11,988	11,988
	Actual	13,471	12,936	3,950	4,311		8,261	0
	Variance	1,483	948	-46	315			
CT Scan	Actual	4,083	3,989	1,140	1,304		2,444	0
MRI	Actual	2,936	2,923	913	927		1,840	0
Non-obstetric Ultrasound	Actual	6,452	6,024	1,897	2,080		3,977	0

d. Assessment

CLINICAL GOVERNANCE



To improve the quality of health and care services

5



Moderate

		Target	Current
Major & Extreme Adverse Events	<i>TBD% of Action from Major and Extreme Adverse Events to be closed within time</i>	TBD	23.1%
<p>The eLearning module (TURAS) Managing a Significant or Local Adverse Event review has gone live with bespoke follow up sessions planned for early next year. This is an educational tool to assist staff who may be tasked with being involved in the adverse events review process and is applicable to both clinical and non-clinical events. While the training is not mandatory, uptake will be monitored and feedback on the content is requested on completion of the module. This will be reviewed annually or sooner if an issue is identified.</p> <p>The number of major and extreme events reported continues to rise slowly; this coupled with the decreasing number of significant and local adverse event reviews being concluded is presenting a challenge that NHS Fife has not faced previously. A 5-year synopsis will be presented at the Clinical Governance Oversight Group in December that describes the challenges and will raise discussion on the best way forward.</p> <p>A working group, chaired by the Deputy Medical Director has been commissioned at the Clinical Governance Oversight Group to focus on the increasing numbers of cardiac arrests and associated improvement work.</p>			
HSMR		1.00	0.99
<p>Data for 2021 and Q1 of 2022 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending June 2022 showing a ratio below the Scottish average.</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	8.00
<p>The number of inpatient falls reduced slightly in October, with a fall in ASD (to 112) being slightly offset by a rise in the HSCP (to 128, its highest monthly figure in the last 2 years). The vast majority of falls in the last 3 months (96%) were classified as 'Minor Harm' or 'No Harm'. We still expect to meet this year's reduction target.</p> <p>In-Patient Falls Steering Group members attended a national HIS Webinar "Creating a Culture of Change for Falls in Scotland". Work noted is in line with local action and learning from this event will be shared and will inform current activity.</p> <p>Work is progressing well on Falls Toolkit review and associated documentation. We plan to use the refresh of this as a launch and Clinical Effectiveness will support with implementation of updated documentation.</p> <p>The identification of Link Practitioners (LPs) in every ward is being finalised with H&SCP complete and work in Acute to conclude. An Excellence in Care Lead, Nurse Consultant in Older People and an AHP (TBC) will coordinate this network and support local work through these LPs (previously known as champions).</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	1.03
<p>The rate of pressure ulcers continued to vary in September but was below the 2-year average (1.15) for the 3rd successive month. The rate continues to be significantly higher in ASD.</p> <p>Although bed occupancy affects rates and it is not completely valid to make numerical comparisons, the number of pressure ulcers in the first 6 months of FY 2022/23 (187) was 4% higher than for the same period in FY 2021/22.</p> <p>A very successful Link Practitioners Networking Day was held on 17 November (National Stop the Pressure Day). There has been a slight delay in starting a TV Operational group as it was agreed an Options Appraisal to ensure stakeholder involvement should be conducted - outputs from this will be discussed at the next TVSG meeting.</p> <p>Fife HSCP have commenced PU LAER meetings to develop recommendations and Learning summaries. Improvement work will start on the quality of learn summaries and their dissemination.</p> <p>HIS are reviewing and updating the HIS PU standards, TVN representation is on this group and will continue to provide updates.</p> <p>ASD are focusing on displaying and using pressure ulcer data within clinical area; use of the safety cross has been identified as a method of ensuring staff are aware of and use data.</p>			
SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i>	18.8	9.6

The SAB infection rate varies from month to month but has been below the March 2023 target for the last 13 months. The cause of the majority of infections during that period has been Skin & Soft Tissue (15), VAD (9) and Devices other than VAD (7).

The last quarterly HAI report from Health Protection Scotland, covering the quarter ending June, showed that NHS Fife has the second lowest infection rate (14.9) of all Mainland Health Boards. Fife has been below the Scottish average for 6 successive quarters. This has been achieved by enhanced surveillance of SAB, standardising vascular access devices (VAD) care, the implementation of ePVC insertion and maintenance bundles and targeted QI work. In order to maintain such low rates and to reduce SABs further the local and national intelligence highlights the following areas for focus; medical devices including VADs and non-vascular access medical devices, skin & soft tissue infections including people who inject drugs (PWIDs). The IPCT performs the following actions:

- Enhanced surveillance and analysis of SAB data to understand the magnitude of the risks to patients in Fife
- Timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs
- Examination of the impact of interventions targeted at reducing SABs
- Uses results locally for prioritising resources
- Uses data such as the weekly ePVC report on insertion and maintenance compliance to inform clinical practice improvements
- Continues to liaise and support Drug Addiction Services with PWIDs and SABs (Note: 2022 has seen an increase in PWID related infections, when compared to 2021. Ongoing IPCT support continues)

C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i>	6.5	3.2
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The C Diff infection rate varies from month to month and fell below the March 2023 target in October, for the first time since February. A key improvement aim is the reduction of 'recurrent' infections, and this continues to be a challenge, with 4 of the 35 HAI/HCAI and Community infections in the past year being identified under this category.

The last quarterly HAI report from Health Protection Scotland, covering the quarter ending June, showed that NHS Fife has the lowest infection rate (9.2) of all Mainland Health Boards. Fife has been below the Scottish average for each of the last 7 quarters. This has been achieved with strong antimicrobial stewardship, Consultant Microbiologist establishing optimum antimicrobial therapy for patients at high risk of recurrent CDI, enhanced surveillance and analysis of risk factors.

The challenge is to further reduce the noted low rates of CDI. Work focuses on recurrent CDI - patients with recurrent CDI are advised pulsed Fidaxomicin and are followed up until day 30. The use of extended pulsed Fidaxomicin (EPPX) to address recurrences has shown a good outcome.

Bezlotoxumab has been used in cases where other modalities have failed. This continues to be in place as commercial faecal transplant is still unavailable.

ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2023</i>	33.0	41.7
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The ECB infection rate varies from month to month and has been below the March 2023 target in 3 out of 10 months of 2022, although the most recent rate is around 25% higher than the end target. The cumulative rate for the first 7 months of FY2022/23 was 39.1, a notable reduction compared to the first 7 months of FY 2021/22 (45.3).

Urinary Catheter-related infections have been responsible for 32 of the 126 infections in the last year (25%) and remains a key focus for improvement work.

The last quarterly HAI report from Health Protection Scotland, covering the quarter ending June, showed that NHS Fife (40.2) lay in the mid-range of Mainland Health Boards and has been above the Scottish average for each of the last 4 quarters.

Noted achievements include reducing the number of CAUTs by 9% in the last 12 months compared to the same time period the previous year. Ongoing work to support best practice in urinary catheter care continues with NHS Fife's Urinary Catheter Improvement Group (UCIG) targeting quality improvement work. This group aims to minimize urinary catheters, thus helping to prevent catheter associated healthcare infections and trauma and, furthermore, to establish catheter improvement work in Fife.

CAUTI insertion and maintenance bundles were developed and installed onto Patientrack in February 2022 and this is being piloted prior to roll out across the board. This bundle should ensure that the correct processes for the insertion and maintenance of all urinary catheters are adhered to within NHS Fife inpatient wards. Acute services engagement and a HoN lead are required to assist the roll out.

A QI project led by the IPC Care Home Senior IPCN for NHS Fife has introduced CAUTI maintenance bundles within 4 care homes in Fife. The staff are supported with an education package and the aim is to eventually roll it out across all Fife care homes, thus optimising urinary catheter maintenance and reducing the risk of CAUTIS and ECBs.

To achieve the reduction target, NHS Fife continues to focus on enhanced surveillance. A current initiative within the HSCP includes the Infection control surveillance team alerting the patient's care team Manager by Datix when

Target Current

an ECB is a urinary catheter associated infection and exploring the case via a Complex Care Review (CCR). The aim of the process is to provide further learning from all ECB CAUTIs.

In both hospital-acquired and non-hospital-acquired infections, the renal tract is the major source of infection (with cystitis/lower UTI the major entry point) along with hepato-biliary infections. QI programs need to focus on greater awareness and improved management of UTI, CAUTIs and hepato-biliary infection in patients to prevent these infections developing into bloodstream infections.

Complaints – Stage 2 *At least 50% of Stage 2 complaints will be completed within 20 working days by March 2023, rising to 65% by March 2024* **50%** **0.0%**

Performance (against the measure of all complaints closed in the month) continues to be reported as poor. As any development in processes of handling new complaints would not be demonstrated in this metric, due to closure of any of the backlog of outstanding complaints, an additional metric is being developed which will focus on 'new' complaints (i.e. those opened in month). The provisional figure for this in October is 10.3%. The metric will be further developed in the coming months.

There has been significant improvement in terms of complaints being closed each month (149 from August to October, compared to 88 for the equivalent months last year) and in the number of open complaints at month end, which has reduced by 25% from 191 at the end of July to 142 at the end of October. Of these, 52% were awaiting statements with a further 37% in the approval process.

The Patient Experience Team (PET) has developed processes to identify where system delays occur within the complaints process. Delays have been identified with receiving statements and final response approval. Digital solutions are being reviewed to support a shared platform/documents which will help to streamline the process.

We are recruiting a Band 6 fixed term 6-month Patient Experience Team Support officer and a Band 4 Patient Experience Administrator to focus on the administration and navigation of complaints. We continue to work with services and review new ways of working.

OPERATIONAL PERFORMANCE



To improve the quality of health and care services

5



Moderate

Target Current

4-Hour Emergency Access *95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer* **95%** **70.1%**

Monthly performance improved in November and is above the recovery trajectory target set with the Scottish Government. In ED only, monthly performance also improved again slightly, to 61.9%, the highest since June. The Scottish average for ED in November was 64.1%.

In November, there were 615 8-hour breaches, 168 of which breached 12 hours. This compares to 655 and 182, respectively, in October. The vast majority of breaches (73% in November) continued to be due to waits for a bed or first assessment.

Unplanned attendance at ED in the first 8 months of the FY was 8% higher than in the equivalent period of FY 2021/22 and was 7% more if all MIUs are included.

Focused improvement work aligned with OPEL actions have supported flow through ED and prevented admission. The Rapid Triage Unit opened mid-November to support additional GP demand. Continued focus on redirection policy has improved minors' performance and we continue to optimise QMH as a minor injuries unit. A staff health and wellbeing room is being developed and senior nursing staff attended a development away day to support health and wellbeing.

The challenges are the continuing demand added with winter pressures.

Patient TTG (Waiting) *All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat* **100%** **50.6%**

Monthly performance has stabilised in the last 4 months and is around 15% lower than it was a year ago. However, NHS Fife continues to be in the top quartile of Mainland Health Boards, as at the most recent publication in November (for the period up to the end of September), where performance was 51.1% against the Scottish average of 31.2%.

Actual activity in the first 7 months of the FY is 3% lower than forecast, but the Waiting List has increased in each of the last 17 months and is more than 50% higher than in October 2021.

It is not possible to undertake any additional activity to deliver the long waiting targets given the level of funding received and core inpatient surgery capacity continues to be restricted at Victoria Hospital due to sustained

pressures in unscheduled care, staff absence and vacancies. The focus remains on urgent and cancer inpatients and long waiting day cases which can be performed at QMH.

As waiting times increase there are proportionally more patients being referred and assessed as urgent which is leading to increasing waits for routine patients particularly those who are complex and/or require an inpatient bed.

Revised trajectories have been submitted to the Scottish Government showing that the 2-year target will not be sustained by March 2023 for General Surgery, Orthopaedics and Gynaecology, progress against the 18 months target will deteriorate and concerningly there will be increasing numbers of patients waiting over a year for Orthopaedics, Urology and General Surgery.

Every effort will be made to maximise the use of capacity, particularly for day case activity at QMH and to validate the waiting lists.

New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	50.2%
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Monthly performance has fallen steadily since June and is around 6% lower than it was a year ago. NHS Fife is in the mid-range of Mainland Health Boards, as at the most recent publication in November (for the period up to the end of September), where performance was 50.5% against the Scottish average of 46.3%.

Actual activity in the first 7 months of the FY (including DNAs) is 12% higher than forecast, but the Waiting List has continued to increase month-on-month and is now 26% higher than it was a year ago.

It is not possible to undertake any additional activity to reduce the backlog and deliver the long waiting targets given the level of funding received and continued pressures in unscheduled care, staff absence and vacancies. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 18 months and 2 years.

As waiting times increase there are proportionally more patients being referred and assessed as urgent in some specialities which is leading to increasing waits for routine patients.

Revised trajectories have been submitted to the Scottish Government showing that the 2-year target will be sustained by March 2023 for most specialities apart from Vascular Surgery, the 18 month and one year target will not be met by December 2022 and March 2023 for Cardiology, Gastroenterology, Endocrinology, Neurology, Haematology, Vascular, General Surgery, Urology, Gynaecology and Medical Paediatrics.

Every effort will be made to maximise the use of capacity and validate the waiting lists.

Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	62.5%
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Monthly performance is around 15% lower than it was at the equivalent time in FY 2021/22. In comparison to other Mainland Health Boards, NHS Fife remains in the mid-section as at the most recent publication in November (for the period up to the end of September), where performance was 64.7% against the Scottish average of 47.9%.

Despite achieving 8% greater activity than planned in the first 7 months of FY 2022/23 (this figure including DNAs), the combined Waiting List for Endoscopy and Radiology is 7% higher than it was a year ago (Endoscopy 14% higher and Radiology 6% higher). It should be noted, however, that the Waiting List for Endoscopy has fallen in each of the last 6 months.

In endoscopy it has not been possible to undertake any additional activity this year to reduce the backlog as no additional funding was received. There has been a reduction in long waits as efforts are made to contact patients and clinical validation of the waiting list progresses. There continue to be challenges in maintaining core activity due to unscheduled care and staffing pressures. It is likely that the number of patients waiting over 6 weeks will rise over the next 6 months.

In Radiology additional activity was undertaken in Q1 and Q2 of this year particularly in CT and MRI which enabled a reduction in long waits for specialist CT scans and significant reduction in those waiting over 6 weeks. The majority of patients waiting over 6 weeks are in ultrasound where there are particular challenges in capacity due to vacancies and staff absence.

Given the reduced level of funding available in Q3 and Q4, the increase in the proportion of urgent referrals and the continued increase in demand for inpatient scans it will not be possible to sustain performance and the numbers waiting over 6 weeks will begin to rise for all modalities over the next 6 months

There will continue to be a focus on urgent and urgent suspicion of cancer referrals along with reviewing those routine patients who have been experiencing long waits for both Radiology and endoscopy. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics and the pressure from unscheduled care.

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%	68.3%
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As anticipated, there was a further fall in performance in October. In the 3 months ending October, there were 53 breaches out of 225 patients starting treatment, with 35 of these being in the Urology speciality. NHS Fife was below the Scottish average for the first time since January.

Target Current

The number of patients starting treatment in the first 7 months of the FY was slightly higher than in the same 7 months of FY 2021/22 (520 against 507).

Prostate remained our most challenged pathway where delays leading to breaches were seen in almost all steps. Introduction of robotic prostate surgery in Fife has already improved the waits to surgery and are expected to reduce the current backlog of surgical patients who have breached without a treatment date. Breaches seen in lung were attributed to a delay to surgery and referral from another cancer pathway. The range of breaches was 1 to 167 days (average 58 days).

Delayed Discharges *The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce* **5% 7.7%**

The % of bed lost to 'standard' delays in November increased in comparison to October but was just below the 2-year average of 7.8% and was also just under 3% less than it was in November 2021. Actual patient numbers were also less than a year ago (74 against 82).

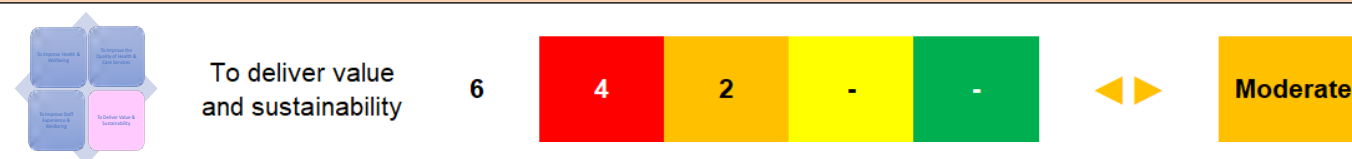
Looking at 'Code 9' delays, the number of patients in delay was almost double what it was a year ago (47 against 24).

NHS Fife has been in the mid-range of Mainland Health Boards for bed days lost for both 'standard' and 'Code 9' delays in each of the last 3 quarters, covering October 2021 to June 2022.

The Front Door team is focusing on redirecting patients to prevent admission to the VHK, while PDD is being rolled out to ensure that patients leave hospital on their planned day of discharge. There is also focused work being undertaken to look at guardianship processes in Fife.

Measures to effectively mitigate against proposed winter pressure are progressing following the Grand Round.

FINANCE



Forecast Current

Revenue Expenditure *Work within the revenue resource limits set by the SG Health & Social Care Directorates* **(£10.4m) (£19.6m)**

The Health Board retained position at the end of November is an overspend of £19.6m. This overspend comprises:

- £8.865m core overspend (includes £3.214m overspend relating to acute set aside services)
- £6.939m of the financial gap identified in the board's approved financial plan
- £3.758m unfunded Covid surge and associated costs

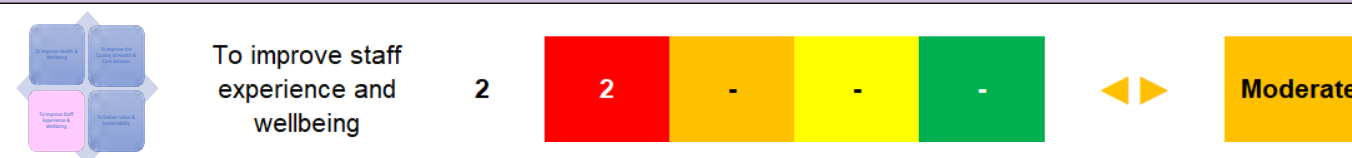
The core overspend reflects the significant and ongoing service pressures across acute unscheduled care services, a reduction in planned care funding and an increasing cost pressure within external care commissioning. The forecast year-end position is now significantly beyond the approved financial plan and there is a high level of risk in relation to the delivery of our full savings target programme for the year.

Health Delegated Services report an underspend at the end of November 2022 of £3.827m including fully funded Covid costs of £6.982m.

Capital Expenditure *Work within the capital resource limits set by the SG Health & Social Care Directorate* **£29.3m £17.8m**

The overall anticipated capital budget for 2022/23 is £29.282m, which is net of a capital to revenue transfer of £2.600m. The capital position for the period to November records spend of £17.831m. Therefore, 61% of the anticipated total capital allocation has been spent to month 8.

STAFF GOVERNANCE



		Target	Current
Sickness Absence	<i>To achieve a sickness absence rate of 4% or less</i>	4.00%	6.63%

The sickness absence rate in October reduced by almost 0.5% compared to September. This is likely to be impacted by the fact that COVID-19 related absence, with the exception of the infection control period, is now included within the sickness absence figures.

The sickness absence rate within the Health & Social Care Partnership continued to be lower than within Acute Service Division where the Emergency Care and Planned Care Directorates have trended upwards since the start of FY 2022/23.

The national picture (from monthly management information) is the same across all mainland Health Boards. NHS Fife had the 4th highest absence rate of all Mainland Health Boards for the 12-month period from October 2021 to September 2022.

The Attendance Management Operational Group meets regularly to consider and implement preventative measures relating to sickness absence including, for example, promotion of 'how are you?' built into the beginning of 1-1 discussions and encouraging walking 1-1 meetings. An Attendance Management balance scorecard is being developed by the group for use by managers.

To complement the NHS Workforce Policies and the TURAS attendance training module, our more detailed local Attendance Management training has been revised to incorporate a focus on managing and supporting staff experiencing mental health issues and attendance triggers and setting targets. It is anticipated that this will improve managers' confidence in dealing with these common issues. Promoting Attendance Review and Improvement panels are in place across NHS Fife reviewing hot spots and complex cases.

Despite a wide range of health and wellbeing supports available to staff, there continue to be unprecedented workforce pressures as the NHS recovers from the pandemic and this, along with the related personal pressures due to COVID-19, is impacting on staff resilience and wellbeing. The current cost of living crisis may also result in additional stressors to some staff and a financial wellbeing guide has been developed alongside the promotion of Moneyhelper.org and Boost your Income, with a financial wellbeing section added to StaffLink. The Live Positive Stress Toolkit has been updated and will be promoted across NHS Fife.

Sickness absence trends remain elevated with mental health as one of the main reasons for OH referral. A number of services are available to staff including confidential, independent counselling, OH Mental Health Nurse, Psychology and self-guided resources and toolkits, supplemented by a number of wellbeing activities throughout the organisation. The Staff Health & Wellbeing Framework for 2022 to 2025 has just been published.

PDPR Compliance	<i>To achieve an annual PDPR compliance rate of 80%</i>	80%	33.6%
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After showing a slight decline at the end of October, performance for the 12-month period ending 30 November 2022 increased slightly. At Directorate / Divisional level, there were modest increases in Emergency Care and Complex & Critical Care, but these two areas continue to lag behind others.

The number of reviews held (207) also showed an increase compared to the previous month (161) but is not yet back to the level reached for several of the last 12 months (250+).

Staffing levels and competing priorities continue to hinder engagement in PDPR conversations. Attempts to restart the PDPR process following the pause that was implemented during the Covid-19 pandemic continue to prove challenging. Daily enquiries regarding KSF, Appraisal and PDPR indicate a growing desire to improve performance in these areas, however, it is not currently at the pace required by financial year-end to attain the desired compliance percentage.

PDPR compliance reports have now been issued to all managers in the Corporate Directorates and Acute Services areas. HSCP reports will be distributed week commencing Monday 5 December. TURAS Appraisal Lunchtime Bytes sessions will continue to be offered twice monthly for the foreseeable future.

PUBLIC HEALTH & WELLBEING



To improve health and wellbeing

5



High

		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	99

The number of successful quits in the first 4 months of the FY was 63% of the figure which would be required if the end target is to be achieved by March 2023. At this stage in FY 2021/22, the successful quit number was 138 (87%).

The quit success rate in specialist services is nearly double that delivered by pharmacies (where the number of attempts is much higher but where there are difficulties with following up on results).

Note that there is a significant lag in the data due to the nature of the measure (post 12-week quits) and the duration of the smoking cessation programme, so final data will not be available until around August next year.

The number of referrals remains low but we have seen an increase in referrals from GPs. To support service awareness some marketing and promotion work is underway to highlight that the service is open for face-to-face support. This will run for until the end of December. Plans are underway for No Smoking Day awareness in March.

Interviews for two stop smoking advisors will be conducted in December which will support capacity, however new advisors need to undertake a 4 to 6 months of training to be competent confident advisors.

Non-pharmacy service is supporting pharmacy with 12-week follow-ups, by contacting clients who have missing data on the database. This has provided an opportunity to recruit clients that have relapsed with the pharmacy scheme. A text messaging system to reduce DNAs has been implemented and this seems to be having a positive impact.

We are still receiving a number of calls from clients looking to use Champix but supply remains interrupted.

CAMHS Waiting Times	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	90%	77.2%
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Monthly performance improved in October and was at its highest level since April. The focus on long-waits has resulted in there being only a single young person waiting over 35 weeks for initial treatment at the end of October.

NHS Fife remained in the mid-range of Health Boards as of the last quarterly publication in December (for the quarter ending September) but was below the Scottish average (67.1% compared to 67.9%).

The Waiting List is stable and is significantly improved compared to one year ago, despite the number of patients starting treatment in the first 7 months of the FY being 8% less than for the same period of FY 2021/22.

Significant focus remains on reducing the longest waits which will result in RTT improvement once 90% of those waiting are below the 18 week threshold. This focus has been directed and prioritised by the Scottish Government Mental Health Division through local monthly SG engagement sessions and National CAMHS clinical service manager network. The SG acknowledges that RTT will remain low and will fluctuate during this process due to the nature of how activity is reported. Fife trend continues to show a reduction in the longest waits with all those waiting over 18 weeks having appointments booked in December. Ability to maintain waiting times under 18 weeks and the RTT national target by March 2023 will be dependent on acuity, demand and staffing capacity linked to increased absences.

Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	75.8%
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Monthly performance worsened in October and was below the 2-year monthly average (80%) as well as being below the Standard.

NHS Fife remained in the mid-range of Health Boards as of the last quarterly publication in December (for the quarter ending September) and continued to be below the Scottish average (74.2% compared to 80.7%).

The number of patients starting treatment in the first 7 months of the FY was 13% less than for the same period in FY 2021/22, however, this was largely due to 38% drop in referrals for computerised CBT with treatment starts for individual or group PTs increasing by 37.5% in adult services in the first half of 2022. The overall waiting list has increased by 4% since October 2021. The number of patients waiting more than 52 weeks has, however, reduced by 20% in that period.

Due to national workforce pressures we continue to experience some challenges around recruitment. We have responded to this, where possible, by making adjustments to skill mix within services.

The workforce pressures which are affecting the wider mental system, has reduced capacity within the CMHTs. This has impacted negatively on some aspects of adult mental health care pathways that were designed to support delivery of PTs. Plans for alternative delivery options, e.g. via increasing capacity in third sector partners, are in development but it will be some months before any new services will be operational.

Adult Mental Health Psychology Service

1. A recent evaluation of the Schema Therapy Group pilot found it to be an effective intervention for people with complex difficulties (who comprise the majority of the waiting list in secondary care services). The group will now become part of mainstream service provision, enabling delivery of an appropriate intervention in a more efficient manner.
2. A pilot of group delivery of Compassion Focused Therapy is underway. This is an evidence-based approach which provides a treatment option for people with complex presentations (complementing the Schema Therapy group) and will increase service capacity.

Child and Family Psychology Service

1. A test of change within the Primary Care Child Psychology Service assessed the impact of introducing an initial contact appointment. Preliminary evaluation shows families are now being seen more quickly for an initial

- appointment and can be signposted to online/group interventions (thereby reducing their wait time) or placed on a waiting list for a 1-1 psychological intervention, knowing why this is the appropriate treatment option for them.
- Following a successful pilot, the service launched a new group psychological intervention "Embracing Difference", aimed at meeting the needs of parents/carers of children who were on the waiting list for assessment of autistic spectrum disorder. The group is non-diagnostic and provides psychoeducation /appropriate strategies and support for parents/carers of children with neurodevelopmental difficulties, without a formal diagnosis.

Clinical Health Psychology Service

We have been successful in recruiting a Senior Clinical Psychologist (external appointee) with specialist expertise in working with Functional Neurological Disorder (FND). This complex presentation currently accounts for 40% of longest waiters for treatment within General Medical Clinical Health. This appointment will add service delivery capacity and contribute to strategic service developments for this patient group.

Older People's Psychology Service

- We were successful in recruiting a new Head of Older People's Psychology Service (an external appointee). This appointment will both increase service delivery capacity and ensure strategic focus and leadership to meet the needs of a priority population within health and social care.

COVID Vaccination	<i>At least 80% of the Age 65+ population will receive an Autumn/Winter Booster vaccination</i>	80%	87.1%
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At the end of 27th November, NHS Fife had administered the Autumn/Winter Booster Vaccination to 87.1% of the Age 65+ population. The annual target for this cohort was achieved by the end of 1st November.

A key objective of the winter vaccination programme was to increase immunity in those who continue to be more at risk of severe COVID-19 and flu to prevent severe illness, hospitalisation and death. Age continues to be the biggest risk factor for severe COVID-19 illness. The uptake of the vaccine in the oldest age groups across Fife has been good, and the challenge of vaccinating those in residential care homes and the housebound cohort in parallel with the community clinics has been met by the delivery team. The collaborative efforts of all involved with the immunisation programme over this period has ensured we protect the most vulnerable ahead.

Flu Vaccination	<i>At least 80% of the Age 65+ population will receive a Flu vaccination</i>	80%	85.5%
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At the end of 27th November, NHS Fife had administered the Flu Vaccination to 85.5% of the Age 65+ population. The annual target was achieved by the end of 2nd November.

With >90% of the winter programme being delivered through co-administration of COVID-19 and flu in the same appointment the uptake of flu vaccine in the older age groups reflects the successes seen for COVID-19. Free flu vaccinations for those eligible have also been available in community pharmacies across Fife, with some residents preferring this option.

Flu activity levels have started to increase in Scotland earlier than previous seasons, with current activity levels based on laboratory reporting at moderate. Achievement of the 80% target has ensured that high population coverage in the oldest age groups has been achieved ahead of any anticipated peak of winter flu activity in the community.

Immunisation: 6-in-1	<i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i>	95%	95.2%
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The latest published data (for quarter ending June) shows that NHS Fife achieved a figure for this measure of vaccination which is above the 95% target. This is the first time the target has been achieved since the quarter ending March 2021. NHS Fife remains below the Scottish average, and the aim going forward is to sustain this and also improve our ranking across all Mainland Health Boards.

A multidisciplinary Quality Improvement Group formed in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. A review of the patient pathway is in progress, and a project plan based on a driver diagram is being developed.

Immunisation: MMR2	<i>At least 92% of children will receive their MMR2 vaccination by the age of 5</i>	92%	89.9%
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The latest published data (for quarter ending June) shows that NHS Fife achieved a slightly improved figure for this measure of vaccination compared to the previous 2 quarters. Performance, however, remains a few points below the target and also below the Scottish average. The aim going forward is to continue the recent improvement whilst also improving our ranking against all other Mainland Health Boards and the Scottish average.

A multidisciplinary Quality Improvement Group formed in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. A review of the patient pathway is in progress, and a project plan based on a driver diagram is being developed.

e. Performance Exception Reports

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Staff Governance

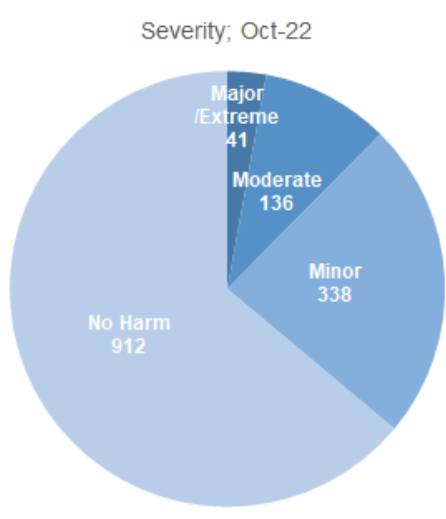
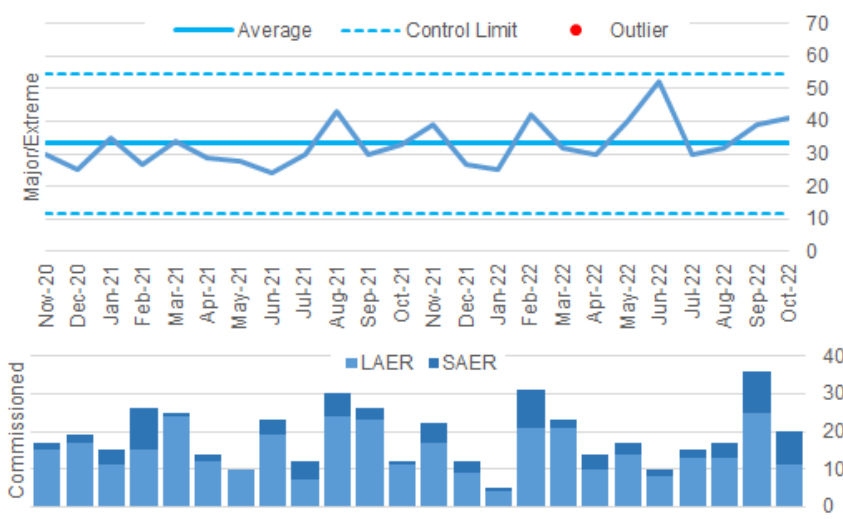
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Public Health & Wellbeing

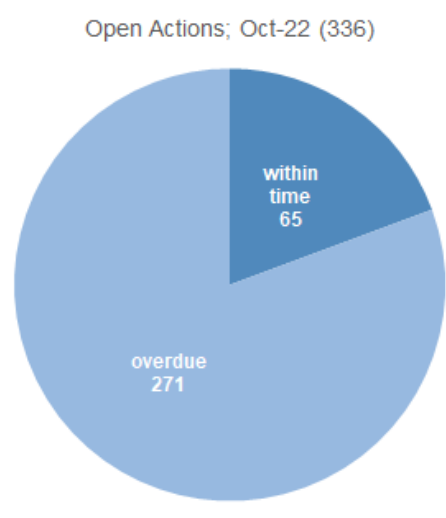
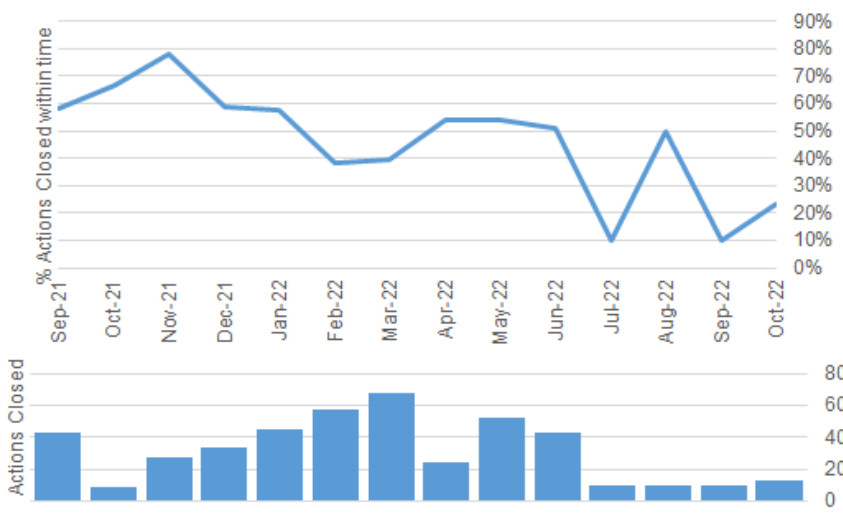
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CLINICAL GOVERNANCE

Adverse Events	Number 36
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Actions from Significant and Local Adverse Event Reviews	Closure Rate 23.1%
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Key Deliverable		End Date
Adverse Event Process and Policy		Mar-23 On track
Key Milestones	Review of Policy	Dec-23 On track
	Increased focus on governance/assurance in relation to improvement actions from adverse events reviews	Mar-23 On track
	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.

Performance
0.99

Reporting Period; July 2021 to June 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

Data for 2021 and Q1 of 2022 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending June 2022 showing a ratio below the Scottish average.

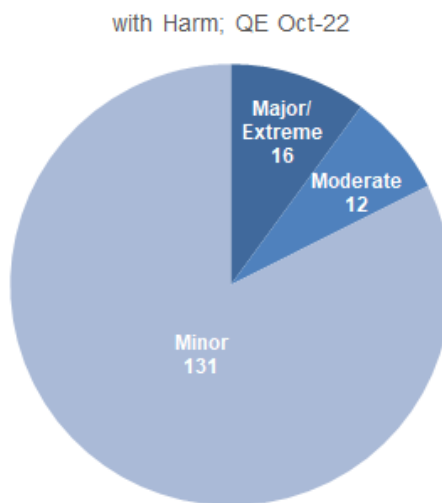
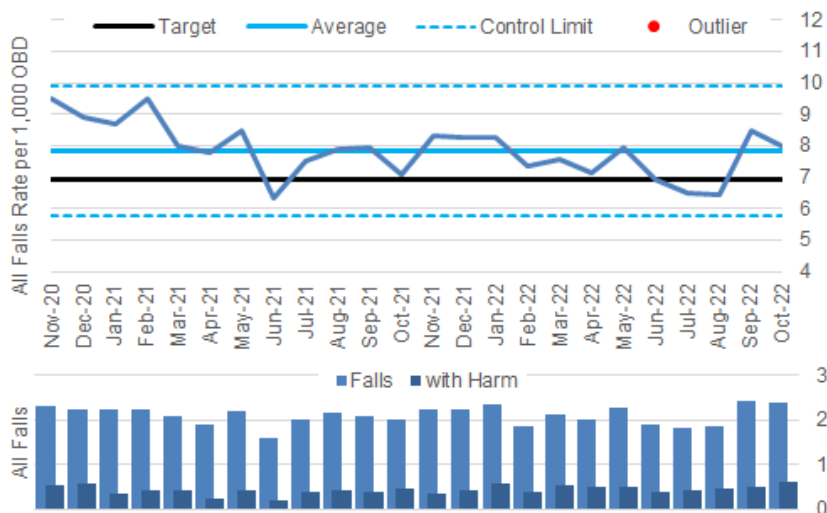
CLINICAL GOVERNANCE

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*

**Performance
8.00**

Local Performance



Performance by Service Area

	2021/22					2022/23						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	8.32	8.25	8.26	7.33	7.59	7.13	7.94	6.91	6.48	6.45	8.48	8.00
Acute Services	8.71	8.47	9.32	7.55	7.10	8.25	8.18	7.83	8.13	6.67	9.63	7.88
HSCP	7.97	8.06	7.34	7.16	8.01	6.14	7.72	6.08	4.97	6.25	7.47	8.11

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	Jan-23 On track
	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 2022/23	Jun-22 Complete
	Review and refresh Falls Toolkit	Apr-23 On track
	Review Related policies- Supervision, Boarding and Bed rails as identified/required by the policy timescales	Feb-23 On track
	Review LEARN summaries to support shared learning	May-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	Feb-23 On track

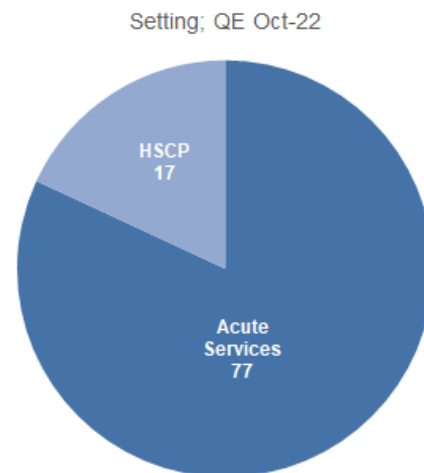
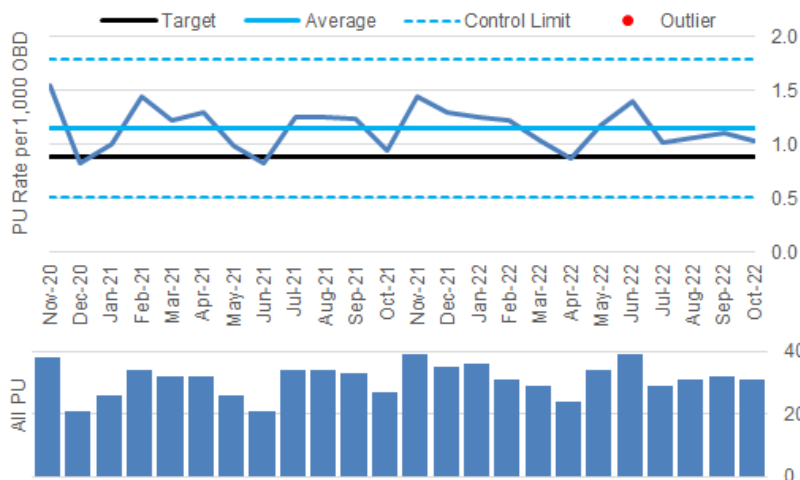
CLINICAL GOVERNANCE

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

Performance
1.03

Local Performance



Performance by Service Area

	2021/22					2022/23						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	1.44	1.30	1.25	1.23	1.03	0.87	1.18	1.40	1.02	1.07	1.11	1.03
Acute Services	2.54	2.16	2.10	1.84	1.76	1.37	1.77	2.05	1.48	1.69	2.02	1.90
HSCP	0.49	0.55	0.52	0.72	0.40	0.41	0.66	0.82	0.60	0.52	0.32	0.25

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

Mar-23
Off track

Data continues to show a random pattern

Key Milestones

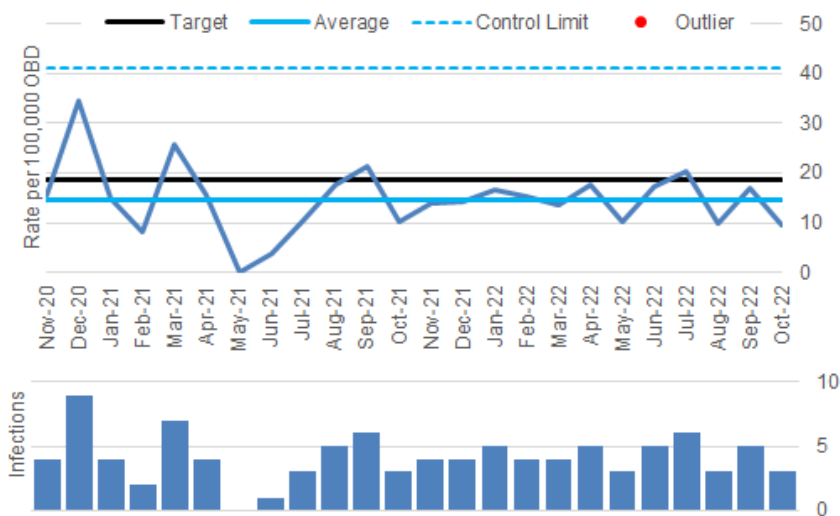
Refresh PU Link Practitioner Register and Network	Oct-22 Complete
Ensure that monthly PU data continues to be discussed and displayed in each ward setting, associated improvement plans developed and implemented where required	Dec-22 On track
PU data discussed and shared with senior HSCP management team at bi-weekly QMASH meeting	Mar-23 Complete
PU Documentation Audit to support compliance	Mar-23 On track
Review LEARN summaries to support shared learning	Mar-23 On track
Measurement against the revised HIS Prevention and Management of Pressure Ulcer Standards (October 2020)	Mar-23 At risk
Establish an operational TV group	Jan-23 At risk
Embed the revised HIS Pressure Ulcer Standards (October 2020) <i>Covered by milestone above 'Measurement against the revised ...'</i>	Oct-23 Suspended
Develop and test electronic PURA and SSKIN bundle on Patientrack	Oct-22 Complete
Embed the use of the CAIR resource	Mar-23 On track
Clinical teams with an increase in PU harms to collect process measures to identify and plan improvements	Mar-23 On track
Develop a training and education plan	Oct-22 Complete

SAB (HAI/HCAI)

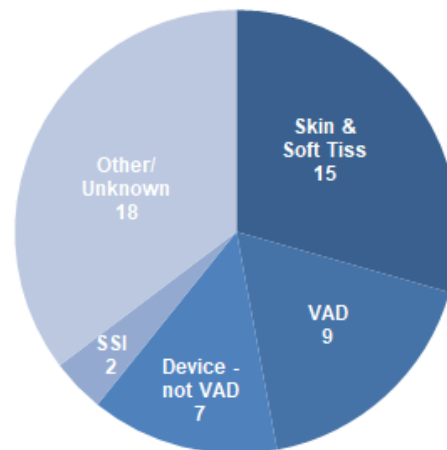
Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
9.6**

Local Performance



Infection Source; YE Oct-22



National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	20.6	17.8	6.3	16.6	12.7	15.2	14.9
Scotland	18.9	18.4	18.6	18.3	17.3	16.3	17.3

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 On track

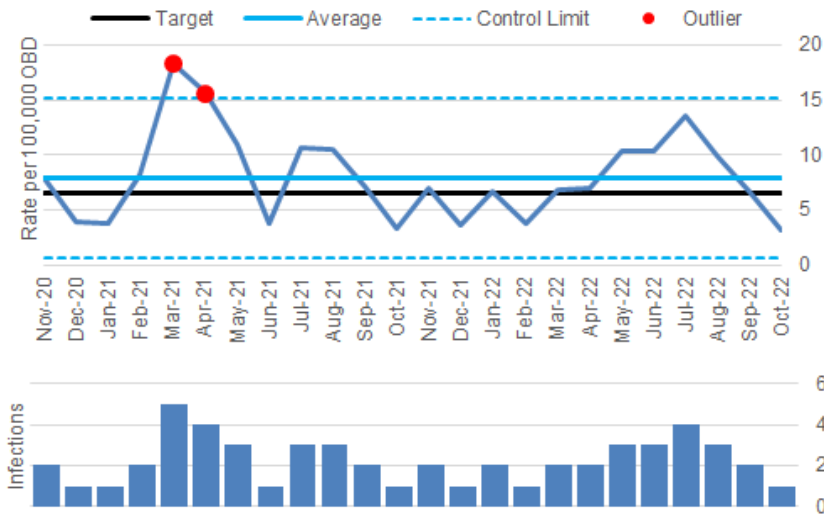
CLINICAL GOVERNANCE

C Diff (HAI/HCAI)

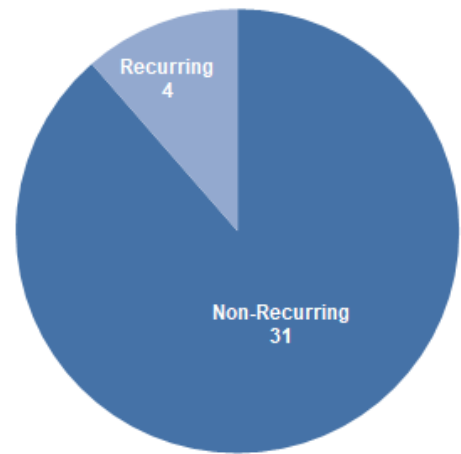
Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
3.2**

Local Performance



Recurrence; YE Oct-22



National Benchmarking

Quarter Ending	2020/21			2021/22			2022/23
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	7.7	14.0	10.0	9.5	4.6	7.0	9.2
Scotland	16.4	15.8	14.6	16.8	13.3	12.6	14.3

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 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 On track

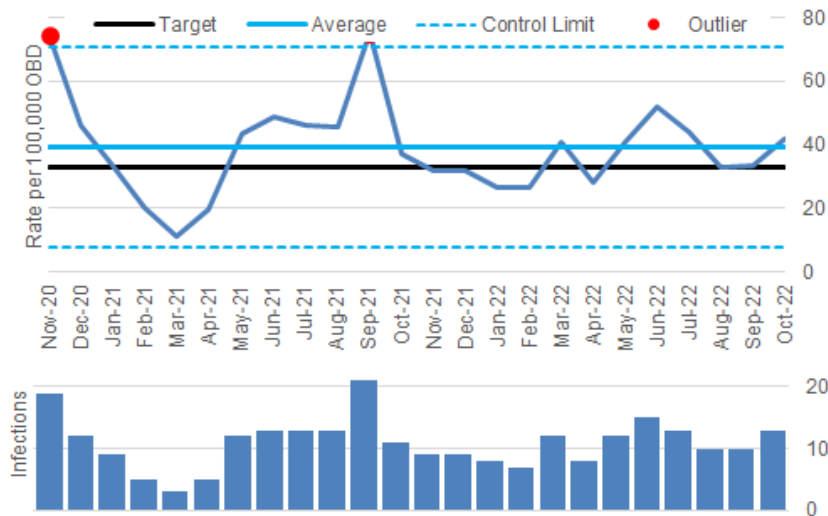
CLINICAL GOVERNANCE

ECB (HAI/HCAI)

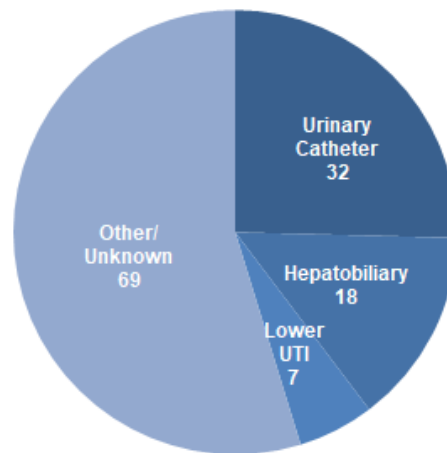
Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
41.7**

Local Performance



Infection Source; YE Oct-22



National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	50.3	21.6	37.6	60.3	33.6	31.6	40.2
Scotland	40.9	34.7	38.2	41.5	34.1	30.5	34.8

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
	Ongoing work of Urinary Catheter Improvement Group (UCIG) eCatheter insertion & maintenance bundle on Patienttrack- further rollout	Mar-23 At risk
	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 On track	

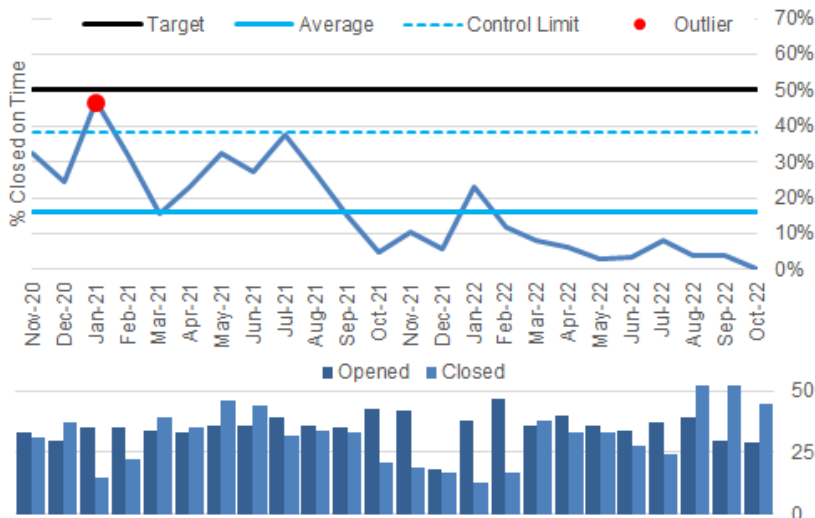
CLINICAL GOVERNANCE

Complaints | Stage 2

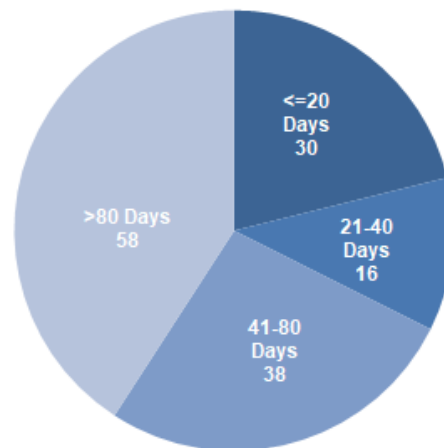
At least 50% of Stage 2 complaints are completed within 20 working days by March 2023, rising to 65% by March 2024

Performance
0.0%

Local Performance



Open Complaints; Oct-22



Performance by Service Area

NHS Fife	Opened in Month	Opened	2021/22				2022/23							
			Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
		% Closed on time	4.8%	0.0%	13.2%	6.4%	2.8%	2.5%	5.6%	5.9%	8.1%	2.6%	6.7%	10.3%
	Closed in Month	Closed	19	17	13	17	38	33	33	28	24	52	52	4
		% Closed on time	10.5%	5.9%	23.1%	11.8%	7.9%	6.1%	3.0%	3.6%	8.3%	3.8%	3.8%	0.0
		% Acknowledged (3 days)	100.0%	88.2%	84.6%	100.0%	89.5%	87.9%	90.9%	92.9%	83.3%	80.8%	80.8%	75.6
Acute Services	Closed in Month	% Closed on time	16.7%	7.7%	30.0%	18.2%	3.6%	8.0%	0.0%	5.0%	14.3%	2.3%	0.0%	0.0
HSCP	Closed in Month	% Closed on time	0.0%	0.0%	0.0%	0.0%	14.3%	0.0%	9.1%	0.0%	0.0%	0.0%	6.3%	0.0

Key Deliverable

End Date

Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017)

Quarterly reports being presented to EDG and CGC however response rate of stage 2 complaint responses remains very low and achieving 50% by March 2023 is unlikely

Mar-23
Off track

Adherence to NHS Fife's Participation and Engagement Framework

Mar-23
On track

Rebrand Patient Relations to Patient Experience Team

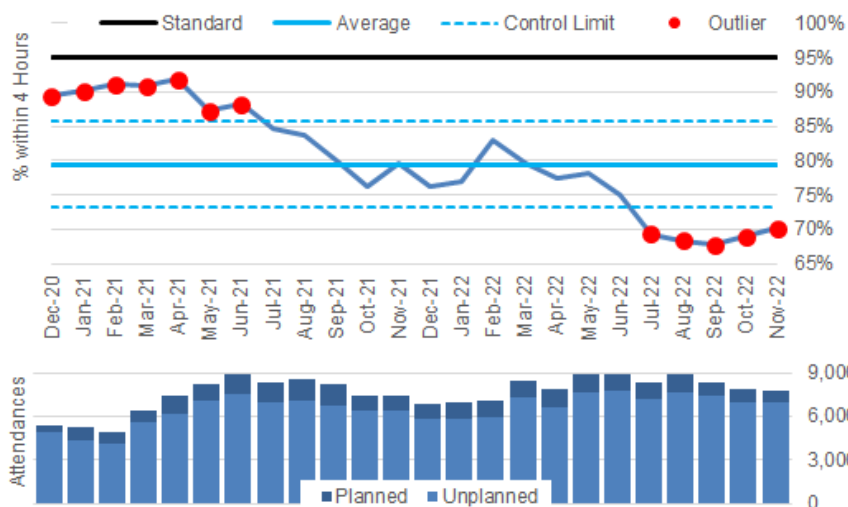
Dec-22
On track

4-Hour Emergency Access

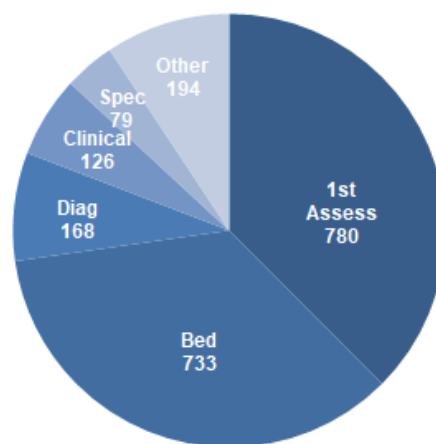
At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

Performance
70.1%

Local Performance



Breach Reason; Nov-22



National Benchmarking

	2021/22					2022/23					Nov		
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		Sep	Oct
NHS Fife	79.7%	76.1%	77.0%	83.0%	79.6%	77.5%	78.2%	74.9%	69.3%	68.3%	67.7%	68.9%	70.1%
Scotland	75.9%	75.7%	76.0%	74.2%	71.6%	72.1%	73.0%	71.3%	69.9%	69.7%	69.0%	67.6%	

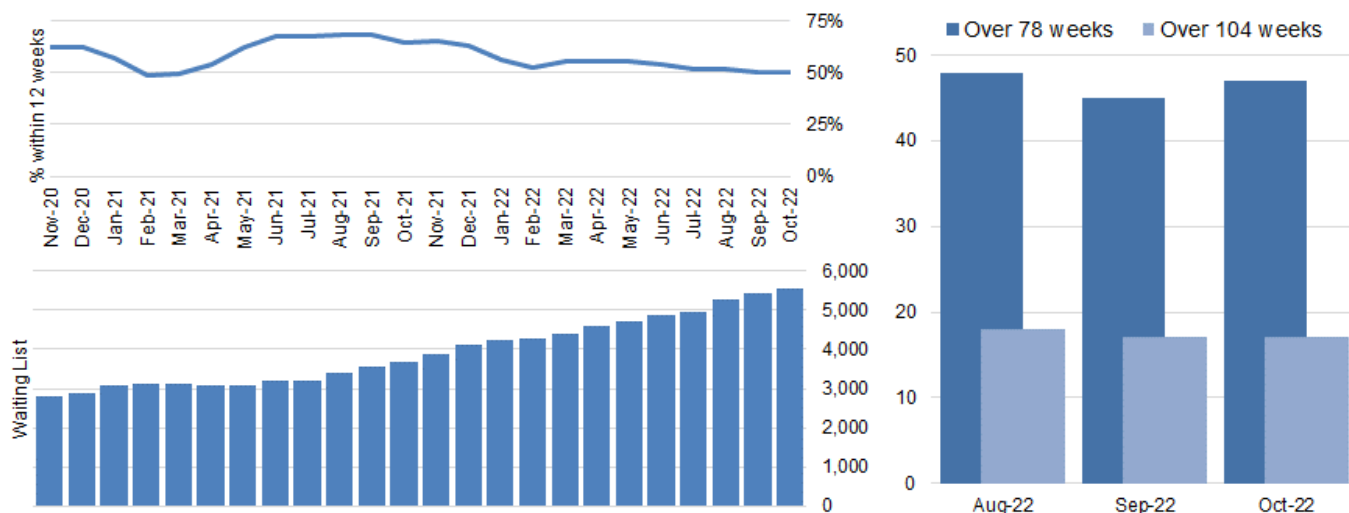
Key Deliverable		End Date
Enhance and optimise our ECAS/AU1 assessment		Apr-23 At risk
Key Milestones	Review Au1 assessment area	Dec-22 On track
	Enhance pathways into ECAS	Apr-23 At risk
	Rapid Triage Unit to be Established and link with ECAS	Apr-23 On track
Maximise models of care and pathways to prevent 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 Complete
	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.	Sep-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 On track
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

Performance
50.6%

Local Performance



National Benchmarking

	2021/22					2022/23						
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	65.1%	63.1%	56.6%	52.7%	55.2%	55.9%	55.6%	54.3%	51.6%	51.4%	50.5%	50.6%
Scotland	37.3%	34.6%	33.7%	32.5%	34.0%	32.8%	32.5%	31.5%	30.9%	31.4%	31.2%	

Key Deliverable

End Date

Reducing long waits; TTG

It is not possible to undertake any additional activity to deliver the long waiting targets given the level of funding received and core inpatient surgery capacity continues to be restricted at Victoria Hospital due to sustained pressures in unscheduled care, staff absence and vacancies. The focus remains on urgent and cancer inpatients and long waiting day cases which can be performed at QMH.

Mar-23
Off track

Key Milestones

Preassessment

Mar-23
On track

Elective Orthopaedic Centre

Building and staff expected to be in place by January. Fife allocation from NTC has been reduced to 26 patients from 336 patients which will mean that the backlog of Orthopaedic patients will increase month on month.

Jan-23
Off track

Maximise utilisation of QMH Theatres

Mar-23
On track

Optimising Theatres on VHK site - Clinical prioritisation of VHK Theatres

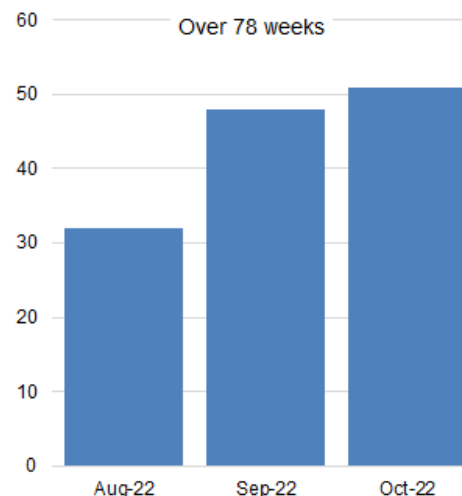
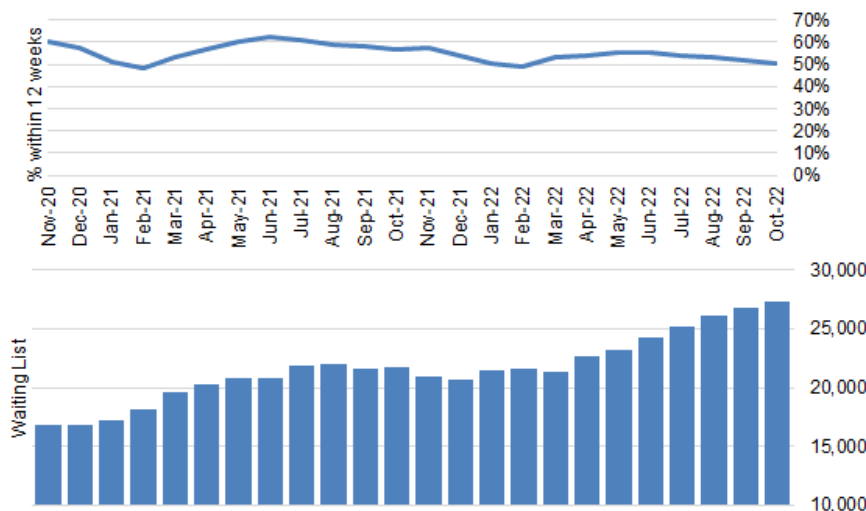
Mar-23
On track

New Outpatients

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

Performance
50.2%

Local Performance



National Benchmarking

	2021/22					2022/23						
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	57.1%	53.8%	50.1%	48.8%	53.4%	53.9%	55.3%	55.4%	53.9%	52.9%	51.5%	50.2%
Scotland	48.4%	46.5%	45.5%	45.9%	49.6%	48.9%	49.6%	49.1%	49.1%	48.4%	46.3%	

Key Deliverable

Reducing long waits; Outpatients

It is not possible to undertake any additional activity to reduce the backlog and deliver the long waiting targets given the level of funding received and continued pressures in unscheduled care, staff absence and vacancies. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 18 months and 2 years.

End Date

Mar-23
Off track

Key Milestones

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

Mar-23
At risk

Three step validation process of waiting lists will be implemented

Lack of WL funding will mean review of patients waiting will either not take place or will be completed at the expense of clinical activity

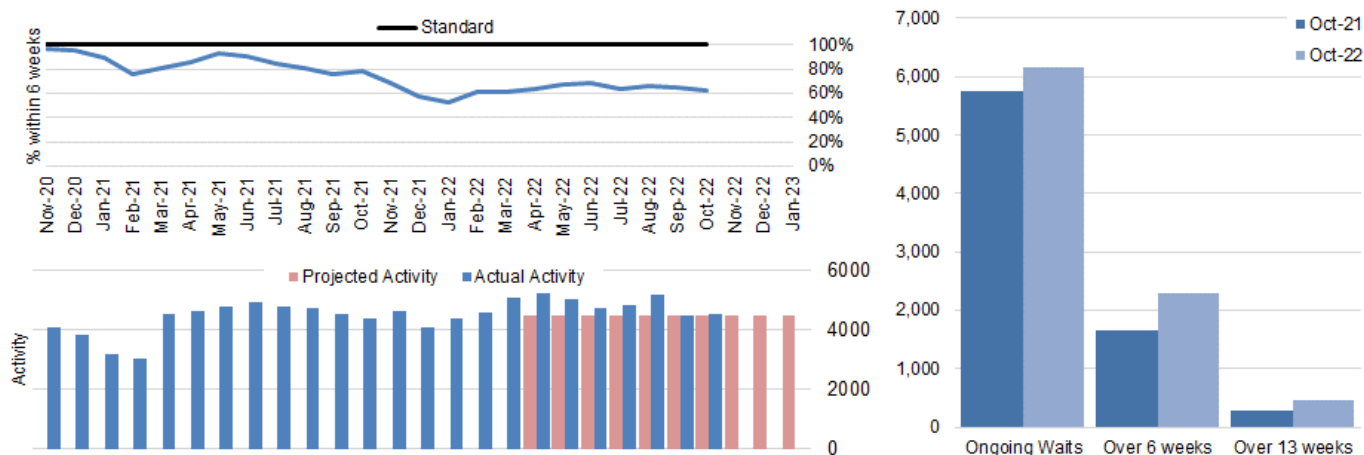
Mar-23
Off track

Diagnostics Waiting Times

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

**Performance
62.5%**

Local Performance



National Benchmarking

	2021/22					2022/23						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	68.3%	57.8%	52.7%	61.2%	61.6%	63.0%	67.8%	68.2%	63.5%	65.9%	64.6%	62.5%
Scotland	56.9%	49.6%	48.1%	50.8%	49.6%	45.2%	47.0%	47.5%	44.7%	46.0%	47.9%	

Key Deliverable

End Date

Reducing long waits; Diagnostics

In endoscopy it has not been possible to undertake any additional activity this year to reduce the backlog as no additional funding was received. There has been a reduction in long waits as efforts are made to contact patients and clinical validation of the waiting list progresses.

In Radiology additional activity was undertaken in Q1 and Q2 of this year particularly in CT and MRI which enabled a reduction in long waits for specialist CT scans and significant reduction in those waiting over 6 weeks.

There will continue to be a focus on urgent and urgent suspicion of cancer referrals along with reviewing those routine patients who have been experiencing long waits for both Radiology and endoscopy.

Mar-23
Off track

Radiology -7 day working

No funding identified to take this forward, continuing into FY 2023/24

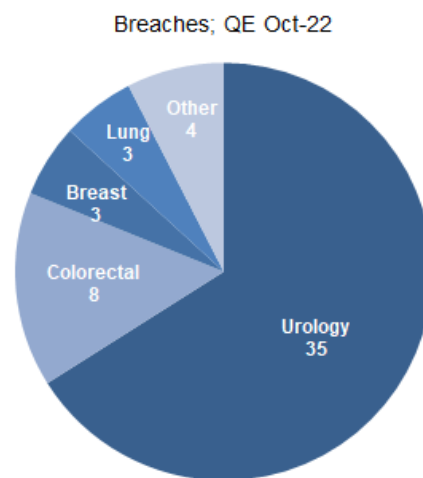
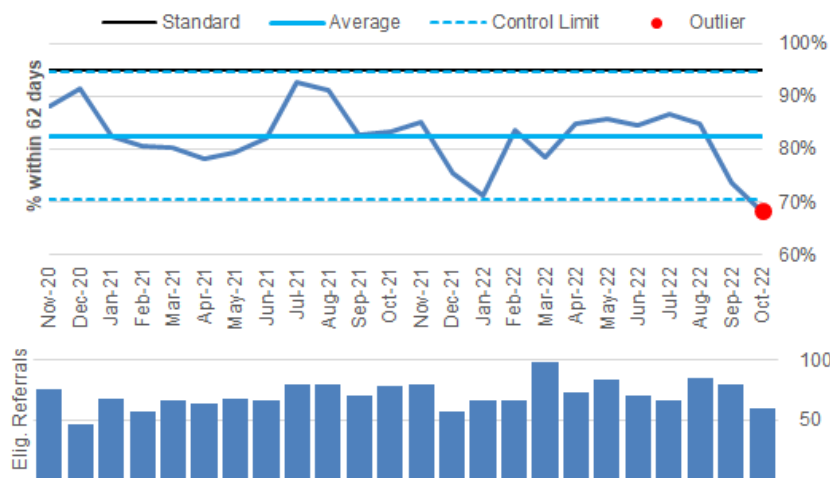
Mar-24
Off track

Cancer 62-Day Referral to Treatment

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

Performance
68.3%

Local Performance



National Benchmarking

Month	2021/22					2022/23						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	85.0%	75.4%	71.2%	83.6%	78.6%	84.9%	85.7%	84.5%	86.6%	84.7%	73.8%	68.3%
Scotland	78.1%	78.3%	76.3%	77.4%	75.5%	77.0%	75.8%	73.5%	75.8%	73.6%	72.1%	70.3%

Key Deliverable

Implementation of Cancer Framework and delivery plan in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services

End Date

Mar-23
On track

Key Milestones	End Date
ECDC development/expansion	Mar-23 On track
Development of single point of contact hub (SPOCH)	Sep-22 Complete
Review of cancer workforce	Mar-23 Complete
Environmental needs of cancer services	Mar-23 On track
Continued public and patient engagement	Mar-23 Complete
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 On track

Delivery of Cancer Waiting Times

Mar-23
Off track

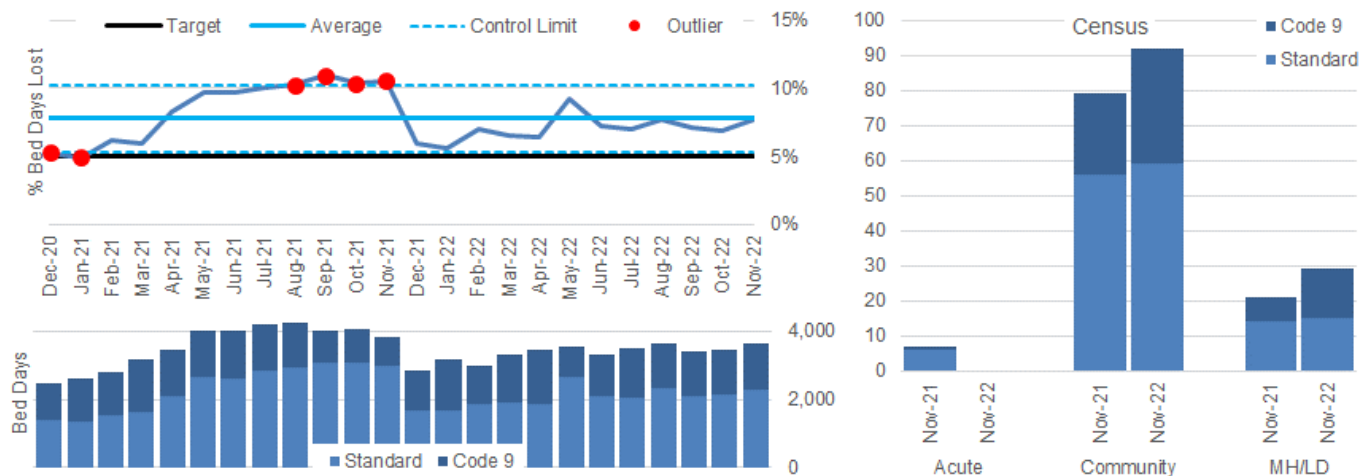
Key Milestones	End Date
Implement refreshed Effective Cancer Management Framework to drive improvement of Cancer Waiting Times performance	Mar-23 Complete
Targeted improvements designed to maintain the 31-day standard and improve the 62-day standard on a sustainable basis	Mar-23 Off track

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

Performance
7.7%

Local Performance



National Benchmarking

% Bed Days Lost		Quarter Ending								
		2020/21				2021/22				2022/23
		JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN
NHS Fife	Standard	4.6%	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%	6.4%	7.6%
	All	8.6%	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%	11.1%	11.8%
Scotland	Standard	3.8%	5.1%	4.8%	4.6%	5.0%	6.8%	7.2%	7.2%	7.3%
	All	5.9%	7.1%	7.3%	7.3%	7.4%	9.4%	9.7%	10.4%	10.3%

Key Deliverable

Deliver Home First and enable Prevention and Early Intervention

End Date

		Dec-23 On track
Key Milestones	Continue 7-day step-down for Acute (AU1 and AU2) and review a potential ED pathway in hospital @ home. Increase capacity in ICT in preparation for winter.	Feb-23 On track
	Information and data development of programme measures and the delivery of a management information dashboard for the programme through an inter-agency and inter-disciplinary approach	Jun-23 On track
	Support citizens to have greater control and choice of care preferences in event of a future deterioration, or change in circumstances for themselves or their carer(s). All community patients at risk of readmission will have an ACP.	Mar-23 On track
	Reduce admissions from ED and GP presentation by early IAIT assessment and use of out of hospital pathways for those who are screened for frailty at point of presentation	Dec-22 Suspended
	Integrated Discharge Planning - review and develop pathways to minimise delays and ensure patients are cared for in the right place at the right time	Dec-22 On track
	Intermediate Care - ensure that all reablement options are explored to promote independence for people who need support prior to going home. Promote delivery of digital solutions, which will support the implementation of the aims & objectives of the home first strategy.	Jul-23 At risk
	Housing & Social Determinants - review and develop pathways to minimise delays where Housing is the primary reason for a delayed discharge	Mar-23 On track
	Commissioning and Resourcing - support the Home First model by working with providers, Scottish care and inhouse provision to redesign a system that is fit for the future	Oct-22 Complete
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 On track

Key Milestones	Reduce hand offs in discharge processes	Feb-23 On track
	Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian	Apr-23 On 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 On track
	Promotional campaign to support the Moving on Policy to help with decision making of moving on patients	Dec-23 On track
	Planned Date of Discharge Project	Dec-22 On track
	Front Door Model	Dec-22 On 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 & Social Care Directorates (SGHSCD)

**Revenue
(£19.6m)**

**Capital
£17.8m**

1. Executive Summary

The Health Board retained position at the end of November 2022 is an overspend of £19.562m. This overspend comprises:

- £8.865m core overspend (includes £3.214m overspend relating to acute set aside services).
- £6.939m of the financial gap identified in the board's approved financial plan.
- £3.758 unfunded Covid surge and associated costs.

Health Delegated Services report an underspend at the end of November 2022 of £3.827m including fully funded Covid costs of £6.982m.

Revenue Financial Position as at 30 November 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	249,437	165,992	174,593	-8,601
IJB Non-Delegated	9,574	6,471	6,423	48
Non-Fife & Other Healthcare Providers	95,847	63,921	66,421	-2,500
<u>Non Clinical Services</u>				
Estates & Facilities	78,856	52,121	52,134	-13
Board Admin & Other Services	71,259	43,773	43,638	135
<u>Other</u>				
Financial Flexibility & Allocations	23,188	2,288		2,288
Income	-22,326	-11,541	-11,625	84
Grip and Control	-3,412	-2,275	-1,969	-306
Sub-total Core position	502,423	320,750	329,615	-8,865
Financial Gap	-10,408	-6,939		-6,939
HB Retained Surge Capacity			2,145	-2,145
HB retained Covid 19	10,255	7,755	9,368	-1,613
SUB TOTAL	502,270	321,566	341,128	-19,562
<u>Health & Social Care Partnership</u>				
Fife H & SCP	374,941	242,239	238,412	3,827
Health delegated Covid 19	6,982	6,982	6,982	0
SUB TOTAL	381,923	249,221	245,394	3,827
TOTAL	884,193	570,787	586,522	-15,735

- 1.2 The NHS Fife financial plan approved in March 2022 identified cost improvement plans of £11.7m and a capital to revenue transfer of £2m resulting in a residual financial gap of £10.4m against an original £24.1m financial gap position. The financial plan also assumed that additional costs incurred in responding to Covid 19 would be fully funded, however all Health Boards Covid-19 funding has been capped with NHS Fife receiving £7.5m for 2022/23

FINANCE, PERFORMANCE & RESOURCES: FINANCE

(notified in October) and any overspend beyond the funding cap is disclosed as part of our core overspend position: £3.758m at the end of November 2022.

- 1.3 The November 2022 allocation letter was received on 7 December 2022. We continue to make assumptions on anticipated allocations including critically the required level of funding to cover the final agreement on the national AFC pay award. As previously reported the planned care funding allocation received from SG was significantly reduced and although work has been taken forward to mitigate the impact of the shortfall in funding, a £1m overspend will materialise and is reflected in our position. Details of our funding allocations, both received and anticipated, are attached at Appendix 1.
- 1.4 At the end of November 2022, we are £1.2m short of the level of savings we planned to deliver by this time. The forecast outturn assumes all CIPs will be delivered at the financial year end, however there is a high level of risk that £2m of our Acute Services savings plan may now not be achieved and therefore has the potential to increase the Board's overspend position.

It is important to note that the cost of living crisis, inflationary increases, the level of service pressure and staff absence are increasing the challenge on the financial position and delivery of savings across the entire organisation.

Where plans are slipping pipeline schemes are being identified and are currently being further explored for presentation at the FIS Programme Board for approval it is doubtful however that we will be able to deliver newly identified schemes in full this financial year.

- 1.5 The delivery of our approved financial position (£10.4m overspend agreed with Scottish Government) is at a high level of risk with the Board's forecast overspend at this time projected to be £19m. This position assumes the delivery of our Cost Improvement Programme in full this year and assumes HSCP funding for surge beds and expenditure on Primary Care and Mental Health out of area treatment costs. This is a significant change to our financial position which will be discussed in detail at EDG in early January 2023. In the meantime directors are reviewing their forecast outturn projections, noting that difficult choices lie ahead for the remainder of 2022/23 and into 2023/24.
- 1.6 The overall anticipated capital budget for 2022/23 is £29.282m (net of a capital to revenue transfer value of £2.6m). This reflects: the core Capital Resource limit (CRL) of £7.764m notified by Scottish Government; anticipated allocations expected during the year to support a number of ongoing projects; as well as additional funding received from successful bids submitted to SG over the summer months. The capital position for the period to November records spend of £17.831m equivalent to 61% of the net allocation. The capital programme is expected to deliver in full, with activity in the latter part of the financial year in respect of completion of the National Treatment Centre facility.

2. Health Board Retained Services

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

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services (HB Retained)	205,245	136,714	142,101	-5,387
Acute Services (Acute Set Aside)	44,192	29,278	32,492	-3,214
Subtotal Acute Services Division	249,437	165,992	174,593	-8,601
IJB Non Delegated	9,574	6,471	6,423	48
Non-Fife & Other Healthcare Providers	95,847	63,921	66,421	-2,500
Income	-22,326	-11,541	-11,625	84
SUB TOTAL	332,532	224,843	235,812	-10,969

- 2.1 Acute Services reports a core **overspend of £8.601m**. This position reflects the financial consequences of the significant ongoing service pressures across unscheduled care with increased demand and higher acuity than pre-pandemic levels. Increased lengths of stay together with delayed discharges and high levels of vacancy are driving the reliance on supplementary staffing for both nursing and medical workforces. Despite appointment of newly qualified practitioners, international recruits and introducing the role of B4 nurse practitioner, supplementary staffing remains very high with vacancy levels being sustained at similar levels to earlier in the year. In addition, the Acute Services position has been impacted by a change in policy regarding covid absence with these costs now reflected in the core position. Separately, work is underway to investigate control issues relating to spend on premium agency staff in our efforts to ensure non-contract agency is minimised. The middle grade rota in WCCS has been confirmed as non-compliant which adds to the financial challenge, with other departments also

monitoring rota compliance. In month 8 cancer funding has been redirected to address some of the gap which resulted from the shortfall in Planned Care Funding for cancer waiting lists and the funding gap remains under review. There is significant cost pressure within non pay cost due to additional medicines growth of £2.608m, particularly within haematology services where new cancer medicines are being made available. Patients eligible for multiple sclerosis medicines in neurology have increased by 50% compared to this time last year, with more patients being added weekly. This growth is also being seen by other boards as early treatment has been evidenced to reduce both long term disabilities and reliance on rehabilitation. Continued growth and replacement of diabetic pumps, the increased cost of consumables for robotic procedures and theatres supplies are collectively overspending at £0.975m. The reported overspend to November includes unachieved cost improvement plans of £0.812m.

Included in the core Acute Services position is an overspend on core set aside services of £3.214m which is being funded on a **non-recurring** basis by the board.

- 2.2 The IJB Non-Delegated budget reports an **underspend of £0.048m**. This relates in the main to relates to nursing vacancies across the Acute Services within the Northeast Fife Hospitals and the Forensic unit (Daleview) at Lynebank.
- 2.3 The budget for healthcare services provided outwith NHS Fife is **overspent by £2.5m** (detail per Appendix 2). Notwithstanding a £3m budget allocation as part of this year's financial planning process; there has been increased activity in patients requiring mental health support; and substance misuse support. In addition, discussions continue nationally on an additional inflationary uplift to SLAs re increased energy costs. Information has been received this month on 2 very high-cost patients who no longer meet the criteria for NSD funding. This increases our costs by £0.9m. We are in discussion with the HSCP in relation to the alignment of both budget and spend for SLAs relating to Mental Health services for which there is now a forecast overspend of £2.5m.
- 2.4 **Corporate Functions and Other Financial performance at 30 November 2022**

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<u>Non Clinical Services</u>				
Estates & Facilities	78,856	52,121	52,134	-13
Board Admin & Other Services	71,259	43,773	43,638	135
<u>Other</u>				
Financial Flexibility & Allocations	23,188	2,288	0	2,288
SUB TOTAL	173,303	98,182	95,772	2,410

- 2.5 The Estates and Facilities budgets report a slight overspend of **£0.013**. Whilst pays are reflecting an underspend this is being offset as previously reported by energy and clinical waste pressures, and this month has seen an increase in provision costs which are being further investigated.
- 2.6 Within the Board's corporate services there is an **underspend of £0.135m**. Whilst there are a range of underspends across corporate service areas, there are offsetting areas of overspend within our Workforce Department which reflects cost pressures associated with the Regional Recruitment consortium and legal costs.
- Financial Flexibility**
- 2.7 Financial flexibility at the end of November includes allocations and anticipated budget provision for supplies, medical supplies and drugs uplifts. A summary of funding held in **financial flexibility** and the release of **£2.288m** to month 8 is shown at Appendix 3.

Financial Gap

- 2.8 The **financial plan gap** reflects the pro-rata share of the planned £10.4m deficit (**£6.939m** to month 8) which we will require to address on a recurring basis as part of our medium term financial strategy.

Approved Cost Improvement Plans

- 2.9 The year-to-date target at month 8 is £7.260m with £6.099m achieved, resulting in a current year shortfall of £1.161m. Recurring savings achieved are £2.337m, equivalent to 20% of the full year target, a 1% increase against the position in month 8. This represents a significant challenge going into 2023/24 as the non-recurring element of the in-year target will require to be carried forward.

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Significant risk remains against delivery of the full in-year target. It is important to note that the cost of living crisis, inflationary increases, the level of service pressure and staff absence are increasing the challenge on the financial position and delivery of savings across the entire organisation.

There is a high level of risk that £2m of our Acute Services savings plan may now not be achieved and therefore has the potential to increase the Board's forecast overspend position by a further £2m.

Approved Cost Improvement Plans - Position at 30 November 2022

Budget Area	Current Year Target £'000	Year to Date Target £'000	Year to Date Achieved £'000	Year to Date Variance £'000
Acute Services	5,752	3,466	2,654	-812
Estates & Facilities	1,652	902	905	3
Corporate	4,296	2,892	2,540	-352
Total	11,700	7,260	6,099	-1,161

By the end of month 8 Acute Services delivered £2.654m, a year-to-date shortfall of £0.812m. To date Acute Services has identified £1.370m on a recurring basis. Further detail is included in Appendix 4 to this report.

3. Health Board Covid-19 spend

3.1 Formal notification of a funding cap on the Health Board Covid-19 funding of £7.5m for 2022/23 has meant that any overspend beyond the funding cap is part of our core position. The table below shows Covid-19 spend of £8.758m to month 8. This includes £2.145m unfunded Covid surge costs for Ward 6 and other surge beds and the costs of additional resources deployed to other wards/clinical areas required to support surge activity across the hospital. For 2020/21 and 2021/22 these costs were accounted for as Covid expenditure. However, the Covid funding cap means this expenditure is now an overspend against our available Covid budget. Discussions are underway with the HSCP to determine a system wide approach to support the cost of surge activity for the full financial year.

3.2 In addition, we have incurred fully funded £2.755m spend for Test and Protect costs.

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 Services	2,080	2,080	3,042	5,122	-3,042
HB Retained Surge Capacity	0	0	2,145	2,145	-2,145
Estate & Facilities	76	76	448	524	-448
Corporate	866	866	101	967	-101
Funding Envelope	1,978				1,978
Subtotal	5,000	3,022	5,736	8,758	-3,758
Test & Protect	2,755	2,755	0	2,755	0
Total	7,755	5,777	5,736	11,513	-3,758

3.3 Local policies have been reviewed to ensure that national guidance is adhered to and bring consistency with other boards.

4. Health & Social Care Partnership

4.1 Health services in scope for the Health and Social Care Partnership report a core **underspend of £3.827m**. This position is after a £2.4m budget realignment to Social Care in October 2022. The underspend position predominantly relates to vacancies with attempts to recruit ongoing by services. In common with HB retained services, there are high usage/costs associated with medical locums and nurse bank/agency to cover vacancies, sickness and increased patient supervision requirements. Prescribing data available to inform the position is 2 months in arrears so the position to month 8 is based on 6 months actual data with 2 months informed estimated costs. Using that data, other available indicators and 3 years previous positive outturns, the GP Prescribing position to October is estimated to be £0.945m underspent.

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health & Social Care Partnership				
Fife H & SCP	374,941	242,239	238,412	3,827
SUB TOTAL	374,941	242,239	238,412	3,827

The Health and Social Care Partnership budget detailed above are Health budgets designated as in scope for HSCP integration, excluding budgets in respect of large hospital services, also referred to as Set Aside. The financial pressure related to set aside services is currently held within the NHS Fife financial position. Anticipated funding from the IJB earmarked reserve is shown at Appendix 5.

4.2 HSCP Covid-19 spend

The Health Delegated covid spend of £6.982m to month 8, 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	2,551	2,551	0
Complex and Critical Services	94	94	0
Primary Care and Prevention Services	85	85	0
Professional/Business Enabling	78	78	0
Covid-19 Vaccination Costs	4,174	4,174	0
Total	6,982	6,982	0

5. Forecast Outturn

5.1 The forecast outturn for Health retained services at the end of March 2023 is a potential overspend of £19m. This position assumes HSCP funding to support the cost of surge activity which is predicted to remain for the full financial year and the non-Fife and other Healthcare providers overspend relating to Primary Care and Mental Health. The forecast further assumes Acute Services will deliver their full CIP targets in-year, there is a high level of risk associated with this latter assumption.

5.2 There is a clear expectation from Scottish Government that we deliver our forecast financial position (an overspend of £10.4m) as notified to them in March 2022. Currently the board requires further mitigating actions of £9m to be identified and actioned prior to the financial year end which is extremely challenging.

This is a significant change to our financial position which will be discussed in detail at EDG in early January 2023. In the meantime directors are reviewing their forecast outturn projections, noting that difficult choices lie ahead for the remainder of 2022/23 and into 2023/24.

6. Capital

6.1 The overall anticipated capital budget for 2022/23 is £29.282m, which is net of a capital to revenue transfer of £2.600m. The capital position for the period to November records spend of £17.831m. Therefore, 61% of the anticipated total capital allocation has been spent to month 8.

6.2 The programme of £31.882m detailed in the table below.

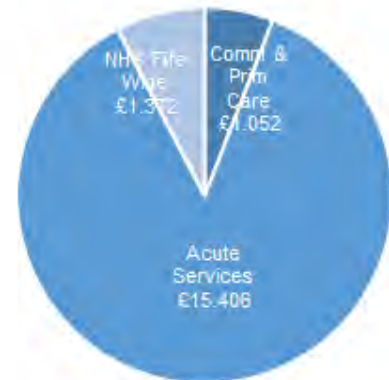
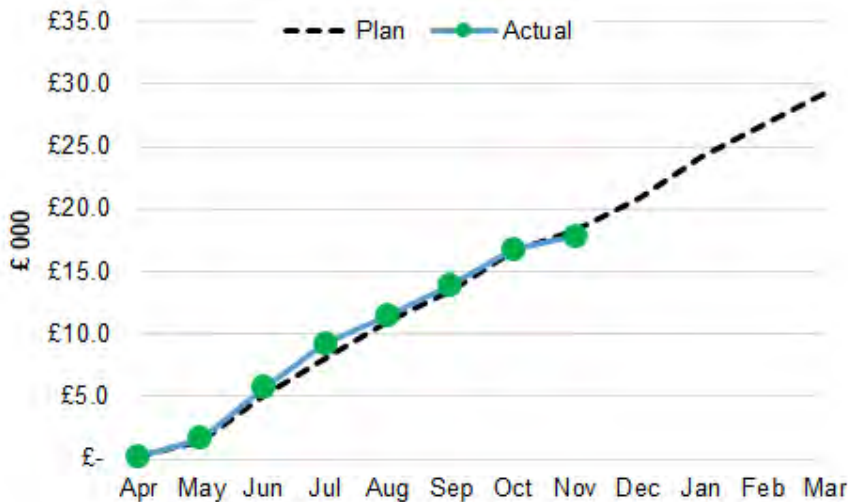
Capital Plan	£'000
Initial Capital Allocation	7,764
Elective Orthopaedic Centre	13,629
Kincardine Health Centre	365
Lochgelly Health Centre	506
National Equipping - Traunch 1	1,506
QMH Theatres PH2	1,500
Mental Health	100
HEPMA	900
Ferno Trollies	50
Estates NIB Bid	2,720
D&I NIB Bid	1,928
NIB Equipment	914
Total Before Capital to Revenue Transfer	31,882
Capital to Revenue Transfer	- 2,600
Total	29,282

NHS Fife has received £1.191m in charitable funding to support both the modernisation works associated with the VHK Hospice of £0.350m and £0.841m for the Audio Visual Theatre and Artwork for the new National Treatment Centre.

The Scottish Capital Investment Group have given approval for the Kincardine & Lochgelly Health Centres to proceed to Full Business Case, subject to NHS Assure approval and a Benefits Realisation incorporated into the Outline Business Case.

6.3 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 £17.831m, this equates to 60.89% of the total anticipated capital allocation, as illustrated in the spend profile graph below.



The main areas of spend to date include:

Statutory Compliance	£2.842m
Equipment	£1.193m
Digital	£1.155m
Elective Orthopaedic Centre	£11.535m
Health Centres	£0.764m

6.5 The capital programme is expected to deliver in full with significant activity in the final months 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 Members are invited to approach the Director of Finance and Strategy for any points of clarity on the month 8 position reported and are asked to:

- **Discuss** the reported core YTD overspend of £19.562m
- **Note** the Health delegated core YTD underspend position of £3.827m
- **Discuss and agree mitigations to reduce** the forecast outturn position of £19m
- **Note** the capital expenditure spend of £17.831m.

Appendix 1: Revenue Resource Limit

	Baseline Recurring £'000	Earmarked Recurring £'000	Non- Recurring £'000	Total £'000	Narrative
June letter	748,855		125	748,980	
July Letter			101	101	
August Letter		8,828	4,765	13,593	
September Letter		1,408	4,363	5,771	
October Letter	600	5,132	1,966	7,698	
Benzodiazepine Service			273	273	
Nursing support for Adult Social care			1,053	1,053	Continuation of Funding
Development Hospital at Home			287	287	Continuation of Funding
Integrated Primary & Community Care			357	357	Second part of annual allocation
Breast Feeding Support project		66		66	
Primary Care Out of Hours			240	240	First part of allocation information to follow
District Nursing			605	605	Annual allocation in line with estimates
Additional funding Imaging			114	114	Additional funding as per discussion with SG
Drug Tariff Reduction			-19	-19	Corrction to last month figure
Planned Care		8,635		8,635	As per letter
Total Core RRL Allocations	749,455	24,069	14,230	787,754	
Primary Medical Services		59,263		59,263	
Mental Health Bundle		1,363		1,363	
Distinction Awards		139		139	
Community Pharmacy Champions		20		20	
NSS Discovery		-37		-37	
Pharmacy Global Sum Calculation		-204		-204	
NDC Contribution		-843		-843	
Community Pharmacy Pre-Reg Training		-165		-165	
New Medicine Fund		6,683		6,683	
Golden Jubilee SLA		-25		-25	
PCIF		3,499		3,499	
Action 15 Mental Health strategy		2,121		2,121	
Veterans First Point Transisition Funding		116		116	
ADP		989		989	
School Nurse		276		276	
Perinatal and Infant Mental Health		663		663	
Primary care development funding		30		30	
CAMHS		704		704	
Mental Health Funding Pharmacy recruitment		64		64	
Mental health & Wellbeing primary care services		105		105	
Capital to Revenue			2,600	2,600	
Midwife Training			7	7	
NSD etc		-1,535		-1,535	
Additional Pay Award	8,513			8,513	
Depreciation			1,420	1,420	
NTC			975	975	
MND Nurse			19	19	
	8,513	73,226	5,021	86,760	
	757,968	97,295	19,251	874,514	
IFRS			8,516	8,516	
Donated Asset Depreciation			137	137	
Impairment			526	526	
AME Provisions			500	500	
Total Anticipated Non-Core RRL Allocations	0	0	9,679	9,679	
Grand Total	757,968	97,295	28,930	884,193	

Appendix 2: Service Agreements

	Annual Budget	YTD Budget	YTD Spend	YTD Variance
	£'000	£'000	£'000	£'000
Health Board				
Ayrshire & Arran	101	68	67	1
Borders	47	31	39	-8
Dumfries & Galloway	26	17	39	-22
Forth Valley	3,311	2,207	2,527	-320
Grampian	374	250	194	56
Greater Glasgow & Clyde	1,724	1,149	1,153	-4
Highland	141	94	140	-46
Lanarkshire	120	80	149	-69
Lothian	32,822	21,882	23,361	-1,479
Scottish Ambulance Service	105	70	37	33
Tayside	41,258	27,504	29,066	-1,562
	80,029	53,352	56,772	-3,420
UNPACS				
Health Boards	14,214	9,477	7,981	1,496
Private Sector	799	533	1,160	-627
	15,013	10,010	9,141	869
OATS	740	493	440	53
Grants	65	65	67	-2
Total	95,847	63,920	66,420	-2,500

Appendix 3: Financial Flexibility

		Flexibility Released to Nov-22
	£'000	£'000
Drugs :NMF	459	
Junior Doctor Travel	29	7
Consultant increments	251	167
Discretionary Points	281	
AME impairments	0	
AME Provisions	723	
Prior Years Approved Developments, National Initiatives	588	588
Health Retained 22-23 Uplifts	12,854	
Cost pressures 22-23	3,428	535
Allocations to be distributed	4,575	991
Total	23,188	2,288

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	587	378	(209)
PCD	Investment in Theatres Procurement / Cost Reduction	500	278	110	(168)
PCD	Repatriation of Radical Prostatectomy	205	0	0	0
WCCS	Travel & Printing	60	40	48	8
WCCS	Managed Service Contract for Labs	425	283	283	0
WCCS	Skill Mix Review	50	25	25	0
ECD	Pirfenidone / Nintedanib	40	27	27	0
ECD	Patent Expiry / Homecare	160	107	0	(107)
WCCS	Community Paediatric Drugs	20	13	13	0
Acute	Reduction in Non Core Staffing	2,000	1,167	1,019	(148)
WCCS	Vacancy Release	210	133	100	(33)
Pharmacy	Medicines Efficiency, PAS Rebates, Contract Changes	700	552	641	89
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	402	402	0
All	Vacancy Factor	1,183	790	501	(289)
All	Financial Grip & Control	3,415	2,277	1,969	(308)
	Total	11,700	7,260	6,099	(1,161)

Appendix 5: Anticipated Funding from Health Delegated Earmarked Reserve

	2021/22 Earmarked Reserve £'000	May-22 £'000	Jun-22 £'000	Jul-22 £'000	Aug-22 £'000	Sep-22 £'000	Oct-22 £'000	Nov-22 £'000
Covid-19 earmarked reserve	33,522	620	327	379	364	281	524	305
Vaccine	2,472	1,053	472	330	372	453	753	749
ADP (from Core)	1,700							
Primary Care Improvement Fund	6,585		145	18	167	240	328	244
Care homes	817		41	15	599	15	15	15
Urgent Care Redesign	950	139	110	105	87	76		
Action 15	1,791							
District Nurses	213							
Fluenz	18							
Mental Health Recovery & Renewal	3,932	100	122		63		1217	
Workforce Wellbeing	196							
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		1	236	80	
Interface care	170			30				
School Nursing	146							
Remobilisation of dental services	313							
Psychological Therapies	264							
Uncommitted Reserves								
RT Funding	1,500							
Core general reserve	3,402		127	98	524	15	-56	
Core underspend	3,550							
TOTAL	64,607	1,912	1,416	975	2,177	1,316	2,861	1,313

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	37	67
Statutory Compliance	354	202	354
Capital Equipment	229	21	229
Condemned Equipment	0	0	0
Total Community & Primary Care	650	260	650
ACUTE SERVICES DIVISION			
Statutory Compliance	2,041	1,633	2,041
Capital Equipment	800	350	800
Clinical Prioritisation	123	53	123
Condemned Equipment	97	6	97
QMH Theatre	734	255	734
Total Acute Services Division	3,795	2,297	3,795
NHS FIFE WIDE SCHEMES			
Equipment Balance	381	0	381
Information Technology	877	877	877
Clinical Prioritisation	59	0	59
Statutory Compliance	1	0	1
Condemned Equipment	0	0	0
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	3,318	877	3,318
TOTAL CAPITAL ALLOCATION FOR 2022/23	7,764	3,434	7,764
ANTICIPATED ALLOCATIONS 2022/23			
QMH Theatres PH2	1,500	0	1,500
Kincardine Health Centre	365	322	365
Lochgelly Health Centre	506	443	506
Mental Health Review	100	28	100
Elective Orthopaedic Centre	13,629	11,535	13,629
National Equipping Tranche 1	1,506	444	1,506
HEPMA	900	218	900
Ferno Trollies	50	0	50
Estates NIB Bid	2,720	753	2,720
D&I NIB Bid	1,928	278	1,928
National Equipping Tranche 2	914	377	914
Anticipated Allocations for 2022/23	24,118	14,397	24,118
Total Anticipated Allocation for 2022/23	31,882	17,831	31,882

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 7: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2022/23	Pending Board Approval	Cumulative Adjustment to October	November Adjustment	Total November
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	229	0	229
Condemned Equipment	0	0	0	0
Clinical Prioritisation	0	67	0	67
Statutory Compliance	0	354	0	354
Total Community & Primary Care	0	650	0	650
Acute Services Division				
Capital Equipment	0	748	52	800
Condemned Equipment	0	14	83	97
Clinical Prioritisation	0	117	7	123
Statutory Compliance	0	2,041	0	2,041
QMH Theatre	734	734	0	734
	734	3,653	142	3,795
Fife Wide				
Backlog Maintenance / Statutory Compliance	2,396	-2,395	0	1
Fife Wide Equipment	1,407	-977	-49	381
Digital & Information	877	0	0	877
Clinical Prioritisation	250	-184	-7	59
Condemned Equipment	100	-14	-86	0
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	-3,570	-142	3,318
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	365	0	0	365
Lochgelly Health Centre	506	0	0	506
Mental Health Review	100	0	0	100
Elective Orthopaedic Centre	13,629	0	0	13,629
National Equipping Tranche 1	1,506	0	0	1,506
HEPMA	900	0	0	900
Ferno Trolleys	50	0	0	50
Estates NIB Bid	2,720	0	0	2,720
D&I NIB Bid	1,928	0	0	1,928
National Equipping Tranche 2	914	0	0	914
Anticipated Allocations for 2022/23	24,118	0	0	24,118
Total Planned Expenditure for 2022/23	31,882	734	0	31,882

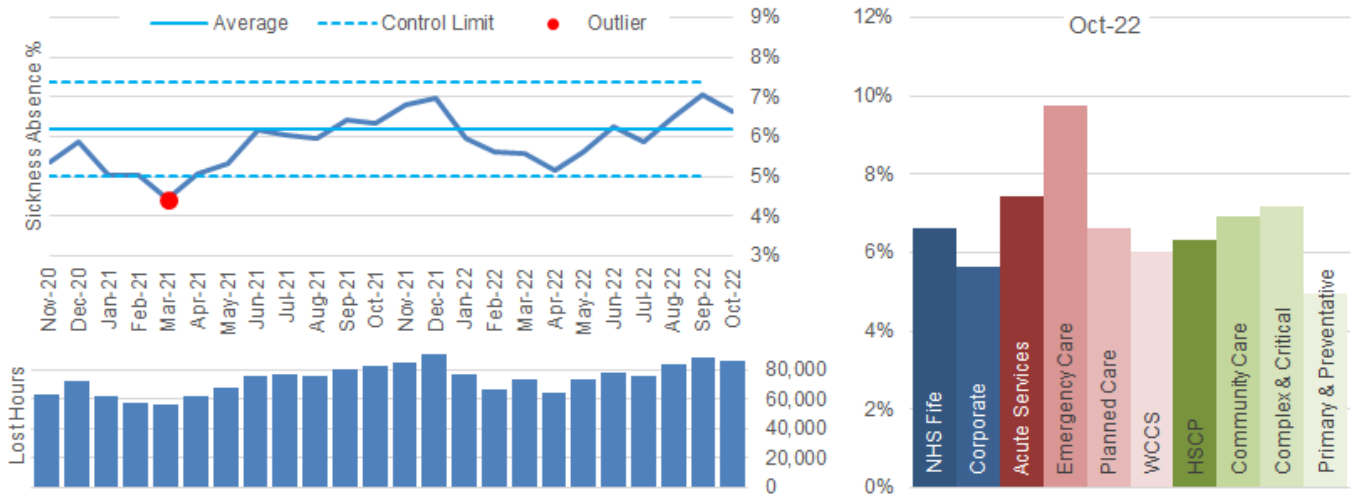
STAFF GOVERNANCE

Sickness Absence

To achieve a sickness absence rate of 4% or less

Performance
6.63%

Local Performance



National Benchmarking

Month	2021/22					2022/23						
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	6.79%	6.98%	5.93%	5.63%	5.59%	5.14%	5.62%	6.24%	5.88%	6.50%	7.07%	6.63%
Scotland	6.37%	6.23%	5.37%	4.96%	5.47%	5.10%	5.59%	5.55%	5.43%	5.81%	6.24%	6.33%

Key Deliverable

Support the Health and Wellbeing of our Staff

End Date

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

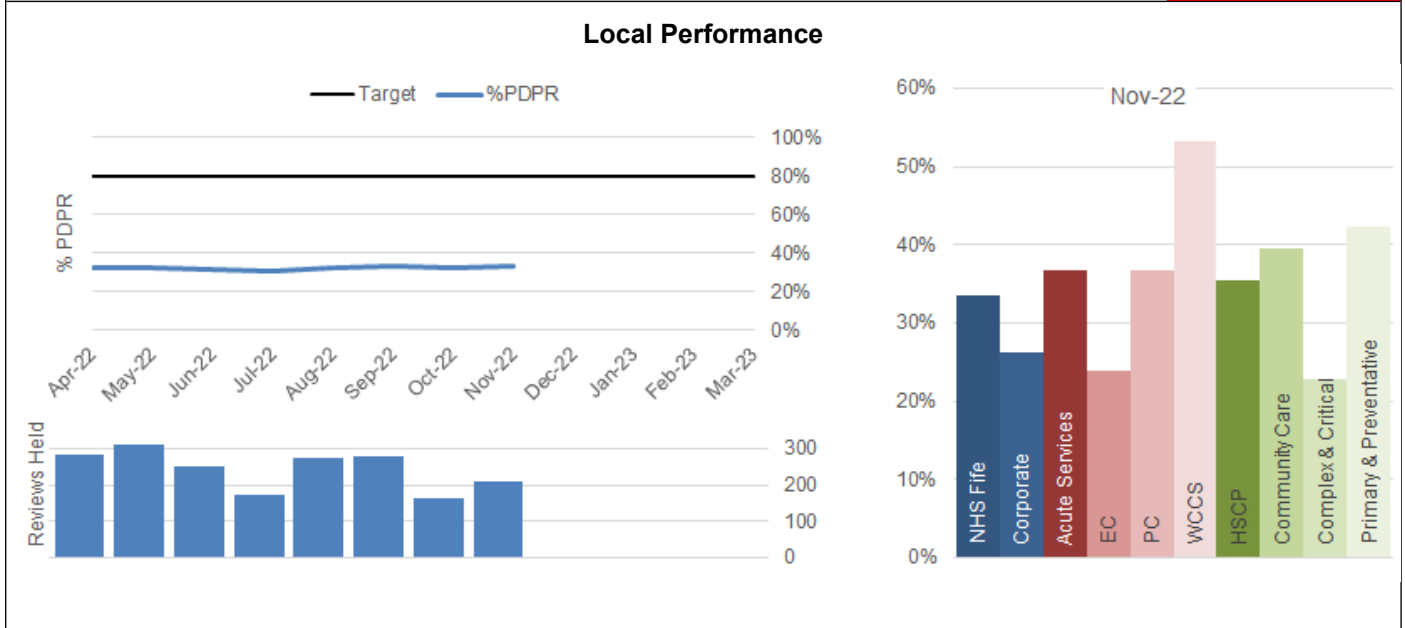
Mar-23
On track

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

STAFF GOVERNANCE

PDPR Compliance <i>To achieve an annual PDPR compliance rate of 80%</i>	Performance 33.6%
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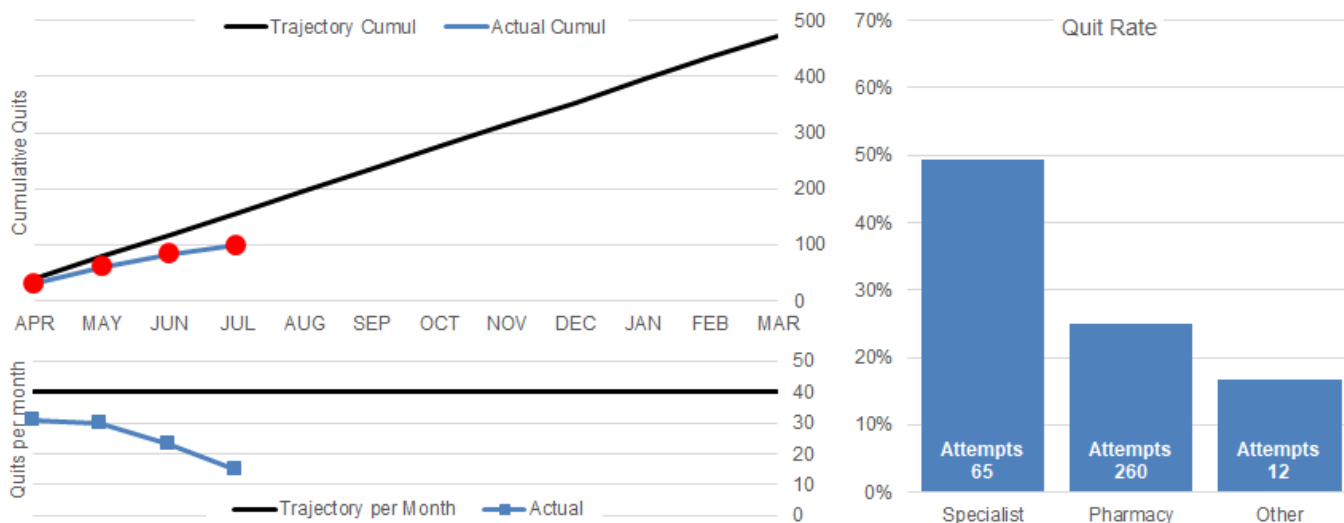
Key Deliverable		End Date
Work towards improvement in PDPR engagement and achieving an 80% compliance rate		Mar-23 At risk
Key Milestones	Continued delivery of bitesize training sessions, service specific sessions and 1:1 support as needed	Mar-23 On track
	Provide RAG status reports to all Managers during September 2022	Sep-22 Complete
	Provide Compliance reports to the Executive Directors Group and relevant forums, including a trend of the total number of employees who have participated in PDPR meeting, and engage with staff side colleagues on a monthly basis	Dec-22 On track
	Produce an Annual Communications Plan which enhances communications to staff and managers regarding completion of appraisal/PDPR activity	Dec-22 Complete

Smoking Cessation

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

Performance
99

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



National Benchmarking

		2022/23											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	31	30	23	15								
	Actual Cumul	31	61	84	99								
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	47
	Achieved	77.5%	77.2%	71.2%	62.7%								
Scotland	Achieved												

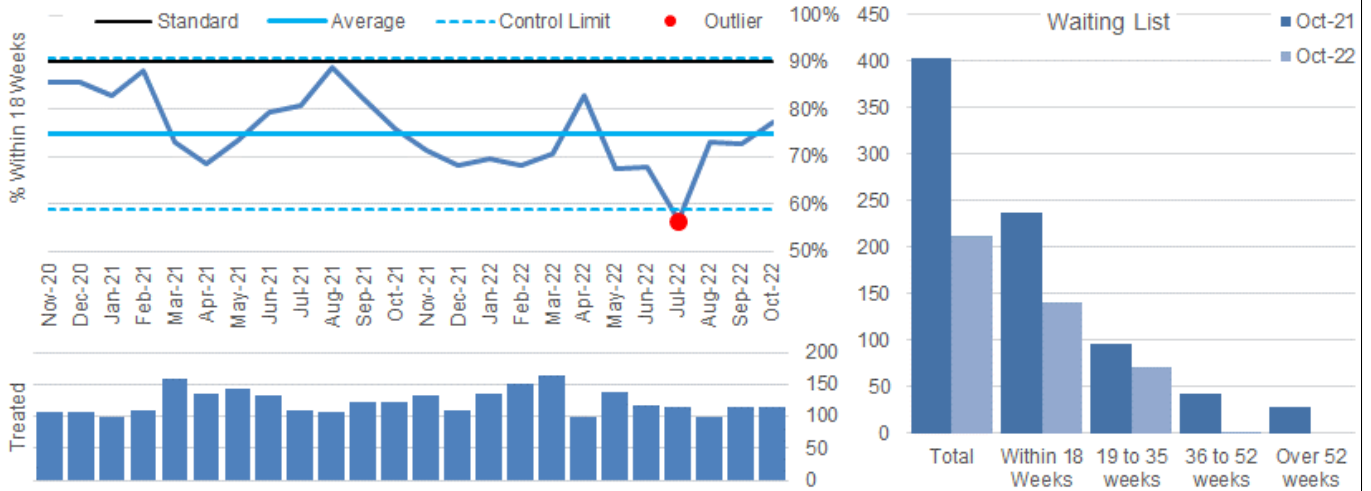
Key Deliverable		End Date
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2022-23		Mar-23 At risk
Key Milestones	Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system	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	Sep-22 Complete
	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	Sep-22 Complete

CAMHS 18 weeks RTT

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

Performance
77.2%

Local Performance



National Benchmarking

Month	2021/22					2022/23						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	71.2%	68.2%	69.4%	68.0%	70.6%	83.0%	67.4%	67.8%	56.5%	73.0%	72.6%	77.2%
Scotland	70.5%	68.9%	73.9%	71.9%	73.8%	71.1%	66.7%	67.4%	67.4%	66.4%	69.3%	

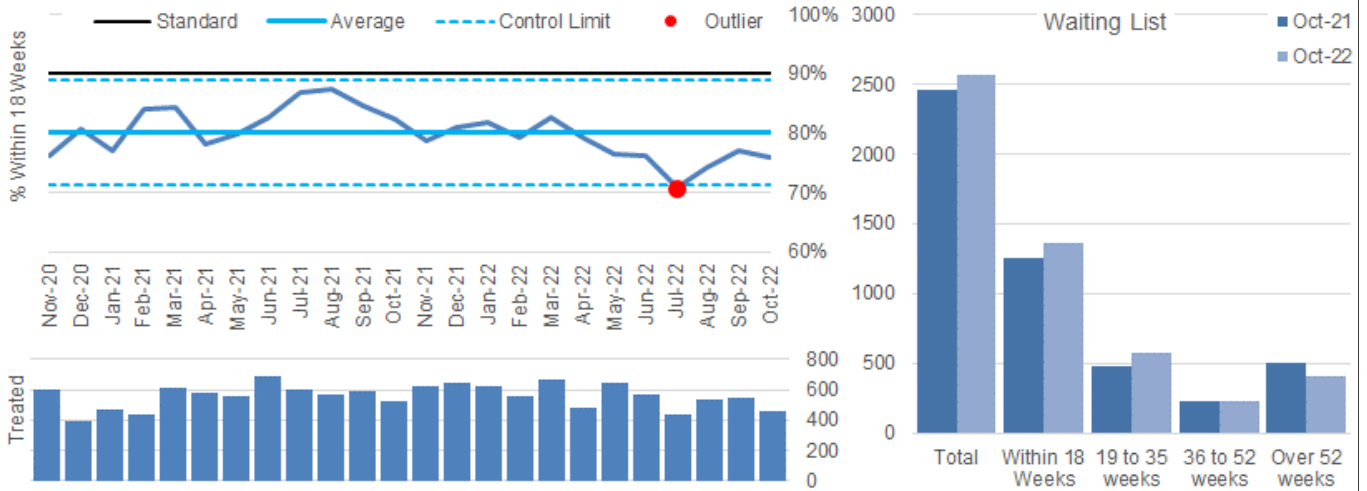
Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to CAMHS		Mar-23 On track
Key Milestones	Development of a CAMHS Urgent response Team for young people who present to ED/ Paediatric /in patients with self-harm/suicidal ideation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

Performance
75.8%

Local Performance



National Benchmarking

Month	2021/22					2022/23						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	78.8%	81.1%	81.8%	79.2%	82.7%	79.2%	76.5%	76.3%	70.8%	74.3%	77.0%	75.8%
Scotland	83.0%	85.1%	82.6%	82.0%	84.5%	81.2%	80.9%	82.3%	79.2%	81.6%	81.2%	

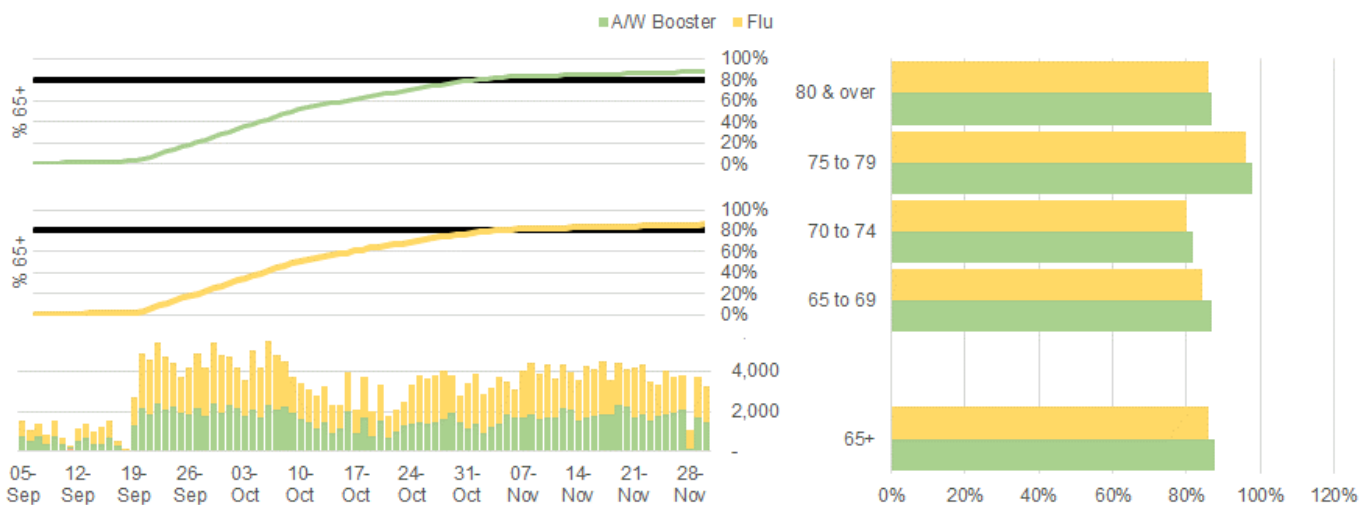
Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to Psychological Therapies		Mar-23 On track
Key Milestones	Recruit to vacancy within Unscheduled Care Brief Psychological Intervention service	Mar-23 On track
	Recruit new staff as per Psychological Therapies Recovery Plan	Mar-23 On track
	Waiting list management within General Medical Service in Clinical Health	Dec-22 Complete
	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 <i>This action is covered by work being done in the Nursing Directorate - development and delivery of the Fife COVID Recovery and Rehabilitation Framework</i>	Dec-22 Suspended

Covid-19 and Flu Vaccination

At least 80% of the Age 65+ population will receive an Autumn/Winter Booster vaccination
 At least 80% of the Age 65+ population will receive a Flu vaccination

Performance
COV: 87.1%
Flu: 85.5%

Local Performance



National Benchmarking

Scotland figures as per publication by Public Health Scotland on 30th October 2022, covering period up to end of 27th November 2022

NHS Fife figures as per local calculations at end of 27th November 2022

Month Ending		2022/23						2023/24					
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
COVID A/W	NHS Fife	30.1%	78.3%	87.1%									
	Scotland		76.0%	88.1%									
Flu	NHS Fife	30.1%	76.9%	85.5%									
	Scotland		80.6%	82.9%									

Key Deliverable		End Date
Delivery of the COVID booster 1 and 2 programme for eligible population in Fife		Dec-22 Complete
Key Milestones	COVID Booster 1 (dose 3) uptake for 18+ Fife population	Dec-22 Complete
	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

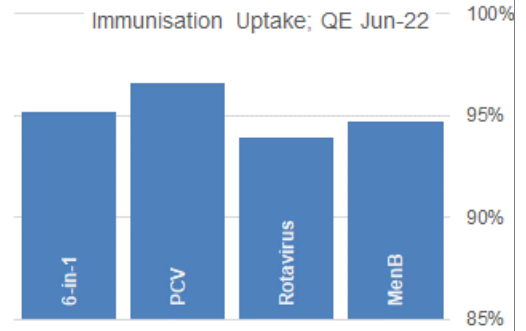
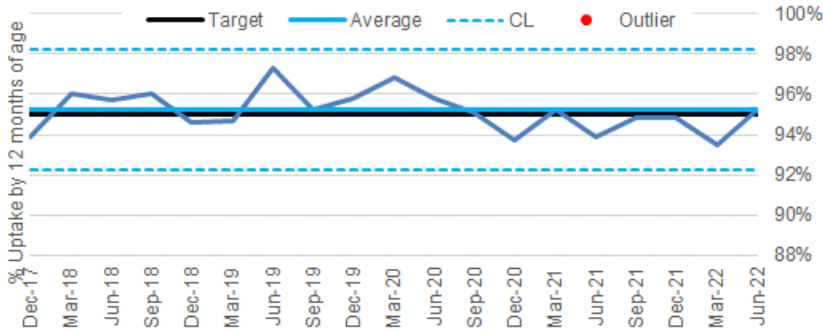
PUBLIC HEALTH & WELLBEING

Child Immunisation: 6-in-1

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

Performance
95.2%

Local Performance



National Benchmarking

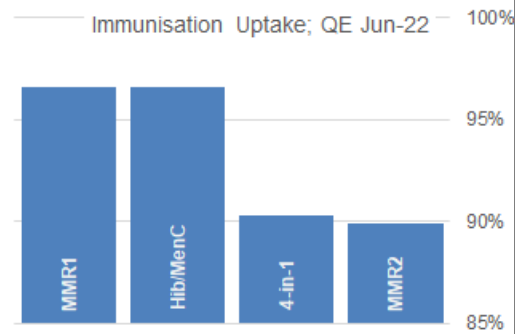
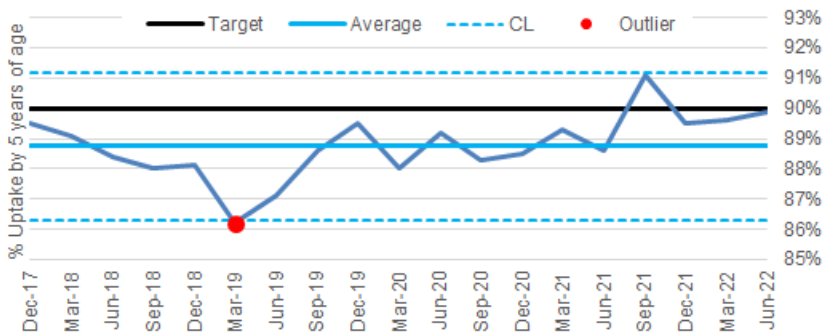
Quarter	2020/21			2021/22			2022/23	
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN
NHS Fife	95.1%	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%
Scotland	96.8%	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%

Child Immunisation: MMR2

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

Performance
89.9%

Local Performance



National Benchmarking

Quarter	2020/21			2021/22			2022/23	
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN
NHS Fife	88.3%	88.5%	89.3%	88.6%	91.1%	89.5%	89.6%	89.9%
Scotland	92.6%	92.8%	92.2%	93.2%	92.8%	91.7%	91.9%	91.7%

Key Deliverable

Delivery of primary & booster childhood immunisation programme to infants and pre-school children in Fife population

End Date

Mar-23
At risk

Key Milestones

6-in-1 primary vaccination uptake at age 12 months for Fife population

Mar-23
On track

MMR2 uptake at age 5 years for Fife population

Mar-23
At risk



Report to the Board on 31 January 2023

BOARD DEVELOPMENT SESSION – 20 December 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.

December Development Session

4. The most recent Board Development Session took place in the Dean Park Hotel, Kirkcaldy on Tuesday 20 December 2022. There were three main topics for discussion: Developing our Population Health & Wellbeing Strategy - Living Well, Working Well & Flourishing in Fife, National Treatment Centre Fife Orthopaedics Operational Update and Winter Planning and Proactive Discharge from Hospital.

Recommendation

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

TRICIA MARWICK

Board Chairperson

20 December 2022

Meeting:	Fife NHS Board
Meeting date:	31 January 2023
Title:	Population Health and Wellbeing Strategy Progress Update
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:

- NHS Board strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.3 Situation

This paper provides an update on the progress of the development of the Population Health and Wellbeing Strategy for assurance.

2.2 Background

Work on developing the Public Health and Wellbeing (PH&W) Strategy commenced in 2021. The strategy will outline how NHS Fife will deliver its organisational strategic priorities (these include improving: health and wellbeing; the quality of health and care services; staff experience and wellbeing; and, delivering value and sustainability). The strategy has a focus on population health and wellbeing which includes access and inequalities.

In previous papers, committee members have received information on how the strategy has been developed and updates on the progress to date.

There is a commitment to prepare a draft strategy document for review and approval by the NHS Fife Board by the end of March 2023.

2.3 Assessment

Significant progress has been made in the completion of:

- the public and staff engagement work - final report received on 19 January 2023
- draft strategy presented at Portfolio Board and further version to be presented at the NHS Fife Board Development Session in February 2023

On track to deliver the Population Health and wellbeing Strategy to NHS Fife Board by 28 March 2023.

2.3.1 Quality/ Patient Care

It is anticipated that the Population Health and Wellbeing Strategy will have an impact on all health care services that NHS Fife delivers.

2.3.2 Workforce

Workforce is a key to the delivery of the strategy. As part of the engagement work for the strategy, we are engaging with and listening to the views of our workforce.

2.3.3 Financial

A key part of this work is to consider how we ensure value and sustainability for NHS Fife services in the future. As the strategy is finalised there may be further resource considerations. These will be managed through the existing planning processes.

2.3.4 Risk Assessment/Management

The risks associated with this work are identified and managed by the NHS Fife Corporate PMO.

2.3.5 Equality and Diversity, including health inequalities

This work is examining, in detail, the impact of health inequalities and ensuring a population health and wellbeing response.

2.3.6 Other impact

No other impacts are anticipated.

2.3.7 Communication, involvement, engagement and consultation

Engagement is being managed as part of the engagement work stream as described above.

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.

- Portfolio Board – 8 December 2022
- Individual Meeting with Directors December 2022/January 2023
- Public Health and Wellbeing Committee - 11 January 2023

- Staff Governance Committee - 12 January 2023
- Clinical Governance Committee - 13 January 2023
- Finance, Performance and Resource Committee - 17 January 2023

2.4 Recommendation

The Board are invited to take:

- **Assurance**

3 List of appendices

N/A

Report Contact

Susan Fraser

Associate Director of Planning and Performance

Email susan.fraser3@nhs.scot

Meeting:	Fife NHS Board
Meeting date:	31 January 2023
Title:	Tender Thresholds
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Kevin Booth, Head of Financial Services & Procurement

1 Purpose

This report is presented for:

- Approval

This report relates to a:

- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The current tendering and quotation thresholds contained within the NHS Fife Financial Operating Procedures and Standing Financial Instructions are out of step with the other Scottish Health Boards and the Scottish Public Procurement Regulations as set out by the Procurement Reform (Scotland) Act 2014.

In addition, there is also a distinction of limits between capital equipment and other goods and services which is not reflective of the Scottish Public Procurement Regulations.

2.2 Background

When the Scottish Government Procurement Directorate developed the Procurement Journeys for the whole of the Public Sector in Scotland some years ago the Tendering Threshold was set at £50,000 to be compliant with Public Scotland Procurement Regulations.

The whole of the Public Sector in Scotland now uses this threshold therefore ensuring consistency across the sector and the supplier marketplace. The current threshold for Route 2 tendering in NHS Fife is £25,000, which is out of step and results in a required increased level of procurement activity, compared to other Boards and public sector organisations before any contracts can be awarded in the £25,000 - £50,000 range.

2.3 Assessment

The NHS Fife Route 2 Tendering Threshold in the Financial Operating Procedures and the Standing Financial Instructions should be increased to £50,000 as per the Procurement Reform (Scotland) Act 2014, for both the procurement of equipment and other goods and services, removing the current distinction in commodity type. This will amend the limit currently used by Procurement staff and ensure consistency to the external marketplace for future procurement of all goods and services.

The levels are proposed to be updated in the FOPS and SFI's as follows:

£5,000 - £15,000

Quotes should be obtained from at least one supplier using the Quick Quote function on the Public Contracts Scotland Portal.

£15,001 - £49,999

Quotes should be obtained from at least three suitable suppliers using the Quick Quote Function on the Public Contracts Scotland Portal.

£50,000 – £138,759 (below GPA threshold)

Complete a full route two tendering process using Public Contracts Scotland Tender Portal.

£138,760 > (GPA threshold)

Complete a full route three tendering process using Public Contracts Scotland Tender Portal.

2.3.1 Quality/ Patient Care

The proposed amendments will help streamline the procurement process providing the ability to support patient care in a reduced timeframe when applicable.

2.3.2 Workforce

Revising the Route 2 Tendering Threshold should ensure that any future contracts between £25,000 and £50,000 are processed in a reduced timeframe, allowing Procurement staff to award contracts consistent to other boards.

2.3.3 Financial

The reduced timeframe to process any future contracts between £25,000 and £50,000 will ensure that any associated financial efficiencies can be more promptly realised without the need to commit to the additional time to follow the full route 2 tendering process.

2.3.4 Risk Assessment/Management

Any future contracts between £25,000 and £50,000 will be subject to the Route 1 requirement for a minimum of three suitable quick quotes to ensure a competitive process is undertaken.

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

The associated benefits and risks of standardising the NHSF Tendering Thresholds was discussed between the Interim Head of Procurement and the Head of Financial Services & Procurement and was subsequently supported by the Deputy Director of Finance.

2.3.8 Route to the Meeting

This recommendation was endorsed by the Procurement Governance Board on 29/10/22 and thereafter by EDG members on 20/10/22, the FP&R committee on 15/11/22 and the ARC on 05/12/22.

2.4 Recommendation

Approval – The Board is asked to approve the amendment to the current Tender Threshold limit and to update to the Standing Financial Instructions as per the attached extract.

3 List of appendices

The following appendices are included with this report:

- Code of Corporate Governance Extract Page 61 (Standing Financial Instructions)

Report Contact

Kevin Booth

Head of Financial Services & Procurement

Email kevin.booth@nhs.scot

- 9.11 For all orders raised between ~~£2,500~~£5,000 and ~~£10,000~~£15,000 there is a requirement for the ordering officer to obtain ~~two~~ at least one written quotations. Orders over ~~£10,000~~£15,000 and up to ~~£25,000~~£49,999 should ensure 3 ~~tendered~~written quotes are received. Any orders above £50,000 are subject to the Board's tendering procedures.

In the following exceptional circumstances, except in cases where Public Sector Procurement Regulations must be adhered to, the Director of Finance and Chief Executive, as specified in the Scheme of Delegation, can approve the waiving of the above requirements. Where goods and services are supplied on this basis and the value exceeds ~~£2,500~~£50,000, a "Waiver of Competitive Tender/Quotation" may be granted by completing a ~~Single Source Justification~~Waiver of Competitive Tender Form for approval by the appropriate director and the Head of Procurement. ~~Where the purchase of equipment is valued in excess of £5,000 and where the purchase of other goods and services on this basis exceeds £10,000, the completed Single Source Justification~~ This Form shall be endorsed by the Director of Finance and Chief Executive and submitted to the Audit and Risk Committee.

At least one of the following conditions must be outlined in the ~~Single Source Justification~~Waiver of Competitive Tender Form:

1. where the repair of a particular item of equipment can only be carried out by the manufacturer;
2. where the supply is for goods or services of a special nature or character in respect of which it is not possible or desirable to obtain competitive quotations or tenders;
3. a contractors special knowledge is required;
4. where the number of potential suppliers is limited, and it is not possible to invite the required number of quotations or tenders, or where the required number do not respond to an invitation to tender or quotation to comply with these SFIs;
5. where, on the grounds of urgency, or in an emergency, it is necessary that an essential service is maintained or where a delay in carrying out repairs would result in further expense to NHS Fife.

In the case of 1, 2, 3, and 4 above, the ~~Single Source Justification Form~~ Waiver of Competitive Tender must be completed in advance of the order being placed, but may be completed retrospectively in the case of 5.

The Head of Procurement will maintain a record of all such exceptions.

Where additional works, services or supplies have become necessary and a change of supplier/contractor would not be practicable (for economic, technical or interoperability reasons) or would involve substantial inconvenience and/or duplication of cost, an existing contractor may be asked to undertake additional works providing the additional works do not exceed 50% of the original contract value and are provided at a value for money cost which should normally be at an equivalent or improved rate to the original contract.

When goods or services are being procured for which quotations or tenders are not required and for which no contract exists, it will be necessary to demonstrate that value for money is being obtained. Written notes/documentation to support the case, signed by the responsible Budget Holder, must be retained for audit inspection.

Further detail on the ordering of goods and services and relevant documentation are set out in the Financial Operating Procedures.

The use of supplies within the Office of Government (OGC) framework agreements may negate the need for three competitive tenders. The use of this route must always be recorded. In all instances, Public Sector Procurement Regulations must be followed.

- 9.12 No order shall be issued for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Executive from the overall financial resources available to the Board.
- 9.13 Orders shall not be placed in a manner devised to avoid the financial thresholds specified by the Board within the Scheme of Delegation.
- 9.14 All procurement on behalf of the Board must be made on an official order on the e-Procurement system (PECOS).
- 9.15 The Board shall not make payments in advance of need. However payment in advance of the receipt of goods or services is permitted in accordance with the SPFM and where approved by the lead senior officer for procurement who shall be a member of the Finance Directorate Senior Team. Examples of such instances are:-
 - Items such as conferences, courses and travel, foreign currency transactions, where payment is to be made at the time of booking.
 - Where payment in advance of complete delivery is a legal or contractual requirement, e.g. maintenance contracts, utilities, rates.
 - Where payment in advance is necessary to support the provision of services/delivery of a project by external providers (e.g. grants to local authorities or voluntary bodies.)
- 9.16 Purchases from petty cash shall be undertaken in accordance with procedures stipulated by the Director of Finance in the Financial Operating Procedures.

Meeting:	Fife NHS Board
Meeting date:	31 January 2023
Title:	Corporate Risk Register
Responsible Executive:	Margo McGurk - Director of Finance and Strategy
Report Author:	Pauline Cumming - Risk Manager

1 Purpose

This is presented for:

- Assurance

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Risk Management is an essential tool to support the organisation to achieve its strategic priorities and objectives and to implement arrangements to mitigate related threats.

This report is presented to ensure that the Board is in a position to understand the corporate risks and the overall strategic risk profile, and to provide assurance that appropriate measures are in place to effectively manage and monitor the risks.

The content reflects the latest iteration of the Corporate Risk Register following the second cycle of reporting to the governance committees in January 2023.

2.2 Background

In refreshing the Risk Management Framework, the Board agreed that the Corporate Risk Register should align to the 4 strategic priorities, and be presented in a way that prompts focused scrutiny and detailed conversations around the level of assurance provided, particularly around the effectiveness of mitigations in terms of:

- Relevance
- Proportionality
- Reliability
- Sufficiency

The Assurance Principles at Appendix 3 are intended to support the scrutiny process.

2.3 Assessment

Since the previous report to the Board on 29 November 2022, the Corporate Risks have been reviewed and updated by risk owners and discussed at EDG on 5 January 2023.

Members are asked to note the following updates:

- The overall Strategic Risk Profile is unchanged. There are 18 risks in total. Of these 14 are high level and 4 are moderate level risks.
- The Board is asked to note that the majority of corporate risks are currently out with our risk appetite. This reflects a continued heightened risk profile and some areas where target risk scores have increased, during a period of ongoing operational challenges, and multiple system pressures. To this end, the Board is asked to accept this deviation from our stated risk appetite for elements of service quality, patient experience, staff health and wellbeing, and areas of financial decision making, in order to support service delivery and workforce.

Changes to Target Risk Level and Rating:

The following changes are considered to more accurately reflect the delivery challenges and what might be realistically achieved in respect of risk reduction by financial year end:

Risk 10 - Primary Care Services: Increase in risk target rating from Moderate 8 to 12 by March 2023. Moderate 8 may be possible by March 2025.

Risk 18 - Digital and Information: Increase in risk target level and rating from Moderate 10 to High 15 by March 2023.

Change to Risk Description:

Risk 8 - Cancer Waiting Times: The risk description has been expanded to include the 31-day standard due to current removal of waiting times adjustments for social isolation and robotic prostatectomy, which is now a Fife service.

The Strategic Risk Profile and Risk Improvement Trajectory are provided at Appendix 1.

REPORTING TO GOVERNANCE COMMITTEES

During January 2023, each Governance Committee has considered a report setting out the Strategic Risk Profile and the Corporate Risks aligned to that Committee.

The Corporate Risk Register with Committee Alignment is provided at Appendix 2.

Key points from each Committee's discussion and feedback are summarised below:

POPULATION HEALTH AND WELLBEING COMMITTEE - 11 JANUARY 2023

Members considered the four Corporate Risks aligned to the Committee.

Discussion on the Health Inequalities risk centred on the need to ensure that NHS Fife has management actions in place and that these are embedded within the new Population Health & Wellbeing Strategy. Clarification was sought around how the risk and associated interventions and mitigations connect to the work being carried out across all localities.

The Director of Public Health advised that the scheduled deep dive on this risk would provide more detail. Additionally, the Director of Health & Social Care reported that the groups working in the localities are linking in with Public Health colleagues to achieve a joined-up approach.

No Deep Dives were submitted to this meeting of the Committee.

Members agreed a schedule of corporate risk Deep Dive reviews as follows:

- Health Inequalities on 1 March 2023
- Primary Care Services on 15 May 2023

STAFF GOVERNANCE COMMITTEE - 12 JANUARY 2023

Members considered the two Corporate Risks aligned to the Committee.

It was noted that Staff Experience & Wellbeing is one of the main risks aligned to the Committee and that a review of the effectiveness of work in this area is scheduled to be carried out.

Risks associated with recruitment and retention including the workforce implications and risks associated with the Memorandum of Understanding (MoU2) Implementation - General Medical Services Contract were noted. Methods to attract and retain staff across different professional groups locally were discussed.

The Chief Executive indicated that in line with our Anchor Institution ambitions, supporting local employment and attracting local people into the workplace will sit high within our 2023 / 24 corporate objectives.

Members also noted risks under the Staff Governance standard, including Improved and Safe Working Environment, iMatter outputs, and Personal Development and Performance Reviews.

The risks associated with a decline in mandatory training compliance were noted. Assurance was provided in terms of a commitment to take forward an improvement action plan, provide an update paper to the next Committee meeting in March 2023, and going forward, to routinely report training performance as part of the Integrated Performance & Quality Report (IPQR).

Deep Dive - Risk 2214 - Nursing and Midwifery Staffing Levels

The Director of Nursing presented a paper on the above risk related to Corporate Risk-11 - Workforce Planning.

Members noted that there is a continuing risk that planned nursing and midwifery staffing levels cannot always be achieved, and that this applies to most Health Boards

across Scotland. The Director of Nursing described the risk, and a range of specific challenges impacting this risk including; a reduction in the number of students applying to study nursing, high attrition rates amongst those training and also those completing their nursing degree then moving to a different career. The pandemic also had an impact, often disrupting staff training and affecting vacancy levels across all services.

The Director of Nursing reported on work underway in conjunction with the Nursing Workforce Planning Group around safe staffing and recruitment as well as ongoing discussions around supplementary staffing both locally and at a national level.

The Committee took **assurance** from the report.

CLINICAL GOVERNANCE COMMITTEE - 13 JANUARY 2023

Members considered the six Corporate Risks aligned to the Committee. The Medical Director reported that the risk profile was unchanged since the previous meeting.

The Committee took **assurance** from the report.

Deep Dive - Corporate Risk 18 - Digital & Information

The Associate Director of Digital & Information presented a paper on the above risk. He noted that reliable digital systems are key to supporting our clinical services. An overview of the root causes was provided, along with details of actions to support reduction of the risk level.

K MacDonald, Non-Executive Whistle blowing Champion requested that the digital & information risk be clearly linked to the Strategic Priority - To Improve the Quality of Health and Care Services. The Director of Finance & Strategy suggested that delivering value and sustainability relates to sustainability of operational services overall and is not limited to the financial aspect.

Members agreed a schedule of corporate risk Deep Dive reviews as follows:

- Covid-19 Pandemic
- Optimal Clinical Outcomes
- Quality & Safety
- Off-Site Area Sterilisation and Disinfection Unit Service
- Cyber Resilience

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE - 17 JANUARY 2023

Members considered the six Corporate Risks aligned to the Committee. It was noted that the overall risk profile was unchanged from the previous meeting.

Following a question from the Chair regarding the process for actions to be taken after risks are identified, the Director of Finance and Strategy advised the Risks and Opportunities Group are currently working on how best to articulate follow up actions to identified risks.

Deep Dive - Corporate Risk 13 - Medium-Term Financial Position

The Director of Finance & Strategy presented a paper on the above risk outlining management actions and progress, advising that most of the actions currently are at a significant level of delivery challenge.

The Chair requested the wording in Risk 13 be amended to reflect that the situation is moving from a potential risk to reality. The Director of Finance and Strategy agreed the wording should be edited to reflect financial targets not being achieved without additional support from the Scottish Government.

The Committee took **assurance** from the report.

Next Steps:

The Risks and Opportunities Group (ROG) continues to consider the feedback from the governance committees and support the work associated with the creation and review of the deep dives commissioned.

7 of the 18 Corporate Risks now have deep dives completed or planned to be completed by the March 2023 cycle of meetings. An additional risk, Workforce Planning and Delivery, has some additional composite deep dives taking place, with a Nursing and Midwifery Staffing Levels deep dive being presented most recently.

Considerations continue to ensure committees are provided adequate assurance, particularly around evidence and the impact and timing of risk mitigations and actions.

The ROG is also considering the availability of data from Datix and is working on using this data to support services in their efforts for improved risk management performance but also to provide insight into the types or areas of emerging risk.

Within the ROG Workplan, time is also being given to consider the emergence of risk and the Group will seek to review the developing Population Health and Wellbeing Strategy and Strategic Planning and Resource Allocation process to identify any changes or additions to the Corporate Risks.

2.3.1 Quality/ Patient Care

Effective management of risks to quality and patient care will support delivery of our strategic priorities, to improve health and wellbeing and improve the quality of health and care services.

2.3.2 Workforce

Effective management of workforce risks will support delivery of our strategic priority to improve staff health and wellbeing, and the quality of health and care services.

2.3.3 Financial

Effective management of financial risks will support delivery of our strategic priority to deliver value and sustainability.

2.3.4 Risk Assessment/Management

As outlined in this report.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

An Equality Impact Assessment (Stage 1) was carried out to identify if any items of significance need to be highlighted to the Board. The outcome concluded on Option 1: No further action is required.

2.3.6 Climate Emergency & Sustainability Impact

This paper does not raise, directly, issues relating to climate emergency and sustainability. These items do form elements of risk for NHS Fife to manage.

2.3.7 Communication, involvement, engagement and consultation

Communication and engagement on this report has taken place with a range of stakeholders across the organisation.

2.3.8 Route to the Meeting

- Risks & Opportunities Group on 02/12/22
- Executive Directors' Group on 05/01/23
- Public Health & Wellbeing Committee on 11/01/23
- Staff Governance Committee on 12/01/23
- Clinical Governance Committee on 13/01/23
- Finance, Performance & Resources Committee on 17/01/23

2.4 Recommendation

This paper is provided to the Board for **Assurance**.

3 List of appendices

Appendix No. 1, Strategic Risk Profile and Risk Improvement Trajectory

Appendix No. 2, NHS Fife Corporate Risk Register at 23/01/23

Appendix No. 3, Assurance Principles

Report Contacts

Pauline Cumming

Risk Manager

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NHS Fife Strategic Risk Profile

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	◀▶	High
To improve the quality of health and care services	5	5	-	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	14	4	0	0		

Summary Statement on Risk Profile

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.

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

NHS Risk Improvement Trajectory




To improve health and wellbeing	Risk Improvement Trajectory			
Risk Level	High	Mod	Low	Very Low
Risks which have improved	-	-	-	-
Risks which have deteriorated	-	-	-	-
Risks which have not moved	3	2	-	-
Risks which have reached acceptable level of tolerance	-	-	-	-
Total	3	2	0	0



To improve the quality of health and care services	Risk Improvement Trajectory			
Risk Level	High	Mod	Low	Very Low
Risks which have improved	-	-	-	-
Risks which have deteriorated	-	-	-	-
Risks which have not moved	5	-	-	-
Risks which have reached acceptable level of tolerance	-	-	-	-
Total	5	0	0	0





To improve staff health and wellbeing	Risk Improvement Trajectory			
Risk Level	High	Mod	Low	Very Low
Risks which have improved	-	-	-	-
Risks which have deteriorated	-	-	-	-
Risks which have not moved	2	-	-	-
Risks which have reached acceptable level of tolerance	-	-	-	-
Total	2	0	0	0




To deliver value and sustainability	Risk Improvement Trajectory			
Risk Level	High	Mod	Low	Very Low
Risks which have improved	-	-	-	-
Risks which have deteriorated	2	-	-	-
Risks which have not moved	2	2	-	-
Risks which have reached acceptable level of tolerance	-	-	-	-
Total	4	2	0	0


NHS Fife Corporate Risk Register as at 23/01/23


No	Strategic Priority	Risk	Mitigation	Risk Appetite	Current Risk Level/ Rating	Target Risk / Date 31/03/23	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>	<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.</p> <p>The Portfolio Board commissions and monitors the delivery of key milestone activity associated with the delivery of an effective new strategy.</p>	High	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>	<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.</p> <p>The future Population Health and Wellbeing Strategy will identify actions which will contribute to reducing health inequalities.</p> <p>Consideration of Health Inequalities within all Board and Committee papers.</p> <p>Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife.</p>	High	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</p>	<p>The autumn/winter vaccination programme is underway and overall uptake in the over 65 population in Fife is slightly above the Scottish average.</p> <p>Implementation of new treatments for individuals at higher risk of adverse outcomes.</p>	High	High 16	Mod 12	◀▶	Director of Public Health	Clinical Governance


		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.	Tailored support to Care Homes with positive staff or resident cases Public communications programme to raise awareness of infection prevention and control measures across the region population cross the population.						
4		Policy obligations in relation to environmental management and climate change 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.'	Robust governance arrangements have been put in place including an Executive Lead and Board Champion appointed. Regional working group and representation on the National Board Active participation in Plan 4 Fife. Develop NHS Fife Climate Emergency Report and Action Plan by end of January and March 2023 respectively, for Public Health & Wellbeing Committee and Board approval in March 2023, before submission to Scottish Government	High	Mod 12	Mod 10	◀▶	Director of Property & Asset Management	Public Health & Wellbeing
5		Optimal Clinical Outcomes 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.	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. 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.	High	High 15	Mod 10	◀▶	Medical Director	Clinical Governance

									
6		<p>Whole System Capacity 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> 	Mod	High 20	Mod 9		Director of Acute Services	Finance, Performance & Resources




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. Confirmed funding less than anticipated.</p> <p>A further plan submitted on 20/12/22 in response to potential for further funding to reduce numbers of long waiting patients. Decision awaited and expected before the end of Dec 22.</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> 	Mod	High 16	Mod 12	◀▶	Director of Acute Services	Finance, Performance & Resources
8		<p>Cancer Waiting Times (CWT)</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 62-day performance, and 31 day performance, resulting in poor patient experience, impact on clinical outcomes and failure to achieve the Cancer Waiting Times Standards.</p>	<p>Weekly meetings with Scottish Government (SG) and monthly monitoring of the Effective Cancer Management Framework continue.</p> <p>Daily tracking is now carried out as SG funding confirmed however capacity issues still impact on performance.</p> <p>A national Short Life Working Group (SLWG) set up to develop a 'Once for Scotland' approach to management of breaches of standard operating</p>	Mod	High 15	Mod 12	◀▶	Director of Acute Services	Finance, Performance & Resources

			<p>procedure, is expected to produce a first draft in Dec 2022. A draft has been produced for the Effective Breach Analysis (EBA) SOP but not yet circulated. To go through a few iterations at SG prior to it being circulated to Boards for implementation.</p> <p>The Single Point of Contact Hub was launched (SPOCH) on 1/9/22; a review to determine if there has been a reduction in DNAs will be carried out at end of January 2023. A review of the service is also being considered.</p> <p>Effective Cancer Management Framework Action plan agreed both locally and by Scottish Government and actions identified.</p> <p>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.</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>						
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).</p> <p>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</p>	Mod	High 15	Mod 10	◀▶	Medical Director	Clinical Governance

			<p>wellbeing and job satisfaction.</p> <p>There are also effective systems & processes to ensure oversight and monitoring of national & local strategy / framework / policy /audit implementation and impact.</p>						
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 services to the population of Fife into the medium-term.</p>	<p>A Primary Care Governance and Strategy Oversight Group is in place. The group, co-chaired by the Medical Director and the Director of Health and Social Care, brings together both the transformation and sustainability initiatives for all four of the independent primary care contractors, whilst also overseeing any critical aspects of governance. It provides assurance to NHS Fife Board and the Integration Joint Board (IJB) through the appropriate sub committees.</p> <p>This group allows governance and scrutiny of all aspects of primary care delivery and provides a focus for improving patient care for the population of Fife.</p> <p>A Primary Care Strategy is in development and is at final draft stage; it will be progressed for consultation prior to submission for approval via committees of IJB and NHS Fife.</p> <p>A Primary Care Improvement Plan in place; subject to regular monitoring and reporting to General Medical Services (GMS) Board, Quality & Communities (Q&C) Committee, IJB and Scottish Government.</p> <p>A review of models of care incorporating the learning from the pandemic is to be completed by Jan 2023.</p>	Mod	High 16	Mod 12 by 2023 (8 possible by 2025) ▼	◀▶	Director of Health & Social Care	Public Health & Wellbeing

			<p>Remodelling and recruitment of workforce action plan resulting from earlier Committee report to be completed by Jan 2023.</p> <p>Memorandum of Understanding 2 - (Pharmacotherapy, Community Treatment and Care (CTAC) Network and Vaccine Programme) action plan to deliver by September 2022 - Vaccine Programme is COMPLETE.</p> <p>Pharmacotherapy and CTAC models for care continue to be shaped and developed. The anticipated date for completion is April 2024.</p>						
11		<p>Workforce Planning and Delivery</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>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.</p>	Mod	High 16	Mod 8	◀▶	Director of Workforce	Staff Governance
12		<p>Staff Health and Wellbeing</p> <p>There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health</p>	<p>Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff health and wellbeing opportunities are</p>	Mod	High 16	Mod 8	◀▶	Director of Workforce	Staff Governance

		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.	maximised, to support attraction, retention and development of staff. Staff Health & Wellbeing Framework for 2022 to 2025, setting out NHS Fife's ambitions, approaches and commitments to staff health and wellbeing, published in December 2022.						
13		Delivery of a balanced in-year financial position. There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board may not achieve its statutory financial targets in 2022/23 without additional support from Scottish Government.	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.	Mod	High 16	Mod 12	◀▶	Director of Finance & Strategy	Finance, Performance & Resources
14		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.	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.	Mod	High 16	Mod 12	◀▶	Director of Finance & Strategy	Finance, Performance & Resources
15		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.	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. Fife Capital Investment Group (FCIG) workshop scheduled for January 2023 to discuss Capital Priorities for future years.	Mod	Mod 12	Mod 8	◀▶	Director of Property & Asset Management	Finance, Performance & Resources

16		<p>Off-Site Area Sterilisation and Disinfection Unit Service</p> <p>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.</p> <p>Establishment of local SSD for robotics is progressing. Currently awaiting sign off by Health Facilities Scotland (HFS) which is expected to occur in January 2023.</p> <p>Work to set up in St Andrews Community Hospital will commence shortly thereafter.</p>	Mod	Mod 12	Low 6	◀▶	Director of Property & Asset Management	Clinical Governance
17		<p>Cyber Resilience</p> <p>There is a risk that NHS Fife will be overcome by a targeted and sustained cyber attack that may impact the availability and / or integrity of digital and information required to operate a full health service.</p>	<p>Considerable focus continues in 2022 with heightened threat level to improve our resilience to attack and ability to recover quickly.</p> <p>The primary mechanism for prioritising items is the response to the Network Information Systems Directive (NISD) review report May 2022.</p>	Mod	High 16	Mod 12	◀▶	Medical Director	Clinical Governance
18		<p>Digital & Information</p> <p>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.</p>	<p>Consistent alignment of the D&I Strategy with the NHS Fife Corporate Objectives and developing Health & Wellbeing Strategy.</p> <p>Digital & Information Board Governance established and supporting prioritisation with ongoing review.</p>	Mod	High 15	High 15 ▼	◀▶	Medical Director	Clinical Governance

Risk Movement Key

- ▲ Improved - Risk Decreased
- ◀▶ No Change
- ▼ Deteriorated - Risk Increased

Assurance Principles

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

- Detailed scrutiny
- Providing assurance to Board
- Escalating key issues to the Board

Committee Agenda

- Agenda items should relate to risk (where relevant)

Seek Assurance on Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chair's Assurance Report

- Consider issues for disclosure
- Emergent risks or Escalation
Recording
- Scrutiny of risk delegated to Committee

Year End Report

- Highlight change in movement of risks aligned to the committee, including areas where there is no change
- Conclude on assurance of mitigation of risks
- Consider relevant reports for the workplan in the year ahead related to risks and concerns

GENERAL QUESTIONS:

- Does the risk description fully explain the nature and impact of the risk?
- Do the current controls match the stated risk?
- How weak or strong are the controls? Are they both well-designed and effective i.e. implemented properly
- Will further actions bring the risk down to the planned / target level?
- Does the assurance you receive tell you how controls are performing?
- Are we investing in areas of high risk instead of those that are already well-controlled?
- Do Committee papers identify risk clearly and explicitly link to the strategic priorities and objectives / corporate risk?

SPECIFIC QUESTIONS WHEN ANALYSING A RISK DELEGATED TO THE COMMITTEE IN DETAIL:

- History of the risk (when was risk opened); has it moved towards target at any point?
- Is there a valid reason given for the current score?
- Is the target score:
 - In line with the organisation's defined risk appetite?
 - Realistic/achievable or does the risk require to be tolerated at a higher level?
 - Sensible/worthwhile?
- Is there an appropriate split between:
 - Controls – processes already in place which take the score down from its initial/inherent position to where it is now?
 - Actions – planned initiatives which should take it from its current to target?
 - Assurances - which monitor the application of controls/actions?
- Assessing Controls
 - Are they 'Key' i.e. are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)?
 - Overall, do the controls look as if they are applying the level of risk mitigation stated?
 - Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided?
- Assessing Actions – as controls but accepting that there is necessarily more uncertainty :
 - Are they on track to be delivered?
 - Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk?
 - Are they likely to be sufficient to bring the risk down to the target score?
- Assess Assurances:
 - Do they actually relate to the listed controls and actions (surprisingly often they don't)?
 - Do they provide relevant, reliable and sufficient evidence either individually or in composite?
 - Do the assurance sources listed actually provide a conclusion on whether:
 - the control is working
 - action is being implemented
 - the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level
 - What level of assurance can be given or can be concluded and how does this compare to the required level of defence. (commensurate with the nature or scale of the risk):
 - 1st line – management / performance / data trends?
 - 2nd line – oversight / compliance / audits?
 - 3rd line – internal audit and/or external audit reports / external assessments?

LEVEL OF ASSURANCE

Substantial Assurance	Adequate Assurance	Limited Assurance
Controls are applied continuously with minor lapse	Controls are applied with some lapses	Significant breakdown in the application of controls

AUDIT & RISK COMMITTEE
(Meeting on 5 December 2022)

No issues were raised for escalation to the Board.

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON MONDAY 5 DECEMBER 2022 AT 2PM VIA MS TEAMS

Present:

Alastair Grant, Non-Executive Member (Chair)
Cllr David Graham, Non-Executive Member
Anne Haston, Non-Executive Member
Aileen Lawrie, Non-Executive Member
Kirstie MacDonald, Non-Executive Member

In Attendance:

Kevin Booth, Head of Financial Services & Procurement
Pauline Cumming, Risk Manager
Tony Gaskin, Chief Internal Auditor
Barry Hudson, Regional Audit Manager
Karen Jones, Azets
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting. A warm welcome was extended to Anne Haston, Non-Executive Member, who became a member of the Audit & Risk Committee on 1 December 2022, and to Karen Jones, from Azets, who is attending her first 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 attendees Carol Potter (Chief Executive) and Chris Brown (Azets).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 12 September 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.

5. GOVERNANCE MATTERS

5.1 Losses & Special Payments

The Head of Financial Services & Procurement provided an update on losses and special payments, noting that the position is as expected, compares favourably to the previous year, and is under target.

The Committee took **assurance** from the update.

5.2 Proposal to Increase Procurement Tender Thresholds

The Head of Financial Services & Procurement outlined the proposal and highlighted the levels that are proposed to be updated in the Financial Operating Procedures and Standing Financial Instructions.

Following a question from K MacDonald, Non-Executive Member, the Head of Financial Services explained that the minimum number of suppliers from whom quotes are obtained follows the guidance within the Procurement Reform Act.

The Audit & Risk Committee **endorsed** the amendment to the current Tender Threshold limit and **recommended** approval to the Board of the proposed update to the wording within the Standing Financial Instructions, as set out in the paper.

6. RISK

6.1 Corporate Risk Register

The Director of Finance & Strategy noted that the Corporate Risk Register was presented to the Board at the November 2022 meeting, and it was recognised that three out of four strategic priorities are operating beyond the current Board Risk Appetite threshold. It was advised that, following discussion at the Board, the Risk & Opportunities Group will be assigned a specific task to come forward with a proposal around tolerating a level of risk appetite for mitigations which are not having the impact that was expected. The Chief Internal Auditor commented that recalibrating the risk appetite could be an option for those risks that cannot meet the risk appetite.

The Director of Finance & Strategy highlighted the key role the Risk & Opportunities Group will have through the development of the Corporate Risk Register and noted that the register will be iterative throughout its development. Regular feedback from the Risk & Opportunities Group will be provided to the Audit & Risk Committee on the challenges of the risk position.

An overview of the risks aligned to the Governance Committees was provided, and it was advised Internal Audit had been supportive in the development of the new approach. It was reported that each Governance Committee, with the exception of the

Staff Governance Committee due to timing, have had a deep dive into a specific report relative to their area, to date.

K MacDonald, Non-Executive Member, questioned the visibility of a risk management report, which includes information on actions taken, intended impact, actual impact and changes that need to take place, to provide assurance to the Committee that risks are being monitored and changes considered. The Director of Finance & Strategy advised that this detail will be brought together through the deep dive process. It was agreed to take this forward with the Risk & Opportunities Group for an interim solution whilst the deep dive process progresses.

The Chief Internal Auditor highlighted the importance of alignment of Corporate Risks to Governance Committees, which will enable scrutiny on deep dives, and provide assurance to the Audit & Risk Committee.

The Board Secretary reminded the Committee that a Committee Assurance Principles Development Session is scheduled for 13 February 2022. Committee Chairs for each of the Governance Committees will be invited to join the session.

Action: Board Committee Support Officer

The Committee took **assurance** from the update.

6.2 Risk & Opportunities Group Terms of Reference and Progress Report

The Risk Manager advised that a focus for the newly formed Risk & Opportunities Group has been around establishing the role and remit of the group. The Executive Directors' Group scrutinised the Terms of Reference at their meeting on 17 November 2022 and they were then subsequently approved at the Risk & Opportunities Group on Friday 2 December 2022. Assurance was provided that the group now have clear objectives going forward.

The Risk Manager advised that the Risk & Opportunities Group have also focussed on the Corporate Risk Register, improvements on the deep dive reports, Population Health & Wellbeing Strategy, frameworks to support activity, and they have just commenced discussions on the key performance indicators.

The Committee took **assurance** from the update.

6.3 Risk Management Key Performance Indicators (KPIs) Update

The Risk Manager provided a verbal update and advised that through the Risk & Opportunities Group, a review of the KPIs is underway, which includes identifying all the various components within the current risk profile. Once this exercise has been carried out, KPIs and measures will be developed, which will be regularly reported on.

It was noted an analysis was carried out on organisational risks, as part of the KPI review, and it was identified that more than 60% of these risks sit within the Corporate Directorate, with a significant number relating to projects and programmes.

The Committee took **assurance** from the update.

7. GOVERNANCE – INTERNAL AUDIT

7.1 Internal Audit Progress Report

The Regional Audit Manager spoke to the report and noted an amendment to B13/22 and B06/22, advising that both these audit reports are in draft and the final version will be issued over the coming weeks.

The Committee took **assurance** from the progress on the delivery of the Internal Audit Plans.

7.2 Internal Audit – Follow Up Report on Audit Recommendations 2022/23

The Regional Audit Manager spoke to the paper and highlighted an increase in the number of outstanding recommendations due. Assurance was provided to the Committee that this is not, however, an area of concern and is due to the timing of producing the report. It is expected that the outstanding recommendations will either be extended or preferably completed before the next report to the Committee.

The Regional Audit Manager highlighted that the title for B16/22 should read ‘Safer Use of Medicines’.

The Director of Finance & Strategy provided assurance that the Executive Directors’ Group dedicated time to review the report on a quarterly basis, and it was noted it is recognised that there is still work to be carried out for some recommendations, however, there is an improvement in levels of engagement.

The Committee took **assurance** of the current status of Internal Audit recommendations recorded within the Audit Follow-Up system.

7.3 Draft Internal Control Evaluation Report 2022/23

The Chief Internal Auditor provided background information and an overview on the Internal Control Evaluation Report, which outlines a mid-year position for the Committee.

It was advised that actual and target risk scores have been increased, which reflects the changes in the external environment.

The Chief Internal Auditor reported that there is a need for strategic change with operational savings, noting that a Population Health & Wellbeing Strategy is in development and there is a Strategic Planning & Resource Allocation (SPRA) process, both of which are generating strategic change. It was noted workforce and finance are key priority areas within the plans going forward.

The Chief Internal Auditor highlighted the positive key developments, including the Operational Pressures Escalation Levels (OPEL) and risk management development.

It was reported the final report will be presented to the Governance Committees at the March 2023 cycle of meetings.

The Committee **noted** the draft Internal Control Evaluation Report 2022/23.

8. GOVERNANCE – EXTERNAL AUDIT

8.1 External Audit – Follow Up Report on Audit Recommendations

The Head of Financial Services & Procurement highlighted the key recommendations from the external audit. In terms of the Integration Joint Board adjustments, it was advised a further resource has been added to the Finance Team and it is anticipated there will not be the same challenges this year, compared to the previous year, with reconciling the balances.

In terms of the brought forward recommendations, it was reported that two Payroll Officers have been recruited. It was noted that the NHS Fife payroll service will become part of the South East Scotland Payroll Consortium as of 1 February 2023.

The Committee took **assurance** from the progress made against the 2021/22 External Audit recommendations.

8.2 External Audit Plan 2022/23 – AZETS

K Jones, from Azets, presented on the External Audit Strategy 2022/23. It was advised that a detailed audit plan will be provided to the Committee at the March 2023 meeting.

It was reported that the strategy sets out the audit approach for the coming year, which is similar to the Audit Scotland's approach. It was noted changes will take effect for 2022/23, in particular, a new Code of Audit Practice which applies to audits from 2022/23, and minor revisions to the auditing standards in terms of the timing of the audit approach. An overview on the requirements of the new Code of Audit Practice was provided. It was noted that the auditing standards will have an impact on the planning and risk procedures that are carried out.

It was advised the audit timetable will be set out; however, planning and interim procedures are continuous throughout.

The Committee took **assurance** from the update and **noted** the External Audit Plan will be presented to the Committee for review and approval at the March 2023 meeting.

9 FOR ASSURANCE

9.1 Audit Scotland Technical Bulletin 2022/3

The Head of Financial Services & Procurement advised that there is no specific section relating to health in the Quarter 3 bulletin, however he noted that Chapter 6 highlights a number of fraud and irregularities that were brought to the attention of Audit Scotland. Assurance was provided that internal controls remain sufficient and are routinely followed across NHS Fife.

The Committee took **assurance** from the Board's implementation of the Audit Scotland Technical Bulletin 2022/3.

9.2 Delivery of Annual Workplan

The Board Secretary presented the annual workplan, noting the 'FTF Shared Service Agreement/Service Specification' has been deferred to the March 2023 meeting. The Regional Audit Manager advised that this was due to the timing of the Partnership Board meetings.

The Committee took **assurance** on the delivery of the tracked workplan.

9.3 Proposed Annual Workplan 2023/24

The Board Secretary advised the annual workplan for 2023/24 is currently being considered. It was noted it is predicted the annual accounts items will take place in June 2023.

The Committee **noted** the proposed annual workplan. The Committee was advised a final version will be brought back to the Committee at the March meeting.

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no issues to highlight to the Board.

11. ANY OTHER BUSINESS

None.

Date of Next Meeting: Wednesday 15 March 2023 at 2pm via MS Teams.

CLINICAL GOVERNANCE COMMITTEE

(Meeting on 13 January 2023)

It was agreed to escalate for assurance, the Cancer Framework and Clinical Governance Framework to the Board. (Post meeting, it was agreed both topics would be scheduled for the March Board meeting)

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 13 JANUARY 2023 AT 10AM VIA MS TEAMS

Present:

Arlene Wood, Non-Executive Member (Chair)
Sinead Braiden, Non-Executive Member
Colin Grieve, Non-Executive Member
Anne Haston, Non-Executive Member
Kirstie MacDonald, Non-Executive Whistleblowing Champion
Simon Fevre, Area Partnership Forum Representative
Aileen Lawrie, Area Clinical Forum Representative
Janette Keenan, Director of Nursing
Chris McKenna, Medical Director
David Miller, Director of Workforce
Carol Potter, Chief Executive (*part*)
Joy Tomlinson, Director of Public Health

In Attendance:

Norma Beveridge, Head of Nursing
Jo Bowden, Consultant in Palliative Medicine (*item 8.5 only*)
Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance
Alistair Graham, Associate Director of Digital & Information
Ben Hannan, Director of Pharmacy & Medicines
Helen Hellewell, Associate Medical Director
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy (*part*)
Elizabeth Muir, Clinical Effectiveness Manager
Shirley-Anne Savage, Associate Director of Quality and Clinical Governance
Karen Wright, Clinical Services Manager (*item 8.5 only*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

In addition, the Chair acknowledged the unprecedented Winter pressures, and the dedication and work of all our staff in providing safe care in extenuating circumstances.

The Chair advised that the meeting is being recorded for the purpose of the Minutes.

1. Apologies for Absence

Apologies were received from attendees Iain MacLeod (Deputy Medical Director) and John Morrice (Consultant Paediatrician and Associate Medical Director).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on 4 November 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.

4.1 Inequalities and Adverse Events Action

The Director of Public Health provided background to this action and reported that that the action is still in progress due to the recruitment of a new Equality & Human Rights Lead, who is now in post.

The Medical Director noted that the data would not be reported regularly through the Integrated Performance & Quality Report, however, findings would be provided to the Committee in due course.

5. ACTIVE OR EMERGING ISSUES

5.1 Covid-19

The Director of Public Health provided a verbal update and reported that the Office for National Statistics (ONS) survey data has estimated that 1 in 25 of the population currently have Covid and that we have now reached the peak of the new variant. It was noted the survey reports on a weekly basis.

It was also reported that respiratory illness was at high levels across the system, and that this has now moved back to moderate levels.

The Director of Public Health was pleased to advise that there has been a positive uptake of the Covid & Flu vaccinations, and that targets have been met for both.

It was noted national communications for Winter planning has been supplemented with local messages from Directors.

The Medical Director highlighted that this item has been a standing agenda item since the start of the Covid pandemic, as an active issue. It was agreed that it now be removed as a standing item and any significant issues would be brought back to the Committee as a written report.

The Committee **noted** the update.

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Clinical Governance Committee

The Medical Director advised that our profile, in terms of corporate risks aligned to the Clinical Governance Committee, is unchanged since the previous Committee meeting. It was noted that deep dives will enable detailed discussions on specific risks at Committee meetings. Feedback on the presentation of deep dives was welcomed, and the presentation will be reviewed for future meetings. It was highlighted that corporate risks across all areas are integrated, and that this should be clear in the presentations for discussion.

For consistency, progress on any actions for each corporate risk aligned to the Clinical Governance Committee was requested as a visual.

Action: Risk Manager

An update was provided on next steps for the Corporate Risk Register, and the Director of Finance & Strategy advised that further work to enhance, develop and present the corporate risks to the Board Committees is being led by the Risk & Opportunities Group, and support has also been offered from A Wood, Committee Chair. It was noted that a discussion on risks had taken place with new Non-Executive Members to identify any additional information that may be required in the Corporate Risk Register to provide assurance. The Director of Finance & Strategy highlighted that the majority of corporate risks are currently operating outwith our risk appetite, and that definitive statements will be required to be provided to the Board and Committees in relation to tolerating specific levels of risks.

It was agreed to prioritise the deep dives as follows:

- Covid-19 Pandemic
- Optimal Clinical Outcomes
- Quality & Safety
- Off-Site Area Sterilisation and Disinfection Unit Service
- Cyber Resilience

The workplan will be updated.

Action: Board Committee Support Officer

The Committee took **assurance** from the report.

6.1.1 Deep Dive - Digital & Information

The Associate Director of Digital & Information noted that reliance on digital systems is key to supporting our clinical services. An overview on the root causes and actions for the digital & information risk was provided, as detailed in the paper. It was noted this risk continues to be high, and that the action plan will support reducing the level of risk.

K MacDonald, Non-Executive Whistleblowing Champion requested that the digital & information risk is clearly linked to improving quality & health within the strategic priority section. The Director of Finance & Strategy highlighted that to deliver value and sustainability, this relates to sustainability of service, and is not solely on the financial aspect.

7 STRATEGY / PLANNING

7.1 Population Health & Wellbeing Strategy

The Director of Finance & Strategy introduced this item and advised that discussions are ongoing to build the content of the strategy. It was advised that a first draft of the strategy was presented to the Portfolio Board held on 12 January 2023, and it will also be presented to the Board Development Session in February 2023 for a focussed discussion on progress of the detail.

It was reported that significant progress has been made in concluding the engagement work and feedback from the external company is expected in mid-January 2023. The Associate Director of Planning & Performance reported that the content of the strategy document has been prepared and influenced by all the Directors, who have been working on developing and drafting the strategy within their own areas. Further work will take place and the strategy document will be brought to the March 2023 Board and Committee meetings. It was noted that the strategy will be public facing, and work will be carried out to ensure the document is appealing to the population.

The Medical Director questioned if the detail within the strategy will be bold and explicit in terms of the difficulty of recovery of healthcare systems in the coming years. The importance of the delivery plan was highlighted.

The Chair questioned if clinical responses, in terms of elements from the Clinical Strategy, will be incorporated into the Population Health & Wellbeing Strategy. The Director of Finance & Strategy provided assurance that the Population Health & Wellbeing Strategy links to the delivery plans and programmes in place within NHS Fife.

The Director of Finance & Strategy raised concern for the financial sustainability and advised that difficult decisions will need to be made.

It was noted the strategy milestone plan is on track.

The Committee took **assurance** on the progress of the strategy through the contents of this report.

7.2 Cancer Framework & Delivery Plan

The Medical Director noted that the framework and delivery plan had been presented to the Committee previously in draft format and has been brought back to the Committee today in final version for agreement (with the caveat that final proof reading will be carried out before publishing). It was noted that this is the first time NHS Fife has had a Cancer Framework. The Cancer Framework will sit within, and support, the Population Health & Wellbeing strategy.

A Haston, Non-Executive Member highlighted that workforce would need to be reviewed to ensure future service delivery and questioned how specific training needs would be identified and addressed. The Director of Nursing highlighted challenges with training due to recruitment and advised that discussions are taking place regionally. The Director of Pharmacy & Medicines advised that cancer treatment is the fastest growing area for medicines and that different models of training are required, noting that this will also form part of the workforce strategy and is an evolving

piece of work. The Associate Director of Quality & Clinical Governance reported that the Scottish Government has requested a Fife staffing plan for future chemotherapy systemic-anti cancer therapies (SACT) delivery. A plan has been developed, but funding is not yet available. It was noted a Cancer Nurse Educator post was part of the plan and would support the training.

The Medical Director also highlighted a concern around sustainability in terms of medical staffing including oncologists and noted that Fife work closely with NHS Lothian colleagues and the Cancer Network in terms of this staffing.

The Chair queried progress against the delivery plan 2022/23, and the process around setting priorities for 2023/24. The Medical Director replied that an annual update on the delivery plan will go to the Cancer & Governance Strategy Group before being presented to the Committee. It was confirmed delivery plans are developed for each year, with new priorities set.

The Medical Director thanked Kathy Nicoll and team for their hard work.

The Committee **approved** the Cancer Framework and Delivery Plan.

7.3 Clinical Governance Framework & Delivery Plan

The Medical Director reported that the Clinical Governance Framework is presented in its final version with the caveat that final proof reading will be carried out.

S Fevre, Area Partnership Forum Representative highlighted the importance of an ongoing communication plan to staff. The Medical Director noted that the support of S Fevre and other staff side colleagues will be pivotal to ensure the document is well received by staff. S Fevre suggesting speaking to staff on face-to-face may be better received.

The Medical Director thanked the team for all their hard work.

The Committee **approved** the Clinical Governance Framework & Delivery Plan 2022/23

8 QUALITY/PERFORMANCE

8.1 Integrated Performance and Quality Report

The Director of Nursing spoke to the report and highlighted a reduction in the number of falls, noting it is expected the reduction target will be met this year.

An overview on pressure ulcers was provided noting that the rate of pressure ulcers continues to vary.

In terms of infection control, it was reported that NHS Fife is doing well in this area, achieved through enhanced surveillance. An update was provided on C Diff, and it was highlighted that NHS Fife has the lowest infection rate of all mainland Health Boards, which has been achieved through strong antimicrobial stewardship. Challenges in meeting the ECB target were outlined, as detailed in the paper.

The Director of Nursing advised that complaints continue to be challenging, however, there has been a significant improvement in the number of complaints being closed off each month, and open complaint numbers have reduced. It was reported that additional staff have been recruited into the Patient Experience Team.

A Haston, Non-Executive Member requested more detail on the work being done to address urinary catheter related infections. In response, it was advised that discussions are taking place with our microbiologists, medical and nursing staff around addressing the issue and looking at lessons learned.

Following questions from A Lawrie, Area Clinical Forum Representative, it was advised that the establishment gap is still a work in progress and updates will be provided through the Staff Governance Committee. The Medical Director noted that there is a lot of work being carried out in relation to adverse events and looking at innovative ways to support teams.

The Committee took **assurance** from the report.

8.2 Healthcare Associated Infection Report (HAIRT)

The Director of Nursing advised there has been no unannounced inspections from Healthcare Improvement Scotland (HIS) and they have temporarily paused inspections due to the current system pressures. It was advised that preparation work has been carried out in relation to mental health hospitals, and a large amount of work has been carried out for the safe delivery of care inspections.

The Director of Nursing reported that bays had been closed due to norovirus and seasonal influenza.

In terms of cleaning and healthcare environment, it was reported that the standard is 90% for the overall cleaning compliance with NHS Fife reaching 96%, which is positive.

The Committee took **assurance** from the HAIRT report.

8.3 NHS Fife Response to the Letter from Health Improvement Scotland (HIS)

The Medical Director advised that a response has been prepared to the letter from HIS describing the supporting activities that are being undertaken in Fife to mitigate against some of the areas of concern. The Chief Executive added that the paper includes mitigations against risks.

It was advised that the paper will go to the Executive Directors' Group at their meeting on 19 January 2023, before being shared with the Committee for assurance on our commitment to patient safety.

The Director of Acute Services noted that it has been a particularly challenging time due to significant overcrowding in the Emergency Department and lessons have been learned. S Fevre, Area Partnership Forum Representative commented that staff are living through the issues outlined in the letter.

The Committee **noted** the letter and took **assurance** that there is a plan being devised and will be presented to the Committee in due course.

8.4 High Risk Pain Medicines Patient Safety Programme – Year One Update

The Director of Pharmacy & Medicines advised that this item was discussed at the Public Health & Wellbeing Committee on 11 January 2022, as there is a Public Health and overall strategy component of the programme

The Director of Pharmacy & Medicines spoke to paper and highlighted the main points. It was noted year one has been mainly around identifying the problem and year two will focus on ingests of change.

The Medical Director highlighted the significant issues and risk around high-risk pain medicines due to delays in planned treatments due to the Covid pandemic.

The Committee took **assurance** from the Year One delivery of the HRPM Patient Safety Programme.

8.5 Fife Specialist Palliative Care Services - Service Model Presentation

The Consultant in Palliative Medicine presented on the Fife Specialist Palliative Care Services. The presentation will be shared with the Committee.

Action: Board Committee Support Officer

The Director of Health & Social Care advised that the decision making route for this service will be through the Integration Joint Board, and that clinical governance and quality aspects will come through this Committee.

A Haston, Non-Executive Member requested clarity on risks. It was advised that no active risks have been detailed, as the service was a requirement of the response to the pandemic, and that what was set out to be delivered is being achieved. It was noted that the challenge is the growing need for the service and expansion. The next steps were outlined. The Clinical Services Manager added that work has been carried out to determine the optimal service model along with staffing requirements to sustain the service. Opportunities for training and development are being explored and it was noted there is no financial risk at this time.

The Consultant in Palliative Medicine explained that there is a large scale of unmet palliative care needs in all care settings across the sectors, and that work is being carried out with other delivery partners to ensure families and individuals can receive the support they need.

The Committee thanked the Consultant in Palliative Medicine and Clinical Services Manager for their presentation.

The Committee **supported** the new service outreach delivery model.

9 DIGITAL / INFORMATION

9.1 Update on Digital Strategy 2019-2024

The Associate Director of Digital & Information spoke to the report which details the challenges, alterations, and successes of implementation of our digital strategy, which was endorsed by the Board in September 2020. It was reported the strategy is aligned to the Population Health & Wellbeing Strategy.

The Committee:

- **Noted** the delays in progress to the TrakCare and Clinical Portal improvement work due the prioritisation of the LIMS project and the impact from suppliers on the ability to deliver the strategy in a timely manner
- Took **assurance** of the progress for the Digital and Information Strategy - 2019-2024.

9.2 Records Management Plan - National Registers of Scotland Keeper's Report

The Associate Director of Digital & Information spoke to the report noting it outlines the records management plan, particularly around patient records and that it also sets out the governance arrangements.

The Medical Director highlighted the importance of records management.

The Committee **considered** that the Keeper's report provides **assurance**, and the governance arrangements for implementing the Records Management Plan are adequate.

10 PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

10.1 Patient Experience & Feedback Report

The Director of Nursing reported an improving position around the closure of stage 2 complaints and advised that the paper sets out more detail on progress of each complaint. It was advised that this detail is shared on a weekly basis with services and teams. It was also highlighted that work is ongoing to stratify the table of complaints, as some complaints require input from specific areas where the likelihood of responding will not meet the 20-day target.

The Committee acknowledged the ongoing pressures associated with closing complaints within the 20-day standard and took assurance from the ongoing work to address this.

The Committee took **assurance** from the Patient Experience & Feedback Report.

11 ANNUAL REPORTS

11.1 Equality Outcomes and Mainstreaming Interim Report 2021-2023

The Director of Nursing spoke to the report and highlighted the progress made towards each of the specified equality outcomes. It was advised that discussions are taking place through a Board Development Session on improving and embedding knowledge & skills through learning, mentoring and leadership.

S Fevre, Area Partnership Forum Representative commented that further work is required in terms of improvements to equality, and it should be extended wider than through the Black, Asian and minority ethnic (BAME) Network. The Director of Nursing advised that an Equalities and Human Rights Lead is now post, and that a refresh of the Equalities & Human Rights Strategic Group is being carried out, with the first meeting scheduled for February 2023.

The Chair welcomed the report and asked if progress and outcomes against health inequalities in section 4 could be incorporated into the report.

Action: Director of Public Health

The Committee:

- Took **assurance** that the report details NHS Fife's mainstreaming activity and how we intend to continue to make progress against these actions for the next two years;
- **Considered** the content of report; and
- **Agreed** to publish the Interim Report by 31 March 2023

11.2 Research & Development (R&D) Strategy Review 2021/2022 and Research, Innovation and Knowledge (RIK) Strategy 2022-2025

The Medical Director advised that the strategy sets out the ambitions and priorities for research, innovation and knowledge.

It was agreed a Development Session is to be arranged this year and the Medical Director suggested an area of focus would be the research relationship between NHS Fife and the University of St Andrews.

Action: Board Committee Support Officer

The Committee took **assurance** from the report.

11.3 Research, Innovation & Knowledge Annual Report 2021/2022

The Medical Director advised that the Annual Report sets out activity that has been carried out throughout 2021/22.

The Committee took **assurance** from the report.

12. FOR ASSURANCE

12.1 Delivery of Annual Workplan

The Associate Director of Quality & Clinical Governance agreed to confirm a timeline for the Resilience Annual Report coming to Committee. The Board Secretary advised it had been agreed a position statement would be provided before year-end, until the Annual Report has been concluded.

Action: Associate Director of Quality & Clinical Governance

The Committee took **assurance** from the tracked workplan.

12.2 Proposed Annual Workplan 2023/2024

The Associate Director of Quality & Clinical Governance welcomed any additions to the proposed workplan for 2023/24 and advised a final version will be brought back to the Committee at the March 2023 meeting for final approval.

The Committee:

- **Considered** and **approved** the proposed workplan for 2023/2024; and
- **Approved** the approach to ensure that the workplan remains current

13. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes.

13.1 Acute Services Division Clinical Governance Committee held on 16 November 2022 (unconfirmed)

- The Medical Director advised that formal recognition has been provided through the escalation paper for Acute Services Division Clinical Governance Committee in relation to reigniting the work that had previously existed in relation to deteriorating patients. It was noted the cover paper from the Clinical Governance Oversight Group details the same point.
- The Medical Director noted that the Acute Services Division Clinical Governance Committee minutes link into the Clinical Governance Oversight Group and can therefore be removed from the Clinical Governance Committee workplan.

Action: Board Committee Support Officer

13.2 Area Clinical Forum held on 1 December 2022 (unconfirmed)

- The Medical Director noted the pressures and demands on General Practitioners and the sustainability of staffing longer term. It was agreed assurance will be provided to the Area Clinical Forum that the Clinical Governance Committee are aware of the pressures within General Practice. The Medical Director reported that the Primary Care Strategic Plan was discussed at the Public Health & Wellbeing Committee, where it was agreed that the majority of primary care issues will go through this Committee.

13.3 Area Medical Committee held on 11 October 2022 (unconfirmed)

13.4 Cancer Governance & Strategy Group held on 19 August 2022 (confirmed) & 4 November 2022 (unconfirmed)

- The Medical Director advised that the cover paper from the Cancer Strategy Group is not an escalation and is for information only.

13.5 Clinical Governance Oversight Group held on 18 October 2022 (confirmed)

13.6 Fife Drugs & Therapeutic Committee held on 7 December 2022 (unconfirmed)

13.7 Infection Control Committee held on 5 October 2022 (confirmed) & 7 December 2022 (unconfirmed)

13.8 Information Governance & Security Steering Group held on 11 October 2022 (unconfirmed)

13.9 Research, Innovation & Knowledge Oversight Group held on 14 December 2022 (unconfirmed)

The Chair and Medical Director agreed to discuss preparing responses to the various groups outwith the meeting.

Chair/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

It was agreed to escalate for assurance, the Cancer Framework and Clinical Governance Framework, to the Board at their January 2023 meeting. (Post meeting, it was agreed both topics would be scheduled for the March Board meeting).

15. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 3 March 2023 at 10am via MS Teams.

FINANCE, PERFORMANCE & RESOURCES COMMITTEE

(Meeting on 17 January 2023)

The Committee agreed the IPQR Finance Performance should be escalated to the Board, pending an update to the wording as detailed in this minute.

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 17 JANUARY 2023 AT 9.30AM VIA MS TEAMS

Alistair Morris
Chair

Present:

A Morris, Non-Executive Director (Chair)
A Grant, Non-Executive Director
Cllr D Graham, Non-Executive Director
J Kemp, Non-Executive Director
C Potter, Chief Executive

M McGurk, Director of Finance & Strategy
J Tomlinson, Director of Public Health
M Mahmood, Non-Executive Director
C McKenna, Medical Director
A Lawrie, Area Clinical Forum Representative

In Attendance:

N Connor, Director of Health & Social Care
B Hannan, Director of Pharmacy & Medicines
N McCormick, Director of Property & Asset Management
G MacIntosh, Head of Corporate Governance & Board Secretary
M Michie, Deputy Director of Finance
C Dobson, Director of Acute Services
N Robertson, Associate Director of Nursing (*for the Director of Nursing*)
F McKay, Head of Strategic Planning, Performance & Commissioning (*item 6.1 only*)
K Donald, Interim PA to the Director of Finance & Strategy (*minutes*)

Chair's Opening Remarks

The Chair welcomed everyone to meeting. Acknowledgement was made of staff efforts and their continued hard work during this time of unrelenting pressure on the system.

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 noted from J Keenan, Director of Nursing, and W Brown, Employee Director.

2. Declaration of Members' Interests

There were no declaration of members' interests.

3. Minute of the last Meeting held on 15 November 2022

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 CORPORATE RISKS ALIGNED TO FINANCE, PERFORMANCE AND RESOURCES COMMITTEE

The Director of Finance & Strategy presented the corporate risk paper, noting it is the second iteration of the new presentation and advised the paper will further iterate and improve as the new process embeds. The description of Risk 8 has expanded to include the 31-day standard due to current removal of waiting times adjustments for social isolation and also to include robotic prostatectomy, which has been recently repatriated from NHS Lothian and is now an NHS Fife service.

Following a question from the Chair regarding the process for actions to be taken after risks are identified, the Director of Finance & Strategy advised that the Risk and Opportunities Group are currently working on how best to articulate follow-up actions to identified risks.

The Chair requested the wording of Risk 13 be updated to reflect the predicted financial position as detailed in the IPQR. The Director of Finance & Strategy proposed a change of wording of the risk to read: "There is a risk that the Board will not achieve its statutory financial revenue budget target in 2022/23 without additional in-year support from Scottish Government.

Action: Director of Finance & Strategy

The Committee took **assurance** from the report.

6. STRATEGY / PLANNING

6.1 MINISTERIAL STRATEGIC GROUP INDICATORS

F McKay, Head of Strategic Planning, Performance & Commissioning, was welcomed to the meeting.

The Director of Health & Social Care introduced the report, noting this paper is coming to the Committee through a recommendation from Internal Audit to share the paper on an annual basis with the Finance, Performance & Resources Committee.

The report details the performance of the Fife partnership against other partnerships, and considers progress against the Ministerial Strategic Group Indicators and the requirements of integration, to ensure targets are being met. The Director of Health & Social Care highlighted Fife were the first Health and

Social Care Partnership to be inspected, with several areas being highlighted as good practice and other areas where further improvement is required.

The Chief Executive highlighted there has been a lot of scrutiny and coverage on the delivery of objectives noted within the report and commended the work completed by the Partnership.

The Committee took **assurance** from the report.

6.2 POPULATION HEALTH AND WELLBEING STRATEGY PROGRESS UPDATE

The Director of Finance & Strategy presented the paper, noting the Executive team discussed the content, focus and range of activities referenced within the strategy at the Portfolio Board on 12 January 2023. Pending agreement from the Chair of the Board, the Board Development Session scheduled for February will allow Board and Non-Executive Members the opportunity to contribute to the review of the document. The Director of Finance & Strategy further noted that an annual or bi-annual review process will be established, in order to keep the document dynamic and responsive.

The Chief Executive noted the draft Population Health and Wellbeing Strategy will be circulated once the document is ready for consideration by members and welcomed scrutiny from Board members to ensure the Strategy is bold, ambitious, and delivering against the needs of the communities across Fife.

The Committee took **assurance** from the report.

7. QUALITY / PERFORMANCE

7.1 INTEGRATED PERFORMANCE AND QUALITY REPORT

The Director of Acute Services provided an overview of the report, highlighting there was an improvement in performance for the 4-hour access target in November 2022. However, long waits remained high, with 8-hour and 12-hour breaches due to capacity issues, with long waits for beds over certain periods. Demand has remained high and has continued to be unrelenting over the festive period. Information on long wait targets has been included within the IPQR, noting NHS Fife will deliver against the 2-year target but will not achieve the 12-month and 18-month targets.

Following a question from the Chair, the Director of Acute Services confirmed the system pressures should not have an impact on the opening of the new NTC – Fife Orthopaedics, and the team are on track to pause procedures in mid-February to transition over the new National Treatment Centre.

The Director of Health & Social Care noted that the report shows the ongoing challenge with Delayed Discharges, but also highlights sustaining improvement on Standard Delays due to the improvement work previously undertaken.

The Chair queried if re-admission rates are increasing due to patients being at risk of limited support after discharge. The Director of Health & Social Care advised data on re-admission rates is available and highlighted work is ongoing around supporting community teams with patient rehabilitation within the community setting to prevent re-admission. Focused work is also ongoing with teams such as Hospital@Home, to prioritise people in the community who have unmet needs, to ensure support is provided and to prevent admission to hospital.

Following a question from M Mahmood, Non-Executive Member, querying what actions are being taken to reduce the cause of unsuitable housing being the primary reason for a delayed discharge, the Director of Health and Social Care highlighted a weekly verification meeting with all partners, including housing, is held to discuss reasons why patients are delayed, and to agree next steps. Work is also ongoing through the Home First Strategy, which is a preventative model, encompassing a strong engagement from partners within the housing service at Fife Council.

The Director of Finance & Strategy provided an overview of the report, highlighting NHS Fife are reporting a significant overspend of £19.6m at the end of November 2022, with forecasts indicating NHS Fife will close the financial year at £19m overspend, pending all mitigation actions being in place as agreed in the mid-year review report. .

The Committee took **assurance** from the paper.

7.2 FINANCIAL IMPROVEMENT AND SUSTAINABILITY PROGRAMME PROGRESS REPORT

The Deputy Director of Finance spoke to the report, advising that a target of £11.7m was set at the beginning of the financial year, and a total of £6m has been delivered as of November 2022, with £2.4m on a recurring basis. A non-delivery risk of £2m has been forecast due to challenges in Procurement savings and reducing Supplementary staffing.

The Chair highlighted concern regarding the limited recurring savings being made, noting the next year and subsequent years to follow will be harder to achieve recurring savings.

The Medical Director queried what changes can be made to reduce the use of paper within NHS Fife, especially due to the increase in paper costs by 35%. The Director of Finance & Strategy highlighted new business cases should incorporate the potential savings of going paperless.

The Committee took **assurance** from the Report.

7.3 FIFE CAPITAL INVESTMENT GROUP REPORT 2022/23

The Deputy Director of Finance provided an overview, noting that at November 2022 a total of £17m had been allocated, with plans in place to ensure the remaining balance is allocated and spent before the end of the financial year.

Following a question from the Chair regarding the position on the Kincardine and Lochgelly Health Centres, the Deputy Director of Finance advised there has been no confirmation regarding the projects' timescale for continuation. The Director of Property & Asset Management noted that Scottish Government are looking for Boards to prioritise capital requests across the whole system and highlighted the Fife Capital Investment Group are holding a workshop on 18 January 2023 to review projects across all systems within NHS Fife.

The Committee took **assurance** from the Report.

8. FOR ASSURANCE

8.1 Delivery of Annual Workplan 2022/23

The Director of Finance & Strategy noted the 'FPR Development Session 2' should be moved to March 2023, once a date has been confirmed.

Action: Director of Finance and Strategy / Committee Secretary

The Committee **approved** the tracked workplan, pending the changes noted above.

8.2 Proposed Annual Workplan 2023/24

The Committee **approved** the proposed workplan.

9. LINKED COMMITTEE / GROUP MINUTES

The Committee **noted** the linked committee minutes:

9.1 Fife Capital Investment Group held on 7 December 2022 (unconfirmed)

9.2 IJB Finance, Performance & Scrutiny Committee held on 11 November 2022 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

The Committee agreed the IPQR Finance Performance should be escalated to the Board, pending an update to the wording as detailed in this minute.

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 14 March 2023 at 9.30am via MS Teams.

PUBLIC HEALTH & WELLBEING COMMITTEE

(Meeting on 11 January 2023)

No issues were raised for escalation to the Board.

**MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING
HELD ON WEDNESDAY 11 JANUARY 2023 AT 10AM VIA MS TEAMS**

Present:

Alistair Morris, Non-Executive Member (Vice Chair)
Mansoor Mahmood, Non-Executive Member
Arlene Wood, Non-Executive Member
Carol Potter, Chief Executive
Margo McGurk, Director of Finance & Strategy
Chris McKenna, Medical Director
Janette Owens, Director of Nursing
Joy Tomlinson, Director of Public Health

In Attendance:

Nicky Connor, Director of Health & Social Care
Susan Fraser, Associate Director of Planning & Performance
Ben Hannan, Director of Pharmacy & Medicines
Emma O'Keefe, Consultant in Dental Public Health (*item 7.1 & 7.2 only*)
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and extended a warm welcome to Ben Hannan, who has now joined the Committee as a regular attendee.

The Chair thanked everyone throughout the whole organisation, noting that we are living through exceptional circumstances, and the hard work that is being carried out to provide the best healthcare during this time of extremely heavy demand is recognised.

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 Tricia Marwick (Chair) and Wilma Brown (Employee Director).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on Monday 7 November 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 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health advised that four risks have been identified from the Corporate Risk Register that are aligned to the Public Health & Wellbeing Committee. It was highlighted that the overall risk levels for 'Health Inequalities' and 'Primary Care Services' are high and both of those are relatively new risks added to the Corporate Risk Register.

It was reported that a focus of the Health Inequalities risk is to ensure that NHS Fife actions in relation to Health Inequalities are in place and that these will be embedded within the new Population Health & Wellbeing Strategy. A deep dive on this risk will be provided at the March 2023 Committee meeting. It was reported that there are emerging governance structures in relation to the Primary Care Services risk, and a deep dive will be provided at the May 2023 Committee meeting.

A Wood, Non-Executive Member, sought clarification around the Health Inequalities risk and queried how the risk connects to the work that is being carried out across all localities, and how the interventions and mitigations also connect. The Director of Public Health advised that the scheduled deep dive would provide more detail in this area, noting that discussions are ongoing in relation to mitigations and the actions that are required to be taken. The Director of Health & Social Care noted that there are groups now working in each of the localities and are linking in with Public Health colleagues for a joined-up approach.

The Committee **agreed** the scheduling of Deep Dive reviews as follows:

- Health Inequalities corporate risk on 1 March 2023
- Primary Care Services corporate risk on 15 May 2023

6 STRATEGY / PLANNING

6.1 Population Health & Wellbeing Strategy

The Director of Finance & Strategy reported that a first draft of the strategy document will be presented to the Portfolio Board at their meeting on 12 January 2023. The content of the strategy document has been prepared with input from all the Directors, who have been working on developing and drafting the strategy within their own areas. Further work will take place and the strategy document will be brought to the March 2023 Board Committee meetings.

The Director of Finance & Strategy noted that there is a focussed section within the strategy document around Health & Inequalities, and the various roles within NHS Fife that are working towards reducing this. The document also sets out our ambition to be an Anchor Institution.

The Committee took **assurance** on the progress of the strategy through the contents of this report.

6.2 Anchor Institution Programme Board Update

The Director of Public Health provided an overview of the paper which describes youth employment and employability, and the Community Benefit Gateway portal. The themes set out by the Health Foundation were outlined, and the new and additional opportunities for engagement was highlighted. The Director of Public Health noted that a detailed three-year outline is provided in appendix 1 and lists specific future actions.

A Wood, Non-Executive Member, queried the timeline within appendix 1, and noted it would be helpful to have sight of the intended outcomes that have been achieved. The Director of Public Health agreed to seek clarity.

Action: Director of Public Health

The Chief Executive reported that planned employability, youth employment & apprenticeship activities are a priority, and that further discussions will take place through this Committee and the Staff Governance Committee. The Chief Executive also noted that these areas will feature as a significant part of our corporate objectives in their next iteration.

The Director of Public Health reported that the Community Benefit Gateway portal is a national initiative that matches community groups and voluntary sector organisational needs with NHS suppliers for required resources. It was reported that there is joint activity in the development work between NHS Fife and Fife Council, and it was noted that there is no cost to NHS Fife. Following a question from the Vice Chair, it was advised that there are currently no local examples of the Community Benefit Gateway portal, however, the national examples are being used to develop the approach.

It was advised that an operational group of the Anchor Institution Programme Board will be meeting and setting out ambitions for the priority areas over the coming year, and that this detail will be included in the next update to the Committee.

The Committee took **assurance** on progress and ambitions of the Anchor Institutions Programme Board.

6.3 Fife Mental Health Strategy – Progress Report

The Director of Health & Social Care provided an update, as detailed in the paper, and advised that the Mental Health Strategy contains the ambition to develop and improve our services across seven areas of commitment. The summary of the funded key areas and strategic commitments were outlined, along with an overview of the risks.

The Director of Health & Social Care advised that the refresh of the Mental Health Strategy in Fife will underpin the Health & Social Care Partnership Strategic Plan and will also connect into the Population Health & Wellbeing Strategy. The refresh will be based on the National Mental Health Strategy, which is expected to be received this month. Following a question from A Wood, Non-Executive Member, it was advised that performance and outcomes monitoring aligned to any new indicators within the national strategy will be enhanced. This will also link into performance reporting.

The Director of Health & Social Care highlighted that there is strong engagement from people with lived experience, which is also informing the Mental Health Strategy, and that this will continue throughout the development of our strategy work.

Following a question from A Wood, Non-Executive Member, assurance was provided that the funded services are connected to wider services to support pathways.

The Vice Chair highlighted the financial and recruitment challenges and questioned whether this would pose a risk for the strategy. The Director of Health & Social Care advised that workforce and the change in financial climate will be included in the Mental Health Strategy refresh as a risk. It was also advised that the extent of the risk is not yet fully understood for mental health, until the national strategy is released. The Director of Finance & Strategy noted that there will be varying levels of risk associated with revenue and capital required to support the delivery of the new Mental Health Strategy.

The Committee took **assurance** from the progress report.

6.4 Primary Care Update

The Medical Director provided an overview on the paper and advised that it sets out the work undertaken on Primary Care, noting that Primary Care is a combination of NHS Fife services and four independent contracted providers, who meet through the newly convened Primary Care Governance & Strategic Oversight Group. The Medical Director outlined the extent of the challenges, which will be an important area of work going forward.

A Wood, Non-Executive Member, queried the sustainability of General Practice and the challenges with supporting the wider areas of Primary Care. The Medical Director explained that the landscape for General Practitioners has changed, and that there is a renewed relationship between contractors and NHS Fife, which provides a better opportunity for oversight. The Medical Director provided assurance that oversight across the whole system is much more robust. In terms of General Practitioners, the Medical Director reported that there is renewed engagement from General Practitioners, system support and the NHS Fife Board around sustainability. It was noted discussions are taking place regularly internally on day-to-day issues and longer term a strategy is in development. Assurance was provided there will be more transparency and opportunity, with it being noted that more work is still required.

Following a question from the Vice Chair on risks to Dental Practices, the Medical Director advised that due to Dental Practices having a private service, they have a choice on whether to contract NHS patients and that this is a greater risk compared to General Practitioners. The Director of Public Health noted that our Corporate Risk Register Deep Dive on Primary Care Services will provide a good opportunity to discuss mitigations that have been put in place through the various layers of governance.

The Committee took **assurance** from the update.

7 QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report (IPQR)

The Director of Health & Social Care reported on smoking cessation and advised that there is a time lag with the data provided in the report. The challenges and opportunities were outlined, and assurance was provided that the challenges are being worked through.

An overview on the Child & Adolescent Mental Health Services (CAHMS) was provided, noting that performance has improved. A lot of work has been carried out and staff are being proactive in addressing the challenges. It is expected the target will be met by March 2023, and this is being closely monitored in terms of staffing and demand on service.

In relation to Psychological Therapies (PT), it was reported that there have been challenges with performance, which has been due to demand on the service and recruitment of staff. It was noted actions that are being undertaken are included within the report, and that it is anticipated the target will be delayed due to pressure on services.

A Public Health & Wellbeing Committee Development Session is being arranged to discuss PT and CAHMS in more depth.

It was reported that the target was achieved by November 2022 for Covid vaccinations and Seasonal Flu vaccinations. Work continues to support and promote these vaccinations, including for staff, and to make these vaccinations accessible for people across all our services.

The Director of Public Health provided an update on the narrative within the report for immunisation, noting that, due to timings, this has since been updated. It was reported that there is a small reduction in uptake for NHS Fife, which is slightly below target. It was advised that the aim going forward is to ensure that the target is consistently achieved above target, and that we improve our ranking within the other mainland Health Boards. It was reported a Quality Improvement Group was formed in September 2022, who are carrying out an evidenced-based review and looking at quality improvement actions. Similarly, for MMR2, uptake has fallen slightly, and the aim is to achieve the target consistently and the Quality Improvement Group will work towards a detailed project plan.

It was highlighted that seasonal flu levels within the report are noted as moderate, and since the time of writing the report, this has been updated to extraordinary levels.

A Wood, Non-Executive Member, questioned if the current performance levels have returned to pre-Covid levels, and if we are close to meeting this level over the short term. The Director of Public Health advised that more detail will be included in the next iteration of the IPQR.

Action: Director of Health & Social Care/Director of Public Health

The Committee discussed, examined and considered the NHS Fife performance as summarised in the IPQR, and took **assurance** from the report.

7.2 Dental Services & Oral Health Improvement

E O'Keefe, Consultant in Dental Public Health, joined the meeting to present on Dental Services & Oral Health Improvement. She highlighted the successes detailed in the paper, noting that Fife is not an outlier in terms of pressures on the system. Assurance was provided that the Consultant in Dental Public Health regularly links in with the Chief Dental Officer at the Scottish Government and other Directors in dentistry to look at overcoming some of the issues.

The current situation was outlined, and it was advised that there is a backlog following the pandemic and issues with recruitment and workforce for both dentists and the wider dental team.

In terms of governance and risk mitigation, the Consultant in Dental Public Health provided assurance that due process is being followed within the limited resources that are available.

It was highlighted that dental services also contribute to general health and wellbeing and noted that dental disease is highly preventable. An overview was provided on the oral health improvement programmes, and areas of remobilisation. In terms of promoting oral health improvement, it was noted the challenges are around access and that a number of complaints have been received around this.

Assurance was provided that a lot of hard work continues on oral health improvement and to deliver high quality and efficient dentistry.

Following a question from A Wood, Non-Executive Member, the Consultant in Dental Public Health explained the dental body corporate model, how this works and accountability structures.

A Wood, Non-Executive Member, also questioned the Covid-19 incidents associated with dentistry and queried the definition of the incident themes. It was advised that an increase in Covid levels within Dental Practices increased with the spread of Covid. It was also noted that NHS Fife supported Dental Practices to ensure they were operating safely, with patient wellbeing at the forefront.

The Committee took **assurance** from the report.

7.3 Medication Assisted Treatment Standards Progress Report

The Director of Health & Social Care reported that there is a concerning challenge across Scotland in relation to drug & alcohol related deaths. The Fife Alcohol and Drug Partnership (FADP), which includes a number of agencies and those with lived experience, are addressing the National Mission on Drugs plan set out by the Scottish Government. It was advised that a focus for the FADP is on the Medication Assisted Treatment (MAT) Standards for the improvement in care.

The ten simple standards were highlighted, and it was advised that they are intended to be understood by those who access drug and alcohol services. It was noted the current particular focus is on standards 1 – 5. For standards 6 – 10, national funding has not been received yet, and April 2025 is the target date for those standards.

It was reported a new Steering Group will be formed to take forward the work in relation to Medication Assisted Treatment, and that this will also link into the wider work of primary care.

An Annual Report from the Alcohol and Drugs Partnership, including Medical Assisted Treatment will be brought back to the Committee in due course.

The Director of Public Health and Director of Pharmacy & Medicines, and their teams, were thanked for all their support.

The Committee took **assurance** from the report.

7.4 High Risk Pain Medicines (HRPM) Patient Safety Programme – Year One Update

The Director of Pharmacy & Medicines provided an overview on the programme, as detailed in the paper. It was highlighted that high risk pain medicines are a complex issue, and it is important to ensure that work is carried out fully for any interventions. It was advised that monthly scrutiny is carried out through the Executive Directors' Portfolio Board, who receive the detail on delivery against the plans.

Assurance was provided that a first stage Equality & Diversity Impact Assessment (EQIA) has been published and close working is being carried out between NHS Fife teams and the Health & Social Care Partnership to ensure that the patient voice forms part of this programme. The EQIA stage two submission is scheduled to be completed by the end of January 2023.

Following a question from the Director of Public Health on over-the-counter purchasing, the Director of Pharmacy & Medicines advised that these medicines have a limited therapeutic benefit in the doses that are given, however they still contribute to problems with addiction. The Director of Pharmacy & Medicines advised that he meets with the General Pharmaceutical Council on a quarterly basis, who regulate and inspect Community Pharmacies in Fife, and any areas of concern would be raised through this group. It was noted that over-the-counter purchasing is decreasing, which is due to Community Pharmacies who are now the first port of call, and that this will form part of the evaluation of data.

The Committee took **assurance** from the Year One delivery of the HRPM Patient Safety Programme.

8 INEQUALITIES

8.1 Interim Progress Report on Equality Outcomes and Mainstreaming Plan 2021-2025

The Director of Nursing spoke to the report and highlighted the progress made towards each of the specified equality outcomes. It was advised that the NHS Fife Equalities and Human Rights Lead will attend a future Board Development Session on improving and embedding knowledge & skills through learning, mentoring and leadership.

It was noted the format of the report will be revised before being published.

Following a question from M Mahmood, Non-Executive Member, it was advised feedback from international recruits has been positive, and the Spiritual Care Team have been providing pastoral support to help these new staff settle in.

A Wood, Non-Executive Member, queried progress on the key pieces of data detailed in section 4 of the report. The Director of Nursing advised that there will be various committees and groups who will take this forward, and the Equality & Human Rights Strategy Group will support in the collation of data. It was noted that the final report is scheduled to be published in two years' time, and that further work will be carried out on the detail which will be included.

The Committee:

- took **assurance** that the report details NHS Fife's mainstreaming activity and how we intend to continue to make progress against these actions for the next two years;
- **considered** the contents of the report; and
- **agreed** to publish the Interim Report by 31 March 2023

9. FOR ASSURANCE

9.1 Delivery of Annual Workplan

The Committee took **assurance** from the tracked workplan.

9.2 Proposed Annual Workplan 2023/2024

The Director of Public Health welcomed any additions to the proposed workplan for 2023/24 and advised a final version will be brought back to the Committee at the March 2023 meeting for final approval.

The Committee:

- **considered** and **approved** the proposed workplan for 2023/2024; and
- **approved** the approach to ensure that the workplan remains current

10. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

10.1 Fife Partnership Board held on 8 November 2022 (unconfirmed)

10.2 Portfolio Board held on 15 September 2022 (confirmed) & 13 October 2022 (unconfirmed)

10.3 Public Health Assurance Committee held on 7 December 2022 (unconfirmed)

A Wood, Non-Executive Member, queried the Cost of Living Report, which was highlighted from the Fife Partnership Board minutes. The Director of Public Health explained that a programme of work in the Tackling Poverty Crisis Board are looking at opportunities in relation to available resources and where the focus should sit. It was reported at the last meeting that a discussion took place to raise awareness with all partner organisations to ensure that we are considering what we could do to amplify and ensure as many people as possible can be reached through the various initiatives to address the cost of living crisis.

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 matters to escalate to NHS Fife Board.

12. ANY OTHER BUSINESS

There was no other business.

13. DATE OF NEXT MEETING

Wednesday 1 March 2023 at 10am via MS Teams.

STAFF GOVERNANCE COMMITTEE

(Meeting on 12 January 2023)

No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 12 JANUARY 2023 AT 10.00 AM VIA MS TEAMS

Present:

Sinead Braiden, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Alistair Morris, Non-Executive Member
Wilma Brown, Employee Director
Kirstie MacDonald, Whistleblowing Champion and Non-Executive Member
Simon Fevre, Co-Chair, Health & Social Care Local Partnership Forum (LPF)
Janette Owens, Director of Nursing
Carol Potter, Chief Executive

In attendance:

Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance (*item 6.1 only*)
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property and Asset Management
Margo McGurk, Director of Finance & Strategy (*part*)
David Miller, Director of Workforce
Sandra Raynor, Head of Workforce Resourcing & Relations
Kevin Reith, Deputy Director of Workforce
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting. A warm welcome was extended to David Miller, joining NHS Fife as the new Director of Workforce, who is attending his first Staff Governance Committee meeting.

In addition, the Chair acknowledged the on-going significant service pressures affecting colleagues and thanked them for their ongoing 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.

The Chair advised that the meeting is being recorded for the purpose of the Minutes.

1. Apologies for Absence

Apologies for absence were received from Andrew Verrecchia (Co-Chair, Acute Services Division & 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 10 November 2022

The minutes of the meeting of Thursday 10 November 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.

5.1 Corporate Risks Aligned to Staff Governance Committee

The Director of Workforce advised that Staff Experience & Wellbeing is the main risk aligned to the Staff Governance Committee and that a review of work in this area is scheduled to be carried out.

Following a query from S Fevre, Co-Chair, Health & Social Care LPF, the Director of Nursing clarified that the Practitioner role mentioned under the deep-dive section of the paper refers to the Band 4 Assistant Practitioner roles, and not the Advanced Practitioner roles.

W Brown, Employee Director, highlighted that improving staff experience and wellbeing is the responsibility of the whole organisation and not solely Staff Governance Committee and the Workforce Directorate. The Director of Workforce agreed, noting that a balance is required. He also noted that we need to attract and retain people within NHS Fife, and discussion took place on how this could be achieved locally. Examples included continuing conversations with clinicians alongside their day-to-day work, going out to schools to promote nursing & midwifery as careers, and encouraging retired nurses to return on a part-time basis. The Chief Executive added that supporting local employment and attracting local people into the workplace, as per our Anchor Institution ambitions, will sit high within our 2023/24 corporate objectives.

The Committee took **assurance** from the report and:

- **Noted** the Corporate Risks as at 5 January 2023 set out at Appendix 1;
- **Reviewed** the updates provided and **considered** the Assurance Principles set out at Appendix 2; and
- **Considered** and were **assured** of the mitigating actions to improve the risk level.

5.1.1 Deep Dive – Workforce Planning - Nursing and Midwifery Staffing Levels

The Director of Nursing reported that there is a continuing risk that safe nursing and midwifery staffing levels cannot be achieved, which is similar to other Health Boards across Scotland. The Director of Nursing described the risk, as detailed in the paper, and advised that there are recruitment issues with work underway to try and attract new staff to NHS Fife.

It was reported that there has been a reduction in the number of students applying to study nursing, along with the issues of high attrition rates and those who complete the degree moving to a different career. It was also reported, that due to the pandemic, students training was disrupted, which has also impacted on vacancies.

The Director of Nursing advised that a programme of work commences in February 2023 for 25 Assistant Practitioners from both Acute Services and the Health & Social Care Partnership. The subjects within the Professional Development Award were outlined.

An update was provided on international recruitment, and it was reported that there are 27 nurses and 3 radiographers who are all now registered. It was advised funding is being sought for more international recruits. The Director of Nursing thanked the Workforce Directorate for all their support provided to international recruits.

The Director of Nursing advised that a Band 2 – Band 4 development framework is being created to support the development of our staff, and this will be based on the NHS Education for Scotland (NES) framework, which was recently published.

It was advised that work is ongoing in conjunction with the Nursing Workforce Planning Group around safe staffing and nursing and midwifery recruitment. Discussions are also ongoing around looking closely at supplementary staffing and it was noted work is ongoing at a national level in this area.

The Committee took **assurance** from the content.

5.2 Staff Governance Standard

5.2.1 Improved and Safe Working Environment

The Director of Property & Asset Management advised that work is ongoing to improve and ensure that the physical environment for staff is safe. It was reported that best practice is clearly set out on the Health & Safety Executive's (HSE) website. The current position was described, and it was advised that a Steering Group has been formed, which is multidisciplinary, to identify how to take this issue forward. It was reported the proposal is to use the 'Talking Toolkit – Preventing work-related stress in Health & Social Care in Scotland', which is provided by the HSE, and volunteers have been identified to go out and talk to staff. It was noted that support from the Property & Asset Management Team will be available for the process. The Head of Workforce Planning & Staff Wellbeing added that colleagues from the Health & Social Care Partnership will be involved,

as they are engaging with the University of Hull around stress risk assessment work, and feedback will be collated.

An overview on the Talking Toolkit was provided, and it was advised that this will also feed into a formal risk assessment, where the highest risks will be identified, and mitigations put in place. It was noted that once the pilot has been complete, areas of the toolkit will be used for other areas of NHS Fife.

W Brown, Employee Director, highlighted the importance of all staff taking breaks, which is included as part of the Talking Toolkit.

S Fevre, Co-Chair, Health & Social Care LPF, queried where the feedback and results from the work of the pilot will be reported, noting it should come back to this Committee at strategic level. He also highlighted the difficulty for staff to find time to have discussions around feedback on the pilot.

The Head of Workforce Planning & Staff Wellbeing expressed thanks to Wendy McConville, Senior Charge Nurse Learning Disabilities Service, for offering to pilot the Talking Toolkit in two areas.

The Committee took **assurance** from the content of the report.

5.2.2 iMatter Report

The Deputy Director of Workforce spoke to the report and advised that it covers all areas of the Staff Governance Standards, with a particular focus around well-informed and decision-making categories. It was noted that there had been some concern from Boards on the timescale for the 2022 survey, which had been due to a national aim to have the full report released before the end of the calendar year, to help inform the work of the next cycle of iMatter and conclusion of activities. The national report was released in November 2022, and it was highlighted that Fife's performance was not an outlier and is aligned to the national average. A brief overview was provided on the results, with the trends apparent in Fife.

It was reported that a deep dive was carried out at the Area Partnership Forum (APF) in September 2022 on the content of the report and actions arising.

S Fevre, Co-Chair, Health & Social Care LPF, noted it would be beneficial to carry out further questionnaires throughout the year with different questions that reflect what individuals are thinking.

W Brown, Employee Director, highlighted the importance of staff having sight of and involvement in the action plans (or a simplified version), noting that there should be more focus in this area as part of the process. It was noted this may also encourage more positive good news stories.

Members queried the definition and meaning of appendix 3 and were advised that it demonstrates the threads that run through national themes.

C Grieve, Non-Executive Member, questioned how the outcomes of the iMatter survey will be mapped against the outcomes of the Talking Toolkit to identify where there are similarities. It was confirmed this will be taken forward.

A Morris, Non-Executive Member, noted electronic surveys have a limited value and suggested having a matrix of intelligence of staff feedback.

The Chief Executive advised that conversations are in the early stages around engagement with staff and building on the Talking Toolkit, and she noted that NHS Fife is committed to moving this forward.

The Committee **noted** the update on iMatter Comparative National results, which will inform plans for work being undertaken in relation to staff experience.

6. STRATEGY / PLANNING

6.1 Population Health and Wellbeing Strategy

The Associate Director of Planning & Performance provided a verbal update and reported that a first draft of the strategy document will be presented to the Portfolio Board at their meeting on 12 January 2023. The content of the strategy document has been prepared and influenced by all the Directors, who have been working on developing and drafting the strategy within their own areas. Further work will take place and the strategy document will be brought to the March 2023 Board Committee meetings.

The Associate Director of Planning & Performance noted that there is a focussed section within the strategy document around workforce and it details the ambitions which set out the five pillars of the workforce strategy.

It was reported that significant progress has been made in concluding the engagement work, with the final report on the feedback of the focus groups and one-to-one interviews awaited from the external company. It was noted the quality of information will be informative for the strategy.

The Committee **noted** the updated and the ongoing activity to develop the Strategy.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce provided an overview on sickness absence and noted that resources will be used in the most meaningful way to support improving sickness absence. It was also noted that Occupational Health provides a great offering, however the focus going forward will be on what benefits staff the most from the service. The Director of Workforce added that the presentation of sickness absence will be reviewed and will allow the Committee to scrutinise actions being taken against projections. Members welcomed the review of the sickness absence performance report. It was highlighted it would be beneficial to identify areas of high absence, and the factors, and the Director of Workforce replied that he was fully supportive of understanding this in more detail.

A Morris, Non-Executive Member, suggested measuring absence against vacancies, noting it is critical that these roles are filled for service and staff benefit.

S Fevre, Co-Chair, Health & Social Care LPF, requested clarity on Covid-19 related absence impacting sickness absence rates. The Director of Workforce agreed to provide an explanation outwith the meeting.

Action: Director of Workforce

C Grieve, Non-Executive Member, suggested a discussion around visible leadership in terms of improving the compliance rate for the personal development and performance reviews (PDPR).

The Committee took **assurance** from the report.

8. PROJECTS / PROGRAMMES

8.1 Workforce Implications of Memorandum of Understanding (MoU2) Implementation – General Medical Services Contract

The Director of Health & Social Care advised that this item is part of a regular series of reporting to the Committee and has been recognised as a risk.

It was advised that the report provides detail on the three services for transitioning, which are a focus. It was noted the Vaccination Transformation Programme was completed within the projected timeframe. It was reported that the Community Treatment and Care service is an ongoing risk in terms of Band 5 recruitment, and the potential impact on the wider system is recognised. In terms of Pharmacotherapy, it was noted that this was an area agreed to be focussed on nationally. It was advised that this has been a challenge and is influenced by a number of reasons, including describing the model on a national basis, and a risk in terms of recruiting Pharmacists. It was noted that work continues for the other workstreams, as detailed in the paper.

The ongoing risks in relation to finance and workforce were highlighted, and it was noted that a lot of work is currently underway for the Primary Care Strategy. Work is also being carried out in terms of governance and refreshing improvement plans.

A Morris, Non-Executive Member, questioned if the General Medical Services Memorandum of Understanding is deliverable due to the funding gap and if we should accept that this will not be delivered to its full extent. The Director of Health & Social Care noted the significant challenges and advised that NHS Fife is doing everything possible to support Primary Care colleagues and General Practices, whilst also strongly escalating local concerns.

S Fevre, Co-Chair, Health & Social Care LPF, raised concerns over the requirement of additional staff, particularly with specialist skills, in terms of recruiting and funding. A Morris, Non-Executive Member, queried the reason and growth for fixed-term contracts. It was advised that this was due to short-term funding, and that an analysis is being carried out through the General Medical

Services Implementation Group and Workforce Subgroups, who support that activity, to identify opportunities.

The Committee **noted** the progression and challenges in respect of recruitment of the GP workforce. The Committee took **assurance** regarding the on-going identification and mitigation of the associated workforce and financial risks to support progression.

9. ANNUAL REPORTS

9.1 Training Compliance Report 2021/2022

The Deputy Director of Workforce advised that the overall training compliance rate has declined, which has impacted our ability to maintain the level of required compliance. It was noted that a commitment to improving the compliance rate will be prioritised, to support effective training and maximise the ability for staff to attend and engage effectively in the required training. An overview was provided on the work that is ongoing in the development of our training system and with our training providers.

S Fevre, Co-Chair, Health & Social Care LPF, questioned where performance and the impact of actions taken will be monitored at an operational level. He also suggested prioritising some elements of training.

W Brown, Employee Director, highlighted the corporate risk around the compliance rate, in terms of potential risks to patient and staff safety, noting that mandatory training for staff within wards can also impact on their registration and put pressure on other staff. W Brown noted an improvement action plan is required, with timelines, that would also provide appropriate assurance of progress in this area.

The Director of Acute Services advised that staff performance around training levels is considered at each Acute Directorate monthly review. It was noted that different ways of providing training is being explored and is very challenging, and that action is required to be taken to improve training compliance. The Director of Health & Social Care provided assurance that this is being discussed, closely monitored and supported by an improvement plan within the Health & Social Care Partnership through a range of forums, including the Health & Safety Forum and Senior Leadership Team.

The Director of Nursing provided assurance with regards to cardiopulmonary resuscitation (CPR) training and advised that the model of training is being revised through the Resuscitation Committee. It is expected the new model will support the increase in uptake of CPR training.

The Chief Executive, as Accountable Officer, provided assurance that there is a commitment to take all the work discussed forward.

It was noted that training performance reporting will form part of the Integrated Performance & Quality Report (IPQR) on a routine basis. It was agreed a further update, through a written report, will be brought back to the next Committee meeting in March 2023.

Action: Deputy Director of Workforce

The Committee **considered** the training position and agreed the proposed actions.

9.2 NHS Fife Workforce Information Overview

The Head of Workforce Planning & Staff Wellbeing provided an overview on the contents of the Workforce Information Overview report. It was noted the report does not yet provide the triangulation discussed earlier in the meeting and it was confirmed that changes to the report will be taken forward on an iterative basis.

It was reported that in terms of employee relations (ER) case activity, operational HR colleagues continue to work with staff side and service representatives to progress cases, albeit recognising the service pressures.

A Morris, Non-Executive Member, highlighted the reliance of bank and agency staff and the associated costs, noting that a long-term ambition is required to reduce this reliance, particularly for agency staff. The Director of Workforce agreed and advised that more work is required to be carried on the establishment gap. The Director of Finance & Strategy noted that a review of bank and agency staff is a priority area, and a focus will be on reducing the numbers. It was also advised that this links into the e-rostering work being carried out and will be reviewed as part of a programme of work.

It was agreed to bring the Workforce Information Overview back to the Committee at the March 2023 meeting for assurance.

Action: Director of Workforce

The Committee took **assurance** from the report, which provides an:

- Overview of the NHS Fife workforce information at 30 September 2022; and
- Summary of the Staff Health and Wellbeing Support activities and statistics for July to October 2022

10. FOR ASSURANCE

10.1 Annual Workplan 2022/2023

The Deputy Director of Workforce proposed that the workplan is updated to reflect the work carried out in terms of the Staff Governance Standard particularly for Well Informed and Involved in Decisions, noting that extensive work had been carried out as part of the audit compliance. This was agreed and will be included in the 2023/2024 workplan.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee took **assurance** from the updated workplan.

10.2 Proposed Annual Workplan 2023/2024

The Director of Workforce welcomed suggestions on deep dive topics for 2023/2024.

The Committee took **assurance** from the report and **considered** and **endorsed** the content of the proposed Staff Governance Committee Annual Workplan for 2023/2024, with any further suggestions on content or deep dives to be submitted to the Head of Workforce Planning & Staff Wellbeing by 17 February 2023.

11. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

- 11.1 Area Partnership Forum held on 23 November 2022 (unconfirmed)
- 11.2 Acute Services Division & Corporate Directorates Local Partnership Forum held on 27 October 2022 (unconfirmed)
- 11.3 Health and Social Care Partnership Local Partnership Forum held on 21 September 2022 (confirmed)
- 11.4 Strategic Workforce Planning Group held on 22 November 2022

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IQPR summary, notwithstanding the Committee noting the continuing challenges around managing the Board's sickness absence position.

12.2 Chair's Comments on the Minutes / Any other matters for escalation to NHS Fife Board

It was agreed to escalate to the Board in private session, the training compliance risk.

13. ANY OTHER BUSINESS

There was no other business.

14. DATE OF NEXT MEETING

Thursday 9 March 2023 at 10.00 am via MS Teams.

COMMUNITY & WELLBEING PARTNERSHIP

(Meeting on 15th December 2022)

Items discussed:

The partnership received a very interesting update on the Community Learning and Development Plan and some current participatory action research being undertaken by young people and the CLD team. The partnership recognized the significant potential for the CLD team to work closely with Fife HSCP Participation and Engagement Team on future service redesign.

The Partnership also discussed and received updates on the Volunteering Strategy and Action Plan, CWP Delivery Plan, Leadership Summits and Workshops and development of the Plan for Fife ambitions indicators.

Unconfirmed

Communities & Wellbeing Partnership

Meeting by Teams, Thursday 15th December 2022, 2.00-4.00pm

Note

Present: Fiona McKay, Helen Rorrison, Jo-Anne Valentine, Kenny Murphy, Lisa Cooper, Lucy Denvir (chair), Ruth Bennett

Attending: Gill Musk, Gordon Forbes, Tricia Ryan (first part of meeting only)

Apologies: Andrew Gallacher, Emma Walker, Heather Stuart, Sinead Braiden

1. Welcome and introductions

Lucy welcomed members and colleagues attending. Lisa has succeeded Bryan Davies at H&SCP.

Apologies noted as above.

2. Note of last meeting on 8th September

Note was approved as an accurate record. Matters arising:

- Fiona, Emma and Heather still to take forward the discussion around shared challenges and potential collaboration.
- Ruth highlighted an event planned for 28/02/23 which will review suicide prevention work in Fife and discuss a new strategy for Fife.

Other matters dealt with or covered by the agenda.

3. CLD Plan update and research – Helen, Tricia, Gordon

A summary update was circulated in advance. A community engagement event on 24th November was oversubscribed and may be repeated next year. Work is progressing on local plans (NB links within update didn't work). CBAL and work with young people is not yet back to pre-Covid levels.

Kenny pointed out that developmental work on volunteering was restarting and the SIG has started to meet again. He also noted a shift in the volunteering landscape, with much traditional volunteering being halted during the pandemic and some volunteers withdrawing.

There was some discussion of community engagement being part of everyone's role, not just for CLD – the need to work alongside people to design services. Fiona highlighted H&SCP's Participation & Engagement team, recently increased, and the need for a shared approach across the board.

Some discussion of the need for reports to answer 'so what?' – i.e. show what difference we've made and the impact of any planned actions. **ACTION:** Gill/Tricia to explore further

Gordon introduced a short video on current research into how young people in Fife have been affected by the pandemic, engaging with 300-500 young people through participatory action research. The findings, to be published in March 2023, which will inform CLD service development.

He noted emerging themes around mental health, a sense of 'growing up too fast', the positive impact of youth work, and the importance of a sense of belonging.

Members were very positive about the video and the work being done. Ruth noted that the findings could be extremely useful for Health Promotion. Fiona noted current work on the young carers' strategy and asked about scope for H&SCP to feed in. Gordon suggested a group be brought together – would have to be by end Jan. **ACTION:** Fiona to speak to Scott Fissenden

4. Volunteering strategy and action plan - Kenny

Covered under the last agenda item. Not enough partnership progress yet for a written report.

5. Health & wellbeing delivery plan updates – Lucy, Gill

Action leads provided full updates (inc RAG status) for the Recovery & Renewal Leadership Board meeting in August. This time, to avoid unnecessary work and duplication, leads had been asked to provide very brief updates on successes, challenges, risks, opportunities of particular note.

Given the breadth of the delivery plan, it is challenging to identify the key issues which need to be addressed by CWP or escalated further. The group were asked to consider how we could do this more effectively.

There was some discussion of the value of sharing information and learning across the group, but a sense that we need to do more to combine, collaborate and add value. What are the 'big ticket' items for how we work collaboratively?

Some leads had highlighted areas requiring action. This did not mean work was not happening in these areas, but that wider involvement of partners / colleagues might increase impact.

ACTION: Fiona to speak to Elizabeth Butters about a possible presentation to the group on the Overdose Awareness and Take-Home Naloxone Programme.

Other suggestions included reviewing the delivery plan, so that it has a narrower focus, or splitting reports into a) work individual partners are taking forward b) work we're taking forward in partnership, that CWP has identified as having potential for 'collaborative gain'.

Lisa noted that Alison McLeod is currently covering Janie Gordon's role.

6. Leadership Summits

Lucy gave brief feedback on the summits so far. Information and recordings of masterclasses are at [Our Fife Leadership Summits](#). A stocktake event will take place on 18th Jan.

Gill introduced the draft summary report on the health and wellbeing workstream. This, and the focus on physical activity, was welcomed. Affordability (of some opportunities) is an issue.

Ruth noted that the workshops had gone beyond looking at what each service has responsibility for and explored the leadership and commitment needed to support the population of Fife to be more active.

7. Any other business

A consultation has just been launched on the indicators used for the Plan for Fife annual ambitions report. The group agreed that a small working group should meet early January to prepare a response. **ACTION:** Fiona/Lisa/Ruth to confirm who from H&SCP will attend. Gill to set up meeting.

8. Date of next meeting

Members agreed that an in-person meeting should take place in March 2023.

INGTEGRATION JOINT BOARD
(Meeting on 30 September 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 30 SEPTEMBER 2022 AT 10.00 AM

Present	Christina Cooper (CC) (Chair) David Graham (DG) (Vice-Chair) Fife Council – David Alexander (DA), Graeme Downie (GD), Margaret Kennedy (MK), Rosemary Liewald (RLie), Lynn Mowatt (LM) and Sam Steele (SS) NHS Fife Board Members (Non-Executive) – Martin Black (MB), Sinead Braiden (SB), Alistair Morris (AM), Arlene Wood (AW) Chris McKenna, Medical Director, NHS Fife Wilma Brown, Employee Director, NHS Fife Ian Dall (ID), Service User Representative Paul Dundas (PD), Independent Sector Representative Simon Fevre (SF), Staff Representative, NHS Fife Morna Fleming (MF), Carer Representative Kenny Murphy (KM), Third Sector Representative Debbie Thompson (DT), Joint TU Secretary, Fife Council
Professional Advisers	Nicky Connor (NC), Director of Health & Social Care Audrey Valente (AV), Chief Finance Officer Lynn Barker (LB), Associate Director of Nursing
Attending	Lynne Garvey (LG), Head of Community Care Services Bryan Davies (BD), Head of Primary & Preventative Care Services Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning Roy Lawrence (RLaw), Principal Lead Organisation Development and Culture Lisa Cooper (LC), Immunisation Programme Director Norma Aitken (NA), Head of Corporate Services Hazel Williamson (HW), Communications Adviser Clare Gibb (CG), Communications Adviser Hannah Grubb (HG), Participation and Engagement Officer Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO	TITLE	ACTION
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1	CHAIRPERSON'S WELCOME / OPENING REMARKS	
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The Chair welcomed everyone to the Integration Joint Board, including Hannah Grubb, Participation and Engagement Officer and Clare Gibb, Communications Adviser who have both joined the partnership recently and are observing the meeting as part of their induction.

The Chair reminded the Board that her term of office on the NHS Board comes to an end in December this year. She will therefore be standing down as Chair of the IJB from 1 December 2022 and was pleased to advise that Arlene Wood has been appointed to the Chair from that date. The Board wished Arlene well in this new role.

The Chair advised that meeting dates for 2023 Committee and IJB meetings were being agreed and discussion on how these will be held (Virtual / Blended / In Person) at a future development session.

NO	TITLE	ACTION
1	CHAIRPERSON'S WELCOME / OPENING REMARKS (CONT)	
	<p>The Chair advised that meeting dates for 2023 Committee and IJB meetings were being agreed and discussion on how these will be held (Virtual / Blended / In Person) at a future development session.</p> <p>Those present were asked that, in an effort to keep to timings for this meeting, all questions and responses should be succinct.</p> <p>Members were advised that a recording pen was in use at the meeting to assist with Minute taking and the media had been invited to listen in to the proceedings.</p>	
2	CONFIRMATION OF ATTENDANCE / APOLOGIES	
	<p>Apologies had been received from Dave Dempsey, Janette Owens, Joy Tomlinson, Helen Hellewell and Ben Hannan.</p>	
3	DECLARATION OF MEMBERS' INTERESTS	
	<p>There were no declarations of interest.</p>	
4	MINUTES OF PREVIOUS MEETING 29 JULY 2022	
	<p>The Minute from the meeting held on 29 July 2022 was approved as an accurate record.</p>	
5	MATTERS ARISING – ACTION NOTE	
	<p>The Action Note from the meeting held on 29 July 2022 was approved as accurate.</p>	
6	CHIEF OFFICER UPDATE	
	<p>The Chair handed over to Nicky Connor for this item.</p> <p>Nicky confirmed that a briefing had been sent to IJB members the previous day which updated on upcoming changes in the Senior Leadership Team. Nicky expressed her thanks to Bryan Davies, Head of Primary & Preventative Care Services who leaves on 7 October 2022 to take up a new post with Borders. Lisa Cooper will take up this post on Monday 10 October 2022.</p> <p>Thanks were expressed to all staff, within the partnership and all other sectors, who have participated in the recent Inspection. This report on this is due to be released early November 2022, a briefing will be provided to the IJB and the findings will present through due governance when available.</p> <p>The current global challenges which are being faced, including the cost-of-living crisis, have been acknowledged in many forums. Consideration is being given to support for the Independent sector and a report will be brought to the next Finance, Performance & Scrutiny Committee.</p> <p>Nicky and the Chair both expressed their thanks, on behalf of the Board, to all staff within the partnership and our partners for the continued efforts during these times of ongoing system pressures. .</p>	

7 FINANCE UPDATE

The Chair handed over to Audrey Valente who presented this report which had been discussed at the Finance, Performance and Scrutiny (FP&S) Committee on Friday 16 September 2022.

Audrey Valente advised the financial position of the delegated and managed services, as at 31 July 2022 the forecast for Fife Health & Social Care Partnership is currently a surplus £6.950m. Currently the key areas of overspend are Hospital & Long-Term Care and Adult Placements. These overspends are offset by the underspends in Community Services, GP Prescribing, Children's Services, Older People Residential and Day Care, Homecare, Adults Fife-wide, Adults Supported Living and Social Care Fieldwork.

Unachieved savings totalling £3.794m from prior years, which were delayed due to Covid-19, have been brought forward, and as at July 66% of these are likely to be delivered. Resource Scheduling (Total Mobile) saving of £0.750m is projected to be undelivered in 2022-23. This saving will be funded from reserves on a one-year basis from the uncommitted reserves balance, as approved by the IJB in March 2022. The savings associated with the implementation of MORSE (£0.800m) will not be delivered in full in 2022-23. It is projected that only 50% will be delivered with the remaining 50% of this saving funded from reserves on a one-year basis, as approved by the IJB in March.

July projected full year costs for Covid-19 related expenditure is £18.429m. Reserves for Covid-19 brought forward from 2021-22 of £35.993m are to be utilised to cover this expenditure. Recently a letter was received from Scottish Government regarding the unspent £17.5m Covid-19 funding, which will need to be returned to Scottish Government.

The Chair then invited Arlene Wood, Chair of Finance, Performance & Scrutiny Committee (FP&S) to comment on discussions at the Committee before questions from Board members. The Committee had raised concerns around the return of covid funding to Scottish Government and asked for additional information on two areas of overspend, which will be provided to FP&S at a later meeting.

Discussion took place around the return of the Covid-19 funding, how this was to be achieved, spend to save options, any additional costs to be taken into account and the provision of PPE to staff going forward. Audrey advised that initial figures are based on Quarter 2, but will be updated during Quarters 3 and 4. Audrey is in regular dialogue with Scottish Government and the situation is constantly evolving.

Questions were asked around the situation with recruitment and Nicky advised that significant work on this was ongoing. The response to the STV advert had been encouraging with a number of staff now in post and others being processed, consideration is being given to a further expansion of this campaign. The Workforce Action Plan (Item 10) later in the agenda would provide information on the work which is ongoing on this.

Graeme Downie raised the question of increasing the mileage allowance for Social Care Workers, which Audrey explained was not in the gift of the IJB as staff are employed by Fife Council and any decisions would need to come from

NO	TITLE	ACTION
7	<p data-bbox="143 257 1292 526">the employing organisation. Graeme Downie proposed that consideration be given to a view to bringing external care workers closer in parity to Fife Council and NHS Fife. Additional funding to external providers is currently under discussion to allow an uplift to all of their care staff for the next six months, this will then be reviewed. This will be discussed further at a Finance, Performance and Scrutiny committee Paul Dundas confirmed that this proposal had been well received by external providers.</p> <p data-bbox="143 537 1292 649">Paul Dundas also advised that Fife has joined a national collective group which will allow IJB to take advantage of collective buying power eg for PPE purchasing.</p> <p data-bbox="143 660 1292 739">It was agreed that Governance would be the subject of a future Development Session and this will be discussed with the Chair.</p> <p data-bbox="143 750 1292 828">The Board examined and considered the key actions and next steps and approved the financial monitoring position and use of Reserves as at July 2022.</p>	<p data-bbox="1388 660 1452 705">NC</p>
8	<p data-bbox="143 862 1292 896">PERFORMANCE REPORT – EXECUTIVE SUMMARY</p> <p data-bbox="143 929 1292 1120">The full version of this report was discussed at the Finance, Performance & Scrutiny Committee on 16 September 2022. The Chair introduced Fiona McKay who presented the report. Fiona advised that there are still challenges within the system but significant work is ongoing to support patients and their families and allow safe movement of people through the system.</p> <p data-bbox="143 1131 1292 1276">The Chair then invited Arlene Wood, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee before questions from Board members. Arlene advised that the Committee were assured by the report and there were a few areas of challenge which they discussed.</p> <p data-bbox="143 1288 1292 1400">Ian Dall felt it was difficult to see trends from the data contained in the summary report, Fiona offered to share the full report with him as this contains trend information.</p> <p data-bbox="143 1411 1292 1635">Chris McKenna spoke of the extreme pressures within NHS Fife and Social Care and how the IJB could support this to deliver better outcomes. Fiona acknowledged there were challenges and it is important to do the best we can within the resources available. The recent redesign of the portfolios within the partnership which allowed the creation of Primary & Preventative Care Services allows more focus on early intervention and prevention.</p> <p data-bbox="143 1646 1292 1803">Rosemary Liewald raised the issue of consultation of service users on Adult Day Care Centres. Fiona McKay advised that a Test of Change is currently underway within Napier House Care Home in Glenrothes to determine how we go forward with day care provision post pandemic.</p> <p data-bbox="143 1814 1292 1850">The Board discussed and were assured by the report.</p>	<p data-bbox="1388 1288 1452 1332">FM</p>

9 ANNUAL PERFORMANCE REPORT 2021-2022

This report had been discussed at the Quality & Communities Committee on 9 September 2022 and the Finance, Performance & Scrutiny Committee on 16 September 2022. The Chair introduced Fiona McKay who presented the report.

Fiona thanked the IJB members who were part of the Strategic Planning Group who worked on this Report. Feedback received from the two committees had been taken on board and included in the final report.

The Chair then invited Sinead Braiden, Chair of Quality & Communities Committee and Arlene Wood, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee before questions from Board members.

Sinead advised that Quality & Communities had welcomed the report and were assured by the content.

Arlene advised that Finance, Performance & Scrutiny welcomed the opportunity to feed back on the report and had raised two issues which had been incorporated in the updated report.

Morna Fleming raised questions relating to the Deaf Communications Service, short break provision for over 65's, delayed discharges and Inspections. Fiona McKay responded to each of these in turn.

Martin Black raised the issue of dangerous access to the Methil Care Home which is under construction. Fiona confirmed that this has been raised with Fife Council and assurance received that access will be sufficient once the project is completed.

Discussion took place around surge beds in Community Hospitals and how best to minimise delays in discharging patients. There is no capacity to further increase the number of available beds Due to capacity and workforce challenges. There is work being progressed in relation to Home First to help continue to address and support timely discharge from hospital.

The Board discussed and were assured by the report.

10 FIFE HSCP YEAR 1 WORKFORCE ACTION PLAN 2022-2023

This report had been discussed at the Quality & Communities Committee on 9 September 2022 and the Finance, Performance & Scrutiny Committee on 16 September 2022. The Chair introduced Roy Lawrence who presented the report. Roy thanked everyone for the work done on this to date and advised that Scottish Government have not yet provided their feedback on the Workforce Strategy, although this was expected at the end of August 2022. Once received this feedback will come back to the IJB at a future meeting.

The Chair then invited Sinead Braiden, Chair of Quality & Communities Committee and Arlene Wood, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee before questions from Board members.

Sinead advised that Quality & Communities were content to approve the Action Plan. Arlene confirmed that Finance, Performance & Scrutiny were also content with this and asked that priorities and timescales be reviewed.

10 FIFE HSCP YEAR 1 WORKFORCE ACTION PLAN 2022-2023 (CONT)

The Board approved the Year 1 Action Plan and were assured that the Workforce Strategy Group will report to SLT 3 times per year on progress. The Group will also report to the IJB, LPF and Committees annually on progress.

11 REVISION TO GOVERNANCE MANUAL

This report had been discussed at the Audit & Assurance Committee on 14 September 2022. The Chair introduced Norma Aitken who presented the report. The revision came about following the approval of the updated Integration Scheme in March 2022 and was in line with current legislation.

Since the Governance Manual had been collated there had been a suggested change to the Terms of Reference for the Quality and Communities Committee. This would be discussed at the next Q&C meeting and the manual updated as appropriate.

The Chair thanked the wider team involved in the revision of the manual.

The Chair then invited Sinead Braiden (on behalf of Dave Dempsey, who was unable to join the meeting) to comment on discussions at the Committee before questions from Board members. Sinead advised that the Committee were content to approve the revised manual and acknowledged the significant amount of work which had gone into this.

David Graham asked how and when the manual would be revised in future. Norma advised this would be every two years unless there were major legislative changes or requirements identified by the IJB in that time.

The Board were assured that adequate and appropriate governance arrangements are in place to discharge the duties which are delegated to the IJB and noted that a copy of the updated Manual will be issued to each IJB member.

12 IJB STRATEGIC RISK REGISTER

This report had been discussed at the Audit & Assurance Committee on 14 September 2022. The Chair introduced Audrey Valente who presented the report which was reviewed in July 2022, with another revision due in October 2022.

The Chair then invited Sinead Braiden (on behalf of Dave Dempsey, who is unable to join us today) to comment on discussions at the Committee before questions from Board members.

Sinead advised that the committee welcomed this report and the significant work which goes into it. They were happy to see the delineation between operational and strategic risks.

Arlene advised that the committee found the report was easy to read and highlighted that despite actions the level has not reduced on some risks. The committee identified that work may be needed on risk appetite and this will be explored further.

Audrey advised that a lot of work is being done on risks, both within the partnership and with partner organisations. Risk appetite requires to be reviewed by the IJB. Discussion took place around the high level of residual risk and how we impact on the different risk registers that exist.

NO	TITLE	ACTION
12	IJB STRATEGIC RISK REGISTER (CONT)	
	<p>Board members noted the Risk Register and were assured that risks continue to be managed by the risk owners with scrutiny being applied by the respective governance committees. Discussion took place on the risk register and any further information which is required.</p>	
13	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE ESCALATED	
	<p>Nicky Connor invited each of the Committee Chairs in turn to provide an update on items to be escalated to the Board.</p>	
	<p>Audit & Assurance Committee (A&A) – 19 July 2022 / 14 September 2022</p>	
	<p>Sinead Braiden updated in the absence of Dave Dempsey that there were no items for escalation from this meeting. The Annual Accounts were discussed in depth. A further meeting had taken place on 14 September 2022 and again there were no items for escalation from this meeting. Discussions include the Governance Manual and Risk Register.</p>	
	<p>Finance, Performance & Scrutiny Committee (FP&S) – 8 July 2022 / 16 September 2022</p>	
	<p>Arlene Wood advised that there no items for escalation from these meetings.</p>	
	<p>Quality & Communities Committee (Q&C) – 5 July 2022 / 9 September 2022</p>	
	<p>Sinead Braiden advised that the document process for Complaints was raised at the July meeting and this was being monitored. Winter Lessons, Home 1st and the Mental Health Strategy progress report were discussed at the September committee meeting. There were no escalations.</p>	
	<p>Local Partnership Forum (LPF) – 20 July 2022</p>	
	<p>Simon Fevre had no items for escalation from the LPF. There had been a further LPF meeting on 21 September 2022, discussions including Action Planning for the iMatter survey, the health and wellbeing of staff and the current system pressures.</p>	
	<p>Strategic Planning Group (SPG)</p>	
	<p>David Graham advised that work on the new Strategic Plan is going well and moving forward. There were no escalations.</p>	
14	AOCB	
	<p>As the Chair had not been alerted prior to the meeting of any other business to be raised under this item, she closed the meeting by updating on the dates of the next meetings.</p>	
15	DATES OF NEXT MEETINGS	
	<p>IJB DEVELOPMENT SESSION – FRIDAY 28 OCTOBER 2022</p>	
	<p>INTEGRATION JOINT BOARD – FRIDAY 25 NOVEMBER 2022</p>	
	<p>IJB DEVELOPMENT SESSION – FRIDAY 9 DECEMBER 2022</p>	

FIFE PARTNERSHIP BOARD
(Meeting on 30th November 2022)

No issues were raised for escalation to the Board.

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THE FIFE COUNCIL - FIFE PARTNERSHIP BOARD – REMOTE MEETING

30th November, 2022

2.00 p.m. – 3.40 p.m.

PRESENT: Councillors David Ross (Convener), David Alexander and Linda Erskine; Steve Grimmond, Chief Executive, Fife Council; Carol Potter, Chief Executive, Lucy Denvir, Consultant in Public Health (substitute for Joy Tomlinson, Director of Public Health), NHS Fife; Nicky Connor, Director of Health and Social Care Partnership; Alistair Jupp, Group Commander, Scottish Fire & Rescue Service; Adam Smith, Police Inspector of Partnerships, Police Scotland; David Watt, Chair, Fife College and Alison Taylor, Place Director, Scottish Government.

ATTENDING: Paul Vaughan, Head of Communities and Corporate Development, Tim Kendrick, Community Manager (Development), Sharon Murphy, Policy Co-ordinator (Community Planning) Communities and Neighbourhoods; Carrie Lindsay, Executive Director - Education and Children Services, Christine Moir, Senior Manager - Improving Outcomes; Sheena Watson, Team Manager (Temporary Programme Manager), Community Investment; Gordon Mole, Head of Business & Employability, Economy Planning and Employability Services; Sheila Noble, Co-ordinator, Fife Violence Against Women Partnership Heather Bett, Interim Senior Manager, NHS Fife; and Michelle Hyslop, Committee Officer, Committee Services, Legal & Democratic Services.

APOLOGIES FOR ABSENCE: Tricia Marwick, Chair of NHS Fife Board and Joy Tomlinson, Director of Public Health

10. MINUTE

The Board considered the minute of the Fife Partnership Board Meeting of 23rd August, 2022.

Decision

The Board approved the minute.

11. FIFE VIOLENCE AGAINST WOMEN PARTNERSHIP UPDATE

The Board considered a joint report by the Interim Senior Manager, Children Services, Sexual Health, BBV and Rheumatology and Chair of Fife Violence Against Women Partnership, which highlighted the impact that Covid-19 had on women and children living with domestic abuse and other forms of violence against women. The report noted the work undertaken in delivering the Equally Safe - Scotland's Strategy for preventing and eradicating violence against women and girls.

Decision/

Decision

The Board:

- (1) welcomed and noted the presentation;
- (2) reviewed the work undertaken by the Fife Violence Against Women Partnership (FVAWP); and
- (3) considered how violence against women and children can be imbedded into the recovery and community planning in Fife as part of the wider recovery and renewal responses.

Partners acknowledged the hard work and thanked Sheila Noble for all her hard work and contribution to the violence against women partnership over the years and wished her well on her upcoming retiral.

12. FIFE CHILDREN'S SERVICES PLAN 2021-23

The Board considered a report by the Executive Director, Education and Children's Services, which provided an update on the progress in delivering the Fife Children's Services Plan 2021-2023, as a basis for improving outcomes and experiences of children, young people and families across Fife.

Decision

The Board: -

- (1) reviewed the progress presented in the Annual Report 2021-2022;
- (2) endorsed the next steps highlighted in the report; and
- (3) noted that a future report on Children Services Plan would be submitted to the Cabinet Committee on 15th December, 2022.

13. DELIVERING THE PROMISE IN FIFE

The Board considered a joint report by the Executive Director, Education & Children's Services, and the Lead for Fife Children's Services Partnership, which explored areas of work to be undertaken by the Partnership and provided partners with an update on the activities undertaken across services within Fife in delivering The Promise.

Decision

The Board: -

- (1) commented on the work undertaken to date in delivering The Promise, across Children's Services in Fife;
- (2) identified mechanisms beyond Children's Services;
- (3)/

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- (3) approved the use of the Logo in appendix 3 of the report, to be used by the Community Planning Partnership in Fife to raise awareness of the work on The Promise; and
- (4) agreed that the governance arrangements for the Fife Partnership Board would be revisited in the New Year.

14. COST OF LIVING - WINTER 22/23 SUPPORT PROGRAMME

The Board considered a report by the Executive Director, Communities, providing partners with a copy of the report taken to and agreed by the Fife Council Cabinet Committee in 2022, the report outlined the range of measures taken as part of the cost-of-living winter 22/23 support programme in Fife.

Decision

The Board considered the current response to the cost-of-living crisis, and the role in which partner organisations can take in supporting the cost-of-living winter programme in Fife.

15. PROGRESS ON NHS FIFE POPULATION HEALTH AND WELLBEING STRATEGY DEVELOPMENT

Decision

The Board welcomed and noted the presentation by the Chief Executive, NHS Fife, which provided partners with an update on the NHS Fife Population Health and Wellbeing strategy development.

16. DATE OF NEXT MEETING

Decision

The next Board Meeting would take place on Tuesday, 28th February, 2023 at 2 p.m.

The Convener noted the upcoming retiral of Tim Kendrick, and acknowledged and extended his thanks on behalf of partners for all his hard work during his time on the Fife Partnership 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

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 4 NOVEMBER 2022 AT 10AM VIA MS TEAMS

Present:

Christina Cooper, Non-Executive Member (Chair)
Martin Black, Non-Executive Member
Anne Haston, Non-Executive Member
Kirstie MacDonald, Non-Executive Whistleblowing Champion
Simon Fevre, Area Partnership Forum Representative
Aileen Lawrie, Area Clinical Forum Representative
Janette Keenan, Director of Nursing
Chris McKenna, Medical Director
Carol Potter, Chief Executive (*part*)

In Attendance:

Lynn Barker, Associate Director of Nursing
Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Alistair Graham, Associate Director of Digital & Information
Colin Grieve, Non-Executive Member (*observing*)
Ben Hannan, Director of Pharmacy & Medicines
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy
Elizabeth Muir, Clinical Effectiveness Manager
Gill Ogden, Head of Nursing (*deputising for Lynn Campbell & Iain MacLeod*)
Emma O'Keefe, Deputy Director of Public Health (*deputising for Joy Tomlinson*)
Shirley-Anne Savage, Service Manager (*observing*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and extended a welcome to Colin Grieve, Non-Executive Member, who was observing this meeting, prior to becoming a member of the Clinical Governance Committee effective 1 December.

The Chair advised that Arlene Wood has been appointed Chair of the Clinical Governance Committee, effective 1 December.

The Chair advised that Shirley-Anne Savage has been appointed as Associate Director of Quality and Clinical Governance covering for the period of Gemma Couser's maternity leave, effective 1 December.

The Chair and Medical Director thanked Martin Black for his invaluable service on the Committee, noting that he leaves the Board on 30 November.

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 Sinead Braiden (Non-Executive Member), Arlene Wood (Non-Executive Member) and Joy Tomlinson (Director of Public Health), plus attendees John Morrice (Associate Medical Director, Women & Children's Services), Susan Fraser (Associate Director of Planning & Performance), Lynn Campbell (Associate Director of Nursing) and Iain MacLeod (Deputy Medical Director).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on 2 September 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.

4.1 Hospital Standard Mortality Rates (HSMR) Update Report

The Medical Director advised that the HSMR report seeks to clarify the definition of HSMR, explains how it is calculated and provides assurance on Fife's performance.

It was reported that the HSMR data is collated by Public Health Scotland, and assurance was provided that the score for Fife is around the national average and, as such, the Board is not an outlier. It was noted the calculations have been adapted to include Covid-19 as an aspect.

The Medical Director advised that a deeper dive is being carried around deaths within 30 days, as there are different pathways for end of life care in Fife, and to explore if there are any adjustments that need to be made in the report for the number of deaths.

Following a question from S Fevre, Area Partnership Forum Representative, the Medical Director explained that any person who is discharged from hospital to their home, who subsequently dies within 30 days, are counted. It was noted persons are not counted if they have been transferred from Acute care to a community hospital.

Following a query from A Haston, Non-Executive Member, the Medical Director advised that obstetrics or psychiatry specialties are not counted and are considered separately. A Lawrie, Area Clinical Forum Representative, advised that the organisation 'MBRRACE-UK' would look at the obstetrics and maternal deaths.

A further update on HSMR will be brought back to the Committee in due course.

The Committee **noted** the update provided, took **assurance** that HSMR is monitored as a key quality performance indicator, and took **assurance** that the HSMR data for NHS Fife is in keeping with the national average.

5. ACTIVE OR EMERGING ISSUES:

5.1 Covid-19

The Medical Director provided a verbal update on the current position, noting that the numbers are manageable and there has not been a spike in admittances to hospitals. There are varying amounts of Covid-19 in nursing homes and community hospitals, however, the position has improved recently. The situation will be closely monitored, particularly as we go through Winter.

The Committee **noted** the update.

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Clinical Governance Committee

The Medical Director advised that the Corporate Risks aligned to the Clinical Governance Committee replaces the Board Assurance Framework and refinement of these will be a work in progress over the coming year.

It was reported that the Executive Directors' Group reviewed the risk register and had agreed on risks to be realigned to committees and risks with dual owners being allocated to single owner. An overview was provided on these risks, as outlined in the paper. It was noted a deep dive on specific risks will be carried out at each future Committee meetings to provide greater assurance.

Committee members praised the hard work of the team in developing the report.

The Committee took **assurance** from the report.

7. STRATEGY / PLANNING

7.1 Draft Clinical Governance Framework and Delivery Plan

The Medical Director advised that the Clinical Governance Framework is presented to the Committee in draft for comment, with a final version to be presented in January 2023. It was also noted that there is a comprehensive delivery plan aligned to the Clinical Governance Framework.

The Medical Director highlighted the Clinical Governance Framework, noting that it sets out our aims, values, Clinical Governance activities and enablers.

The importance of the structures around Clinical Governance was noted, and it was advised that the flow of information had been queried by the Committee at a previous meeting. The Medical Director advised that the flow of information has been demonstrated via the Sub Structure of the Clinical Governance Committee graphic within the document. A further graphic within the paper demonstrates how the profile of the Clinical Governance Oversight Group (CGOG) has been raised; this group works across and provides connection to the clinical governance meetings and activities that sit across Fife. The CGOG provides assurance of the scrutiny that is carried out with groups.

The Medical Director explained that the Health & Social Care assurance arrangements appendix, including Clinical and Care Governance, describes the arrangements in place within the Health & Social Care Partnership, which aims to ensure that there are the correct connections and reporting into the appropriate structures of NHS Fife, Fife Council and Integrated Joint Board (IJB).

M Black, Non-Executive Member, queried the escalation route to NHS Fife for any clinical governance issues raised at the IJB. The Medical Director explained that minutes from the IJB Quality & Communities Committee (previously Care & Clinical Governance Committee) are provided to the NHS Fife Clinical Governance Committee, and that the IJB Quality & Communities Committee is only reportable to the IJB under legislation. It was also advised that the Medical Director and Director of Health & Social Care work closely to review any potential issues.

A Haston, Non-Executive Member, suggested the wording around being empowered to report quality and safety concerns should be more flexible. K MacDonald, Non-Executive Member, suggested reflecting how the values are put into practice by incorporating the existence of the peer support team in the event of a safety or quality issue. The Medical Director agreed to both suggestions and will take forward.

Action: Medical Director

The Chair thanked Gemma Couser and team for all their hard work.

The Committee **approved** the draft Clinical Governance Framework & Delivery Plan 2022/23.

7.2 Report on Outcomes from Existing Clinical Strategy

The Medical Director advised that the report provides more detail on the outcomes from the existing Clinical Strategy (since this item was presented at a recent Board Development Session held in October) and that it sets out the significant work that has been undertaken. It was noted some of the project outcomes are due to changes in the way the organisation operates due to Covid-19.

The Committee took **assurance** on the significant progress made on the recommendations of the Clinical Strategy 2016-21 and continuation of areas of priority in the Population Health and Wellbeing Strategy.

7.3 Strategic Planning & Resource Allocation (SPRA) 2023-24

The Director of Finance & Strategy highlighted that the Scottish Government Emergency Budget review has been published, noting that the financial decisions at Scottish Government and UK level involves significant prioritisation of spend, which will impact on service delivery. It was reported the cost for the current financial year has not concluded, and the wider pressures on the system have already led to some significant changes being made.

The Director of Finance & Strategy explained that the SPRA process occurs annually, and each directorate complete a set of information that allows us to have a provision on prioritisation for the coming year. A workshop environment has been created to start the process this year, and the Finance and Planning Teams will support and facilitate the workshops, with discussions in each of the areas led by Directors.

The Medical Director offered to support the Director of Finance & Strategy, noting that the challenges that are ahead in terms of competing pressures cannot be underestimated.

The Committee took **assurance** on the Strategic Planning and Resource Allocation methodology and the timeline for delivery.

7.4 Annual Delivery Plan Progress & Winter Actions

The Director of Finance & Strategy reported that following discussion at the Executive Directors' Group, they had agreed that a review will be carried out on the presentation of the report to make the information more focussed, to enable discussions on key aspects.

It was reported that the paper sets out the mid-year position against the key actions agreed in our Annual Delivery Plan. The report is aligned to the IPQR, which provides more detail, and is also linked to the Corporate Risk Register.

The Director of Finance & Strategy highlighted the financial pressures and workforce pressures on delivery of the plan. Despite the challenges, it was noted that there have been areas of improvement.

The Committee took **assurance** on progress in the delivery of the Annual Plan and its related Winter Actions.

7.5 Laboratory Information Management System Update

The Associate Director of Digital & Information spoke to the paper and advised that progress is being discussed through both the Digital & Information Senior Leadership Team (SLT) and the Acute Division SLT, and there is also additional reporting into the Acute Services Clinical Governance Group on a monthly basis. A monthly report will go to the Executive Directors' Group (EDG) on progress and associated risks.

The Committee took **assurance** from the mitigation of the risks associated with the successful implementation of the Citadel system by March 2023 and took **assurance** from the regular reporting to SLTs and EDG for the duration of the implementation period.

7.6 Integrated Unscheduled Care Report

The Medical Director advised that the report summaries the improvement activities for the key priority areas that are being undertaken in the urgent and unscheduled care areas in Fife and have been agreed with the Scottish Government.

It was noted within the report a green status equates to 'on target'.

The Committee took **assurance** from the Integrated Unscheduled Care Report.

8. QUALITY/PERFORMANCE

8.1 Integrated Performance and Quality Report (IPQR)

The Director of Nursing advised that the team who were involved in the pilot of the Early Cancer Diagnostic Centre won an innovation award at the Scottish Health Awards held on 3 November 2022. Gemma Lawson, Healthcare Support Worker, won the People's Choice award, and the Birth at Home team were finalists in the Midwifery category.

The Director of Nursing provided an overview of the IPQR data, noting that a separate update on complaints will be provided at agenda item 9.1.

M Black, Non-Executive Member, commented on the reputational risks for the organisation in terms of the level of complaints exceeding the response target and highlighted the current position. The Director of Nursing replied that since the new Head of Patient Experience came into post, there has been positive changes made, with a real focus on meeting targets and improving processes. It was noted that work is ongoing for complaints that sit under the 20 days' response timeframe, to support areas reach this target. The Medical Director highlighted activity level pressures and challenges for staff in responding to complaints within target times, noting that a more thorough response can often take longer than the target time of 20 days.

The Director of Health & Social Care provided some practical examples that are carried out, such as an improvement report on a weekly basis, regular meetings with staff to discuss complex areas of complaints and scrutinising data with set priorities.

K MacDonald, Non-Executive Member, highlighted that quality indicators do not always provide a true reflection and suggested expanding the narrative within the IPQR.

The Director of Nursing advised that the Ombudsman in October 2022 changed the model complaints handling process for public bodies, with the exception of the NHS, to four mandatory outcomes for Key Performance Indicators (KPIs). It was noted NHS Fife will continue to have nine mandatory outcomes for KPIs, and that as the reporting for complaints develops, learnings from complaint handling will be addressed through the Organisational Learning Group. It was noted that other NHS Boards are in a similar position to NHS Fife in terms of response times for complaints, reflecting system-wide pressures on staff and services.

The Committee **discussed**, **examined** and took **assurance** from the NHS Fife performance as summarised in the IPQR.

8.2 Healthcare Associated Infection Report (HAIRT)

The Director of Nursing spoke to the main points within the report.

The Committee took **assurance** from the HAIRT report.

8.3 Review of Deaths of Children & Young People Interim Report

The Director of Nursing spoke to the report, advising that it provides an update on progress of the death review process for children and young people.

The Committee took **assurance** from the Review of Deaths of Children & Young People Interim Report.

9. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

9.1 Patient Experience & Feedback Report - Quarter 2

The Director of Nursing highlighted the number of complaints and the change to the assessment table within the assessment section of the paper, which now clearly demonstrates the position of complaints. It was noted there is a high number of complaints awaiting statements.

The Director Nursing spoke to the key points within the report.

The Chair questioned if the support is now in place to sustain the workforce. The Director of Nursing advised that a higher number of members within the complaints team would be ideal, however they are aware of the financial implications for additional roles. It was noted the team are currently working through developing and improving processes.

A Haston, Non-Executive Member, queried how compliments are fed back to teams. It was advised that the Datix system is used for both complaints and compliments, however, is time dependant and some areas need encouragement to report compliments.

The Chair congratulated everyone involved for all their hard work, noting the work still to be done in this area.

The Committee took **assurance** from the Quarter 2 Patient Experience & Feedback Report.

9.2 Quality Framework for Community Engagement & Participation

The Director of Nursing spoke to the report, noting that staff from NHS Fife were heavily involved in the work of developing the framework. It was advised that the national framework will be launched later in 2022 and the Director of Nursing has contacted the Senior Community Officer at Health Improvement Scotland (HIS) and a meeting has been arranged to discuss the draft Quality Framework; this will also support avoiding any duplication between the national and NHS Fife framework.

The Committee took **assurance** from the Quality Framework for Community Engagement & Participation Report.

10. ANNUAL REPORTS

10.1 Integrated Screening Annual Report 2022

The Deputy Director of Public Health highlighted the key points from the report, noting the ongoing incidents that are being worked on both within Fife and at a national incident level. The potential impact on Covid with a reduction in screening processes and backlog of patients was also highlighted. The Medical Director explained that

screening is not just related to cancer and is about identifying significant illness earlier at asymptomatic stage.

The Committee took **assurance** from the Integrated Screening Annual Report 2022 Report.

10.2 Medical Education Annual Report 2021-22

The Medical Director highlighted an increase in students for undergraduate medical education, noting they are accommodated in a variety of settings across NHS Fife and Primary Care. The recent Scottish Government decision to restore Primary Medical Qualification awarding status to the University of St Andrews was also highlighted, and it was noted that due to this change in legislation, a graduation ceremony took place for 55 junior doctors across Scotland who have been trained in the ScotGEM programme (Graduate Entry Medical School).

The Medical Director provided an overview on postgraduate medical education. An overview on the surveys carried out by NHS Education Scotland was also provided, and it was noted there had been excellent feedback for some specialities, however other specialities require more work to improve the experience of the doctors. In general, this has been affected by service pressures, particularly for Acute Services.

Following a question from the Chair, the Medical Director advised that a Core Trainee is provided with generalist training, and this training sits between foundation training and speciality training.

A Haston, Non-Executive Member, questioned access to medical school and if access has been widened to people from low income families and if access can be gained through work experience. The Medical Director advised that NHS had one of the most successful summer schools in Scotland, with students from all backgrounds. The Medical Director suggested discussing medical education in more detail at a future Clinical Governance Development session and agreed to liaise with the relevant team to get this session scheduled.

Action: Medical Director

The Committee took **assurance** in relation to the approach taken to ensure the delivery of high quality medical education in NHS Fife.

10.3 Medical Appraisal and Revalidation Annual Report 2021-22

The Medical Director presented the report, noting that it sets out the importance and legislative responsibilities that NHS Fife has in terms of the Responsible Officer legislations to deliver effectiveness appraisal and revalidation processes for doctors. Appraisals are delivered through NHS Education Scotland (NES) trained Appraisers, and the Medical Director, as Responsible Officer, ensures that doctors can revalidate every five years or defer if they have not met the necessary milestones.

The Medical Director advised that there is an ambition to deliver a strategic framework around appraisal and revalidation which will include a workplan and will support identifying any potential issues.

The Committee took **assurance** from the Medical Appraisal and Revalidation Annual Report 2021-22.

10.4 Prevention & Control of Infection Annual Report 2021

The Director of Nursing provided an overview of the Infection Control Care Home Team, noting its development and inclusion of a Senior Infection & Control Nurse and Infection & Control Nurses to offer support within care homes. The Senior Nurses are being supported with a postgraduate study towards a masters specialist practitioners qualification. Two of our Infection & Control Nurses have completed a masters module in the Built Environment.

The Chair praised the comprehensive report and also welcomed the format, noting it was easy to read and understand.

The Committee took **assurance** from the Prevention & Control of Infection Annual Report 2021.

10.5 Controlled Drug Accountable Officer Annual Report 2022

The Director of Pharmacy & Medicines provided an overview on the various sections of the report.

Following a question from the Chair, the Director of Pharmacy & Medicines explained the membership of the Controlled Governance Group.

The Committee considered this report for **assurance** regarding operation of responsibilities of the Controlled Drug Accountable Officer in Fife.

10.6 Volunteering Annual Report 2021-22

The Director of Nursing noted that NHS Fife recognises the dedication and commitment of volunteers. It was reported that due to Covid it had been a difficult time and volunteers had been stood down. Over the previous year, remobilisation of volunteers has taken place, and an overview of the various volunteering roles was provided. It was noted that new opportunities are being explored along with managing risks. It was advised that NHS Fife is hoping to recruit younger volunteers through the Duke of Edinburgh Award Scheme.

Following a question from M Black, Non-Executive Member, the Director of Nursing explained how volunteers are celebrated.

The Chair highlighted the importance of volunteers noting that they are an integral part of NHS Fife. M Black, Non-Executive Member praised all the volunteers within NHS Fife.

The Committee took **assurance** from the Volunteering Annual Report 2021-22.

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 Acute Services Division Clinical Governance Committee held on 7 September 2022 (unconfirmed)
- 12.2 Area Clinical Forum held on 6 October 2022 (unconfirmed)
- 12.3 Cancer Governance & Strategy Group held on 19 August 2022 (unconfirmed)
- 12.4 Clinical Governance Oversight Group held on 16 August 2022 (confirmed)
- 12.5 Digital & Information Board held on 18 October 2022 (unconfirmed)
- 12.6 Drugs & Therapeutic Committee held on 24 August 2022 (confirmed) & 12 October 2022 (unconfirmed)
- 12.7 IJB Quality & Communities Committee held on 9 September 2022 (unconfirmed)
- 12.8 Health & Safety Subcommittee held on 9 September 2022 (unconfirmed)
- 12.9 Medical Devices Group held on 16 August 2022 (unconfirmed)
- 12.10 Portfolio Board held on 15 September 2022 (unconfirmed)
- 12.11 Research, Innovation & Knowledge Oversight Group held on 22 September 2022 (unconfirmed)
- 12.12 Resilience Forum held on 25 August 2022 (unconfirmed)

13. ESCALATION OF ISSUES TO NHS FIFE BOARD

13.1 To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

13.2 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.

14. ANY OTHER BUSINESS

14.1 Clinical Governance Chair

The Medical Director, on behalf of the Chief Executive, the Clinical Governance team and Committee members, warmly thanked C Cooper for all her support during her term as Chair of the Clinical Governance Committee and she was wished well for the future.

Date of Next Meeting – Friday 13 January 2022 at 10am via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 15 NOVEMBER 2022 AT 9.30AM VIA MS TEAMS

Alistair Morris Chair

Present:

A Morris, Non-Executive Director (Chair)	M McGurk, Director of Finance & Strategy
A Grant, Non-Executive Director	J Tomlinson, Director of Public Health
J Keenan, Director of Nursing	M Mahmood, Non-Executive Director
J Kemp, Non-Executive Director	C McKenna, Medical Director
C Potter, Chief Executive	A Lawrie, Area Clinical Forum Representative

In Attendance:

N Connor, Director of Health & Social Care
B Hannan, Director of Pharmacy & Medicines
N McCormick, Director of Property & Asset Management
G MacIntosh, Head of Corporate Governance & Board Secretary
M Michie, Deputy Director of Finance
C Dobson, Director of Acute Services
M Watters, ST4 (Obstetrics and Gynaecology) (*observing*)
K Booth, Head of Financial Services & Procurement
H Thomson, Board Committee Support Officer (*item 6.2 only*)
K Donald, Interim PA to the Director of Finance & Strategy (*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

No apologies were received from members.

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minute of the last Meeting held on 13 September 2022

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. QUALITY / PERFORMANCE

5.1 Integrated Performance & Quality Report

The Director of Acute Services provided an overview of the report for August 2022, highlighting unscheduled attendances at Victoria Hospital remain high. Performance has been impacted by a very full hospital, compounded by a low discharge profile, resulting in flow throughout the hospital being very challenged and patients waiting longer. Prostate cancer pathway is in a very challenging position, however actions have been mitigated to improve flow within the pathway, although challenges will continue to be seen within the Cancer 62-day referral to treatment.

Following a question from the Chair querying why no additional activity to deliver the new longer waiting targets has been undertaken since April 2022, the Director of Acute Services highlighted there has been uncertainty around funding from Scottish Government to provide additional waiting list activities. A plan was submitted to Scottish Government, however, due to the reduced funding received, this has not been possible to implement as yet.

The Director of Acute Services highlighted that since submitting the report, confirmation of funding by Scottish Government has been received and a report will be presented at the Executive Directors' Group regarding what can be delivered over the coming months to improve the overall position on performance. The Committee agreed the paper highlighting the position should also be presented to the next meeting of the Finance, Performance and Resources Committee in January 2023.

Action: The Director of Acute Services

Following a question from J Kemp, Non-Executive Member, the Director of Acute Services advised the National Treatment Centre will have three dedicated orthopaedic theatres, two of which will replace the capacity currently within Victoria Hospital. The third theatre was identified for waiting times improvement for regional usage. As a consequence of the pandemic, patients requiring orthopaedic surgery are waiting longer, therefore Scottish Government have adjusted the allocation, resulting in NHS Fife no longer holding a significant share of the third theatre. As a result, the initial opening of the Centre will likely not see the improvement in local waiting times as originally expected. Discussions with Scottish Government are underway to ensure Fife's waiting lists do not increase due to the loss of the Fife capacity share of the third theatre.

The Chief Executive confirmed that a methodology is currently being developed around elective capacity and associated costs of treating non-Fife residents using the Centre. The Deputy Director of Finance further clarified that Scottish Government will fund fixed costs, staffing costs and fixed property costs directly to Boards with a National Treatment Centre; however, direct patient costs will be paid for by the referring Board.

The Chair queried if several of the Patient TTG targets may be further challenged given the current trajectory and what the consequences of this would be. The Chief Executive noted the balance of risk between money, performance and the aspiration of the long waiting times targets is a challenge that has been noted to Scottish Government. The Chief Executive provided assurance to the Committee, advising that teams are doing everything they can with the resources available. However, the situation is very challenging.

The Director of Finance & Strategy noted that the plan submitted to Scottish Government, detailing the required investment to deliver planned elective care was £12.3m, however, a reduced amount of £8.6m has been confirmed. It has been estimated that a minimum of £9.6m is required to ensure waiting times do not increase any further, resulting in a cost pressure of £1m being identified within the mid-year review.

The Medical Director highlighted that the scheduled outpatient performance has a knock-on consequence for unscheduled care performance, due to elective patient procedures not being completed as quickly as required. This results in some patients presenting through unscheduled routes, subsequently causing an increased attendance to the Emergency Department at Victoria Hospital.

The Director of Health & Social Care reported that the number of bed days lost due to patients being in delay increased in August 2022. An overview was provided on the Delayed Discharges (Bed Days Lost) statistics, as detailed in the report. It was noted, the actions that are currently noted as being 'off track' in the report are 'Reduce the number of patients delays in hospital awaiting the appointment of a Welfare guardian' and 'Electronic Referrals'. It was noted that both actions are deliverable, however the timeframe has been affected due to capacity and additional recruitment to both areas. It was further noted that joint work across social work, acute services, community services and the partnership is underway, with a Grand Round event taking place this week to bring all stakeholders together to discuss the collective actions required and share key messages, especially coming into winter.

The Committee took **assurance** from the current position and the actions in place to mitigate areas of challenging performance.

5.2 Financial Improvement and Sustainability Programme Progress Report

The Deputy Director of Finance reported on the cost improvement position, advising that the indicative risk to the total target of £11.7m is £2.2m, as highlighted in the report. Work continues to identify and accelerate other schemes through the pipeline to ensure the £11.7m will be delivered by 31 March 2023. It was highlighted that the predominant risk identified with the £2.2m is based on the targets set by NHS Fife in April/May 2022 to reduce supplementary staffing. The Deputy Director of Finance noted the work on taking forward international recruitment and the new Band 4 posts should start to show a positive impact on staffing as the year progresses.

The Committee took **assurance** from the Financial Improvement and Sustainability Programme Progress Report.

5.3 Financial Position – Mid-Year Review 2022/23

The Director of Finance & Strategy reported on the mid-year review, advising that at the end of August 2022 NHS Fife were £14.7m overspent, noting some the key drivers are unrelenting capacity pressures in both Acute and HSCP, staffing pressures and an increase in non-pay costs as a result of inflation. It was noted a two-phase action plan has been outlined in the report, highlighting that phase one consists of delivering £5.6m of mitigating actions, which requires agreement on a system response to acute surge activity and Covid costs. Phase two consists of delivering a further £5.9 of mitigating actions.

The Director of Finance & Strategy further noted a letter received from the Director of Health Finance and Governance, Scottish Government, which details plans to return to medium-term financial planning during 2022/23. This will include facilitating Boards to operate within 1% of the Revenue Resource Limit provided the financial position is supported by a credible medium term financial plan.

Following a question from J Kemp, Non-Executive Member, the Director of Finance & Strategy advised that brokerage will be required for 2022/23 and work is underway to review the repayment profile and impact across three-year and five-year terms.

The Committee discussed the update and took **assurance** from the Financial Position mid-year review report.

5.4 Annual Delivery Plan 2022/23 Progress & Winter Plan Actions

The Director of Finance & Strategy spoke to the report, noting that work is ongoing to refocus the presentation of the paper to create a dashboard for the next meeting.

Following a question from M Mahmood, Non-Executive Member, on waiting times for patients, the Director of Acute Services advised that patients on waiting lists are written to on a regular basis. If a patient feels their condition has deteriorated, then the patient is able to make contact with the waiting times office, where their case would then be escalated to the particular speciality. The patient's case would then be reviewed by the medical team and prioritised if appropriate.

The Committee took **assurance** from the Annual Delivery Plan report.

5.5 Fife Capital Investment Group Report 2022/23

The Deputy Director of Finance spoke to the report and provided an overview on recent successful bids for additional capital.

The Committee took **assurance** from the report.

5.6 Proposal to Increase Procurement Tender Thresholds

The Head of Financial Services & Procurement spoke to the paper, highlighting that the paper proposes that NHS Fife increases its tendering threshold in both the Financial Operating Procedures and the Standing Financial Instructions, to £50,000 in line with other Boards and the Procurement Reform (Scotland) Act 2014. This will be for both the

procurement of equipment and other goods and services, thus removing the current distinction in commodity type.

The Committee **endorsed** the amendment to the current Tender Threshold limit, prior to submission to the Audit & Risk Committee and thence the Board for Approval.

5.7 Procurement Key Performance Indicators

The Head of Financial Services & Procurement spoke to the paper highlighting there are currently 12 key performance indicators (KPIs) proposed. It is intended that the service will add and refine additional KPIs as required.

The Committee took **assurance** from the paper.

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Finance, Performance & Resources Committee

The Director of Finance & Strategy presented the corporate risk paper, noting that as this is the first time the presentation has come to the Committee and that it is expected the paper will iterate and further improve as the new process embeds. It was noted that three of the strategic risks have been reassigned from the Clinical Governance Committee to the Finance, Performance & Resources Committee as they relate to operational performance.

J. Kemp, Non-Executive Member, suggested the Committee should reflect on the risk to the longer-term financial position. The Director of Finance & Strategy suggested the Committee may wish to consider a deep-dive review on the 'strategy to deliver recurring financial balance over the medium term' at the January 2023 committee meeting. The Committee supported this suggestion, meeting to highlight and resolve any anticipated risks.

Action: The Director of Finance & Strategy / Interim PA

The Committee took **assurance** from the report.

6.2 Review of General Policies & Procedures

The Head of Corporate Governance & Board Secretary provided background detail and advised that the paper presents the ongoing work by the Board Committee Support Officer, to review and update General Policies and Procedures and enhance the administrative process around this.

The Board Committee Support Officer spoke to the paper, noting the creation of a new workplan, guidelines and forms, which are now all available on NHS Fife's Stafflink for members, as summarised in Appendix 1 of the paper.

The Director of Property & Asset Management emphasised the benefits of the work completed thus far, advising that the forms are very user-friendly and have made the process for updating policies much more straightforward. The Board Committee Support Officer was commended for her considerable work in this area.

The Committee took **assurance** from the paper.

7. STRATEGY / PLANNING

7.1 Strategic Planning & Resource Allocation Process (SPRA) 2023/24

The Deputy Director of Finance presented the paper, noting that this is the third year of the SPRA process and that it has been adapted to reflect comments made by stakeholders in the previous years.

Following a question from A Lawrie, Area Clinical Forum Representative, regarding priorities from different Directorates, the Deputy Director of Finance advised that a second workshop will be held with each directorate to refine their submissions and key priorities after the new year.

The Committee took **assurance** from the paper.

8. ANNUAL REPORTS

8.1 Annual Procurement Report 2021/22

The Head of Financial Services & Procurement spoke to the paper, highlighting the Procurement Governance Board endorsed the paper prior to presenting at the Finance, Performance & Resources Committee.

The Committee **endorsed** the Annual Procurement Report prior to submission to the Board for review and approval.

9. FOR ASSURANCE

9.1 Delivery of Annual Workplan

The Director of Finance & Strategy noted that the 'Corporate Risks Report' and 'Annual Delivery Plan Report' should be reflected in the annual workplan and be presented at each meeting.

Action: The Director of Finance & Strategy / Interim PA

The Committee **approved** the tracked workplan, pending the changes noted above.

10. LINKED COMMITTEE / GROUP MINUTES

The Committee **noted** the linked committee minutes:

10.1 Fife Capital Investment Group held on 14 September 2022 (unconfirmed)

10.2 Procurement Governance Board held on 29 September 2022 (unconfirmed)

10.3 IJB Finance, Performance & Scrutiny Committee held on 16 September 2022 (unconfirmed)

10.4 Primary Medical Services Committee held on 6 September 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 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 17 January 2023 at 9.30am via MS Teams.

**MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING
HELD ON MONDAY 7 NOVEMBER 2022 AT 10AM VIA MS TEAMS**

Present:

Tricia Marwick, (Chair)
Martin Black, Non-Executive Director (*part*)
Alistair Morris, Non-Executive Member
Carol Potter, Chief Executive
Margo McGurk, Director of Finance & Strategy
Chris McKenna, Medical Director
Janette Owens, Director of Nursing
Joy Tomlinson, Director of Public Health

In Attendance:

Nicky Connor, Director of Health & Social Care
Ben Hannan, Director of Pharmacy & Medicines
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Mansoor Mahmood, Non-Executive Member (*observing*)
Arlene Wood, Non-Executive Member (*observing*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and extended a warm welcome to Mansoor Mahmood and Arlene Wood, Non-Executive Members, who will both become members of the Public Health & Wellbeing Committee effective 1 December.

The Chair thanked Martin Black and Christina Cooper, Non-Executive Members, for their invaluable service on the Committee, noting that they both leave the Board on 30 November and 31 December respectively.

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 Wilma Brown (Employee Director) and Christina Cooper (Non-Executive Member) and attendee Susan Fraser (Associate Director of Planning & Performance).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on Monday 29 August 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 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health advised that the Corporate Risks aligned to the Public Health & Wellbeing Committee replaces the Board Assurance Framework and that refinement of these will be a work in progress over the coming year.

An overview was provided on these risks, as outlined in the paper. It was noted a deep dive on specific risks will be carried out at each future Committee meeting to provide greater assurance. It was also advised that risks are anticipated to change over time and an initial assessment for each risk is being carried out.

The Director of Public Health highlighted Appendix 2: the Assurance Principles developed originally by NHS Lanarkshire, which provides an understanding of the different elements to consider for each risk.

Following a question from A Morris, Non-Executive Member, an explanation on the connection between the 'Summary Statement on Risk Profile' and the 'Total Risk Scores' on the Strategic Risk Profile at section 2.3 within the paper was provided. The Director of Finance & Strategy noted that this is the statement for the overall risk profile and agreed to make the summary statement clearer for future iterations.

Action: Director of Finance & Strategy

M Black, Non-Executive Member, questioned how health inequalities would be targeted to reduce this risk in the most deprived areas. The Director of Public Health clarified that the risk is presented as a high level statement of mitigation and the level of detail will be captured within the strategy, which is still under development.

The Committee took **assurance** from the update.

6. STRATEGY / PLANNING

6.1 Report on Outcomes from existing Clinical Strategy

The Medical Director advised that a summary report on outcomes from the existing Clinical Strategy was presented at a recent Board Development Session. The report provides more detail on work that has been undertaken and connects some of the recommendations within the previous Clinical Strategy.

The Chief Executive advised that a session on the existing Clinical Strategy will be presented again at a future Board Development Session, and will include more detailed information and discussion on actions and priorities.

The Medical Director highlighted all the hard work that has been undertaken.

The Committee took **assurance** on the significant progress made on the recommendations of the Clinical Strategy 2016-21 and continuation of areas of priority in the Population Health and Wellbeing Strategy.

6.2 Progress Report on Community & Staff Engagement

The Director of Nursing advised that the report on community and staff engagement is a core part of the development of the NHS Fife Population Health & Wellbeing Strategy, and the report provides an update on work to date and identifies some emerging themes. It was also advised that various methodologies were used to collate feedback and knowledge from communities.

M Black, Non-Executive Member, queried the level of engagement, noting the low number of responses from staff and members of the public involved in the engagement work. The Director of Nursing reported that it has been challenging reaching out to staff when they are working in difficult situations. It was reported that organisation-wide engagement has been carried out, including a Grand Round, which has helped to promote conversations with staff. It was noted that 'Progressive' who lead similar sessions on a regular basis across Scotland were happy with the high quality of feedback received, despite the small numbers of staff involved. The Director of Finance & Strategy added that 'Progressive' were less concerned with the total number of responses as the focus is on understanding the range of issues and themes raised by staff and members of the public. She also highlighted the high number of meetings with different clinical groups that have been carried out, which are culminating in the content of the work to support the existing strategy. The Director of Finance & Strategy advised that this has been agreed with the Area Partnership Forum a specific workshop session will be carried out with that Forum in November 2022. Work will continue to reach out to the community and staff to gather as much information as possible.

Fay Richmond, Kirsty MacGregor, Susan Fraser and the team within the Health & Social Care Partnership were thanked for all their hard work.

The Committee took **assurance** and **noted** the engagement process is ongoing to inform the Population Health and Wellbeing Strategy and that a final report will be presented to the committee when the engagement is complete.

6.3 Strategic Planning & Resources Allocation (SPRA) 2023/24

The Director of Finance & Strategy provided assurance that the annual SPRA process is well underway. The recent Scottish Government emergency budget review was highlighted, specifically the very difficult decisions that have been undertaken in terms of significant prioritisation of spend this year and into 2023. The Director of Finance & Strategy highlighted the importance of ensuring prioritisation at a local level.

It was reported that the ongoing pay deal for Agenda for Change and the broader cost of living crisis will be of significant factors in our allocation of resources with the Scottish Government.

A Wood, Non-Executive Member, queried if the workshops in relation to the Population Health & Wellbeing Strategy will support financial modelling to decrease levels of

deprivation within Fife. The Director of Finance & Strategy explained that the SPRA process is for the coming year and would not form part of that economic evaluation; however, work for the medium and longer term strategy will be predicated on priorities for health and improvements.

The Committee took **assurance** from the Strategic Planning and Resource Allocation methodology and the timeline for delivery.

6.4 Annual Delivery Plan Progress & Winter Actions

The Director of Finance & Strategy advised that the majority of the content within the paper is more relevant to the review that would be undertaken within the Clinical Governance Committee and Finance, Performance & Resources Committee, due to the specific deliverables within the Annual Delivery Plan. The paper is presented to this Committee to highlight the reported mid-year position in terms of progress of high level deliverables within the Annual Delivery Plan.

The Director of Finance & Strategy reported that the Annual Delivery Plan is linked to the Integrated Performance & Quality Report and the Corporate Risk Register. It was reported that the Executive Directors' Group reviewed the Annual Delivery Plan and agreement was made that the presentation of the report requires to be improved, and this will be reflected in the next iteration.

Following a query from A Morris, Non-Executive Member, the Director of Finance & Strategy explained that an exercise was carried out nationally to assess the level of activity that the National Treatment Centre Fife Orthopaedics would commission. The allocation for Fife has been reduced. The Chief Executive advised discussions are ongoing around that allocation, and a paper on the National Treatment Centre will be brought back to the Committee at the next meeting and will include an updated position.

The Committee **noted** the status of deliverables from the Annual Delivery Plan 2022/23 at the end of September 2022.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Health & Social Care spoke to the report and advised that it continues to be a challenge to increase accommodation for smoking cessation services. Options are being explored in both primary care and community venues. It was advised that there has been an increase in the offering, and a Saturday service is now available. It was noted that the work that is ongoing with provision of smoking cessation within community pharmacies.

The Director of Health & Social Care also provided an overview on the Child & Adolescent Mental Health Service (CAHMS) waiting times, noting that the challenges with staffing, experienced in the Summer, had now improved. In relation to Psychological Therapies, it was reported that there may be a delay in achieving the 18 weeks target by March 2023. Assurance was provided that there was nevertheless an improved position in September.

The Director of Health & Social Care provided assurance that targets on uptakes for both Covid and Flu vaccinations had been met.

The Director of Public Health was pleased to report that the target for the 6-in-1 primary vaccination has now been exceeded. In terms of the Immunisation MMR2, it was highlighted more work is required to meet that target.

Following a question from the Chair in terms of uptake in the older cohort for the Flu & Covid vaccinations, the Director of Health & Social Care advised that some of the challenges related to the closure of care homes and a recovery programme is now in place.

The Committee **examined** and **considered** the NHS Fife performance as summarised in the IPQR and took **assurance** from the report.

7.2 Sexual Health and Blood Borne Viruses Framework

The Director of Health & Social Care advised that the report outlines a range of actions across sexual health and blood borne viruses in line with the current strategy. It was noted the national strategy is likely to be refreshed in early 2023. An overview on the contents of the report was provided.

The Director of Public Health highlighted the provision of long-acting reversible contraception, noting that NHS Fife has performed highly in this area.

M Black, Non-Executive Member, questioned the lack of core sites, and how we can improve the uptake. The Director of Health & Social Care agreed to take this forward.

Action: Director of Health & Social Care

The Committee took **assurance** on the action on Sexual Health and Blood Borne Viruses and **noted** that a further report will follow once the national framework is published to assure the actions in Fife are aligned to this framework.

7.3 Shingles & Pneumococcal Vaccination Invite Incident

The Director of Public Health reported that the paper outlines this national incident affecting many NHS Scotland Boards, including NHS Fife. It was advised that significant changes have been made to the way the shingles & pneumococcal vaccine is delivered, and an explanation was provided, as described in the paper. Assurance was provided that the coding issues identified have now been addressed. It was noted enquiries from members of the public were very low.

The Committee took **assurance** from the update.

8. ANNUAL REPORTS

8.1 Integrated Screening Annual Report 2022

The Director of Public Health spoke to the report and highlighted that due to Covid-19, a number of screening programmes had been paused. An overview was provided on some of the challenges that are being faced in restarting programmes, with pressures

faced by cervical and breast screening programmes in particular. It was reported all of the programmes show similar reduction in uptake among populations more affected by deprivation. Specific funding has been made available to target inequalities for some of the programmes, and the screening team are developing their plans to address inequalities in the coming year. Preparatory work is also underway for a nationally organised review of women excluded from cervical screening. This will review individuals excluded from cervical screening after surgery to ensure exclusion criteria were correctly applied.

The Committee took **assurance** from the report.

8.2 Quality Framework for Community Engagement & Participation

The Director of Nursing spoke to the report, summarising the main points of the briefing paper.

The Committee took **assurance** from the paper.

8.3 Pharmaceutical Care Services Report 2021/22

The Director of Pharmacy & Medicines provided an overview on the contents of the report.

The Director of Public Health highlighted positively the accessibility of Pharmacies across Fife and committee members agreed the report was informative and clearly presented.

It was agreed to present the report to the Board at their next meeting.

The Committee **considered** the report for decision and **approved** the paper ahead of publication.

9. FOR ASSURANCE

9.1 Delivery of Annual Workplan

The Committee took **assurance** from the tracked workplan.

10. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

10.1 Fife Partnership Board held on 23 August 2022 (unconfirmed)

10.2 Population Health & Wellbeing Portfolio Board held on 11 August 2022 (unconfirmed)

10.3 Public Health Assurance Committee held on 5 October 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 IPQR summary.

11.2 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.

12. ANY OTHER BUSINESS

None.

13. DATE OF NEXT MEETING

Wednesday 11 January 2023 at 10am via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 10 NOVEMBER 2022 AT 10.00 AM VIA MS TEAMS

Present:

Sinead Braiden, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Alistair Morris, Non-Executive Member
Kirstie MacDonald, Whistleblowing Champion and Non-Executive Member
Simon Fevre, Co-Chair, Health & Social Care Local Partnership Forum (LPF)
Janette Owens, Director of Nursing
Carol Potter, Chief Executive
Andrew Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum (LPF)

In attendance:

Kirsty Berchtenbreiter, Head of Workforce Development & Engagement
Nicky Connor, Director of Health & Social Care
Pauline Cumming, Risk Manager (*items 1 – 5.1 only*)
Claire Dobson, Director of Acute Services
Linda Douglas, Director of Workforce
Susan Fraser, Associate Director of Planning & Performance (*item 6.5 only*)
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy
Sandra Raynor, Head of Workforce Resourcing & Relations
Kevin Reith, Deputy Director of Workforce
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting. A warm welcome was extended to Colin Grieve, Non-Executive Member, who is attending his first Staff Governance Committee meeting as a new member,

The Chair advised that Linda Douglas, Director of Workforce, leaves NHS Fife on 3 January 2023, and is attending her last meeting of the Committee. The Chair took the opportunity, on behalf of members, to thank Linda for her valued contribution to the Staff Governance Committee over the past two years and offered the Committee's best wishes for a long and happy retirement.

The Chair also advised that Kirsty Berchtenbreiter is leaving NHS Fife to take up a position with NHS Greater Glasgow & Clyde and wished her well for the future.

The Chair advised that the Echo pen is being used to record the meeting for the purpose of the Minutes.

In addition, the Chair acknowledged the on-going service pressures affecting colleagues and thanked them for their ongoing 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 W Brown, Employee Director.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the last Meeting held on Thursday 1 September 2022

The minutes of the meeting of Thursday 1 September 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.

5. GOVERNANCE / ASSURANCE

5.1 Corporate Risk Aligned to Staff Governance Committee

The Chair, on behalf of Committee members, highlighted the need to define a risk to reflect the potential of forthcoming industrial action. It was agreed to discuss further outwith this meeting, at the Committee's Private Session.

The Director of Workforce introduced this item. The Risk Manager advised that the papers reflect the latest iteration of our refreshed approach to reporting corporate risks. This has been informed from feedback from the Committees in recent months. The refreshed approach will enable better scrutiny, allow for deep dives on specific risks and to the ability to take assurance on actions being taken to mitigate and reduce risks.

The Risk Manager highlighted Appendix 2: the Assurance Principles which provides an understanding of the different elements to consider for each risk.

S Fevre, Co-Chair, Health & Social Care LPF, highlighted that the summary of corporate risks aligned to the Staff Governance Committee were broad and queried how specific risks with significant risk to the organisation will be provided for scrutiny, such as Personal Development Planning and Review and compliance with Statutory and Mandatory training. The Director of Workforce advised that the

risks detailed in the paper are the overall high level corporate risks, and descriptions and mitigation of these risks will be given due consideration. Assurance was provided that there are risks that sit operationally underneath the high-level measures, such as training and appraisal.

A Morris, Non-Executive Member, expressed the view that the mitigation reports are not specific enough in terms of timelines and outcomes for the Committee to be provided with assurance. A Morris suggested a deep dive on staff appraisal and wellbeing for a future meeting. C Grieve, Non-Executive Member, queried if there were deep dives taking place in other areas of the organisation, from which this Committee could take assurance from.

The Director of Finance & Strategy reported that as part of our new risk management arrangement, a new Risk & Opportunities Group has been established. As part of their remit, this Group are reviewing the operational risks linked to the high risks being presented to the Committees, and they will also recommend escalations of new risks to the Corporate Risk Register. It was noted that formal reporting from this group is still be finalised. C Grieve, Non-Executive Member, highlighted the potential requirement for prompt escalation from this Group and questioned how emerging risks are escalated between Committee meetings.

The Chief Executive reported that this is the first iteration of the report and refinement of the corporate risks will be a work in progress over the coming year. Providing adequate assurance to all the Committees and the importance of deep dives was noted as a measure to continue to improve upon, as the refinement process continues.

The Chief Executive then highlighted staffing levels, suggesting this should be a priority for a deep dive at the next meeting. The Director of Nursing also commented on student nurse attrition, noting that this is the first year that courses have not been fully subscribed, which is compounded by a high number of student nurses dropping out of their first year of study.

Discussion took place on deep dive topics for the next meeting and the following topics were suggested: the Radiography and Radiology Workforce Risk ID90, Nursing & Midwifery staffing levels and student nurse attrition, Staff Experience, Personal Development Planning and Review, Statutory & Mandatory Training and Workforce Planning. Further discussion took place on the prioritisation of these topics, and it was agreed to have a deep dive at the next meeting on Nursing & Midwifery Staffing risks.

Action: Director of Workforce / Director of Nursing

The team were thanked for all their hard work in developing the corporate risk register and the Committee took broad **assurance** from the report.

5.2 Staff Governance Standard Overview

5.2.1 HR Policies Update

The Head of Workforce Resourcing & Relations advised that the paper provides an update on the work undertaken by the HR policy group and on the Once for Scotland Workforce Policies Programme. The policies being progressed since the last update to the Committee were highlighted, and it was advised that the workplan is attached as an appendix. The current consultation on the 'Once for Scotland' Workforce Policies 'Supporting the Work-Life Balance', was also highlighted and it was advised that there will be a collective NHS Fife response. Assurance was provided that from the initial review of the consultation documents, there are policies and processes within these which are familiar to NHS Fife, and when the new policies are launched, it is not expected that there will be much difference in our practice.

The Committee took **assurance** from the work undertaken by the HR Policy Group in developing and maintaining HR policies within its scope and the update on the Once for Scotland Workforce Policies Programme.

5.3 Whistleblowing Report – Quarter 2 2022/2023

The Head of Workforce Resourcing & Relations highlighted that Appendix 1 from the paper provides an update on the two whistleblowing reports that were received in Quarter 4 of 2021/22 as the information was not available for the Annual Report. It was agreed to redact the reference to the ward cited within the report.

Action: Head of Workforce Resourcing & Relations

It was advised that a process is being developed over the coming months in the gathering of feedback, which will be presented to the Committee and will include themes. S Fevre, Co-Chair, Health & Social Care LPF, highlighted that concerns and issues that are raised, and are not necessary whistleblowing concerns, also need to be considered. K MacDonald, Whistleblowing Champion, suggested including these concerns in a separate report, along with sharing staff stories.

An update was provided on the activities around the 'Participation & National Speak Up' week in October 2022.

Members commended the report, noting the report will be developed and refined further within future iterations. The work of the Director of Workforce and K MacDonald, Whistleblowing Champion, was also acknowledged.

The Committee took **assurance** from the report, which confirmed there were no Whistleblowing concerns received; no anonymous concerns received; one Whistleblowing article was published in the local newspaper; and **noted** the Whistleblowing training undertaken during Quarter 2.

6. STRATEGY / PLANNING

6.1 NHS Fife Three Year Workforce Plan for 2022-2025 – Scottish Government Feedback

The Head of Workforce Planning & Staff Wellbeing provided background on the development of the three year Workforce Plan, noting that the final plan incorporates feedback collated to date. Any anticipated changes to the workforce composition numbers and financial planning to take account of the Scottish Government response will be provided through the Strategic Planning & Resource Allocation (SPRA) process. It was noted that the Scottish Government workforce projections exercise had not been received this year, and that the level of detail required is currently being collated from Directorates and services through the SPRA process, which will support developing the specific Directorate and service-based workforce plans, which will accompany the overarching workforce plan.

A Morris, Non-Executive Member, noted that he agreed with the Scottish Government's feedback around the workforce and financial implications and queried if the SPRA would cover all of the Scottish Government's feedback. He also highlighted that innovation is required for the workforce challenges and requested that these plans could be developed and promoted more widely and include timescales. The Director of Finance & Strategy provided assurance that the SPRA is being developed and will provide the detail around the changes and composition of our workforce.

The Director of Workforce clarified that some of the gaps in the feedback received from the Scottish Government on the draft Workforce Plan was available through other strategic documents, and that going forward the connections between financial, service and workforce planning will be pivotal.

S Fevre, Co-Chair, Health & Social Care LPF, noted that the report contributes to the Well Informed strand of the NHS Scotland Staff Governance and suggested including the Appropriately Trained and Developed strand too. The Director of Workforce will take this forward. **Action: Director of Workforce**

The Committee **agreed** to the publication of the three-year Workforce Plan for 2022-2025, taking account of the Scottish Government Workforce Planning Data, Analytics and Insight Unit feedback.

6.2 Health and Social Care Partnership Three Year Workforce Plan for 2022-2025 – Scottish Government Feedback

The Director of Health & Social Care advised that due to the timing of the Scottish Government feedback, a verbal update is being provided to the Committee. It was noted there was a lot of positive feedback received on the plan, with some areas requiring further expansion. Updates to the draft HSCP Plan are currently being discussed through the structures of the Integrated Joint Board (IJB) and the Plan will be brought back to the next meeting of the Committee.

The Committee **noted** the verbal report provided.

6.3 NHS Fife Draft Staff Health & Wellbeing Framework

The Head of Workforce Planning & Staff Wellbeing advised that the draft Framework has been developed in partnership with key contributors, following a series of workshops and engagement through various groups. The Framework sets out our ambition and commitments in terms of staff health and wellbeing.

A Morris, Non-Executive Member, welcomed the Framework and advised of a recent Board members' visit to the Stratheden Hospital site and highlighted the lack of central staff hub facilities there, mainly due to the spread-out nature of staff and the difficulties in identifying an easily accessible location suitable for all. He noted a similar issue at the Victoria Hospital. A Morris suggested having smaller staff hubs, which are more easily accessible, as opposed to one main Hub that some staff may find difficult to use due to their working locations within the hospital grounds. S Fevre, Co-Chair, Health & Social Care LPF, advised that he is working closely with the Site Manager at Stratheden to improve the facilities for staff, which will likely involve a number of smaller areas being refurbished. In terms of the Victoria Hospital, it was advised that space for a Staff Hub in the location previously used as the WRVS café is being redeveloped at present, which will be more feasible for staff working within the hospital footprint to access. An overview on the progress on the Staff Hubs at other sites was provided. It was also noted a Staff Facilities Group has been set up to continue discussions on this on an ongoing basis.

Following a query from C Grieve, Non-Executive Member, clarity was provided that the NHS Fife Resilience Forum has a focus on organisational resilience, however a component of their work is also focused on aspects for example travel and cycle to work. It was agreed to make this more explicit in the document.

Action: Head of Workforce Planning & Staff Wellbeing

All those involved in developing the framework were thanked for their hard work. The Committee **endorsed** the Staff Health & Wellbeing Framework for publication within NHS Fife.

6.4 Strategic Planning & Resource Allocation 2023/2024

The Director of Finance & Strategy highlighted that the Scottish Government Emergency Budget review has been published, noting that the financial decisions at Scottish Government and UK level involves significant prioritisation of spend, which will impact on service delivery. It was reported the costs for the current financial year have not concluded, and the wider pressures on the system have already led to some significant changes being made.

It was reported that the ongoing pay deal negotiations for Agenda for Change and the broader cost of living crisis will be significant factors in our allocation of resources by the Scottish Government.

The Director of Finance & Strategy thanked colleagues for a positive change in taking the SPRA process forward, which now includes engagement with teams across the whole organisation.

The Committee took **assurance** from the report and **noted** the Strategic Planning and Resource Allocation methodology and the timeline for delivery.

6.5 Annual Delivery Plan Progress & Winter Actions

The Associate Director of Planning & Performance joined the meeting and informed the Committee that the Quarter 2 update will be provided to the Scottish Government. It was reported that future updates will be in a dashboard format, and this is currently under development.

It was advised the paper is presented to this Committee to highlight the mid-year position in terms of progress of high level deliverables within the Annual Delivery Plan. It was noted that the majority of actions within the Annual Delivery Plan are either complete or partially complete. It was also reported that workshops have been carried out with clinical and managerial staff on the Winter planning actions to identify themes, and a Winter Readiness Checklist has been submitted to Scottish Government.

A Grand Round is scheduled for 16 November 2022 to look at discharges within the organisation, and it was highlighted that this will be a vital and important engagement session with staff to discuss ways processes can be enhanced.

S Fevre, Co-Chair, Health & Social Care LPF, raised concern for Dental Services and questioned what support is planned for these services. The Director of Health & Social Care explained that Dental Services will form part of the Primary Care Strategy, which is in the process of being developed, and that this strategy will underpin the Health & Social Care Strategic Plan and also link into the work of the Population Health & Wellbeing Strategy. Assurance was provided that there is a lot of work to be undertaken, and that this work will progress via the consultation, engagement and governance routes.

The Committee took **assurance** from the status of deliverables from the Annual Delivery Plan 2022/23 at September 2022.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce reported that the sickness absence level remains at around 6.5% for the reporting period, and work continues in this area. The Director of Workforce also highlighted the continued efforts of staff to maintain sickness absence levels and to support individuals to return to and remain at work.

It was advised that the national set target for the new Personal Development & Performance Review (PDPR) indicator is 80%, and our current position is around 30%. It was reported that conversations with staff are taking place, however, there is currently a lack of evidence within the system to show that annual appraisal activities and Personal Development Plans are being recorded, which is reflective of the continuing operational pressures within services. Further work towards improving the current position will be carried out.

The Committee took **assurance** from this report.

8. ANNUAL REPORTS

8.1 Staff Governance Annual Monitoring Return 2021/2022

The Head of Workforce Resourcing & Relations advised that the draft Staff Governance Annual Monitoring Return 2021/2022 has been through the relevant governance routes.

This Committee **considered** the content of the final draft Staff Governance Annual Monitoring Return for 2021/2022, subject to making any further amendments. The Committee **agreed** to delegate to the Chair of Staff Governance Committee and the Employee Director to **approve** the final return, prior to submission to the Scottish Government by 18 November 2022.

8.2 Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2021/2022

The Director of Acute Services advised that the report highlights the good work of the Local Partnership Forum and provides an overview of the activity that has been undertaken. The report also identifies priority actions for this year.

The Director of Acute Services highlighted the 'Let's Take a Moment' event and noted the key priority to further develop leadership walkabouts. A Verrecchia, Co-Chair, Acute & Corporate Directorates LPF, provided positive feedback on the recent walkabouts.

The team were acknowledged for their hard work and team spirit in producing the report. The Committee took **assurance** from the report and **noted** the content in support of the Staff Governance Standard.

8.3 Volunteering Annual Report 2021/2022

The Director of Nursing introduced the second NHS Fife Volunteering Annual Report, which provides detail on the favourable work carried out by volunteers. It was noted that NHS Fife explicitly recognises the dedication and commitment of volunteers to supporting staff and patients. The Director of Nursing explained how volunteers are celebrated and highlighted the key points from the report.

The Chair thanked the team for producing the report. The Committee **noted** and took **assurance** from the contents of the Volunteering Annual Report 2021/2022.

8.4 Medical Appraisal and Revalidation Annual Report 2021/2022

The Head of Workforce Planning & Staff Wellbeing advised that the report provides an update and gives assurance on the obligations of NHS Fife in terms of the appraisal and revalidation of our medical staff. It was noted that the General Medical Council (GMC) regulated appraisal revalidation has been in place for medical staff since 2012, and we continue to progress well in this area, despite the challenges of the pandemic and lack of trained appraisers.

The Committee **noted** the contents of the Medical Appraisal and Revalidation Annual Report for 2021/2022.

8.5 Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Reports 2021/2022

The Director of Nursing spoke to the report, summarising the main points of the briefing papers.

The Committee took **assurance** from the report.

9. FOR ASSURANCE

9.1 Annual Workplan 2022/2023

The Committee took **assurance** from the updated workplan.

10. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

- 10.1 Area Partnership Forum held on 21 September 2022 (unconfirmed)
- 10.2 Acute Services Division & Corporate Directorates Local Partnership Forum held on 18 August 2022 (unconfirmed)
- 10.3 Health and Social Care Partnership Local Partnership Forum held on 20 July 2022 (confirmed)
- 10.4 Strategic Workforce Planning Group held on 23 August 2022
- 10.5 Health and Safety Sub Committee held on 2 September 2022

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 Committee noting 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

It was agreed to highlight the positive work done within the Board to develop our Staff Health & Wellbeing Framework, which was endorsed by the Committee for publication.

12. ANY OTHER BUSINESS

There was no other business.

13. DATE OF NEXT MEETING

Thursday 12 January 2023 at 10.00 am via MS Teams.

Fife Integrated Performance & Quality Report

Produced in November 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 changes to the suit of key indicators, a re-design of the Indicator Summary, applying Statistical Process Control (SPC) where appropriate and mapping of key Corporate Risks.

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 the following sections:

- a) Corporate Risk Summary**
Summarising key Corporate Risks and status.

- b) Indicatory Summary**
Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There are also columns indicating where a measure is related to a key Corporate Risk and performance 'special cause variation' based on SPC methodology.

- c) Projected & Actual Activity**
Comparing projected Scheduled Care activity to actuals for Patient TTG, New Outpatients and Diagnostics.

- d) Assessment**
Summary assessment for indicators of continual focus.

- e) Performance Exception 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
17 November 2022

Prepared by:
SUSAN FRASER
Associated Director of Planning & Performance

a. Corporate Risk Summary

To be cross referenced with in depth Risk Report presented at Committees and NHS Board

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	◀▶	High
To improve the quality of health and care services	5	5	-	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	14	4	0	0		

Summary Statement on Risk Profile

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.

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

b. Indicator Summary

Section	Indicator	Target 2022/23	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Sep-22	39	○	▼	▼	●
	HSMR	N/A	Year Ending	Jun-22	0.99	●	▲	▲	●
	Inpatient Falls	6.91	Month	Sep-22	8.48	○	▼	▼	●
	Inpatient Falls with Harm	1.65	Month	Sep-22	1.69	○	▼	▼	●
	Pressure Ulcers	0.89	Month	Sep-22	1.08	○	▼	▲	●
	SAB - HAI/HCAI	18.8	Month	Sep-22	16.8	○	▼	▲	● QE Jun-22
	C Diff - HAI/HCAI	6.5	Month	Sep-22	6.7	○	▲	▲	● QE Jun-22
	ECB - HAI/HCAI	33.0	Month	Sep-22	33.7	○	▼	▲	● QE Jun-22
	Complaints Closed - Stage 1	80%	Month	Sep-22	70.4%	○	▼	▼	● 2020/21
Complaints Closed - Stage 2	50%	Month	Sep-22	2.0%	○	▼	▼	● 2020/21	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Sep-22	100.0%	●	↔	↔	●
	4-Hour Emergency Access	95%	Month	Oct-22	68.9%	○	▲	▼	● Oct-22
	Patient TTG % <= 12 Weeks	100%	Month	Sep-22	50.5%	●	▼	▼	● Jun-22
	New Outpatients % <= 12 Weeks	95%	Month	Sep-22	51.5%	●	▼	▼	● Jun-22
	Diagnostics % <= 6 Weeks	100%	Month	Sep-22	64.6%	●	▼	▼	● Jun-22
	18 Weeks RTT	90%	Month	Sep-22	69.1%	●	▼	▼	● QE Jun-22
	Cancer 31-Day DTT	95%	Month	Sep-22	93.2%	○	▼	▼	● QE Jun-22
	Cancer 62-Day RTT	95%	Month	Sep-22	73.8%	○	▼	▼	● QE Jun-22
	Detect Cancer Early	29%	Year Ending	Mar-22	22.2%	●	▼	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	Sep-22	86.3%	●	▲	▲	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Sep-22	11.2%	●	▲	▲	● QE Jun-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Sep-22	7.1%	○	▲	▲	● QE Jun-22
Antenatal Access	80%	Month	Jun-22	81.0%	●	▼	▼	● CY 2021	
Finance	Revenue Resource Limit Performance	(£10.4m)	Month	Sep-22	(£15.9m)	●	▼	—	●
	Capital Resource Limit Performance	£33.1m	Month	Sep-22	£13.9m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Sep-22	7.07%	○	▼	▼	● YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	Oct-22	32.5%	●	▼	—	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Jun-22	69	●	—	▼	● 2021/22
	CAMHS Waiting Times	90%	Month	Sep-22	72.6%	○	▼	▼	● QE Jun-22
	Psychological Therapies Waiting Times	90%	Month	Sep-22	77.0%	○	▲	▼	● QE Jun-22
	Drugs & Alcohol Waiting Times	90%	Month	Jul-22	94.1%	●	▼	▲	● QE Jun-22
	COVID Vaccination (Autumn/Winter Booster, Age 65+)	80%	Month	Oct-22	79.2%	●	▲	—	●
	Flu Vaccination (Age 65+)	80%	Month	Oct-22	77.8%	●	▲	—	●
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Jun-22	95.2%	○	▲	▲	● QE Jun-22
	Immunisation: MMR2 at 5 Years	92%	Quarter	Jun-22	89.9%	○	▲	▲	● QE Jun-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

○	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

c. Projected and Actual Activity

Better than Projected | Worse than Projected | No Assessment
 (NOTE: Better/Worse may be higher or lower, depending on context)

		Quarter End	Quarter End	Month End			Quarter End	Quarter End
		Jun-22	Sep-22	Oct-22	Nov-22	Dec-22	Dec-22	Mar-23
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	3,036	3,053	1,029	1,029	1,029	3,087	3,087
	Actual	2,878	2,996	1,006			1,006	0
	Variance	-158	-57	-23				
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	18,567	18,806	6,376			6,376	17,300
	Actual	20,951	21,444	6,703			6,703	0
	Variance	2,384	2,638	327				
Urgent	Actual	10,868	11,373	3,678			3,678	0
	Routine	10,083	10,071	3,025			3,025	0
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	1,491	497	497	497	1,491	1,491
	Actual	1,550	1,609	594			594	0
	Variance	59	118	97				
Upper Endoscopy	Actual	575	630	227			227	0
Lower Endoscopy	Actual	182	191	76			76	0
Colonoscopy	Actual	738	743	268			268	0
Cystoscopy	Actual	55	45	23			23	0
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	11,988	3,996	3,996	3,996	11,988	11,988
	Actual	13,471	12,936	3,950			3,950	0
	Variance	1,483	948	-46				
CT Scan	Actual	4,083	3,989	1,140			1,140	0
MRI	Actual	2,936	2,923	913			913	0
Non-obstetric Ultrasound	Actual	6,452	6,024	1,897			1,897	0

d. Assessment

CLINICAL GOVERNANCE



To improve the quality of health and care services

5



Moderate

		Target	Current
HSMR		1.00	0.99
Data for 2021 and Q1 of 2022 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending June 2022 showing a ratio below the Scottish average.			
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	8.48
<p>The number of inpatient falls rose sharply in September (to 244), 129 in ASD (129) and 115 in the H&SCP. The vast majority of falls (97%) were classified as 'Minor Harm' or 'No Harm'. The number of falls fluctuates month by month and consideration of the overall trend is key.</p> <p>No specific themes which could explain the September rise are noted at this point. It is acknowledged that there is a continued pressure across the whole system in relation to both capacity and workforce, but a reduction of falls remains a focus as part of the nursing discussions in in-patient wards.</p> <p>The work to review the local falls documentation and bundle has started, representation from NHS Fife is a key part of both the national Falls work and more recently the national group to review the Older People in Hospital standards.</p> <p>Within ASD, the Care Assurance process has been revised and supports discussions relating to local data and improvement work, and falls are part of this supporting and informing local improvement work.</p> <p>Within HSCP, following the success of improvement work in 3 of the over-65 ward areas, we are sharing the learning across the other areas. This includes white boards for 'mobility at a glance' and a full MDT meeting concentrating on individuals who are high risk of falls and ensuring Physio, podiatry and pharmacy review.</p> <p>Every fall continues to be reviewed locally and where relevant shared across divisions to support 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	1.08
<p>The rate of pressure ulcers continued to vary in September, but was below the 2-year average (1.15) for the 3rd successive month. The rate continues to be significantly higher in ASD.</p> <p>Although bed occupancy affects rates and it is not completely valid to make numerical comparisons, the number of pressure ulcers in the first 6 months of FY 2022/23 (187) was 4% higher than for the same period in FY 2021/22.</p> <p>ASD and Fife HSCP Tissue Viability Services are working together to deliver a Link Practitioners Networking Day on the 17th November which is National Stop the Pressure Day. The Network has recently re-established its membership and there will be other events planned.</p> <p>Fife HSCP have commenced a pressure ulcer QI project in Community Nursing, engaging with Tissue Viability Services, and have tests of change ongoing at present.</p> <p>ASD are focusing on displaying and using pressure ulcer data within clinical areas.</p>			
SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i>	18.8	16.8
<p>The SAB infection rate varies from month to month, but has been below the March 2023 target in all but one month of the last year. The cause of the majority of infections during that period has been Skin & Soft Tissue (15), Devices other than VAD (8) and VAD itself (8).</p> <p>The last quarterly HAI report from Health Protection Scotland, covering the quarter ending June, showed that NHS Fife has the second lowest infection rate (14.9) of all Mainland Health Boards. Fife has been below the Scottish average for 6 successive quarters.</p> <p>A key achievement is consistently achieving rates below the Scottish average. This has been achieved by enhanced surveillance of SAB, standardising vascular access devices (VAD) care, the implementation of ePVC insertion and maintenance bundles and targeted QI work.</p> <p>In order to maintain such low rates and to reduce SABs further the local and national intelligence highlights the following areas for focus; medical devices including VADs and non-vascular access medical devices, skin & soft tissue infections including people who inject drugs (PWIDs).</p> <p>To achieve this, the IPCT:</p> <ul style="list-style-type: none"> • Collect enhanced surveillance and analyse of SAB data on a monthly basis to understand the magnitude of the 			

		Target	Current
	<p>risks to patients in Fife</p> <ul style="list-style-type: none"> • Provide timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs • Examine the impact of interventions targeted at reducing SABs • Use results locally for prioritising resources • Use data to inform clinical practice improvements thereby improving the quality of patient care such as the weekly ePVC report on insertion and maintenance compliance • Continue to liaise and support Drug Addiction Services with PWIDs and SABs 		
C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i>	6.5	6.7
	<p>The C Diff infection rate varies from month to month, and has been above the March 2023 target for the last 7 months. A key improvement aim is the reduction of 'recurrent' infections, and this continues to be a challenge, with 4 of the 35 HAI/HCAI and Community infections in the past year being identified under this category.</p> <p>The last quarterly HAI report from Health Protection Scotland, covering the quarter ending June, showed that NHS Fife has the lowest infection rate (9.2) of all Mainland Health Boards. Fife has been below the Scottish average for each of the last 7 quarters.</p> <p>A key achievement is consistently attaining rates below the Scottish average. This has been achieved with strong antimicrobial stewardship, Consultant Microbiologist establishing optimum antimicrobial therapy for patients at high risk of recurrent CDI, enhanced surveillance and analysis of risk factors.</p> <p>The challenge is to further reduce the noted low rates of CDI. Work focuses on recurrent CDI, patients with recurrent CDI are advised pulsed Fidaxomicin and are followed up until day 30. The use of extended pulsed Fidaxomicin (EPFX) to address recurrences have shown a good outcome.</p> <p>Bezlotoxumab has been used in cases where other modalities have failed. This continues to be in place as commercial faecal transplant is still unavailable.</p>		
ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2023</i>	33.0	33.7
	<p>The ECB infection rate varies from month to month, and has been below the March 2023 target for 3 of the months in 2022. Infection rates are based on bed occupancy, so it can be misleading to consider infection numbers when making comparisons, but there has been an 7% reduction in cases in the last 12 months in comparison to the previous 12-month period.</p> <p>Urinary Catheter-related infections have been responsible for 29 of the 1243 infections in the last year (23%), and remains a key focus for improvement work.</p> <p>The last quarterly HAI report from Health Protection Scotland, covering the quarter ending June, showed that NHS Fife (40.2) lay in the mid-range of Mainland Health Boards and has been above the Scottish average for each of the last 4 quarters.</p> <p>Noted achievements include reducing the rate of HCAI by 8% in the last 12 months compared to the same time period the previous year and the reduction in CAUTIs. Ongoing work to support best practice in urinary catheter care continues with NHS Fife's Urinary Catheter Improvement Group (UCIG) and targeted quality improvement work. This group aims to minimize urinary catheters to prevent catheter associated healthcare infections and trauma associated with urinary catheters, furthermore, to establish catheter improvement work in Fife.</p> <p>CAUTI insertion and maintenance bundles were developed and installed onto Patientrack in February 2022 and this will be piloted before being rolled out across the board. This bundle should ensure that the correct processes are adhered to for the insertion and maintenance of all urinary catheters within NHS Fife inpatient wards. Acute services engagement and a HoN lead are required to assist the roll out of this CAUTI bundle.</p> <p>A QI project led by the IPC Care Home Senior IPCN for NHS Fife, has introduced CAUTI maintenance bundles within 4 care homes in Fife, supported with education package, with the aim to roll out across all care homes, to optimise urinary catheter maintenance to all care home residents and reducing the risk of CAUTIs and ECBs.</p> <p>To achieve the reduction target, NHS Fife continues to focus on enhanced surveillance, a current initiative within the HSCP includes the Infection control surveillance team alert the patients care team Manager by Datix when an ECB is a urinary catheter associated infection, the case then undergo a Complex Care Review (CCR) to provide further learning from all ECB CAUTIs.</p> <p>In both hospital acquired infections and non-hospital acquired infections the renal tract is the major source of infection with lower UTI the major entry point along with hepato-biliary infections. QI programs need to focus on greater awareness and improved management of UTI, CAUTIs and hepato-biliary infection in patients; to prevent these infections developing into bloodstream infections.</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%	2.0%
	<p>The number of long-standing complaints which require to be investigated and closed has continued to impact on performance. This applies equally to the Acute Services Division and the Partnership (all Directorate and Divisions).</p>		

Target Current

There has been some sign of improvement in terms of complaints being closed each month (105 in August and September, compared to 67 for the equivalent months last year) and in the number of open complaints at month end, which has reduced by 20% over the last 2 months.

The Patient Experience Team (PET) has developed processes to identify where system delays occur within the complaints process. The majority of complaint delays are due to awaiting statements, which is a result of capacity and staffing pressures. New models of supporting clinicians to provide statements are being reviewed, including an online MS Forms format, as well as direct support from the PET. At the end of September, 42% of Stage 2 complaints were awaiting statements, with a further 40% in the approval process (n=170).

OPERATIONAL PERFORMANCE



To improve the quality of health and care services

5



Moderate

Target Current

4-Hour Emergency Access

95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer

95%

68.9%

Monthly performance improved slightly in October after 4 successive monthly falls which have resulted in NHS Fife falling below the Scottish average. In ED only, monthly performance also improved slightly, to 60.6%, against the Scottish average of 64.1%

In October, there were 655 8-hour breaches, 182 of which breached 12 hours. This compares to 785 and 275, respectively, in September. The vast majority of breaches (70% in October) continued to be due to waits for a bed or first assessment.

Unplanned attendance at ED in the first 7 months of the FY was 8% higher than in the equivalent period of FY 2021/22, and was 7% more if all MIUs are included.

Patient TTG (Waiting)

All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat

100%

50.5%

Monthly performance has fallen steadily since the start of the FY, and is around 20% lower than it was a year ago. However, NHS Fife continues to be top quartile of Mainland Health Boards, as at the most recent publication in September (for the period up to the end of June), where performance was 55.3% against the Scottish average of 31.5%.

Actual activity in the first half of the FY was 3% lower than forecast, and as demand exceeds capacity, the Waiting List has more than doubled in the last year, with monthly increases in each of the 12 months.

It is not possible to undertake any additional activity to deliver the long waiting targets given the level of funding received and core inpatient surgery capacity continues to be restricted at Victoria Hospital due to sustained pressures in unscheduled care, staff absence and vacancies. The focus remains on urgent and cancer inpatients and long waiting day cases which can be performed at QMH.

As waiting times increase there are proportionally more patients being referred and assessed as urgent which is leading to increasing waits for routine patients particularly those who are complex and/or require an inpatient bed.

Revised trajectories have been submitted to the Scottish Government showing that the 2 year target will not be sustained by March 2023 for General Surgery, Orthopaedics and Gynaecology, progress against the 18 months target will deteriorate and concerningly there will be increasing numbers of patients waiting over a year for Orthopaedics, Urology and General Surgery.

Every effort will be made to maximise the use of capacity and validate the waiting lists.

New Outpatients

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

95%

51.5%

Monthly performance has fallen steadily since June, and is around 7% lower than it was a year ago. NHS Fife is in the mid-range of Mainland Health Boards, as at the most recent publication in September (for the period up to the end of June), where performance was 54.5% against the Scottish average of 49.1%.

Actual activity in the first half of the FY (including DNAs) was 13% higher than forecast, but the Waiting List has continued to increase month-on-month as demand exceeds capacity, and is now 24% higher than it was a year ago.

It is not possible to undertake any additional activity to reduce the backlog and deliver the long waiting targets given the level of funding received and continued pressures in unscheduled care, staff absence and vacancies. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been

	Target	Current
<p>waiting more than 18 months and 2 years.</p> <p>As waiting times increase there are proportionally more patients being referred and assessed as urgent in some specialities which is leading to increasing waits for routine patients.</p> <p>Revised trajectories have been submitted to the Scottish Government showing that the 2 year target will be sustained by March 2023 for most specialities apart from Vascular Surgery, the 18 month and one year target will not be met by December 2022 and March 2023 for Cardiology, Gastroenterology, Endocrinology, Neurology, Haematology, Vascular, General Surgery, Urology, Gynaecology and Medical Paediatrics.</p> <p>Every effort will be made to maximise the use of capacity and validate the waiting lists.</p>		
<p>Diagnostics</p> <p><i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i></p>	100%	64.6%
<p>Monthly performance continues to be around 65%, 10% below what it was at the equivalent time in FY 2021/22. In comparison to other Mainland Health Boards, NHS Fife remains in the mid-section as at the most recent publication in September (for the period up to the end of June), where performance was 63.6% against the Scottish average of 47.5%.</p> <p>Despite achieving 11% greater activity than planned in the first half of FY 2022/23 (this figure including DNAs), the combined Waiting List for Endoscopy and Radiology is around 13% higher than it was a year ago, with Endoscopy being 38% higher and Radiology 9% higher.</p> <p>In endoscopy it has not been possible to undertake any additional activity this year to reduce the backlog as no additional funding was received. There has been a reduction in long waits as efforts are made to contact patients and clinical validation of the waiting list progresses. There continue to be challenges in maintaining core activity due to unscheduled care and staffing pressures. It is likely that the number of patients waiting over 6 weeks will rise over the next 6 months.</p> <p>In Radiology additional activity was undertaken in Q1 and Q2 of this year particularly in CT and MRI which enabled a reduction in long waits for specialist CT scans and significant reduction in those waiting over 6 weeks. The majority of patients waiting over 6 weeks are in ultrasound where there are particular challenges in capacity due to vacancies and staff absence.</p> <p>Given the reduced level of funding available in Q3 and Q4, the increase in the proportion of urgent referrals and the continued increase in demand for inpatient scans it will not be possible to sustain the level outpatient activity and the number waiting over 6 weeks will begin to rise for all modalities over the next 6 months</p> <p>There will continue to be a focus on urgent and urgent suspicion of cancer referrals along with reviewing those routine patients who have been experiencing long waits for both Radiology and endoscopy. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics and the pressure from unscheduled care.</p>		
<p>Cancer 62-Day RTT</p> <p><i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i></p>	95%	73.8%
<p>Performance fell sharply in September, to its lowest figure since January. The majority of breaches continued to be in the Urology (Prostate) specialty, 10 last month and 21 in the last 3 months.</p> <p>The number of patients starting treatment in the first 6 months of the FY was 7% higher than in the same 6 months of FY 2021/22 (460 against 429).</p> <p>Despite the low figure compared to the Standard, NHS Fife has been above the Scottish average for the last 8 months.</p> <p>Prostate remained our most challenged pathway with delays seen for transperineal biopsies, oncology appointments surgical review and surgery in Lothian. Introduction of robotic prostate surgery in Fife is expected to improve the waits to surgery and reduce the current backlog of patients who have breached without a treatment date.</p> <p>The colorectal pathway has seen an increase in the number of breaches which are mainly due to the number of routine staging and investigations required. Range of breaches 1 – 162 days (average 46 days).</p>		
<p>Delayed Discharges</p> <p><i>The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce</i></p>	5%	7.1%
<p>The % of bed lost to 'standard' delays in September reduced in comparison to August, was below the average for the last 2 years (8%) and was nearly 4% less than in September 2021. Actual patient numbers also dropped significantly in comparison to a year ago (83 to 55).</p> <p>Looking at 'Code 9' delays, there is a different picture in the patient numbers, with there being 35% more in delay at the September Census than a year ago.</p> <p>NHS Fife has been in the mid-range of Mainland Health Boards for bed days lost for both 'standard' and 'Code 9' delays in each of the last 3 quarters, covering October 2021 to June 2022.</p> <p>Recruiting to Care at Home continues to be a challenge, and an intense recruitment campaign is underway, however demand continues to outgrow resource.</p> <p>The Front Door team is being recruited to, which will result in ensuring that PDDs are met and also offer support</p>		

	Target	Current
to wards in relation to complex care packages. Measures to effectively mitigate against proposed winter pressure are progressing.		

FINANCE



	Forecast	Current
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Revenue Expenditure *Work within the revenue resource limits set by the SG Health & Social Care Directorates* **(£10.4m)** **(£15.9m)**

The Health Board retained position at the end of September is an overspend of £15.945m. This overspend comprises:

- £7.361m core overspend (includes £2.302m overspend relating to acute set aside services)
- £5.204m of the financial gap identified in the board's approved financial plan
- £3.380m unfunded acute set aside Covid associated costs
- Full funding for Test and Protect costs has been anticipated in line with guidance.

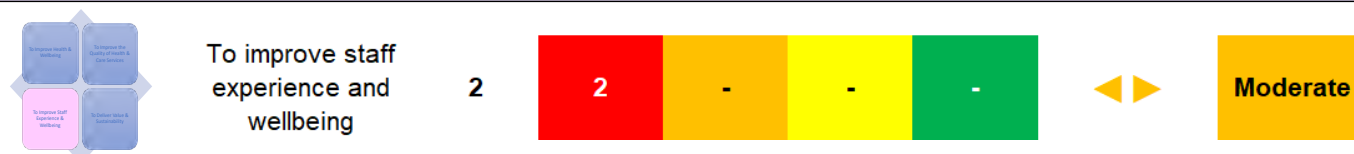
The core overspend reflects the financial consequences of the significant ongoing service pressures across unscheduled care for which funding has yet to be confirmed, along with haematology services drug pressures. Mitigation and exit plans re Covid expenditure remain key on our agenda along with full delivery of our agreed FIS programme in order we deliver the approved financial position by the year end.

Health Delegated Services report an underspend at the end of September of £3.685m; and have incurred fully funded Covid spend of £4.651m to the half year.

Capital Expenditure *Work within the capital resource limits set by the SG Health & Social Care Directorate* **£33.1m** **£13.9m**

The overall anticipated capital budget for 2022/23 is £33.145m. The capital position for the period to September records spend of £13.873m. Therefore, 41.86% of the anticipated total capital allocation has been spent to month 6.

STAFF GOVERNANCE



	Target	Current
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Sickness Absence *To achieve a sickness absence rate of 4% or less* **4.00%** **7.07%**

The sickness absence rate in September was the highest monthly figure since as far back as January 2018. The rate may be impacted by the fact that COVID-19 related absence, with the exception of the infection control period, is now included within the sickness absence figures.

While the sickness absence rate within the Health & Social Care Partnership was lower than within Acute Service Division, virtually every Directorate and Division, with the exception of Planned Care, H&SCP Community Care Services and H&SCP Primary Care and Prevention Services, has been trending upwards since the start of 2022/2023 Financial Year.

The national picture (from monthly management information) is the same across all mainland Health Boards. NHS Fife has the 4th highest absence rate in terms of the Scottish average.

The Attendance Management Operational Group has been established and the group meets regularly to consider and implement preventative measures relating to sickness absence including, for example, promotion of 'how are you?' built into the beginning of 1-1 discussions and encouraging walking 1-1 meetings. An Attendance Management balance scorecard is being developed by the group for use by managers.

	Target	Current
<p>To complement the NHS Workforce Policies and the TURAS attendance training module, our more detailed local Attendance Management training has been revised to incorporate a focus on managing and supporting staff experiencing mental health issues and attendance triggers and setting targets. It is anticipated that this will improve managers' confidence in dealing with these common issues. Promoting Attendance Review and Improvement panels are in place across NHS Fife reviewing hot spots and complex cases.</p> <p>Despite a wide range of health and wellbeing supports available to staff, there are unprecedented workforce pressures as the NHS recovers from the pandemic and this, along with the related personal pressures due to Covid-19, is impacting on staff resilience and wellbeing. The current cost of living crisis may also result in additional stressors to some staff and a financial wellbeing guide has been developed alongside, the promotion of Moneyhelper.org and Boost your Income, with a financial wellbeing section added to StaffLink. The Live Positive Stress Toolkit has been updated and will be promoted across NHS Fife.</p>		

PDPR Compliance *To achieve an annual PDPR compliance rate of 80%* **80%** **32.5%**

After showing a slight improvement for 3 successive months, performance for the 12 month period ending October 2022 has reduced slightly. At Directorate / Divisional level, there were modest increases in Emergency Care and Complex & Critical Care, however, these two areas continue to be behind the others.

The number of reviews held (161) was the lowest monthly figure since the start of the 2022/2023 Financial Year. Staffing levels and competing priorities continue to hinder engagement in PDPR conversations. Attempts to restart the PDPR process following the pause that was implemented during the Covid-19 pandemic have also proved challenging. Daily enquiries regarding KSF, Appraisal and PDPR indicate a growing desire to improve performance in these areas, however, it is not currently at the pace required by financial year-end to attain the desired compliance percentage.

A PDPR compliance report will be sent to all managers week commencing 14/11/22 to help increase engagement and return focus to PDPR. All managers within the Corporate Directorate will receive these, followed by the Acute Services Division, and then the H&SCP.

Turas Appraisal Lunchtime Bytes sessions will continue to be offered twice monthly for the foreseeable future.

PUBLIC HEALTH & WELLBEING



To improve health and wellbeing

5



High

	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	69

The number of successful quits in the first quarter of the FY was under 60% of the figure which would be required if the end target is to be achieved by March 2023. At this stage in FY 2021/22, the successful quit number was 106.

The quit success rate in specialist services is nearly 3 times higher than those delivered by pharmacies (where the number of attempts is much higher but where there are difficulties with following up on results).

Note that there is a significant lag in the data due to the nature of the measure (post 12-week quits) and the duration of the smoking cessation programme, so final data will not be available until around August next year.

Non Pharmacy service has remobilised face to face delivery in some GP practices and Community venues. Although feedback from clients have been positive number are very slowly increasing but we are not back to pre-covid levels.

We have had challenges with accommodation within the GP practices we had previously been sited. This has resulted in us having to use community venues which incur costs which may not be sustainable.

We have successfully restarted delivering direct services within our most vulnerable communities using a mobile unit, and have successfully recruited two advisors to deliver a Saturday service which allows us to increase access to services to 6 days a week.

Our main challenge is with staffing levels, as 50% of our workforce have left / gone on maternity leave. Pharmacy services have a higher throughput but a much lower success rate part of this is to do with incomplete information.

CAMHS Waiting Times *90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral* **90%** **72.6%**

Monthly performance has continued to be significantly below the 90% Standard, largely attributable to the focus having been on long waits (and urgent cases) during the last quarter. The focus on long-waits has resulted in

	Target	Current
<p>there being no young people waiting over 52 weeks for initial treatment at the end of September.</p> <p>NHS Fife remained in the mid-range of Health Boards as of the last quarterly publication in September (for the quarter ending June), and was above the Scottish average (71.9% compared to 68.4%).</p> <p>Waiting Lists are significantly improved compared to one year ago, despite the number of patients starting treatment being 9% less in the first half of the FY when compared to FY 2021/22.</p> <p>Significant focus remains on reducing the longest waits which will result in RTT improvement once 90% of those waiting are below the 18 week threshold. This focus has been directed and prioritised by the Scottish Government Mental Health Division through local monthly SG engagement sessions and National CAMHS clinical service manager network. The SG acknowledges that RTT will remain low and will fluctuate during this process due to the nature of how activity is reported. Fife trend continues to show a reduction in the longest waits with 0 children waiting over 52 weeks and appointments booked for all those waiting over 36 weeks. Initiatives are in place to address those waiting between 18-36 weeks in order to achieve the national target by March 2023.</p>		
Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90% 77.0%
<p>Monthly performance improved in September, though continuing to be below the 90% Standard.</p> <p>NHS Fife remained in the mid-range of Health Boards as of the last quarterly publication in September (for the quarter ending June), and was below the Scottish average (77.2% compared to 81.4%).</p> <p>While the number of patients starting treatment in the first half of the FY was 13% less than for the same period in FY 2021/22, there has been a reduction of 20% in long waits (those over 52 weeks) in that period.</p> <p>Due to national workforce pressures we continue to experience some challenges around recruitment. We have responded to this, where possible, by making adjustments to skill mix within services.</p> <p>The workforce pressures which are affecting the wider mental system, has reduced capacity within the CMHTs. This has impacted negatively on some aspects of adult mental health care pathways that were designed to support delivery of PTs. Plans for alternative delivery options, e.g. via increasing capacity in third sector partners, are in development but it will be some months before any new services will be operational.</p> <p><u>Adult Mental Health Psychology Service</u></p> <ol style="list-style-type: none"> 1. A recent evaluation of the Schema Therapy Group pilot found it to be an effective intervention for people with complex difficulties (who comprise the majority of the waiting list in secondary care services). The group will now become part of mainstream service provision, enabling delivery of an appropriate intervention in a more efficient manner. 2. A pilot of group delivery of Compassion Focused Therapy is underway. This is an evidence based approach which provides a treatment option for people with complex presentations (complementing the Schema Therapy group) and will increase service capacity. <p><u>Child and Family Psychology Service</u></p> <ol style="list-style-type: none"> 1. A test of change within the Primary Care Child Psychology Service assessed the impact of introducing an initial contact appointment. Preliminary evaluation shows families are now being seen more quickly for an initial appointment and can be signposted to online/group interventions (thereby reducing their wait time) or placed on a waiting list for a 1-1 psychological intervention, knowing why this is the appropriate treatment option for them. 2. Following a successful pilot, the service launched a new group psychological intervention "Embracing Difference", aimed at meeting the needs of parents/carers of children who were on the waiting list for assessment of autistic spectrum disorder. The group is non-diagnostic and provides psychoeducation /appropriate strategies and support for parents/carers of children with neurodevelopmental difficulties, without a formal diagnosis. <p><u>Older People's Psychology Service</u></p> <ol style="list-style-type: none"> 1. We were successful in recruiting a new Head of Older People's Psychology Service (an external appointee). This appointment will both increase service delivery capacity and ensure strategic focus and leadership to meet the needs of a priority population within health and social care. 		
COVID Vaccination	<i>At least 80% of the Age 65+ population will receive an Autumn/Winter Booster vaccination</i>	80% 79.2%
<p>By the end of October, NHS Fife had administered the Autumn/Winter Booster Vaccination to 79.2% of the Age 65+ population. This is an increase from 30.1% at the end of September, and means the target will be achieved in early November.</p> <p>A key objective of the winter vaccination programme was to increase immunity in those who continue to be more at risk of severe COVID-19 and flu to prevent severe illness, hospitalisation and death. Age continues to be the biggest risk factor for severe COVID-19 illness. The uptake of the vaccine in the oldest age groups across Fife has been good, and the challenge of vaccinating those in residential care homes and the housebound cohort in parallel with the community clinics has been met by the delivery team. The collaborative efforts of all involved with the immunisation programme over this period has ensured we are on track to protect the most vulnerable ahead the target date of early December.</p>		

		Target	Current
Flu Vaccination	<i>At least 80% of the Age 65+ population will receive a Flu vaccination</i>	80%	77.8%
<p>By the end of October, NHS Fife had administered the Flu Vaccination to 77.8% of the Age 65+ population. This is an increase from 30.1% at the end of September, and means the target will be achieved in early November.</p> <p>With >90% of the winter programme being delivered through co-administration of COVID-19 and flu in the same appointment the uptake of flu vaccine in the older age groups reflects the successes seen for COVID-19. Free flu vaccinations for those eligible have also been available in community pharmacies across Fife, with some residents preferring this option.</p> <p>Whilst flu activity levels have started to increase in Scotland earlier than previous seasons, activity levels remain low and so high population coverage in the oldest age groups has been achieved ahead of any anticipated peak of winter flu activity in the community.</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%	95.2%
<p>The latest published data (for quarter ending June) shows that NHS Fife achieved a figure for this measure of vaccination which is above the 95% target. This is the first time the target has been achieved since the quarter ending March 2021. NHS Fife remains below the Scottish average, and the aim going forward is to sustain this and also improve our ranking across all Mainland Health Boards.</p> <p>A multidisciplinary Quality Improvement Group formed in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. A review of the patient pathway is in progress, and a project plan based on a driver diagram is being developed.</p>			
Immunisation: MMR2	<i>At least 92% of children will receive their MMR2 vaccination by the age of 5</i>	92%	89.9%
<p>The latest published data (for quarter ending June) shows that NHS Fife achieved a slightly improved figure for this measure of vaccination compared to the previous 2 quarters. Performance, however, remains a few points below the target and also below the Scottish average. The aim going forward is to continue the recent improvement whilst also improving our ranking against all other Mainland Health Boards and the Scottish average.</p> <p>A multidisciplinary Quality Improvement Group formed in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. A review of the patient pathway is in progress, and a project plan based on a driver diagram is being developed.</p>			

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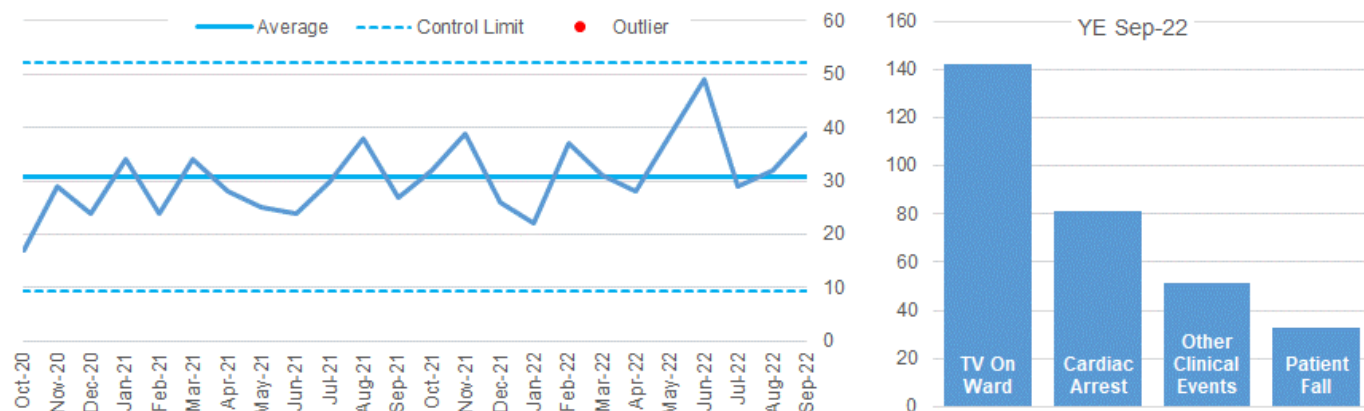
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Major and Extreme Adverse Events



All Adverse Events

		2021/22						2022/23					
		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
ALL	NHS Fife	1399	1443	1497	1501	1301	1471	1242	1419	1310	1330	1333	1387
	Acute Services	650	634	596	613	516	675	532	614	597	618	593	666
	HSCP	693	750	837	853	734	729	657	756	667	691	693	695
	Corporate	56	59	64	35	51	67	53	49	46	21	47	25
CLINICAL	NHS Fife	954	1019	971	942	907	1059	856	1023	922	862	919	1004
	Acute Services	570	583	535	566	466	615	484	550	527	527	542	610
	HSCP	354	407	395	361	411	405	350	450	372	329	361	382
	Corporate	30	29	41	15	30	39	22	23	23	6	16	12

Commentary

The total number of adverse events in September was in keeping with the average over the preceding 11 months; the number of major events within the month was however, at 39, higher than the average of 30.

There has been a sharp increase in the number of Patient Falls (specifically the 'Patient Falls Whilst Walking' sub-category) with 255 events compared to a previous monthly average of 215. This upwards surge follows a previous month-on-month reduction from May to August. This data is reviewed on a monthly basis in the falls audit report and is reported to the Inpatient Falls Steering Group.

Cardiac Arrest incidents have remained consistent with 7 events being reported each of the last 3 months (Jul-Sep), following on from previously increased levels in May and June. All cardiac arrests have been reviewed at the CPR (cardiopulmonary resuscitation) SBAR Review Group, and identified themes and contributory factors have informed the continuing focused improvement work of the Deteriorating Patient Group. The increasing trend was escalated and discussed at the Clinical Governance Oversight Group on 16th August, with an expected presentation from the Deteriorating Patient Group Lead in October.

Adverse Events Improvement Plan, Key Progress

- New review templates for Significant Adverse Event Review (SAER) and Local Adverse Event Review will start on 1st December
- Complaints module on datix will be renamed Feedback from 1st December to better reflect the contents of the module which includes, complements and whistle blowing as well as complaints
- Turas e-learning module, Managing a SAER/LAER will be launched in November
- Updated SBAR process including a move to electronic format will start on 10th January 2023

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.

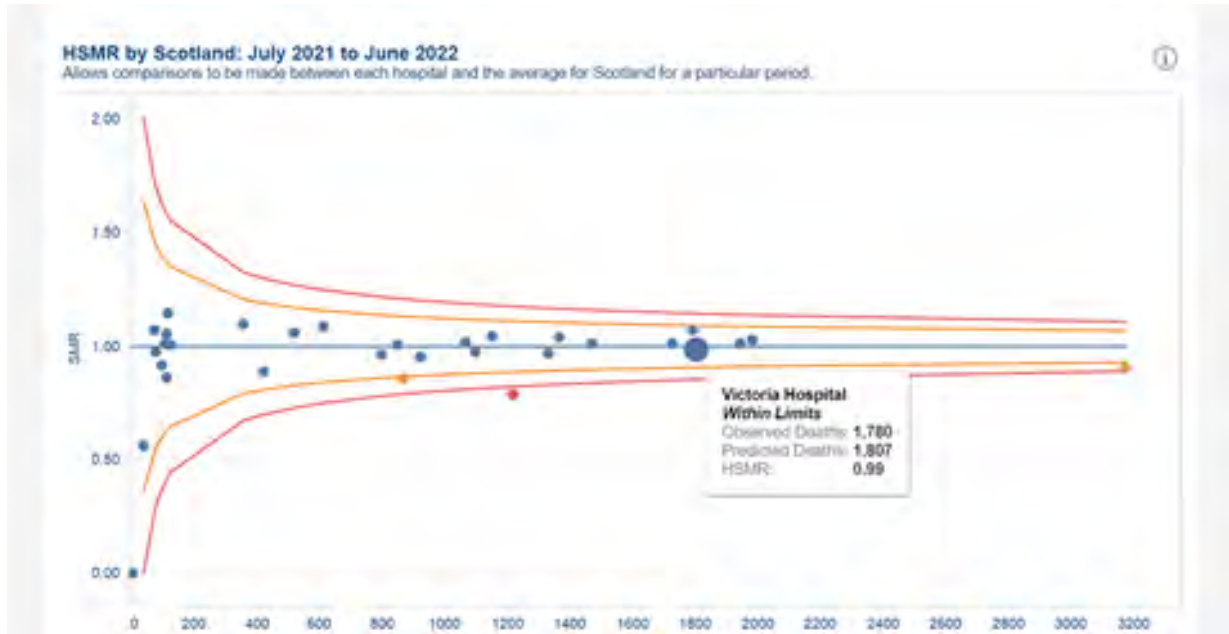
Performance

0.99

Reporting Period; July 2021 to June 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

Data for 2021 and Q1 of 2022 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending June 2022 showing a ratio below the Scottish average.

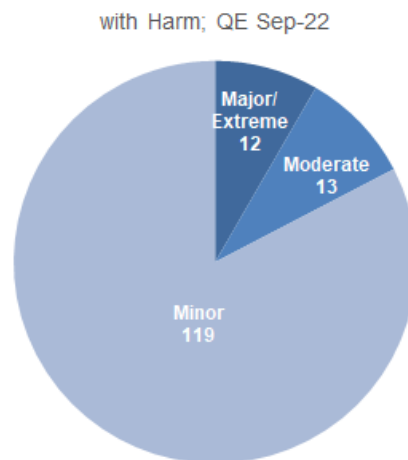
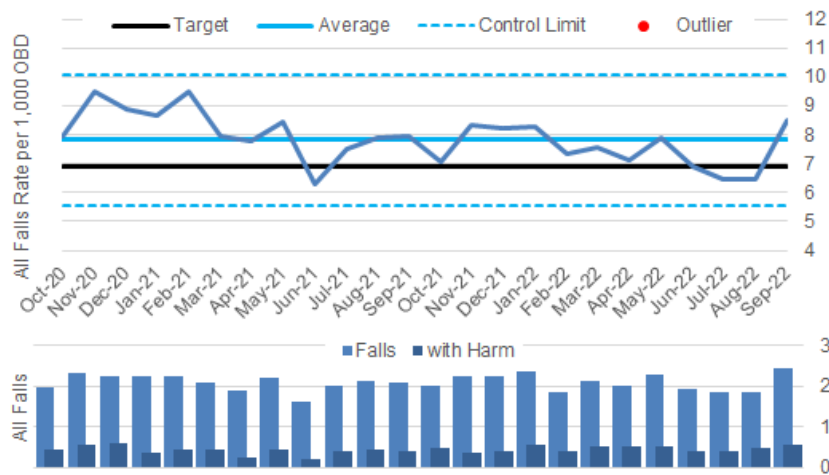
CLINICAL GOVERNANCE

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

Performance
8.48

Local Performance



Performance by Service Area

	2021/22						2022/23					
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
NHS Fife	7.08	8.32	8.25	8.29	7.33	7.59	7.13	7.90	6.91	6.48	6.45	8.48
Acute Services	8.51	8.71	8.47	9.39	7.55	7.10	8.25	8.11	7.83	8.13	6.67	9.63
HSCP	5.85	7.97	8.06	7.34	7.16	8.01	6.14	7.72	6.08	4.97	6.25	7.47

Key Deliverable

Reduction in number of Patient Falls in order to achieve specified reduction target in this FY	Mar-23 On track
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Key Milestones	Milestone Description	End Date
	Refresh Falls Champions Register and Network	Jan-23 On track
	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 2022/23	Jun-22 Complete
	Review and refresh Falls Toolkit	Apr-23 On track
	Review Related policies- Supervision, Boarding and Bed rails as identified/required by the policy timescales	Feb-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	Feb-23 Not started

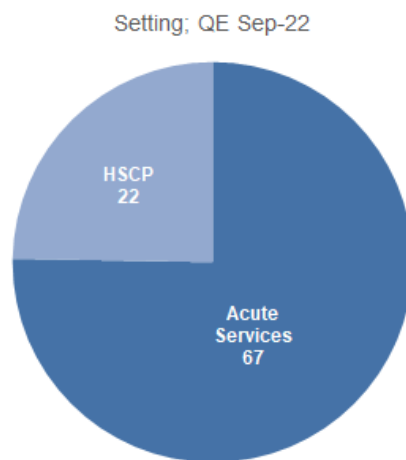
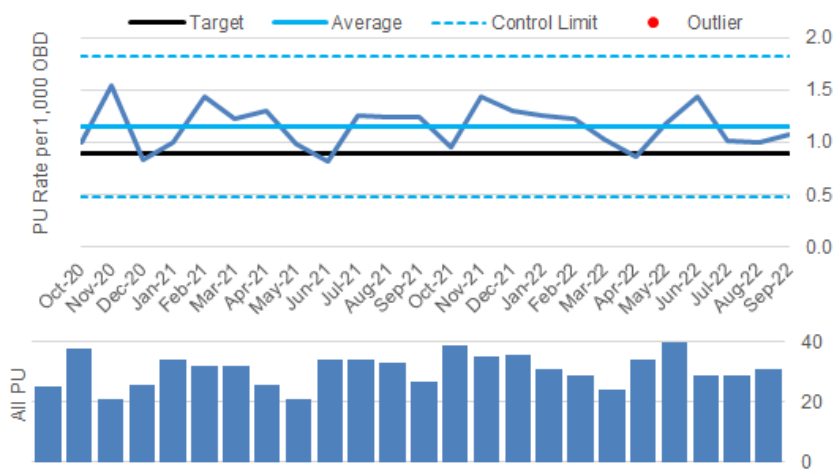
CLINICAL GOVERNANCE

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*

**Performance
1.08**

Local Performance



Performance by Service Area

	2021/22						2022/23					
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
NHS Fife	0.95	1.44	1.30	1.25	1.23	1.03	0.87	1.18	1.44	1.02	1.00	1.08
Acute Services	1.44	2.54	2.16	2.10	1.84	1.76	1.37	1.77	2.13	1.48	1.54	1.94
HSCP	0.53	0.49	0.55	0.52	0.72	0.40	0.41	0.66	0.82	0.60	0.52	0.32

Key Deliverable	End Date
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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 <i>Data continues to show a random pattern</i>	Mar-23 Off track
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Key Milestones	Milestone Description	End Date / Status
	Refresh PU Link Practitioner Register and Network	Oct-22 Complete
	Ensure that monthly PU data continues to be discussed and displayed in each ward setting, associated improvement plans developed and implemented where required	Dec-22 On track
	PU data discussed and shared with senior HSCP management team at bi-weekly QMASH meeting	Mar-23 Complete
	PU Documentation Audit to support compliance	Mar-23 On track
	Review LEARN summaries to support shared learning	Mar-23 On track
	Measurement against the revised HIS Prevention and Management of Pressure Ulcer Standards (October 2020)	Mar-23 At risk
	Establish an operational TV group	Nov-22 At risk
	Embed the revised HIS Pressure Ulcer Standards (October 2020) <i>Covered by milestone above 'Measurement against the revised ...'</i>	Oct-23 Suspended
	Develop and test electronic PURA and SSKIN bundle on Patienttrack	Oct-22 Complete
	Embed the use of the CAIR resource	Mar-23 On track
	Clinical teams with an increase in PU harms to collect process measures to identify and plan improvements	Mar-23 On track
	Develop a training and education plan	Oct-22 Complete

CLINICAL GOVERNANCE

SAB (HAI/HCAI)

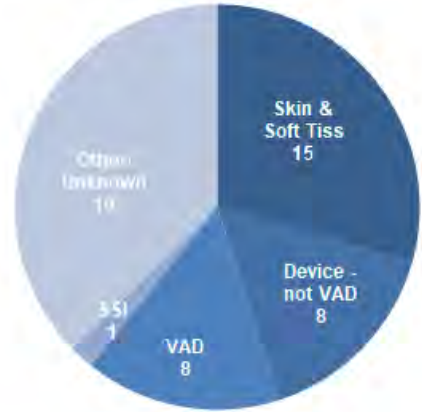
Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
16.6**

Local Performance



Infection Source; YE Sep-22



National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	20.6	17.8	6.3	16.6	12.7	15.2	14.9
Scotland	18.9	18.4	18.6	18.3	17.3	16.3	17.3

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

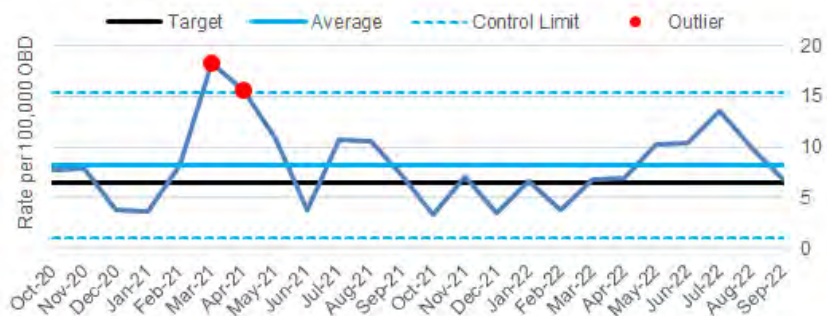
CLINICAL GOVERNANCE

C Diff (HAI/HCAI)

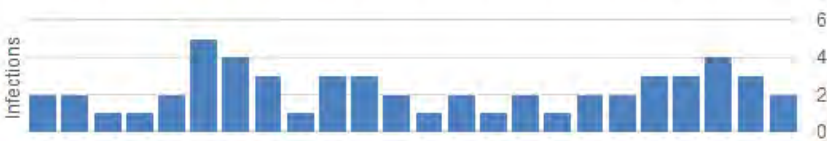
Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
6.7**

Local Performance



Recurrence; YE Sep-22



National Benchmarking

Quarter Ending	2020/21		2021/22			2022/23	
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	7.7	14.0	10.0	9.5	4.6	7.0	9.2
Scotland	16.4	15.8	14.6	16.8	13.3	12.6	14.3

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 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

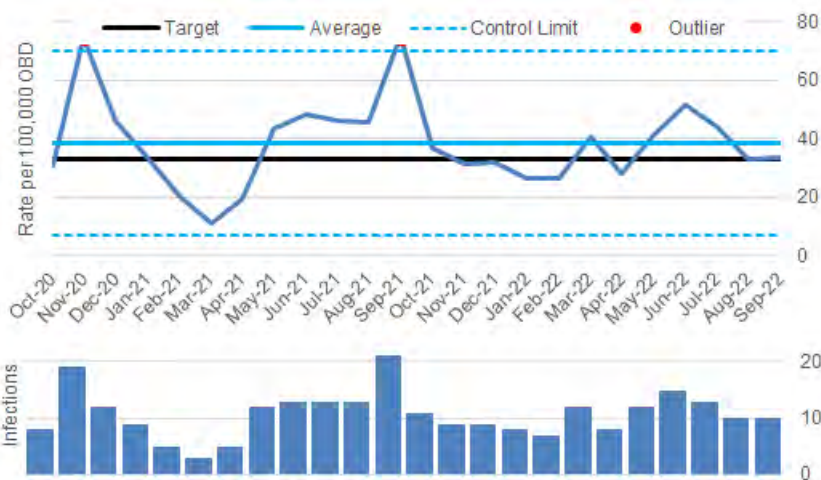
CLINICAL GOVERNANCE

ECB (HAI/HCAI)

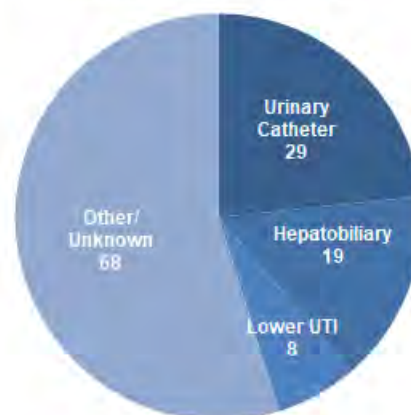
Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
33.7**

Local Performance



Infection Source; YE Sep-22



National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	50.3	21.6	37.6	60.3	33.6	31.6	40.2
Scotland	40.9	34.7	38.2	41.5	34.1	30.5	34.8

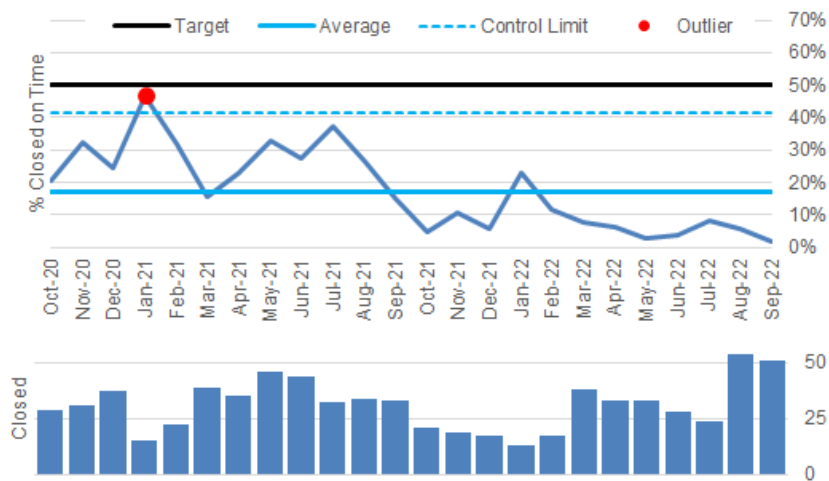
Key Deliverable		End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement		Mar-23 On track
Key Milestones	Optimise communications with all clinical teams in ASD & the HSCP	Mar-23 On track
	Ongoing work of Urinary Catheter Improvement Group (UCIG) eCatheter insertion & maintenance bundle on Patienttrack- further rollout	Mar-23 At risk
	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

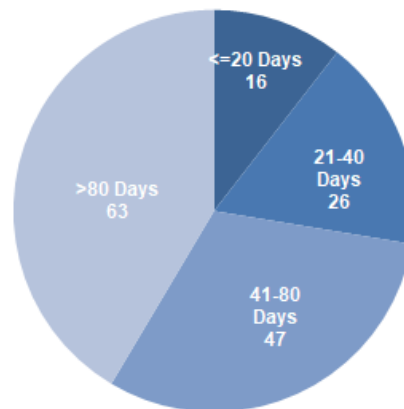
At least 50% of Stage 2 complaints are completed within 20 working days by March 2023, rising to 65% by March 2024

Performance
2.0%

Local Performance



Open Complaints; Sep-22



Performance by Service Area

		2021/22						2022/23					
		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
NHS Fife	% Closed on Time	4.8%	10.5%	5.9%	23.1%	11.8%	7.9%	6.1%	3.0%	3.6%	8.3%	5.6%	2.0%
	% Acknowledged (3 days)	100.0%	100.0%	88.2%	84.6%	100.0%	89.5%	87.9%	90.9%	92.9%	83.3%	79.6%	80.4%
Acute Services	% Closed on Time	0.0%	16.7%	7.7%	30.0%	18.2%	3.6%	8.0%	0.0%	5.0%	14.3%	4.3%	0.0%
HSCP	% Closed on Time	20.0%	0.0%	0.0%	0.0%	0.0%	14.3%	0.0%	9.1%	0.0%	0.0%	0.0%	0.0%

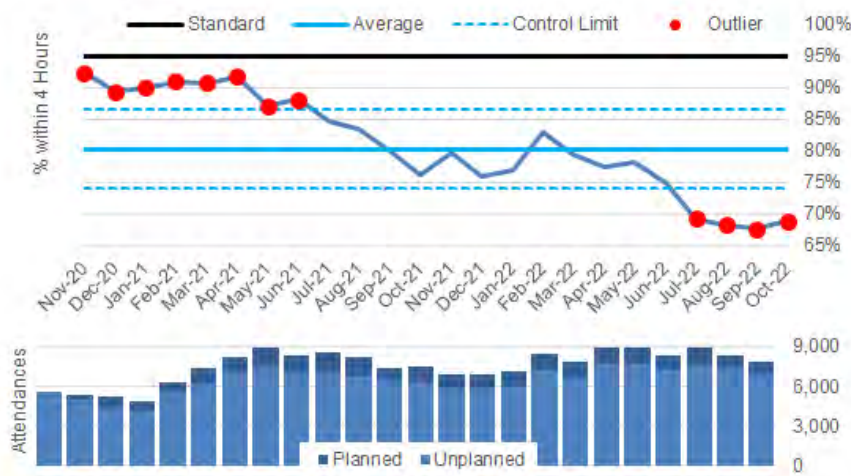
Key Deliverable	End Date
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) <i>Quarterly reports being presented to EDG and CGC however response rate of stage 2 complaint responses remains very low and achieving 50% by March 2023 is unlikely</i>	Mar-23 Off track
Adherence to 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

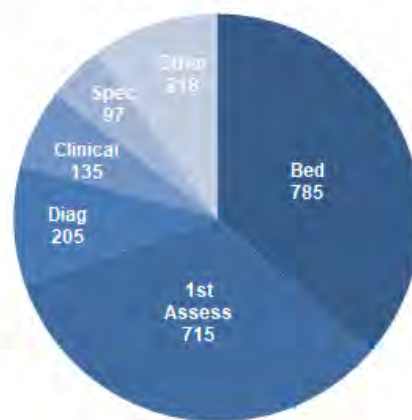
At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

Performance
68.9%

Local Performance



Breach Reason; Oct-22



National Benchmarking

	2021/22					2022/23						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Five	79.7%	76.1%	77.0%	83.0%	79.6%	77.5%	78.2%	74.9%	69.3%	68.3%	67.7%	68.9%
Scotland	75.9%	75.7%	76.0%	74.2%	71.6%	72.1%	73.0%	71.3%	69.9%	69.7%	69.0%	67.6%

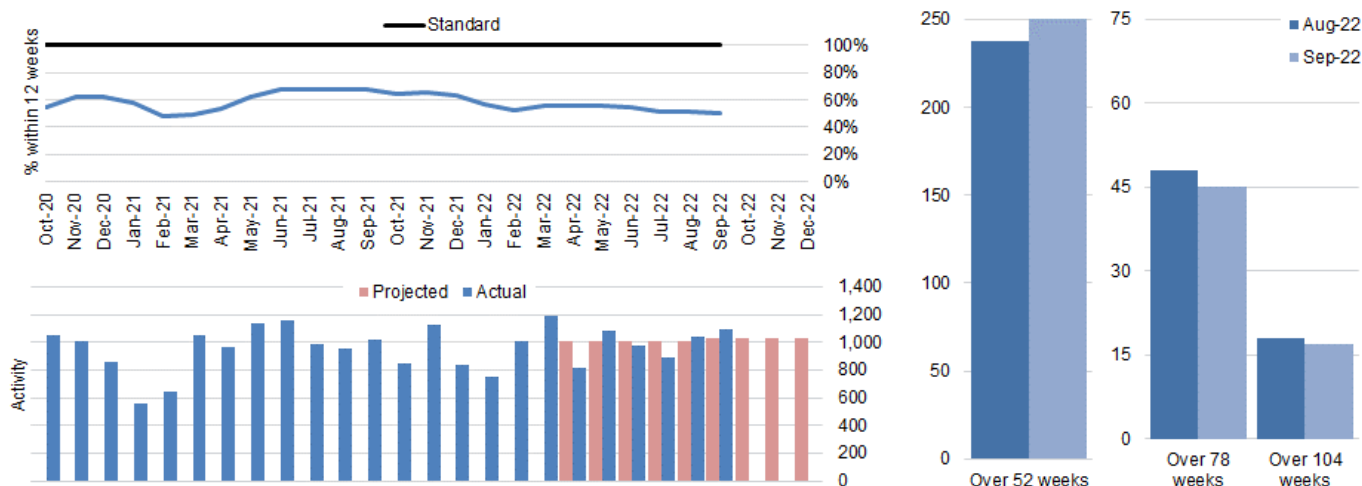
Key Deliverable		End Date
Enhance and optimise our ECAS/AU1 assessment		Apr-23 At risk
Key Milestone	Review Au1 assessment area	Dec-22 On track
	Enhance pathways into ECAS	Apr-23 At risk
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted 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 Complete
	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.	Sep-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 On track
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

Performance
50.5%

Local Performance



National Benchmarking

	2021/22						2022/23					
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
NHS Fife	64.9%	65.1%	63.1%	56.6%	52.7%	55.2%	55.9%	55.6%	54.3%	51.6%	51.4%	50.5%
Scotland	37.5%	37.3%	34.6%	33.7%	32.5%	34.0%	32.8%	32.5%	31.5%			

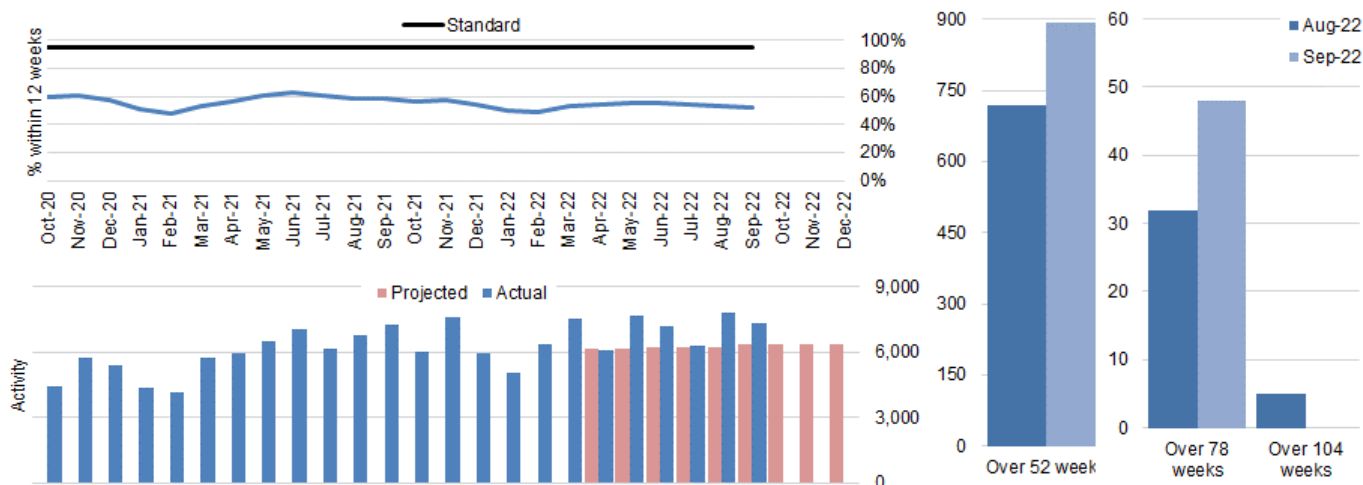
Key Deliverable		End Date
Reducing long waits; TTG <i>It is not possible to undertake any additional activity to deliver the long waiting targets given the level of funding received and core inpatient surgery capacity continues to be restricted at Victoria Hospital due to sustained pressures in unscheduled care, staff absence and vacancies. The focus remains on urgent and cancer inpatients and long waiting day cases which can be performed at QMH.</i>		Mar-23 Off track
Key Milestones	Preassessment	Mar-23 On track
	Elective Orthopaedic Centre <i>Building and staff expected to be in place by January. Fife allocation from NTC has been reduced to 26 patients from 336 patients which will mean that the backlog of Orthopaedic patients will increase month on month.</i>	Jan-23 Off 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

Performance
51.5%

Local Performance



National Benchmarking

	2021/22						2022/23					
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
NHS Fife	56.5%	57.1%	53.8%	50.1%	48.8%	53.4%	53.9%	55.3%	55.4%	53.9%	52.9%	51.5%
Scotland	48.0%	48.4%	46.5%	45.5%	45.9%	49.6%	48.9%	49.6%	49.1%			

Key Deliverable

Reducing long waits; Outpatients

It is not possible to undertake any additional activity to reduce the backlog and deliver the long waiting targets given the level of funding received and continued pressures in unscheduled care, staff absence and vacancies. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 18 months and 2 years.

End Date

Mar-23
Off track

Key Milestones

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

Mar-23
At risk

Three step validation process of waiting lists will be implemented

Lack of WL funding will mean review of patients waiting will either not take place or will be completed at the expense of clinical activity

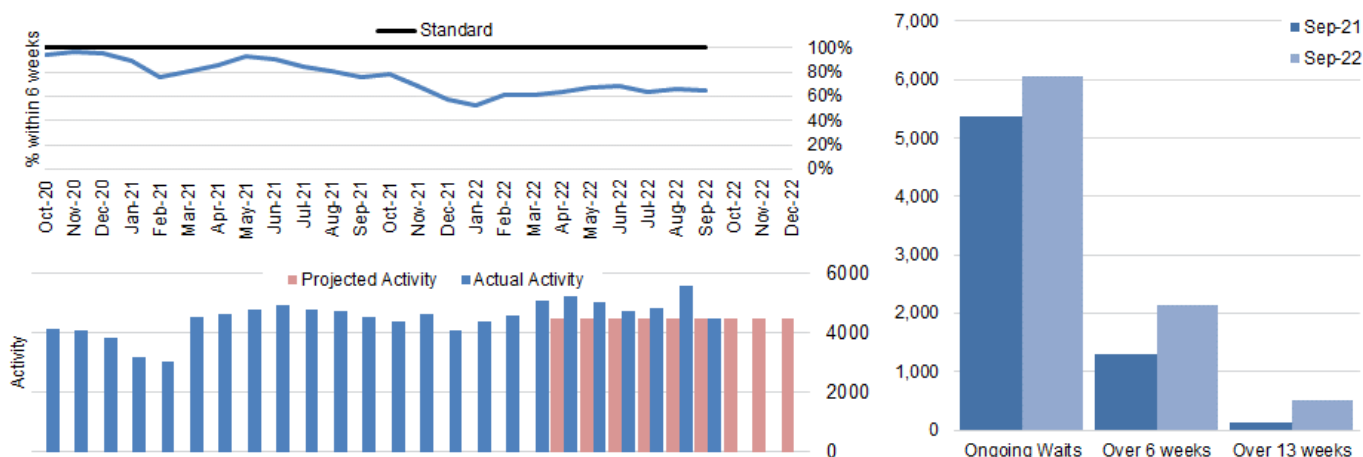
Mar-23
Off track

Diagnostics Waiting Times

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

Performance
64.6%

Local Performance



National Benchmarking

	2021/22						2022/23					
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
NHS Fife	78.7%	68.3%	57.8%	52.7%	61.2%	61.6%	63.0%	67.8%	68.2%	63.5%	65.9%	64.6%
Scotland	55.2%	56.9%	49.6%	48.1%	50.8%	49.6%	45.2%	47.0%	47.5%			

Key Deliverable

End Date

Reducing long waits; Diagnostics

In endoscopy it has not been possible to undertake any additional activity this year to reduce the backlog as no additional funding was received. There has been a reduction in long waits as efforts are made to contact patients and clinical validation of the waiting list progresses.

In Radiology additional activity was undertaken in Q1 and Q2 of this year particularly in CT and MRI which enabled a reduction in long waits for specialist CT scans and significant reduction in those waiting over 6 weeks.

There will continue to be a focus on urgent and urgent suspicion of cancer referrals along with reviewing those routine patients who have been experiencing long waits for both Radiology and endoscopy.

Mar-23
Off track

Radiology -7 day working

No funding identified to take this forward, continuing into FY 2023/24

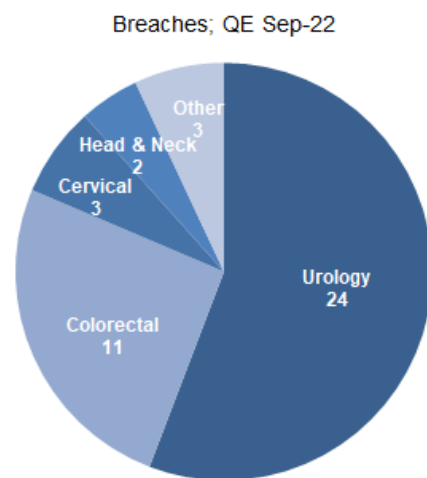
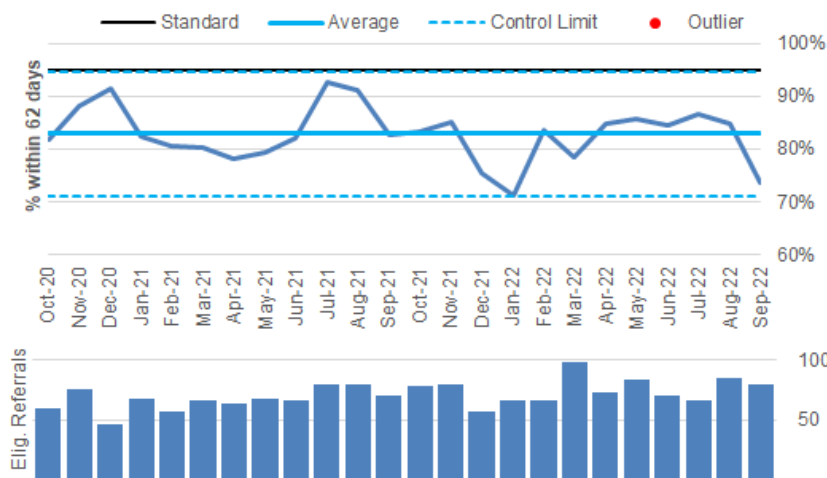
Mar-24
Off track

Cancer 62-Day Referral to Treatment

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

Performance
73.8%

Local Performance



National Benchmarking

Month	2021/22						2022/23					
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
NHS Fife	83.3%	85.0%	75.4%	71.2%	83.6%	78.6%	84.9%	85.7%	84.5%	86.6%	84.7%	73.8%
Scotland	78.8%	78.1%	78.3%	76.3%	77.4%	75.5%	77.0%	75.8%	73.5%	75.8%	73.6%	72.1%

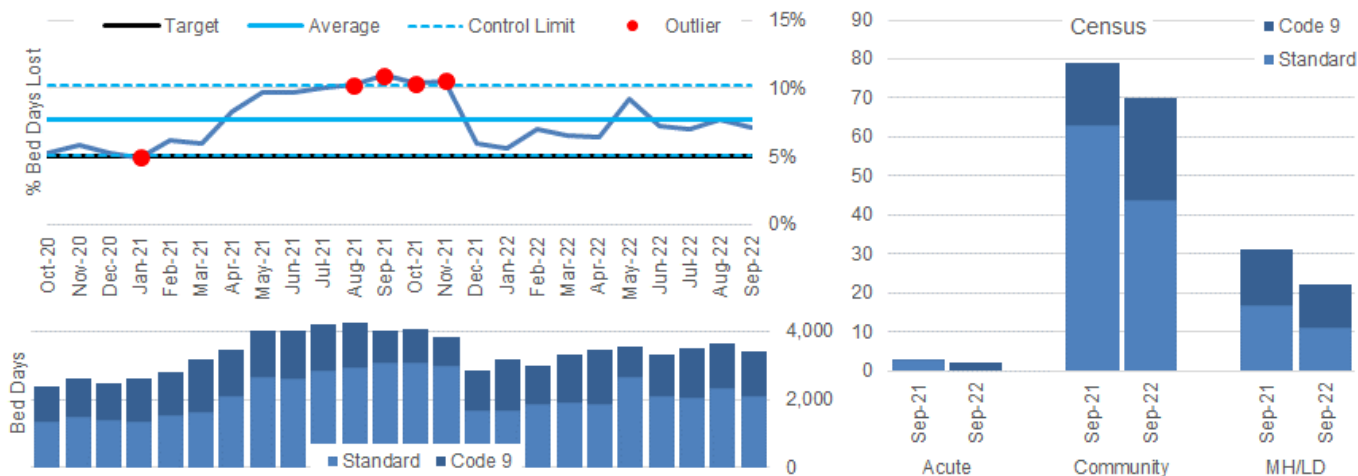
Key Deliverable		End Date
Implementation of Cancer Framework and delivery plan in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services		Mar-23 On track
Key Milestones	ECDC development/expansion	Mar-23 On track
	Development of single point of contact hub (SPOCH)	Sep-22 Complete
	Review of cancer workforce	Mar-23 Complete
	Environmental needs of cancer services	Mar-23 On track
	Continued public and patient engagement	Mar-23 Complete
	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 On track
Delivery of Cancer Waiting Times		Mar-23 Off track
Key Milestones	Implement refreshed Effective Cancer Management Framework to drive improvement of Cancer Waiting Times performance	Mar-23 Complete
	Targeted improvements designed to maintain the 31-day standard and improve the 62-day standard on a sustainable basis	Mar-23 Off track

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

Performance
7.0%

Local Performance



National Benchmarking

% Bed Days Lost		Quarter Ending								
		2020/21				2021/22				2022/23
		JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN
NHS Fife	Standard	4.6%	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%	6.4%	7.6%
	All	8.6%	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%	11.1%	11.8%
Scotland	Standard	3.8%	5.1%	4.8%	4.6%	5.0%	6.8%	7.2%	7.2%	7.3%
	All	5.9%	7.1%	7.3%	7.3%	7.4%	9.4%	9.7%	10.4%	10.3%

Key Deliverable

End Date

Deliver Home First and enable Prevention and Early Intervention

Dec-23
On track

Key Milestones
Continue 7-day step-down for Acute (AU1 and AU2) and review a potential ED pathway in hospital @ home. Increase capacity in ICT in preparation for winter.

Feb-23
On track

Information and data development of programme measures and the delivery of a management information dashboard for the programme through an inter-agency and inter-disciplinary approach

Jun-23
At risk

Support citizens to have greater control and choice of care preferences in event of a future deterioration, or change in circumstances for themselves or their carer(s). All community patients at risk of readmission will have an ACP.

Mar-23
On track

Reduce admissions from ED and GP presentation by early IAIT assessment and use of out of hospital pathways for those who are screened for frailty at point of presentation

Dec-22
Suspended

Integrated Discharge Planning - review and develop pathways to minimise delays and ensure patients are cared for in the right place at the right time

Dec-22
On track

Intermediate Care - ensure that all reablement options are explored to promote independence for people who need support prior to going home. Promote delivery of digital solutions, which will support the implementation of the aims & objectives of the home first strategy.

Jul-23
At risk

Housing & Social Determinants - review and develop pathways to minimise delays where Housing is the primary reason for a delayed discharge

Mar-23
On track

Commissioning and Resourcing - support the Home First model by working with providers, Scottish care and inhouse provision to redesign a system that is fit for the future

Oct-22
Complete

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

Reduce hand offs in discharge processes

Feb-23

		On track
	Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian	Apr-23 At risk
	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 On track
	Promotional campaign to support the Moving on Policy to help with decision making of moving on patients	Dec-23 On track
	Planned Date of Discharge Project	Dec-22 On track
	Front Door Model	Dec-22 On 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 & Social Care Directorates (SGHSCD)

**Revenue
(£15.9m)**

**Capital
£13.9m**

1. Executive Summary

1.1 The Health Board retained position at the end of September is an overspend of £15.945m. This overspend comprises:

- £7.361m core overspend (includes £2.302m overspend relating to acute set aside services);
- £5.204m of the financial gap identified in the board's approved financial plan;
- £3.380m unfunded acute set aside Covid associated costs.
- Full funding for Test and Protect costs has been anticipated in line with guidance.

Health Delegated Services report an underspend at the end of September of £3.685m; and have incurred fully funded Covid spend of £4.651m to the half year.

Revenue Financial Position as at 30 September 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	244,638	121,872	128,831	-6,959
IJB Non-Delegated	9,543	4,770	4,736	33
Non-Fife & Other Healthcare Providers	95,847	47,956	48,851	-895
<u>Non Clinical Services</u>				
Estates & Facilities	78,831	38,885	39,136	-251
Board Admin & Other Services	68,414	28,292	28,052	239
<u>Other</u>				
Financial Flexibility & Allocations	27,598	977		977
Income	-21,373	-5,846	-5,926	80
Grip and Control	-3,412	-1,706	-1,120	-586
Sub-total Core position	500,086	235,199	242,561	-7,361
Financial Gap	-10,408	-5,204		-5,204
HB Retained Surge Capacity			1,489	-1,489
HB retained Covid 19	10,051	6,301	8,192	-1,891
SUB TOTAL	499,729	236,296	252,242	-15,945
<u>Health & Social Care Partnership</u>				
Fife H & SCP	373,969	180,698	177,013	3,685
Health delegated Covid 19	4,651	4,651	4,651	0
SUB TOTAL	378,620	185,349	181,664	3,685
TOTAL	878,349	421,645	433,905	-12,260

1.2 The NHS Fife financial plan approved in March 2022 identified a recurring financial gap in 2022/23 of £24.1m; to be managed in-year through approved cost improvement plans of £11.7m and a capital to revenue transfer of £2m resulting in a residual financial gap of £10.4m. These planning assumptions were reinforced in the letter received from Scottish Government dated 12 September which emphasised the requirement to deliver the £10.4m position, including the cost impact of Covid, as a minimum, and have been further tested and reviewed as part of our deep-dive mid year review process.

- 1.3 We have been formally advised that there is a non-negotiable cap on the Health Board Covid-19 funding of £7.5m for 2022/23. All Boards are requested to disclose any overspend beyond the funding cap as part of their core position. High inflation levels and service pressures indicate that the available funding is not sufficient to cover the costs of managing the forecast level anticipated. We are working with the HSCP to determine the availability of a system wide response to this challenge revisiting the IJB reserve position beyond that which relates to the Covid.
- 1.4 The September allocation letter was received on 5 October. We continue to make assumptions on anticipated allocations which reflects the national uncertainty around funding. Details of our funding allocations, both received and anticipated, are attached at Appendix 1.
- 1.5 At the end of September, the Cost Improvement Plans (CIPs) are £2m behind target. The forecast outturn assumes all CIPs will be delivered at the financial year end. Where plans are slipping pipeline schemes are being identified and are currently being worked up to come forward to the FIS Programme Board for approval to move to implementation. Whilst the final cost improvements delivered may differ in some respects from the approved schemes, all Senior Responsible Officers are working toward delivering CIPs totalling £11.7m in year and on a sustainable basis wherever possible.
- 1.6 The overall anticipated capital budget for 2022/23 is £33.145m. This reflects the core Capital Resource limit (CRL) of £7.764m notified by Scottish Government and anticipated allocations expected during the year to support a number of ongoing projects; as well as additional funding received from successful bids submitted to SG over the summer months. The capital position for the period to September records spend of £13.873m equivalent to 41.86% of the anticipated allocation. The capital programme is expected to deliver in full, with significant activity in the latter half of the financial year in respect of completion of the National Treatment Centre facility.

2. Health Board Retained Services

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

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division (HB Retained)	201,049	100,282	104,939	-4,657
Acute Services Division (Acute Set Aside)	43,589	21,590	23,892	-2,302
Subtotal Acute Services Division	244,638	121,872	128,831	-6,959
IJB Non Delegated	9,543	4,770	4,736	33
Non-Fife & Other Healthcare Providers	95,847	47,956	48,851	-895
Income	-21,373	-5,846	-5,926	80
SUB TOTAL	328,655	168,752	176,492	-7,741

- 2.1 The Acute Services Division reports a core **overspend of £6.959m**. This position reflects the financial consequences of the significant ongoing service pressures across unscheduled care. Increases in demand and higher acuity than pre-pandemic levels resulting in increased lengths of stay, together with delayed discharges are driving the reliance on supplementary staffing for both nursing and medical workforces. Moreover, costs increased in September due partly due to catch up in Agency Nursing costs. Also included in the reported overspend is unfunded expenditure in relation to a Labs and Radiology bid of £1.043m submitted to SG in April. The Planned Care Funding letter was received in September and confirms an allocation which is substantially less than our informed bid. Cost pressures within non pay costs are also having a detrimental impact on the financial position with medicines growth of £1.095m, particularly within haematology services. Continued growth and replacement of diabetic pumps, the increased cost of consumables for robotic procedures and increased resource for audiology supplies and orthotics are also collectively overspending at £0.414m. Additionally, the reported overspend to September includes unachieved cost improvement plans of £1.323m, with an expectation the pipeline schemes will cover any in year slippage.

Included in the core ASD position is an overspend on core set aside services of £2.302m 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 £0.033m**. This relates in the main to relates to nursing vacancies across the Acute Services within the Northeast Fife Hospitals and the Forensic unit at Lynebank (Daleview).

2.3 The budget for healthcare services provided out-with NHS Fife is **overspent by £0.895m** (detail per Appendix 2). This is in spite of the increase in budget allocation of £3m as part of this year's financial budget setting process. The main drivers for this adverse variance include an anticipated additional inflationary uplift of 0.63% to all SLAs to reflect increased energy costs which as yet has not been ratified by the national Directors of Finance group. There is also an increase in activity with Lothian & Tayside for mental health patients, increased substance misuse activity with Tayside and an increase in OATS when compared with last year. However, this expenditure can be subject to change dependent on the outcome of the marginal cost model of the SLA with NHS Lothian. SLAs/Contracts with external healthcare providers for specialist mental health services are currently being discussed with the IJB Chief Finance Officer with the view establishing whether both budgets and spend should be delegated to the partnership.

2.4 Corporate Functions and Other Financial performance at 30 September 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<u>Non Clinical Services</u>				
Estates & Facilities	78,831	38,885	39,136	-251
Board Admin & Other Services	68,414	28,292	28,052	239
<u>Other</u>				
Financial Flexibility & Allocations	27,598	977	0	977
SUB TOTAL	174,843	68,154	67,188	965

2.5 The Estates and Facilities budgets report an **overspend of £0.251**. This is primarily due to increased costs within energy/utilities which has seen a further increase in month exacerbated by price inflation.

2.6 Within the Board's corporate services there is an **underspend of £0.239m**. Whilst there are a range of underspends across corporate service areas, there is an offsetting area of overspend within our Workforce Department which reflects cost pressures associated with the Regional Recruitment consortium.

Financial Flexibility

2.7 Financial flexibility at the end of the September 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 **£0.977m** to month 6 is shown at Appendix 3.

Financial Gap

2.8 The **financial plan gap** reflects the proportionate share of the planned £10.4m deficit (**£5.204m** to month 6) 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 6 is £5.516m with £3.461m achieved, resulting in a current year shortfall of £2.055m. Recurring savings achieved are £1.438m, equivalent to 12% of the full year target, an improvement against the position in month 5. Significant risk remains where plans are not yet finalised and CIP documents are not completed. The Programme Board governance arrangements are key to instil rigour and momentum to this agreed plan.

Approved Cost Improvement Plans - Position at 30 September 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	2,426	1,103	-1,323
Estates & Facilities	1,652	902	906	4
Corporate	4,296	2,188	1,452	-736
Total	11,700	5,516	3,461	-2,055

By the end of month 6 Acute Services delivered £1.103m, a year-to-date shortfall of £1.323m. All the savings delivered are cash releasing with the biggest schemes relating to procurement in planned care, £0.450m. To date Acute identified £0.659m on a recurring basis. Recurring opportunities continue to be explored at pace to mitigate against potential high-risk schemes, with feasible pipeline opportunities being taken to the Programme Board. Further detail is included in Appendix 4 to this report.

3. Health Board Covid-19 spend

3.1 Formal notification of a funding cap on the Health Board Covid-19 funding of £7.5m for 2022/23 has meant that any overspend beyond the funding cap is part of our core position. The table below shows Covid-19 spend of £7.130m to month 6. This comprises £2.600m for Health retained funded from the £7.5m financial envelope; and £3.380m unfunded Covid surge costs for Ward 6 and other surge beds and the costs of additional resources deployed to other wards/clinical areas required to support surge activity across the hospital. For 2020/21 and 2021/22 these costs were accounted for as Covid expenditure. However, the Covid funding cap means this expenditure is now an overspend against our available Covid budget.

3.2 In addition, we have incurred £2.551m spend for Test and Protect costs which we expect will be fully funded.

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	1,768	1,768	2,555	4,323	-2,555
HB Retained Surge Capacity	0	0	1,489	1,489	-1,489
Estate & Facilities	69	69	405	474	-405
Corporate	763	763	81	844	-81
Funding Envelope	1,150				1,150
Subtotal	3,750	2,600	4,530	7,130	-3,380
Test & Protect	2,551	2,551	0	2,551	0
Total	6,301	5,151	4,530	9,681	-3,380

3.3 Local policies have been reviewed to ensure that national guidance is adhered to and bring consistency with other boards. The change in National guidance on asymptomatic and pre-elective testing will reduce costs going forward. Staff absences for covid reasons have started to reduce and with the change in reporting on Covid absence the majority of this will become business as usual from September onwards. Ongoing challenge and scrutiny continue to ensure that exit strategies are underway and to gain a full understanding of what will become business as usual to inform our Strategic Planning and Resource Allocation (SPRA) process.

3.4 Delays in transfer of care due to the Covid impact in Community settings generates both a capacity and financial pressure on the Acute Services. Positive discussions are underway with the HSCP to enact a system wide responsibility to support the cost of surge activity which is predicted to remain for the full financial year whilst we await the full implementation of services within the HSCP which aim to reduce delayed discharge and improve hospital flow.

4. Health & Social Care Partnership

4.1 Health services in scope for the Health and Social Care Partnership report a core **underspend of £3.685m**. The underspend position predominantly relates to vacancies with attempts to recruit ongoing by services. In common with HB retained services, there are high usage/costs associated with medical locums and nurse bank/agency to cover vacancies, sickness and increased patient supervision requirements. Prescribing data available to inform the position is 2 months in arrears so the position to month 6 is based on 4 months actual data with 2 months informed estimated costs. Using that data, other available indicators and 3 years previous positive outturns, the GP Prescribing position to September is estimated to be £0.4m underspent.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health & Social Care Partnership				
Fife H & SCP	373,969	180,698	177,013	3,685
SUB TOTAL	373,969	180,698	177,013	3,685

The Health and Social Care Partnership budget detailed above are Health budgets designated as in scope for HSCP integration, excluding budgets in respect of large hospital services, also referred to as Set Aside. The financial pressure related to set aside services is currently held within the NHS Fife financial position. Anticipated funding from the IJB earmarked reserve is shown at Appendix 5.

4.2 HSCP Covid-19 spend

The Health Delegated covid spend of £4.651m to month 6, 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	1,715	1,715	0
Complex and Critical Services	84	84	0
Primary Care and Prevention Services	118	118	0
Professional/Business Enabling	62	62	0
Covid-19 Vaccination Costs	2,672	2,672	0
Total	4,651	4,651	0

5. Forecast Outturn

5.1 Taking account of current spending trends, confirmed funding allocations and all other available relevant information, and identified mitigating actions, the forecast outturn for Health retained services at the end of March 2023 is a potential overspend of £16-£17m. There is a clear expectation from Scottish Government that we deliver our approved financial position as notified to them in March, an overspend of £10.4m. Currently the board requires further mitigating actions of £6m to be identified and actioned prior to the financial year end. As such all directorates are being asked to

- review their budgets and reduce expenditure wherever possible,
- accelerate the delivery of additional savings through the Financial Improvement and Sustainability programme,
- Identify areas of expenditure and planned programmes that can be paused/delayed or stopped, subject to ask risks identified
- Identify further balance sheet opportunities or financial flexibility.

5.2 Uncertainty continues in relation to outstanding funding allocations from Scottish Government. Moreover, the health and Social Care portfolio are conducting an emergency budget review during October which could adversely impact allocations and our forecast outturn,

5.3 Ongoing price increases which are globally out with our control, e.g. energy price increases; and the cost of food; and building materials etc could also adversely impact our forecast outturn. The wider economic potential impact remains under close review.

6. Capital

6.1 The overall anticipated capital budget for 2022/23 is £33.145m. The capital position for the period to September records spend of £13.873m. Therefore, 41.86% of the anticipated total capital allocation has been spent to month 6.

6.2 The capital plan for 2022/23 was presented to the FP&R Committee in July and will subsequently be tabled at the NHS Fife Board. NHS Fife has assumed a programme of £33.145m detailed in the table below.

Capital Plan	£'000
Initial Capital Allocation	7,764
Elective Orthopaedic Centre	13,629
Kincardine Health Centre	856
Lochgelly Health Centre	1,228
QMH Theatres PH2	1,500
Mental Health	100
National Equipping Funding Tranche 1	1,506
HEPMA	900
Pharmacy Robot	100
Estates NIB Bid	2,720
D&I NIB Bid	1,928
National Equipping Funding Tranche 2	914
Total	33,145

NHS Fife have received £1.191m in charitable funding to support both the modernisation works associated with the VHK Hospice of £0.350m and £0.841m for the AV Theatre and Artwork for the new National Treatment Centre.

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 incorporated into the OBC.

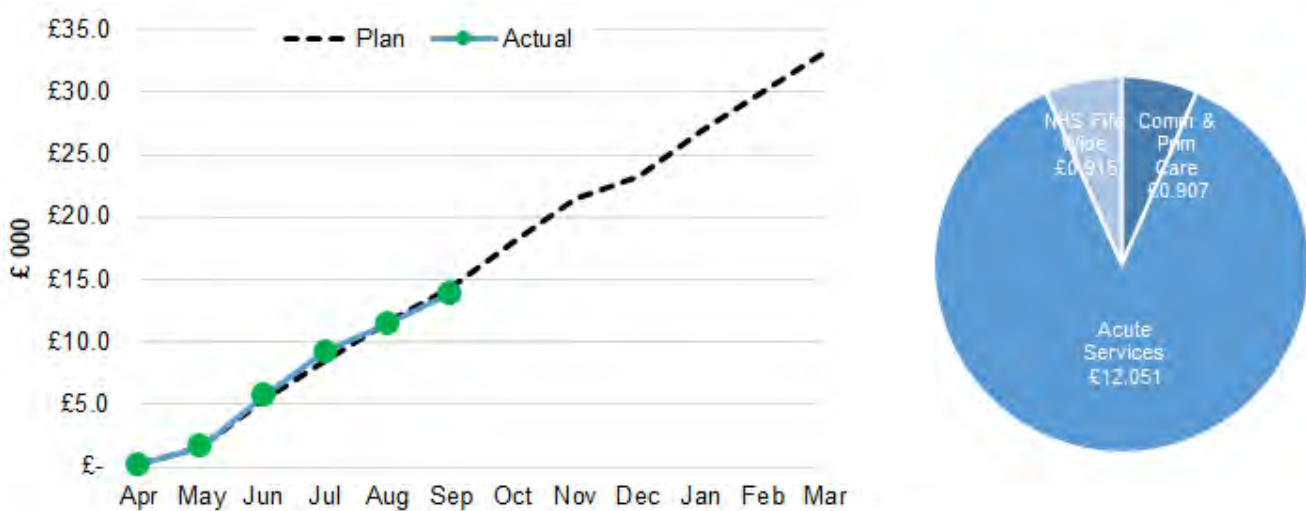
6.3 Capital Receipts

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 – whilst an offer has been accepted subject to conditions for planning and access, there are concerns re key objections which may place this asset sale at risk.

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 £13.873m, this equates to 41.86% of the total anticipated capital allocation, as illustrated in the spend profile graph below.



The main areas of spend to date include:

Statutory Compliance	£1.840m
Equipment	£0.681m
Digital	£0.797m
Elective Orthopaedic Centre	£9.685m
Health Centres	£0.673m

6.5 The capital programme is expected to deliver in full, with significant activity in the final months 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 Members are invited to approach the Director of Finance and Strategy for any points of clarity on the month 6 position reported and are asked to:

- **Note** the reported core overspend of £15.945m
- **Note** the Health delegated core underspend position of £3.685m
- **Note** the capital expenditure spend of £13.873m.

Appendix 1: Revenue Resource Limit

		Baseline Recurring £'000	Earmarked Recurring £'000	Non- Recurring £'000	Total £'000	Narrative
Letter 5 -October 2022	June letter	748,855		125	748,980	
	July Letter			101	101	
	August Letter		8,828	4,765	13,593	
	Alcohol & Drug Partnership 1st tranche			609	609	As per letter 7 October 2022
	Addressing Inequalities in access and uptake for screening			101	101	
	PASS Contract - Board Contribution		-40		-40	Annual Deduction
	Local Development aligned with DHAC Strategy			193	193	As per letter of 3 October 2022
	Vitamins for Pregnant Women & Children			45	45	As per return made
	Implementation of Baby Bliss Charter			5	5	
	Best Start Impementation			184	184	Continuation of Funding
	Family Nurse Partnership		1,448		1,448	As per letter of 25 August 2022
	Test & Protect Tranche 1			3,051	3,051	As per letter 7 October 2022
	Variants and Mutation Plans			178	178	As per letter 7 October 2022
					0	
		Total Core RRL Allocations	748,855	10,236	9,357	768,448
Anticipated	Primary Medical Services		59,263		59,263	
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		-37		-37	
Anticipated	Pharmacy Global Sum Calculation		-204		-204	
Anticipated	NDC Contribution		-843		-843	
Anticipated	Community Pharmacy Pre-Reg Training		-165		-165	
Anticipated	New Medicine Fund		6,683		6,683	
Anticipated	Golden Jubilee SLA		-25		-25	
Anticipated	PCIF		3,499		3,499	
Anticipated	Action 15 Mental Health strategy		2,121		2,121	
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		989		989	
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 SACT Pharmacy		23		23	
Anticipated	Mental Health Funding Pharmacy recruitment		64		64	
Anticipated	Mental health & Wellbeing primary care services		105		105	
Anticipated	Waiting list			7,635	7,635	
Anticipated	Capital to Revenue			2,000	2,000	
Anticipated	Covid 19 Retained			7,500	7,500	
Anticipated	Young Peoples fund		26		26	
Anticipated	Band 2-4		941		941	
Anticipated	TAC			1,000	1,000	
Anticipated	ICU		799		799	
Anticipated	Midwife Training			7	7	
Anticipated	NSD etc		-4,533		-4,533	
Anticipated	Additional Pay Award	8,513			8,513	
Anticipated	Depreciation			1,420	1,420	
Anticipated	Digital & Information Funding			550	550	
Anticipated	NTC			606	606	
Total Anticipated		8,513	71,017	20,718	100,248	
		757,368	81,253	30,075	868,696	
Anticipated	IFRS			8,516	8,516	
Anticipated	Donated Asset Depreciation			137	137	
Anticipated	Impairment			500	500	
Anticipated	AME Provisions			500	500	
	Total Anticipated Non-Core RRL Allocations	0	0	9,653	9,653	
	Grand Total	757,368	81,253	39,728	878,349	

Appendix 2: Service Agreements

	Annual Budget	YTD Budget	YTD Spend	YTD Variance
	£'000	£'000	£'000	£'000
Health Board				
Ayrshire & Arran	101	51	48	3
Borders	47	23	29	-6
Dumfries & Galloway	26	13	29	-16
Forth Valley	3,311	1,656	1,836	-180
Grampian	374	187	141	46
Greater Glasgow & Clyde	1,724	862	837	25
Highland	141	70	102	-32
Lanarkshire	120	60	108	-48
Lothian	32,822	16,411	16,700	-289
Scottish Ambulance Service	105	53	30	23
Tayside	41,258	20,628	21,800	-1,172
	80,029	40,014	41,660	-1,646
UNPACS				
Health Boards	14,214	7,107	5,930	1,177
Private Sector	799	400	815	-415
	15,013	7,507	6,745	762
OATS	740	370	379	-9
Grants	65	65	67	-2
Total	95,847	47,956	48,851	-895

Appendix 3: Financial Flexibility

		Flexibility Released to Sept-22
	£'000	£'000
Drugs :NMF	759	
Junior Doctor Travel	34	5
Consultant increments	251	126
Discretionary Points	271	
AME impairments	319	
AME Provisions	648	
Prior Years Approved Developments, National Initiatives	2,922	846
Health Retained 22-23 Uplifts	12,518	
Cost pressures 22-23	3,746	
Allocations to be distributed	6,130	
Total	27,598	977

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 4: Detailed Cost Improvement Plans

Area	Plan	Current Year Target £'000	Year to Date Target £'000	Year to Date Achieved £'000	Year to Date Variance £'000
PCD	Instruments & Sundries	1,000	380	378	(2)
PCD	Investment in Theatres Procurement / Cost Reduction	500	167	72	(95)
PCD	Repatriation of Radical Prostatectomy	205	0	0	0
WCCS	Travel & Printing	60	30	36	6
WCCS	Managed Service Contract for Labs	425	213	213	0
WCCS	Skill Mix Review	50	19	19	0
ECD	Pirfenidone / Nintedanib	40	20	20	0
ECD	Patent Expiry / Homecare	160	64	0	(64)
WCCS	Community Paediatric Drugs	20	10	10	0
Acute	Reduction in Non Core Staffing	2,000	1,000	0	(1,000)
WCCS	Vacancy Release	210	105	100	(5)
Pharmacy	Medicines Efficiency, PAS Rebates, Contract Changes	700	226	249	23
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	402	403	1
All	Vacancy Factor	1,183	592	258	(334)
All	Financial Grip & Control	3,415	1,708	1,120	(588)
	Total	11,700	5,516	3,461	(2,055)

Appendix 5: Anticipated Funding from Health Delegated Earmarked Reserve

	2021/22 Earmarked Reserve £'000	May-22 £'000	Jun-22 £'000	Jul-22 £'000	Aug-22 £'000	Sep-22 £'000
Covid-19 earmarked reserve	33,522	620	327	379	364	281
Vaccine	2,472	1,053	472	330	372	453
ADP (from Core)	1,700					
Primary Care Improvement Fund	6,585		145	18	167	240
Care homes	817		41	15	599	15
Urgent Care Redesign	950	139	110	105	87	76
Action 15	1,791					
RT Funding	1,500					
District Nurses	213					
Fluenz	18					
Mental Health Recovery & Renewal	3,932	100	122		63	
Workforce Wellbeing	196					
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		1	236
Interface care	170			30		
Core general reserve	4,125		127	98	524	15
Core underspend	3,550					
TOTAL	64,607	1,912	1,416	975	2,177	1,316

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	34	67
Statutory Compliance	354	179	354
Capital Equipment	229	21	229
Condemned Equipment	0	0	0
Total Community & Primary Care	650	234	650
ACUTE SERVICES DIVISION			
Statutory Compliance	2,041	1,485	2,041
Capital Equipment	748	107	748
Clinical Prioritisation	117	45	117
Condemned Equipment	14	6	14
QMH Theatre	734	0	734
Total Acute Services Division	3,653	1,643	3,653
NHS FIFE WIDE SCHEMES			
Equipment Balance	430	0	430
Information Technology	877	797	877
Clinical Prioritisation	66	0	66
Statutory Compliance	1	0	1
Condemned Equipment	86	0	86
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	3,460	797	3,460
TOTAL CAPITAL ALLOCATION FOR 2022/23	7,764	2,674	7,764
ANTICIPATED ALLOCATIONS 2022/23			
QMH Theatres PH2	1,500	0	1,500
Kincardine Health Centre	856	279	856
Lochgelly Health Centre	1,228	394	1,228
Mental Health Review	100	18	100
Elective Orthopaedic Centre	13,629	9,685	13,629
National Equipping Tranche 1	1,506	313	1,506
HEPMA	900	100	900
Pharmacy Robot	100	0	100
Estates NIB Bid	2,720	175	2,720
D&I NIB Bid	1,928	0	1,928
National Equipping Tranche 2	914	234	914
Anticipated Allocations for 2022/23	25,381	11,199	25,381
Total Anticipated Allocation for 2022/23	33,145	13,873	33,145

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 7: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2022/23	Pending Board Approval	Cumulative Adjustment to August	September Adjustment	Total September
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	229	0	229
Condemned Equipment	0	0	0	0
Clinical Prioritisation	0	67	0	67
Statutory Compliance	0	354	0	354
Total Community & Primary Care	0	650	0	650
Acute Services Division				
Capital Equipment	0	1,019	-271	748
Condemned Equipment	0	14	0	14
Clinical Prioritisation	0	67	49	117
Statutory Compliance	0	2,041	0	2,041
QMH Theatre	734	0	0	734
	734	3,141	-222	3,653
Fife Wide				
Backlog Maintenance / Statutory Compliance	2,396	-2,395	0	1
Fife Wide Equipment	1,407	-1,247	271	430
Digital & Information	877	0	0	877
Clinical Prioritisation	250	-135	-49	66
Condemned Equipment	100	-14	0	86
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	-3,792	222	3,460
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	13,629	0	0	13,629
National Equipping Tranche 1	1,506	0	0	1,506
HEPMA	900	0	0	900
Pharmacy Robot	100	0	0	100
Estates NIB Bid	2,720	0	0	2,720
D&I NIB Bid	1,928	0	0	1,928
National Equipping Tranche 2	914	0	0	914
Anticipated Allocations for 2022/23	25,381	0	0	25,381

Total Planned Expenditure for 2022/23	33,145	0	0	33,145
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STAFF GOVERNANCE

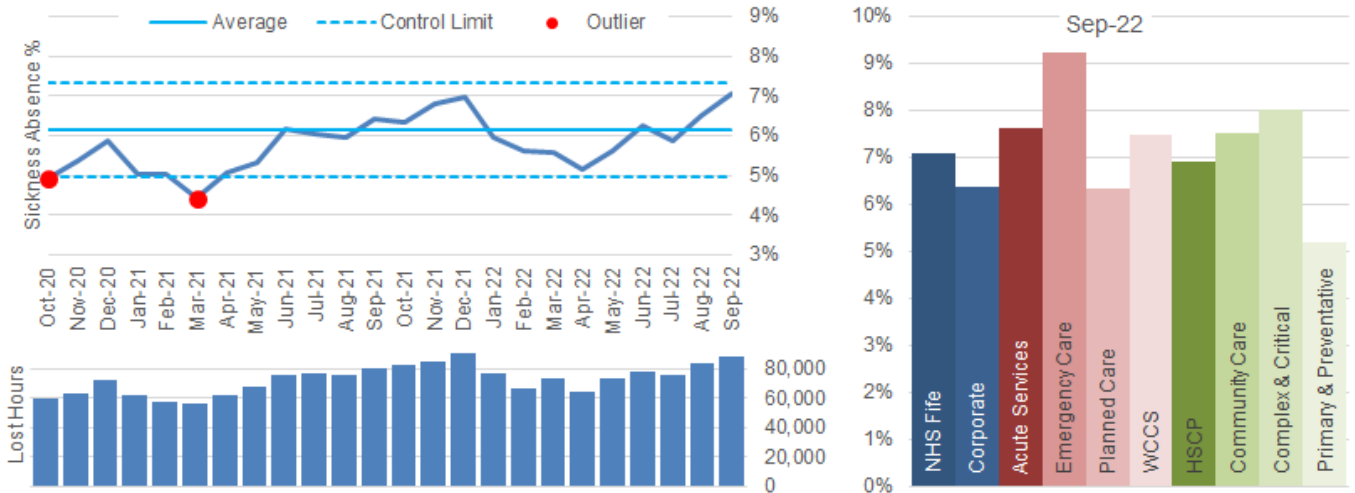
Sickness Absence

To achieve a sickness absence rate of 4% or less

Performance

7.07%

Local Performance



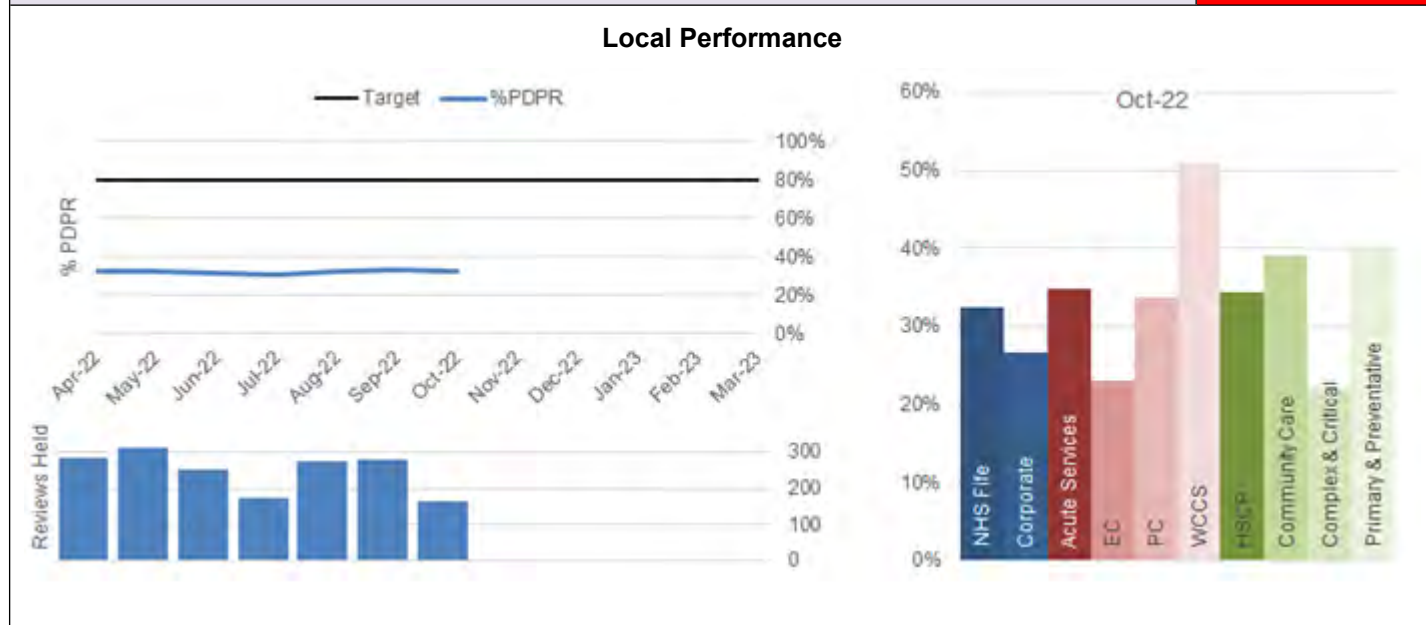
National Benchmarking

Month	2021/22						2022/23					
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
NHS Fife	6.34%	6.79%	6.98%	5.93%	5.63%	5.59%	5.14%	5.62%	6.24%	5.88%	6.50%	7.07%
Scotland	6.30%	6.37%	6.23%	5.37%	4.96%	5.47%	5.10%	5.59%	5.55%	5.43%	5.81%	6.24%

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

STAFF GOVERNANCE

PDPR Compliance <i>To achieve an annual PDPR compliance rate of 80%</i>	Performance 32.5%
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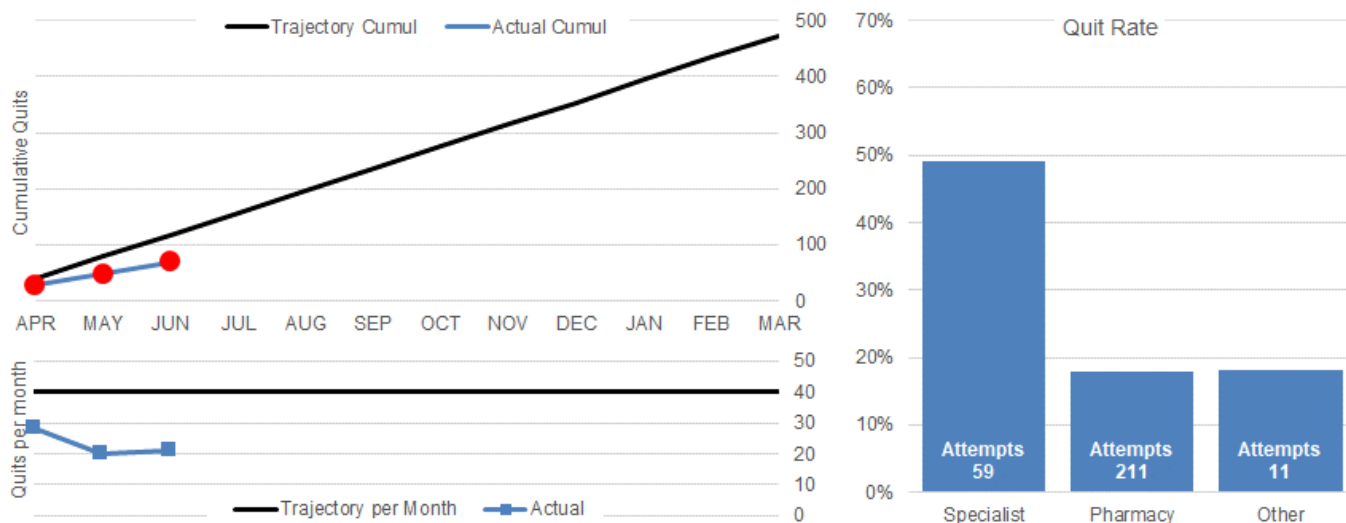
Key Deliverable		End Date
Work towards improvement in PDPR engagement and achieving an 80% compliance rate		Mar-23 At risk
Key Milestones	Continued delivery of bitesize training sessions, service specific sessions and 1:1 support as needed	Mar-23 On track
	Provide RAG status reports to all Managers during September 2022	Sep-22 Complete
	Provide Compliance reports to the Executive Directors Group and relevant forums, including a trend of the total number of employees who have participated in PDPR meeting, and engage with staff side colleagues on a monthly basis	Dec-22 On track
	Produce an Annual Communications Plan which enhances communications to staff and managers regarding completion of appraisal/PDP&R activity	Dec-22 Complete

Smoking Cessation

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

Performance
69

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



National Benchmarking

		2022/23											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	28	20	21									
	Actual Cumul	28	48	69									
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	70.0%	60.8%	58.5%									
Scotland	Achieved												

Key Deliverable		End Date
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2022-23		Mar-23 At risk
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	Sep-22 Complete
	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	Sep-22 Complete

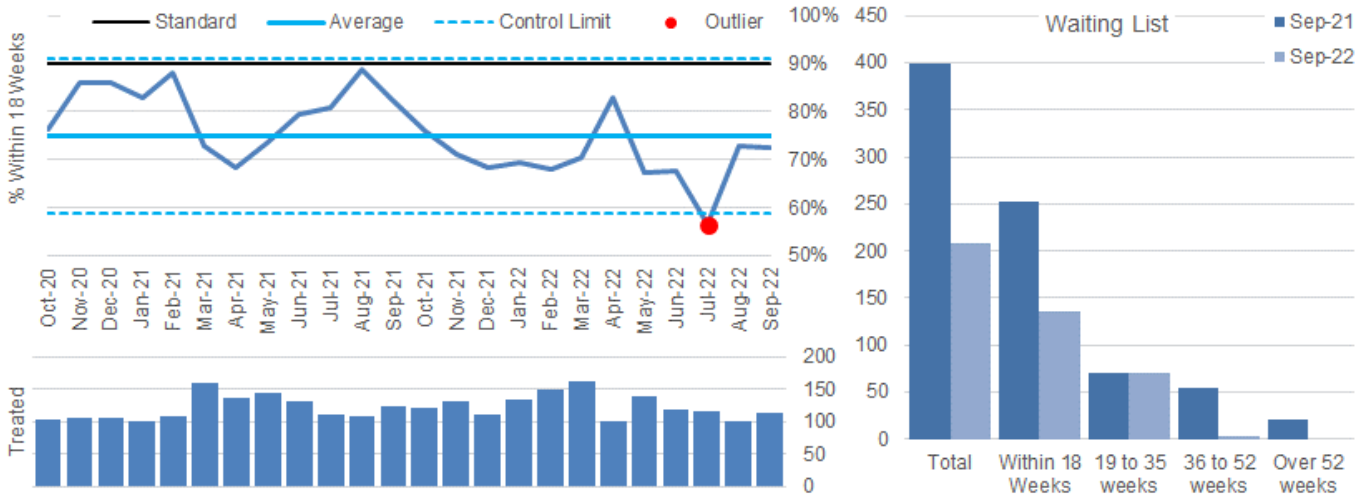
CAMHS 18 weeks RTT

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

Performance

72.6%

Local Performance



National Benchmarking

Month	2021/22						2022/23					
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
NHS Fife	76.0%	71.2%	68.2%	69.4%	68.0%	70.6%	83.0%	67.4%	67.8%	56.5%	73.0%	72.6%
Scotland	71.5%	70.5%	68.9%	73.9%	71.9%	73.8%	71.1%	66.7%	67.4%			

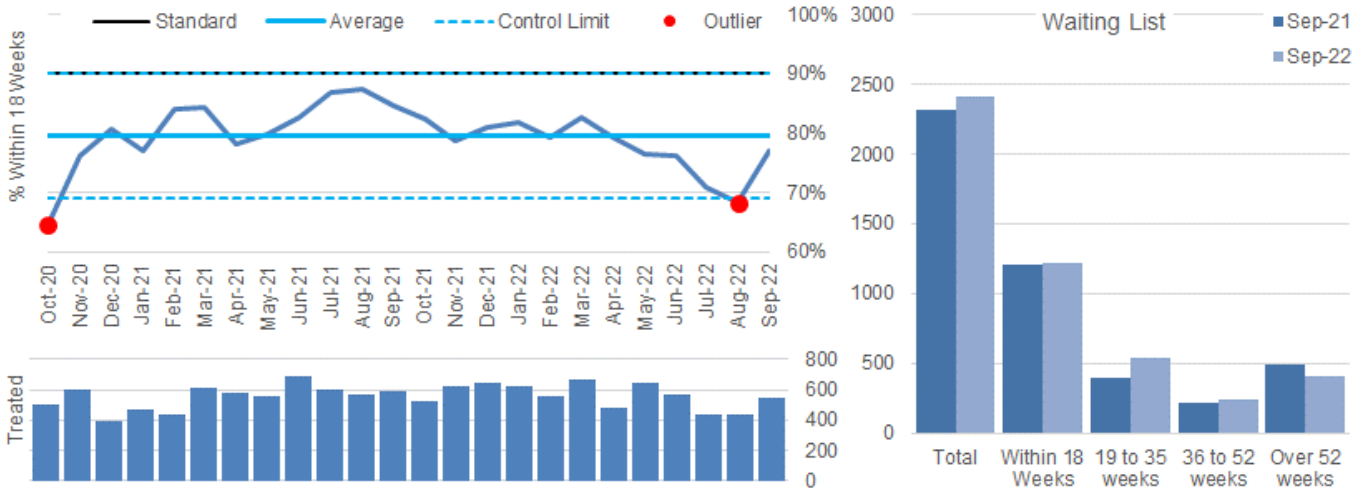
Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to CAMHS		Mar-23 On track
Key Milestones	Development of a CAMHS Urgent response Team for young people who present to ED/ Paediatric /in patients with self-harm/suicidal ideation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

Performance
77.0%

Local Performance



National Benchmarking

Month	2021/22						2022/23					
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
NHS Fife	82.3%	78.8%	81.1%	81.8%	79.2%	82.7%	79.2%	76.5%	76.3%	70.8%	68.4%	77.0%
Scotland	85.5%	83.0%	85.1%	82.6%	82.0%	84.5%	81.2%	80.9%	82.3%			

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 <i>This action is covered by work being done in the Nursing Directorate - development and delivery of the Fife COVID Recovery and Rehabilitation Framework</i>	Dec-22 Suspended

Covid-19 and Flu Vaccination

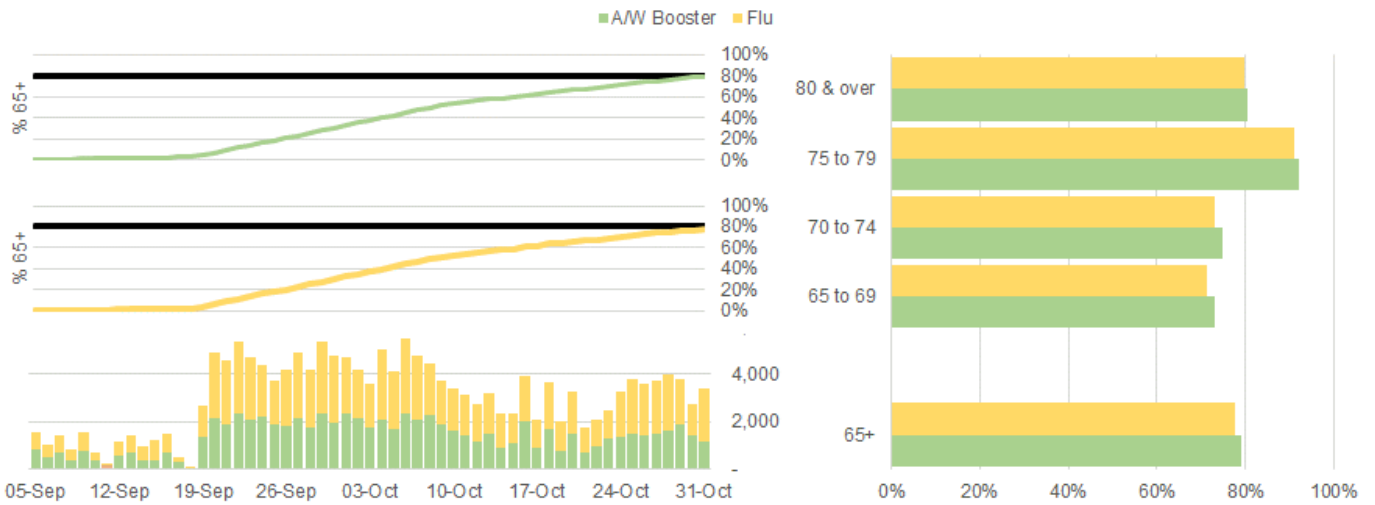
Performance

COV: 79.2%

Flu: 77.8%

At least 80% of the Age 65+ population will receive an Autumn/Winter Booster vaccination
At least 80% of the Age 65+ population will receive a Flu vaccination

Local Performance



National Benchmarking

Figures as per publication by Public Health Scotland on 2nd November 2022 (covering period up to end of 30th October 2022)

Month Ending		2022/23						2023/24					
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
COVID A/W Booster	NHS Fife	30.1%	78.3%										
	Scotland		76.0%										
Flu	NHS Fife	30.1%	76.9%										
	Scotland		80.6%										

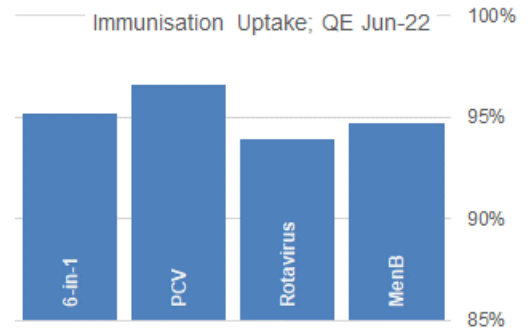
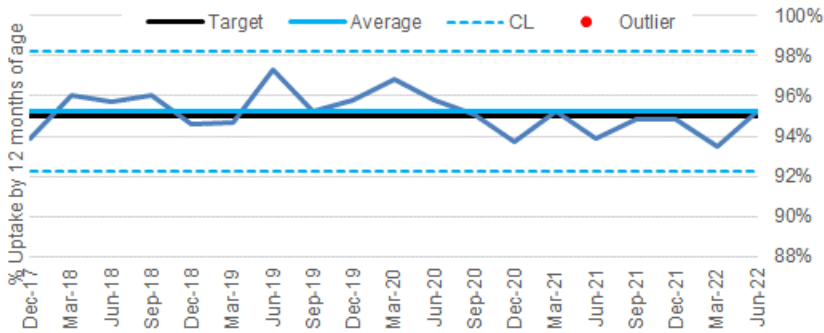
Key Deliverable		End Date
Delivery of the COVID booster 1 and 2 programme for eligible population in Fife		Dec-22 Complete
Key Milestones	COVID Booster 1 (dose 3) uptake for 18+ Fife population	Dec-22 Complete
	COVID Spring/Summer 22 booster 2 (dose 4) uptake for 75+ Fife population <i>Latest PHS data (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

Performance
95.2%

Local Performance



National Benchmarking

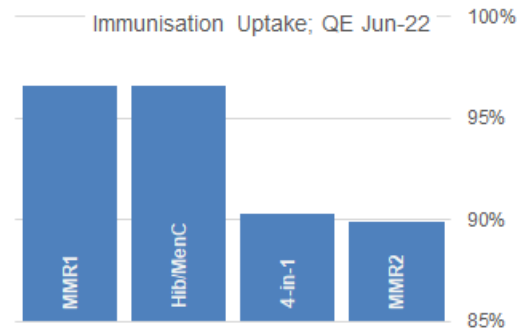
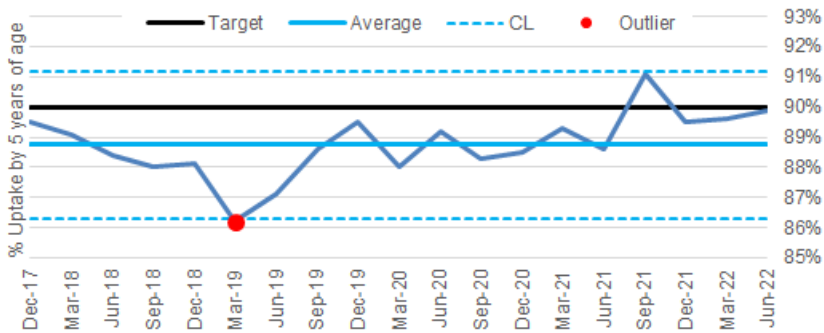
Quarter	2020/21				2021/22			2022/23
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN
NHS Fife	95.1%	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%
Scotland	96.8%	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%

Child Immunisation: MMR2

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

Performance
89.9%

Local Performance



National Benchmarking

Quarter	2020/21				2021/22			2022/23
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN
NHS Fife	88.3%	88.5%	89.3%	88.6%	91.1%	89.5%	89.6%	89.9%
Scotland	92.6%	92.8%	92.2%	93.2%	92.8%	91.7%	91.9%	91.7%

Key Deliverable

Delivery of primary & booster childhood immunisation programme to infants and pre-school children in Fife population

End Date

Mar-23
At risk

Key Milestones

6-in-1 primary vaccination uptake at age 12 months for Fife population

Mar-23
On track

MMR2 uptake at age 5 years for Fife population

Mar-23
At risk