





















Fife NHS Board





















29 July 2020, 10:30 to 12:30

MS Teams

Chair - Tricia Marwick

1.	CHAIRPERSON'S WELCOME AND OPENING REMARKS	10 minutes TM
2.	DECLARATION OF MEMBERS' INTERESTS	TM
3.	APOLOGIES FOR ABSENCE - J Owens	TM
4.	MINUTES OF PREVIOUS MEETING HELD ON 27 MAY 2020	(enclosed) TM
	 Item 4 - Minutes 052720.pdf (8 pages)	
5.	MATTERS ARISING	TM
6.	CHIEF EXECUTIVE'S REPORT	15 minutes CP
6.1.	Chief Executive Up-date	(verbal) CP
6.2.	Integrated Performance & Quality Report Executive Summary	(enclosed) CP
	 Item 6.2 - ESIPQR Jul 2020.pdf (9 pages)	
7.	CHAIRPERSON'S REPORT	5 minutes (verbal) TM
8.	COVID-19 PANDEMIC UPDATE	20 minutes (to follow) CP
9.	INTERNAL AUDIT OPERATIONAL PLAN 2020-21 AND UPDATED FIVE YEAR STRATEGIC PLAN	10 minutes (enclosed) MM
	 Item 9 - SBAR Internal Audit Annual Operational Plan 202021 FINAL.pdf (4 pages)	
	 Item 9 - Audit Plan Report FINAL VERSION.pdf (46 pages)	

10.	RISK		10 minutes
10.1.	Update on Risk Management Framework		(enclosed) HB
	 Item 10.1 - SBAR Update on Risk Management Framework.pdf	(2 pages)	
10.2.	Board Assurance Framework		(enclosed) HB
	 Item 10.2 - SBAR on Board Assurance Framework (BAF) to Fife NHS BOARD on 29 July 2020.pdf	(6 pages)	
	 Item 10.2 - Appendix 1, NHS Fife BAF Financial Sustainability - FPRC 100320.pdf	(1 pages)	
	 Item 10.2 - Appendix 2, NHS Fife BAF Environmental Sustainability - FPRC 100320.pdf	(1 pages)	
	 Item 10.2 - Appendix 3, NHS Fife BAF Workforce Sustainability - SGC 060320.pdf	(2 pages)	
	 Item 10.2 - Appendix 4, NHS Fife BAF Quality & Safety - CGC 040320.pdf	(1 pages)	
	 Item 10.2 - Appendix 5, NHS Fife BAF Strategic Planning - CGC 040320 & FPR 100320.pdf	(1 pages)	
	 Item 10.2 - Appendix 6, NHS Fife BAF Integration Joint Board.pdf	(1 pages)	
	 Item 10.2 - Appendix 7, NHS Fife BAF e Health - CGC 040320.pdf	(1 pages)	
11.	JOINT HEALTH PROTECTION PLAN		10 minutes (enclosed) DM
	 Item 11 - SBAR JHPP Board July 2020.pdf	(2 pages)	
	 Item 11 - JHPP 20-22 V7 final.pdf	(27 pages)	
12.	WORKFORCE STRATEGY UPDATE		10 minutes (enclosed) LD
	 Item 12 - Workforce Strategy Update - 29.7.20.pdf	(3 pages)	
13.	STATUTORY AND OTHER COMMITTEE MINUTES		5 minutes
13.1.	Audit & Risk Committee dated 13 July 2020 (unconfirmed)		(enclosed) MB
	 Item 13.1 - SBAR for A&R - 13 July 2020.pdf	(1 pages)	
	 Item 13.1 - Mins Audit and Risk 13 July 2020 unconfirmed.pdf	(9 pages)	
13.2.	Clinical Governance Committee dated 8 July 2020 (unconfirmed)		(enclosed) LB
	 Item 13.2 - SBAR CGC 8 July 2020.pdf	(1 pages)	
	 Item 13.2 - Mins CGC 8 July 2020 unconfirmed.pdf	(14 pages)	

13.3.	Finance, Performance & Resources Committee dated 7 July 2020 (unconfirmed)		(enclosed)
			RL
	 Item 13.3 - SBAR FPR 7.07.20.pdf	(1 pages)	
	 Item 13.3 - Mins FPR 7 07 20 v1 unconfirmed.pdf	(6 pages)	
13.4.	Staff Governance Committee dated 3 July 2020 (unconfirmed)		(enclosed)
			MW
	 Item 13.4 - SBAR Staff Governance 3 July 2020.pdf	(1 pages)	
	 Item 13.4 - Mins Staff Governance 3 July 2020 v2 unconfirmed.pdf	(8 pages)	
13.5.	Communities & Wellbeing Partnership dated 19 May 2020 and 2 July 2020 (unconfirmed)		(enclosed)
			MW/DM
	 Item 13.5 - 190520 SBAR for Minutes.pdf	(1 pages)	
	 Item 13.5 - Mins CWP 20 05 19 final.pdf	(4 pages)	
	 Item 13.5 - 020720 SBAR for Minutes.pdf	(1 pages)	
	 Item 13.5 - Mins CWP 20 07 02 draft.pdf	(4 pages)	
13.6.	East Region Programme Board (ERP) dated 31 January 2020 and ERPB/Regional Cancer Advisory Group dated 12 June 2020 (unconfirmed)		(enclosed)
			CP
	 Item 13.6 - Mins ERPB 31.01.2020 Final.pdf	(4 pages)	
	 Item 13.6 - Mins Draft RCAG ERPB 12 June 2020 unconfirmed.pdf	(9 pages)	
13.7.	Fife Health & Social Care Integration Joint Board dated 29 May 2020		(enclosed)
			CC
	 Item 13.7 SBAR Mins IJB 290520.pdf	(1 pages)	
	 Item 13.7 - Mins IJB Final 290520.pdf	(8 pages)	
13.8.	Audit & Risk Committee dated 13 March 2020 and 18 June 2020		
	 Item 13.8 - Audit and Risk Minutes 13 March 2020 FINAL.pdf	(8 pages)	
	 Item 13.8 - Audit and Risk Minutes 18 June 2020.pdf	(4 pages)	
13.9.	Clinical Governance Committee dated 4 March 2020 and 15 June 2020		
	 Item 13.9 - CGC Minutes 030420 Confirmed.pdf	(12 pages)	
	 Item 13.9 - CGC Minutes 15062020 V2 Confirmed.pdf	(6 pages)	
13.10.	Finance, Performance & Resources Committee dated 10 March 2020 and 17 June 2020		
	 Item 13.10 - FPR Minutes Approved 100320.pdf	(10 pages)	
	 Item 13.10 - FPR Minutes Approved 170620.pdf	(3 pages)	
13.11.	Staff Governance Committee dated 6 March 2020 and 18 June 2020		
	 Item 13.11 - SGC Minutes 060320 (2).pdf	(7 pages)	
	 Item 13.11 - SGC Minutes 061820.pdf	(4 pages)	

14. FOR INFORMATION:

14.1. Integrated Performance & Quality Report - March, April, May and June 2020

(enclosed)

CP



Item 14.1 - IPQR Mar 2020.pdf

(43 pages)



Item 14.1- IPQR Apr 2020.pdf

(41 pages)



Item 14.1 - IPQR May 2020.pdf

(41 pages)



Item 14.1 - IPQR Jun 2020.pdf

(45 pages)

15. ANY OTHER BUSINESS

16. DATE OF NEXT MEETING: Wednesday 30 September 2020 at 10:00 am in the Staff Club, Victoria Hospital, Kirkcaldy (location TBC)

**MINUTE OF THE FIFE NHS BOARD MEETING HELD ON WEDNESDAY 27 MAY 2020
AT 10:30 AM VIA MS TEAMS**

TRICIA MARWICK

Chair

Present:

T Marwick **(Chairperson)**

C Potter, Chief Executive

L Bisset, Non-Executive Director

M Black, Non-Executive Director

S Braiden, Non-Executive Director

W Brown, Employee Director

H Buchanan, Director of Nursing

E Clarke, Non-Executive Director

C Cooper, Non-Executive Director

D Graham, Non-Executive Director

R Laing, Non-Executive Director

M McGurk, Director of Finance

C McKenna, Medical Director

K Miller, Whistleblowing Champion

D Milne, Director of Public Health

A Morris, Non-Executive Director

J Owens, Non-Executive Director

M Wells, Non-Executive Director

In Attendance:

N Connor, Director of Health & Social Care (H&SC)

L Douglas, Director of Workforce

A Fairgrieve, Director of Estates, Facilities & Capital Services

S Fraser, Associate Director of Planning

S Garden, Director of Pharmacy & Medicines

A Mackay, Deputy Chief Operating Officer (Acute)

K MacGregor, Head of Communications

G MacIntosh, Head of Corporate Governance & Board Secretary

A Wilson, Capital Projects Director

P King, Corporate Services Manager (Minutes)

As per Section 5.22 of the Board's Standing Orders, prior to the meeting, the Board met in Private Session to consider certain items of business.

1. Chairperson's Welcome and Opening Remarks

The Chair welcomed everyone to the Board meeting, including members of the media who were listening in to the call, and set out the NHS Fife MS Teams Meeting Protocol.

The Chair gratefully thanked the people of Fife for their support to NHS Fife during the Covid-19 Pandemic. The Board recognised and appreciated all that they have done to

help protect the NHS throughout the past few months, accepting restrictions to movement, being separated from their families, friends and loved ones, and - in some cases - losing cherished family members, friends or neighbours. The Chair was sorry for their loss and extended sympathies and condolences to those affected on behalf of the NHS Board.

It was noted that NHS Fife is managing to contain the virus and admissions of Covid-19 patients are at the lowest level since March 2020. However, it was important not to be complacent, given the potential for a second wave of the virus, and the people of Fife were urged to continue to follow guidelines from Scottish Government, keeping themselves and their families safe and allowing the NHS to return to some sort of normality. At this meeting the Board will be discussing the remobilisation of services, led by the Chief Executive, and will hear from the Director of Public Health about testing and further announcements from Scottish Government. The Chair again placed on record her considerable thanks, on behalf of the Board, to the people of Fife and emphasised the importance of continued co-operation in the future.

The Chair also recorded thanks to all staff of NHS Fife, including staff working in the Health & Social Care Partnership (H&SCP), for their tremendous efforts during the Covid-19 Pandemic.

The Chair outlined plans for the Board Committees to resume meetings for their scheduled July dates, with prioritised agendas in the first instance. The meetings will concentrate primarily on Covid-19 related items and governance arrangements around those matters.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Apologies for Absence

There were no apologies for absence.

4. Minute of the last Meeting held on 8 April 2020

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

5. MATTERS ARISING

There were no matters arising.

6. CHIEF EXECUTIVE'S REPORT

6.1. Chief Executive Update

Mrs Potter reiterated the positive comments made by the Chair in her introduction. At the last Board meeting, the Chief Executive commented on the pace and willingness of staff to adapt to Covid-19, which has been remarkable, and she acknowledged the commitment and professionalism shown across the organisation in all staff groupings.

NHS Fife has seen its values demonstrated in behaviour on a daily basis, with patients and their families recognising the care received with many tokens of thanks from members of the public who have been cared for at this difficult time. The Chief Executive recorded her personal thanks to all staff.

As outlined by the Chair, work is underway to consider the remobilisation of services, gradually re-starting individual clinical areas of priority and resetting to a new normal for NHS Fife. A paper on the agenda outlines plans and provides assurance to Board Members on the approach being taken.

Work continued with colleagues across the East Region and nationally, with regular conversations happening with Chief Executives and other Directors. The Board Chief Executives also speak twice per week and have the opportunity to engage with senior officials from Scottish Government.

NHS Fife Public Health Department has been invited to participate in the pilot stage of 'Test and Protect', reviewing materials and tracing tools which will be rolled out across Scotland. NHS Fife is one of only three Boards asked to participate and this recognises the excellent work of the Director of Public Health and her team. Ms Milne gave an update on the new 'Test and Protect' initiative announced yesterday by the First Minister. NHS Fife had to put in place quickly a plan to deliver this function within Fife, to be ready for starting on 28 May 2020, and Ms Milne thanked the Chief Executive and Directors for their support. Contact tracers are being trained with the support of team leaders and numbers of staff will increase gradually over the coming weeks as the case numbers are likely to increase. NHS Fife is pleased to be involved in testing out the materials, as it provides the opportunity to influence how these are developed. Work is being undertaken to locate alongside the Scottish Government route map for recovery and the Chair's comments around the importance of the population remembering to continue to physically distance, regular hand-washing, cleaning environments, etc, is welcomed, as these factors are well proven to slow the spread of Covid-19. 'Test and Protect' will only be effective if people continue to follow the guidance as released by the First Minister on a weekly basis. A brief summary of how the 'Test and Protect' programme will be carried out was provided.

The Board **noted** the update provided.

6.2 Integrated Performance & Quality Reporting

Mrs Potter gave an overview of work being undertaken in terms of reporting since the Covid-19 Pandemic, in consequence of which it has been necessary to pause elective activity except for the highest clinically-prioritised urgent and cancer work as emergency planning measures were put into place. This impacted on normal performance metrics and resulted in a dip in performance for patients waiting over 12 weeks. Formal reporting on the Integrated Performance & Quality Report (IPQR) was paused, but collation of data has continued and the Performance Team is now ready to reinstate fuller reporting in parallel with resuming the meetings of the Board Committees. The IPQR will be considered through the Governance Committees in due course and account taken of what that means for the assumptions detailed in the Annual Operational Plan. The position is similar across Scotland and is linked to the route map and ongoing restrictions that all Boards are required to work within. A key

component of the IPQR is the regular statutory financial reporting and the Director of Finance will cover the year-end performance for 2019-20 later on the agenda.

7. CHAIRPERSON'S REPORT

It was reported that the Chair and Vice Chair are meeting with the Executive Directors each week to get assurance on work being undertaken during the Covid-19 Pandemic and they have been assisting where possible with queries from MPs/MSPs to try and relieve pressure on the Executives. Weekly meetings are also held with the Minister for Health & Sport, with regular meetings also taking place of NHS Board Chairs throughout Scotland.

8. COVID-19 PANDEMIC

8.1. Draft Remobilisation Plan

Mrs Potter introduced the paper, which set out the mechanism to take forward planning for the restart of clinical services since the Covid-19 Pandemic was declared, including the methodology and governance that will be used by NHS Fife. Steps to remobilise services will be taken gradually and cautiously on a phased basis, as NHS Fife moves towards a new normal that will involve managing the ongoing Covid-19 risk.

A Remobilisation Oversight Group, co-chaired by the Medical Director and Director of Nursing, has been established to oversee this planning and restarting of services. It is important that staff continue to feel engaged and the Chief Executive is pleased that Mrs Brown and other staff-side colleagues will be involved as part of the planning process. A number of key considerations were set out, including the impact of physical distancing on patient flow and capacity and working environments for staff; a redesign of outpatient services and the need to embed digital solutions going forward; consideration of risk for patient prioritisation, which will be clinically led and take account of any unintended consequences on services; and communication with staff, patients and the public as a key part of the planning process. The approach has a strong focus of being clinically led and is about how NHS Fife is able to adapt in the short term to living with Covid-19, until such time as the virus is suppressed to low levels, linked to Phase 4 of the Scottish Government's route map.

Miss Fraser took Members through the various steps in place, summarising the methodology for restarting the process in the light of lessons learned since the start of the pandemic, as set out in the paper, emphasising that planning needs to be taken in a flexible and agile way to remain ready to act if the virus increases.

Dr McKenna stated that whilst the peak of Covid-19 activity may be over, the presence of the virus has changed the way services will be delivered moving forward, particularly to reflect the need for ongoing social distancing measures. The Medical Director and Director of Nursing both assured the Board that the safety of staff, patients and families coming into contact with NHS Fife is paramount and services need to be carefully planned to minimise risk to patients at every opportunity, ensuring all infection prevention measures are in place from day one as services are remobilised.

A number of questions were asked in relation to the increasing use of digital technology and the need to review NHS Fife's Digital Strategy in line with the significant national work underway. Mrs Potter confirmed that the use of digital technology is at the forefront of what we are doing and she agreed that a review of the current strategy will be informed through the work of the Remobilisation Oversight Group in due course.

With regard to performance targets and measures, it was noted that Scottish Government is considering and reflecting on the current situation and what that means for legislation around waiting times targets, expectations, etc. Further direction is awaited. Mrs Potter emphasised that prioritisation of patients is driven by clinical priority and urgency.

Communication with the public on the phased remobilisation of services is important and the Communications Team will continue its effort to keep staff and the public fully engaged in this process via various social media and linking with colleagues in the media. A staff survey is also being launched today with a range of open and broad questions to get staff thoughts and ideas. The pace of change has empowered staff to think and act differently during the pandemic and it is vital to continue that empowerment and capture the new ways of working in partnership with staff side. Regular meetings are held with MPs/MSPs to give further update on NHS Fife's position and the Chair hoped that these briefings enabled elected members to advise their constituents as NHS Fife moves forward cautiously, making sure that safety is key to everything we do.

The Board **noted** the governance of the Remobilisation Plan and the restart of clinical services across Fife in the short term (until the end of July 2020).

8.2. Oversight in Care Homes

Ms Milne provided a brief summary of the key points from the written paper, which provided information to the Board on the arrangements in place in order to meet the enhanced professional clinical and care assurance requirements of Scottish Government in relation to the oversight of care homes in Fife. Ms Milne confirmed that all actions requested are being taken forward. The paper is for decision by the Board as it relates to a new area of governance.

Attention was drawn to the specific request made of Directors of Nursing, giving them additional accountability for the provision of nursing leadership, support and guidance within the care home and care at home sector. Working closely with the Chief Social Work Officer, Mrs Buchanan advised that daily contact has been established with care homes and a series of supportive visits has been planned over the next two- to three-weeks to help support care homes.

In response to a question, Ms Milne confirmed that most of the testing capacity and approaches have been undertaken across the four countries together as the UK and she advised that the antibody test for Covid-19 is still in the early stages.

The Board **considered** the issues set out in the report and **approved** the governance arrangements described therein.

8.3. Staff Update

Ms Douglas spoke to the paper, which summarised the contribution of the Workforce Directorate during the pandemic. The update focused mainly around Staff Health and Wellbeing activities and the Supplementary Workforce Recruitment, Deployment of Current Workforce and Supporting Workforce Guidance. Ms Douglas acknowledged the huge number of colleagues that had been involved in the activity described in the paper, not just across NHS Fife and the H&SCP but also working with Fife Council.

Comment was made about the incredible range of support, with services developed and delivered locally since the beginning of the pandemic and recently added to by a number of national initiatives. This work will contribute to maintenance of the Gold Healthy Working Lives Award when this is re-started. The work undertaken to bring in additional supplementary staffing was also impressive, noting in particular the fast-track induction arrangements that had been a real success and which would continue to be refined and improved to enhance the experience for staff.

The Board **noted** the content of the paper.

9. FIFE ELECTIVE ORTHOPAEDIC PROJECT UPDATE

Mrs Buchanan introduced the paper, which provided an update on progress with the development of a new Elective Orthopaedic Centre. Mr Wilson outlined the key points and responded to questions around the use of digital technology and availability of car parking for the Centre.

Ms Laing stated that her experience of being on the Project Board has been excellent thus far and she has been impressed with the level of expertise, detail and the enthusiasm of those involved to get the build right.

The Chair recorded thanks, on behalf of the Board, to Mr Wilson and the team.

The Board **noted** the update on the NHS Fife Elective Orthopaedic Centre project.

10. YEAR-END FINANCIAL POSITION 2019/20

Ms McGurk referred to the paper, which set out the draft financial performance for NHS Fife as at 31 March 2020. This will be finalised through the annual external audit review process now extended by three months to September 2020. The report would ordinarily have received more detailed scrutiny through the Finance, Performance & Resources Committee and, following discussion with the Chair of the Committee, a detailed update will be provided to their next meeting.

It was noted that 2019/20 had been a challenging financial year but, due to the hard work of all teams across the organisation to ensure close and detailed scrutiny and monitoring of the position throughout the year, NHS Fife has met its three key financial targets, subject to external audit review. The main areas of challenge were set out in the paper.

The Chair commented on the H&SCP position, which included a social care overspend of £10.25m. Given that the health budgets delegated to the Integration Joint Board reported an underspend of £3.571m, and taking into account the risk share arrangement based on a 72:28 split, in effect NHS Fife has contributed £8.3m (82%) of the £10.25m Fife Council overspend for social care services, with Fife Council contributing £1.87m (18%) for these services.

Ms Laing, Chair of the Finance, Performance & Resources Committee, agreed that the position is a matter of considerable concern and it has been a relatively long-standing issue about how the risk share arrangement operates. The point of creating an integrated budget was to better serve the public in Fife by using budgets to improve services and it was highlighted that the current position is not sustainable. Ms Laing would welcome receiving an update paper to the next Finance, Performance & Resources Committee on under-achievement of savings in Acute Services and the plan to address this, together with a detailed report on the H&SCP position and how this will be addressed.

Action: MM/NC

It was confirmed that the Directors of Finance of NHS Fife, Fife Council and the H&SCP are discussing the need for a detailed plan to review what is driving the social care overspend, with the aim of creating financial sustainability across all aspects of the integrated budget.

Dr Bisset stated that progress on the review of the Integration Scheme has been slow and it is vital to address the chronic overspend within the IJB year on year, as highlighted by a recent report from the Accounts Commission. This item is on the agenda of the IJB meeting scheduled for 29 May 2020.

Mrs Potter assured the Board that the review of the Accounts Commission report is being discussed by the three Chief Executive Officers/Directors of Finance and is confident that this can be progressed at pace. The impact of the Covid-19 pandemic has been such that discussions to progress this work have not yet concluded.

The Board **noted** the (unaudited) financial performance of NHS Fife for the year ended 31 March 2020.

11. REVISED ANNUAL AUDIT TIMETABLE

The Board was formally notified of an extension to the timetable for producing the Board's Annual Accounts to end September 2020. Most Boards are taking advantage of this arrangement and NHS Fife has support from both internal and external audit. Work is continuing to try and clear as many aspects of the accounts in advance of this deadline, however.

In response to a question, Mrs Potter confirmed that the Board is moving to a medium-term financial strategy similar to the H&SCP and acknowledged the need to look medium- to long-term for the Financial Strategy.

The Board **noted** the three-month extension to the timetable for the production of the Annual Accounts, in consequence of the Covid-19 pandemic.

12. STATUTORY AND OTHER COMMITTEE MINUTES

The Board **noted** the below Minutes.

12.1. Communities & Wellbeing Partnership dated 22 April 2020 (unconfirmed)

12.2 Fife Health & Social Care Integration Joint Board dated 28 February 2020 (unconfirmed)

13. FOR INFORMATION

13.1. Update on Health Promoting Health Services

The Board **noted** the progress update and their continued support for the work of the Health Promoting Health Service in Fife.

14. ANY OTHER BUSINESS

None.

15. DATE OF NEXT MEETING: Wednesday 29 July 2020 at 10:00 am, location to be confirmed.



Fife Integrated Performance & Quality Report

Executive Summary

for the Report Produced in June 2020



Introduction

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

The ESIPQR comprises of the following sections:

I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Assessment, by Governance Committee (including Executive Lead and Committee Comments)

The baseline for the report is the previous month's Integrated Performance and Quality Report (IPQR), which was considered and scrutinised at the most recent meetings of the Standing Committees:

- | | |
|------------------------------------|---------------------------|
| • Staff Governance | 3 rd July 2020 |
| • Finance, Performance & Resources | 7 th July 2020 |
| • Clinical Governance | 8 th July 2020 |

Any issues which the Standing Committees wish to escalate to the NHS Fife Board as a result of these meetings are specified.

The COVID-19 pandemic, which resulted in a lockdown and suspension of many services from 23rd March, meant that no ESIPQR was produced in May. Standing Committees were cancelled that month, but have restarted 'virtually' from July.

I. Executive Summary

At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit. This section of the IPQR provides a summary of performance against LDP Standards and local Key Performance Indicators (KPI). These indicators are listed within the Indicator Summary, which shows current, previous and (where appropriate) 'Year Previous' performance as well as benchmarking against other mainland NHS Boards.

The 2020/21 Annual Operational Plan (AOP) was produced before the COVID-19 Pandemic, and its content, both in terms of planned improvement work and performance improvement trajectories, was being discussed with the Scottish Government when the lockdown started. The suspension of many services means that the AOP will require significant rework before it can be agreed with the SG. As such, it cannot currently be reflected in the IPQR or ESIPQR.

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 9 (31%) classified as **GREEN**, 4 (14%) **AMBER** and 16 (55%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

In addition to measures which consistently achieve/exceed the Standard performance (IVF Treatment Waiting Times – regional service delivered by NHS Tayside - Antenatal Access and Drugs & Alcohol Treatment Waiting Times), there was notable improvement (almost certainly attributable to the lockdown) in the following areas during the last reporting period:

- 4-Hour Emergency Access Standard achieved for the first time July 2019 – attendance almost 60% less at VHK than in April 2019, resulting in far fewer 4-Hour breaches than in previous months
- 18 Weeks RTT Standard achieved for first time since September 2016 – number of patients treated in April was almost 75% less than in April 2019
- Significant reduction in % Bed Days Lost due to patients in delay as a result of a 50% fall in the number of patients in delay across ASD and the Community Hospitals
- Smoking Cessation - highest monthly quit number of year recorded in January 2020
- Sickness Absence – lowest monthly absence rate since June 2018, possibly positively impacted by guidelines around reporting Coronavirus-related absence from work

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 3 (10%) within upper quartile, 19 (66%) in mid-range and 7 (24%) in lower quartile.







There are indicators where national comparison is not available or not directly comparable.

Indicator Summary

Indicator Summary				Performance								Benchmarking			
				meets / exceeds the required Standard / on schedule to meet its annual Target								Upper Quartile			
				behind (but within 5% of) the Standard / Delivery Trajectory								Mid Range			
				more than 5% behind the Standard / Delivery Trajectory								Lower Quartile			
Section	LDP Standard	Standard	Target 2020/21	Reporting Period	Year Previous		Previous		Current			Reporting Period	Fife		Scotland
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A	Month	Apr-19	58	Mar-20	23	Apr-20	26	↓	N/A			
	N/A	HSMR	N/A	Year Ending	Dec-18	N/A	Sep-19	1.02	Dec-19	1.02	↔	YE Dec-19	1.02	●	1.00
	N/A	Inpatient Falls	5.97	Month	Apr-19	7.42	Mar-20	7.94	Apr-20	7.77	↑	N/A			
	N/A	Inpatient Falls with Harm	2.16	Month	Apr-19	1.60	Mar-20	1.33	Apr-20	1.73	↓	N/A			
	N/A	Pressure Ulcers	0.42	Month	Apr-19	0.50	Mar-20	1.06	Apr-20	1.02	↑	N/A			
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Dec-18	1.7%	Sep-19	2.5%	Dec-19	2.3%	↑	QE Dec-19	2.3%	●	0.9%
	N/A	SAB - HAI/HCAI	19.5	Quarter Ending	Apr-19	16.9	Mar-20	11.4	Apr-20	10.6	↓	YE Dec-19	13.5	●	16.2
	N/A	SAB - Community	N/A	Quarter Ending	Apr-19	14.3	Mar-20	6.5	Apr-20	13.1	↑	YE Dec-19	10.5	●	9.4
	N/A	C Diff - HAI/HCAI	6.7	Quarter Ending	Apr-19	4.5	Mar-20	10.3	Apr-20	10.6	↓	YE Dec-19	8.8	●	13.3
	N/A	C Diff - Community	N/A	Quarter Ending	Apr-19	4.4	Mar-20	1.1	Apr-20	2.2	↓	YE Dec-19	4.0	●	4.7
	N/A	ECB - HAI/HCAI	36.6	Quarter Ending	Apr-19	51.7	Mar-20	47.9	Apr-20	43.9	↑	YE Dec-19	43.1	●	39.3
	N/A	ECB - Community	N/A	Quarter Ending	Apr-19	27.5	Mar-20	28.0	Apr-20	26.1	↑	YE Dec-19	35.5	●	43.7
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Apr-19	78.1%	Mar-20	71.8%	Apr-20	68.0%	↓	2018/19	70.7%	●	81.5%
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Apr-19	44.7%	Mar-20	34.7%	Apr-20	24.7%	↓	2018/19	49.1%	●	53.7%
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Mar-19	100.0%	Feb-20	100.0%	Mar-20	100.0%	↔	N/A			
	95%	4-Hour Emergency Access		Month	Apr-19	94.7%	Mar-20	91.8%	Apr-20	96.8%	↑	Apr-20	96.8%	●	94.9%
	100%	Patient TTG (Ongoing Waits)		Month	Apr-19	88.5%	Mar-20	83.1%	Apr-20	57.3%	↓	Mar-20	83.2%	●	64.4%
	95%	New Outpatients Waiting Times		Month	Apr-19	98.0%	Mar-20	95.2%	Apr-20	74.8%	↓	Mar-20	95.2%	●	74.9%
	100%	Diagnostics Waiting Times		Month	Apr-19	99.8%	Mar-20	97.8%	Apr-20	46.3%	↓	Mar-20	97.9%	●	75.8%
	95%	Cancer 31-Day DTT		Month	Apr-19	89.9%	Mar-20	97.6%	Apr-20	94.5%	↓	QE Dec-19	97.7%	●	96.5%
	95%	Cancer 62-Day RTT		Month	Apr-19	84.4%	Mar-20	85.9%	Apr-20	67.5%	↓	QE Dec-19	89.6%	●	83.7%
	90%	18 Weeks RTT		Month	Apr-19	80.9%	Mar-20	84.3%	Apr-20	90.1%	↑	Dec-19	82.0%	●	78.9%
	29%	Detect Cancer Early	27%	Year Ending	Sep-18	26.9%	Jun-19	25.2%	Sep-19	24.8%	↓	2017, 2018	25.1%	●	25.5%
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Apr-19	7.5%	Mar-20	9.6%	Apr-20	5.6%	↑	QE Dec-19	7.2%	●	7.1%
	N/A	Delayed Discharge (# Standard Delays)	N/A	Month	Apr-19	65	Mar-20	58	Apr-20	24	↑	Apr-20	6.42	●	7.47
	80%	Antenatal Access	80%	Month	Aug-18	87.5%	Jul-19	84.2%	Aug-19	86.6%	↑	2018/19	91.3%	●	87.6%
	473	Smoking Cessation	473	YTD	Jan-19	81.9%	Dec-19	87.9%	Jan-20	92.4%	↑	YT Sep-19	91.5%	●	91.1%
	90%	CAMHS Waiting Times		Month	Apr-19	72.3%	Mar-20	83.1%	Apr-20	67.0%	↓	QE Mar-20	76.0%	●	65.1%
	90%	Psychological Therapies Waiting Times		Month	Apr-19	66.1%	Mar-20	78.4%	Apr-20	62.0%	↓	QE Mar-20	70.1%	●	77.6%
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Dec-18	72.1%	Sep-19	77.3%	Dec-19	75.7%	↓	YT Dec-19	51.8%	●	83.7%
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Feb-19	95.5%	Jan-20	87.1%	Feb-20	96.1%	↑	QE Dec-19	96.0%	●	95.0%
	N/A	Dementia Post-Diagnostic Support		Annual	2016/17	87.3%	2017/18	86.8%	2018/19	92.1%	↑	2017/18	86.8%	●	72.5%
	N/A	Dementia Referrals		Annual	2016/17	60.0%	2017/18	55.3%	2018/19	60.6%	↑	2017/18	55.3%	●	42.3%
	N/A	Freedom of Information Requests	85%	Quarter Ending	Apr-19	73.1%	Mar-20	72.1%	Apr-20	80.3%	↑	N/A			
Finance	N/A	Revenue Expenditure	£0	Month	May-19	N/A	Apr-20	N/A	May-20	£2.839m	N/A				
	N/A	Capital Expenditure	£7.394m	Month	May-19	N/A	Apr-20	N/A	May-20	£1.280m	N/A				
Staff Governance	4.00%	Sickness Absence		Month	Apr-19	5.42%	Mar-20	5.46%	Apr-20	4.95%	↑	YE Mar-20	5.49%	●	5.31%

d. Assessment

The Executive Summary Assessment currently focuses, where possible, on the impact of the COVID-19 pandemic on services.

Clinical Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
HSMR	1.00	N/A	N/A	YE Dec-19	1.02	YE Dec-19	
The annual HSMR for NHS Fife was unchanged during the final quarter of 2019, and remained slightly above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.							
Inpatient Falls (with Harm)	2.16	Apr-20	2.16	Apr-20	1.73	N/A	N/A
Reduce falls with harm by 20% by December 2020							
The changes in service delivery due to the COVID-19 pandemic have changed clinical area function and this has been dynamic in response to the need for green and red capacity. This includes a change in numbers of patients in ward areas and the use of PPE and social distancing, all of which have had an impact on the way that staff deliver care. Moving forward we will need to continue to review our approaches to continue to reduce falls with harm.							
Pressure Ulcers	0.42	Never Met	0.42	Apr-20	1.02	N/A	N/A
50% reduction by December 2020							
Assessing the impact of COVID-19 on performance is difficult as our response has changed the clinical area function and pathway, and this has led to a dynamic response to the need for green and red capacity. A brief deep dive exercise of data to date has is being undertaken to identified wards (HSCP) who reported pressure incidents during the pandemic to learn the reasons behind them.							
Caesarean Section SSI	N/A	QE Dec-19	2.5%	QE Dec-19	2.3%	QE Dec-19	
We will reduce the % of post-operation surgical site infections to 2.5%							
In response to the COVID-19 pandemic and the resultant increased demand on IPCTs, the CNO issued a letter on 25th March stating that there would be a temporary pause on all Surgical Site Infection surveillance. This remains the case until further notice.							
SAB (MRSA/MSSA)	18.8	QE Apr-20	19.5	QE Apr-20	10.6	YE Dec-19	
We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022							
Infection control surveillance has continued throughout the COVID-19 pandemic. The number of infections has fallen (as might have been expected with a much-reduced bed occupancy rate throughout the Acute and Community hospitals).							
C Diff	6.5	QE Jun-19	6.7	QE Apr-20	10.6	YE Dec-19	
We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022							
Infection control surveillance has continued throughout the COVID-19 pandemic. Despite a much-reduced bed occupancy rate throughout the Acute and Community hospitals), the C Diff infection rate has remained fairly static, although infection numbers are low.							
ECB	33.0	Never Met	36.6	QE Apr-20	43.9	YE Dec-19	
We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022							
Infection control surveillance has continued throughout the COVID-19 pandemic. Prior to this, an Exception Report was received from HPS in relation to the number of ECB in the final quarter of 2019. The number of infections has fallen (as might have been expected with a much-reduced bed occupancy rate throughout the Acute and Community hospitals).							
Complaints - Stage 2	N/A	Never Met	65%	QE Apr-20	24.7%	FY 2018/19	
At least 75% of Stage 2 complaints are completed within 20 working days							
During the early onset of COVID-19, Patient Relations were advised that the clinical team's priority was focused on the pandemic and that responding to complaints would not be high priority. While the clinical services aimed to respond, there have been significant delays and a reduced complaint workload. Responding to complaints in line with the timescales of the National Complaint Handling Procedure has therefore suffered.							

Clinical Governance Committee Meeting Issues and Comments

No performance-related issues required escalation to the NHS Fife Board.


Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
4-Hour Emergency Access 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Apr-20	TBC	Apr-20	96.8%	Apr-20	●
Performance against the 4-Hour Emergency Access Standard has improved during the COVID-19 pandemic as a result of the significant reduction in presentations at ED. This, combined with the impact of the Urgent Care Centres, has reduced admission numbers and breaches for bed waits have become rare.							
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	TBC	Apr-20	57.3%	QE Mar-20	●
Performance has been hugely affected during the COVID-19 pandemic, as a result of all non-urgent elective work being paused. The drop in referrals has meant the overall waiting list has remained stable, but the number of patients already waiting more than 12 weeks for treatment has increased by a factor of 5 since March, and recovery to the pre-pandemic position will be a lengthy process.							
New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	TBC	Apr-20	74.8%	Mar-20	●
In response to COVID-19, Outpatient services in Fife were suspended week beginning 23rd March, with a limited service available for urgent and urgent suspicion of cancer outpatients only. Whilst the number of patients on list waiting to be seen has remained stable due to reduced referrals, the number of patients waiting over 12 weeks to be seen has increased significantly.							
Diagnostics 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)	100%	Apr-16	TBC	Apr-20	46.3%	Mar-20	●
The pausing of non-urgent services from late March due to COVID-19 has resulted in a significant fall in the % of patients waiting no more than 6 weeks for a diagnostics test. While the overall waiting list has remained stable due to a similar fall in referrals, the number of patients waiting more than 6 weeks (particularly for Imaging) has increased to over half of the overall figure.							
Cancer 62-Day RTT 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	TBC	Apr-20	67.5%	QE Dec-19	●
NHS Fife's response to COVID-19 ensured that cancer services were prioritised and maintained, although public anxiety early on in the pandemic resulted in patients choosing not to attend appointments. A full diagnostic radiology service has been maintained for urgent suspicion of cancer patients, and private sector surgical capacity has been utilised for breast, ENT and urology patients. Nevertheless, performance has fallen significantly during the pandemic.							
FOI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	Never Met	85%	QE Apr-20	80.3%	N/A	N/A
Due to the COVID-19 pandemic, any FOI requests closed between 7th April and 26th May, inclusive, have been subject to a 60-day closure allowance rather than the normal 20 days. The Information Governance & Security Team, who now manage all NHS Fife FOI requests as well as co-ordinating efforts with the Health & Social Care Partnership, have largely been able to improve closure performance during this period.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Aug-18	5%	Apr-20	5.6%	QE Dec-19	●
Bed days lost due to patients in delay has reduced significantly during the COVID-19 pandemic, a natural result of the actual number of delayed patients reducing by half. The challenge will be to maintain this as normal working resumes.							
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT Jan-20	92.4%	YT Sep-19	●
Smoking Cessation activities have been impacted by the COVID-19 pandemic as we are unable to conduct face to face support within GP practices and hospital clinics or use the mobile unit to reach our most vulnerable communities. Changes to the service model have been introduced to address the various challenges. The specialist service has agreed to support the pharmacy stop smoking service by undertaking the outstanding follow-ups due now and for the foreseeable future. Whilst the number of clients has reduced, there is increased workload associated with arranging extended supplies of medication for clients and alternative collection and delivery options through community pharmacy. Advisors also describe long conversations with clients facing difficult personal circumstances at this time.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	TBC	Apr-20	67.0%	QE Mar-20	<div></div>
Perfromance has not been hugely affected so far due to the COVID-19 pandemic, with a drop-off in referrals and continuing work in improved signposting by Primary Mental Health Workers resulting in a fall in waiting times. However, plans for group work will have to be reviwed to reflect new social distancing rules, and the underlying challenge of meeting demand with available capacity remains.							
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	TBC	Apr-20	62.0%	QE Mar-20	<div></div>
While performance has not been hugely affected so far due to the COVID-19 pandemic, there has been a drop-off in referrals which is very likely to be reversed during the next few months, above current capacity. In addition, the inability to hold group sessions due to social distancing restrictions will impact on treatment plans.							

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	May-20	+ £2.839m	N/A	N/A
Following the unprecedented challenges created by the outbreak of the COVID-19 pandemic and the resultant public health emergency, our financial reporting has been expanded to encompass: our 'business as usual' or core position; and COVID-19 additional costs. The validation of additional COVID-19 spend has necessitated an informed desktop assessment to be made of offsetting cost reductions (health costs that have reduced as a result of the COVID-19 response). In parallel, a desktop assessment has been made re potential savings generated, to ensure a continued effort to meet our efficiency savings requirements; albeit we have signposted to SG a level of expected underachievement of savings for the 2020/21 financial year as part of our Local Mobilisation Financial Template process.							
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£7.394m	N/A	£7.394m	May-20	£1.280m	N/A	N/A
The total anticipated Capital Resource Limit for 2020/21 is £7.394m. The capital position for the 2 months to May shows investment of £1.280m, equivalent to 17.32% of the total allocation							

Finance, Performance & Resources Committee Meeting Issues and Comments

No performance-related issues required escalation to the NHS Fife Board.

Staff Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	TBC	Apr-20	4.95%	YE Mar-20	
Sickness absence levels have fallen in the first two months of the COVID-19 pandemic. It is difficult to draw any firm conclusions around this due to the way that pandemic-related absence (either due to having the infection or requiring to self-isolate) is being handled, and the situation will be monitored as we return to 'normal' and restart various Attendance Management activities.							

Staff Governance Committee Meeting Issues and Comments

The Staff Governance Committee takes the opportunity to celebrate/recognise with the Board all that has been achieved by our staff during the pandemic, to highlight the importance of maintaining the levels of staff engagement seen during this period, and to continue to innovate and provide staff wellbeing support and services.

Key metrics are:

- Absence Rate 4.64% (May 2020)
- Nurse Bank increased capacity by 370 workers in 8 weeks
- Interviewed 643 candidates in 3 weeks (Friends and Family, And Returner campaigns)
- Fast-track induction supported 230 people
- 833 people registered on LearnPro – the online training content system

Staff quickly revised ways of working and many staff moved to working from home or were deployed to other wards/departments.

CAROL POTTER

Chief Executive

22nd July 2020

Prepared by:

SUSAN FRASER

Associate Director of Planning and Performance

Meeting:	NHS Board
Meeting date:	29 July 2020
Title:	COVID-19 Board Update
Responsible Executive:	Helen Buchanan, Director of Nursing Dona Milne, Director of Public Health
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to:

- COVID-19 Update
- Fife Joint (Re)Mobilisation Plan
- Test and Protect
- Care Homes

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides the Board with a COVID-19 update for health and care services. The purpose of this document is to inform the committee of key areas relating to the current COVID-19 situation.

2.2 Background

In March 2020, the country went into lockdown following the declared worldwide COVID-19 Pandemic. During this time, several changes have been implemented including the introduction of the Test and Protect programme and additional areas of accountability for Care Homes which has been discussed previously at board meetings.

In the short term, the (Re)Mobilisation Plan which plans services to the end of July 2020 is supporting the restart and reconfiguration of health and care services in Fife.

Mobilisation Plan

Fife responded quickly to the emerging situation of COVID-19 in our population followed by the declaration of the emergency planning measures in Scotland and the UK.

The following actions took place:

- Pausing of all elective activity except the highest clinically prioritised urgent and cancer work including outpatients, diagnostic and inpatients and day case treatment and procedures being undertaken.
- Some staff were deployed to other clinical services within NHS Fife and Fife H&SCP
- All primary care referrals were deferred except urgent and suspicion of cancer. Referrals received were prioritised by clinicians and only seen if a high priority
- Limited services for CAMHS and Psychological Therapy services

The outcome of this resulted in

- A dip in performance for those patients waiting over 12 weeks for first outpatient appointment and procedure/treatment for inpatients and daycases.
- Waiting lists for outpatients and inpatients/daycases have remained broadly the same over the past 16 weeks as no patients have been added or removed.
- Improvement in Emergency Access Standard as few patients have presented to Emergency Departments.

The development of the (now) Remobilisation Plan is clearly aligned to Fife's Clinical Strategy and the Health & Social Care Partnership Strategic Plan as well as an agreed set of guiding principles.

Test and Protect

Scotland's approach to maintaining low levels of community transmission of COVID-19 in Scotland is known as Test-Trace-Isolate-Support (TTIS). This is now rolled out across Scotland and supported by a national public campaign – under the branding of "Test and Protect". Local NHS Boards and the National Contact Tracing Centre supported by Public Health Scotland are working together to deliver this programme.

NHS Fife is one of three boards which piloted the initial national training materials and the interim digital contact tracing platform in the week commencing 18 May 2020 prior to a nationwide roll out on 28 May. Resources required to deliver the programme on an ongoing basis are being identified and costed at a local and national level, based initially on national modelling of the anticipated volume of activity which has turned out to be much lower than the predictions thus far.

Care Homes

There are two elements to the Care Home support provided by NHS Fife and these are headed up by the Director of Nursing and Director of Public Health.

Care Home Support Team under Director of Public Health

A rapid initial assessment of the local care home sector in Fife was undertaken by Fife HSCP through a telephone survey with providers over 22nd and 23rd April based upon an audit tool agreed by Directors of Public Health in Scotland and the Care Inspectorate. The findings of the rapid assessment were used to inform the Fife Care Home Action Plan, along with existing knowledge and experience from within the

oversight group, and learning from Incident Management Team meetings that have taken place where there have been outbreaks or possible outbreaks in care homes.

The action plan sets out the measures partners are taking to support care homes in Fife. The action plan is reviewed weekly by the Care Home Oversight Group and any concerns are escalated to the Director of Public Health (DPH) and the Joint Director of Health and Social Care (DHSC).

The Director of Public Health also has responsibility for ensuring that all care home staff are offered a weekly COVID test and for the reporting of this and other weekly reports to the Scottish Government.

Infection Control Support under Director of Nursing

On the 17th May 2020 all Executive Nurse Directors within NHS Scotland received a letter from the Cabinet Secretary for Health and Sport, informing them of a variation to their roles and responsibilities. As of the 17th May until 30 November 2020 their remit was to include them to be accountable for the provision of nursing leadership, support and guidance within the care homes and care at home sector, within their given board area.

In response to these changes nursing assurance visits were undertaken in all care homes to assure standards in:

- Infection Control Measures
- Documentation of care plans
- Fundamental care provision
- Communication

These new roles were part of an increase in care home assurance arrangements also allocated to the NHS Board Medical Director, the Joint Director for Health and Social Care and the Chief Social Work Officer. This partnership approach has worked well.

2.3 Assessment

This section will provide an update on each of the three areas described in the background section.

Joint (Re)Mobilisation Plan

The approach initially taken was to plan recovery over the next 12-18 months and the methodology adopted was 'Respond, Recover and Renew' taking into account lessons learned to re-imagine and reset a new future in partnership with our staff.

The Joint Mobilisation Plan was requested by the Scottish Government on 13 May 2020 with the first draft version submitted on 25 May 2020 and after feedback from the Scottish Government Health and Care Departments, the second draft was submitted on 10 June 2020 with minimal changes required.

The main areas covered in the plan are:

- Unscheduled and Urgent Care
- Elective and Cancer Care
- Maternity and Children's Services

- Primary Care
- Community Care
- Mental Health and Learning Disabilities Services
- Pharmacy

In addition, to ensure governance around the restart of clinical services, the Remobilisation Oversight Group (ROG) was established to oversee the restarting of health and care services in Fife during this phase. This group is driving the reintroduction of clinical services in a safe, measured and COVID-19 sensitive way with a wide representation of clinical leaders and it will oversee the whole system restart to improve integrated pathways from primary care, community, social care and secondary care adhering to our governance arrangements with learning from our COVID-19 response.

In a letter from the Scottish Government dated 3 July 2020, a longer term plan to March 2021 was requested and is being prepared with the next iteration of the (Re)Mobilisation Plan due to be submitted on 31 July 2020. We are committed to ensuring the prioritisation of service remobilisation is informed by a population health and health inequalities perspective, recognising the impact of Covid 19, both directly and indirectly, on certain population groups

Test and Protect

From the start up of the Test and Protect service in May until the end of August it is anticipated that due to the staffing groups utilised, the majority of staff will be paid as part of their substantive post and will therefore be a sunk cost to NHS Fife and the Fife Health & Social Care Partnership. The costs will still be identified, however only costs in excess of standard rotas will attract a cost attributable to Test and Protect. Substantive staffing availability will be dependent on Scottish government policy around an extension to shielding and the resumption of hospital services, which will require staff to return to substantive posts. At that point a recruitment drive will source employees on temporary contracts and costs will start to materialise for the Community Testing Team. This recruitment process began in early July.

Support will also be required to increase Health Protection capacity for a two year duration to assist with the management of outbreaks and complex cases. Plans are being finalised and recruitment is under way as of mid July.

Care Homes

As described in the Background, there are two elements to the Care Home support provided by NHS Fife.

Care Home Support Team

A new Care Home Support Team was established within the Health Protection Team in Public Health to provide enhanced support to care homes in Fife to prevent and manage outbreaks. Where a care home has suspected or confirmed Covid-19 cases in either staff or residents, the care home initially receives daily support, followed by a package of enhanced support tailored specifically to their needs. Any concerns are escalated to the DPH and the DHSC through their respective leads. This team is now part of the health protection team and will work across all settings as part of the team to support the use of Test and Protect and to prevent and manage outbreaks in a range of settings across Fife.

Part of our learning to date is that there is a need to provide community infection control support to our care homes for the foreseeable future.

Infection Control Support

There are 76 Care Homes in Fife that have had an assurance visit on clinical and care delivery. As part of this supportive approach the following processes have been established:

- *Daily contact/check in with all care homes in Fife* - To ascertain if there are any identified needs and offer of support. With clear escalation of any concerns.
- *Supportive/Assurance Visits* - Supportive visits to establish any nursing or patient care issues with a particular focus on prevention and control of infection and key elements of nursing care. Care Homes have been visited with effective collaboration between nursing and Social Work staff.
- *Workforce* - A nurse staffing 'response team' model has been established which utilises experienced senior nursing staff to support any care home where workforce issues are identified
- *Specialist Nursing Support Team* - Identification of senior nursing staff to support to care homes that require additional support in their identified area of improvement, including but not exclusively, community District Charge Nurse and ANPs; Care Home Education Facilitator; Alzheimer's Scotland Dementia Nurse Consultant; ICP Nurse; Tissue Viability Nurse; Palliative Care Specialist Nurses, mental health liaison nurse, workforce Lead. The Specialist Nursing Support Team has provided support to Care Homes if areas for improvement were identified and have continued to work alongside the Care Homes strengthening the collaborative working relationship.
- *Daily Huddles* - take place with all key stakeholders to identify if any home requires support or input. The daily huddle reviews any visits that have taken place and reviews the daily dataset that each home submits centrally. The daily huddles continue and report to the Executive Care Home Oversight Group that the ongoing supportive work continues, collaboratively with all the homes and all key stake holders involved.

2.3.1 Quality/ Patient Care

This will be covered by the work of the Oversight Groups for each element of this paper.

2.3.2 Workforce

This will be covered by the work of the Oversight Groups for each element of this paper.

2.3.3 Financial

Any impact of finances will be agreed through the normal processes.

2.3.4 Risk Assessment/Management

This will be covered by the work of the Oversight Groups for each element of this paper.

2.3.5 Equality and Diversity, including health inequalities

This will be covered by the work of the Oversight Groups for each element of this paper.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

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.

- EDG on 22 July 2020

2.4 Recommendation

The Board are asked to

- Be **aware** of the COVID-19 update and the actions so far to support the restart of clinical services, the Test and Protect programme and additional support to Care Homes during the COVID-19 pandemic

3 List of appendices

The following appendices are included with this report:

- None

Report Contact

Susan Fraser

Associate Director of Planning and Performance

Email susan.fraser@nhs.net

Meeting:	NHS Fife Board
Meeting date:	29 July 2020
Title:	Internal Audit Operational Plan 2020/2021 and updated 5 Year Strategic Plan
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Tony Gaskin, Chief Internal Auditor

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Government Directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

For 2020/21 Internal Audit have produced an operational plan and updated the 5 year strategic plan based on the extant Board Assurance Framework Risk Register and existing materiality scores with no major revisions for the impact of Covid 19. However the operational plan will require revision later in the summer and possibly throughout the year to reflect the impact of Covid-19 on NHS Fife's overall strategy, supporting strategies, resources, objectives and risk profile. At this stage we have not tried to factor these issues into our plan as it is far too early to be able to understand all of the implications for NHS Fife, although it is clear that there will be a need to focus on the impact of new working arrangements on existing control processes as well as on the Board's planning for recovery, reconfiguration and transformation.

Each year the Audit and Risk Committee is required to approve the Internal Audit Operational Plan after consideration by the EDG. The EDG reviewed the plan at its meeting of 30 June 2020 and Audit & Risk at its meeting on 13 July.

The attached report summarises the process taken to produce the Annual Internal Audit Plan for 2020-21.

The purpose of this paper is for the Board to discuss and comment on the draft Annual Internal Audit Plan for 2020-21, which commenced on 1 May 2020 within the context of the updated Strategic Annual Plan 2019-24, and note which reviews from 2020-21 have been agreed with EDG, which will be undertaken prior to the planned updating of the plan later in the summer. These audits are as follows:

1. Audits required for legislative purposes
 - B05/21 Clearance of Prior Year Reviews (10 days)
 - B06/21 Annual Internal Audit Report (10 days)
 - B07/21 Governance Statement (15 days)
 - B 25/21 Property Transaction Monitoring (15 days)
2. Audits required for assurance to the Audit and Risk Committee
 - B09/21 Audit Follow Up (ongoing)

In order to ensure we continue the flow of assurance, the following audits have been identified by Internal Audit as reviews to be undertaken this summer, and were endorsed by the Executive Directors Group at its meeting on 30 June 2020:

- B14/21 – Staff and Patient Environment - Sharps Management Review – actions following a HSE Improvement Notice within Maternity Department (15 days)
- B15/21 – NHS Resilience - Compliance with NHS Scotland Resilience: Preparing for Emergencies Guidance and COVID-19 impact (20 days)
- B21/21 Adverse Event Management - Specific review requested by Medical Director around recording of DATIX incidents
- B26/21 – Financial Process Compliance - To be selected from: central payroll, travel, accounts payable, accounts receivable, banking arrangements (10 days)

2.2 Background

The Annual Internal Audit Operational Plan requires to be approved by the Board. The breadth of internal audit work cuts across all of the strategic objectives within the Board's Strategic Framework.

2.3 Assessment

The plan is designed to provide the Chief Internal Auditor with sufficient evidence to form an opinion on the adequacy and effectiveness of internal controls. This opinion is one of the assurance sources required by the Accountable Officer in their annual review of internal controls and also informs the considerations of the Audit and Risk Committee and Board prior to finalising the Governance Statement.

2.3.1 Quality/ Patient Care

The Triple Aim is a core consideration in planning all internal audit reviews.

2.3.2 Workforce

Management responsibilities, skill sets and structures are a core consideration in planning all internal audit reviews. It is likely that the Board's workforce strategy, along with all key strategies, will require fundamental review later in the year and this will be reflected in any later revisions to the Internal Audit plan.

2.3.3 Financial

Financial Governance is a key pillar of the Annual Internal Audit Plan and value for money is a core consideration in planning all internal audit reviews. It is likely that Covid 19 will have a major impact on the achievement of planned savings and the cost profile of the organisation and these factors will be taken into account once they are better understood.

2.3.4 Risk Assessment/Management

The internal audit planning process which produces the Annual Internal Audit Plan takes into account inherent and control risk for all aspects of the Audit Universe. Individual internal audit assignments identify the key risks at the planning stage and our work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified. Legal requirements are a core consideration in planning all internal audit reviews. As noted above, we are of the view that Covid 19 will have a substantial impact on the risk profile of the organisation and will require a fundamental review of the BAF, which will in turn could result in significant revision to this plan.

2.3.5 Equality and Diversity, including health inequalities

All internal audit reviews which involve review of policies and procedures examine the way in which equality and diversity is incorporated in Board documentation.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

All papers have been produced by Internal Audit and shared with the Director of Finance, Associate Director of finance and the Head of Corporate Governance/Board Secretary and discussed with the Board's External Auditors. The plan was presented to the EDG and Audit & Risk Committee and future revisions will take place after detailed discussion with the relevant Directors.

2.3.8 Route to the Meeting

EDG on 30 June 2020; Audit & Risk Committee on 13 July 2020

At this stage and given the potential uncertainties and the pressure on Executive Directors' time in the current circumstances, the draft plan was produced by the Regional Audit Manager, discussed by the FTF Management Team and reviewed by the Chief Internal Auditor. More detailed discussion with individual Directors will take place throughout the year.

2.4 Recommendation

The Board are to consider and approve the attached Internal Audit Plan.

3 List of appendices

The following appendices are included with this report:

- Appendix A – Internal Audit Operational Plan 2020-21 and updated 5 year Strategic Plan

Report Contact

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Chief Internal Auditor

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FTF Internal Audit Service

NHS FIFE

***Strategic Internal Audit Plan
2019/20 – 2023/24***

Operational Audit Plan 2020-21

Report No.B01/20

Issued To: C Potter, Chief Executive
M McGurk, Director of Finance
Executive Directors Group
Gillian MacIntosh, Head of Corporate Governance/Board Secretary
Audit and Risk Committee
External Audit

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SECTION 1 - INTRODUCTION

“Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, internal control and governance processes.”

Public Sector Internal Audit Standards (PSIAS) – Section 3, Definition of Internal Auditing

The internal audit service will be delivered in accordance with the Internal Audit Charter. A summary of our approach to undertaking the risk assessment and preparing the Annual Internal Audit Plan (the plan) is set out below. The plan is driven by NHS Fife’s organisational objectives and priorities, and maps directly to the strategic risks that may prevent NHS Fife from meeting those objectives.

Our Strategic Internal Audit Plan is designed to provide NHS Fife, through the Audit and Risk Committee, with the assurance it needs to prepare an annual Governance Statement that complies with best practice in corporate governance. We also support the continuous improvement of governance, risk management and internal control processes by using a systematic and disciplined evaluation approach.

The objective of audit planning is to direct audit resources in the most efficient manner to provide sufficient assurance that key risks are being managed effectively. PSIAS require the Chief Internal Auditor to produce a risk based plan, which takes into account NHS Fife’s risk management framework, strategic objectives and priorities, and the views of senior managers, Standing Committee lead officers and respective Chairs.

For 2020/21, we have not been able to fully engage with the range of officers due to focus on the necessary practical measures to deal with the COVID 19 pandemic. Therefore, we have reviewed and amended the inherent and control risk scoring to reflect current risks. To ensure the annual operational plan meets the needs of the service and reflects the current risk environment we will undertake a full review of the plan once “business as usual” resumes, including detailed discussions with Directors.

PSIAS

The Operational Plan 2020/21 has been developed in accordance with Public Sector Internal Audit Standard 2010 – Planning, to enable the Chief Internal Auditor to meet the following key objectives:

- The need to establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation’s goals;
- Provision to the Accountable Officer of an overall independent and objective annual opinion on the organisation’s governance, risk management, and control, which will in turn support the preparation of the Annual Governance Statement;
- Audits of the organisation’s governance, risk management, and control arrangements which afford suitable priority to the organisation’s objectives and risks;
- Improvement of the organisation’s governance, risk management, and control arrangements by providing line management with recommendations arising from audit work;
- Effective co-operation with external auditors and other review bodies functioning in the organisation.

SECTION 2 - DELIVERING THE INTERNAL AUDIT PLAN

INTERNAL AUDIT CHARTER

At Appendix 4 we have set out our Internal Audit Charter, which details how we work together to deliver the Internal Audit service.

INTERNAL AUDIT TEAM – INDICATIVE STAFF MIX

Grade	Input (days)	Grade Mix (%)
Chief Internal Auditor	15	3%
Regional Audit Manager	90	19%
Principal Auditor	236	50%
Auditor	132	28%
Total	473	100%

INTERNAL AUDIT TEAM – CONTACTS

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SECTION 3 - INTERNAL AUDIT PLANNING PROCESS

Our Strategic Plan is structured around an audit universe based on a 5 year cycle (Appendix 1). The resultant proposed operational plan (Section 5), which is for Year 2 of the 5 year cycle, overtly links to the BAF risk(s) which will be the focus of our work, together with any key governance or assurance elements required in order to provide a view on the overall adequacy and effectiveness of internal controls. We continue to provide cyclical coverage of all BAF risks over the 5 year cycle (Appendix 2).

As in previous years, we will prioritise work which provides assurance on the highest risk areas and those likely to be relied upon by External Audit, wherever practicable. As required by PSIAS, the plan focuses on the areas of highest risk and importance. The maturity of risk and assurance systems allows us to consider both inherent risk (impact and likelihood) and mitigation (adequacy and effectiveness of internal control). Our assessment also takes into account corporate risk, materiality or significance, system complexity, previous audit findings, potential for fraud and sensitivity.

These factors are used to calculate the audit requirement rating with the highest graded audits being covered three times in the cycle, medium risk twice and low risk items once. Some areas are not graded as they are required for external audit assurance, by regulation or are designed to add value.

SECTION 4 - UNDERSTANDING THE BOARD'S AUDIT NEEDS

RISK AND AUDIT NEEDS ASSESSMENT

Internal audit plans are based on an assessment of audit need, which represents the assurance required by the Audit and Risk Committee from Internal Audit that the control systems established to manage and mitigate key risks are adequate and operating effectively. The objective of the risk and audit needs assessments is therefore to identify these key controls and determine the internal audit resource required to provide assurance on their effectiveness.

The risk and audit needs assessment involves consideration of:

- Areas of high residual risk, i.e. those that appear on the strategic risk register and are therefore a current focus for the organisation
- Areas of high inherent risk, i.e. key processes that are crucial to the organisations success.

STRATEGIC RESIDUAL RISKS

During the risk and audit needs assessment, we consider the areas of highest residual risk in your strategic risk register and identify the control systems currently in place to manage those risks. We do this by considering the key processes in place within the Board and the relevance of each strategic risk to those processes.

The extant Board Assurance Framework risks are included in Appendix 2.

ASSURANCE MAPPING

As part of the 2019-20 Plan, Internal Audit have been working with the Board to develop a process and timetable for the development of a holistic Assurance Mapping process to identify key sources of assurance and any gaps in independent assurance, which would then require to be taken into account in the formation of future Internal Audit plans and audit scopes.

INHERENT RISKS AND AUDIT UNIVERSE

We have reviewed and updated the audit universe and assessed the inherent risk associated with each area. This enables the identification of areas where the Audit and Risk Committee most needs assurance that systems and processes are operating effectively.

The Audit Universe is included at Appendix 3.

ENVIRONMENTAL AND CHANGE RISKS

We actively take into account ongoing projects, forthcoming changes and our wider knowledge of the NHS to ensure we provide an appropriate level of audit coverage across all key areas and risks. This includes consideration of the following key sources of information:

- Corporate Strategy & Plans/local plans/annual operational plans
- Previous internal audit reports
- External audit reports and plans
- Board website, internal policies and procedures
- Our knowledge and experience at other FTF Client Health Boards
- Discussions with the Executive Directors Group, Standing Committee Chairs and officers and the Audit and Risk Committee
- At this stage, the changes to the risk profile due to the Covid 10 Pandemic are unknown and therefore cannot yet be factored in fully

CHANGES TO BOARD'S RISK PROFILE

The annual operational plan will be revised on an ongoing basis (6 monthly or more frequently as required) to take account of any changes in the Board's risk profile. Any changes to the internal audit operational plan will be presented to the Audit and Risk Committee for approval.

AUDITS RISK ASSESSED FROM 2019/20 TO BE INCLUDED IN 2020/21 PLAN

2019/20 audits not started have been risk assessed for inclusion within the following year's internal audit plan. The following reviews, based on appropriate rationale, have been included in the 2020/21 Internal Audit Plan:

- B34/20 Recruitment and Retention

LIAISON WITH EXTERNAL AUDIT

We have liaised with the external auditors on the proposed Internal Audit Operational Plan prior to presentation to the Audit and Risk Committee for approval. We aim to target our work in the most effective manner, avoiding duplication of effort and maximising the use of the Board's total audit resource.

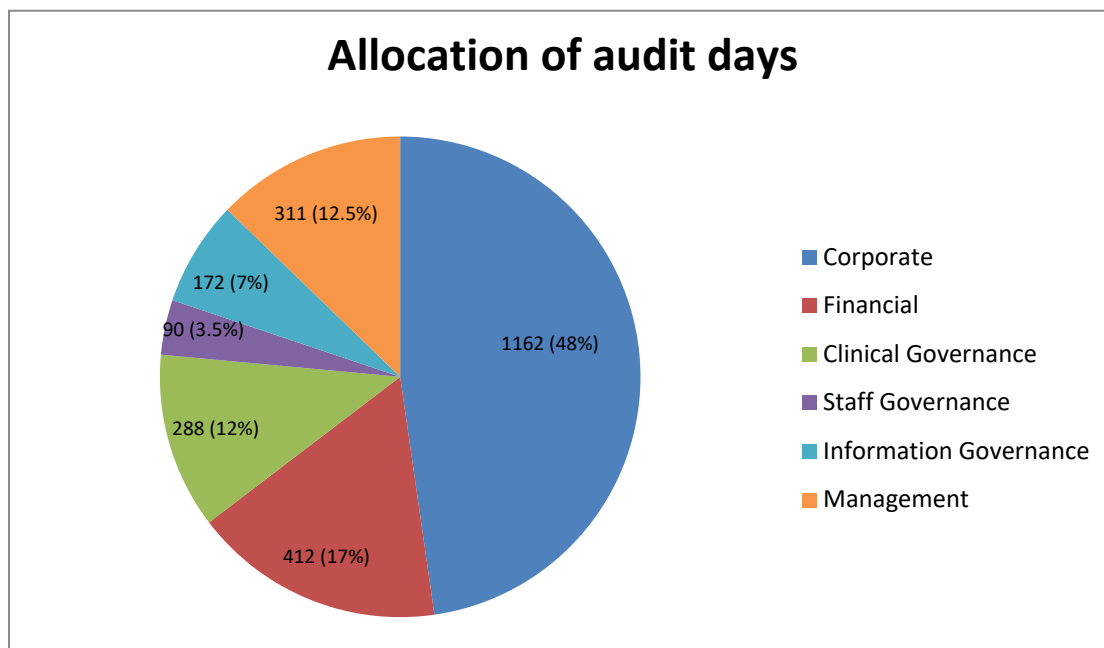
SECTION 5 - INTERNAL AUDIT PLAN

Appendix 3 shows the 5 year plan strategic audit plan for 2019/20 to 2023/24, based on our latest risk and audit needs assessment and available information.

As our internal audit approach is based on risk, the proposed plan is cross referenced to the Corporate Risks/BAF register, included at Appendix 2.

Internal Audit is only one source of assurance for the Audit and Risk Committee. Assurance on the management of risk is provided from a number of other sources, including the Executive Directors Group, external audit and the risk management framework itself.

The table below demonstrates graphically how the 2,435 internal audit days for the current 5 year period have been risk assessed to current risks/issues and demonstrates the allocation across the overarching corporate governance dimension and the supporting governance areas of staff, financial, clinical and information:



APPENDIX 1 - OPERATIONAL INTERNAL AUDIT PLAN 2020/21

NHS Internal Audit Operational Plan 2020/21

Background for 2020/21

Under B29/21 we have identified time to supplement our planned reviews through audit of any COVID-19 implications, arising from our risk assessment. The use of this time will be identified on each assignment plan and will be agreed as part of the assignment plan approval process.

Ref		Audit Process	Scope	Days
AUDIT MANAGEMENT				58
B 01	21	Audit Risk Assessment & Planning	Audit Risk Assessment & Operational Planning	10
B 02	21	Audit Management & Liaison with Directors	Audit Management, liaison with Director of Finance and other officers	18
B 03	21	Liaison with External Auditors	Liaison and co-ordination with External Audit	4
B 04	21	Audit & Risk Committee	Briefing, preparation of papers, attendance and action points	16
B 05	21	Clearance of Prior Year	Provision for clearance and reporting of 2019/20 audit reports	10
CORPORATE GOVERNANCE				
<i>Accountability and Assurance</i>				97
B 06	21	Annual Internal Audit Report	CIA annual assurance to Audit Committee	10
B 07	21	Governance Statement	Preparation of portfolio of evidence to support	15
B 08	21	Interim Control Evaluation	Mid-year assurance for Audit & Risk Committee on specific agreed governance areas	32
B 09	21	Audit Follow Up	Provide the Audit Follow Up service and report to Audit & Risk Committee	40

APPENDIX 1 - OPERATIONAL INTERNAL AUDIT PLAN 2020/21

Ref		Audit Process	Scope	Days
<i>Control Environment</i>				35
B 10	21	Code of Corporate Governance	Provide assistance and review progress for “Once for Scotland” documents	15
B 11	21	Board, Operational Committees and Accountable Officer	Attendance at Standing Committees, Board, EDG and other Operational Committees (IG and eHealth) as requested	10
B 12	21	Assurance Framework	Assurance structures, including Audit & Risk Committee; relevance, reliability, timeliness and quality of evidence	10
<i>Risk Management</i>				50
B 13	21	Risk Management Strategy, Standards and Operations	Yearly review of strategy and supporting structures in order to conclude on risk maturity	15
B 14	21	Staff and Patient Environment	Sharps Management Review – actions following a HSE Improvement Notice within Maternity Department	15
B 15	21	NHS Resilience; Business Continuity and Emergency Planning	Compliance with NHS Scotland Resilience: Preparing for Emergencies Guidance and COVID-19 impact	20
<i>Health Planning</i>				55
B 16	21	Strategic Planning	Business and clinical strategies and priorities supporting the delivery of SGHSCD targets	15
B 17	21	Improvement, Innovation and Operational Planning	Delivering effective and efficient person-centred services including service redesign	15
B 18	21	Health & Social Care Integration	Working with Fife Council to deliver IJB Internal Audit Plan and ongoing review of Health Board BAF risk and associated controls	25

APPENDIX 1 - OPERATIONAL INTERNAL AUDIT PLAN 2020/21

Ref		Audit Process	Scope	Days
CLINICAL GOVERNANCE				39
B 19	21	Patient Safety Programme	Accurately reporting and using SPSP and SPSI data to improve patient safety	15
B 20	21	Adverse Event Management	Specific review requested by Medical Director around recording of DATIX incidents	12
B 21	21	Medical Equipment and Devices	Maintenance, control and acquisition of medical devices	12
STAFF GOVERNANCE				15
B 22	21	Workforce Planning including Capable and Effective Workforce	Review to be agreed with Director of Workforce	15
FINANCIAL GOVERNANCE				64
<i>Financial Assurance</i>				
B 23	21	Savings Programme	Identification, delivery and reporting of savings	12
<i>Financial Management</i>				
B 24	21	Financial Planning	Strategic financial planning and prioritisation to support Corporate strategies and priorities	12
<i>Capital Investment</i>				
B 25	21	Property Transaction Monitoring	Post transaction monitoring	15

APPENDIX 1 - OPERATIONAL INTERNAL AUDIT PLAN 2020/21

Ref		Audit Process	Scope	Days
		Transaction Systems		
B 26	21	Financial Process Compliance	To be selected from: central payroll, travel, accounts payable, accounts receivable, banking arrangements	10
B 27	21	Endowment Funds/Patient Funds	Operation of Endowment Committee and compliance with national endowment guidance/operation of patient fund processes	15
		INFORMATION GOVERNANCE		20
B 28	21	Information Assurance/Information Security Framework	Review of the outcomes from NIS external review	20
		COVID-19 and CONTINGENCY		40
B 29	21	COVID-19 Reconfiguration and Recovery	Time set aside for reviews in year which may have COVID-19 implications	40
Total Days for 2020/21 Internal Audit Plan				473

APPENDIX 2 - CORPORATE RISK REGISTER

Strategic Planning – Risk No. 1417

Owner and Responsible Person – Chief Executive

Standing Committee – Clinical Governance

Coverage within Audit Universe

Review	2019/20	2020/21	2021/22	2022/23	2023/24
Strategic Planning	✓	✓		✓	
Improvement, Innovation and Operational Planning	✓	✓		✓	

Risk Description

There is a risk that NHS Fife will not deliver the recommendations made by the Clinical Strategy within a timeframe that supports the service transformation and redesign required to ensure service sustainability, quality and safety at lower cost.

Key Risks

- 1. Community / Mental Health redesign is the responsibility of the H&SCP/IJB which hold the operational plans, delivery measures and timescales*
- 2. Governance of the transformation programmes remains between IJB and NHS Fife*
- 3. Regional Planning – risks around alignment with regional plans are currently reduces as regional work is focussed on specific workstreams*

Current Performance

Current challenges associated with delivery of our strategic objectives include the focus on the 4 strategic priorities (Acute Transformation, Joining Up Care, Mental Health Redesign and Medicines Efficiencies) the interdependencies of workplans (NHS Fife, H&SCP, Region) in terms of the whole system oversight of operational plans, delivery measures and timescales.

Each programme has now been mapped against the stage and gate approach agreed by the Integrated Transformation Board. More scrutiny of programmes will take place at this Board.

APPENDIX 2 - CORPORATE RISK REGISTER

Risk Scores

	Likelihood	Consequence	Rating	Level
Initial Score	4 – Likely – Strong possibility this could occur	4 – Major	16	High
Current Score	4 – Likely – Strong possibility this could occur	4 – Major	16	High
Rationale for Current Score	Integrated Transformation Board now in place after the review of transformation in 2019. Reporting and processes are currently being embedded.			
Target Score	3 – Possible – May occur occasionally – reasonable chance	4 – Major	12	Moderate
Rationale for Target Score	Once government and monitoring is in place and transformation programmes are being realised, the risk level should reduce.			

APPENDIX 2 - CORPORATE RISK REGISTER

Strategic Planning – Risk No. 1418

Owner and Responsible Person – Director of Health and Social Care

Standing Committee – NHS Fife Board

Coverage within Internal Audit Plan

Review	2019/20	2020/21	2021/22	2022/23	2023/24
Health & Social Care Integration	✓	✓	✓	✓	✓

Risk Description

There is a risk that the Fife Integration Scheme does not clearly define operational responsibilities of the Health Board, Council and Integration Joint Board (IJB) resulting in a lack of clarity on ownership for risk management, governance and assurance.

Current Performance

The problem should be largely resolved with the action taken.

Risk Scores

	Likelihood	Consequence	Rating	Level
Initial Score	4 – Likely – Strong possibility this could occur	4 – Major	16	High
Current Score	3 – Possible – May occur occasionally – reasonable chance	4 – Major	12	Moderate
Rationale for Current Score	Issues raised by auditors, acknowledged at year-end 2016/17 that need to be addressed.			

APPENDIX 2 - CORPORATE RISK REGISTER

Target Score	1 – Remote – Can't believe this event would happen	4 – Major	4	Low
Rationale for Target Score	Once resolved and given effect to in IJB Integration Scheme and NHS Fife Corporate Governance Arrangements, the issue should largely be resolved, but given maturity of relationships and dynamics around regional approaches, a remaining risk will remain.			

APPENDIX 2 - CORPORATE RISK REGISTER

eHealth – Delivering Digital and Information Governance & Security – Risk No. NO NUMBER ALLOCATED

Owner and Responsible Person – Medical Director and Director of Finance (SIRO)

Standing Committee – Clinical Governance Committee/Finance, Performance and Resources Committee

Coverage within Internal Audit Plan

Review	2019/20	2020/21	2021/22	2022/23	2023/24
Information Assurance/Information Security Framework	✓	✓		✓	✓
eHealth Strategic Planning and Governance	✓		✓		
eHealth Project Management, Development, Procurement, Implementation and Training			✓		
eHealth Service Management				✓	
Data Quality					✓

Risk Description

There is a risk that due to failure of Technical Infrastructure, Internal and External Security, Organisational Digital Readiness, ability to reduce Skills Dilution within eHealth and ability to derive Maximum Benefit from Digital Provision, NHS Fife may be unable to provide safe, effective person-centred care.

Current Performance

Overall, NHS Fife eHealth has in place sound systems of:

- Governance*
- Reasonable security defences and risk management as evidenced by Internal Audit and External Audit reports*
- Attainment of the ISO27001 Standard in the recent past and the Statement of Annual Assurance to the Board*

APPENDIX 2 - CORPORATE RISK REGISTER

- Investment has been made to support NIS, GDPR and Cyber resilience and some tools which will improve visibility of the Network

Risk Scores

	Likelihood	Consequence	Rating	Level
Initial Score	4 – Likely – Strong possibility this could occur	5 – Extreme	20	High
Current Score	3 – Possible – May occur occasionally – reasonable chance	5 – Extreme	15	High
Rationale for Current Score	Failure in this area could have a direct impact on patient care, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme can occur daily, the proportion of these in relation to overall activity is very small and reporting to competent authorities is minimal.			
Target Score	2 – Unlikely	5 – Extreme	10	Moderate
Rationale for Target Score	<ul style="list-style-type: none"> Difficulty in securing investment in people, tools and maintaining systems that are resilient and always within support cycles Fully implementing resistance to attack through ‘resilience by design’, well practised response plans and recovery procedures Reduce the ‘human factor’ through ongoing ‘user base education’ and improving organisational digital readiness Enhanced controls and continuing improvements to systems and processes for improved usage, monitoring, reporting and learning are continually being put in place <p>Aim for Moderate Risk as target rather than Low Risk is due to the fact that likelihood whilst unlikely may still happen and consequence will be extreme due to level of fines that may be imposed, reputational damage and patient harm.</p>			

APPENDIX 2 - CORPORATE RISK REGISTER

Environmental Sustainability – Risk No. 1414

Owner and Responsible Person –Director of Public Health

Standing Committee –Finance, Performance and Resources Committee

Coverage within Internal Audit Plan

Review	2019/20	2020/21	2021/22	2022/23	2023/24
NHS Resilience; Business Continuity and Emergency Planning		✓		✓	
Environmental Costs			✓		
Staff & Patient Environment	✓	✓			

Risk Description

There is a risk that Environmental and Sustainability legislation is breached which impacts negatively on the safety and health of patients, staff and the public, and the organisation's reputation.

Current Performance

High risks still exist until remedial works have been undertaken, but action plans and processes are in place to mitigate these risks.

APPENDIX 2 - CORPORATE RISK REGISTER

Risk Scores

	Likelihood	Consequence	Rating	Level
Initial Score	4 – Likely – Strong possibility this could occur	5 – Extreme	20	High
Current Score	4 – Likely – Strong possibility this could occur	5 – Extreme	20	High
Rationale for Current Score	Estates currently have significant high risks on the Estates and Facilities register; until these have been eradicated this risk will remain. Action plans have been prepared and assuming capital is available these will be reduced in the near future.			
Target Score	1 – Remote – Can't believe this event would happen	5 – Extreme	5	Low
Rationale for Target Score	All Estates and Facilities risk can be eradicated with the appropriate resources, but there will always be a potential for failure, i.e. component failure or human error hence the target figure of 5.			

APPENDIX 2 - CORPORATE RISK REGISTER

Financial Sustainability – Risk No. 1413

Owner and Responsible Person –Director of Finance

Standing Committee –Finance, Performance and Resources Committee

Coverage within Internal Audit Plan

Review	2019/20	2020/21	2021/22	2022/23	2023/24
Fraud & Probity Arrangements					✓
Losses & Compensations				✓	
Savings Programme	✓	✓		✓	
Financial Planning		✓	✓		✓
Financial Management			✓		✓

Risk Description

There is a risk that the funding required to deliver the current and anticipated future service models will exceed the funding available. Thereafter there is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework would result in the Board being unable to deliver on its required financial targets.

Current Performance

The financial challenge prevalent since 2016/17 has continued into 2019/20, albeit with a reducing recurring gap each year. The Annual Operational Plan shows a c. £17m gap for 2019/20 prior to any remedial action, with 10m of this relating to Acute Services and the (majority) of the balance relating to health budgets delegated to the H&SCP. A detailed savings plan for the H&SCP has been agreed by the IJB and if achieved would result in the delegated health budgets being broadly breakeven. A detailed savings plan is being developed by the Acute Services Division with the support of external advisors. It is

APPENDIX 2 - CORPORATE RISK REGISTER

anticipated that non delivery of savings may be mitigated, in part, through in year non-recurring financial flexibility, however at this stage in the year it is difficult to provide a definitive position in this respect. For the purposes of reporting to SGHSCD, therefore, we continue to report a potential overspend at year end including the risk share impact of the shortfall in the opening IJB budget, noting the risk that this is likely to be higher due to the increased forecast cost pressures within social care packages. Within the Scottish Government monthly reporting template we have highlighted that the impact of the social care overspend would require additional external funding and the overspend on the Health Board retained budgets might be managed through local management action (specifically non recurring financial flexibility).

Risk Scores

	Likelihood	Consequence	Rating	Level
Initial Score	4 – Likely – Strong possibility this could occur	4 – Major	16	High
Current Score	4 – Likely – Strong possibility this could occur	4 – Major	16	High
Rationale for Current Score	Current financial climate across NHS/Public Sector.			
Target Score	3 – Possible – May occur occasionally – reasonable chance	4 – Major	12	Moderate
Rationale for Target Score	Financial risks will always be prevalent within the NHS/Public Sector however it would be reasonable to aim for a position where these risks can be mitigated to an extent.			

APPENDIX 2 - CORPORATE RISK REGISTER

Quality and Safety – Risk No. 1416

Owner and Responsible Person – Medical Director

Standing Committee – Clinical Governance Committee

Coverage within Internal Audit Plan

Review	2019/20	2020/21	2021/22	2022/23	2023/24
Policies and Procedures	✓			✓	
Risk Management Strategy, Standards and Operations	✓	✓	✓	✓	✓
Staff and Patient Environment	✓	✓			
NHS Resilience; Business Continuity and Emergency Planning		✓		✓	
Organisational Performance Reporting				✓	
Organisational Performance Management	✓		✓		
Clinical Governance Strategy and Assurance			✓		✓
Patient Safety Programme		✓		✓	✓
Clinical Effectiveness			✓		✓
Adverse Event Management	✓	✓			
Infection Control	✓			✓	

APPENDIX 2 - CORPORATE RISK REGISTER

Risk Description

There is a risk that due to failure of clinical governance, performance and management systems (including information and information systems) NHS Fife may be unable to provide safe, effective, person-centred care.

Current Performance

Overall, NHS Fife eHealth has in place sound systems of clinical governance and risk management as evidenced by Internal Audit and External Audit reports and the statement of annual assurance to the Board.

Risk Scores

	Likelihood	Consequence	Rating	Level
Initial Score	4 – Likely – Strong possibility this could occur	5 – Extreme	20	High
Current Score	3 – Possible – May occur occasionally – reasonable chance	5 – Major	15	High
Rationale for Current Score	Failure in this area could have a direct impact on patients' health, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme can occur daily, the proportion of these in relation to overall activity is very small and reporting to competent authorities is minimal.			
Target Score	2 – Unlikely	5 – Major	10	Moderate
Rationale for Target Score	The organisation can identify the actions required to strengthen the systems and processes to reduce the risk level.			

APPENDIX 2 - CORPORATE RISK REGISTER

Workforce Sustainability– Risk No. 1415

Owner and Responsible Person –Director of Workforce/Partnership

Standing Committee – Staff Governance Committee

Coverage within Internal Audit Plan

Review	2019/20	2020/21	2021/22	2022/23	2023/24
Staff Governance including Remuneration Sub-Committee	✓				
Workforce Planning including Capable and Effective Workforce	✓	✓		✓	

Risk Description

There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies deployed in the right place at the right time will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy.

Current Performance

Overall, NHS Fife Board has robust workforce planning and learning and development governance and risk systems and processes in place. Continuation of the current controls and full implementation of mitigating actions, especially the Workforce Strategy supporting the Clinical Strategy and the implementation of eESS should provide an appropriate level of control.

APPENDIX 2 - CORPORATE RISK REGISTER

Risk Scores

	Likelihood	Consequence	Rating	Level
Initial Score	5 – Almost Certain – Expected to occur frequently – more likely than not	4 – Major	20	High
Current Score	4 – Likely – Strong possibility this could occur	4 – Major	16	High
Rationale for Current Score	Failure in this area has a direct impact on patients' health. NHS Fife has an ageing workforce with recruitment challenges in key specialities. Failure to ensure the right composition of workforce with the right skills and competencies gives rise to a number of organisational risks including reputational and financial risk, a potential adverse impact on the safety and quality of care provision, and staff engagement and morale. Failure would also adversely impact on the implementation of the Clinical Strategy. The current score reflects the existing controls and mitigating actions in place.			
Target Score	2 – Unlikely	2 – Minor	4	Low
Rationale for Target Score	Continuing improvement in current controls and full implementation of mitigating actions will reduce both the likelihood and consequence of the risk from moderate to low.			

APPENDIX 3 - INTERNAL AUDIT UNIVERSE AND SCORING (5 year plan)

Key:

CI – Corporate Importance

This aspect considers the consequence to the organisation of any inability to achieve management defined corporate objectives or financial exposure or materiality of any losses incurred should the system fail. The consequential impact, either directly or indirectly, on other systems and processes is also relevant to the assessment. Overall it is a measure of the extent to which the organisation depends upon the correct running of the system to achieve its strategic objectives.

The scores below are for guidance only and any score from 1-50 may be used.

<i>Effect on service objectives</i>		<i>Operational exposure</i>		<i>Financial exposure</i>
C1-10. Negligible Negligible impact on achievement of corporate objectives. They would still be achieved with minimum extra cost or inconvenience.	OR	Minor inconvenience. Patient Service quality reduced <1 day. Interruption in non-core service.		<£10k
11-20 Minor				
Corporate objectives only partially achievable without compensating action being taken or reallocation of resources.	OR	Short term disruption, minor impact on patient care	OR	£10k-£50k
21-30 Moderate				
Unable to achieve corporate objectives without substantial additional costs or time delays or adverse effect on achievement of national targets/ performance indicators.	OR	Permanent loss of data	OR	£50k-£250k
31-40 Major				
Unable to achieve corporate objectives resulting in significant visible impact on service provision such as closure of wards/ specialties.	OR	Unable to restore system	OR	£250k-£1m

APPENDIX 3 - INTERNAL AUDIT UNIVERSE AND SCORING (5 year plan)

41-50 Extreme				
Unable to achieve corporate objectives, resulting in inability to fulfil corporate obligations.	OR	Organisation unable to function/Critical error/Permanent loss of core service	OR	>£1m

APPENDIX 3 - INTERNAL AUDIT UNIVERSE AND SCORING (5 year plan)

CS – Corporate Sensitivity

This aspect takes into account the sensitivity/confidentiality of the information processed, or service delivered by the system, or decisions influenced by the output. It also assesses any legal and regulatory compliance requirements. The measure also should reflect any management concerns and sensitivities, including Corporate, Staff, Clinical, Financial or Information Governance.

The scores below are for guidance only and any score from 1-50 may be used.

Public image		Adverse Publicity		Public Accountability		Legal Compliance
1-10 Negligible Negligible consequences.		Rumours			OR	No Regularity Requirements
11-20 Minor						
Some public embarrassment but no damage to reputation or standing in the community.	OR	Information would be of interest to Local Press	OR	Management review required	OR	Minimal regulatory requirements and limited sensitivity to non-compliance
21-30 Moderate						
Some public embarrassment leading to limited damage.	OR	Information would be of interest to Local MP/MSP or Scottish Government.	OR	Internal and/or external formal investigation required	OR	Modest legal and regulatory requirements
31-40 Major						
Loss of credibility and Health Board confidence in the service concerned.	OR	Incident of interest to National Press.	OR	Incident potentially leading to the dismissal or resignation of responsible functional manager	OR	Extensive legal and regulatory requirements with sanctions for non compliance

APPENDIX 3 - INTERNAL AUDIT UNIVERSE AND SCORING (5 year plan)

41-50 Extreme						
Highly damaging to the organisation with immediate impact on public confidence.	OR	Incident of interest to the Parliamentary Audit Committee or Health Committee.	OR	Incident potentially leading to the resignation or dismissal of Accountable Officer or other Board Member.	OR	Possible court enforcement order for non-compliance including closure or legal action against officers

APPENDIX 3 - INTERNAL AUDIT UNIVERSE AND SCORING (5 year plan)

IR – Inherent Risk

Natural level of risk inherent in a process or activity without doing anything to reduce the likelihood or severity.

CR – Control Risk

An assessment of the extent to which management controls mitigate the inherent risk based on our knowledge of the systems under review and the organisation's own assessment. More effective controls reduce the control risk.

Auditable Area	Risk Number/Reason	CI	CS	IR	CR	Rating H/M/L	2019/20 Days	2020/21 Days	2012/22 Days	2022/23 Days	2023/24 Days
Audit Process							79	59	59	59	59
Audit Risk Assessment & Planning	Audit Administration	-	-	-	-	-	10	10	10	10	10
Audit Management & Liaison with Directors	Audit Administration	-	-	-	-	-	18	18	18	18	18
Liaison with External Auditors and other review bodies	Audit Administration	-	-	-	-	-	5	4	4	4	4
Audit Committee	Audit Administration	-	-	-	-	-	16	16	16	16	16
Clearance of Prior Year	Audit Administration	-	-	-	-	-	30	10	10	10	10
Contingency Allocation							40	40	25	20	20
Contingency - COVID 19 reconfiguration and recovery	Time set aside for COVID 19	-	-	-	-	-	40	40	25	20	20
Governance and Accountability							113	132	107	119	107
Annual Internal Audit Report	Mandatory	-	-	-	-	-	10	10	10	10	10
Governance Statement	Mandatory	-	-	-	-	-	10	15	15	15	15

APPENDIX 3 - INTERNAL AUDIT UNIVERSE AND SCORING (5 year plan)

Auditable Area	Risk Number/Reason	CI	CS	IR	CR	Rating H/M/L	2019/20 Days	2020/21 Days	2021/22 Days	2022/23 Days	2023/24 Days
Interim Review	Added Value	-	-	-	-	-	28	32	32	32	32
Audit Follow-up	Mandatory	-	-	-	-	-	20	40	40	40	40
Code of Corporate Governance (SOs, SFIs and SoD)	Audit Universe	30	30	8	6	M	17	15	-	-	-
Board, Operational Committees and Accountable Officer	Mandatory Attendance at Strategic and operational groups (except Audit and Risk Committee)	-	-	-	-	-	10	10	10	10	10
Assurance Framework	Audit Universe	30	30	8	7	M	18	10	-	-	-
Policies and Procedures	Quality and Safety– Risk No.1416	25	20	8	8	M	10	-	-	12	-
Risk Management							35	50	25	33	15
Risk Management Strategy, Standards and Operations	Quality and Safety– Risk No.1416 Mandatory – Public Sector Internal Audit Standards	-	-	-	-	-	17	15	15	15	15
Staff and Patient Environment	Quality and Safety– Risk No.1416 Environmental Sustainability – Risk No.1414	30	30	8	6	M	18	15	-	-	-

APPENDIX 3 - INTERNAL AUDIT UNIVERSE AND SCORING (5 year plan)

Auditable Area	Risk Number/Reason	CI	CS	IR	CR	Rating H/M/L	2019/20 Days	2020/21 Days	2021/22 Days	2022/23 Days	2023/24 Days
NHS Business and Planning Resilience; Continuity and Emergency	Quality and Safety– Risk No.1416 Environmental Sustainability – Risk No.1414	25	25	10	6	M	-	20	-	18	-
Environmental Costs	Environmental Sustainability – Risk No.1414	25	25	8	6	L	-	-	10	-	-
Health Planning							73	55	40	73	25
Strategic planning	Strategic Planning – Risk No.1417	35	35	8	7	H	15	15	-	15	-
Improvement, innovation and operational planning	Strategic Planning – Risk No.1417	35	35	8	7	H	15	15	-	15	-
Organisational Performance Reporting	Quality and Safety– Risk No.1416	27	27	7	5	L	-	-	-	18	-
Organisational Performance Management	Quality and Safety– Risk No.1416	27	27	9	8	M	18	-	15	-	-
Health and Social Care Integration	Integration Joint Board – Risk No.1418 Time contribution to joint IJB plan with Fife Council.	-	-	-	-	-	25	25	25	25	25

APPENDIX 3 - INTERNAL AUDIT UNIVERSE AND SCORING (5 year plan)

Auditable Area	Risk Number/Reason	CI	CS	IR	CR	Rating H/M/L	2019/20 Days	2020/21 Days	2021/22 Days	2022/23 Days	2023/24 Days
Clinical Governance							42	39	68	33	103
Clinical Governance and Assurance	Quality and Safety– Risk No.1416	30	35	8	7	M	-	-	18	-	18
Patient safety programme	Quality and Safety– Risk No.1416	30	35	9	7	H	-	15	-	15	15
Clinical Effectiveness	Quality and Safety– Risk No.1416	30	30	9	7	M	-	-	15	-	15
Adverse Event Management	Quality and Safety– Risk No.1416	30	35	8	6	M	15	12	-	-	-
Infection Control	Quality and Safety– Risk No.1416 Environmental Sustainability – Risk No.1414	40	40	8	5	M	12	-	-	18	-
Medical Equipment and Devices	Audit Universe	25	25	9	9	H	-	12	20	-	20
Food, Fluid and Nutritional Standards	Audit Universe	30	35	7	6	L	-	-	-	-	15
Medicines Management	Audit Universe	35	35	8	7	H	15	-	15	-	20

APPENDIX 3 - INTERNAL AUDIT UNIVERSE AND SCORING (5 year plan)

Auditable Area	Risk Number/Reason	CI	CS	IR	CR	Rating H/M/L	2019/20 Days	2020/21 Days	2021/22 Days	2022/23 Days	2023/24 Days
Staff Governance							57	15	-	18	-
Staff Governance (inc Remuneration sub-Committee)	Workforce Sustainability – Risk No.1415	20	30	6	6	L	20	-	-	-	-
Workforce planning including capable and effective workforce	Workforce Sustainability – Risk No.1415	30	30	9	8	H	37	15	-	18	-
Financial Governance							61	52	75	82	88
Fraud & Probity Arrangements	Financial Sustainability– Risk No.1413	30	30	6	4	L	-	-	-	-	12
Losses and Compensations	Financial Sustainability– Risk No.1413	15	15	6	5	L	-	-	-	15	-
Savings programme	Financial Sustainability– Risk No.1413	35	35	10	8	H	20	12	-	15	-
Financial Planning	Financial Sustainability– Risk No.1413	35	35	10	8	H	-	12	15	-	15

APPENDIX 3 - INTERNAL AUDIT UNIVERSE AND SCORING (5 year plan)

Auditable Area	Risk Number/Reason	CI	CS	IR	CR	Rating H/M/L	2019/20 Days	2020/21 Days	2012/22 Days	2022/23 Days	2023/24 Days
Financial Management	Financial Sustainability– Risk No.1413	35	35	8	5	L	-	-	15	-	-
Property Management Strategy	Audit Universe	25	20	9	7	L	-	-	12	-	-
Capital and Property Management	Audit Universe	25	25	6	8	L	15	-	-	-	-
Property Transaction Monitoring and Property disposals	Mandatory	-	-	-	-	-	14	15	14	15	15
Asset control	Audit Universe	20	20	7	5	L	-	-	-	12	-
Financial Process Compliance	External Audit Reliance	-	-	-	-	-	12	10	10	10	10
Ordering, Requisitioning & Receipt	Audit Universe	25	25	8	8	M	-	-	12	-	12
Service contract expenditure	Audit Universe	25	25	8	7	L	-	-	-	-	12
Non SGHSCD Income	Audit Universe	15	15	7	6	L	-	-	12	-	-
Service Contract income	Audit Universe	15	15	6	5	L	-	-	-	-	12
Endowment Funds/Patients funds	Assurance for Endowment funds /Patient External Auditors	-	-	-	-	-	-	15	15	15	15

APPENDIX 3 - INTERNAL AUDIT UNIVERSE AND SCORING (5 year plan)

Auditable Area	Risk Number/Reason	CI	CS	IR	CR	Rating H/M/L	2019/20 Days	2020/21 Days	2021/22 Days	2022/23 Days	2023/24 Days
Information Governance							43	20	40	32	37
Information Assurance/Information Security Framework	eHealth - Delivering Digital and Information Governance & Security– Risk No.xxxx	30	30	10	8	H	25	20	-	20	-
eHealth Strategic Planning and Governance	eHealth - Delivering Digital and Information Governance & Security– Risk No.xxxx	25	25	8	8	M	10	-	15	-	-
eHealth Project Management, Development, Procurement, Implementation and Training	eHealth - Delivering Digital and Information Governance & Security– Risk No.xxxx	30	30	7	8	M	-	-	15	-	15

APPENDIX 3 - INTERNAL AUDIT UNIVERSE AND SCORING (5 year plan)

Auditable Area	Risk Number/Reason	CI	CS	IR	CR	Rating H/M/L	2019/20 Days	2020/21 Days	2012/22 Days	2022/23 Days	2023/24 Days
eHealth Service Management	eHealth - Delivering Digital and Information Governance & Security– Risk No.xxxx	15	15	7	5	L	-	-	-	12	-
Data quality	eHealth - Delivering Digital and Information Governance & Security– Risk No.xxxx	25	25	7	8	L	-	-	-	-	12
NHS Scotland Waiting Times Methodology	Mandatory - Bi annual independent assurance over the monthly audit process	-	-	-	-	-	8	-	10	-	10

Introduction

Public Sector Internal Audit Standards require each organisation to agree an Audit Charter which is regularly updated following approval by the Board, in this case through the Audit and Risk Committee. This Charter is complementary to the relevant provisions included in the organisation's own Standing Orders (SOs) and Standing Financial Instructions (SFIs) and the Shared Service Agreement and Service Specification with FTF Audit (SSA).

The terms 'Board' and 'senior management' are required to be defined under the Standards and therefore have the following meaning in this Charter:

- Board means the Board of NHS Fife with responsibility to direct and oversee the activities and management of the organisation. The Board has delegated authority to the Audit and Risk Committee in terms of providing a reporting interface with internal audit activity; and
- Senior Management means the Chief Executive as being the designated Accountable Officer for NHS Fife. The Chief Executive has made arrangements within this Charter for an operational interface with internal audit activity through the Director of Finance.
- FTF Audit and Management Services (FTF) are the Internal Auditors for NHS Fife.

Purpose and responsibility

"Internal audit is an independent, objective assurance and consulting function designed to add value and improve the operations of NHS Fife. Internal audit helps the organisation accomplish its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of governance, risk management and control processes. Its mission is to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight." (See Appendix 1 for FTF Mission Statement).

Internal Audit is responsible for providing an independent and objective assurance opinion to the Accountable Officer, the Board and the Audit and Risk Committee on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. In addition, internal audit's findings and recommendations are beneficial to management in securing improvement in the audited areas.

The Shared Services Agreement and associated Service Specification with FTF set out their specific responsibilities as internal auditors to NHS Fife.

Independence and Objectivity

Independence as described in the Public Sector Internal Audit Standards is the freedom from conditions that threaten the ability of the internal audit activity to carry out internal audit responsibilities in an unbiased manner. To achieve the degree of independence necessary to effectively carry out the responsibilities of the internal audit activity, the Chief Internal Auditor will have direct and unrestricted access to the Board and Senior Management, in particular the Chair of the Audit and Risk Committee and Accountable Officer.

APPENDIX 4 - INTERNAL AUDIT CHARTER

Organisational independence is effectively achieved when the auditor reports functionally to the Audit and Risk Committee on behalf of the Board. Such functional reporting includes the Audit and Risk Committee:

- approving the internal audit charter;
- approving the risk based internal audit plan;
- receiving outcomes of all internal audit work together with the assurance rating; and
- reporting on internal audit activity's performance relative to its plan.

Whilst maintaining effective liaison and communication with the organisation, as provided in this Charter, all internal audit activities shall remain free of untoward influence by any element in the organisation, including matters of audit selection, scope, procedures, frequency, timing, or report content to permit maintenance of an independent and objective attitude necessary in rendering reports.

Internal Auditors shall have no executive or direct operational responsibility or authority over any of the activities they review. Accordingly, they shall not develop nor install systems or procedures, prepare records, or engage in any other activity which would normally be subject to Internal Audit.

This Charter makes appropriate arrangements to secure the objectivity and independence of internal audit as required under the standards. In addition, the shared service model of provision across FTF Audit and Management Services provides further organisational independence.

The Shared Services Agreement sets out the operational independence of FTF as internal auditors to NHS Fife. In particular it states *'FTF may be called upon to provide advice on controls and related matters, subject to the need to maintain objectivity and to consider resource constraints. Normally FTF will have no executive role nor will it have any responsibility for the development, implementation or operation of systems. Any internal audit input to systems development work will be undertaken as specific assignments. In order to preserve independence and objectivity, any such involvement in systems development activities will be restricted to the provision of advice and ensuring key areas in respect of control and risk are addressed.'*

FTF have controls in place to ensure compliance with the relevant aspects of the Public Sector Internal Audit Standards and the wider requirement to conform to NHSScotland standards of conduct regulations.

Appointment of CIA and Internal Audit Staff, Professionalism, Skills & Experience

Under s5.1 of the Shared Service Agreement (SSA), NHS Fife, as the host body, is responsible for appointing a CIA who (Spec s12.6) is a member of CCAB Institute or CMIIA with experience equivalent to at least five years post-qualification experience and at least three years of audit.

APPENDIX 4 - INTERNAL AUDIT CHARTER

The Specification also sets out the required qualified skill-mix and the proportion of the Audit Plan to be delivered by the Chief Internal Auditor, Regional Audit Manager and other qualified staff as well as specifying the responsibility of FTF to ensure staff are suitably trained with appropriate skills with a formal requirement for preparation and maintenance of Personal Development Plans for all audit staff.

Authority and Accountability

Internal Audit derives its authority from the NHS Board, the Accountable Officer and Audit and Risk Committee. These authorities are established in Standing Orders and Standing Financial Instructions adopted by the Board.

The Chief Internal Auditor leads FTF Audit and Management Services and assigns a named contact to NHS Fife. For line management (e.g. individual performance) and professional quality purposes (e.g. compliance with the Public sector Internal Audit Standards), the Regional Audit Managers report to the Chief Internal Auditor.

The Chief Internal Auditor reports on a functional basis to the Accountable Officer and to the Audit and Risk Committee on behalf of the Board. Accordingly the Chief Internal Auditor has a direct right of access to the Accountable Officer, the Chair of the Audit and Risk Committee and the Chair of the Health Board if deemed necessary.

The Audit and Risk Committee approves all Internal Audit plans and may review any aspect of its work. The Audit and Risk Committee also has regular private meetings with the Chief Internal Auditor and its remit requires it to *'To ensure that there is direct contact between the Audit and Risk Committee and Internal Audit and to meet with the Chief Internal Auditor at least once per year and as required, without the presence of Executive Directors'*.

In order to facilitate its assessment of governance within the organisation, Internal Audit is granted access to attend any committee or sub-committee of the Board charged with aspects of governance.

Relationships

The Chief Internal Auditor will maintain functional liaison with the Director of Finance who has been nominated by the Accountable Officer as executive lead for internal audit. The Director of Finance is supported in this role by the Deputy Director of Finance and Board Secretary.

In order to maximise its contribution to the Board's overall system of assurance, Internal Audit will work closely with NHS Fife Executive Directors Group in planning its work programme. Co-operative relationships with management enhance the ability of internal audit to achieve its objectives effectively. Audit work will be planned in conjunction with management, particularly in respect of the timing of audit work.

Internal Audit will meet regularly with the external auditor to consult on audit plans, discuss matters of mutual interest, discuss common understanding of audit techniques, method and terminology, and to seek opportunities for co-operation in the conduct of audit work. In particular, internal audit will make

APPENDIX 4 - INTERNAL AUDIT CHARTER

available their working files to the external auditor for them to place reliance upon the work of Internal Audit where appropriate.

Internal Audit strives to add value to the organisation's processes and help improve its systems and services. To support this Internal Audit will obtain an understanding of the organisation and its activities, encourage two way communications between internal audit and operational staff, discuss the audit approach and seek feedback on work undertaken.

The Audit and Risk Committee may determine that another Committee of the organisation is a more appropriate forum to receive and action individual audit reports. However, the Audit and Risk Committee will remain the final reporting line for all reports.

Standards, Ethics, and Performance

Internal Audit must comply with the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics, the Standards and the Definition of Internal Auditing. The CIA will discuss the Mission of Internal Audit and the mandatory elements of the International Professional Practices Framework with senior management and the Board.

Internal Audit will operate in accordance with the Shared Services Agreement (updated 2019) and associated performance standards agreed with the Audit and Risk Committee. The Shared Services Agreement includes a number of Key Performance Indicators and we will agree with each Audit and Risk Committee which of these they want reported to them and how often.

Scope

The scope of Internal Audit encompasses the examination and evaluation of the adequacy and effectiveness of the organisation's governance, risk management arrangements, system of internal control, and the quality of performance in carrying out assigned responsibilities to achieve the organisation's stated goals and objectives. It includes but is not limited to:

- Reviewing the reliability and integrity of financial and operating information and the means used to identify measure, classify, and report such information;
- Reviewing the systems established to ensure compliance with those policies, plans, procedures, laws, and regulations which could have a significant impact on operations, and reports on whether the organisation is in compliance;
- Reviewing the means of safeguarding assets and, as appropriate, verifying the existence of such assets;
- Reviewing and appraising the economy and efficiency with which resources are employed, this may include benchmarking and sharing of best practice;

APPENDIX 4 - INTERNAL AUDIT CHARTER

- Reviewing operations or programmes to ascertain whether results are consistent with the organisation's objectives and goals and whether the operations or programmes are being carried out as planned;
- Reviewing specific operations at the request of the Audit and Risk Committee or management, this may include areas of concern identified in the corporate risk register;
- Monitoring and evaluating the effectiveness of the organisation's risk management arrangements and the overall system of assurance (see below);
- Ensuring effective co-ordination, as appropriate, with external auditors; and
- Reviewing Annual Governance Statement prepared by senior management.

Internal Audit will devote particular attention to any aspects of the risk management, internal control and governance arrangements affected by material changes to the organisation's risk environment.

If the Chief Internal Auditor or the Audit and Risk Committee consider that the level of audit resources or the Charter in any way limit the scope of internal audit, or prejudice the ability of internal audit to deliver a services consistent with the definition of internal auditing, they will advise the Accountable Officer and Board accordingly.

Risk Management

Internal Audit will liaise with both the Audit and Risk Committee and senior management to discuss the alignment of audit priorities to strategic and emerging risks. This will include the strategic risks not being audited in-year to enable a discussion about coverage and the level of audit resource.

Each year a holistic annual review of risk management will be undertaken by FTF through the Internal Control Evaluation and Annual Report, and review of specific elements of risk management will be included within the annual internal audit plan. This review will encompass validation of strategic risk management group assurances, risk management self-assessments and KPI reporting.

We will also review the risk management systems, associated controls, assurance processes and functions, and test the operation of controls beyond the risk register within NHS Fife. This will be achieved through specific audits and by incorporation within standard audit processes as part of every relevant audit undertaken. Significant findings will be communicated to allow immediate action to be taken by NHS Fife.

Appropriate communication is in place with the risk management function which includes provision of all audit reports and regular meetings with risk management managers.

APPENDIX 4 - INTERNAL AUDIT CHARTER

Reporting arrangements including Key Performance Indicators

Arrangements for reporting and following up individual assignments are contained within the reporting and follow-up protocols approved by the Audit and Risk Committee. The Specification states that *'The principal report to be produced by Internal Audit will be the Annual Audit Report for each audit year. This needs be prepared in time for submission to the Audit and Risk Committee not later than the target date specified in Appendix I in order to provide the assurance required in considering the Board's Annual Accounts.'*

The Annual Internal Audit Report should contain:

- *An opinion on whether:*
 - ✧ *Based on the work undertaken, there were adequate and effective internal controls in place throughout the year;*
 - ✧ *The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role;*
 - ✧ *The Internal Audit plan has been delivered in line with PSIAS*
- *analysis of any changes in control requirements during the year*
- *comment on the key elements of the control environment*
- *summary of performance against this service specification*
- *progress in delivering the Quality Assurance Improvement Programme*

The Specification sets out the key performance indicators to be used by Internal Audit and requires that they be reported in full within the Annual Internal Audit Report.

Assurances provided to parties outside the organisation;

Internal Audit will not provide assurance on activities undertaken by NHS Fife to outside parties without specific instruction from NHS Fife or as per the approved output sharing protocol.

Approach

To ensure delivery of its scope and objectives in accordance with the Charter, Internal Audit has produced suite of working practice documents. This suite

APPENDIX 4 - INTERNAL AUDIT CHARTER

includes arrangements for annual and strategic planning, individual audit assignment planning, fieldwork and reporting.

Access and Confidentiality

Internal Audit shall have the authority to access all the organisation's information, documents, records, assets, personnel and premises that it considers necessary to fulfil its role. This shall extend to the resources of the third parties that provide services on behalf of the organisation. NHS Fife's Standing Financial Instructions state that *'The Chief Internal Auditor is entitled without necessarily giving prior notice to require and receive:*

- (a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature (in which case he shall have a duty to safeguard that confidentiality), within the confines of the data protection act.*
- (b) Access at all reasonable times to any land, premises or employees of the Board;*
- (c) The production or identification by any employee of any cash, stores or other property of the Board under an employee's control; and*
- (d) Explanations concerning any matter under investigation.*

All information obtained during the course of a review will be regarded as strictly confidential to the organisation and shall not be divulged to any third party without the prior permission of the Accountable Officer. S6.6 of the SSA sets out those circumstances in which reports and working papers will be shared with the statutory External Auditors and the application of the Freedom of Information (Scotland) Act 2002.

Where there is a request to share information amongst the NHS bodies, for example to promote good practice and learning, then permission will be sought from the Accountable Officer/Lead Officer before any information is shared.

Irregularities, Fraud & Corruption

It is the responsibility of management to maintain systems that ensure the organisation's resources are utilised in the manner and on activities intended. This includes the responsibility for the prevention and detection of fraud and other illegal acts.

Internal Audit shall not be relied upon to detect fraud or other irregularities. However, Internal Audit will give due regard to the possibility of fraud and other irregularities in work undertaken. Additionally, Internal Audit shall seek to identify weaknesses in control that could permit fraud or irregularity.

If Internal Audit discovers suspicion or evidence of fraud or irregularity, this will immediately be reported to the organisation's Fraud Liaison Officer in accordance with the organisation's Counter Fraud Policy & Fraud Response Plan and with S10 of the SSA.

Quality Assurance

S7 of the Specification requires that *'the Chief Internal Auditor shall be responsible for the preparation and maintenance of quality processes which maintain*

APPENDIX 4 - INTERNAL AUDIT CHARTER

and record the operational procedures and quality standards of the Service, and which are compliant with PSIAS.'

The Chief Internal Auditor has established a quality assurance programme designed to give assurance through internal and external review that the work of Internal Audit is compliant with the Public Sector Internal Audit Standards and to achieve its objectives. A commentary on compliance against PSIAS and against agreed KPIs will be provided in the Annual Internal Audit Report.

Resolving Concerns

S5.2 of the Specification states that *'The Chief Internal Auditor shall be available to meet with the Client Director of Finance or nominated representative whenever required and at least bi-annually to discuss the services. Any issues should be raised with the Chief Internal Auditor in the first instance.*

If the matter is not resolved to the satisfaction of the Client, then it shall be presented to the next available meeting of the Management Board for resolution by majority vote.'

Review of the Internal Audit Charter

This Internal Audit Charter shall be reviewed annually and approved by the Audit and Risk Committee.

Date: September 2019

Date of next review September 2020.

Meeting:	Fife NHS Board
Meeting date:	29 July 2020
Title:	Update on Risk Management Framework
Responsible Executive:	Helen Buchanan, Director of Nursing
Report Author:	Pauline Cumming. Risk Manager

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The review of the Risk Management Framework including the Risk Register/ Risk Assessment Policy GP/R7 is complete.

2.2 Background

The Framework and the Policy were due for review and update.

2.3 Assessment

The updated documents require to reflect the impact of Health and Social Care Integration, and specifically, the delegation of functions to the Integration Joint Board (IJB), and the implications for risk management, governance and assurance, in particular, the treatment of residual risk. A review of the Fife IJB integration scheme and governance arrangements was scheduled for early 2020. COVID-19 made this impossible. This review has recommenced and relevant outputs will be included in the updated Framework.

Draft updates of the Framework and related policy have been issued to key stakeholders for consultation, with requests for feedback by 20 July 2020. The final draft update will be submitted to the Audit and Risk Committee on 17 September 2020 and thereafter to the Board for approval on 30 September 2020.

2.3.1 Quality/ Patient Care

No impacts on quality of care (and services) have been identified.

2.3.2 Workforce

No impacts on staff including resources, staff health and wellbeing have been identified.

2.3.3 Financial

No financial impact has been identified.

2.3.4 Risk Assessment/Management

The extant Framework remains in place.

2.3.5 Equality and Diversity, including health inequalities

This paper does not relate to any decisions that would significantly affect groups of people and EQIA is therefore not required.

2.3.6 Other impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

Discussions have taken place with the Director of Nursing, the NHS Fife Head of Quality & Clinical Governance, and the Health and Social Care Partnership.

2.3.8 Route to the Meeting

This is an iteration of a paper submitted to Executive Directors Group on 21 May 2020 and the Audit and Risk Committee on 13 July 2020.

2.4 Recommendation

- **Awareness** – For Members' information only.

3 List of appendices

Not applicable

Report Contact

Pauline Cumming

Risk Manager

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Meeting:	Fife NHS Board
Meeting date:	29 July 2020
Title:	Update on NHS Fife Board Assurance Framework
Responsible Executive:	Helen Buchanan, Director of Nursing
Report Author:	Pauline Cumming, Risk Manager

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Board Assurance Framework (BAF) identifies risks to the achievement of Fife NHS Board's objectives, particularly, but not exclusively related to delivery of the NHS Fife Strategic Framework, the NHS Fife Clinical Strategy and the Fife Health & Social Care Integration Strategic Plan. The BAF integrates information on related operational risks, controls, assurances, mitigating actions and an assessment of current performance. The content of this report relates to the BAF as it was at March 2020. The Board is asked to review and approve the BAF.

2.2 Background

The BAF was last reported to the Board on 27 November 2019. This paper fulfils the requirement to report bi - annually to the Board on the status of the BAF and on any relevant developments.

2.3 Assessment

The BAF now has 7 components. These are:

- Financial Sustainability
- Environmental Sustainability
- Workforce Sustainability
- Quality & Safety
- Strategic Planning
- Integration Joint Board (IJB)
- e- Health – Delivering Digital and Information Governance & Security

The risk levels and ratings are summarised in Table 1.

Table 1 - Risk Level and Rating over time

Risk ID	Risk Title	Initial Risk Level & Rating LxC	Likelihood (L)	Consequence (C)	Current Level & Rating Aug/ Sept 2019	Current Level & Rating Oct/Nov 2019	Current Level & Rating Dec2019-Jan 2020	Current Level & Rating Feb2020-Mar2020
1413	Financial Sustainability	High 16	Likely 4	Major 4	16 (4x 4) High	16 (4x 4) High	16 (4x 4) High	16 (4x 4) High
1414	Environmental Sustainability	High 20	Likely 4	Extreme 5	20 (4x 5) High	20 (4x 5) High	20 (4x 5) High	20 (4x 5) High
1415	Workforce Sustainability	High 20	Almost certain 5	Major 4	16 (4x 4) High	16 (4x 4) High	16 (4x 4) High	16 (4x 4) High
1416	Quality& Safety	High 20	Likely 4	Extreme 5	15 (3x 5) High	15 (3x 5) High	15 (3x 5) High	15 (3x 5) High
1417	Strategic Planning	High 16	Likely 4	Major 4	16 (4 x 4) High	16 (4 x 4) High	16 (4 x 4) High	16 (4 x 4) High
1418	Integration Joint Board	High 16	Likely 4	Major 4	16 (4 x 4) High	16 (4 x 4) High	12 (3x4) Mod	12 (3x4) Mod
1683	eHealth - Delivering Digital and Information Governance & Security	High 20	Possible 3	Major 5	N/A	N/A	15 (3x5) High	15 (3x5) High

Since the last report to the Board, the BAF risks have been considered at the appropriate governance committees, in January and March 2020. These were not considered as scheduled in May 2020 due to COVID - 19 and the temporary suspension of committees. A summary of key points from the information submitted to the committees in March is provided below. The BAFs are provided separately as appendices. Updates have been considered during the July 2020 governance committee cycle and will be provided in the next report to the Board.

Key points are summarised below.

Financial Sustainability BAF

The Director of Finance reported on the BAF to the Finance, Performance & Resources (FPR) Committee on 10 March 2020. At that point, the BAF current risk level remained at High as in the previous year. This recognises the ongoing financial challenges facing Acute Services in particular, as well as the pressures within the Health & Social Care Partnership, specifically in relation to social care budgets and the impact of any move to adopt the risk share arrangement. The key changes to this risk were shifts in risk ownership from Michael Kellet and Carol Potter to Nicky Connor and Margo McGurk respectively.

Environmental Sustainability BAF

The Director of Estates, Facilities and Capital Services reported on the BAF to the FPR Committee on 10 March 2020. With regard to linked operational risks, work is progressing to replace the flexible hoses at St Andrews Community Hospital and the Victoria Hospital, Kirkcaldy (VHK). Actions have been taken to mitigate the fire risks in the tower block at VHK, including adjustments to the fire alarm system and specifically the alarm tones, to assist clinical teams in confirming the need to evacuate. Feedback from ward staff is positive. Additionally, Estates purchased extra pagers and provided to all clinical coordinators.

Workforce Sustainability BAF

The Director of Workforce reported to the Staff Governance (SG) Committee on 6 March 2020 that there were no significant changes to the BAF. She indicated her intention to provide a more comprehensive report in terms of workforce risks to the next committee, including clarification of connected risks being discussed at other governance committees and where ownership sat.

Quality & Safety BAF

The Medical Director reported on the above risk to the Clinical Governance Committee (CGC) on 4 March 2020. While there was no change to the overarching BAF risk, several changes were reported in relation to linked operational risks. Of note, the risk relating to oxygen driven suction had closed as the required units had been fitted to the resuscitation trolleys across the Acute Services Division. The risk level of the risk relating to the SAB Heat Target had reduced from high to moderate.

The committee requested more detail to be provided at its next meeting on risks relating to Lack of Medical Capacity in Community Paediatric Service and the Temperature within the fluid storage room within critical care.

Strategic Planning BAF

The Medical Director reported on the above risk to the CGC on 4 March 2020 and FPR on 10 March 2020. The Interim PMO Director will oversee the transformation programme and provide continuity of programme management support across Acute and Health & Social Care. The challenges associated with delivery are unchanged, including the delivery of our strategic objectives and workplans, delivery measures and timescales. Of note, as the Clinical Strategy is approaches its 5th and final year, it will undergo a full review and refresh.

eHealth - Delivering Digital and Information Governance & Security.

The Medical Director reported on the above risk to the CGC on 4 March 2020. The risk remains high, and largely unchanged. The BAF is being reviewed as part of the risk assurance mapping process outlined below.

Integration Joint Board (IJB)

The last report to the Board referred to a review of the Governance arrangements for the IJB, including a review of the Integration Scheme. At this point, a review of the integration scheme has now recommenced. This review will require to clarify the delegation of functions to the IJB and specifically, the implications for risk management, governance and assurance.

Developments

Further to previous reports and as noted at the Audit & Risk Committee on 13 March 2020, the work on risk assurance mapping continues. The need for assurance is not exclusive to the BAF but it provides an ideal vehicle for this activity; locally, the initial exercise will address the e Health BAF.

This work will inform both the future development of the BAF and efforts to strengthen the Board's overall approach to assurance. There will be a particular focus on enhancing the BAF content in terms of specificity, objectivity and reliability, and providing evidence that committees have been rigorous in their scrutiny; this includes adopting the following lines of inquiry:

- Does the risk score feel right?
- Do the current controls match the stated risk?
- Will the mitigating actions bring the risk down to its target level?
- If the mitigating actions are fully implemented, would the outcome be achieved?
- Does the assurance provided describe how the controls are performing?
- Do the assurances come from more than one source including independent sources?
- How reliable are the assurances?
- What do they tell me?
- Is anything missing?

It is anticipated that overt application of this approach will increase the level of assurance and confidence that can be taken from the BAF and related reports.

2.3.1 Quality/ Patient Care

Risks to quality and safety are detailed in Appendix 4.

2.3.2 Workforce

Risks to workforce sustainability are detailed in Appendix 3.

2.3.3 Financial

Risks to financial sustainability risks are detailed in Appendix 1.

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

Appendices 2, 5, 6 and 7 describe impacts relating to Environmental Sustainability, Strategic Planning, Integration Joint Board and e Health.

2.3.7 Communication, involvement, engagement and consultation

This report and the appendices reflect the iterative process involving Executive Directors, their teams, Non Executives and other stakeholders.

Content within this paper has been informed by the following groups:

- Each Board Governance Committee, March 2020
- Audit & Risk Committee, 13 March 2020

2.3.8 Route to the Meeting

Content within this paper has been previously considered by the following group

- NHS Fife Audit & Risk Committee, 13 July 2020

2.4 Recommendation

The paper is presented for decision. The Board is asked to approve the BAF.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Fife BAF Financial Sustainability - FPRC 100320
- Appendix 2, NHS Fife BAF Environmental Sustainability - FPRC 100320
- Appendix 3, NHS Fife BAF Workforce Sustainability - SGC 060320
- Appendix 4, NHS Fife BAF Quality & Safety - CGC 040320
- Appendix 5, NHS Fife BAF Strategic Planning - CGC 040320 & FPR 100320
- Appendix 6, NHS Fife BAF Integration Joint Board
- Appendix 7, NHS Fife BAF e Health - CGC 040320

Report Contact

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14/13	Sustainable	02.03.2020	30.04.2020	There is a risk that the funding required to deliver the current and anticipated future service models will exceed the funding available. Thereafter there is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework would result in the Board being unable to deliver on its required financial targets.	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	Current financial climate across NHS/public sector	Director of Finance	Chair: Rona Laing	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>1. Ensure budgets are devolved to an appropriate level aligned to management responsibilities and accountabilities. This includes the allocation of any financial plan shortfall to all budget areas. This seeks to ensure all budget holders are sighted on their responsibility to contribute to the overall requirement to deliver breakeven.</p> <p>2. Refreshed approach established for a system-wide Transformation programme to support redesign; reduce unwarranted variation and waste; and to implement detailed efficiency initiatives. Lessons will be learned from the successes of the medicines efficiency programme in terms of the system-wide approach and use of evidence based, data-driven analysis</p> <p>3. Engage with external advisors as required (e.g. property advisors) to support specific aspects of work. In addition, appoint external support to accelerate a programme of cost improvement across Acute Services.</p>	Nil	<p>1. Continue a relentless pursuit of all opportunities identified through the transformation programme in the context of sustainability & value.</p> <p>2. Continue to maintain an active overview of national funding streams to ensure all NHS Fife receives a share of all possible allocations.</p> <p>3. Continue to scrutinise and review any potential financial flexibility.</p> <p>4. Engage with H&SC / Council colleagues on the risk share methodology and in particular ensure that EDG, FP&R and the Board are appropriately advised on the options available to manage any overspend within the IJB <i>prior</i> to the application of the risk share arrangement</p>	Director of Finance / Chief Operating Officer / Director of Health & Social Care	<p>Ongoing</p> <p>1. Produce monthly reports capturing and monitoring progress against financial targets and efficiency savings for scrutiny by all responsible managers and those charged with governance and delivery.</p> <p>2. Undertake regular monitoring of expenditure levels through managers, Executive Directors' Group (EDG), Finance, Performance & Resources (F,P&R) Committee and Board. As this will be done in parallel with the wider Integrated Performance Reporting approach, this will take cognisance of activity and operational performance against the financial performance.</p>	<p>1. Internal audit reviews on controls and process; including Departmental reviews .</p> <p>2. External audit review of year end accounts and governance framework.</p>	<p>1. Enhanced reporting on various metrics in relation to supplementary staffing.</p> <p>2. Confirmation via the Director of Health & Social Care on the robustness of the social care forecasts and the likely outturn at year end</p>	The financial challenge prevalent since 2016/17 has continued into 2019/20, albeit with a reducing recurring gap each year. The Annual Operational Plan shows a c.£17m gap for 2019/20 prior to any remedial action, with £10m of this relating to Acute Services and the (majority) of the balance relating to health budgets delegated to the Health & Social Care Partnership. A detailed savings plan for the HSCP has been agreed by the IJB and if achieved would result in the delegated health budgets being broadly breakeven. A detailed savings plan is being developed by the Acute Services Division with the support of external advisors. It is anticipated that non delivery of savings may be mitigated, in part, through in year non recurring financial flexibility, however at this stage in the year it is difficult to provide a definitive position in this respect. For the purposes of reporting to SGHSCD, therefore, we continue to report a potential overspend at year end including the risk share impact of the shortfall in the opening IJB budget, noting the risk that this is likely to be higher due to the increased forecast cost pressures within social care packages. Within the Scottish Government monthly reporting template we have highlighted that the impact of the social care overspend would require additional external funding and the overspend on the Health Board retained budgets might be managed through local management action (spefically non recurring financial flexibility).	3 - Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate	Financial risks will always be prevalent within the NHS / public sector however it would be reasonable to aim for a position where these risks can be mitigated to an extent.
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Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score				Current Score				Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score				Rationale for Target Score
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)													Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	

1414	Sustainable, Clinically Excellent	10.02.2020	18.05.2020	There is a risk that Environmental & Sustainability legislation is breached which impacts negatively on the safety and health of patients, staff and the public and the organisation's reputation.	4 - Likely - Strong possibility this could occur	5 - Extreme	20	High	4 - Likely - Strong possibility this could occur	5 - Extreme	20	High	Estates currently have significant high risks on the E&F risk register; until these have been eradicated this risk will remain. Action plans have been prepared and assuming capital is available these will be reduced in the near future.	Director of Estates, Facilities & Capital Services (E,F &CS) Finance, Performance & Resources (F,P&R) Chair: Rona Laing	Ongoing actions designed to mitigate the risk including: 1. Operational Planned Preventative Maintenance (PPM) systems in place 2. Systems in place to comply with NHS Estates 3. Action plans have been prepared for the risks on the estates & facilities risk register. These are reviewed and updated at the monthly risk management meetings. The highest risks are prioritised and allocated the appropriate capital funding. 4. The SCART (Statutory Compliance Audit & Risk Tool) and EAMS (Estates Asset Management System) systems record and track estates & facilities compliance. 5. Sustainability Group manages environmental issues and Carbon Reduction Commitment(CRC) process is audited annually. 6. Externally appointed Authorising Engineers carry out audits for all of the major services i.e. water safety, electrical systems, pressure systems, decontamination and so on.	Nil	1. Capital funding is allocated depending on the E&F risks rating	Director of Estates, Facilities & Capital Services Ongoing as limited funding available	1. Capital Investment delivered in line with budgets 2. Sustainability Group minutes. 3. Estates & Facilities risk registers. 4. SCART & EAMS 5. Adverse Event reports	1. Internal audits 2. External audits by Authorising Engineers 3. Peer reviews	None	High risks still exist until remedial works have been undertaken, but action plans and processes are in place to mitigate these risks.	1 - Remote - Can't believe this event would happen	5 - Extreme	5	Low	All estates & facilities risk can be eradicated with the appropriate resources but there will always be a potential for failure i.e. component failure or human error hence the target figure of 5.
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NHS Fife Board Assurance Framework (BAF)

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Workforce Sustainability

1415	Exemplar Employer	17.01.2020	30.04.2020	There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies deployed in the right place at the right time will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	20	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	Failure in this area has a direct impact on patients' health. NHS Fife has an ageing workforce with recruitment challenges in key specialities. Failure to ensure the right composition of workforce with the right skills and competencies gives rise to a number of organisational risks including: reputational and financial risk; a potential adverse impact on the safety and quality of care provision; and staff engagement and morale. Failure would also adversely impact on the implementation of the Clinical strategy. The current score reflects the existing controls and mitigating actions in place.	Director of Workforce/ Partnership Staff Governance Chair: Margaret Wells	Ongoing actions designed to mitigate the risk including: 1. • Implementation of the Workforce Strategy 2019 - 2022, to support the Clinical Strategy and Strategic Framework. 2. • Implementation of the Health & Social Care Workforce Strategy to support the Health & Social Care Strategic Plan for 2019 - 2022. 3. • Implementation of the NHS Fife Strategic Framework particularly the "exemplar employer" 4. • The Brexit Assurance Group which was established to consider the impact on the workforce with regard to these arrangements once they are known has been disbanded, however, organisational support is still being provided and publicised. 5. An Assurance Group has also been established which will link to existing resilience planning arrangements - now disbanded but as above. 6. • Implementation of eESS as a workforce management system within NHS Fife 7. • A stepped approach to nurse recruitment is in place which enables student nurses about to qualify to apply for certain posts at point of registration. This model could also be applied to AHP, eHealth, Pharmacist, Scientific and Trades recruitment and other disciplines considered. 8 • Strengthening of the control and monitoring associated with supplementary staffing with identification and implementation of solutions to reduce the requirement and/or costs associated with supplemental staffing. 9. • NHS Fife participation in regional and national groups to address national and local recruitment challenges and specific key group shortage areas, applying agreed solutions e.g. SERRIS, SITREP Radiology Group, International Recruitment campaigns. 10. Review of risks related to Mental Health recruitment with Risk owners 11. • NHS Fife Promoting Attendance Group and local divisional groups established to drive a range of initiatives and improvements aligned to staff health and wellbeing activity, 12. • Well@Work initiatives continue to support the health and wellbeing of the workforce, facilitate earlier interventions to assist staff experience and retain staff in the workplace, along with Health Promotion and the OH and Wellbeing Service. 13. • The continued roll out and implementation of iMatter across the organisation, to support staff engagement and organisational values. 14. • Staff Governance and Partnership working underpins all aspects of workforce activity within NHS Fife and is key to development of the workforce. 15. • Training and Development 16. • Development of the Learning and Development Framework strand of the Workforce Strategy 17. • Leadership and management development provision is constantly under review and updated as appropriate to ensure continuing relevance to support leaders at all levels	Nil Nil Nil Nil	Implementation of the Workforce Strategy and associated action planning to support the Clinical Strategy and Strategic Framework Implementation of proactive support for the workforce affected by Brexit. Full implementation of eESS manager and staff self service across the organisation to ensure enhanced real time data intelligence for workforce planning and maximise benefit realisation from a fully integrated information system. Strengthen workforce planning infrastructure ensuring co-ordinated and cohesive approach taken to advance key workforce strategies Continue to support the implementation of the Health & Wellbeing Strategy and Action Plan, aimed at reducing sickness absence, promoting attendance and staff health and wellbeing. Optimise use of iMatter process and data to improve staff engagement and retention Continue to implement and promote Staff Governance Action plans and staff engagement Implementation of the Learning and Development Framework strand of the Workforce Strategy.	Director of Workforce/Partnership	TBCbi monthly review TBCbi monthly review TBCbi monthly review TBCbi monthly review TBCbi monthly review TBCbi monthly review	1. Regular performance monitoring and reports to EDG, APF, Staff Governance Committee 2. Delivery of Staff Governance Action Plan is reported to EDG, APF and Staff Governance Committee	1. Use of national data 2. Internal Audit reports 3. Audit Scotland reports	Full implementation of eESS will provide an integrated workforce system which will capture and facilitate reporting including all learning and development activity	Overall NHS Fife Board has robust workforce planning and learning and development governance and risk systems and processes in place. Continuation of the current controls and full implementation of mitigating actions, especially the Workforce strategy supporting the Clinical Strategy and the implementation of eESS should provide an appropriate level of control.	2 - Unlikely - Not expected to happen - potential exists 2 - Minor 4 Low	Continuing improvement in current controls and full implementation of mitigating actions will reduce both the likelihood and consequence of the risk from moderate to low.
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NHS Fife Board Assurance Framework (BAF)

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

1416	Person Centred, Clinically Excellent	16.01.2020	04.03.2020	There is a risk that due to failure of clinical governance, performance and management systems (including information & information systems), NHS Fife may be unable to provide safe, effective, person centred care.	4 - Likely - Strong possibility this could occur	5 - Extreme	20	High	3 - Possible	5 - High	15	High	Failure in this area could have a direct impact on patients' health, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme harm can occur daily, the proportion of these in relation to overall patient activity is very small.	Medical Director	Clinical Governance Chair: Dr Les Bisset	<i>Ongoing actions designed to mitigate the risk including:</i> 1. Strategic Framework 2. Clinical Strategy 3. Clinical Governance Structures and operational governance arrangements 4. Clinical & Care Governance Strategy 5. Participation & Engagement Strategy 6. Risk Management Framework This is supported by the following: 7. Risk Registers 8. Integrated Performance and Quality Report (IPQR), Performance reports dashboard data 9. Performance Reviews 10. Adverse Events Policy 11. Scottish Patient Safety Programme 12. Implementation of SIGN and other evidence based guidance 13. Staff Learning & Development 14.System of governance arrangements for all clinical policies and procedures 15. Participation in relevant national and local audit 16.Complaints handling process 17.Using data to enhance quality control 18.HIS Quality of Care Approach & Framework,Sept 2018 19. Implementing Organisational Duty of Candour legislation 20.Adverse event management process 21.Sharing of learning summaries from adverse event reviews 22.Implementing Excellence in Care 23. Using Patient Opinion feedback 24.. Acting on recommendations from internal & external agencies 25. Revalidation programmes for professional staff 26. Electronic dissemination of safety alerts	Reviewing together of patient experience, complaints, adverse events and risk information to provide an overview of good practice, themes, trends,and exceptions to the norm	1. Continually review the Integrated Performance and Quality (IPQR) to ensure they provide an accurate, current picture of clinical quality / performance in priority areas . 2. Refresh the extant Clinical Governance structures and arrangements to ensure these are current and fit for purpose. 3..Review the coverage of mortality & morbidity meetings in line with national developments and HIS workshop on 09/12/19. 4.Review and refresh the current content and delivery models for key areas of training and development e.g. corporate induction, in house core, quality improvement, leadership development, clinical skills, interspecialty programmes. 5.Review annually, all technology & IT systems that support clinical governance e.g. Datix, Formic Fusion Pro, Clinical Effectiveness Register. 6. Establish a short life working group to begin assess our position against the Quality of Care Framework and understand our state of readiness. 7.Further develop the culture of person centred approach to care. 8. Only Executive commissioning of reviews as appropriate e.g.	Medical Director Bi monthly - next 31/03/2020	1. Assurance statements from clinical & clinical & care governance groups and committees. 2. Assurances obtained from all groups and committees that: i. they have a workplan ii.all elements of the work plan are addressed in year 3. Annual Assurance Statement 4. Annual NHS Fife CGC Self assessment 5. Reporting bi annually on adequacy of systems & processes to Audit & Risk Committee 6. Accreditation systems eg. Unicef - Accredited Baby Friendly Gold. UKAS Inspection for Labs. 7.External agency reports e.g. GMC 8..Quality of Care review	1. Internal Audit reviews and reports 2. External Audit reviews 3. HIS visits and reviews 4. Healthcare Environment Inspectorate (HEI) visits and reports 5. Health Protection Scotland (HPS) support 6. Health & Safety Executive 7. Scottish Patient Safety Programme (SPSP) visits and reviews 8. Scottish Govt DoC Annual Report 9.Scottish Public Service Ombudsman (SPSO) 10. Patient Opinion 11. Specific National reporting	1.Key performance indicators relating to corporate objectives e.g. person centred, clinically excellent, exemplar employer & sustainable.	Overall, NHS Fife has in place sound systems of clinical governance and risk management as evidenced by Internal Audit and External Audit reports and the Statement of Annual Assurance to the Board.	2 - Unlikely	5 - Extreme	10	Moderate	The organisation can identify the actions required to strengthen the systems and processes to reduce the risk level.
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1417	Person Centred, Clinically Excellent, Exemplary	Endavour Sustainable	04.01.2020	01.04.2020	There is a risk that NHS Fife will not deliver the recommendations made by the Clinical Strategy within a timeframe that supports the service transformation and redesign required to ensure service sustainability, quality and safety at lower cost.	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	Integrated Transformation Board now in place after the review of transformation in 2019. Reporting and processes currently being embedded.	New programme management approach in place supported by a stage and gate methodology.	Chief Executive	Clinical Governance	Ongoing actions designed to mitigate the risk including: 1. Establishment of Integrated Transformation Board (ITB) in 2019 to oversee transformation programmes across NHS Fife, Fife IJB and Fife Council to drive the delivery of the H&SC Strategic Plan and the Clinical Strategy. 2. Establishment of programme management framework with a stage and gate approach. 3. 3 of the 4 key strategic priorities are being taken forward by the H&SCP/IJB. The remaining priority is being taken forward by Acute services and progress shared through regular highlight reports. Programme Boards provide oversight and	JSTG not performing role adequately and replaced by the newly formed Integrated Transformation Board. but transformation programmes being progressed.	Leadership to strategic planning coming from the Executive Directors Group. Clinical Strategy workstream update has been produced to reflect progress against recommendations. Establishment of ITB should provide assurance to the committees and Board that the transformation programme has strategic oversight and delivery. Senior Leadership for Transformation through the ITB is provided by CEOs of NHS Fife and Fife Council.	Chief Executive	31.03.2020	1. Minutes of meetings record attendance, agenda and outcomes. 2. New governance in place with newly formed Integrated Transformation Group meeting every 6 weeks. 3. Performance and Accountability Reviews now underway which will provide assurance to committees on performance of all	1. Internal Audit Report on Strategic Planning (no. B10/17) 2. SEAT Annual Report 2016 3. Governance committee oversight of performance assurance framework	That the ITB is overseeing and managing the impact of the various programmes on areas such as capital and revenue, workforce and facilities. Business cases have been developed in support of the transformation	Current challenges associated with delivery of our strategic objectives include the focus on the 4 strategic priorities (Acute Transformation, Joining Up Care, Mental Health Redesign and Medicines Efficiencies), the interdependencies of workplans (NHS Fife/H&SCP/ Region) in terms of the whole system oversight of operational plans, delivery measures and	Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate	Once governance and monitoring is in place and transformation programmes are being realised, the risk level should reduce.
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Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score				Current Score				Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score				Rationale for Target Score
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)													Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	

1418	Sustainable	21.08.2019	31.10.2019	There is a risk that the Fife Integration Scheme does not clearly define operational responsibilities of the Health Board, Council and Integration Joint Board (IJB) resulting in a lack of clarity on ownership for risk management, governance and assurance.	4 - Likely - Strong possibility this could occur	4 - Major	16	High	3 - Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate	Issues raised by auditors, acknowledged at year end 2016/17 that need to be addressed.	Director of Health & Social Care	NHS Fife Board	Chair: Tricia Manwick	Ongoing actions designed to mitigate the risk including: 1. IJB has reviewed its Integration Scheme to ensure there is clarity around how decisions are made through its governance mechanisms, providing appropriate and efficient assurance to the parent bodies. NHS Fife asked for time to consider the proposals made. The governance working group is continuing to meet to further refine the wording of the Integration Scheme 2.. The revised NHS Fife Code of Corporate Governance was approved by the NHS Fife Board in March 2018. 3. A Code of Corporate Governance for the IJB has been developed and was submitted to the IJB Audit and Risk Committee in March 2018 and then to the IJB on 21 June 2018 for approval. The IJB Code of Corporate Governance forms part of a consolidated governance framework, and will be supported by an annual action plan and Assurance Map, which are currently under development. This will ensure all risks, responsibilities and other appropriate matters are understood by all parties and considered effectively for ongoing assurance and the annual Governance Statement. 4. A Governance Manual, bringing all relevant governance information in to one reference document for all members and officers is currently	Nil	Nothing more to be done than the ongoing actions set out.	Director of Health & Social Care	1. Through regular updates to SLT and EDG about the progress of the reviews. 2. Updates to Audit & Risk Committees, the Integration Joint Board (IJB) and NHS Fife.	1. • The views of auditors will be the key independent assurance mechanism around this risk. We will involve them in the work to clarify governance arrangements as it progresses. 2. • Scottish Government will also provide useful advice and an independent perspective on the work to be carried out.	None	The problem should be largely resolved with the action taken.	1 - Remote - Can't believe this event would happen	4 - Major	4	Low	Once resolved and given effect to in IJB integration scheme and NHS Fife corporate governance arrangements, the issue should largely be resolved. But given maturity of relationships and dynamics around regional approaches a remaining risk will remain.
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Meeting:	NHS Fife Board
Meeting date:	29 July 2020
Title:	Joint Health Protection Plan (JHPP)
Responsible Executive:	Ms Dona Milne, Director of Public Health
Report Author:	Dr Chris McGuigan, Consultant in Public Health

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

NHS Fife Board is asked to accept the JHPP for 2020-22 which has been agreed between Fife Council Environmental Health and NHS Fife Public Health departments. The Plan has been initially considered by the Clinical Governance Committee at its July 2020 meeting.

2.2 Background

Public Health etc. Scotland Act (2009) required NHS boards to co-produce a JHPP with Local Authority and other Health Protection partners on a biennial basis.

2.3 Assessment

The JHPP for 2020-22 builds upon the series of plans issued each two years since 2009 when this became a requirement.

2.3.1 Quality/ Patient Care

Facilitates co-ordination of effort to optimise NHS Fife patient and Fife resident experience and health protection.

2.3.2 Workforce

Resource demands are included in routine business of relevant departments

2.3.3 Financial

Costs are included in routine business of relevant departments although acknowledge significant additional health protection staffing costs due to COVID-19.

2.3.4 Risk Assessment/Management

This is a legal requirement. The plan optimises co-ordination of stakeholder Health Protection action and minimises the risk of uncoordinated effort.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because JHPP is a statutory requirement.

2.3.6 Other impact

Increased co-ordination of health protection effort across Fife.

2.3.7 Communication, involvement, engagement and consultation

Drafted during, between and after meetings of the multiple-stakeholder Fife Environmental Health Liaison Group 2019-2020. Stakeholders include NHS Fife Health Protection Team, Fife Council, Scottish Environmental Protection Agency (SEPA) and Scottish Water.

2.3.8 Route to the Meeting

This 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:

Environmental Health Liaison Group meetings – 16 January 2020, 11 November 2019 and 4 July 2019

Clinical Governance Committee – 8 July 2020

2.4 Recommendation

That the Board approves the JHPP for submission to Scottish Government.

3 List of appendices

The following appendices are included with this report: Appendix No 1 JHPP 2020-22

Report Contact

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NHS FIFE and FIFE COUNCIL JOINT HEALTH PROTECTION PLAN

2020 - 2022

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INTRODUCTION

The Public Health etc. (Scotland) Act 2008 requires NHS Boards, in consultation with Local Authorities, to produce a Joint Health Protection Plan (JHPP) which provides an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness for the NHS Board area. Guidance on the content of joint health protection plans has been published by the Scottish Government.¹

This is the sixth Fife Joint Health Protection Plan, with the first plan being in 2010, and this plan covers the period 1st April 2020 to the 31st March 2022.

Please note that the action plan for 2020 – 2022 was drafted before the full pandemic potential of COVID-19 was recognised. Indeed, it is no exaggeration to say that most of the public health effort so far in 2020 has gone into pandemic response. Thus this document may not fully reflect the extant situation. Some priorities and actions may gradually look different due to this. In particular, health protection will become an increased national public health priority. Similarly recognition of the true significance of both the ongoing climate emergency as well as the recent series of emergent zoonotic infections (including several corona viruses) might indicate prioritisation of work to address ecological degradation.

As outlined in the Scottish Government's 'COVID-19 – A Framework for Decision Making' (April 2020), most of us in Scotland's society will have to change our usual ways of working. This applies to those delivering the health protection response as much as anyone.

Public Health has effectively been given increased priority during the COVID-19 pandemic. By June 2020, Scottish Government has clearly made the role of public health effort core to society's response to the COVID-19 pandemic. For example, setting up the Test and Protect initiative has involved an expansion of the public health workforce and changes have been put in place to increase the capacity of the public health department to manage this.

This is a public document and is available to members of the public on the NHS Fife website www.nhsfife.org and on request. We hope that you will find this plan to be of interest, and of value, and that its production will contribute to protecting the health of the people who visit, work and live in Fife.

¹ www.scotland.gov.uk/Resource/Doc/924/0079967.doc

Signed

.....
Ms Dona Milne
Director of Public Health
NHS Fife

.....
Mr Nigel Kerr
Head of Protective Services
Fife Council

1. OVERVIEW

1.1 Fife Joint Health Protection Plan

This plan has been created following the requirements set out in the Public Health etc. (Scotland) Act 2008. NHS Fife, Fife Council and Fife Health & Social Care Partnership have prepared this plan in collaboration and consultation. This plan is herewith referred to as the Joint Health Protection Plan.

The plan relates to the period 1st April 2020 to the 31st March 2022.

The plan requires to be formally approved by NHS Fife and Fife Council.

The format of the plan meets the details of Annex D of the Scottish Government Guidance “Joint Health Protection Plans”.

The purposes of the plan are:-

- i. To provide an overview of health protection priorities, provision and preparedness for NHS Fife and Fife Council.
- ii. To outline the joint arrangements which Fife Council and NHS Fife, have in place for the protection of public health.
- iii. To improve the level of “preparedness” to respond effectively to a health protection incident and emergency.
- iv. To clarify the priorities for the period of the plan 2020 – 2022.
- v. To identify and subsequently secure the resources which are required to meet the plan.
- vi. To detail the liaison arrangements between NHS Fife, Fife Council, Fife Health and Social Care Partnership and other Agencies.
- vii. To develop “learning” across the agencies.
- viii. To provide a mechanism for reviewing and recording outcomes and achievements.

The plan will be reviewed annually by representatives from Environmental Health and Health Protection and any necessary changes made and reported to the JHPP signatories. The plan will only be formally changed and updated every 2 years in accordance with legislative requirements.

1.2 REVIEW OF JOINT HEALTH PROTECTION PLAN 2018-20

In preparing the JHPP 2020-22, we have reviewed the JHPP 2018-20. This identified that:

- Good progress had been made in delivering the national and local priorities in the plan;
- The working arrangements promoted through this plan, have been effective in facilitating a concerted response to communicable disease outbreaks and general incident management (e.g. food related incidents, drinking water incidents) while being flexible enough to evolve with changing demands and circumstances;
- Areas which are still relevant but incomplete have been taken forward into the 2020-22 JHPP, where they have been deemed appropriate; and new priority areas have been introduced. Principal amongst these is, given Fife Council's declaration of a Climate Emergency, the increased prominence of ecological degradation (which includes climate change) as a set of issues to be addressed.

1.3 HEALTH PROTECTION PLANNING INFRASTRUCTURE

The prevention, investigation and control of communicable diseases and environmental hazards are central to the JHPP. This requires specialist knowledge and skills. These include risk assessment, risk management and risk communication, along with individual professional skills and qualifications within our cohort of staff. These specialist skills and knowledge are applicable to a wide range of incidents or scenarios and are often facilitated by the existence of agreed plans and procedures for specific disease or situations. Health Protection expertise is also key to many elements of Risk Preparedness and Resilience capability. There are many such national and local plans.

Effective working arrangements are in place to support partnership working and use of specialist skills and knowledge between the Health Protection Team of NHS Fife and the Environmental Health Teams within Fife Council.

Lists of the plans which are common to both agencies are in Appendix 2.

1.4 OVERVIEW OF NHS BOARD AND LOCAL AUTHORITY POPULATION²

As at June 2019 an estimated 373,550 persons lived in Fife. This was 1,640 more people than lived in Fife in 2018, equal to an annual growth rate of 0.4%, slightly lower than the national growth rate of 0.5%. The number of

² All data in this section is sourced from <https://www.nrscotland.gov.uk/statistics-and-data/statistics>, Population, Life expectancy and vital events, and https://scotland.shinyapps.io/ScotPHO_profiles_tool/ as at 26th May 2020.

people living in Fife has increased annually since 1998, however the most recent 2018-based population projections estimate that the population of Fife will decrease to 371,430 by 2028. This is a decrease of 0.1% from the 2018 population compared to a projected increase of 1.8% for Scotland as a whole in the same time period.

There are just over 64,500 children aged 0 to 15 years living in Fife, 17% of the total population. Persons aged 16-64 account for the majority of the population in Fife (62%) whilst 21% of the population are aged 65 and over. The population of Fife is predicted to change through a decrease of people aged 0 to 64 and the number of people in Fife aged 65 and over is estimated to grow to over 90,000 by 2028 accounting for 24.3% of the total population, 11.6% of whom will be aged 75 and over.

Births

3,479 babies were born in Fife in 2018, a 0.4% increase on the number of births in 2017. Although a very slight increase was seen this year the number of annual births has decreased from the peak seen in 2008 and is now around the number of births seen in 2000. However Fife continues to have higher fertility rates than Scotland as a whole, 52.2 per 1000 women aged 15-44 compared to 50.0 in 2018.

The majority of babies (59%) born in Fife in 2018 were born to mothers aged 25-34, 5% were born to mothers aged 19 and under and 3% to mothers aged 40 and over. 8% of live births in Fife during 2017-19 were born prematurely (defined as live births before 37 weeks gestation; calculated as a 3-year rolling average of all live births). Inequalities are evident with 31% of all premature babies from the most deprived areas in Fife compared to 12% from the least deprived areas.

Life Expectancy

Life expectancy at birth in Fife was 77.2 years for men and 81.0 years for women in 2016-18. This is an increase of 1.4 years for men and 0.9 years for women in the last ten years and an increase of 3.9 years for men and 2.1 years for women in the last twenty years.

However in line with Scotland, increases in life expectancy have recently stalled. Decreases were observed in male and female life expectancy in Fife between 2013-15 and 2014-16 and between 2014-16 and 2015-17. The latest figures show a small increase in male (0.04 years) and female (0.19 years) life expectancy between 2015-17 and 2016-18 in Fife. In Scotland in 2016-2018, life expectancy at birth was 77.0 years for males and 81.1 years for females which remained unchanged from the 2015-2017 figures.

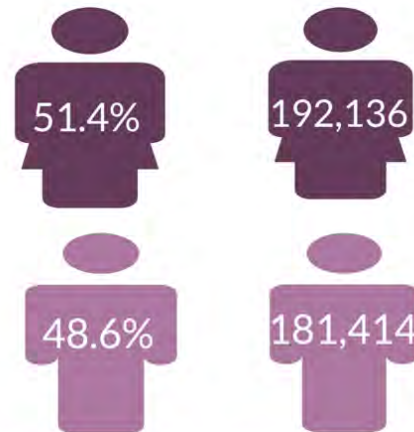
2019 Fife Population Overview

373,550

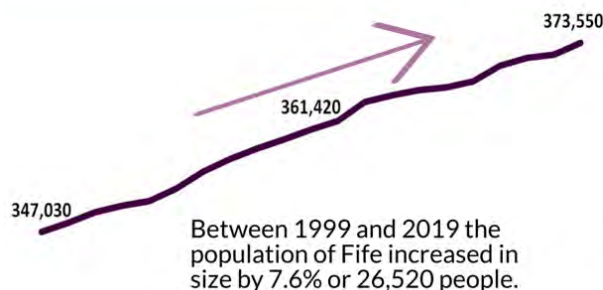
Key Age Groups

	Number of people	% of population
0-15	64,552	17%
16-64	231,974	62%
65-74	42,231	12%
75+	33,793	9%

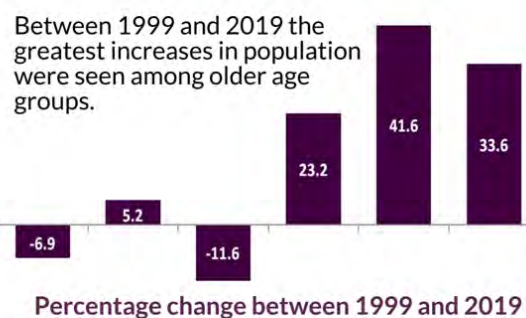
Gender



Trend over time - growing



Trend over time - ageing



1999

2019

Births



Life Expectancy

Male: 77.2 years
Female: 81.0 years
2016-18

Deaths

4,028 persons died in 2018

Deaths

There were 4,028 deaths in Fife recorded in 2018, a 4% decrease on the number in 2017. There were 1,477 premature deaths in Fife in 2018 i.e. deaths in people aged 75 and under. This is a reduction of 4% from 2017. Mortality rates for premature deaths in Fife have reduced by 13% in the last 10 years.

The majority (63%) of all deaths in Fife occur to those aged 75 and over. We know that an increasing proportion of Fife residents are living longer and this is reflected in the fact that there were 721 deaths in the 90 and over age group in 2018 compared to 439 twenty years ago.

1.5 Overview of Communicable Diseases for 2017-19

Notifiable/Disease/Organism	2017	2018	2019
Cryptosporidium	52	54	35
E.coli (non O157 VTEC)	12	<5	<5
E.coli O157	10	8	12
Giardia	<5	0	6
Legionellosis	0	<5	<5
Listeria	0	<5	<5
Lyme Disease*	-	-	31
Measles	0	0	<5
Meningococcal Infection	<5	8	7
Mumps	20	12	43
Rubella	0	0	0
Salmonella	52	61	67
Shigella	7	<5	<5
Tuberculosis	13	16	13
Whooping Cough (Pertussis)	87	59	36

Source: NHS Fife HP Zone * Lyme disease not reported through ECOS in 2017-2018

The above table gives an overview of the *confirmed* communicable diseases notified to NHS Fife in the years 2018 and 2019. In addition to this the Health Protection Team in collaboration with Fife Council and other partner agencies were also notified of many more possible and probable cases of communicable diseases that equally required investigation and implementation of control measures.

1.6 Significant Health Protection Incidents

Mossmorran Flaring

This has continued to be a significant issue affecting the people of Fife. After an extended period of flaring from the Mossmorran plant from 12th June 2017, a second separate incident from a “process upset” resulted in black

smoke being generated for a period of approximately 27 minutes on the evening of 18th June. Flaring ceased on 22nd June 2017.

Since then unplanned flaring has continued to occur intermittently until the plant shut down over autumn 2019.

SEPA received a considerable number of complaints from the community following the period of prolonged flaring. As the regulator of the Mossmorran and Braefoot Bay facilities, SEPA is undertaking a full investigation into the causes of the flaring and what action the operators intend to undertake to prevent recurrence of any similar events. SEPA will keep representatives of the local community updated as appropriate on the investigation process.

Environmental Health, NHS Fife and SEPA took part in several Problem Assessment Group Meetings, as well as meetings of The Mossmorran & Braefoot Bay Independent Air Quality Review Group to consider these flaring incidents.

Fife Council and SEPA also attended the Mossmorran Action Group meetings where the concerns of local communities were noted and discussed with regard to informing future actions on these issues, SEPA's investigation is on-going, further meetings have taken place to discuss public concerns and provide various channels of information.

NHS Fife produced a well-received paper summarising the evidence of health impacts in autumn 2019.

1.7 Risks and Challenges

NHS Fife and Fife Council in conjunction with other partner agencies regularly review and highlight specific high risk facilities, events and scenarios in Fife. Based upon these reviews a local community risk register (CRR) is produced and is used to inform local contingency planning. The local community risk register is available for the public to view on the Scottish Fire and Rescue Service website.

The single highest risk on national, regional and local risk registers is pandemic influenza and our readiness to respond to any future outbreak has been an ongoing concern. The joint NHS Fife & Fife HSCP Pandemic Flu Group held regular meetings through 2017 to 2019 and a multidisciplinary exercise / workshop was held in May 2018 facilitated by Scottish Resilience. This had approximately 40 participants with representation from across the NHS and Fife Health and Social Care Partnership. The Fife Pandemic Flu strategic framework and operational plans were reviewed and updated during 2019 to ensure they reflect draft updated national guidance ('Influenza Pandemic Preparedness: Guidance for Health and Social Care

Services in Scotland July 2019'), as well as learning from the local event held in 2018. Whilst there are important differences, the influenza pandemic framework was used as the basis for drafting a Fife strategic framework for the current COVID-19 pandemic when this emerged in January 2020. .

Brexit

The multiple proposed exit dates have placed significant resource pressures and demand on Environmental Health, due to preparations taken in the event of a No Deal Brexit.

In the event of a No Deal Brexit all foods exported to the EU will require an Export Health Certificate (EHC). This will result in a substantial increase in demand for EHCs and will put significant pressure on already stretched resources. Depending on the type of commodity the Certifying Officer (CO) will either be a Local Authority Environmental Health Officer (EHO) or Food Safety Officer (FSO) or an Official Vet (OV). The commodity and the requirements set by the importing Country and protocols agreed with Department for Environment, Food & Rural Affairs (DEFRA) & the Animal Plant & Health Agency (APHA) will determine the need and frequency for on site checks prior to the issuing of export health certificates.

Fife Council's Environmental Health Teams are participants in the Scotland wide multi-agency work regarding this both for the current expected exit date and the previous dates. This work includes UK Government, Scottish Government, CoSLA and other agencies. The majority of focus has been on fish/shellfish exports due to the impact on the Scottish Economy.

It has also been assessed that there is a potential for an increase in food crime linked to the exit of the UK from the EU. Environmental Health Professionals have a significant contribution to make in tackling food crime and protecting Scotland's public health. Fife Council Environmental Health actively works with other Local Authorities, Food Standards Scotland and other regulatory agencies to increase and share intelligence around organised crime and its links to food crime.

Environmental Health Resourcing

Fife Council has experienced difficulties in recruiting qualified Environmental Health Officers during 2019. Information gathered by the Society of Chief Officers of Environmental Health in Scotland (The Society) during 2019 indicated that there were approximately 40 vacancies within Environmental Health in Scotland, with the age profile of those in post increasing. The Society is working with the Royal Environmental Health Institute of Scotland to look in to the concerns.

Seasonal outbreaks among people resident in care homes

We regularly receive reports of outbreaks in respiratory illness residential settings during the winter season. They are of particular concern because residents are often especially vulnerable to the consequences of infections such as influenza. These outbreaks are closely managed by the Health Protection Team to ensure appropriate control measures are put in place. Similarly, institutions such as residential care homes (as well as schools) are often the focus of outbreaks of gastrointestinal illness. Often these are due to infection with 'tummy bugs' such as norovirus.

Vaccination Transformation Programme

Immunisation is essential in protecting our communities against infectious diseases. In 2017, the Scottish Government and the Scottish General Practitioners Committee (SGPC) agreed vaccinations would move away from a model based on GP delivery to one based on NHS Board delivery through dedicated teams. The Vaccination Transformation Programme (VTP) was established to consider and implement new approaches to vaccination delivery and to empower Health Boards to identify and apply local solutions to vaccine delivery, based on local need. The Vaccination Transformation Programme (VTP) began on 1 April 2018 and it is expected that Health and Social Care Partnerships (HSCPs) and NHS Boards will have all programmes transformed by the end of the 3 year transition period (April 2021).

The progress so far in Fife has been co-ordinated by the Major Changes Immunisation Programme Group (MCIP). This group is the operational oversight group which provides the coordination and delivery of the Scottish Immunisation Programme within NHS Fife and Fife Health and Social Care Partnership. The group present a multi-professional forum to provide operational decision making within NHS Fife and Fife Health and Social Care Partnership on all aspects of the Vaccination Transformation Programme (VTP).

Progress to date in Fife:

- The childhood 0-5years programme has been transferred and is now being delivered by the central immunisation team.
- The schools vaccination programme has been transferred and is now delivered in schools by the central immunisation team.
- The Pertussis and flu in pregnancy vaccinations have now been transferred from GP's, and both are being delivered by maternity services.

The areas being taken forward next for transfer are:

- The 2-5 year old flu programme and the unscheduled and selected vaccination up to aged 18 years.
- Travel health programme
- Unscheduled and selected adult programme
- Adult Flu programme

The transformation of these programmes are expected to be complete by 2021.

2. Health Protection: National and Local Priorities

2.1 National Priorities

The Chief Medical Officer's annual report³ and the Scottish Health Protection Advisory Group have previously identified various national priorities (see Appendix 1). NHS Fife commits to addressing these through this plan.

The Scottish Government set national public health priorities with SOLACE and COSLA that direct public health improvement across the whole of Scotland. Stakeholder meetings took place over 2018-19 and determined these as:

Public Health Priorities

- 1: We live in a vibrant, healthy and safe places and communities
- 2: We flourish in our early years
- 3: We have good mental wellbeing
- 4: We reduce the risk of harm from alcohol, tobacco and drugs
- 5: A Scotland where we have a sustainable inclusive economy with equality of outcomes for all
- 6: We eat well, have a healthy weight and are physically active

Scottish Government also aim to: Support a new, single, national body to strengthen national leadership, visibility and critical mass to public health in Scotland. Such a body will have a powerful role in driving these national priorities and providing the evidence base to underpin immediate and future

³ <http://www.gov.scot/Resource/0051/00514513.pdf>

action. This new body was created this year with the establishment of Public Health Scotland on 1st April 2020.

During 2020, they also aim to see local joint public health partnerships between local public health departments, local authorities, Public Health Scotland and others to drive the national public health priorities and adopt them locally across the whole of Scotland. This will mainstream a joined-up approach to public health at a local level.

NHS Fife and Fife Council have pledged to support these National public health priorities by focusing on initiatives to:-

- Improve health in early years;
- Ensuring the effective implementation of the Sexual Health and Blood Borne Virus Framework; the Scottish TB Framework; and the VTEC Action Plan;
- Enhancing the prevention and management of life threatening or lifelong conditions (as is already occurring with HPV (vaccine for cervical cancer));
- Improving food, water and environmental safety;
- Protecting vulnerable groups, especially older people in health and social care, against exposure to hazards and their adverse effects.

2.2 Local Priorities

Health Protection is a core part of the services delivered by NHS Fife, Fife Council and Fife Health & Social Care Partnership, particularly through Protective Services remits (environmental health, trading standards, animal health & welfare and building standards & public safety). This is facilitated through various forums such as Fife Environment Partnership (FEP). This plan recognises that work is undertaken on a daily basis relating to areas of responsibility and service delivery:

- Preventing the spread of communicable diseases in the community;
- Improving standards of food safety;
- Ensuring safe and potable drinking water supplies;
- Improving health and safety standards in the workplace, including the promotion of mental wellbeing;
- Ensuring adequate plans are in place to respond to incidents and emergencies;
- Improving standards within the built environment;
- Improving air quality and addressing historical contamination of land.

In addition, a number of local health protection priorities requiring joint action have been identified through a variety of mechanisms including regular

review of surveillance data, joint meetings and JHPP workshops/stakeholder events.

The local priorities (which inform the actions now detailed in Appendix 1) will be incorporated within the operational service plans of NHS Fife, Fife Council and/or partner agencies. Where they are shared priorities, they will be delivered through effective joint working and partnership arrangements between the agencies.

To assist with statutory compliance, and as part of the national priority of promoting Good Work for All, the Workplace Team in the Health Promotion Service, Fife Health & Social Care Partnership will also help workplaces take a preventative approach in relation to mental health, specifically to:

- Promote general awareness of creating mentally healthy workplaces
- Provide support to help employers create mentally healthy workplaces
- Raise awareness of specialist support for when people become unwell and promote the employment of people with a history of mental health issues

Relevant Plan:

Local: Delivering Differently - Workforce Wellbeing Action Plan for Fife: Good Work is Good for Business 2019-20 Opportunities Fife Partnership (Employer Engagement Delivery Group (EEDG)).

- Climate Emergency

It is clear that post-industrial activities of man are now altering both climate and weather – usually not in a positive way – to the extent that climate change is now recognised as the greatest global threat to health.

There is a widely held belief that consequences will be worse for less developed, resource poor countries that have contributed little to the rise in atmospheric greenhouse gases, than for the wealthier ones such as the UK that bear more of the responsibility. While it is true that developed countries like ours will have resources to bolster resilience to environmental impacts, this view may be overly complacent. For example, temperature rises have been greater towards the poles where ice is melting faster than predicted and each summer there are huge forest fires in arctic Canada and Russia. In the austral summer 2019-20 Australia has experienced devastating forest fires. These three countries are some of the largest exporters of fossil fuels.

Similarly, there is a view that in Scotland the immediate impacts of Global Heating might not be wholly negative. As global mean temperature increases, we may have fewer cold extremes and more warm days. The net effect in Scotland could be fewer cold-related deaths and a net reduction in

climate-related mortality. However, such an insular view might give false reassurance, especially if it led to a, perhaps somewhat selfish, avoidance of mitigation.

In addition the increased frequency of extreme weather events can reasonably be attributed to climate change. This is what climate/weather models have predicted and these events can be anticipated to increase in both frequency and severity as challenges to health in future. While climate change is now inevitable, specific weather events, their timing and scale, more than days into the future remain largely unpredictable.

There is also wide acceptance that climate change represents a massive global effect which is part of an even greater scale of ecological degradation. The natural support systems for human civilisation may be in peril such that, if left unchecked, carrying capacity for our species is reduced. Transition to a global population that is much lower than the current one is likely to be challenging. Similarly, Scotland is unlikely to be able to insulate itself against the impact of mass human migration, global hostility and unrest in such scenarios. For example, international trade is fragile when challenged by such relatively minor changes as Brexit and commodity price fluctuation. Sourcing food after extensive crop failure, for example, may be difficult.

We have (and will still need) the capacity to respond to challenging events - hence our public health resilience mechanisms. Meanwhile, climate change mitigation might make local challenges resulting from global effects less likely and/or less severe.

For these reasons, the Fife Environmental Health Liaison Group has agreed to focus on a joint climate change plan. This approach formally acknowledges the Fife Council declaration of a Climate Emergency and recognises the scientific consensus that ecological degradation presents the greatest global threat to health. Preventing and reversing this and restoring balanced ecology to our environments thus presents our greatest challenge.

3. HEALTH PROTECTION: RESOURCES AND OPERATIONAL ARRANGEMENTS

Human resource capacity of specialist health protection skills in NHS Fife and Fife Council is limited. Appendix 3 lists the resources, operational arrangements and numbers of designated competent persons in terms of the Act current at the time of publication. NHS Fife's Health Protection Team and Fife Council's Environmental Health Team keep up to date records of their designated competent persons.

3.1 Information, Communication and Technology

Video conferencing and tele-conferencing is widely used for communication across the health board and within the local authorities. NHS Fife is responsible for disease surveillance. Information collected is entered onto HP Zone, our clinical management system. Routinely collected surveillance data and reports are fed back to the local authority. Databases can be adapted to suit the needs of individual outbreaks.

Adequate arrangements are in place for the reporting and recording of work electronically within Fife Council. However, these systems, are currently not compatible with the NHS systems.

3.2 Emergency Planning and Service Continuity

The Fife Local Resilience Partnership (LRP) continues to develop and now includes the Fife Health and Social Care Partnership as one of its members.

The chair of the LRP is now shared between NHS Fife, Fife Council, Scottish Fire and Rescue and Police Scotland who have chaired these meetings in the past.

Scottish Government employ a number of Regional Resilience Co-ordinators which is proving extremely useful and providing a consistency of approach across the resilience community in Scotland.

3.3 Inter-organisational collaboration

Communication for routine activities are required including face-to-face, telephone and electronic communications. Where needed a problem assessment group (PAG) or incident management meeting (IMT) is held.

The Environmental Health Liaison Group which meets twice per year provides an opportunity to evaluate the management of significant incidents. Lessons learnt can be shared and disseminated among NHS Fife, Fife Council, Fife Health & Social Care Partnership, SEPA and APHA colleagues.

Following a significant incident, debriefing is organised routinely for the involved agencies. This provides an opportunity for those involved operationally and strategically to evaluate the management of the incident and provides a forum for critical reflection. A final incident report should be produced within 8 weeks of the debrief.

3.4 Maintenance of Competencies for Health Protection Staff

NHS Fife

NHS Fife staff undergo an annual appraisal to ensure that their knowledge and skills remain up-to-date. Staff are encouraged to identify their own learning needs and attend external conferences and meetings as part of continuing professional development (CPD) activities. Nursing staff meet the requirements of the Knowledge and Skills Framework and revalidation requirements for NMC registration.

Fife Council

Fife Council staff are encouraged to identify their own learning needs and attend external conferences and meetings as part of continuing professional development (CPD) activities and record on Fife Council's systems. Officers involved in food enforcement activities are required to undertake CPD activities in line with the Food Law Code of Practice.

Both NHS Fife and Fife Council undertake internal training events, and where appropriate cross invite staff to attend.

4. CAPACITY & RESILIENCE

Fife Council will utilise staff from other teams within Protective Services however it should be noted that the cohort of Environmental Health staff and technical support are already challenged in terms of ability to respond in times of major demands around incidents, outbreaks and accidents in areas they enforce within current resources.

Review of capacity and resilience is on-going, particularly in response to the current pressure on all services to reduce expenditure.

For a large incident, staff from the wider department of public health are utilised as required, and beyond that staff from other teams/departments in NHS Fife.

4.1 Mutual Aid

Formal arrangements for mutual aid with other NHS Boards in Scotland are recorded and reviewed through Resilience procedures.

4.2 Out-of-hours arrangements

NHS Fife

A senior member of public health staff is available 24 hours a day, 7 days a week. Outside of office hours, this service is provided by health board competent persons who are public health consultants and supervised

training grade public health registrars and Health Protection Nurse Specialists. The service can be accessed through the hospital switchboard on 01383 623623. Fife Area Laboratory provides a microbiology service out of hours. Urgent sample requests can be performed for some diseases following discussion with the on call microbiology team. National Reference laboratories will perform analysis of urgent specimens following discussion of their appropriateness.

Fife Council

From 5pm each weekday and 24 hours at weekends and public holidays (1st Monday in May, 3rd Monday in July, 3 days at Christmas and 3 days at New Year) a weekly standby rota operates for food and waterborne incidents, with contact made via Fife Council's Emergencies Helpline on 03451 550099.

5. PUBLIC FEEDBACK

NHS Fife

Information is provided to the public through the use of local media and the NHS Fife website along with written information where required. NHS Fife has a complaints system.

Fife Council

Information is provided to the public through the use of local media and the Fife Council (www.fife.gov.uk) website along with written information where required. Fife Council has enquiries, comments & compliments e-form on its website.⁷

Appendix 1: Action Overview

Ref	Source	Outcome	Activity descriptor	Agencies involved
1	National priority	Reduce Vaccine Preventable Diseases	<ol style="list-style-type: none"> 1. Work towards improving uptake rates across Scotland for all vaccinations. 2. Enhanced surveillance to monitor the effectiveness of current and new vaccination programmes to detect any changes in epidemiology. 3. The Vaccine Transformation Programme continues to develop and immunisation services are moving away from GP delivery to Health Boards. 4. Eliminate Measles and Rubella in the UK by <ul style="list-style-type: none"> • Achieving and sustaining $\geq 95\%$ coverage with two doses of MMR vaccine in the routine childhood programme (<5 years old) • Achieving $\geq 95\%$ coverage with two doses of MMR vaccine in older age cohorts through opportunistic and targeted catch-up (>5 years old) • Strengthening measles and rubella surveillance through rigorous case investigation and testing $\geq 80\%$ of all suspected cases with an Oral Fluid Test(OFT) • Ensuring easy access to high-quality, evidence-based information for health professionals and the public 	NHSF FC
2	National priority	Minimise the risk to the public from Gastrointestinal infections	<ol style="list-style-type: none"> 1. Ensure that public health interventions are taken for any failing drinking water supply, whether public or private, as necessary for E.coli failures. 2. Promotion of safe practices and procedures where there is contact with livestock at animal parks and farms. 3. Monitoring of bathing water quality (designated beaches/lochs). 	FC NHSF SEPA Scottish Water
3	National priority	Monitoring and Improving drinking water quality	<ol style="list-style-type: none"> 1. Collaboration between agencies and Scottish Water in the monitoring and improvement of public and private water supplies. 2. The Water Intended for Human Consumption (Private Supplies) (Scotland) Regulations 2017- Protective Services will ensure that the requirements of these regulations as they relate to enforcement, risk assessment and sampling are appropriately applied to supplies to ensure human health is protected 	NHSF FC Scottish Water

			<p>from the adverse effects of any contamination of water intended for human consumption by ensuring the water meets water quality standards.</p> <p>3. The Private Water Supplies (Scotland) Regulations 2006 - Protective Services will ensure that the requirements of these regulations are appropriately applied to ensure human health is protected from any adverse effects of any contamination of private water supplies. Protective Services will continue to provide a service, on request, to those with small or non-commercial private water supplies.</p> <p>4. Private water supply improvement grants continue to be regulated under The Private Water Supply (Grants) (Scotland) Regulations 2006.</p>	
5	National Priority	Air Quality	<p>1. The aims and objectives of Fife Council's Air Quality Strategy 2015-2020 are consistent with the Scottish Government Cleaner Air Strategy.</p> <p>2. FC have installed PM 2.5 air monitors at key locations and work is ongoing to develop a nation-wide network to monitor small particulate matter (PM2.5)</p> <p>3. Fife Council and NHS Fife will continue to work with partners in public and private sector and with communities to improve air quality.</p> <p>4. Action in the Air Quality Management Areas (AQMA's) includes plans to raise public awareness around air quality and to encourage active travel.</p> <p>5. Fife Council and NHS Fife will continue to work together to respond to enquiries from the public.</p> <p>6.</p>	FC SEPA NHSF
6	Local priority	Control environmental exposures which have an adverse impact on health	<p>1. Tackle the effects of antisocial or excessive noise in the communities.</p> <p>2. Report on local air quality within local authority area.</p> <p>3. Review approach to swimming pools and spas to ensure appropriate controls are in place regarding infection control.</p> <p>4. Blue-green algae - Promotion of safe usage of recreational waters where there is a risk of BGA and responding to incidents.</p> <p>5. Progress contaminated land strategies.</p> <p>6. Sharing of information and working in partnership to reduce and control environmental exposures that may have an adverse impact on health.</p>	FC NHSF

7	Local priority	Resilience to respond to a Pandemic Flu outbreak through effective multi-agency response	<ol style="list-style-type: none"> 1. Continual cycle of revision and review of business continuity, Public Health Incident plans and Pandemic Flu Plans via relevant governance committees. 2. Multi-agency pandemic influenza exercise led by Local Resilience Partnership. 	NHSF FC
8	Local priority	Effective port health plans to provide adequate disease control measures	<ol style="list-style-type: none"> 1. Fife has seven seaports authorised (in accordance with International Health Regulations) for the inspection and issuance of ship sanitation certificates, which are used to help identify and record all areas of ship-borne public health risks. 2. A small number of cruise ships dock at Rosyth Port, and procedures are in place for dealing with cases of suspected infectious disease on board vessels in line with current guidance. 3. Ongoing review of Fife ports status in line Regulation EU 2017/625 specifically with regards to Border Control Post status. 	NHSF FC
9	Local priority	Reducing the impact of tobacco, alcohol and other harmful substances on public health	<ol style="list-style-type: none"> 1. Continue regulation of the smoking ban in enclosed and public places. 2. Continue work with licensed trade in respect of responsible drinking and challenge 25, or similar, scheme. 3. Continue regulatory work on Age- related sales activity of cigarettes (including e-cigarettes) and other products. 4. Continue monitoring the display ban for all retail premises in respect of tobacco. 5. Promotional campaign targeted at reducing the under-age sale of tobacco to children and young adults. 6. Monitor the implementation of the legislation on no-smoking areas outside hospital buildings. 	NHSF FC
10	Local priority	Food safety priorities	<ol style="list-style-type: none"> 1. Undertake statutory duties of the Food Authority in enforcing and promoting food safety in line with the Food Law Code of Practice and Fife Council's Service Delivery Plan. 2. Work in partnership with other regulatory agencies to identify, investigate and tackle illegal / fraudulent food activities. 	NHSF FC
11	Local priority	Health and safety at work initiatives	<p>Fife Council Environmental Health, HSE and Workplace Team, Health Promotion Service work in partnership to promote health, safety and wellbeing initiatives, to assist workplaces comply with relevant statutory provisions and promote good work for all.</p> <p>Explore options for the development of a referral system where staff of Fife Council can raise health and wellbeing concerns of people they encounter during their daily work. The referral system would have knowledge of a wide range of services and support available across many</p>	NHSF FC

			sectors and should have the capacity to engage with the person directly to determine what support is required.	
12	Local priority	Minimise the adverse impact of climate change	Fife Council and NHS Fife to jointly draft a climate change plan as an adjunct to our JHPP.	NHSF FC
<p>Key</p> <p>FC – Fife Council NHSF – NHS Fife APHA – Animal and Plant Health Agency HPS – Health Protection Scotland SEPA – Scottish Environmental Protection Agency HSCP – Fife Health & Social Care Partnership</p>				

Appendix 2: List of NHS Fife/Council Plans

	Title
1	Public Health Incident Plan
2	Major Incident Plan (includes Bomb Threats, Hospital Evacuation Procedures and Lockdown Plans) (Draft)
3	Smallpox Plan
4	Avian Flu Plan
5	Pandemic Flu Plans (NHS Fife and Local Resilience Partnership Plans)
6	Blue Green Algae Plan
7	NHS Fife Staff Prophylaxis and Immunisation Plan (Draft)
8	NHS Fife and Fife Council Business Continuity Plans
9	Fife Council Incident Management Plan
10	Animal Diseases Plan
11	Communicable Diseases Plan
12	Environmental Health (Food and Workplace Safety) Service Delivery Plan
13	Animal Health & Welfare Framework
14	Air Quality Strategy
15	Contaminated Land Strategy
16	Pollution Contingency Plan
17	COMAH Site Emergency Plan
18	Resilience Partnership Plans (various)
19	Local Housing Strategy
20	Scheme of Assistance

21	BTS(Below Tolerable Standards) Strategy
22	Private Sector Housing Enforcement Approach
23	Scottish Waterborne Hazard Plan
24	Scottish Water Wastewater Pollution Incidents Plan
25	Delivering Differently - Workforce Wellbeing Action Plan for Fife

Appendix 3: Resources and Operational Arrangements for Health Protection

NHS Fife – Health Protection Team

Job Title	Role and Responsibility	WTE
Director of Public Health	Strategic Lead for Public Health activities in NHS Fife.	1.0
Consultant in Public Health	Provide leadership and strategic oversight for health protection development and implementation in NHS Fife. To co-ordinate the provision of an effective service for the control of communicable disease, and environmental health hazards 24/7.	3.2
Health Protection Nurse	Contribute to the delivery activities surrounding the prevention, investigation and control of communicable disease and immunisation programmes.	2
Public Health Scientists	Responsible for disease surveillance records and reports.	1
Emergency Planning Officer	Ensuring NHS Fife is prepared for a major incident.	1
Administration	Provision of administrative support.	2

Fife Council - Protective Services

Job Title	Role and Responsibility	FTE at 01/04/2020
Senior Manager Protective Services	Strategic and Operational Lead for Regulatory activities including public health in Fife Council	1
Service Manager Environmental Health	To lead and manage a team and co-ordinate the activities and functions of the team to ensure the delivery of a consistent, high quality and focussed service Each of the 2 Environmental Health Teams Food & Workplace Safety and Public Protection are managed by a Service Manager who is a qualified EHO	2
Lead Officers (Environmental Health, Private Housing)	To support and assist the Service Manager in ensuring the effective organisation and delivery of the statutory and non-statutory, technical, professional and operational standards to achieve the requirements of the Team. To lead on identified work areas of the Team on a day to day basis. The Lead Officers are qualified EHO/FSO	7
Environmental Health Officers	To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions	12.9
Food Safety Officers	To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions	2.83
Technical Officers	To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions.	10.5
Trainee Environmental Health Officer	Enable the post holder to undertake training in the practical aspects of Environmental Health sufficient to enable progression towards taking the Royal Environmental Health Institute of Scotland Diploma in Environmental Health.	0
Environmental	To enforce the provisions of various statutes in assisting the Service	1

Technician	Manager and Lead Officer in the discharge of Environmental Health functions.	
Animal Health Officers	To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions.	1.8
Licensing Standards Officers	To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions.	4
Enforcement Officers	To enforce the provisions of waste statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions	4
Business Safety Advisor	Provide advice on health and safety matters and assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions	1
Quality and Safety Officer	Coordinating the food official control sampling program and assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions	1
Building Standard Inspectors (Private Housing Standards)	To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions.	3.5

Designated Competent Persons under the Public Health etc. (Scotland) Act 2008

NHS Fife at 01/04/2020

9 Consultants in Public Health (individuals not FTE)
1 Health Protection Nurse Specialist

Fife Council at 01/04/2020

22.3 Environmental Health Officers

The Council policy is that professional staff are authorised by the Senior Manager Protective Services according to competency, and experience.

In addition we have (Enforcement Officers (4), Business Safety Advisor (1), Quality & Safety Officer (1), Animal Health Officers (1.8), Licencing Standards Officers(4) and Building Standards Inspector (Private Housing Standards)(3.5)).

Meeting:	NHS Fife Board
Meeting date:	Wednesday 29 July 2020
Title:	Workforce Strategy Update
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Brian McKenna, HR Manager

1. Purpose

This is presented to NHS Fife Board members for:

- Assurance

This report relates to a:

- Government policy / directive and legal requirement

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

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

This paper provides an overview of the Workforce Planning arrangements within NHS Fife following the outbreak of the COVID-19 pandemic and resultant public health emergency.

2.2 Background

Revised Workforce Planning for Scotland guidance¹, received in December 2019, detailed changes to the existing arrangements across NHS Boards, Integrated Authorities and Local Authorities. The guidance introduced the following requirements:

- A three yearly Workforce Planning cycle, with NHS Boards publishing their first 3 year workforce plans by 31 March 2021. Integrated Authorities, through HSCPs, who had published a three year workforce plan were encouraged to maintain their workforce plan publication schedule.
- Completion of an Annual Workforce Planning Reporting template in the intervening years between publication of the full 3 yearly workforce plans. Integrated Authorities who maintained their existing publication schedule would be required to complete the new template in 2021.

¹An integrated Health and Social Care Workforce Plan for Scotland – Workforce Planning for Scotland Guidance published in December 2019

- Continuation of the requirement to submit workforce projections by 30 June each year, as part of the process to establish a national picture of likely trends across all staff groups.

NHS Fife published its Workforce Strategy in 2019, covering a three year period between 2019 and 2022. The revised guidance required the current three yearly cycle to be changed with a new Workforce Planning cycle being introduced for the period 2021 to 2024. Although there was no requirement to publish a Workforce Strategy or annual Workforce Strategy update in 2020, the Workforce Projections exercise was to be undertaken.

2.3 Assessment

Nationally, as a consequence of the COVID-19 pandemic, the formal Workforce Planning arrangements have been paused and / or suspended. NHS Boards and Integrated Authorities are being asked to consider how best to re-introduce and re-mobilise services in a post COVID-19 setting, and as the uncertainties this presents are addressed, it is recognised the commitments detailed within the national Health and Social Care Workforce Plan (“An Integrated Health and Social Care Workforce Plan for Scotland” December 2019 ISBN: 978-1-78781-323-6) are likely to be re-assessed and possibly reprioritised within the context of the ‘new’ normal.

This led to notification in May 2020, that the Workforce Projections exercise for 2020 was formally suspended, and discussions continue within the National Workforce Planning Group over the feasibility of introducing the revised 3 yearly workforce planning cycle across NHS Scotland in 2021.

Locally, the Strategic Workforce Planning Group is now meeting virtually. Services are being supported to consider the workforce implications of any changes being considered as part of the next phase of their (re)mobilisation actions. Work is being undertaken by the Planning and Performance Department, in conjunction with Finance and Human Resources, to ensure information collated as part of the local mobilisation planning process can be used to influence financial, service and workforce planning considerations post COVID-19.

It is acknowledged that there have been significant changes since the Workforce Strategy and associated action plans were prepared and these will need to be refined to take account of any changes in models of service delivery.

2.3.1 Quality / Patient Care

Delivering robust workforce planning across the organisation is supportive of enhanced patient care and quality standards.

2.3.2 Workforce

The requirement to submit the annual workforce projections has been suspended for 2020. Discussions continue on the prioritisation of the workforce priorities detailed within the Integrated Health and Social Care Workforce Plan for Scotland, and on the feasibility of introducing the revised three yearly workforce planning cycle scheduled to be introduced from 2021.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

N/A

2.3.5 Equality and Diversity, including health inequalities

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently an EQIA is not required.

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

N/A

2.3.8 Route to the Meeting

This paper has been previously considered by the Director of Workforce and Staff Governance Committee members. They have either supported the content, or their feedback has informed the development of the content presented in this report.

2.4 Recommendation

NHS Fife Board members are asked to note the content of this paper for assurance and information.

NHS Fife Board members are also invited to review the arrangements put in place for continued workforce planning during the pandemic period and reflect on their appropriateness.

3. List of Appendices

N/A

Report Contact: Linda Douglas, Director of Workforce
Email: linda.douglas3@nhs.net

Audit & Risk Committee: Chair and Committee Comments

<p>AUDIT & RISK COMMITTEE</p> <p>(Meeting on 13 July 2020)</p>
<p>There was nothing to escalate to the Board.</p>

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON 13 JULY 2020 AT 1300 VIA MS TEAMS

MARTIN BLACK

Chair

Present:

Mr M Black, Chair

Cllr D Graham, Non Executive Member

Ms J Owens, Non Executive Member

Ms S Braiden, Non Executive Member

Ms K Miller, Non Executive Member

In Attendance:

Mrs C Potter, Chief Executive

Mrs M McGurk, Director of Finance

Mr T Gaskin, Chief Internal Auditor

Mr B Hudson, Regional Audit Manager

Dr G MacIntosh, Head of Corporate Governance & Board Secretary

Ms P Fraser, Audit Scotland

Mrs P Cumming, Risk Manager (for Helen Buchanan)

Ms L Donovan, eHealth General Manager (for Item 6.3 only)

1. Welcome / Apologies for Absence

The Chair welcomed to their first formal meeting Katy Miller. Apologies were received from Helen Buchanan, Director of Nursing. Pauline Cumming, Risk Manager, was attending in her place.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 13th March and 18th June 2020

The minutes of the last meetings were **agreed** as an accurate record.

4. Action List

Mrs McGurk advised the two outstanding items would be picked up during the later agenda item regarding the Internal Audit Progress Report.

5. MATTERS ARISING

5.1. Revised Committee Workplan 2020-21

Dr MacIntosh advised that the Audit & Risk Committee had previously agreed its Annual Workplan for 2020-21 in March 2020, to plan effectively the work of the Committee throughout the year. As a consequence of the cancellation of the planned May 2020 meeting due to the Covid-19 pandemic, and also to reflect the extension to the annual accounts timetable, the plan now requires to be revised to appropriately reflect these circumstances. She advised that the current draft of the workplan would remain a live document and will be revised with new priorities as and when required. The workplan will thus be brought to future meetings should it change.

The Audit & Risk Committee **approved** the revised version of the Committee's Workplan.

5.2. Internal Audit Governance Checklist Update

Mrs McGurk gave a verbal update, advising the Committee that all of the Board's Governance Committees have all agreed to use the governance checklist (as reviewed at the last meeting) in supporting their agenda setting and planning their activity throughout the remainder of the year.

6. GOVERNANCE – INTERNAL AUDIT

6.1. Internal Audit Progress & Summary Report

Mr Hudson reported that the Internal Audit team continues to deliver the remaining reviews from 2019/20 workplan; work on the 2020/21 programme has also commenced.

He drew attention to Section 2.3 on the SBAR, which provided details of the plan in relation to the number of days. All days have been used from the 2019/20 workplan. There are two audits that remain to be finalised and will be completed using the clearance of prior review code for the 2020/21 audit plan.

Appendix A provided detail of the work undertaken, including:

- Final Internal Audit Reports issued since the last Audit & Risk Committee
- Internal Audit Reports issued in draft at the time of submission of papers for today's Audit & Risk Committee
- Internal Audit Work in Progress and Planned
- 2019/20 Internal Audits to be Risk Assessed for potential inclusion in the 2020/21 Internal Audit Plan
- Internal Audit improvement activities
- Summary of Internal Audit findings in final Internal Audit reports issued since the last Audit & Risk Committee
- Internal Audit Performance against Service Specification Key Performance Indicators

In answer to a question raised by Ms Braiden around the timing of completing the risk share review, Mrs McGurk advised that appraisal and full review of the current Fife Integration Scheme had been taken forward in the last quarter of 2019/20. A range of issues were progressed and agreed in those series of meetings, but there were a couple of areas where further discussion needed to be undertaken, including the risk share arrangement. She noted that the integration scheme review had been paused during the Covid-19 pandemic. However, meetings have recommenced in July, with a view to concluding the work by the end of the calendar year. Members welcomed the update.

The Audit & Risk Committee **noted** the ongoing delivery of the 2019/20 audit plan.

6.2 Internal Audit Report – B13/20 Risk Management Framework

Mrs Cumming introduced the report, noting that this gave an update on where the Risk Management Framework has reached. The report outlines in considerable detail the work that has been done over the last year and the engagement that Internal Audit has undertaken in support.

Section 2.3 of the SBAR provided a brief summary of where things stand at the moment, in respect of the actions that need to be completed. She stated that the framework and revised policy had recently been circulated for comment. She added that the project plan which had previously been recommended was in development and will be finalised by the end of the current month. Mr Hudson advised that he has received the framework documents and would provide comments back in due course.

In answer to a question raised by Mr Black around timescales, and a follow-up query by Ms Miller around risk management resource, Mrs Cumming noted that the intention is to bring an update to the Audit & Risk Committee in September and finalised policy documents to the Board thereafter. She added that, over that last few years, a considerable amount of team's resource has been targeted towards Adverse Events management and how this national programme was implemented locally. This has taken a considerable amount of input, but now many of the systems and processes relating to the adverse events work have been embedded and established. Currently, a review is being undertaken as to how the risk management resource can be more targeted and redeployed as necessary to support more strategic work, particularly around the implementation of the framework.

The Audit & Risk Committee **noted** the agreed management actions within the report and the update provided at the meeting.

6.3 Internal Audit Report – B31/20 eHealth Strategic Planning & Governance

Mrs Donovan explained that there had been an audit review of the NHS Fife Digital & Information Strategy 2019-24. The audit provided six recommendations, three of which were assessed as 'Merits attention' (green) and three assessed as 'Significant' (amber).

An update was given for each of the recommendations as follows:

1. The new strategy has not yet been presented to the Board for approval - eHealth have taken account of the need to make a number of amendments to the strategy, following initial review by Clinical Governance, and a revised version is now being presented to the NHS Fife Board on the 29 July.
2. Risks are not stated in a manner that links them to strategy implementation and not all of the challenges and disruptors are covered - this is a piece of work that has been delayed due to Covid-19 but will now start to be taken forward.
3. The Terms of Reference of the eHealth Board, the Clinical Governance Committee and the Finance, Performance & Resources Committee do not include appropriate responsibilities for recommending approval of the NHS Fife Digital & Information Strategy 2019-24 and monitoring its implementation - this work is in progress with a completion date of the end of December 2020.
4. Limited detail in reporting of the eHealth Delivery plan in regards to assurance that the delivery plan is being managed in line with expectations - there was recognition that the reporting had been evolving and improving over the period. This has been revised and a new report is going to the eHealth Board meeting this week. Mrs Donovan shared an example with the Audit & Risk Committee on the screen for members' information.
5. Business cases should include clear explanations of how they aligned to and supported the NHS Fife Digital & Information Strategy and the Transformation Programme - there was recognition that the HEPMA Business case was a good example of what should be included, but it was also recognised this strictly followed the SCIM. A completion date has been set for the end of September 2020 for revising the business case format.
6. Understanding of the impact of Covid-19 and the accelerated implementation of elements of the Digital & Information Strategy - a review is currently in progress with a completion date of September 2020.

Mr Gaskin commended the response from eHealth to the report's findings and the further actions detailed within the report. He added that eHealth will require a full review fundamentally of its activities, as with the pandemic there is an opportunity to revisit and do things differently.

The Audit & Risk Committee **noted** the agreed management actions within the report and the update provided at the meeting.

6.4 Internal Audit – Follow-Up Report

Mr Hudson reported that further enhancements had been made to the audit follow-up report since the last meeting, which now includes an appendix for validating the evidence from responding officers to confirm that the original control weakness has been addressed.

Section 2.3 of the covering paper highlights that there are currently 53 actions that have been extended, with revised dates provided by Responsible Officers, and there are 16 outstanding actions.

Responding officers have reported a number of delays in progressing outstanding actions due to the prioritisation of Covid-19 duties. Where Covid-19 has impacted on progress, it has been highlighted in the report.

It was recognised that, at a previous meeting, the Committee had raised concern around the number of outstanding recommendations, and this position had now worsened. It had been agreed with the Chief Executive and the Director of Finance that the audit follow-up report will go to a future EDG meeting, who will scrutinise the outstanding actions and commit to getting them completed in a quicker timescale.

In answer to a question raised by Ms Miller around workforce implications, Mr Hudson advised that there had been none specifically. There has been an impact closing off outstanding actions over the last few months due to Covid-19, but he felt confident going forward that the role of the Executive Directors in scrutinising any outstanding recommendations will help to resolve the outstanding actions in a quicker timeframe.

The Audit & Risk Committee **noted** the current status of recommendations detailed in the report.

6.5 Draft Internal Audit Operational Plan 2020/2021

Mr Gaskin reported that Internal Audit have produced an operational plan and updated the five-year strategic plan based on the extant Board Assurance Framework risk register and existing materiality scores, with no major revisions for the impact of Covid-19. However, the operational plan will require revision later in the summer and possibly ongoing throughout the year to reflect the impact of Covid-19 on NHS Fife's overall strategy, supporting strategies, resources, objectives and risk profile.

It was highlighted that this is an interim plan, which will be reviewed again by EDG once the situation is clearer. The work plan would be brought back to future meetings of Audit & Risk for further review, to make sure the real issues are being addressed. It was also noted that it would be beneficial to also look at areas where Internal Audit can help the organisation, as existing processes have changed and are being delivered differently due to the impact of the pandemic.

Mrs McGurk reported that EDG had reviewed the plan against that background. There are useful linkages across to the internal audit committee checklist, which has previously been discussed. That might also be a helpful tool to help support the reviewing and refreshing of the audit plan going forward. It was agreed there is also significant merit to linking this work to the Board's remobilisation plan that will be submitted at the end of this month, which effectively details what the organisational response will be operationally until the end of March 2021.

The Audit & Risk Committee **approved** the interim measures detailed in the 2020/21 Internal Audit Plan.

7. GOVERNANCE – EXTERNAL AUDIT

7.1. NHS Fife Interim Management Report 2019/20

Ms Fraser advised that the report provided a summary of the work carried out in Audit Scotland's interim audit. All of the work was carried out prior to the pandemic and the auditors were able to complete all the testing in accordance with the annual audit plan.

The work performed involved testing all the key controls in the main financial system and has also encompassed a review of governance arrangements and some wider scope work in relation to financial management and financial sustainability. It was highlighted in the report the areas of improvement.

Ms Fraser drew attention to Exhibit 1 of the report and highlighted the key findings from the report.

PECOS and ledger access controls (2018/19)

The first two points in the action plan related to matters that had been raised in previous years in relation to access to purchasing system and also the ledger. A number of the users that were tested in the sample were people who had already left the organisation, but still had access to the systems. This was the same for the ledger - one user had left the Health Board but still had access to the system.

Changes to supplier details (2017/18)

From the sample tested, there were some compliance issues following the revised procedures that had been put in place by the Health Board.

Changes to the payroll

This was in relation to the national HR system, where managers are required to provide data information on a timely basis so that the information can remain up-to-date. It was found that not all managers were always doing this. There was a risk that somebody might leave the Health Board and were still being paid. There are informal procedures in place to try and mitigate the risk; however, the risk of fraud or error still applies.

Authorisation of journals

It was found that out that a number of journals tested had not been properly authorised.

Additional testing will be carried out during the audit of the financial statements to mitigate the risks rising from the issues found in testing above.

Finance Team Capacity

This point highlighted the number of changes there have been to the senior Finance team during 2019/20. Audit Scotland is now expecting to receive the financial statements at the end of July as opposed to the start of July.

Financial management and financial sustainability

Issues found in the wider scope work highlights the challenging year that it has been for the Health Board and specifically references the continued reliance on non-recurring savings.

Governance and Transparency

The last two points in the report related to service transformation and this was covered earlier in meeting. Ms Fraser reiterated that the transformation board need to ensure that sufficient information is provided to ensure effective scrutiny by members of the Board.

The last point related to the continuing levels of high sickness absence in the Board, with a note that NHS Fife are looking understand the reason behind the high levels.

Audit Scotland have obtained management responses in relation to all the points raised and will monitor the implementations of the recommendations.

The Committee **noted** the interim management report.

7.2. NHS Fife – Audit Timescales 2019/20

Ms Fraser explained that the letter provided detailed the revised timetable for the audit of the financial statements. It was issued in June in response to the current pandemic and includes the revised deadlines for submission and audit of the financial accounts.

Attention was drawn to Exhibit 1, where the revised timetable indicated that Audit Scotland had thought that draft accounts were initially going to be received by the end of May. This timescale had been put back to the 1 July and a further delay has followed, with Audit Scotland now expecting to receive the financial statements by the end of July. Staff should be available to accommodate this revised timetable. The report has also incorporated the revised deadlines of the Audit & Risk Committee and the NHS Fife Board in September. This delay to the production of the annual accounts of three months is as a direct result to the impact on staff and audit resources in light of the impact of the pandemic.

The Committee **noted** the revised audit timescales.

7.3. Audit Planning Memorandum - Endowment Funds

Mrs McGurk explained that this report set out the timeframe and proposed approach for the audit of the charitable Endowment Funds for NHS Fife. The planned approach to this audit is in line with national guidelines and standards. The audit will be carried out by Thomas Cooper Accountants.

Attention was drawn to section 2.3 in the cover paper, which highlighted two material changes during the financial year. The first related to the transfer of the investment portfolio, and the impact of Covid-19 on its value. The impact is not limited to NHS Fife and will have affected all the charitable funds across all Boards. The second change related to the valuation and cataloguing of the Board's artwork around its various sites.

Patient funds, endowment and exchequer statutory financial statements will all be presented to the NHS Fife Board in September for approval.

In response to a question raised by Ms Braiden Mrs McGurk offered to provide training on the annual accounts review and scrutiny process, if members would find helpful, and this was welcomed.

The Audit & Risk Committee **noted** the audit planning memorandum for the Endowment Funds.

7.4. Audit Planning Memorandum - Patients Private Funds

Mrs McGurk noted that this report was similar in content to the previous paper. She drew attention to Section 2.3 of the covering SBAR which referred to the term “limitation of scope”. This meant that the auditors are unable to do the level of testing that they would normally do to validate the financial position of the Patients Private Funds, as there are restrictions around access to clinical areas due to Covid 19. This will be a national issue and there will be a national co-ordination of how this is reflected in the annual accounts.

The Audit & Risk Committee **noted** the audit planning memorandum for the Patients Private Funds.

8. RISK

8.1. Board Assurance Framework

Mrs Cumming reported that, since the last report to the Committee, the BAF risks have been considered at the appropriate governance committees, most recently in March 2020. They were not considered as scheduled in May 2020 due to Covid-19 and the temporary suspension of committee meetings. A summary of key points on the BAFs submitted to the March committees, as reported by the responsible Executive Directors, were provided. The BAFs were provided separately as appendices. The current BAFs are progressing through the July 2020 committee cycle.

Further to the last Audit & Risk Committee, where it was noted that a number of areas for improvement within the BAF in terms of presentation, quality and content could be made, it has been since recognised that there is a need to reconsider everything we do in the context of Covid-19 going forward. For the BAFs, this will mean building in to each Covid-specific risks, in preference to having a standalone Covid BAF. This is a piece of work that still needs to be done.

The intention is also to use Datix as a repository for the BAF, so that any changes are made within this system and it will provide an audit trail going forward.

8.2. Risk Management Policy & Framework Update

Mrs Cumming reiterated that the draft documents have recently been issued for comment / feedback, to a wide group of recipients. Further iterations will progress through EDG, Audit & Risk Committee and then the Board.

9. ISSUES TO BE HIGHLIGHTED

9.1. To the Board in the IPR & Chair’s Comments

There were no issues of escalations to be highlighted from the current meeting.

10. ANY OTHER BUSINESS

Mr Gaskin noted that, in relation to an issue raised earlier in the agenda relating to training, there will be an e-Learning module being issued for all Audit Committee members soon via NES. He asked if the Committee were content for him to supply the e-Learning team with the audit plan as an example of a document of that nature. This would be anonymised. The Committee agreed for the document to be shared for this purpose.

In closing, Mr Black expressed his thanks, on behalf of the Audit & Risk Committee, for all the work that has been undertaken by dedicated staff in his period of crisis. This was greatly appreciated.

Date of Next Meeting: 17 September 2020 at 10am within the Boardroom, Staff Club, Victoria Hospital (location TBC).

NHS FIFE CLINICAL GOVERNANCE COMMITTEE

(Meeting on Wednesday 8 July 2020)

Issues for escalation to the Board:

Testing

Remobilisation Planning

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD VIA MS TEAMS ON WEDNESDAY 8 JULY 2020 AT 2 PM

Present:

Dr Les Bisset, Chair	Martin Black, Non Executive Member
Sinead Braiden, Non Executive Member	Wilma Brown, APF Representative
Helen Buchanan, Nurse Director	Rona Laing, Non Executive Member
Chris McKenna, Medical Director	Dona Milne, Director of Public Health
Janette Owens, ACF Representative	Carol Potter, Chief Executive
John Stobbs, Patient Representative	Margaret Wells, Non Executive Member

In Attendance:

Jim Crichton for Nicky Connor, Director of Health & Social Care	Geraldine Smith for Scott Garden, Director of Pharmacy & Medicines
Gillian MacIntosh, Board Secretary	Andy Mackay, Deputy Chief Operating Officer (Acute)
Margo McGurk, Director of Finance	Lynn Barker, Associate Nurse Director H&SCP
Susan Fraser, Associate Director of Planning & Performance	Esther Curnock, Consultant in Public Health (for Item 6.1)
Lesly Donovan, eHealth General Manager (for Item 5.3)	Dr Helen Hellewell, AMD H&SCP
Lynn Campbell, Associate Director of Nursing ASD	Helen Woodburn, Head of Quality & Clinical Governance
Catriona Dziech, Note Taker	

Dr Bisset welcomed everyone to the first formal meeting of the Committee since March 2020, giving thanks to all staff and those who have worked in partnership and have supported us during the past four months, each with tremendous effort, commitment and dedication. Dr Bisset hoped that staff would now be able to take the opportunity to have some well deserved rest over the summer period.

1. Apologies for Absence

Apologies were received from routine attendees Nicky Connor and Scott Garden. Jim Crichton and Geraldine Smith were in attendance as their respective representatives.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Meetings held on 4 March 2020 and 15 June 2020

The notes of the meetings held on 4 March 2020 and 15 June 2020 were formally approved.

4. Action List

All outstanding actions were updated on the separate rolling Action List.

5. MATTERS ARISING

5.1 Community C. Diff Report

Helen Buchanan advised that the C.Diff numbers have now reduced. She had spoken with colleagues in Infection Control to consider the reason for the increase in numbers prior to Covid-19 and it has been confirmed a substantial amount were due to re-infection. Some enhanced treatments have been approved and a new regime introduced as part of this. Helen Buchanan advised that Keith Morris and Infection Control are content the numbers are going down and will be managed and monitored through the Infection Control Committee going forward.

5.2 eHealth Governance Review Update

Lesly Donovan joined the meeting for consideration of this item.

This report provided an update on the current position of the eHealth Governance Review, previously discussed by the Committee at its meeting in March 2020. There were two consistent outputs from the Digital and Information Strategy consultation as follows:

- To rename the eHealth Directorate to Digital and Information, in line with the strategy (national & local) and other boards.
- To review eHealth governance with the aim to streamline often duplicated reporting.

Lesly Donovan highlighted that whilst the Digital and Information Strategy and subsequent delivery plan (presented to the Committee in March 2020) covers all aspect of Digital, Information Management and Information Governance & Security as per the eHealth operating model, it would be logical to initiate one board/group in the form of the Digital and Information Board to provide overall assurance to the committee. However, due to the level of regulations in these areas, and the level of assurance required about compliance with legislation and the reporting structure to competent authorities, it is felt that an Information Governance & Security Group also reporting onward to the Clinical Governance Committee is appropriate.

It was noted that consideration should be also taken into the difference between assurance of compliance and operational delivery, noting that in the past these distinct activities have become confused in the form of mixed reporting.

To counter this, the proposed governance structure aimed to correct this, with more focus at the IG&S Group and Digital and Information Board on assurance of compliance/delivery. They would be supported by groups focused on operational/programme delivery aspects.

A revised draft terms of reference were each provided for the IG&S Group, the IG&S Operational Group, and the Digital and Information Board, along with supporting groups. The Committee was asked to agree/support the direction of travel. It was reported that, due to Covid-19, the existing groups have been cancelled, with all issues arising being dealt with by the Medical Director as Exec Lead for eHealth and the SIRO. Due to the change in SIRO (to Margo McGurk), and limited opportunity to consult due to current circumstances, further discussions are required to fine tune the proposed terms of reference in relation to both the IG&S Group and Digital and Information Board.

The governance review also provided an opportunity to rename/brand eHealth to 'Digital and Information', which would align NHS Fife with national and local Digital and Information Strategies and naming convention introduced by Scottish Government Health and Social Care and other NHS Boards. It was noted the renaming of eHealth to Digital and Information had now been agreed through EDG.

The Committee agreed and supported the direction of travel to a refreshed governance structure as described above.

It was agreed Carol Potter, Rona Laing, Dr Bisset, Dr McKenna and Susan Fraser would pick up off line the issue of the reporting line through EDG to Clinical Governance, specifically what additional information to take to FP&R in terms of performance monitoring and whether any additional content is required in the IPQR.

Action: CP, RL, LB, CMcK, SF

5.3 Update on Review of Fife Integration Scheme

Jim Crichton advised the review of Integration Scheme had been underway but was paused due to Covid-19 situation. This presents a slight difficulty, as the deadline for the review of the Integration Scheme is within a five year period, ending in August 2020.

There are three key areas of the Integration Scheme which have been the subject of focussed discussion and where consensus as to any variation has yet to be reached.

These are:

- Clinical and Care Governance arrangements
- Arrangements for set aside for large hospital services
- Process for resolving budget variances in year

Discussions have taken place, but there is a challenge in terms of concluding this within the above timescale. Guidance has been issued by the SGHD as many Boards and Partners have been reviewing their schemes but have been unable to complete the review due to Covid. In essence, the review has to be completed within the five-year statutory timescale, but Partners can indicate there are areas where further discussion is required and provide a plan for agreement beyond the current deadline. In the absence of an agreement within the timescale, the remaining agreement will stay in place.

Jim Crichton acknowledged the work has been delayed, but gave assurance that the Partners are working within the SGHD Guidance to conclude the review within the statutory timescale.

Carol Potter also gave the Committee assurance that this is a priority for the Board. It is for the Health Board and the Local Authority to reach agreement and not the responsibility of the IJB, although the IJB links the two together. There is no specific date for completion, but dates are in the diary for early August to reconvene the Steering Group who were looking at the different aspects of the Integration Scheme Review. Although Covid-19 has slowed the process, there is an absolute commitment the work continues towards final resolution.

The Committee noted the update.

5.4 Initial Agreement Document (IAD) for Glenrothes and Queen Margaret Hospitals

Jim Crichton advised that no work had progressed with these IADs due to Covid. A number of changes have taken place in relation to Infection Control recommendations, which have resulted in the reduction in the number of beds. A piece of work to refresh and update these issues will be undertaken and brought back to the Committee in due course.

6 COVID-19 UPDATE

6.1 Testing

Esther Curnock joined the meeting for consideration of this item.

She advised that this report provides a summary of current testing policy and delivery in Fife and detailed the main areas of risk and mitigation actions in place. Appendix 1 set out the current testing indications, the date the programme was started, rationale, and delivery model (who take each sample, where tested, who gives results) and highlighted the following key areas:

- Alternatives pathways for community testing
- Testing as part of an outbreak response
- National Enhanced Surveillance Testing Programme
- Use of Serology Testing
- Laboratory Prioritisation

The three areas to highlight around risk were related to Results and Data Flow; NHS Fife Laboratory Capacity; and sustainability of the Community Testing Team as staff return to substantive posts.

Dona Milne also highlighted the issue of capacity generally within Public Health and across the test and protect programme. This has been discussed and plans are in place to continue with the Community Testing Team meantime. It should also be noted we have been asked to maintain a test and protect service for two years, which will include some of the Community Testing Team, and this proposal is being worked up.

Following comment from Rona Laing around Equality and Diversity, including health inequalities, it was agreed it would be helpful to see an impact assessment of the work undertaken by Esther Curnock and Dr Hellewell around the process of using self-testing kits to meet the needs of the vulnerable population.

Following comment from Margaret Wells around testing, Dona Milne advised that she had met with the Comms Team to look at getting some local messaging out to staff following approval from SGHD.

The Committee noted the contents of the paper for awareness.

6.2 Care Homes

Helen Buchanan advised that this paper is an update on the work carried out across the system and from a nursing perspective since the end of May. On 17 May 2020, Nursing Directors within NHS Scotland received a letter from the Cabinet Secretary for Health and Sport, informing them of a variation to their roles and responsibilities. From 17 May until 30 November 2020, their remit was henceforth to include accountability for the provision of nursing leadership, support and guidance within the care homes and care at home sector, within their given board area.

Following this letter, work was undertaken with the Senior Social Worker and Public Health to assess the 76 care homes within Fife, with the aim of providing a professional, enhanced clinical input into the homes during this period. It was discussed with the Chief Nursing Officer that we could not take any accountability if we have not seen or been aware of the care being delivered within the care homes. Following discussion, a process was thus put in place for assurance visits to be carried out. These were taken forward with the Chief Social Worker, with two Nurses and one Social Worker visiting each home. To undertake this the following was developed:

- Daily contact/check in with all care homes
- Supportive/Assurance Visits
- Workforce
- Specialist Nursing Team support
- Daily Huddles

Helen Buchanan advised the visits to the 76 care homes were now complete and it has proved a positive experience. Theresa Fyfe, Head of The Royal College of Nursing, has been in contact to give us extremely good feedback in terms of the way the work was carried out. This will now be fed back to Lynn Barker and her team, to be written up as exemplar practice.

Helen Buchanan advised that in the main the care within Fife care homes has been excellent and the positive from this is that the care homes are now starting to contact the Board proactively looking for support around spiritual care and infection control. Lynn Barker advised that the teams within Health, Social Work and Care Home staff had all worked well together during this difficult time.

It was noted this piece of work will continue until November 2020, so ongoing contact will be maintained now the assurance visits have been completed. Work continues with some care homes in terms of quality improvement and this will be closed off shortly. Through our specialist nursing teams and others, we will also look at the work to be taken forward in terms of education and training with the care homes.

Helen Buchanan advised that clarity had been sought around the “care at home” issue and confirmed the Chief Nursing Officer has confirmed we are not accountable for care at home, though we can support. The responsibility for care at home sits with the Chief Social Worker.

The Committee noted that the ongoing supportive work continues, collaboratively with all the homes and all key stakeholders. Dr Bisset thanked and congratulated Helen Buchanan, Lynn Barker and her team for all the hard work that was entailed as a result of this new responsibility / accountability; the task should not be underestimated. It is also pleasing to hear this hard work has been recognised by the SGHD.

6.3 Lessons Learned: Covid-19 hospital onset

Helen Buchanan advised that this paper was written prior to the Health Protection Scotland report being published, so everything in the paper was initiated not because of our data but because of the lessons learned. The paper has been amended slightly to reflect the report, but this is the work that is being taken forward during the Pandemic as we had outbreaks within our areas.

Helen Buchanan advised that as we went through the Pandemic, we had outbreaks not in the places we originally thought would have been vulnerable. A lot of care and effort had gone into the Acute Services at the beginning, where it was thought the most serious issues would be, but as the Pandemic began outbreaks were highlighted within Community Hospitals. It is also understood the first outbreak within a community hospital was actually prior to lockdown, linked to a visitor. As more became understood about the disease, this changed the focus of prevention.

The report from Health Protection Scotland shows Fife had a higher percentage of hospital-onset Covid-19 cases than other Boards during the Pandemic. This occurred early on in the incidents during the Pandemic, so probably from 20 March through to April. In May we only had five reported cases and within June there are no further reports.

Locally for NHS Fife the key learning from clusters of Covid-19 outbreaks were:

- Asymptomatic carriage / atypical presentations
- Movement of staff and patients
- Social distancing
- Introducing cleaning pauses
- Regular PAGs & IMTs
- A MDT decision
- Review and reduction of number of beds in our community hospital bays
- Terminal cleans

Helen Buchanan advised that meetings will be held with Health Protection Scotland to understand the data. An update report will come back to the Committee in due course.

The Committee noted the report.

7 REMOBILISATION OF CLINICAL SERVICES PLAN

7.1 Remobilisation Plan

Susan Fraser advised that this paper provides the Committee with an update on the Joint Mobilisation Plan for Fife following the Covid-19 pandemic. The purpose of this document is to inform the Committee of the Joint Mobilisation Plan agreed with the Scottish Government and to describe the actions taken to restart clinical services and the governance supporting the restart. Along with the Plan, a template was submitted of projected activity until the end of July 2020. The Remobilisation Plan is just for that period. The activity template is also included within the IPQR.

The following actions took place as part of the Covid-19 Mobilisation Plan:

- Pausing of all elective activity except the highest clinically prioritised urgent and cancer work, including outpatients, diagnostic and inpatients and day case treatment and procedures being undertaken.
- Some staff were deployed to other clinical services within NHS Fife and Fife H&SCP.
- All primary care referrals were deferred except urgent and suspicion of cancer. Referrals received were prioritised by clinicians and only seen if a high priority
- Limited services for CAMHS and Psychological Therapy services.

The process to remobilise these services is now considered at the Remobilisation Oversight Group, which has met weekly for the last five weeks.

At the end of the Plan there is an updated infographic around the phased approach for restarting. This also sets out a plan for Phase 1, 2, 3 and 4 of Remobilisation of Clinical Services against National Covid19 phases.

Work has also started to develop the next Plan from August 2020 to March 2021, which will include looking at every single service we have and what position we are in and how we can restart. Supporting that, we will be looking at projections in activity. This will be monitored by the SGHD closely.

Dr McKenna advised that the Remobilisation Oversight Group is working well and primarily oversees the restart of services that were stood down. It is now discussing getting the balance right between what is Remobilisation of services and what actually becomes redesign and transformation. It was noted the Winter Plan will fit in to the next version of the Remobilisation Plan.

Carol Potter highlighted that the remobilisation work provides an opportunity to change the mindset and find a way of working to better deliver healthcare and support our patients and staff. The Remobilisation Oversight Group is a short-life working group that will come to a natural conclusion relatively soon, and we will move its activity in to normal business. Part of the conversation undertaken by some of the Directors in the

context of transformation and redesign is how do we reframe and reshape our services Fife-wide going forward.

It was noted that we previously had a Transformation Board, which was just starting to evolve at the end of 2019. We need to learn the lessons from Covid-19 and rethink what that looks like going forward in terms of a Strategic Planning Group. A structure is needed where ourselves, linked with the Partnership touching the local Authority, can discuss transformation in a way that cuts across our business, financial planning, workforce planning, clinical strategy and eHealth. All this links into the development of our Annual Operational Plan and to the Government supporting both the Health Board and the services delegated to the Integrated Joint Board. This also in some respects links back to the earlier paper on the Fife Integrated Scheme, because we need to be progressing discussions between the Partnership and Acute Services across the whole system. It is not about Remobilisation per se, but relevant in the context of wider change. Carol Potter will discuss further with Helen Buchanan, Dr McKenna and Susan Fraser in the coming weeks and a further report brought back to the Committee.

Carol Potter also highlighted that although the Remobilisation Plan is due with the SGHD by the end of the month, an opportunity will be taken to get Staff Side input via APF, prior to the Plan's consideration at the Private Session of the Board.

The Committee noted the Joint Mobilisation Plan and the actions taken so far to restart clinical services following the Covid-19 Pandemic. A further iteration of the Plan will be brought back in due course.

7.2 Update from Integrated Transformation Board

Covered by Carol Potter under Section 7.1.

7.3 Clinical Strategy Update

Subsumed in the discussions around transformation above.

8 QUALITY, PLANNING AND PERFORMANCE

8.1 Integrated Performance & Quality Report

This report informed the Committee of performance in NHS Fife and the H&SCP against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is (with certain exceptions due to a lag in data availability) was up to the end of April 2020.

Due to the Covid-19 pandemic, the report has been updated on a 'data only' basis since March, with all open Improvement Actions being marked as 'ON HOLD'. The process has been restarted by updating existing Improvement Actions and identifying new ones which reflect the spirit of the Remobilisation Plan, where possible.

Helen Buchanan advised that complaints performance had fallen away during the Pandemic but gave the Committee assurance that the Complaints Team had still been operating, though in a very different way. The issues had been in relation to the clinical complexities of the complaints and clinical staff being unable to consider these due to them managing the Pandemic. This resulted in some complaints sitting at 20 days or just over. Holding letters were sent out to all complainants and regular telephone contact was made to update them of the position.

The complaints process during the Pandemic changed and the nature of complaints also changed, especially in relation to what was reported in the media. As we come out of the Pandemic, the nature of the complaints is changing again. During the Pandemic many of the complaints were Stage 1, were thus treated as a concern and the clinical staff managed them quickly. All complaints were documented no matter what they concerned and the Team will pull out all the Covid-related complaints as a debrief going forward. Over the last few weeks the Complaints Team are now starting to see the tail off complaints prior to Covid being completed and being sent back through. The Team will now be looking at an improvement plan on not only how to deal with the 20 day response deadline but how to manage this in terms of the complaints that were not closed during Covid-19 timeframes.

The Committee noted the report.

8.2 Annual Operational Plan Update

Susan Fraser advised that, as at March 2020, the draft AOP was with the SGHD awaiting formal sign off. The Remobilisation Plan will act as AOP for this year and our performance will be measured by what is recorded within that. We are mindful the AOP is a live document and will continue to monitor it this year, but it is different due to the Pandemic and what we have experienced.

8.3 Winter Plan 2020-21

Susan Fraser advised that the Winter Plan will be incorporated in the next version of the Remobilisation Plan. Work has begun with Acute and H&SCP to review last winter and take lessons learned into the plan for this year. This will also include lessons learned from Covid.

A detailed review of the Plan will be considered at the next meeting.

Action: Susan Fraser

8.4 HAIRT Report

The reports up to 29 February and 30 April 2020 were submitted for information. A lot of the detail is contained within the IPQR, but there is additional information for assurance in the HAIRT report.

Helen Buchanan advised that it was important to note that at the start of the Pandemic the Chief Nursing Officer did revise some of the HAI surveillance to allow teams, especially Infection Control, to be freed up to do other things. This included:

- All mandatory and voluntary Surgical Site Infection (SSI) surveillance should be paused until further notice. *(Although we still continued informally to collect our C Section data as this was something we had been working on over the last few years and the data was starting to improve.)*
- For SAB, ECB and CDI, Boards should continue to report case numbers and origin of infection data but are not required to report risk factor data as would normally be expected under enhanced/extended surveillance. This will still allow Boards to report on case numbers and to establish whether cases are healthcare or community associated.
- The data for CDI, SAB and ECB will continue to be fed into the Quarterly Epidemiological Data Officials Statistics, enabling Boards and HPS to identify trends, exceptions and to take immediate mitigating action where necessary.
- Boards are still required to implement local surveillance of all mandatory NHS Scotland alert organisms and conditions set out in Appendix 13 of the National Infection Prevention and Control Manual (NIPCM).
- Routine surveillance in ICU will pause in order to prioritise resource for enhanced surveillance of Covid-19 specifically.
- As part of the Covid-19 response, there will be dedicated enhanced surveillance of Covid-19 infections specifically.

Helen Buchanan advised that although it felt like everything had halted due to the Pandemic, reporting has continued as we had to ensure that we did not end up with another outbreak of something else, or an increase in infection rates that had been missed in that period.

The Committee noted the HAIRT report and were assured vigilance carried on during the Pandemic.

8.5 Joint Health Protection Plan 2020-22

The Clinical Governance Committee is asked to accept the JHPP for 2020-22, which has been agreed between Fife Council Environmental Health and NHS Fife Public Health departments.

Dona Milne advised that the Plan is updated every two years and was prepared pre Covid. The Plan is approved by both the Board and Fife Council, then published. The Plan attempts to set out some of the environmental issues within Fife and how we will work together to address them. It had been considered whether to seek permission from SGHD to rewrite the plan due to the Pandemic, but it was agreed to include some information on Covid-19 to bring it up to date, as it will take a few months to firm up our operational plans for health protection going forward.

The Committee noted the report and accept the recommendation for approval by the Board.

9 GOVERNANCE

9.1 Board Assurance Framework – Quality & Safety inc. update on Risks 1652 and 1670

The Board Assurance Framework was discussed. Following review, there have been no changes to linked operational risks.

Specific detail was requested by the Committee held on 4 March 2020 on the following risks:

Risk 1652 - Lack of Medical Capacity in Community Paediatric Service

This remains as a high risk. A paper is currently in development for consideration by the Executive Directors' Group.

Risk 1670 - Temperature within fluid storage room within critical care

This remains as a high risk. At present the doors are remaining open as this is still in a secure area and not open to members of the public. This allows the temperature to remain at the correct level. The service requested a meeting with the Head of Estates to rectify this long term but, due to Covid-19, it not been able to go ahead; the meeting will be reconvened when possible

Dr Bisset noted that there are a number of risks specifically related to Covid-19 and asked if there was anything that specifically needed to be highlighted to the Committee. Helen Buchanan advised that the Covid-19 risks have been considered by Silver and Gold Command and risks identified within Gold Command. Many of them are National issues and have been dealt with locally where possible.

The Committee approved the ranking of the risks.

9.2 Board Assurance Framework – Strategic Planning

The Board Assurance Framework was reviewed. Dr McKenna advised that there would be many changes over the next few months as we start to look at things in a different way. The risk remains, but the detail will start to change as transformation and redesign take place in the new world of Covid.

The Committee approved the current iteration of the BAF in the circumstances and agreed to await updates as transformation moves forward.

9.3 Board Assurance Framework – eHealth

Dr McKenna highlighted the addition of Risk 1746 - Introduction of O365 - will cause disruptive levels of Network traffic overhead.

The Committee approved the ranking of the risks.

9.4 Annual Assurance Statements/Reports from sub-committees/groups:

- **Clinical & Care Governance Committee Assurance Statement**
- **eHealth Annual Report & Assurance Statement**
- **Health & Safety Sub-Committee Annual Report & Assurance Statement**
- **Information Governance & Security Annual Report & Assurance Statement**

It was reported that all formal Committees of the NHS Board are required to provide an Annual Statement of Assurance for the NHS Board, which is considered initially by the Audit & Risk Committee. The requirements for these statements is set out in the Code of Corporate Governance. In order for the Clinical Governance Committee to finalise its own report, it first requires to consider the annual statements of assurance from its formal sub-groups, including the Clinical & Care Governance Committee of the IJB.

Gillian MacIntosh highlighted that the majority of the Statements would normally have been considered in the May round of Committee meetings, but, due to the Pandemic, have been approved either by circulation to the Committee or directly by the Chair of the Committee.

Gillian MacIntosh highlighted that there were inconsistencies in the format of the Assurance Statements and sought approval from the Committee to create a new template for next year for each group to use. The Committee supported this request.

Action: Gillian MacIntosh

Following comment from Margaret Wells around the H&S Sub Committee quorum and membership, Gillian MacIntosh agreed to feed back to Andy Fairgrieve that consideration should be given to increasing the Membership to allow the meeting to be Quorate.

Action: Gillian MacIntosh

The Statements from the Sub Committees / Groups were noted.

9.5 Clinical Governance Committee Annual Statement of Assurance

The annual reports from the Committee's sub groups were included in Item 9.4 and their content has been considered in the drafting of this report. In addition to recording practical details such as membership and rates of attendance, the format of the report has been reviewed this year to include a more reflective and detailed section (Section 4) of agenda business covered in the course of 2019-20, with a view to improving the level of assurance given to the NHS Board.

Gillian MacIntosh asked members to feed back any comments to her on the new format.

Action: All

The Committee formally approved the Clinical Governance Annual Statement of Assurance.

9.6 Internal Audit Governance Checklist

The purpose of this paper was to invite the Clinical Governance Committee to reflect on the Internal Audit Governance Checklist provided to support the work of NHS Boards and Committees during the pandemic period. Annex 1 set out the specific parts of that checklist relevant to the work of this Committee. Other sections are being considered by the other governance committees and the Board as a whole.

The Committee was asked to consider the specific areas covered in their checklist and consider whether it should be used to support the governance process during the pandemic. Other Board committees have found the checklist useful as an aid to prioritise agenda business (when reviewed in conjunction with an update of the Committee's routine workplan), and to serve as a gap-analysis tool, to help identify new topics and areas that the Committee should receive updates on at future meetings, to enhance their understanding and provide assurance on new or developing risks.

It was agreed this would be a useful aid memoire for Committee Leads to consider when preparing agendas in the immediate future.

9.7 Committee Annual Workplan

The Committee noted the 2020-21 Workplan had previously been signed off at the last meeting in March 2020, but now required updating. This revised version includes additional sections on Covid-19 updates and Remobilisation of Clinical Service planning and will be revisited over the coming months.

The Committee approved the revised Workplan.

10 INTERNAL AUDIT REPORTS – FOR NOTING

10.1 Audit Report B19/20 - Adverse Events Management

Dr McKenna advised this was a helpful report and would allow the development of an improvement plan to look at and manage Adverse Events.

The Committee noted the findings of the report.

10.2 Audit Report B15/20 - Follow-up Transformation Programme Governance

Susan Fraser advised that this audit was based on a previous audit undertaken a few years ago and the recommendations have been largely superseded. Given the current situation, consideration will need to be given how the audit is done in the future. Susan Fraser was asked to ensure a caveat is added to the report for Audit & Risk.

Action: Susan Fraser

The Committee noted the findings of the report.

10.3 Audit Report B31/20 - eHealth Strategic Planning and Governance

The Committee noted the findings of the report, noting it related to the earlier agenda item and discussion.

11 LINKED COMMITTEE MINUTES AND ANNUAL REPORTS – FOR INFORMATION

Dr Bisset advised that all items under this section would be taken without discussion unless any particular issues were raised.

11.1 Update on linked Committees

11.2 Fife Drugs & Therapeutic Committee (03/06/20)

11.3 Health and Safety Sub-Committee (meeting held 13/03/20 & 12/06/20)

11.4 Infection Control Committee 09/06/20)

11.5 Integration Joint Board (IJB) (28/02/20, 27/03/20, 26/05/20)

11.6 Public Health Assurance Committee (27/02/20)

12 ANNUAL REPORTS

12.1 Update on Annual Reports reporting in May and June

Helen Woodburn advised that, as a result of the Covid-19 pandemic, the normal reporting schedule of annual reports due at the Committee in May and July has been disrupted. This is due to the response from teams and the organisation to the pandemic, which has resulted in a delay with the preparation and creation of these reports.

The Committee noted the outstanding reports detailed in the report. The cancellations have all been directly related to the response of the organisation to the Covid-19 pandemic. These reports have been requested and will be presented to the Committee at the earliest opportunity in the next round of meetings in order to minimise any further delay.

12.2 Clinical Advisory Panel Annual Report

The Committee noted the report.

13 Issues / Items to be Escalated

Dr Bisset suggested the following items for escalation to the Board:

- Testing
- Remobilisation Planning

Dr Bisset will also discuss with Dr McKenna, Helen Buchanan and Helen Woodburn any further issues for escalation to the Board at its July meeting.

14 Any Other Business

There was no other competent business.

15 Date of Next Meeting

Monday 7 September 2020 at 2pm via MS Teams

Finance Performance and Resources Committee	
Finance Performance and Resources Committee (Meeting on 7 July 2020)	
No issues were raised for escalation to the Board.	

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING
HELD ON 7 JULY 2020 AT 09:30AM VIA MS TEAMS**

Rona Laing
Chair

Present:

Ms R Laing, Non-Executive Director (Chair)	Dr C McKenna, Medical Director
Dr L Bisset, Non-Executive Director	Mrs D Milne, Director of Public Health
Mrs W Brown, Employee Director	Mr A Morris, Non-Executive Director
Ms H Buchanan, Director of Nursing	Ms J Owens, Non-Executive Director
Mr E Clarke, Non-Executive Director	Mrs C Potter, Chief Executive
Mrs M McGurk, Director of Finance	

In Attendance:

Mr A Fairgrieve, Director of Estates
Mr A Mackay, Deputy Chief Operating Officer
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
Mrs R Robertson, Deputy Director of Finance
Mr J Crichton, PMO Director (for Ms Nicky Connor)
Mr B Hannan, Chief Pharmacist (for Mr Scott Garden)
Miss L Stewart, PA to the Director of Finance (minutes)

1. Apologies for Absence

Apologies were received from routine attendees Mrs Nicky Connor, Director of Health & Social Care, and Mr Scott Garden, Director of Pharmacy & Medicines. Mr Jim Crichton and Mr Benjamin Hannan were in attendance respectively for each.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 10 March 2020 and 17 June 2020

The Committee formally **approved** the minutes as an accurate record of both meetings.

4. Action List

The Chair reviewed the action list and highlighted those that were not otherwise covered in the meeting agenda.

An update was provided on Action 111, Stratheden IPCU - it was agreed that a written update closing off this action will be provided to the Committee, from the Director of H&SC, in September 2020.

An update was provided on Action 130, Review of General Policies & Procedures - Dr Gillian MacIntosh advised that the next update will be provided to the Committee in November 2020, when it is hoped the work with Estates on a new approval process will have progressed. Policy review and approval continued in the present period, where possible.

An update was provided on Action 133, Kincardine and Lochgelly Health & Wellbeing Centres - it was agreed to be kept on the list as a 'TBC', as a target date was still awaited as to when the Outline Business Cases would be produced.

An update was provided on Action 136, CAMHS and Psychological Therapies - it was agreed that an update will be provided to the Committee in November 2020. It was advised that performance has dropped over the pandemic period, but there is potentially improved resilience in the service from the introduction of NearMe video consultations.

An update was provided on Action 137, regarding the potential topic of a future Board Development Session. It was agreed this will be reviewed when these sessions resume.

An update was provided on Action 138, scheduling a FP&R Development Session. It was agreed that Mrs Rona Laing and Mrs Margo McGurk will discuss whether it is possible to arrange via MS Teams. It was highlighted that there may be an increased requirement for this to take place at present, given the complexity around remobilisation finances.

5. GOVERNANCE

5.1. Board Assurance Framework – Financial Sustainability

Mrs Margo McGurk presented the report to the Committee on Financial Sustainability.

It was highlighted to members that, prior to Covid-19, there was a medium-term financial challenge for NHS Fife. However, the significant impact of Covid-19, and the uncertainty brought with this, adds further complexity to manage the difficult opening financial position. The Committee were guided to the current performance within the risk register extract, which details this, and the action the organisation is taking to manage this risk.

Mr Alistair Morris questioned whether the resource level within Finance was sufficient to manage the additional work streams, i.e. around Test & Protect and Remobilisation. Mrs Margo McGurk advised the Committee that the Senior Finance Team are reprioritising their areas of focus in the short to medium term. The Business Partner Role is also being reviewed, to ensure there is strategic direction alongside a more operational focus on the service. There will be a Finance directorate restructure moving forward, the initial stages of which have just begun.

The Committee **noted** and **approved** the Financial Sustainability section of the Board Assurance Framework.

5.2. Board Assurance Framework – Strategic Planning

Dr Chris McKenna presented the report to the Committee on Strategic Planning.

It was noted that there has been no significant change since the last iteration of the report. The Committee should be aware of the key message, that once NHS Fife is out of emergency planning measures, the Board will be in a position to take a view of what strategic planning will look like moving forward. Significant changes can be expected. In the next few months it will become clear as to what the transformation programme will look like in the future planning period.

The Committee **noted** the current position in relation to the Strategic Planning Risk.

5.3. Board Assurance Framework – Environmental Sustainability

Mr Andy Fairgrieve presented the report to the Committee on Environmental Sustainability, and it was advised that there had been no major update since the last iteration. Work is continuing on improvement projects when funding becomes available.

The Committee **approved** the Environmental Sustainability section of the Board Assurance Framework.

5.4. Draft Finance, Performance and Resources Committee Annual Statement of Assurance

The Chair introduced the Annual Statement of Assurance to the Committee, which detailed a summary of the Committee's activity from the previous year and highlighted areas of focus. The production of such a report by each governance committee supports the Annual Accounts process.

Dr Leslie Bisset questioned whether formal assurance statements from the reporting sub-committees of FP&R should be submitted. It was noted that though this had not happened previously, it would help ensure consistency across committees if this was introduced. It was agreed that Dr Gillian Macintosh will action this moving forward with the relevant groups.

Action: G MacIntosh

The Committee **approved** the Assurance Statement for 2019-20.

5.5. Internal Audit Governance Checklist

The Chair introduced the Internal Audit Governance Checklist to the Committee, advising that it was previously discussed at the Covid-19 Briefing Session held in June.

Mrs Margo McGurk advised members that the Audit & Risk Committee had requested that all standing committees formal consider this checklist to support developing their agendas and work plans moving forwards

The Chair was supportive of this, advising that she would be happy to make use of the checklist with the Director of Finance in their agenda planning meetings.

The Committee **considered** and **approved** the use of the Internal Audit Governance Checklist in the manner described above.

5.6. Revised Committee Annual Workplan

The Chair advised that, due to Covid-19, the Annual Workplan of the Committee, which was previously agreed in March 2020, required to be revised as it is no longer accurate.

The Committee were content with the changes required and the reasons for the changes.

The Committee **agreed** to suspend the present workplan and **noted** the revised workplan for 2020-21.

6. PLANNING

6.1. Orthopaedic Elective Project

Mrs Helen Buchanan introduced the report to the Committee, which provided an update on the Orthopaedic Elective Project.

It was advised that NHS Fife are currently on track to develop a full business case, which is due to be submitted in September 2020. A formal letter of approval in relation to the outline business case has been received. Work packages have been submitted for market testing, and responses are due back on 1 September 2020.

Covid-19 has caused an approximate two-week delay in the timescale; however, the team are revising the timeline and are hoping this can be rectified. It has been flagged that there may be a financial risk that was not previously accounted for, due to the effects of Covid-19 (for example, additional equipment may required).

The Committee **noted** the report and welcomed the progress made to date.

7. PERFORMANCE

7.1. Integrated Performance and Quality Report

Mr Andrew Mackay was invited to provide an update on Acute Services performance.

It was advised that the situation in Acute is constantly changing and the report as it stands (as relates to April data) is significantly out-of-date due to this pace of change. One positive area to highlight is that the 4-hour emergency access performance is good and is continuing to be met, even though demand has recently increased.

An update on the current position was provided to the Committee to highlight some areas of challenge. It was advised that in the Annual Operational Plan the original trajectory for TTG waits for July was 265 patients waiting over 12 weeks. Currently, however, there are just over 3,000 patients waiting for surgery. For Outpatients, the trajectory figure was 140

patients waiting over 12 weeks; currently, there are 8,000. There is an increasing challenge and the teams are currently working to see what number of patients can be supported moving forward, with consideration being given to service redesign and how best services can remobilise. It should be emphasised that this position is no different to other boards nationally, but NHS Fife did have a more positive starting position.

Mr Eugene Clarke questioned whether NHS Fife will consider looking outwith the UK to gain additional capacity to support patients being treated. It was advised that this would be a decision of the Scottish Government; however, NHS Fife is continuing to use Private facilities with our own clinicians to support capacity, for example, in Cancer Surgery.

Dr Chris McKenna advised that responding effectively to waiting times will create significant challenges across all Boards, as many services will not be able to go back to how they were pre Covid-19. The way that NHS Fife have been operating to respond to Covid-19 has seen increased use of physicians and senior decision makers available at all times. This will therefore create a challenge towards outpatients.

Mr Andrew Mackay highlighted that NHS Fife are continuing to increase the use of technology to support outpatient appointments, and this will remain. Dr Chris McKenna emphasised that it is important to recognise that digital may not always be the best option and there are risks attached to using that model. A blended model will be a better approach to ensure best value.

Mr James Crichton was invited to present to the Committee and provide an update on the Health and Social Care Partnership performance. It was highlighted that the key pressure areas are CAMHS and Psychological Therapies, which have been greatly impacted by Covid-19. However, it is expected, as these services move into recovery, there will be improvements in performance. Alcohol and Drug interventions performance have sustained well despite the pandemic.

Mrs Margo McGurk was invited to present to the Committee and provide an update on Financial Performance

The Committee were guided to the Key Challenges section of the report. It was highlighted that the biggest challenge for NHS Fife is that there may not be adequate funding to cover the net associated costs from remobilisation and mobilisation.

There is complexity relating to the traction on transformation, as there is a concern there may not be enough movement to enable the release of savings or enhance productivity. Covid-19 has greatly enhanced that challenge.

Funding for 2020/21 will not be advised until the full review of Q1 results takes place by the Scottish Government for all Boards across Scotland. NHS Fife will not hear of its allocation until September 2020.

The Committee **noted** the contents of the report, with specific focus on the measures and performance relevant to Operational Performance and Finance.

8. ITEMS FOR NOTING

8.1. Internal Audit Report B32/20 – NHS Scotland Waiting Times Methodology

The Committee **noted** the findings of Internal Audit Report B32/20.

8.2. Internal Audit Report B25/19 - Financial Management

The Committee **noted** the findings of Internal Audit Report B25/19.

8.3. Minute of Pharmacy Practice Committee, dated 25 February 2020

The Committee **noted** the minute of the Pharmacy Practice Committee.

9. ISSUES TO BE HIGHLIGHTED

9.1. To the Board in the IPR & Chair's Comments

It was agreed there were no substantive issues to be escalated outwith those recorded in the Committee's minute.

Date of Next Meeting: 8th September 2020 at 9.30am in the Staff Club, Victoria Hospital, Kirkcaldy (location TBC).

Staff Governance Committee

Staff Governance Committee

(Meeting on 3 July 2020)

The Staff Governance Committee takes the opportunity to celebrate/recognise with the Board all that has been achieved by our staff during the pandemic, to highlight the importance of maintaining the levels of staff engagement seen during this period, and to continue to innovate and provide staff wellbeing support and services.

- Absence Rate 4.64% (May 2020)
- Nurse Bank increased capacity by 370 workers in 8 weeks
- Interviewed 643 candidates in 3 weeks (Friends and Family, And Returner campaigns)
- Fast-track induction supported 230 people
- 833 people registered on LearnPro – the online training content system

Staff quickly revised ways of working and many staff moved to working from home or were deployed to other wards/departments.

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON 3 JULY 2020 AT 10AM VIA MS TEAMS.

Margaret Wells
Chair

Present:

Margaret Wells, Non-Executive Director (Chair)

Wilma Brown, Employee Director

Helen Buchanan, Director of Nursing

Christina Cooper, Non-Executive Director

Simon Fevre, Co-Chair, Health & Social Care
Local Partnership Forum

Katy Miller, Non-Executive Director
Whistleblowing Champion

Alistair Morris, Non-Executive Director

Carol Potter, Chief Executive

Andy Verrecchia, Co-Chair, Acute Local
Partnership Forum

In Attendance:

Bruce Anderson, Head of Staff Governance

Kirsty Berchtenbreiter, Head of Workforce Development (joined at item 6)

Jim Crichton, Interim Project Management Director

Linda Douglas, Director of Workforce

Susan Fraser, Associate Director of Planning & Performance (for Item 8.1 only)

Andy Mackay, Deputy Chief Operating Officer

Gillian MacIntosh, Head of Corporate Governance & Board Secretary

Rhona Waugh, Head of Human Resources

Laura Stewart, PA to the Director of Finance (Minutes)

1. Apologies for Absence

Apologies were received from attendee Nicky Connor, Director of H&SCP. Jim Crichton attended the meeting on her behalf.

2. Declaration of Members' Interests and Chair's Opening Remarks

There were no declarations of interest made by members related to any of the agenda items.

The Chair welcomed everyone to the meeting and noted that this is the first formal meeting of the Staff Governance Committee since March 2020, following the Committee's special briefing session held earlier in June. The Committee were guided to review the content of the framework for Decision Making, Remobilise, Recover and Redesign, which was released by the Cabinet Secretary for Health & Sport on 1 June. This detailed that NHSScotland is presently under Emergency Measures and this

framework outlines how NHS Boards in Scotland should safely and incrementally prioritise the resumption of services, whilst ensuring there is continuing capacity to mitigate the effects of Covid-19. The range of clinical priorities set out in the framework are to be kept under review by all partners and key stakeholders to NHS Boards. A national group chaired by the Cabinet Secretary of Health & Sport will lead the way forward on remobilisation and, at a local level, this will be clinically lead. It was recognised that the focus of Staff Governance Committee under this framework would remain Covid-19 specific, hence the shape and content of the meeting's agenda.

3. Minute of the Previous Meetings held on 6 March 2020 and 18 June 2020

The minutes of the previous meetings were both **agreed** as an accurate record.

4. Action List

The Chair reviewed the rolling action list and advised that all actions (with the exception of 3.2) have currently been paused due to Covid-19.

Linda Douglas, referring to Action 22/20.1, requested the Committee's approval to reframe the action description, as it should refer to the work planned in relation to the IPQR specifically to explore extending the number of workforce of indicators, described in the BAF, rather than being limited to only the absence data.

The Committee **noted** the current status of the action list and **agreed** to the reframing of Action 22/20.1 as above.

Action: LD

5. Matters Arising

It was noted that there are some matters outstanding from the March Committee meeting. It was advised that some of this work can now begin to restart and will be brought back to the November Committee as an update. The Staff Governance Action Plan will also be revised to account for the Covid-19 focus. This will allow for further timescales to be detailed and additional work undertaken before the papers are brought back.

6. COVID-19 UPDATE

6.1. Workplace and Workforce

Linda Douglas presented the briefing paper to the Committee, which focused on the impact and changes to the workplace and workforce due to Covid-19. It was highlighted that some of the information in the report was provided to the Committee at their June briefing session, but this had been expanded for consideration at a formal committee meeting.

Members were directed to Section 2.2.1. The report recognised that recruitment activity which was paused (other than in reference to critical roles) has now restarted and activity is picking up. The team have taken onboard the learning gained during the pandemic and will continue working with those changes moving forward, to create a

more efficient recruitment service. For example, Disclosure Scotland has amended their process significantly, to enable quicker processing of applications.

The Board have seen a greater volume in national directives, communications and guidance issued during the pandemic, much of which has been very significant. It is anticipated that some of the Covid-19 related changes will cease over time and the Committee will be made aware of what is stepped back, as normal procedures resume.

The Committee were guided to section 2.3.2 of the paper. It was recognised that there was significant work done in the workforce in response to Covid-19. The Board are continuing to respond to updates in national policy and processes, to be as flexible as possible, to allow the workforce to work effectively. The Board are also working closely with Partnership colleagues to enable changes to policies to be made in light of national guidance and direction.

The work being done to support Health and Wellbeing for staff was highlighted. All staff involved in supporting the Wellbeing work, including within the Hubs, were thanked for their ongoing efforts. Additionally, those who are utilising the support had been appreciative of the services offered. It was noted that the work has been successful and helpful feedback has been received.

Wilma Brown queried what is being done to ensure that those candidates who came forward to provide potential support during the peak of the pandemic remain engaged and committed, should their services be required in the future. Linda Douglas advised that the team are very thoughtful about “candidate management” and managing expectations. To that end, all candidates who applied to join the ‘COVID effort’ but have not yet been onboarded have been contacted to thank them for their application and advised that, at present, they are not needed. They have been asked if they would be content that their application remains active. The Recruitment and HR department have continued access to the pool of applicants, if required, and the team will continue to retain interest and engagement with this group of applicants.

Wilma Brown raised a concern that there have been a few communications sent directly from Scottish Government that have had a delay in being cascaded to staff. It was highlighted, for instance, that there is still some communication and guidance, including that related to Annual Leave and Bank Staff, which staff have not been fully informed of.

Linda Douglas highlighted that guidance relating to Annual Leave and co-signed by Ms Brown and herself was issued some weeks ago. With work on a local process for the arrangements that allow for untaken annual leave from 2019/20 to be paid for been taken forward with partnership colleagues. The most recent of these discussions having taken place earlier in the week.

Christina Cooper queried whether the supplementary workforce are engaged in the recruitment plans moving forward, particularly if there was a second peak, and whether those who were brought onboard previously are getting recognition for their support, including those volunteers who have stepped up. Linda Douglas advised that the paper later in the agenda highlights how the Workforce Strategy and its plan takes

those issues into account. Regarding recognition, staff who have joined and/or stepped up to support the Board during Covid-19 are receiving recognition; locally in small groups or on an individual basis.

Helen Buchanan added that, from a nursing perspective, those who came forward to provide support during the peak, if no longer required, every effort is being made to ensure they do feel valued and remain interested, as their support may be required in future. The recruitment team are also forward-planning and have successfully shortlisted for a number of vacancies to help provide extra capacity for winter. Andrew Mackay advised that, where a department do have a vacancy, the workforce group are continuing to recruit short-term bank contracts to provide cover to this gap, where recruitment is a challenge, and this has been very effective.

Andrew Verrecchia raised a concern that several Unison members who are Bank staff have reported a drop in available work since March 2020 and are no longer receiving offers of work as previously. Further guidance was requested on how the Board plan to respond to these queries. Linda Douglas advised that work is underway to ensure consistency of operations across bank working. Regarding individual cases Ms Douglas asked that these be raised if not already to allow solutions to be found as necessary. Ms Douglas offer to take this up with Mr Verrecchia outwith the meeting.

Simon Fevre highlighted that the Return to Work guidance for staff is very helpful and supportive to staff, though presently difficult to access. There was concern that not all staff have access to the Blink StaffLink app, and this should not be the only means of communication to staff. Linda Douglas responded, advising that further work will be done to ensure the Return to Work guidance is available offline and can be easily accessed.

A further concern was raised that the Executive Team has had to move quickly to make decisions, particularly in the early stages of the pandemic. It was highlighted that the Area Partnership Forum needs to be utilised effectively and meet regularly, to the usual decision-making routes and staff-side input.

Carol Potter provided assurance to the Committee that the pandemic period has provided extra opportunities for Senior Staff to work alongside Partnership, in order to make decisions effectively, and the Executive Team are fully committed to this. Meetings of the APF are now resuming their normal schedule.

Katy Miller noted that there are a couple of key milestones coming up in relation to guidance on those staff members shielding and on the BAME workforce. Assurance was sought around what processes the Board has in place during the next four to six weeks to provide support and information to these staff members. Linda Douglas advised that, in terms of staff members who are shielding, the Board continue to review that guidance and the support available for that group of colleagues. At present, some staff members are at work (working from home) whilst shielding, either continuing in their substantive role or working in alternative duties. There is a good understanding of the individuals within this cohort. There is continued contact between those staff members and their managers. There are different considerations for our BAME. Noting that staff are not required to provide ethnicity and other protected characteristic data is not fully comprehensive. There has been advice provided to

managers to support staff, and to conduct appropriate risk assessments. There are a number of clinical and associated advisory groups that continue to review and provide advice.

The Chair emphasised that the discussion points made above were each very important and that concerns raised needed to be addressed. It was concerning to hear, for instance, that regular employees on our Bank rota have not had work, and it is important for the Committee to receive assurance that this is rectified. Further work also needs done in relation to the detail of remobilisation plans, accessibility of documents, effectiveness of communication and engagement in relation to partnership working.

The Committee **noted** the report.

Action: LD

7. MOBILISING OUR WORKFORCE

7.1. Workforce Strategy Update

Linda Douglas introduced the paper to the Committee, which provided an update on the Workforce Strategy. The Committee were advised that the paper describes that 'normal' working arrangements for Workforce Planning have been paused and the Strategy will require significant edits to take account of changes in service delivery. The Workforce Planning Group has however been stood back up and will significantly review all actions.

The Committee **noted** the report for assurance.

8. QUALITY, PLANNING & PERFORMANCE – COVID-19

8.1. Integrated Performance & Quality Report

Susan Fraser joined the meeting for the Committee's discussion of this item. She introduced the IPQR to the Committee, noting that the information and data used to compile the report presented was collated in April, thus would reflect the peak of Covid-related activity. It was highlighted that performance in a number of key target areas has slipped, particularly in terms of waiting times performance. Sickness Absence rates (of 4.54%) in April did improve against the target, however this figure needed to be treated with some caution.

The Committee **noted** the IPQR report.

8.2. Recruitment Update

Rhona Waugh introduced the report to the Committee. It was highlighted that there has been significant activity within the recruitment team over recent months, due to the number of applications received in answer to Covid-19 support campaigns. 'Business as Usual' activities, which were paused, have now recommenced and the team are working closely to support services with their staffing needs.

It was noted that, due to a significant increase in applicants, NHS Fife has been successful in recruiting three Emergency Medicine consultants. This was a challenging area to recruit to in the past, and therefore the decision has been made to over-recruit to provide ongoing resilience.

The Committee **noted** the report.

8.3. Staff Wellbeing Update

Rhona Waugh outlined the report to the Committee, noting that this provided further information and more detail on the paper previously shared at the briefing session earlier in June. Work is progressing to secure permanent locations for the Staff Hubs, with staff uptake and their use being really positive. Since opening originally in the Maggie's Centre, around 5,000 staff members have accessed a hub across Fife. Mindfulness sessions have been taking place on Zoom regularly, and there has been a lot of positive feedback received from this. It was highlighted that further consideration is required as to how staff at work within the community can be reached and supported, as it is important to ensure they too feel engaged, even if distant from an actual hub location.

The Committee **noted** the report.

9. Governance

9.1. Board Assurance Framework - Workforce Sustainability

Linda Douglas presented the report, which provided an update to the Committee on Workforce Sustainability. It was highlighted that there is a present focus on Test & Protect and Mental Health; the linked risks and mitigation are included as appendices.

The Committee reviewed and **approved** the risk ratings.

9.2. Staff Governance Committee Annual Statement of Assurance 2019/20

Margaret Wells introduced the paper to the Committee. It was highlighted that this report is submitted annually to the Committee for approval, as it outlines the work achieved throughout the year.

The Committee **approved** the report for onwards submission to the Audit & Risk Committee.

9.3. Staff Governance Committee Revised Annual Workplan

Bruce Anderson advised that, due to Covid-19, the Annual Workplan of the Committee, which was previously agreed in March 2020, will require to be suspended and revised, until such times as the current emergency footing is lifted.

The Committee **agreed** to suspend the present workplan and noted the intention to prepare a revised version for consideration at the next meeting.

9.4. Internal Audit Governance Checklist

Dr Gillian MacIntosh presented the report. It was highlighted that the Audit & Risk Committee had requested at their June briefing session that this checklist should be reviewed by all Board committees. It was anticipated that the checklist would be a useful tool to identify additional or prioritised agenda items the Committee may wish to consider due to Covid-19. The checklist will therefore aid in the development of agendas moving forward, to ensure no area of risk is missed.

Margaret Wells advised that the report was very helpful.

The Committee **agreed** the checklist would be utilised in the preparation of future agendas.

10. INTERNAL AUDIT REPORTS – FOR NOTING

10.1. Audit Report B22A.20 - Review of Workforce Strategy Implementation

Rhona Waugh summarised the main findings of this recent review. The full audit report has been provided for members' information and there are two recommendations that NHS Fife is required to follow up on. This includes the action planning on workforce strategy, as previously discussed, and secondly, how to provide the assurance of workforce planning actions reported to the group. Work is progressing on that front.

The Committee **noted** the report's contents.

11. INTERNAL AUDIT REPORTS – FOR NOTING

11.1. Minute of the Area Partnership Forum dated 18 March and 20 May 2020 (unconfirmed)

The Committee **noted** the minute.

11.2. Minute of the Acute Services Division & Corporate Directorates LPF dated 20 February and 11 June 2020 (unconfirmed)

The Committee **noted** the minute.

12. ISSUES / ITEMS TO BE ESCALATED

The Chair highlighted that there are a number of points that require to be escalated to the Board, which will be captured in the minute in members' discussion under agenda item 6.1. This includes recognition of all that has been achieved by staff during the pandemic period; the extent of staff engagement in staff wellbeing activities; and achievements in recruitment and the flexibility of workforce. The continuing work to show the Board does value the commitment from staff and also to provide emphasis to ensure those less employed do not lose engagement were also important issues.

In reference to the IPQR, it would be noted that there is improved absence figures reported within.

The Chair and Director of Workforce would agree the text for submission to the Board.

Action: MW/LD

Date of Next Meeting: 4 September 2020 via MS Teams (TBC)

Committee Title Communities and Wellbeing Partnership

<div>COMMUNITIES AND WELLBEING PARTNERSHIP</div> <div>19 May 2020</div>
<div>No issues were raised for escalation to the Board.</div>

Communities & Wellbeing Partnership

Meeting by Teams, Tuesday 19th May 2020, 2.00-3.30pm

Notes

Present: Judith Allison, Cllr Lesley Backhouse, Archie Campbell, Lucy Denvir, Cllr Fiona Grant, Cllr Judy Hamilton, David Heaney, Janice Laird, Dona Milne (chair), Nina Munday, Kay Samson, Tricia Spacey, Karen Taylor, Jo-Anne Valentine, Margaret Wells

Attending: Gill Musk

Apologies: Ruth Bennett, Nicky Connor, Mike Enston, Lynn Gillies, Sgt Barry Stewart, Paul Vaughan

1. Welcome and introductions

Dona welcomed all to this first C&WP meeting held via Teams.

2. Community led work – Dona, Gill

Dona noted ongoing conversations with Paul Vaughan and others about how to link work in the seven areas with the Public Health Priorities, and on how to build on and maintain local involvement – volunteering etc.

Gill gave a brief update on work being led by the Third Sector Strategy Group and FVA, on fairness and community led services. A conference had been planned for the end of May. The project steering group (TSSG, FVA, FCT, NHS and FC) is now focusing on two strands of work: capturing stories about community led action during and in the recovery from the pandemic, with the aim of helping reflect on and learn how best to enable and support community led services going forward; and a series of online events.

More information on both will be circulated soon. In the meantime, C&WP members are invited to send in any stories of community led work (however brief) to Gill. **ACTION: All**

Janice offered to share case studies from community food work and suggested involving area resilience teams. **ACTION: Janice, Gill**

3. Community Assistance Hubs, Place Leadership etc – Janice

Janice explained that the Care for People group had set up a working group to develop an operating model for Humanitarian Assistance Centres (HACs). This emergency resilience concept would typically bring staff from across agencies/services together in a physical location.

In the current situation this has transitioned into a 'Community Assistance Hubs' model, which has three parts:

1) a building in each of seven areas primarily used for packing/distribution of food;

2) a virtual Multi-Disciplinary Team (MDT) in each area, comprising Team Managers from Housing, Communities & Neighbourhoods, Education, Children & Families (Social Work, Criminal Justice and Family Support), H&SC (Adult Social Work and Older People's Services). MDTs are chaired in each area by the Community Manager; and

3) central support, provided through the Council's Comms team, Bankhead Distribution Centre and COVID Community Helpline. Work is also going on to develop create a Vulnerable People's Database.

MDTs are meeting weekly. The focus so far has been on strengthening links and improving collaborative working. Common themes are food insecurity, increases in domestic abuse, impact on groups such as carers, issues around home schooling / families unable to access resources. Work is ongoing to try to make food responses more dignified – e.g. how to prioritise choice and control in design of food programmes, including cash grants – and to ensure these help people be more resilient over the longer term. Some guidelines around this, and a referral process, have been developed. The intention is to work through MDTs to identify individuals who could benefit from a range of supports. The longer-term aim is that MDTs 'morph' into Place-Based Leadership groups.

There is currently no third sector representation on MDTs but, in the longer term, membership will be expanded. For the moment, FVA link to each of the area resilience teams and Welfare Reform and Anti-Poverty Groups in the seven areas all have third sector involvement.

Dona shared a link to a Corra Foundation blog on the chat - <https://www.corra.scot/news/the-coronavirus-storm/>.

The issue of third sector funding was raised.

Judith described a mixed picture, with some challenges (that FVA are feeding back nationally) but also quite a bit of funding being made available and flexibility being shown – e.g. lighter application and monitoring processes, flexibility about use of existing grants etc. OSCR are very supportive. Going forward, there's some concern in the sector that smaller charities will lose out to bigger ones.

Nina highlighted issues around food insecurity amongst minority ethnic families - some are turning to national organisations as they aren't aware of, or are finding it hard to access, local support. Food supplied is not always culturally appropriate. Are those voices being fed through FVA? How do we ensure conversations are more joined-up and equalities aren't an afterthought?

Margaret asked whether we could be sure that we were finding those people who most need help.

The Care for People has a subgroup working on identifying vulnerable people in Fife and ensuring they are aware of the range of supports available. Members also gave some examples of other less formal ways of reaching out to people who're vulnerable – e.g. local resilience groups, SMS messaging to keep in touch with people who attended ESOL classes and job clubs, etc.

4. Mental health and wellbeing – Kay

As part of Mental Health Week, Health Promotion have been active in sharing the 'Clear Your Head' campaign messages and resources with workplaces and a range of networks. The team have also updated the 'Keeping Connected' leaflet which lists key local/national services e.g. addictions, loss, mental health and wellbeing etc.

The Information and Resources Centre is supplying mental health and wellbeing resources and supporting staff health and wellbeing hubs (13 across NHS in Fife).

Partners who provide frontline services – e.g. CARF, DWP, foodbanks – are being asked to identify the main issues that are causing distress to clients, to help with targeting.

National mental health training has been suspended, so Health Promotion are looking at how this might be delivered virtually.

Janice noted that MDTs have a standing item on mental health in their weekly meetings and are trying to capture what the key issues are across teams.

Judy noted that many people are finding their employment situation has changed, they're reaching the end of their incomes and resilience, and need support now. Mental health issues are going to get worse.

Welfare Support Workers are now helping some of these people – those who wouldn't normally go to job clubs but are now struggling – and new communications methods are being explored, such as webchat, as these individuals can be difficult to reach.

Archie highlighted the potential for adult online learning online to help people be connected – WEA can help people who are struggling to get online. Could the Vulnerable Persons Database help us better understand how many people don't have access to equipment and wifi?

It was noted that Fife College is offering lots of online learning, delivering equipment to students etc.

Some discussion of residential care homes and efforts to enable people to socialise without use of the communal lounge. Some great examples of resilience but fears also around loss of mobility. Fife care home staff appear to be coping incredibly well.

Judith noted particular concerns about the mental health and wellbeing of children leaving high school, who may not have college places or employment opportunities, and those in transition from primary to secondary school. Of the 60 members in the Youth network, around 50% are continuing provision online. There's some funding for Wellbeing Boxes, going to resource youth workers.

Judith raised the issue of children's rights, and how to ensure they're heard and respected in this time, especially if families aren't online.

It was noted that Fife College are running an extended term – a structured programme for young people who're leaving school but don't have a job. SDS are also doing work with this target group. Health Promotion are part-funding a Health and Wellbeing Adviser at the college and, through them, providing a range of information and support for young people.

Karen highlighted on chat that there are many activities being run through the FCT online.

Nina questioned how workers themselves can be supported to manage their health during the crisis.

5. Test, Trace, Isolate and Support (TTIS) - Dona

After (at least some) lockdown measures are lifted, contact tracing will take place to identify confirmed cases and follow up contacts - partly digitally, partly by phone. KPMG are mapping out a 'citizens pathway'.

A TTIS team is being set up in Fife, using existing NHS and Council staff not fully deployed by their own jobs. It will be scaled up to 150 over the next three months - call handlers, contact tracers and admin staff. Training has begun. Staff will use contact tracing skills and Good Conversations approaches. Public Health will also be recruiting a small specialist team to support work over the next two years.

The programme will try to make use of existing structures and processes where possible. There will be 2,000 staff in total across Scotland and a national platform. The system is to be up and running by 25th May.

Fife one of three areas testing all the materials this week. Neil Hamlet and Margaret Hannah (working two days a week from next week) are co-leads for the programme in Fife.

David Heaney noted work taking place to explore how support will be delivered. This is overseen by the Care for People Group.

6. Next steps

Dona noted the positive feedback from members about the last meeting and asked how we focus effort so that we are taking action, not just talking.

She feels an important focus for the group going forward is community led work.

Paul Vaughan to be invited to attend next meeting.

7. Date of next meeting

Thursday 2nd July, 1.30 – 3.30pm

Committee Title Communities and Wellbeing Partnership
<div><div><div>COMMUNITIES AND WELLBEING PARTNERSHIP</div><div>02 July 2020</div></div><div>No issues were raised for escalation to the Board.</div></div>

Communities & Wellbeing Partnership

Meeting by Teams, Thursday 2nd July 2020, 1.30-2.45pm

Notes

Present: Judith Allison, Cllr Lesley Backhouse, Archie Campbell, Lucy Denvir, Mike Enston, Dona Milne (chair), Nina Munday, Kay Samson, Tricia Spacey, Sgt Barry Stewart, Jo-Anne Valentine, Margaret Wells

Attending: Gill Musk

Apologies: Nicky Connor, Lynn Gillies, Cllr Fiona Grant, Cllr Judy Hamilton, David Heaney, Janice Laird, Kenny Murphy, Karen Taylor, Paul Vaughan

1. Welcome and introductions

Apologies noted as above. Dona noted that item 7, on Public Health Priority 6, would be deferred to a future meeting when there would be more to report.

2. Matters arising from meeting on 19th May

Notes agreed as an accurate record. No matters arising not covered by the agenda.

3. COVID recovery approach – Mike, Dona

Mike introduced the report to Policy & Coordination Committee on 18th June, which had been circulated with the agenda and was the second of two reports to Committee.

The Plan for Fife is due for review this year and there have been discussions about simplifying it. It's now recognised that this should not be separate from the process of reform and recovery planning. We need to "build back better" and reflect on the innovations and lessons of the last 15 weeks.

To date this has been a conversation within Fife Council; feedback from partners is now welcome. Delivery Leads and Fife Partnership Board will meet in August.

The typical community planning review process is too long and reflective – we need to act now based on what we've learned, and what this means for service redesign. The approach should build on the pace and collaboration across statutory and voluntary sectors we've seen in recent weeks.

A few priorities for recovery are identified in the report but these may be increased. The "sprint approach" is about a sense of focus and pace, mobilising people and action.

Once priorities are agreed, a lead for each will be identified who will take a facilitative approach, managing a dialogue across a range of interests and community planning partners.

The detail is still to be worked up and this will be an active conversation over the next 4-6 weeks.

Dona drew attention to the Public Health Scotland paper circulated by email shortly before the meeting. She asked members to read this and share any feedback with her. **ACTION: ALL**

Dona also noted conversations ongoing on the Public Health Priorities, and a potential narrowing of focus.

Margaret noted that NHS Boards are still under emergency measures as directed by Scottish Government, with committees and considerations COVID-focused. Remobilisation will be clinically led with the Board's Clinical Governance Committee leading on governance and strategic direction. The first phase of the Remobilisation plan for NHS Fife to the end of July will be considered, as for other Health Boards, by the oversight group chaired by the Cabinet Secretary. Some of this will be relevant to Communities & Wellbeing Partnership work.

Tricia asked what the expectations of partnerships would be in relation to the new priorities.

Nina stressed that inequalities have to be addressed at the start of processes, including relief and recovery work, rather than being an add-on. By way of example she noted that the EQIA appended to the new Mental Health Strategy has many blank spaces.

Jo-Anne welcomed the priorities included in the report and noted their good fit with C&WP work. Communities have played a hugely important role over the course of the pandemic – how do we go about involving communities in the refresh of the Plan?

Margaret raised the issue of people now congregating in beaches and parks, and whether that this was something we should be considering in C&WP.

Dona noted that this was a key topic being discussed by Directors of Public Health. They are to produce guidance so youth work can restart.

Tricia noted an increase in the number of anti-social behaviour complaints directly related to concerns about social distancing. A joint protocol is in place with Police, which focuses on education and prevention before enforcement. Young people have to be prioritised in the Community Safety strategy, and closer work with youth work on support and prevention.

Barry gave an update on Police experiences over the pandemic. Early on, there was an escalation in anti-social behaviour calls related to young people gathering and neighbours coming to terms with restrictions. Engagement, education and dispersal has been the approach where possible. Police have worked with Fife Coast & Countryside Trust on issues in parks and beaches, creating active patrols. The situation is monitored daily to compare emerging trends locally and nationally and fed in through the Community Safety Partnership. In relation to new requirements about transport and facemasks, Police are again working with partners to identify and mitigate problems early on.

Judith asked about the role of the Detached Youth Work service and Community Wardens.

Tricia explained that Community Wardens are now part of the Safer Communities Team. Further discussion is needed on how to work with Detached Youth Work (though not all areas have this) and how to replicate best practice. As the Community Safety Partnership is now established it will look at this, but open to other discussions and support.

4. Mental health and wellbeing

Dona noted that Health & Social Care Partnership's Mental Health Strategy has now been published.

Kay reported that mental health and wellbeing has been identified as key Public Health priority work stream during and post COVID-19.

Fife reps (Ruth Bennett and Paul Madill) are on the Public Health Priority 3 Mental Health & Wellbeing national network. This will help inform local work.

A national campaign, Clear Your Head, has been running across Scotland in 3 phases. Health Promotion is preparing local action to coincide with phase 3.

A range of information and online resources have been cascaded through a range of networks to help support staff and members of the public. Information has gone out to the third sector through FVA and there is ongoing communication via social media to businesses.

The Fife Suicide Multiagency core group met last week. The action plan has been revised to reflect impact of COVID. The Keeping Connected resources have been updated and will be cascaded over the coming weeks – the Keeping Connected general leaflet, Keeping Connected Young People and Keeping Connected easy read version. These are aimed at frontline staff and give information on a range of support available to people experiencing mental health issues. Planning is underway for Suicide Prevention week in September.

There has been additional promotion of mental health training opportunities - trauma informed practice, suicide prevention and general mental health and wellbeing. All have e-learning options.

Public Health and Health Promotion are meeting to identify some priorities for summer.

Dona undertook to pick up Nina's point about the EQIA with Nicky. **ACTION: Dona**

Dona noted that she and Nicky had had some discussion about the lack of focus on prevention in the strategy. They are keen to take a wider view and have discussion of this at a future C&WP meeting.

Dona highlighted the redesign of mental health in-patient services as part of capital redesign work in NHS Fife and stressed the importance of public engagement – not just of people who have experience of mental health services - in this work. Any partners who are interested are invited to let Dona know and she will link them with Alan Wilson, NHS Fife Capital Projects Manager.

Archie noted short workshops on mental health being delivered by WEA on topics including staying safe at home and mental health under lockdown. These aren't currently offered in Fife but there may be potential for this in future. A new book group started in North East Fife last week.

5. Community led services:

a. update on Third Sector Strategy Group / FVA-led work - Gill / Kenny

Gill reported that work had been progressed on the call for stories and the group is looking at mechanisms to ensure a wide range of voices can be included and data can be analysed usefully. Council Research and Comms team are involved.

The programme of online events is well developed; dates to be confirmed.

b. volunteering – Kenny

In Kenny's absence, item deferred to next meeting.

c. local action and Public Health Priorities - Paul / Dona

Dona explained that there was strong connection between themes being identified at local area level and the Public Health Priorities. Dona, Ruth and Jo-Anne to take up discussion with Community Managers about planning around the PHPs, getting action and engagement at local level and feeding into Fife-wide work.

6. Food insecurity - Jo-Anne

a. report back from Food Insecurity Group held 30th June

The group had exchanged updates on emergency responses and considered issues of sustainability over the medium to long term. Common themes raised:

- the tremendous response across partners and communities;
- no food shortages at the moment but sense that we are on the cusp of a crisis over the next few months as economic impacts hit;
- volunteers not being able to carry on but new volunteers coming through;
- sustainability of work;
- longer-term issues and range of supports that people need and how we link people into other services;
- the need to understand different roles that different organisations / groups play;
- the different people now needing help – larger families, people not previously known. Fragility of people's lives – just one paycheck away from tipping over;
- links to climate emergency and environmental work;
- MSP Elaine Smith's consultation on right to food proposal – Gill and Ross Martin to work on local consultation;
- Karen McArdle doing some work into lived experience of food insecurity.

Points will also be fed into next Welfare Reform and Anti-Poverty Partnership meeting.

Dona noted that the economic impacts cut across all partnerships.

b. holiday food evaluation (final report attached)

Omitted – see points subsequently sent by email.

7. AoB

No other business

8. Date of next meeting

Weds 23rd September, 10am-12noon

Minutes

Item 2

Meeting: East Region Programme Board

Date: Friday 31st January 2020, 11.15am – 12.00pm

Location: Carrington Suite, SHSC, Crewe Road South, Edinburgh

Present:		
T Davison	Chief Executive, NHS Lothian/Regional CE Implementation Lead (<i>Chair</i>)	
R Roberts	Chief Executive, NHS Borders	
S Goldsmith	Director of Finance, NHS Lothian	
L Douglas (V.C.)	Director of Workforce, NHS Fife	
T Gillies	Medical Director, NHS Lothian	
J McClean	Acting Director of Regional Planning, East Region	
C McKenna	Medical Director, NHS Fife	
C Potter	C Potter, Interim Chief Executive, NHS Fife	
D Phillips	Regional Workforce Planning Director, East Region	
C Sharp	Medical Director, NHS Borders	
<p>In Attendance: Erin MacPherson, Project Support Officer, East Region Planning Team (<i>Minutes</i>) Kenny Freeburn, Scottish Ambulance Service Richard Combe, Scottish Ambulance Service</p> <p>Apologies for absence were received from: John Cowie, Carol Gillie, Paul Hawkins, Wilma Brown, Alison McCallum, Jim Crombie, Alex McMahon, Nicky Berry, June Smyth, Jackie Stephen, Morag Olsen, Alex Joyce, Janis Butler, Fiona Murphy</p>		

1.	Welcome and Apologies T Davison welcomed all to the meeting noting that Kenny Freeburn and Richard Combe from the Scottish Ambulance Service were in attendance for Item 5. The apologies received were noted.	
2.	Notes of Previous Meeting held on 8th November 2019 The Group agreed the minutes from the meeting held on 8 th November 2019 as an accurate record.	
3. 3.1	Matters Arising: <i>Perinatal Mental Health – Update on Funding Proposal</i> J McClean advised that following submission of a proposal to Scottish Government for additional funding to support attainment of national MBU in-patient staffing standards, an allocation had been made for 2019/20. The allocation had been lower than anticipated and would require a re-prioritisation of the proposed recruitment plan within the regional MBU. It was noted that the basis on which Scottish Government had calculated the allocations to both East and West MBUs was unclear and had been challenged. A follow-up meeting had been arranged involving both the East and West Leads at which Scottish Government recognised the process had been less than optimal due to a need to distribute funding quickly and that neither MBU had received the anticipated level of funding. East Region leads had highlighted that due to the reduced allocation, staffing standards would not be met in the anticipated timescales, however Scottish Government had confirmed their expectation that minimum staffing levels should be met over the next 3 years. Following discussion it was confirmed that the Regional Perinatal Group would continue to lead on the development of a regional community-based model which would ensure that smaller Boards were able to maximise access to expertise potentially using regionally hosted resources. The Group noted the update and agreed with the approach. Further updates will be brought back to this Group as work progresses.	JMcC
3.2	<i>Cross boundary Flow- Update</i> Following on from work previously presented to the ERPB on Cross Boundary Flow, T Gillies presented a paper setting out a proposal to rebalance activity in the specialties of Sleep Medicine and Home Ventilation. T Gillies highlighted that recent changes in NHS Lothian workforce and a desire to move the service to a model led by Respiratory Medicine – the service is currently led by Intensive Care Dept at the Western General Hospital - provides an opportunity to look at repatriating patients where this is clinically and practicably appropriate. T Gillies advised that separate discussions will take place with Boards out with the East Region with a view to repatriating their patients also, with issues such as equipment compatibility to be considered and addressed. Representatives from NHS Fife and Borders confirmed that they would look to repatriate patients to their own Boards where appropriate. ERPB noted the proposal presented by NHS Lothian and confirmed support for Boards to undertake work to identify those patients suitable to be repatriated.	
4.	Update from Preceding RCAG	

	Given the similar attendance at both RCAG and ERPB on this occasion, it was agreed there was no need to summarise the RCAG discussion.	
5.	<p>Scottish Ambulance Service – 2030 Strategy</p> <p>Kenny Freeburn and Richard Combe from the Scottish Ambulance Service (SAS) joined the meeting to present the 2030 Strategy for the Scottish Ambulance Service with an associated paper circulated prior to the meeting.</p> <p>SAS confirmed that the 2030 Strategy will flow from the existing 2020 Strategy and set out significant collaborative working with Health and Social Care to enhance patient care. The 2030 Strategy will be subject to a three-yearly review process to ensure alignment and relevancy to further developments as they take place.</p> <p>SAS colleagues highlighted the forthcoming change to paramedic training, with a move from the current 2-year programme to a four-year university degree. Six universities will offer a degree with Queen Margaret University, Edinburgh identified as the University in the East of Scotland.</p> <p>T Davison raised a concern that this change may result in a two year loss in the output of qualified paramedics. L Douglas confirmed that this issue had been considered and the current Training Academy will optimise the number of students they train by accelerating the current training.</p> <p>The Group discussed the rise in call volumes over the last ten years, with SAS colleagues advising that there has been a 3-fold increase in the number of calls received. The SAS Strategy will focus on addressing this through increasing the opportunities for treatment at home and reducing admissions to hospital.</p> <p>C Sharp highlighted pilot Community Mental Health Hubs which seek to ensure patients receive the Right Care at the Right Time in an appropriate environment. It was agreed that this topic would be brought back to a future meeting of this group for a broader discussion.</p>	CS
6.	<p>RHSCE/DCN</p> <p>T Davison reported that updated costs and timeframes are expected shortly from IHL to inform the next steps, with further discussion to take place in March. A further update will be available at the next meeting of this Group.</p>	
7.	<p>Update from NSD including National Planning Board Update</p> <p>An update paper was circulated for the attention of the group. J McClean agreed to forward any queries or points for clarification to Fiona Murphy.</p>	JMcC
8.	<p>Update From Boards</p> <p><u>NHS Borders</u> R Roberts confirmed that new Director of Finance and Workforce Director had been appointed.</p> <p><u>NHS Fife</u> The Group noted the changes in the Executive Team at NHS Fife:</p> <ul style="list-style-type: none"> the secondment of Paul Hawkins to NHS Highland for 12 months with a note of thanks recorded for his service and contribution to 	

	<p>East Region.</p> <ul style="list-style-type: none"> • Congratulations were extended to Carol Potter on her appointment as Interim Chief Executive for 12 months. • Margo McGurk will join as Interim Director of Finance for 12 months <p><u>NHS Lothian</u> T Davison advised that the appointment of a new Board Chair is awaited</p>	
9.	<p>Any Other Business</p> <p>It was agreed that R Roberts would chair the next meeting due to T Davison being on annual leave.</p>	
	<p>Date, Time and Venue of Next Meeting:</p> <p>Friday 27th March 11:15am – 1:15pm, SHSC</p>	

Regional Cancer Advisory Group/ East Region Programme Board

Date: Friday 12 June 2020

Time: 1100-1330

Venue: Microsoft Teams



Working regionally to improve cancer services

MINUTES

Present:

T Davison (<i>Chair</i>)	Chief Executive, NHS Lothian/Regional Implementation Lead
B Alikhani	SCAN Network Manager
J Butler	Director of Human Resources, NHS Lothian
D Cameron	Regional SACT Lead Clinician, South East Scotland
L Douglas	Director of Workforce, NHS Fife
S Fraser	Associate Director of Planning & Performance, NHS Fife
T Gillies	Medical Director, NHS Lothian
S Goldsmith	Director of Finance, NHS Lothian
L Hayward	Associate Medical Director, Cancer Services, NHS Lothian
V Gration	Deputy Head of Strategic Planning, NHS Dumfries & Galloway
A Joyce	Employee Director, NHS Lothian
S Kerr	SCAN Lead Pharmacist
E MacPherson	Project Support Officer, East Region Planning Team
J Mander	SCAN Clinical Lead
J McClean	Director of Regional Planning, East Region
M McGurk	Director of Finance, NHS Fife
A McKay	Chief Operating Officer, NHS Fife
C McKenna	Medical Director, NHS Fife
M Paterson	SCAN Project Support Manager
C Potter	Interim Chief Executive, NHS Fife
R Roberts	Chief Executive, NHS Borders
C Sharp	Medical Director, NHS Borders
J Smyth	Director of Strategic Change & Performance, NHS Borders
C Stirling	Site Director, Western General Hospital, NHS Lothian

Apologies:

J Crombie	Deputy Chief Executive, NHS Lothian
K Donaldson	Medical Director, NHS Dumfries & Galloway
A McMahon	Director of Nursing, NHS Lothian
A McCallum	Director of Public Health, NHS Lothian

		ACTION
1.	<p>Welcome and Apologies</p> <p>T Davison welcomed everyone to the meeting and noted apologies.</p> <p>A particular welcome was extended to Bobby Alikhani, SCAN Network Manager attending his first Regional Cancer Advisory Group meeting.</p> <p>T Davison advised colleagues that as the agenda for both RCAG and ERPB were largely focussed on remobilisation of services, the 2 meetings were being run together.</p>	
2.	<p>Minutes of Previous Meeting held on 31 January 2020</p> <p>The Minutes from the previous meetings of the Regional Cancer Advisory Group and East Region Programme Board were reviewed and agreed as an accurate record.</p>	
3.	<p>Regional Cancer Centre Reprovision</p> <p>C Stirling provided the group with an update on the Regional Cancer Centre Reprovision Programme, referring to the paper circulated prior to the meeting. C Stirling highlighted the ongoing work in relation to the Haematology Programme, Oncology Enabling Works and the Edinburgh Cancer Centre Capital Development.</p> <p>C Stirling highlighted that the draft Initial Agreement for the ECC had been circulated to RCAG and RCPG members with a request for any comments and feedback to be forwarded to Lyndsay Cameron, Strategic Programme Manager by 19 June. Colleagues were asked to note that further work will need to be undertaken in the following areas in preparation of the OBC: the regional delivery model; workforce planning; proposal for a rapid diagnostic centre; wider economic benefits to the region and revenue costs.</p> <p>T Davison advised that one of the key points to note with a regional delivery model is the provision of local cancer services, with a need for each Board to describe future local cancer services. T Davison highlighted that the outcome of the NHS Dumfries & Galloway Cancer Pathways project will need to be factored in, however noted that the planning for this had been paused due to Covid 19.</p> <p>C Stirling advised that Boards continue to look at providing as much care as locally as possible, adding that current modelling includes NHS Dumfries & Galloway activity. Due to the small number of NHS D&G patients there is not a significant impact on the capital build and physical capacity requirements should the activity change.</p> <p>R Roberts advised that feedback he has received from colleagues in NHS Borders suggests that people are comfortable with the clinical model however suggested that there may be lessons to be learned from the COVID-19 experience and the impact on the clinical model and local workforce.</p> <p>C Sharp noted that for NHS Borders the logistical challenges for patients and medicines needs to be considered given the distance and transport arrangements.</p> <p>C Potter advised that NHS Fife will be using the learning from the experience of recent weeks as they consider cancer services and plan locally. Strengthened linkages between NHS Fife and Lothian at senior manager level, together with revised NHS Fife representation on the NHS Lothian Cancer Capital Programme Board will support the future planning.</p>	

	<p>L Hayward highlighted the need for the business case to emphasise the potential regional economic benefits.</p> <p>R Roberts noted that there would be revenue implications for remaining SCAN Boards should NHS Dumfries & Galloway transfer activity to the West of Scotland Region. R Roberts suggested that this consideration will need to be considered in financial plans.</p> <p>RCAG members noted the timescales for responding with comments on the draft IA to Lyndsay Cameron, Programme Manager, NHS Lothian and that the final version would be presented for approval at the next meeting in August.</p>	All
4.	<p>Programme of Clinical Audit</p> <p>In line with the agreed programme of Clinical Audit reporting and governance, RCAG received reports from 4 Tumour Group QPI Summary Audit Reports. J Mander, SCAN Clinical Lead provided an overview of the reports circulated to the group prior to the meeting.</p> <p><i>Colorectal</i></p> <p>J Mander highlighted that there were no clinical issues of note raised through the Report. With reference to QPI 6: <i>Neo-adjuvant Radiotherapy (rectal)</i>, it was highlighted that NHS Lothian uses short course radiotherapy as the standard of care in preference to long course radiotherapy. This is clinically acceptable but currently not recorded in the QPI. Changes to this QPI are likely in the future and will include short course radiotherapy as a treatment.</p> <p><i>Oesophageal</i></p> <p>J Mander highlighted that missed targets within the Oesophageal QPIs are largely attributable to patients being directed to best supportive care prior to a discussion at MDT and related to document recording issues. There are national discussions underway to see if a technical solution can be identified to solve these recording challenges. No clinical concerns have been raised in relation to this report.</p> <p><i>Breast</i></p> <p>J Mander highlighted that the only area of concern noted with these QPIs is in relation to NHS D&G patients within QPI6 (i) due to no onsite reconstruction service in NHS D&G. A local review is underway, which may result in this QPI improving.</p> <p><i>Renal</i></p> <p>No clinical concerns were raised for this QPI report. Many of the missed targets are attributed to recording issues, which are being addressed locally with assurance that this does not impact on patient care.</p> <p>T Gillies noted that it would be beneficial to understand how the QPI programme feeds in nationally in support of driving service improvement and reconfiguration.</p> <p>J Mander agreed to feed this back nationally.</p>	J Mander
5.	<p>ChemoCare Upgrade Project Update</p> <p>Bobby Alikhani provided an update to the group on the progress of the ChemoCare upgrade project.</p> <p>A three year contract has been signed with CIS Oncology in April 2020</p>	

	<p>however the implementation has been temporarily paused due to the onset of COVID-19.</p> <p>The SCAN project team have now begun development of an implementation plan with kick-off meetings arranged with CIS Oncology and regional colleagues. The West of Scotland and North of Scotland have also commenced their respective planning activities.</p> <p>The Regional SACT Advisory Group has noted challenges regarding the availability of resources to support the upgrade, specifically in Pharmacy and Nursing due to ongoing pressures on frontline services. An SBAR will be presented to the Regional SACT Advisory Group on 1 July on options to address the challenges highlighted and take forward the upgrade in a timely manner.</p> <p>A National ChemoCare Oversight Group will also be established, chaired by David Cameron and will support inter-regional collaboration and learning from the process.</p> <p>Further updates will be provided at the next meeting.</p>	BA
6.	<p>Board Remobilisation Planning</p> <p>6.1 Cancer Services</p> <p>6.1.1 National Position</p> <p>J Mander provided an update on the national arrangements put in place by Scottish Government to coordinate cancer services response to Covid 19. A national Cancer Treatment Recovery Group has been established with the East Region represented by himself and D Cameron in his SACT Lead role. A Surgical Recovery Framework has recently been published by Scottish Government with the key principles of:</p> <ul style="list-style-type: none"> • National prioritisation based on clinical need • Equity of access to safe care across Scotland using designated red/green areas where possible • Patients to have safe pre-operative pathways including self-isolation and testing where appropriate <p>J Mander added that there was an understanding that some health boards may not be able to implement all the principles especially where there are single acute sites which cannot accommodate designated red/green areas. There has also been a request for national and regional clinical prioritisation mechanisms to be set up to ensure patients continue to have equity of access to cancer care.</p> <p>D Cameron updated the group on Radiotherapy and SACT services across Scotland and explained that alterations to protocols have been agreed nationally in both Radiotherapy and SACT. The biggest challenges in Radiotherapy and SACT are in relation to capacity and delayed presentations but services have been maintained to a large extent and currently present less of a challenge than access to cancer surgery.</p> <p>6.1.2 Regional Position</p> <p>C McKenna advised that he chaired his first Regional Cancer Planning Group on Friday 5 June where each board brought a summary of local challenges and issues including:</p> <ul style="list-style-type: none"> • Reduction in lung cancer referrals across all boards 	

	<ul style="list-style-type: none"> • Challenges due to social distancing being implemented, particularly for chair/bed numbers. • NHS Borders reported challenges with delivering a red/green model within a single district general hospital • NHS Fife has moved SACT and Haematology services to the Queen Margaret Hospital, Dunfermline. • Board General Managers have agreed to meet to discuss remobilisation plans and opportunities for regional support. <p>B Alikhani advised that regional data analysis work will map demand coming through the system and model the impact of screening programmes restarting. Scottish Government and Public Health Scotland are also intending to develop a data driven approach, and in order to avoid duplication of effort, the regional approach may be superseded in time.</p> <p>T Davison queried performance on the 31 and 62 day pathways.</p> <p>L Hayward explained that there are breaches within the 62 day pathway for patients who have not been diagnosed yet.</p> <p>J Mander added that nationally there are around 2500 patients who are undiagnosed and currently breaching targets. This is mainly within Colorectal, Urology and Oesophageal. J Mander added that the impact of reduced urgent suspicion of cancer referrals is currently unquantified.</p> <p>T Gillies noted the decrease in urgent suspicion of cancer referrals, but questioned what the impact is on the actual number of patients who are diagnosed and then require treatment, as this will inform capacity requirements. She advised that there may be merit in producing enhanced referral guidance regionally to fast track the highest priority patients.</p> <p>T Gillies noted the established close regional working in the East and suggested that using existing mechanisms such as the Tumour Specific Groups and the Network might be preferred over establishing new groups to support a regional prioritisation framework.</p> <p>T Davison noted that much of the regional work will come through the Regional Cancer Planning Group (RCPG) and asked if the next meeting of the RCPG scheduled for 31 July should be brought forward.</p> <p>C McKenna agreed to discuss with B Alikhani how the work of the group can be brought forward ahead of the scheduled meeting.</p> <p>T Davison thanked the group for this discussion and noted that a lot of work will be required between SCAN boards to ensure that cancer services and associated diagnostics remain a top priority for the region.</p>	<p>CMcK/ BA</p>
	<p>6.2 Key Themes from Board Remobilisation Plans</p> <p>Each of the three Health Boards provided an update to the group on their retrospective remobilisation plans.</p> <p>6.2.1 NHS Fife</p> <p>S Fraser provided an update on behalf of NHS Fife, advising that they have based their plan on military methodology and are adopting a 9-12 month approach.</p>	

A Remobilisation Oversight Group has been established with a number of subgroups covering priority areas such as Unscheduled Care, Critical Care and Cancer services.

Key challenges faced by NHS Fife include:

- Bed capacity
- Outpatient Capacity
- Clinical Prioritisation
- Testing for staff and patients
- Sustainability of new ways of working against returning to old ways.

NHS Fife has also highlighted areas for regional consideration, which include:

- Cancer Pathways
- Referral Pathways and Prioritisation
- Equity of restart to services
- Control of PPE going forward.

6.2.2 NHS Borders

J Smyth reported that the NHS Borders experience has been similar to NHS Fife. The initial remobilisation plan for NHS Borders was submitted on 25 May to Scottish Government and has been given approval subject to some additional information being provided.

The challenges reported by NHS Borders include operating with a single district general hospital site, therefore it is the intention to implement an amber pathway in support of the national surgical framework.

Capacity for elective procedures is also being reviewed as well as ITU capacity, which may require a regional discussion in the future.

Challenges with social distancing have also been considered and NHS Borders is in a position to reduce the number of beds in a ward bay from 6 to 4 if required. Social distancing has also been highlighted as a particular concern in Primary Care.

6.2.3 NHS Lothian

T Davison advised that NHS Lothian has been requested to provide data on current activity and to project future activity. Modelling suggests that activity will be significantly reduced until at least August 2020. Care home testing is a key area of the boards remobilisation planning.

NHS Lothian is also developing SBARs which detail the phased reintroduction of clinical services.

T Gillies added that NHS Lothian are using a prioritisation framework based in clinical need and are managing the expectations of clinical teams who are very keen to see services recommenced.

T Davison suggested there would be advantages in thinking collectively about remobilisation as this will be the key challenge for all Boards over the next 9 months.

R Roberts agreed that cross checking plans once drafted would be a helpful first step to ensure a collective regional position and support managing public and political expectations.

6.3 Test & Protect – Update on Progress

T Davison reported that a programme of contact tracing has now started.

	<p>Currently it is reported that the number of contacts per case is low at an average of 1.8 contacts. It has been noted that Health & Social Care workers are currently the principal transmitters while community transmissions are reducing.</p> <p>6.4 National Remobilisation and Renewal Groups</p> <p>C Potter as the East Region representative on the national Remobilisation Group, advised that the next stage plans were likely to be requested for the end of July.</p> <p>R Roberts as the East Region representative on the national Renewal Group, provided an update on the Renewal Group advising that while the discussions are still at an early stage the focus will be on three key themes:</p> <ul style="list-style-type: none"> • How to ensure long term renewal is built into remobilisation planning • Longer term population health impact of COVID-19 • Long term reform of the Health & Social Care system to address the underlying challenges on finance, resource and workforce. <p>Further updates will be brought to ERPB when appropriate.</p>	
7.	<p>Regional Programme</p> <p>7.1 Programme Status</p> <p>J McClean provided an update on the status of each regional programmes and noted that many of the programmes have been paused due to COVID-19. It was also noted that a number of the Regional Team have been reassigned to Boards to carry out clinical duties, with staff starting to return over the next few weeks.</p> <p>J McClean spoke to Appendix 1 which set out the status of the work plan..</p> <p><i>Laboratory Medicine</i> Regional Procurement of MSC and the National Laboratory Information Management System have continued to progress, while all other areas have been paused.</p> <p><i>Ophthalmology</i> Two eHealth deliverables remain outstanding including the implementation of Clinical Viewer and Attend Anywhere for Out of Hours emergencies. It has been agreed that these outstanding areas will be picked up by the core regional planning team.</p> <p><i>Regional Eating Disorders</i> Paused, however with return of programme manager over the next few weeks the work will be picked up again.</p> <p><i>Regional Perinatal Mental Health</i> Paused, however with return of programme manager over the next few weeks the work will be picked up again.</p> <p><i>Learning Disabilities MCN</i> Paused however clinical lead is due to return to MCN role and activities will recommence.</p> <p><i>Regional Police Care and Forensic Science</i> The programme continued during the COVID-19 pandemic at a reduced level</p>	

<p>and will begin to engage again at a regional level.</p> <p><i>Prevention and Reversal of Type 2 Diabetes</i> This programme continued during COVID-19 although at reduced scale with adaptations made.</p> <p><i>Cancer Services</i> The Cancer Network remained active during COVID-19, however some work streams were paused temporarily and are now restarting.</p> <p><i>CAMHS</i> Programme paused due to COVID-19</p> <p><i>Regional Child Protection MCN</i> Largely paused during COVID-19, however with return of clinical lead and manager, the programme will be restarting.</p> <p><i>HR/Workforce</i> Programme team supporting this regional work are reassigned at present.</p> <p><i>Finance</i> Both Procurement and Payroll projects have been paused due to staff reassignment. Discussion to be scheduled with Directors of Finance to review the approach given revised context.</p> <p><i>Innovation</i> The use of the surgical robot is currently paused with a recommencement date of July 2020.</p> <p>7.2 Transformation Funding J McClean introduced this item advising that Scottish Government had advised that Regions would have their underspend from the previous year returned. The East Region has been notified that £1m will be allocated however clarification is being sought as £1.5m had been anticipated.</p> <p>A previously circulated paper set out the previously agreed priorities which would be funded by the Transformation Funds including:</p> <ul style="list-style-type: none"> • Diabetes Prevention and Reversal • Physicians Associate Programme • Cancer Transformation support • Regional Recruitment programme <p>Following discussion the ERPB confirmed that each of these programmes would receive continued funding in 2020/21. It was agreed that the Diabetes programme would receive a reduced amount, however discussions with the Diabetes Programme Director had confirmed that the Programme could operate within a reduced budget.</p> <p>S Goldsmith advised that the funding required for the Robotic Surgery Programme will be reviewed and a separate paper brought back to a future meeting after further engagement with the company.</p> <p>Tracey Gilles noted that very few complications had occurred with robot assisted procedures with a reduced recovery timescale for patients who have received robotic surgery.</p> <p>Ralph Roberts added that the Region will need to consider issues such as capacity impact and constraints and further information is required to inform</p>	<p>SG</p>
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	<p>any decision regarding continued support.</p> <p>J McClean advised that the scale and scope of the Laboratory Medicine Programme should be reviewed given the current lack of capacity within labs teams due to a focus on Covid 19. It was noted that the National Labs Programme will be assuming responsibility for the planned service reviews, which had previously been intended to be led regionally. A regional meeting is being scheduled to progress this discussion.</p> <p>It was noted the management of staff who may be affected by any proposed changes to programmes needs to be considered and appropriately managed.</p> <p>J McClean asked that colleagues noted the National Board programmes which are to be funded from Transformation Funds given the potential support afforded to territorial Boards remobilisation efforts.</p> <p>7.3 Future Regional Priorities</p> <p>J McClean advised that usually at this time of year the ERPB would be asked to confirm the annual priorities for the forthcoming year, however given the current circumstances it is proposed that this years work plan is developed over the next few months as Boards priorities emerge. ERPB confirmed support for this approach.</p> <p>7.4 CE Leadership/Representation from East Region</p> <p>J McClean advised that with T Davisons retiral a number of Chief Executive leadership roles needed to be covered until arrangements were in place for a Regional Implementation Lead. Following discussion with the 3 Chief Executives and the incoming Interim Chief Executive in NHS Lothian, there is agreement that the various roles will be shared as detailed in the previously circulated paper.</p>	
8.	<p>AOB</p> <p>J McClean and R Roberts both formally thanked T Davison for his leadership and contribution to the East Region over the years and wished him a long and happy retirement.</p>	
9.	<p>Next Meeting: Friday 21 August 2020</p>	

Integration Joint Board	
<div><div><div>INTEGRATION JOINT BOARD (Meeting on 29 May 2020)</div></div></div>	
<div>No issues were raised for escalation to the Board.</div>	



MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 29 MAY 2020 AT 10.00 AM

Present	Councillor Rosemary Liewald (Chair) Christina Cooper (Vice Chair) Fife Council, Councillors – Tim Brett, Dave Dempsey, David Graham, Fiona Grant, David J Ross and Jan Wincott NHS Fife, Non-Executive Members – Les Bisset, Martin Black, Eugene Clarke, Margaret Wells Helen Buchanan, Nurse Director, NHS Fife Chris McKenna, Medical Director, NHS Fife Wilma Brown, Employee Director, NHS Fife Amanda Wong, Interim Associated Director, Allied Health Professionals Ian Dall, Chair of Public Engagement Network Morna Fleming, Carer Representative Kenny Murphy, Third Sector Representative Paul Dundas, Independent Sector Representative Debbie Thompson, Joint TU Secretary Simon Fevre, Staff Representative NHS Fife
Professional Advisers	Nicky Connor, Director of Health and Social Care/Chief Officer Audrey Valente, Chief Finance Officer Lynn Barker, Interim Associate Nurse Director Kathy Henwood, Chief Social Work Officer, Fife Council Katherine Paramore, Medical Representative
Attending	Dona Milne, Director of Public Health Helen Hellewell, Associate Medical Director, NHS Fife Scott Garden, Director of Pharmacy & Medicine, NHS Fife Norma Aitken, Head of Corporate Services Jenny Cushnie (Minute) on behalf of Wendy Anderson

NO	HEADING		ACTION
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1	CHAIRPERSON'S WELCOME AND OPENING REMARKS		
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The Chair welcomed everyone to the first virtual Health & Social Care Partnership (H&SCP) Integration Joint Board (IJB).

The Chair congratulated Fife Podiatrists who have been recognised in the 2020 UK Advancing Health Care Awards Article for supporting critical care in the community.

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

The Chair then handed over to Nicky Connor for her Chief Officer Report.

NO	HEADING	ACTION
2	CHIEF OFFICERS REPORT & PROTOCOL FOR MEETING	
	<p>Nicky Connor outlined the protocol for the meeting and then continued with her main update which began by extending sincere and heartfelt thanks to all staff, the people of Fife and the partners we work with. How people have worked in new ways, supported essential changes and delivered in partnership has been critical to meeting the needs of the people of Fife throughout COVID-19.</p> <p>It is recognised that as we move through the national route map and remobilise services that we will require to sustain resilience in our system to continue to respond to COVID-19. The reflection and learning we can take from this time will be critical to shaping how we move forward.</p> <p>Progress is being made in Fife towards priority areas and these are reflected in both the Financial Outturn Report and the Audit Scotland Report. Work had commenced in relation to the Ministerial Steering Group recommendations and governance. Nicky is exploring the next steps for the Integration Scheme Review with partners and is also in discussion with the chairs of the Integration Joint Board and Committee's regarding restarting the formal governance committee cycle and how committee members could be brought together in advance for discussion regarding key priorities.</p> <p>Nicky then introduced Dona Milne, Director of Public Health to provide an update on supporting Care Homes and Test and Protect. Test and Protect has been established in Fife, as part of a national programme, linking with Scottish Government. Fife has been one of three pilot areas. This is part of the Government Roadmap around easing lockdown. It is vital people continue to follow the guidance provided around staying at home, physical distancing, hand washing, environmental hygiene and for key staff to use PPE. If people have symptoms of Covid-19, they can request a test by telephone or online. Dona Milne also described the work that is being undertaken in support of care homes in Fife thought enhanced professional oversight in line with Scottish Government guidance.</p>	
3	CONFIRMATION OF ATTENDANCE AND APOLOGIES FOR ABSENCE	
	<p>Apologies had been received from David Alexander, Steve Grimmond, Carol Potter, Susie Mitchell & Eleanor Haggett.</p>	
4	DECLARATION OF MEMBERS' INTERESTS	
	<p>There were no declarations of interest.</p>	
5	MINUTES OF PREVIOUS MEETING 28 FEBRUARY 2020	
	<p>Several small changes are to be made to the Minute and once these have been done the Minute is agreed as accurate.</p>	WA

NO	HEADING	ACTION
5	MINUTES OF PREVIOUS MEETING 28 FEBRUARY 2020 (Cont)	
	<p>Nicky Connor advised that questions had been asked around the Finance Report and the Chief Finance Officer being tasked with looking at how to align the partners' financial scheduling. Officers have been fully committed to Covid-19 to date but discussions have commenced for this to be addressed going forward.</p> <p>Nicky Connor advised that the Local Partnership Forum has not been able to meet during the Covid-19 situation, but there has been staff side involvement on the command groups and discussions have taken place Simon Fevre and Debbie Thompson to set up a date for a meeting as a matter of priority.</p> <p>Clarity had been sought on the wording on the Direction on the Mental Health Strategy 2020-2024 from the 28 February 2020 meeting had been changed to state that - <i>NHS Fife and Fife Council to work with Partners to develop a full Implementation Plan by 25 September 2020 to enable delivery of the Fife Mental Health Strategy 2020-2024.</i> It is however noted that progress will have been impacted due to priority being placed on managing the covid-19 response in Fife.</p> <p>Further questions had been asked about the Primary Care Improvement Plan development session. An update was included in the briefing was sent to IJB members on 28 May 2020 with a workshop scheduled in June.</p>	
6	MATTERS ARISING	
	<p>The Action List from the meeting held on 28 February 2020 was agreed as accurate and the update on progress was included for each item. It was accepted by the Board that due to the current priorities some timescales will need to be reviewed.</p>	
7	FINANCIAL OUTTURN REPORT	
	<p>Audrey Valente outlined the provisional outturn position and confirmed that Alcohol and Drug Partnership funding has now been fully committed.</p> <p>Audrey then outlined the over and underspends within the budget. Good progress has been made during 2019-20 with a provision outturn broadly in line with the agreed budget deficit.</p> <p>Discussions took place, including congratulations on the current progress being made with budgets and acknowledgement of how Covid-19 will have affected the medium-term financial strategy.</p> <p>The Board noted the financial position as reported at 31 March 2020 and noted and discussed the next steps and key actions.</p>	

NO	HEADING	ACTION
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7 FINANCIAL OUTTURN REPORT (CONT)

Members asked that a meeting of Finance and Performance Committee members takes place in advance of the next Integration Joint Board. Nicky outlined that with only 4 weeks till the next Integration Joint Board it will be a challenge to reinstate formal governance committee structures in advance however would work with the committee chair to arrange a meeting.

8 MOBILISATION PLAN

Nicky Connor presented the report on mobilisation plan which was submitted to Government. It was highlighted that this was based on the planning assumptions as of March 2020 and work actively ongoing to monitor mobilisation and review the action being taken. It is being brought to the Integration Joint Board to ensure the Board is formally sighted and updated. Regular updates on mobilisation will be brought to future committees.

Chris McKenna, Medical Director gave a brief outline of the response to mobilisation. He paid tribute to the staff and highlighted the proactive management of patients in delay and the significant action taken enabling ICU to quadruple Critical Care capacity. Moving forward Services will require to be remobilised. A whole system approach which will be clinically led will progressed in engagement with staff and the public and will make best use of digital solutions.

Helen Buchanan, Nurse Director highlighted the immense effort and dedication shown by the workforce which has been commendable. Moving forward, a priority will be to ensure we continue to continue to be flexible and agile. The importance of safety was reiterated, protecting staff, patients and families is embedded in remobilisation of Services.

Kathy Henwood, Chief Social Work Officer felt there has been a remarkable enthusiasm from staff across different Services during this time of critical need. Training has been put in place, reviewed regularly and staff are ready to deploy as required.

Helen Hellewell, Associated Medical Director described the Primary Care response which involved rapid development of the Covid-19 Triage Hub and Covid-19 Assessment Centre in line with the National Care Pathway. The GP community worked well to develop a robust plan ensuring General Practice services could continue to be provided to the people of Fife. This aligned with the plans for Community Pharmacy, Dentistry and Optometry responses.

Lynn Barker, Associate Nurse Director recapped on the Workforce Mobilisation Hub, which was set up on 23 March 2020, providing 300 staff identified to be deployed to support new pieces of work and new ways of working in response to Covid-19. Education, training and support were provided to staff where appropriate.

NO	HEADING	ACTION
8	MOBILISATION PLAN (CONT)	

Scott Garden, Director of Pharmacy and Medicine commended the work of Community Pharmacies. All 85 Community Pharmacies across Fife have remained open and delivered all the contracted services, a tremendous effort with an increase of 20% in prescription volume in March 2020. Scott highlighted the work Fife Voluntary Action had undertaken with volunteers supporting prescription delivery to vulnerable patients. Our work has been adopted as an exemplary model. He also highlighted the work that has now been undertaken with Care Homes providing medicines both in and out of hours. This work has been recognised and adopted by other Health Boards.

Paul Dundas, Independent Sector Representative acknowledged much of what has been said and reiterated appreciation of the front line. Considerable challenge has been placed upon the independent sector, particularly that of the Care Home sector. The mobilisation plan within Fife has been very pragmatic and supportive. This has been fed back by the independent sector to the HSCP leads. Paul thanked the Partnership for the continued support the independent sector has received.

Kenny Murphy, Third Sector Representative spoke about the work undertaken in conjunction with the Partnership. Operating a Helpline 7 days a week and an 0800 – 2000hrs freephone line, Fife Voluntary Action (FVA) has been able to give direct support to over 5,000 vulnerable people. FVA mobilised extremely quickly, with a website up and running before most local authorities, most National charities and Scottish Government.

Audrey Valente described the financial situation in relation to the mobilisation plan, the original plan was submitted end March 2020. The plan is a snapshot in time and continues to be updated every 2 weeks to Scottish Government. In response to a question asked prior to the meeting, Audrey confirmed that as part of the planning assumptions, we purchased 150 additional beds in the community, we have used some, however, vacancies remain. Audrey advised that there is a group looking nationally at how we support sustainability in the Care Home sector and a consistent approach to what support would look like is being developed.

Simon Fevre, NHS Fife Staff Side Representative, advised how he has seen services adapt hugely, with working from home becoming the new norm for some and the increased use of technology has given staff the ability to work in more flexible ways. Simon commended the contribution of staff.

Debbie Thompson, Fife Council, Trade Unions, had left the meeting by this point but had left a note to pass on the thanks of the Fife Council Trade Unions for the fantastic work which has been done by all in the partnership throughout the crisis. The way in which staff have stepped up to care for those who need our services has been inspiring.

8	MOBILISATION PLAN (CONT)	
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Tim Brett thanked the speakers for their useful input. He asked if an updated plan could be brought to a future IJB meeting. Nicky proposed further detail and plans for mobilisation and remobilisation be brought back through our governance structures. This was agreed.

Margaret Wells stated she was very impressed how everyone has pulled together and commended the whole team. She looks forward to more detailed discussions around finances and clarity of Scottish Government's response to meeting costs. She felt there was remarkable response and capacity shown within the system from FVA and would like to pass thanks on.

Dave Dempsey asked why the Mobilisation Plan was brought to the IJB. Also, asked if members of the Finance and Performance Committee are the only members who will see the detail of the Finance. Nicky stated that through our presentations to the board today we have covered all aspects of the Mobilisation Plan which has been brought here today, it is critical the IJB are sighted on what has been submitted to Government, how we are sustaining our services and how we are supporting remobilisation. This will be an active ongoing item to the IJB.

David J Ross asked, as we recognise General Practice as the first point of contact for many in terms of access to health services, in view of the Covid-19 challenges, how will we be sustaining access to General Practice and what is the way forward? Helen Hellewell, Associate Medical Director outlined the plans for General Practice to continue consultations through NearMe and telephone triage. This will help manage the number of people coming into Practices whilst ensuring people's needs are met. For individuals who cannot use this method, a process is in place where social distancing can be used.

Morna Fleming requested information regarding unpaid carers who are subject to significantly increased mental and physical health issues, what supports are in place? Audrey Valente advised that there has been communication from Scottish Government about supporting unpaid carers and she would be happy to pick up a discussion on this outwith the meeting.

9	2018/19 AUDIT OF FIFE INTEGRATION JOINT BOARD REPORT ON SIGNIFICANT FINDINGS BY THE ACCOUNTS COMMISSION	
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Rosemary Liewald advised that this report had been discussed at both the Audit & Risk Committee and a Development Session.

Nicky Connor confirmed the importance of the Section 102 Report. This has been brought formally to the Integration Joint Board meeting within the required 3-month timescale and the Report and full findings are available as an attachment to the covering report.

9	2018/19 AUDIT OF FIFE INTEGRATION JOINT BOARD REPORT ON SIGNIFICANT FINDINGS BY THE ACCOUNTS COMMISSION (CONT)	
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There were three key areas highlighted including Financial Management and Financial Sustainability, good Governance and Management arrangements and Transformation and Best Value. There was also acknowledgement within the report of good progress made. We are required to ensure we are monitoring our progress through our Governance Committees. Further routine planned external audits will take place, as part of the annual audit cycle. The Board is asked to accept these findings and acknowledge the work done to date and agree that further work will be progressed through restarting development sessions and the governance review that had commenced in advance of Covid-19.

Tim Bridle, External Auditor had joined the meeting. Tim Bridle advised this report is the culmination of a statutory reporting process. Some issues raised in the report were national issues and were raised at the Accounts Commission meeting at the end of February 2020. Ordinarily the Accounts Commission would have met with the Board to finalise this process, but this could not happen due to the Covid-19 crisis. The purpose of today is to close off this statutory process and for the Board to agree whether a formal response is needed to the Accounts Commission or if an Action Plan would be desirable. Tim Bridle confirmed that the issues within the Report would be followed up during routine audits and the issues will figure in the Annual Audit Report for the current year.

Nicky Connor thanked Tim for his input. Questions had been submitted prior to the meeting regarding the Ministerial Steering Group and what that meant going forward, this will be a priority for the Board and Self-Assessment will be redone according to government timescales which are still to be confirmed.

In terms of work to be taken forward regarding operational arrangements and leadership, the change in leadership has been noted in the report and progress has been noted with the medium-term financial strategy and the Integration Transformation Board. Governance arrangements will continue to be part of future Development Sessions. The medium-term financial strategy requires to come to the Board in the future. Once it has been reviewed in light of the learning through COVID this will be considered at the appropriate governance committees.

Questions and discussion took place around the report, timescales for responding. It was confirmed that there were no formal recommendations made, which means no formal response from the IJB to the Accounts Commission is required. Nicky Connor confirmed that we have made a commitment to do a full governance review and this will be taken forward. The Board accepted the recommendations in the Report and agreed that a formal report on progress should come to a future IJB meeting. This will be added to the workplan for later this year.

NO	HEADING	ACTION
9	2018/19 AUDIT OF FIFE INTEGRATION JOINT BOARD REPORT ON SIGNIFICANT FINDINGS BY THE ACCOUNTS COMMISSION (CONT)	
	<p>Les Bisset requested that a meeting with the Finance and Performance Committee be set up in the near future to discuss the financial aspects of the report. Nicky agreed to arrange.</p> <p>Tim Brett asked that a further report be brought back to the IJB and Nicky Connor agreed that this would go through the Governance Committees and be brought back to a future IJB meeting in due course.</p> <p>Dave Dempsey proposed a Motion in relation to Item 9 which was seconded by David Ross. The wording of the motion was – <i>as part of Item 9 I wish to formally move that the papers for each of the committees be made available to all members of the IJB.</i></p> <p>Eugene Clarke proposed an Amendment to the Motion which was seconded by Martin Black. The Amendment was – <i>revisit the publishing of papers as part of the Governance Review which has commenced prior to the Covid-10 pandemic.</i></p> <p>Eleven voting members were still in the meeting and 4 voted for the motion, 7 voted for the amendment, therefore the amendment was carried and it was agreed this was an important discussion which would be taken to a future Development Session.</p> <p>The Board</p> <ul style="list-style-type: none"> noted the contents of the Statutory Report and Accounts Commission findings acknowledged the work that is underway to ensure that the findings are acted upon, recognising that COVID-19 has impacted on progress in many areas and that further significant work will be required to address this moving forward. considered what the findings mean for Fife Integration Joint Board advised on any decisions or additional actions required to address the findings which should be reported to the Accounts Commission and subsequently published in a newspaper to confirm a summary of the Boards Decisions. 	NC
10	DATE OF NEXT MEETING	
	INTEGRATION JOINT BOARD – Friday 26 June 2020 – 10.00 am	

**MINUTES OF THE NHS FIFE AUDIT AND RISK COMMITTEE HELD AT 14:00PM ON
FRIDAY 13 MARCH 2020 IN THE STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY**

Present:

Mr M Black, Non-Executive Director (**Chairperson**)
Ms M Wells, Non-Executive Director

Ms S Braiden, Non-Executive Director
Cllr D Graham, Non-Executive Director

In Attendance:

Mrs P Cummings, Risk Manager (for Mrs H Buchanan)
Ms P Fraser, Audit Scotland
Mr T Gaskin, Chief Internal Auditor
Ms Z Headridge, Audit Scotland
Mr B Hudson, Regional Audit Manager
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
Mrs M McGurk, Director of Finance

ACTION

**13/20 PRE-MEETING SESSION / WELCOME / APOLOGIES FOR
ABSENCE**

The Committee held a pre-meeting training session, delivered by the external and internal auditors, outlining the year-end processes each undertake as part of the review of the financial statements and systems of internal control.

The Chair welcomed to the meeting Mrs Margo McGurk, Director of Finance, Ms Patricia Fraser and Ms Zoe Headridge, from Audit Scotland, and Ms Pauline Cummings, Risk Manager.

Apologies were received from Mrs Helen Buchanan and Mrs Carol Potter.

14/20 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

15/20 MINUTES OF PREVIOUS MEETING HELD ON 9 JANUARY 2020

The Minutes of the previous meeting held on 9 January 2020 were approved as an accurate record.

16/20 ACTION LIST

Members of the Audit and Risk Committee noted that all the outstanding actions on the Committee's rolling Action List were complete, as per the update given.

17/20 MATTERS ARISING

5.1 Assurance Mapping Process

Mr Gaskin reported that the work establishing a new risk mapping process was continuing and advised that, since the last update, it had been decided to change from the Clinical Governance risk review in favour of the Information Governance Risk / eHealth risk. Work is also continuing across the four Health Boards covered by the FTF audit partnership to design the final mapping process.

It is anticipated that by June the Audit & Risk Committee should receive a timetable of work and that, informed by the review of the Information Governance risk, this would then give an indication on how long it will take to do the rest of the BAF risks. A full report should therefore be available by the end of the next financial year.

The Audit and Risk Committee **noted** the update, welcoming the work done thus far.

5.2 IFRS 16 Update

Mrs McGurk gave a brief update to the Audit & Risk Committee, advising that NHS Fife would adopt the new standard IFRS 16 from 1 April 2020. This had particular implications for the treatment of leases. There is no financial impact of IFRS 16 changes in the 2019/20 financial year.

The Audit and Risk Committee:

- **noted** the update on the application of the IFRS 16 accounting standard.

18/20 GOVERNANCE – GENERAL

6.1 Model Standing Orders for NHS Boards

Dr MacIntosh advised that this work was part of the national workstreams around the implementation of the NHS Scotland “Blueprint for Good Governance”. Part of the implementation process concerned the adoption of a number of model governance documentation, and the paper outlined the text of the new Model Standing Orders approved for adoption by all Health Boards.

In summary, there were a small number of amendments that will

ACTION

require a change to current practice, and these were detailed within the report. In particular, it was recommended that:

Clause 4.9 of model Standing Orders - Draft minutes would continue to be supplied to Board meetings, in addition to approved copies of minutes from the preceding meeting. This would ensure the Board continued to have the most up-to-date information from its standing committees.

Clause 9.5 of model Standing Orders – Rather than stopping publication of papers, to reflect the updated guidance, it is proposed that Committee papers continue to be published on the NHS Fife website, but only after the Board meeting has taken place to which each Committee subsequently reports.

Members welcomed the proposal to continue the publication of papers, as an important part of the Board's commitment to be open and transparent in its business.

The Audit and Risk Committee:

- **noted** the update given in the paper on the content of the new model Standing Orders that have been prepared for adoption nationally on a 'Once for Scotland' basis;
- **noted** the anticipated changes to current Board administrative practice as detailed above; and
- **agreed** to recommend to the Board at its next meeting the adoption of the model Standing Orders, to be effective from the start of the new financial year, 1 April 2020.

6.2 New Meeting Paper Template for NHS Boards

Dr MacIntosh reported that this paper also formed part of the suite of work associated with implementing the NHS Scotland 'Blueprint for Good Governance', noting that a new template for Board-level meeting papers has been produced, along with accompanying guidance. The template remains based on the SBAR format that is currently in use.

The template has been shared with colleagues at the Fife H&SCP and Fife Council, with the request that (particularly for the IJB) we aim to use as similar a format as possible.

A review is also currently underway of the minute format for the Board and its committees, to ensure greater consistency between committees.

The Audit and Risk Committee:

- **approved** the meeting paper template with a view to adoption in NHS Fife at the start of the new financial year 2020/21; and
- **noted** the ongoing review of other template documentation for the Board and its committees (e.g. minute format) to align with the adoption of the new template.

6.3 Annual Committee Workplan 2020/21

- The Audit & Risk Committee **approved** the updated workplan for 2020/21, subject to any necessary changes being made to reflect potential scheduling alterations due to the current Coronavirus pandemic.

6.4 Annual Review of Committee's Terms of Reference

The Audit and Risk Committee:

- **considered and approved** the updated Terms of Reference, with the minor amendments tracked within the Committee's paper.

6.5 Committee Self-Assessment Report

The Chair thanked members and attendees for completing this year's questionnaire, noting the largely positive assessment of the report. It was noted that further training opportunities (as had been delivered prior to today's meeting) would take place throughout the year, and members were asked to send on any potential topics to either the Chair or Board Secretary.

The Audit & Risk Committee:

- **noted** the outcome of the Committee's recent self-assessment exercise

19/20 GOVERNANCE - INTERNAL AUDIT

7.1 Internal Audit - Progress Report

Mr Hudson reported that, as of 28 February 2020, actual progress against the 2019/20 NHS Fife plan stood at 79% complete and all work is progressing as planned. This would allow the Chief Internal Auditor to provide his opinion on the adequacy and effectiveness of internal controls at year-end.

The Audit and Risk Committee:

- **noted** the ongoing delivery of the 2019/20 NHS Fife internal audit plan.

7.2 Internal Audit Report – B19/20 Adverse Events

Dr MacIntosh advised that the Medical Director was scheduled to come along and speak to this report, but, due to unforeseen circumstances related to dealing with the outbreak of the coronavirus, was not been able to attend.

Mr Hudson reported that, at the January 2020 Audit & Risk Committee, it was agreed that any audit report which is categorised as Limited Assurance or No Assurance will be reported in full to the Audit & Risk Committee. The Internal Audit review of Adverse Events – B19/20 has been categorised as Limited Assurance.

This review highlighted that the internal controls implemented by managements are not fully functioning as intended. Management has agreed to take action to fully address the issues identified.

Due to the time available for this review, audit testing did not include a review of whether actions are being implemented, but their completion is not being recorded on DATIX. A further audit review will be completed and reported on in 2020/21 to consider whether there is evidence that this applies.

On behalf of the Medical Director and Director of Nursing, Mrs Cummings advised that some of the recommendations have already been acted upon, and stated that there had been modifications made within Datix that will provide greater assurance for future audits. She added that Dr McKenna was raising some of the other fundamental issues through the Adverse Events Group and has stipulated where things will need to change. She was therefore confident that there is a full review underway providing evidence and demonstrating that actions that are being taken.

After some discussion and concerns raised by the Committee that a report that is giving only Limited Assurance could impact on the annual report opinions of both Internal Audit and External Audit, it was agreed by the Audit & Risk Committee that the audit report should be remitted to the Clinical Governance Committee, requesting a one-page position statement from them to establish what review mechanisms would be put in place to provide assurance in this area. This update should be tabled to the next Audit and Risk Committee.

ACTION

The Audit and Risk Committee **noted** the report and **agreed** for a one-page position statement to be requested for their next meeting.

CMcK

7.3 Internal Audit – Follow Up Report

Mr Hudson reported that the appendices to this paper detailed the status of a number of overdue recommendations. Where there are any issues around progress for outstanding recommendations, in particular where no response has been received from the responsible officer, it was agreed that the Internal Auditors will liaise with the Director of Finance to escalate.

Mr Black stated that concerns has been raised at previous meetings around progress with outstanding actions and noted that this had been escalated previously.

Mrs McGurk said that she would take this query back to EDG, to raise concern on behalf of the Audit & Risk Committee that they should be getting validated information and evidence of completion of audit actions. She noted that she had general concerns about some of the dates of the outstanding actions, which were considerably out-of-date and still remained open with limited evidence of progress. Further work was also required on the follow-up process, to ensure this was timely and robust.

The Audit and Risk Committee **noted** the update.

20/20 GOVERNANCE – External Audit

8.1 Annual Accounts – Progress Update on Audit Recommendations

Mrs McGurk reported that both internal and external audit provided a series of recommendations for the Board at year-end, with these set out in the form of Action Plans. These are attached as Appendices 1 and 2 to this paper, with updates of specific actions taken to end of February 2020.

Attention was brought to the outstanding risk relating to the Audit and Risk Committee in Appendix 2, relating to delivery of efficiency savings. Mrs Wells noted that it would be helpful to get clarification on the process on developing these outstanding risks.

Mrs McGurk said that she did a high-level presentation at the recent Finance, Performance & Resources Committee and had outlined seven or eight key workstreams that need to be established to provide detailed planning.

ACTION

Mrs Wells said that it would be helpful to receive a report outlining the key points, with a recommendation to the Audit & Risk Committee, as the Committee members are not sure what are being asked of them as a Committee.

Mrs McGurk said that it was a very well made point and asked the Committee to note the progress made to date. However, it has been recognised that there is a significant challenge to address these issues raised in the three-year plan.

Mrs Wells asked for further work in relation to the monitoring and reporting of these outstanding actions, so that we can progress to closing off the issues. Mrs McGurk said that she would co-ordinate an improved response through the Finance team.

The Audit & Risk Committee **noted** the actions taken to date.

21/20 RISK

9.1 Board Assurance Framework (BAF)

Mrs Cummings noted that this report had followed the format for the last couple of years and draws out some key points that the Directors have selected to come to the various standing committees' attention.

Going forward, the BAF will be redeveloped in line with the proposed assurance mapping review. This would be looking to improve the level of assurance that can be taken from the report and consider appropriate content, to include the kind of questions that Committees should be asking.

After some discussion, questions were raised around the information that was being presented to the Committee, including outdated and incomplete information in some of the BAFs. It was also noted that with the ongoing Coronavirus pandemic, this will impact on a lot of the risks and will need to be reflected. The Committee also questioned the roles of each of the Standing Committees in this exercise.

Mrs McGurk advised that there needs to be clear roles in each of the individual committees around risk, and that the Audit & Risk Committee has the delegated responsibility to take a view and test the effectiveness of risk management across the organisation to be able to give an overall view of effectiveness of Risk Management to the Board. The other Governance committees have the responsibilities to discuss the reports in more detail. It was suggested that the Audit & Risk Committee should ask for a different type of report to come to this Committee, and it was agreed this should be considered.

ACTION

Dr McIntosh suggested it would be useful to have this topic at a future Board Development Session, for all the Committee representatives to have their say and feed in to any changed format.

Mr Black asked that this to be escalated to the Board as a potential item for a future Board Development Session.

The Audit & Risk Committee **noted** the BAF.

9.2 Risk Management Framework / Policy

Mrs Cummings apologised to the Committee that the updated Framework had not been completed in time to come to this meeting. She advised that work was ongoing with Internal Audit to produce a draft staging report and, within that report, there is a recommendation suggesting that a project approach is taken to update the framework. This work is underway and a report will be brought to the next meeting of Audit & Risk in May and then onto the NHS Board.

The Audit & Risk Committee **noted** the update.

22/20 OTHER

10.1 Issues for escalating to NHS Board

The Audit & Risk Committee agreed that the following matters are escalated to the NHS Board from this meeting agenda.

- Impact of the Coronavirus on risk
- Improvements to be made to Audit Follow Up reporting
- Board Development Session on risk reporting for all Non Executives

23/20 Any Other Competent Business

Mr Black advised members that this was Mrs Wells last Audit & Risk Committee meeting and he thanked all her for all her contributions over her term of membership.

24/20 DATE OF NEXT MEETING: Thursday 14 May 2020 at 10.00am, within the Boardroom, Staff Club, Victoria Hospital, Kirkcaldy.

MINUTES OF THE NHS FIFE AUDIT & RISK COMMITTEE HELD AT 11:00AM ON THURSDAY 18 JUNE 2020 VIA MS TEAMS

Mr Martin Black

Chair

Present:

Mr M Black, Chair

Ms K Miller, Non Executive Member

Ms S Braiden, Non Executive Member

Ms J Owens, Non Executive Member

In Attendance:

Mrs C Potter, Chief Executive

Mrs H Buchanan, Director of Nursing

Mrs M McGurk, Director of Finance

Mr T Gaskin, Chief Internal Auditor

Mr B Hudson, Regional Audit Manager (from Item 3.2)

Dr G MacIntosh, Head of Corporate Governance & Board Secretary

Ms P Fraser, Audit Scotland

1. Apologies for Absence

Apologies were received from Cllr D Graham.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. COVID – 19 Briefing Session

3.1. COVID 19 Governance Arrangements

Mrs Potter highlighted that this report was here for assurance and is also being considered by the other Board governance committees at their June briefing sessions. The paper outlined how NHS Fife has put in place an organisational command structure to provide direction, decision-making, escalation and communication functions during the pandemic period. Further details on this structure, as based on emergency planning / business continuity arrangements, were included within the paper as Appendix A. The Chief Executive reported that though Gold Command was initially meeting on a daily basis, including at weekends, it has now reduced its frequency of meetings according to the reduction in Covid-related activity and reporting from its supporting Silver and Bronze groups. Routine meetings such as the

weekly meeting of the Executive Team, and a formal, monthly EDG, have now been resumed.

In answer to a question raised by Mr Gaskin around the remobilisation reporting lines, specifically whether aspects of decision-making will be made through the Clinical Governance Committee or if the NHS Fife Board would make these decisions, Mrs Potter advised that the focus of the Remobilisation Group is presently around operational decisions under the operational management structure. Where there are issues for escalation around the redesign of services, these would be reviewed through the Clinical Governance Committee, with support from the other standing committees, and escalation onwards to the Board. Arrangements will largely build on existing routes within the current Scheme of Delegation.

Mrs Buchanan reiterated that there were a lot of services that were not stopped in their entirety. Moving forward, ensuring that services are safe and effective and fit in with the HAI standards around Covid will be vital in discussions about delivery redesign. NHS Fife is still currently in emergency planning mode, and recommendations on decisions sits in the main with the Remobilisation Oversight Group that regularly reports in through Gold Command and the Chief Executive at the moment.

3.2. COVID 19 – Audit Scotland Briefing

Ms McGurk noted that the Audit Scotland paper provided to the Committee outlines Audit Scotland's planned approach to public audit during the pandemic period. The report notes that Audit Scotland has advised that there will be an extension to normal timelines to the production of this year's Annual Accounts and that Audit Scotland will be flexible with audit resources during these times. NHS Fife has been working closely with Audit Scotland to ensure that the flexibility of approach is implemented.

The review of the Annual Accounts is a key responsibility of the Audit & Risk Committee. It has been agreed that the sign-off date for the accounts has been moved from June to September 2020. Despite the extension, the Finance Department have continued to produce most of the financial statements and paperwork required and are now in a position to start handing aspects of the accounts across to Audit Scotland.

Ms Fraser from Audit Scotland added that there would not be any changes in the level of scrutiny of the Annual Accounts, which would remain robust, and noted that she has been meeting regularly with the Director of Finance to discuss the process. Audit Scotland have revised and updated their current audit plan and will be refocusing some of the current audit work in light of the pandemic. The revised workplan, and the interim management report, will be available for the July Audit & Risk Committee.

It was also reported that the Auditor General for Scotland and the Accounts Commission are to extend the current external audit appointments by one year in the first instance. A further update will be available in the autumn.

3.3. Risk Management Processes during the Pandemic Period

Mrs Buchanan advised that this report provides the Committee with appropriate assurance that there is a robust structure and process in place for the reporting, review and management of COVID-19 related risks. The process for identifying, reviewing and monitoring risks is well established within the organisational Command structure. A template and reporting schedule is in place for the Bronze and Silver Commands to review and update all risks in Datix. The Silver Command groups meet at least weekly. The Risk Management team then provide Gold Command with a fortnightly report on the high level risks. There are currently 87 COVID-19 related risks, of which 14 are high level. Many of these risks are not Board-specific, but relate to national risks common across the Health sector.

In a response to a question raised by Mr Gaskin. Mrs Buchanan confirmed that the risks would shortly be presented to the NHS Fife Board and will be mainstreamed into the overall Board Assurance Framework structure, rather than be recorded in a stand-alone Covid-19 BAF.

3.4. Reflection on Internal Audit Governance Checklist

Mrs McGurk reported that the FTF Internal Audit Consortium have developed this helpful governance checklist, which can be used to support and sense-check local governance processes during the pandemic. Annex 1 sets out the specific parts of the checklist relevant to the work of this Committee. The Committee is asked to consider the checklist and consider whether it should be used to support the governance process during the pandemic.

Mrs Potter suggested that the Audit and Risk Committee could request that the other governance committees take this piece of work forward to use as part of their future agenda planning and discussions on priorities.

The Audit & Risk Committee agreed that that the other Governance committees should be asked to engage in this exercise. Mrs McGurk and Dr MacIntosh were asked to action this and report back to the Committee at its next meeting.

Action: MM/GM

4. Any Other Business

Ms Braiden asked when normal business for Committees would be resuming. Mr Black stated that the next meeting in July would be to consider a fuller agenda, based on priority business.

Date of Next Meeting: Monday 13 July 2020 at 11.00am, via MS Teams

MINUTE OF NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON WEDNESDAY 4 MARCH 2020 AT 2PM IN THE STAFF CLUB, VHK

Present:

Dr Les Bisset, Chair	Dr Chris McKenna, Medical Director
Martin Black, Non Exec Member	Carol Potter, Chief Executive
Sinead Braiden, Non Exec Member	Margaret Wells, Non Exec Member
Cllr David Graham, Non Exec Member (part)	John Stobbs, Patient Representative
Rona Laing, Non Exec Member	

In Attendance:

Gemma Baxter, Paediatric Trainee Registrar (Observer)	Gillian MacIntosh, Board Secretary
Lynn Barker, Assoc Nurse Director, Health & Social Care Partnership (H&SCP)	Andy Mackay, Deputy Chief Operating Officer (Acute)
Nicky Connor, Director of Health & Social Care	Fiona MacKay, Head of Strategic Planning, Performance & Commissioning
Jim Crichton, Interim Project Management Office Director	Emma O'Keefe, Consultant in Dental Public Health
Linda Douglas, Director of Workforce	Debs Steven, Lead Pharmacist, Fife Pain Management Service
Neil Hamlet, Consultant in Public Health	Andy Verrecchia, APR Representative
Dr Helen Hellewell, Assoc Medical Director, H&SCP	Helen Woodburn, Head of Quality & Clinical Governance
Paula King, Note Taker	

MINUTE

REF	ITEM	ACTION
016/20	APOLOGIES FOR ABSENCE Apologies were received from members Wilma Brown, Helen Buchanan, Dona Milne and Janette Owens.	
017/20	DECLARATIONS OF MEMBERS' INTERESTS There were no declarations of interest.	
018/20	MINUTES OF PREVIOUS MEETING HELD ON 16 JANUARY 2020 The notes of the meeting held on 16 January 2020 were approved .	
019/20	ACTION LIST All outstanding actions were updated on the separate rolling Action List.	
020/20	MATTERS ARISING 5.1 Surgical Site Infection (SSI) Update – Obstetrics Improvement & New Pathway Dr McKenna spoke to the paper, which provided assurance of progress in relation to specific workstreams for Maternity and Obstetrics Improvement, noting in particular that infection rates around caesarean section SSI had stabilised and were now in	

line with national figures.

Questions were asked about the achievability of some of the timescales under bed modelling and medical workforce redesign and these were responded to.

As Chief Executive, Mrs Potter noted that she was able to view all the remarks from “Care Opinion” and many positive comments were being made about the service from patients and their families. Members welcomed the improvements made.

The Clinical Governance Committee:

- **noted** the progress made to deliver the plans;
- **noted** that the ongoing delivery and implementation of work is embedded within operational service planning;
- **agreed** that caesarean section SSI would now revert back to being reported routinely through the Integrated Performance & Quality Report (IPQR); and
- **asked** that thanks be forwarded to the General Manager - Women & Children and her team for the helpful report.

CMcK

5.2 Alcohol & Drug Partnership (ADP) Report – Alcohol and Drugs Service Provision in Fife

The report provided an update on ADP work to reduce alcohol and drug-related harm and deaths in Fife. The report highlighted a concerning situation across Scotland and in Fife and identified key themes that recognise the changing needs of people who use alcohol and drugs need to be reflected in service provision and delivery. A number of actions were being progressed at pace to meet the challenges as set out in the SBAR.

Routinely, the Medical Director and Nurse Director review all major/extreme incidents and through that process there is an overview of all drug-related deaths for those known to Addiction Services. It has become clear that there is a requirement to look at this in a different way and, following feedback, the team in the H&SCP is developing a new model to look at these deaths in a collective, clustered way, as well as on an individual case basis, to ensure that any themes are identified. This will enable further learning in relation to drug-related deaths.

The report generated considerable discussion, with a particular focus on the need to have a range of approaches to meet the changing demographic of the population who use drugs and alcohol. It was also important to ensure that services are commissioned and redesigned with engagement from service users. Mrs McKay confirmed that a lot of third sector

organisations have been funded to deliver services and consideration would be given as to how to take this forward with feedback from service users. It was considered helpful to that take a more co-ordinated approach and use a multi-disciplinary programme that offered support and rehabilitation until users are in a period of stability. A new strategy would be produced for approval through the Integration Joint Board (IJB); actions arising from that would be overseen by the ADP Committee, with reporting into the IJB as required, in addition to the legislative route to the Care Inspectorate.

Dr Bisset thanked Mrs Connor and Mrs McKay for detailed report.

The Clinical Governance Committee **noted** the content of the report and welcomed being updated on progress in future.

5.3 Drug Related Deaths Update

The report provided an update on proposed changes to the review of Drug Related Deaths.

The Clinical Governance Committee **noted** the content of the report, highlighting that this cut across the information provided in the previous agenda item.

5.4 Prescribed High Risk Medicines

The report provided an update from a Short Life Working Group recently set up as a result of the Drug Related Deaths report (considered above), which has developed some proposals to address and change the culture of prescribing High Risk Medicines, such as Gabapentinoids, Opioids and Hypnotics in Fife. It was recognised that NHS Fife is an outlier for prescribing in all three medicine groups. Therefore there is a need to change prescribing practice and take a whole system approach, to better understand how and where these medicines are used, which is critical in identifying and addressing any gaps.

In response to questions, it was noted that there are existing links with addiction services, but it is a broader issue around different groups of patients who could be taking these medicines appropriately but ineffectively managed. Pain is a complex condition and trying to get the right combination of medicines for patients is difficult; however, this can be life-changing if delivered correctly.

Dr Bisset thanked Ms Stevens for attending to speak to the item and for the comprehensive collation of the issues in the written report.

The Clinical Governance Committee:

- **noted** the current issues related to prescribing of High Risk Medicines across NHS Fife;
- **supported in principle** the need to address these issues as one of Fife's key priorities;
- **agreed support** for the proposal for a "Call to Action" event in Fife;
- **supported in principle** provision of project support to enable a "Call to Action" event and the creation of a short-life working group to lead on associated work; and
- **supported in principle** the development of a business case to ensure appropriate resource is available within the Controlled Drug Accountable Officer's team.

5.5 Organisational Resilience Standards Update

The paper accompanied the third self-assessment on progress made against the national Standards for Organisational Resilience, for submission to the Scottish Government Health Resilience Unit (SGHRU) by 10 April 2020, covering the period from April 2018 to March 2020. It was noted that most of the ratings in the self-assessment were going in a positive direction and there was a substantive reason for those that had dropped/changed since the last review. Members were reassured that areas were being considered in a more comprehensive way.

The Clinical Governance Committee **noted** and **approved** the report for onward submission to SGHRU.

021/20 REQUESTED REPORTS

6.1 Coronavirus Update

Dr Hamlet provided an update on the Coronavirus, as of 3 March 2020, detailing the number of confirmed cases globally, and in particular in the UK and Scotland. Also provided was a summary of the NHS Fife response to the current situation. A UK Coronavirus Action Plan has been issued and work is underway to ensure that Fife's local action plan fits with the UK plan. From 9 March a move to drive-by testing will be implemented. The H&SCP control team is also in place, meeting on a weekly basis and linking with key stakeholders. Thanks were paid to Esther Curnock and her team who are leading on the arrangements in Fife.

Dr McKenna thanked everyone for the work going on across the organisation and noted that he was assured that there is a robust process for admission to hospital, should that be required. NHS Fife is one of the only District General Hospitals in the country with a fully-functioning suite of negative pressure rooms and has excellent local expertise in place through the

infectious disease consultants, one of whom is an expert in world pandemic type illnesses.

It was noted that the weekly “Grand Round” was extremely well attended this week, with an excellent presentation on Coronavirus by Health Protection, Infection Control, Infection Diseases and Microbiology.

The Clinical Governance Committee **noted** the update and was reassured that NHS Fife is doing everything possible to co-ordinate how to deal with the outbreak. As part of the assurance provided, Mrs Potter added that the Executive Directors’ Group receive regular updates on the situation and was taking time out at its forthcoming meeting on 16 March 2020 to consider resilience and business continuity plans that are in place.

6.2 NHS Fife Digital and Information Strategy

Dr McKenna presented the Digital and Information Strategy 2019-24, which had been widely consulted on and approved by the eHealth Board. The eHealth Board would monitor actions arising from the strategy and progress in its delivery would be overseen by the Clinical Governance Committee.

Mrs Potter advised that EDG had recently discussed the document and a few minor tweaks around language had been made since this version was circulated. The final version would be circulated to Members.

CMck

The Clinical Governance Committee **noted** completion of the Digital and Information Strategy 2019-24 and **supported** its delivery.

022/20 TRANSFORMATION / REDESIGN / CLINICAL STRATEGY

7.1 Update from Integrated Transformation Board (ITB)

The paper summarised progress to date on the work of the ITB and clarified the proposed future consultation and reporting process in relation to the Clinical Governance Committee. Discussion was had as to the potential options for reporting to the Board.

As the new Chief Executive, Mrs Potter highlighted that she would take time to reflect further on the membership of the ITB and give consideration as to how the Stage and Gate process fits in with the requirements around the Scottish Government Capital Investment process and the Board’s own governance processes, to ensure these linked together as appropriate.

The Clinical Governance Committee:

- **noted** progress on support for the transformation

- programme;
- **approved** the proposed engagement cycle as set out in the Stage and Gate process, bearing in mind any tweaks to be made following further consideration by the Chief Executive;
- **agreed** a reporting arrangement whereby the Committee would receive Initial Agreement documents, sight of the Business Case before sign off, implementation reports by exception, with a final report at the end of a project; and
- **requested** a verbal update to the next Clinical Governance Committee from the March 2020 ITB meeting.

JC

7.2 Acute Transformation

Mr Mackay advised that thus far work on acute transformation has been mainly operational across four workstreams. The Acute Transformation Programme Committee has agreed to hold a reset scoping exercise on 17 March 2020, with representatives from Health & Social Care, to look across the whole system and open up discussion on how to do things differently across both teams. It was the ambition to transform services, with a focus on two key areas: the front door and how patients access services, particularly outpatient services.

Dr McKenna added that changing from four workstreams to two main areas of transformation, taking a whole system approach, will allow NHS Fife to define its strategy for Acute Services. To support this work, each of the two strands will have an executive sponsor to provide executive oversight and assurance that these will be the priorities for NHS Fife moving forward.

The Clinical Governance Committee **agreed** with the direction of travel and **noted** the update.

7.3 Community Hospital Redesign

Mrs Connor gave an update on Community Hospital Redesign, which was one of three priority areas of the Joined Up Care Strategy. The proposed initial phase of the plan focused on Glenrothes and Queen Margaret Hospitals, which had been discussed at the last ITB, and feedback was currently being taken on board. Initial Agreement Documents (IADs) for Glenrothes and Queen Margaret Hospitals had been prepared based on the original strategy, but further work needs to be brought forward as to how this is expanded beyond phase 1 and 2, to support a broader bed based model.

Dr McKenna emphasised the need to progress the redesign of community hospitals and was aware of the real desire of consultant colleagues to move to a different model of working. He offered his support to helping to move it forward. Mrs

Connor was concerned at the lack of a strategy for all bed based models and was aware that to make decisions at this stage could have unintended consequences; however, not progressing with it could lead to business continuity issues. The need to balance how to fulfil the strategic direction required, with the right participation and engagement, was challenging, particularly whilst progressing a programme that has been in discussion for some years.

The Clinical Governance Committee:

- **agreed** that the IADs for Glenrothes and Queen Margaret Hospitals be submitted to the next Clinical Governance Committee, together with the original strategy document and a timeline for developing further; and
- **agreed** that an additional meeting of the Committee could be convened, if required, to help accelerate the programme noting the Committee's responsibility to be able to reassure itself and the Board that there are unlikely to be any unintended consequences with moving forward with the IADs but having the option to change this once the full strategy is available.

NC

7.4 Clinical Strategy Update

Given the changes that have taken place over the last year in terms of governance and oversight, the paper set out a proposal to review the existing Clinical Strategy, published in October 2016, and a proposed timetable that aimed to submit the revised Clinical Strategy to the November 2020 Board meeting.

The Clinical Governance Committee **noted** the review of the Clinical Strategy and the associated timetable to deliver the Clinical Strategy 2021-26, in particular that a update paper will be submitted to the May 2020 Clinical Governance Committee.

SF

023/20 QUALITY, PLANNING AND PERFORMANCE

8.1 Integrated Performance and Quality Report (IPQR)

Areas of improved performance in relation to Caesarean Section SSI, In-Patient Falls, SABs and ECB CAUTIs were highlighted. Further detail on the rise in C.Diff (HAI/HCAI) cases acquired due to a healthcare intervention in the community would be submitted to the next meeting. Dr McKenna would check the figures as the number was different to that reported in the HAIRT report.

**LBa
CMcK**

Challenges remained around Complaints (Stage 2) and Pressure Ulcers. Mrs Barker would arrange for Mr Black to meet with the Director of Nursing on issues in relation to performance in meeting the Complaints (Stage 2) target. Whilst there have been staffing issues within the Patient Relations

LBa

team, it is a complex process and Mrs Potter assured the Committee that as Chief Executive she signed all complaint letters on behalf of the organisation and would seek to improve performance.

The Committee was advised of a potential change in the trend of major/extreme adverse event numbers due to a drive towards national standardisation of reporting following comprehensive work by Healthcare Improvement Scotland. This was expected to lead to NHS Fife reclassifying what is reported. Any changes would be reported through the Committee.

The Clinical Governance Committee **noted** the content of the report, with specific focus on the measures and performance relevant to Clinical Governance.

8.2 Winter Performance Report

The report covered the period 6 January to 2 February 2020 and provided an update on key performance metrics and actions agreed within the Winter Plan. Whilst the position remained challenging, good team working across the system continued and weekly winter review meetings were helpful in identifying issues and being able to divert resources accordingly. Significant learning was being taken on board about how to approach planning for 2020/21.

Sustainability of the acute hospitals is a priority and capacity is being reviewed across all hospitals and care settings. Teams continued to be pressured in relation to the rise in attendances at A&E and the acuity of patients presenting. Although performance for the 4 hour emergency access target was not where we would want it to be, elective performance is being maintained, with very few hospital initiated cancellation of patients. Work is underway to analyse what is driving the rising attendance in A&E, which is being seen nationally across all Boards in Scotland.

Questions were asked in relation to specific figures in the report and these would be checked and responded to. Feedback on how information is presented in the report will also be taken on board.

Dr McKenna emphasised the importance of recognising that this has been a difficult winter and could be made more difficult if there was a move to a pandemic situation with Coronavirus. He assured members that there is good team working across the system and people are well placed to make good decisions in the current environment.

The Clinical Governance Committee **discussed** the Winter

Report 2019/20 and **noted** its contents.

024/20 GOVERNANCE

9.1 Review of Fife Health & Social Care Integration Scheme

Mrs Connor reported that a review of the Integration Scheme is underway, with a deadline to be completed by end of March 2020. A Stakeholder Group has been established, with representatives from both NHS Fife and Fife Council, and it has been agreed there will be no changes to the delegated services. A review of the full document has taken place and there are two outstanding matters in relation to content around the risk share agreement and clinical and care governance reporting structures. A meeting was scheduled with Chief Executives' on 5 March 2020 about how to seek resolution. The Chair has helpfully proposed to hold a special meeting if required in order to conclude in the timeframe available for reporting to the Board at the end of March and the appropriate Fife Council meeting thereafter.

It was highlighted that a level of consultation is necessary as a requirement of legislation, but this is proportionate to the level of change.

The Clinical Governance Committee **noted** the verbal report.

9.2 Board Assurance Framework (BAF) – Quality and Safety

The report provided an update to the Committee on Quality & Safety and Dr McKenna outlined the changes to linked operational risks. Further detail on Risks 1652 and 1670 would be provided to the next Committee meeting. Mrs Wells suggested that Risk 1652 linked into Looked After Children and included a role about adoption and fostering panels. She requested that the broad responsibilities and impact of that be addressed in the detail to the next meeting.

CMcK

The Clinical Governance Committee **noted** the changes at this stage and would receive further detail on Risks 1652 and 1670 at its next meeting.

9.3 Board Assurance Framework – Strategic Planning

The report provided an update on Strategic Planning risks.

The Clinical Governance Committee **approved** the current position in relation to the Strategic Planning risk.

9.4 Board Assurance Framework – eHealth

The report provided an update on eHealth, which was largely unchanged since the last report on 16 January 2020. The eHealth BAF is presently being reviewed as part of a risk assurance mapping process and an update is being provided

on this to the Audit & Risk Committee on 13 January 2020.

The Clinical Governance Committee **approved** the update.

9.5 eHealth Governance Review

The Chair highlighted that aspects of the paper were still under discussion, given recent personnel changes, recognising that the governance arrangements need to be changed.

The Clinical Governance Committee **noted** progress and **agreed** to receive a further paper to the next meeting.

CMcK

9.6 Committee Self Assessment Report

Dr MacIntosh introduced the paper, which provided the outcome of this year's self-assessment exercise for the Committee. She thanked everyone who completed the self assessment, noting there had been a 100% response rate. The main learning points were outlined in the paper and work was ongoing address areas identified for ongoing improvement.

The Clinical Governance Committee:

- **noted** the outcome of the Committee's recent self-assessment exercise, as detailed in the paper; and
- **asked** that members forward suggestions for subject specific training opportunities to Dr MacIntosh, to be delivered at the proposed Committee Development Sessions to be held over the next year.

Cllr Graham left the meeting at 4:30 pm.

9.7 Review of Committee's Terms of Reference

It was noted that the Clinical Governance Committee Terms of Reference had been reviewed and changes were tracked for Members' agreement.

The Clinical Governance Committee:

- **considered** the updated Terms of Reference; and
- **approved** a final version for submission to the Audit & Risk Committee, subject to a minor amendment around the title of the Chief Operating Officer.

GMacI

9.8 Annual Workplan 2020/21

The Annual Workplan 2020/21 was presented to the Committee. Mrs Potter stated that some of the lead Directors for various reports would need to be amended and she would pick this up directly with Dr McKenna / Mrs Woodburn.

CP

Subject to these corrections being made, the Clinical

Governance Committee **approved** the workplan for 2020/21.

9.9 Annual Accounts – Progress Update on Audit Recommendations

The report provided an overview of the recommendations emerging from both the Internal Audit Annual Report and the Audit Scotland Annual Report for 2018/19, and the resultant actions progressed to date.

The Clinical Governance Committee **noted** the actions taken to date, particularly in relation to the recommendations related to areas under its remit.

9.10 HAIRT Report

The Clinical Governance Committee **noted** the key areas of Healthcare Associated Infections performance up to 5 February 2020, noting that a number of areas had already been discussed under other items on the agenda.

025/20 LINKED COMMITTEE MINUTES

Dr Bisset advised that all items under this section would be taken without discussion unless any particular issues were raised.

- 10.1** Acute Services Division Clinical Governance Committee – to be c/f May 2020
- 10.2** Area Clinical Forum – 6 February 2020
- 10.3** Area Drugs & Therapeutics Committee (ADTC) – to be c/f May 2020
- 10.4** H&SCP Clinical and Care Governance Committee – 8 November 2019 and 10 January 2020
Mrs Braiden asked about the upward trend in the rate of restraints within Mental Health and it was agreed she would pick up with Dr Hellewell/Ms Barker outwith the meeting.
- 10.5** Clinical Governance Oversight Group – 23 January 2020
- 10.6** Fife Research Governance Group – 9 January 2020
- 10.7** Integrated Joint Board (IJB) – 6 December 2019
- 10.8** Infection Control Committee – 5 February 2020
- 10.9** Radiation Protection Committee – 15 October 2019
- 10.11** eHealth Board – 21 January 2020
- 10.12** Information Governance and Security Group - 16 January 2020
- 10.13** Integrated Transformation Board – 19 November 2019 & 13 February 2020
- 10.14** Health & Safety Sub Committee – 13 December 2019

SB

026/20 ITEMS FOR NOTING

11.1 CMO Taskforce Board Specific Update Report

Dr McKenna referred to the summary report, which reflected the current level of progress being made in NHS Fife following recommendations set by the CMO Taskforce on Improving Services for Adults, Children or Young People who

have experienced Rape, or Sexual Assault or Child Sexual Abuse in Scotland. The report is positive for Fife and shows the excellent work being progressed within these areas.

The Clinical Governance Committee **noted** the findings of the report.

027/20 ISSUES TO BE HIGHLIGHTED TO THE BOARD

12.1 To the Board in the IPQR and Chair's Comments

The following issues would be highlighted to the Board:

- Alcohol & Drug Partnership Annual Report;
- Coronavirus Update; and
- Update from Integrated Transformation Board

028/20 AOCB

None.

029/20 DATE OF NEXT MEETING

Thursday 7 May 2020 at 2pm in Staff Club, VHK

MINUTE OF SPECIAL MEETING OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD VIA TEAMS ON MONDAY 15 JUNE 2020 AT 11.30 AM

DR LES BISSET

Chair

Present:

Dr Les Bisset, Chair
Sinead Braiden, Non Executive Member
Helen Buchanan, Nurse Director
Rona Laing, Non Executive Member
Esther Curnock, Consultant in Public Health
Carol Potter, Chief Executive
Margaret Wells, Non Executive Member

Martin Black, Non Executive Member
Wilma Brown, APF Representative
Cllr David Graham, Non Executive Member
Chris McKenna, Medical Director
Janette Owens, ACF Representative
John Stobbs, Patient Representative

In Attendance:

Nicky Connor, Director of Health & Social Care
Gillian MacIntosh, Board Secretary

Helen Woodburn, Head of Quality & Clinical Governance

Scott Garden, Director of Pharmacy & Medicines
Andy Mackay, Deputy Chief Operating Officer (Acute)
Catriona Dziech, Note Taker

1. Opening Remarks

Dr Bisset opened the meeting by paying tribute, on behalf of the Committee, to all NHS staff, those who have worked in partnership with the Board and to everyone who has supported us during this difficult time over the last three months. Their skills, professionalism and compassion have been used to the benefit of the people of Fife and they cannot be thanked highly enough.

Dr Bisset also paid tribute to the Executive Team who have demonstrated great leadership skills in being able to implement a major reconfiguration of services within a few days of the Pandemic starting. They have also shown great leadership style in being able to bring members of staff to work in vastly different roles and circumstances.

Dr Bisset advised this is a special meeting of the Committee to bring members up-to-date from where we were from the last meeting in March 2020, covering the interim period and how we will go forward in the next few months. Members will wish to focus on the matters which fall within the remit of the Clinical Governance Committee as relate to COVID.

2. Apologies for Absence

Apologies were received from Dona Milne, Director of Public Health. Ester Curnock was attending in her place

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Chief Executive Governance Update

Carol Potter thanked Dr Bisset for his kind introductory remarks.

Carol Potter advised she thought it would be helpful to share this briefing paper, which is being taken to the Audit & Risk Committee on 18 June 2020.

This report provides an overview of the operational management structures implemented at the start of the Pandemic and the governance associated with that. Section 2.3 of the report and Appendix 1 set this out in more detail.

The Committee noted the report, which was for members' awareness.

4. COVID-19 SUMMARIES

4.1. Shielding

Dr McKenna presented his paper and gave thanks to Helen Woodburn and her Team, who have been leading on the management of identifying shielding patients with NSS and Public Health.

This paper is an overview of how NHS Fife adapted and learned from the Pandemic. The Committee noted the report.

In response to a query on the level of infection in the community, Esther Curnock advised the Scottish Government publish daily data, which has indicated a falling rate of infection in recent weeks.

4.2. Testing

Esther Curnock advised that the testing policy has changed a lot since March and will continue to be adapted. Testing is currently undertaken through two pathways, one being the NHS Laboratories and the other the UK testing Programme (Lighthouse Laboratories).

The big change since March is we now have access for all community cases to be tested through the UK Programme. This was introduced at the end of May and feeds in to the Test and Protect Programme.

NHS Fife laboratory programme on testing has also changed. Asymptomatic people and over 70s were tested in hospital, on admission and also those waiting to go to care homes. Other groups are now also being managed for testing and these include staff through either the drive-through programme or mobile team. In addition, testing is now undertaken on care home residents and socially vulnerable groups who could not access testing through the UK Programme. One of the more recent changes has been

the weekly testing of care home staff who are asymptomatic through the UK programme

The three main challenging areas to highlight are:

- 1) Results and data flow
- 2) Vulnerable groups in the Community
- 3) Laboratory capacity

In response to a query on care home numbers, Esther Curnock advised a briefing is being prepared on care homes in general and this will be issued in due course.

4.3. Care Homes

Helen Buchanan advised that on 17 May 2020 two letters were issued from the Scottish Government, one in relation to a professional oversight group, which included the Medical Director, Nurse Director, Director of Public Health and the Chief Social Worker, giving them additional responsibilities with regard to professional oversight of care homes. On the same day Nurse Directors across Scotland received a letter setting out the variations and roles of the Nurse Directors, including specific areas around accountability within the care homes for nursing leadership, support guidance and issues around PPE, Infection Control and Prevention, Workforce and Nursing Leadership.

Within the letter to the Directors, there was an Annex 1 around assurance visits in conjunction with the Chief Social Worker. A lot of work was undertaken to consider how the assurance visits would be carried out to cover the 76 care homes in Fife and how this could be communicated to the care homes within a very short timescale.

A positive programme of work was undertaken and the main areas taken forward from a nursing perspective were:

- 1) daily contact with care homes through public health and community nurses to highlight any areas for escalation
- 2) assurance process visits were taken forward
- 3) a workforce tool applied to escalate issues if required
- 4) a specialist nursing support team was put in place to look at weekly themes coming from the care homes

A few good news stories have been highlighted outwith the assurance visits in that some care homes have sought spiritual care support and others have made proactive contact in relation to infection control issues.

Thus far, contact has been made with 44 of the 76 care homes within Fife. Significant teams are working across the whole of Fife, who also work closely with Public Health and Social Work. It is hoped to complete the full programme of visits within the next two weeks.

A daily telephone call is held at 4pm with the Medical Director, Nurse Director, and Director of H&SCP, Director of Public Health and Director of Social Work to consider any issues or concerns that may have been escalated.

Helen Buchanan assured the Committee that care homes are being covered in terms of the assurance visits. It is likely we will continue to have accountability until the end of November 2020. Once the assurance visits are completed, we would hope to take forward any issues and provide continued support to the care homes if required.

Dr Bisset advised that he and our Chair Tricia Marwick were very impressed with the partnership team working across all the agencies during this time-limited exercise.

In response to a query around any issues that may be identified within a care home, Helen Buchanan advised it is clear that any concerns identified are adult protection issues and are picked up by Social Work. Helen Buchanan advised that NHS Fife can offer support around quality improvement but ultimately the Care Inspectorate has inspection and scrutiny jurisdiction.

4.4. Learning from Significant Events

Helen Buchanan advised that a full report of the learning from significant events will be brought to the Committee in due course. The report will cover the outbreaks within our hospitals during COVID.

Our data is reported to Health Protection Scotland, for all outbreaks (not just COVID), and a report will be issued shortly highlighting the outbreaks which have occurred across Scotland.

Many areas where outbreaks occurred were in our Older People Services, Community Hospitals and Mental Health. It should be noted this is not something unique to Fife.

At the start of outbreaks there was always a prompt response, with problem assessment groups and instant management groups being formed to look at the learning and stop any further potential outbreaks.

A lot has been learned during this time in relation to reducing movement of patients and staff, social distancing restrictions, cleaning requirements and PPE. In conjunction with Keith Morris, screening of health workers has been vital as we identified outbreaks within areas.

Helen Buchanan assured the Committee every time there was an outbreak there was a full process followed for each one and a report submitted through Gold Command.

4.5. Personal Protective Equipment (PPE)

Helen Buchanan advised that currently that there is a good supply of PPE in Fife. There were many issues at the start of the Pandemic but these were not unique to Fife. Margo McGurk has led and sorted out the processes, to ensure staff had the proper PPE. There is a Central Hub at WBH, with a two-week supply of stock held. There is also a two-week pre order with the SGHD to ensure we have adequate stock of PPE.

Dr Bisset echoed the hard work undertaken by Margo McGurk to ensure NHS Fife had sustainable PPE during the most critical times.

The Committee noted Wilma Brown is involved in National work around PPE to ensure preparedness going forward and she can bring forward any issues to the Committee that that may arise.

4.6. Medicines Availability

Scott Garden gave an update on the following areas:

Critical Care Medicines

As identified worldwide, it takes thirteen essential medicines to manage a critical care bed. A lot of work was undertaken in the early stages of the Pandemic around modelling, which led to our model being adopted in other Boards in Scotland. We also led on a sharing of medicines protocol, which again has been adopted by other Boards in Scotland.

As we move to remobilisation a critical factor will be building medicines availability into our planning as we move forward.

On a positive note around these medicines, there has been UK level work on modelling looking forward and there is sufficient medicines to meet demand until the end of August 2020. This factors in a return to 110% business as usual and, in addition, the increased capacity for ventilated patients within the UK.

There is no stockpiling in the UK of these thirteen essential medicines. This is not devolved to Scotland but the Secretary of State has approved the introduction of a central stockpile.

Treatment

The MHRA have given access to patients in the UK to the drug Remdesevir through the early access to medicines scheme. This scheme is available for a whole range of drugs but it gives patients with life threatening or serious debilitating conditions access to promising medicines that do not have a marketing authorisation but a high unmet clinical need.

A clinical trial was running in the UK using Hydroxychloroquine, to which NHS Fife was part. This trial has now stopped enrolling participants following a review of the risks and risk benefit analysis.

Community Pharmacy

Community pharmacy remained open to the public but worked very differently.

Fife Voluntary Action Partnership provided a delivery service for shielded patients and those who were unable to collect medicines. It has been suggested this service should continue going forward due to the positive benefits to patients.

Pharmaco Therapy

Staff have continued to work mainly from home and continue to undertake medication reviews and repeat prescribing.

There has been input to Care Homes over last year with ordering and supply of medicine around reducing waste, improving efficiency and releasing time to care, and this continues. There has also been increased service provision beyond the initial care homes and this has been well received. Pathways have also been set up for advice to care homes.

Palliation

A grab bag model has been set up for healthcare professionals, nursing and medical staff who can carry a bag of controlled drugs and palliation medicines and administer. This reduces the time patients may have to wait for these medicines. This innovative model has also been picked up across Scotland.

Dr Bisset asked that the Committee's thanks be passed on pharmacy colleagues and staff for their hard work.

4.7. Remobilisation of Clinical Services

Dr McKenna presented the updated paper on the Remobilisation of Clinical services.

In response to a query from Martin Black, it was agreed it was important to maintain staff side involvement in remobilisation discussions. There was a definite commitment for partnership working at Executive Level, but further work was required on how this could be filtered down to Managers.

5. Items for escalation to the Board

There were no issues for escalation from this meeting, but any items picked up at the formal meeting of the Committee in July will be taken to the Board.

6. Any Other Business

There was no other competent business.

Date of Next Meeting: Wednesday 8 July 2020 at 2pm via Teams.

**MINUTES OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE
MEETING HELD ON 10 MARCH 2020 AT 9:30AM IN THE BOARDROOM, STAFF
CLUB, VICTORIA HOSPITAL, KIRKCALDY.**

RONA LAING

Chair

Present:

Ms R Laing, Non-Executive Director (Chair)	Mrs M McGurk, Director of Finance
Dr L Bisset, Non-Executive Director	Mr A Morris, Non-Executive Director
Mrs W Brown, Employee Director	Ms J Owens, Non-Executive Director
Ms H Buchanan, Director of Nursing	Mrs C Potter, Chief Executive
Mr E Clarke, Non-Executive Director	

In Attendance:

Mr A Fairgrieve, Director of Estates, Facilities & Capital Services
Mr S Garden, Director of Pharmacy
Ms M Olsen, Interim Chief Operating Officer
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
Mrs R Robertson, Deputy Director of Finance
Miss L Stewart, PA to the Director of Finance (minutes)

27/20 1. Apologies for Absence

Apologies were received from members Dona Milne, Director of Public Health, Dr Chris McKenna, Medical Director, and routine attendee Nicky Connor, Director of H&SCP (Claire Dobson was attending this meeting on her behalf).

28/20 2. Declaration of Members' Interests

There were no declarations of members' interest.

29/20 3. Minutes of the last Meeting held on 14 January 2020

The minute of the last meeting was **agreed** as an accurate record, subject to the addition of Wilma Brown's apologies as given and the removal of the text 'They are looking ... at the front door' from pp.6-7.

30/20 4. Action List

The Chair reviewed the action list and highlighted those that were not otherwise covered in the meeting agenda.

The Chair recognised that Action 133, relating to Kincardine and Lochgelly Health Centres, was still awaiting dates for expected reporting. Mrs Claire Dobson advised the Committee that the H&SCP have started work on the Outline Business Case; however, this will not be expected to be ready until later in the year. They have recommenced the Project Team and Project Board, and have also identified project management resource. The Chair confirmed this will remain on the Action List at present and further updates will follow.

The Chair asked for an update on Action 137, relating to the work of the Scottish Access Collaborative, and queried who is taking forward the action of organising a Development Session for the Board. It was agreed that Mrs Carol Potter will take this action forward, with Ms Susan Fraser and Ms Morag Olsen.

5. MATTERS ARISING

31/20 5.1. Stratheden IPCU – Smoking Area Update

The Chair invited Mrs Claire Dobson, in Mrs N Connor's absence, to present the update to the Committee on the Stratheden IPCU.

Mrs Claire Dobson advised that the Mental Health Team are working towards making Stratheden a Smoke-Free Site, and that several actions are underway. The team have reviewed the Nicotine Replacement Therapy materials on the ward with Pharmacy colleagues; the QI team are compiling a report which details staff feedback; training and promotional material is available to staff; and Outpatient and Inpatient pathways have been developed for people who wish to stop smoking. Smoking status is also now recorded on admission, to target and identify people who wish to stop smoking. Discussions are taking place around non-compliance and these incidents will require to be logged on Datix.

Questions were raised concerning whether these actions should be rolled out across all sites within NHS Fife and if it would replace the original plan to create a designated smoking area within the IPCU facility. Mrs Helen Buchanan confirmed that, if becoming Smoke-Free is a national policy initiative, it will be implemented across all sites, and the assumption is that the work will start in Stratheden due to the issues they have had there. This would therefore replace the original plan to create a designated smoking area. Further consultation is ongoing about how Smoke-Free sites would be rolled out further across NHS grounds, and this would be considered further by the Clinical Governance Committee.

The Chair asked for a written report to be submitted in May 2020 detailing the smoke-free support activities that are being developed and this was agreed. The Committee were advised that this also will form part of the Mental Health Review, which is also under discussion in Clinical Governance.

32/20 5.2. General Policies & Procedures Update

Dr Gillian MacIntosh presented the verbal update that the Committee requested on General Policies and Procedures, and it was advised that the Committee will receive a written report in May 2020 on the status on the policy review work.

Dr MacIntosh explained that, following the actions from the previous Committee, she attended a demonstration of the qPulse system under discussion by eHealth for purchase. It was agreed that this system would do the same job as the Pentana System which was in place in Forth Valley; however, at current costing, this was too expensive for many individual services and might need to be reconsidered at the organisational level.

In the meantime, work is ongoing with Mr Andy Fairgrieve and his team in Estates to develop a more streamlined approval process for policies. It is proposed to have Directorate sign-off at a lower level for many of the existing policies, and have a smaller group of around 20 overarching policies to be approved at EDG/Board level, which should make the process easier to manage and more timely. Further detail would be provided to the Committee in May.

Mr Scott Garden noted that improving the manual process in place is good and he would be supportive, but the best efficiency could be achieved through utilising an electronic system. It was agreed that easy access to electronic data for Clinical Guidance is important, for staff working in patient-facing roles, and it would be beneficial if the publication of policies could be looked at as part of this work.

6. GOVERNANCE

33/20 6.1. Board Assurance Framework – Financial Sustainability

Mrs Margo McGurk presented the report, which provided an update to the Committee on Financial Sustainability.

Mrs McGurk highlighted a concern to the Committee as to whether the expected financial position this year, and the challenges faced going into next year, should be identified as a risk or in fact an issue. Throughout the report there is a significant focus on funding for the next financial year; however, this should be expanded to include effective resource allocation. The report highlights that a detailed savings plan has been developed particularly for Acute, however there is still a lot of work that required to be done around this. It was felt that a review of the risk description may be useful for next year, to take forward how to mitigate the risk for the next financial year.

The Chair advised that though this is the current process and the descriptions have been developed through Board Development sessions, there should be an opportunity moving forward to review all factors and indicators to ensure the BAF remains up-to-date and relevant.

It was observed by members that the actions within the report are not given specific timeframes and the report does need to be more closely monitored with

more milestones in place. It was felt that this would make the action to date more clear. The report also identifies that the Board is looking for funding next year to recover what was missed this year; however, more detail would be required on that to give some reassurance.

Mrs McGurk advised that, in the Private Session, she is aiming to take the Board through some sharpening tactics, which can be put into place this Financial Year with support in principle from the Committee.

The Chair confirmed that the next review of this risk is April 2020; however, she asked that, given the current situation, especially with the impact of Coronavirus, this date will be brought forward if required.

It was agreed that there would be the opportunity to review this earlier if thought necessary.

The Chair **approved** the update on Financial Sustainability.

34/20 6.2. Board Assurance Framework – Strategic Planning

Mrs Carol Potter presented the report to the Committee on Strategic Planning.

It was reported that a detailed discussion took place at Clinical Governance on this particular BAF. More planning will be done regarding the Project Management Office transformation and there is an ASD Transformation Scoping Event happening on 17 March for forward planning. This remains a live and active discussion at this time.

The Committee **noted** the current position in relation to the Strategic Planning Risk.

35/20 6.3. Board Assurance Framework – Environmental Sustainability

Mr Andy Fairgrieve presented the report to the committee on Environmental Sustainability, and it was advised that there had been no major update since the last iteration

Work continues on the operational risk related to the flexible hoses within the PFI site, and once this work is complete the risk will reduce.

The Committee **approved** the update.

36/20 6.4. Review of Committee's Terms of Reference

Dr Gillian MacIntosh presented the report to the Committee and advised that this is a standard paper at this time of year. There are only a few minor updates to bring to members' attention, as it was identified that some wording was not following the current practice.

Mrs Carol Potter advised that in Section 2.3, Chief Operating Officer should be

amended to Director of Acute Services. This title is currently in the process of being updated and they will be going out to advert shortly for the new incumbent, so it should be captured at this point. It was also agreed that the Director of Pharmacy & Medicines should also be included within the Terms of Reference as a regular attendee.

Mr Eugene Clarke highlighted that there are some minor differences between each Committee's Terms of Reference wording and felt it would be beneficial to have these standardised, i.e. in Section 4 the wording is different in relation to who would chair the Committee in the absence of the Chair. It was identified that some committees may be different, due to the different categories of memberships within each committee, and thus some terms of reference may require to be more specific.

Mrs Margo McGurk advised that, from her experience, only Non-Executives would form the membership of governance committees. Dr Les Bisset explained that it was agreed previously that if the Executive Directors were full members of the Health Board, they should be a member of any committees they are involved in.

Mrs Carol Potter noted that standardised Terms of Reference were part of the national workstream aligned to the adoption of the Blueprint for Good Governance and further work would be issued on this in due course.

The Committee **considered** the updated Terms of Reference and **approved** the final version for submission to the Audit & Risk Committee, with the intention that further review is undertaken when the conclusions of the national work is released.

37/20 6.5. Committee Self-Assessment Report

Dr Gillian MacIntosh presented the report to the Committee and thanked members for completing the questionnaire, noting the 100% response rate. It was highlighted that the comments given have been useful and some areas would be picked up through additional training for committee members outwith the normal meeting. Development sessions would be helpful to enhance the opportunities available for training and these would be scheduled to occur at least twice per year. Dr Gillian MacIntosh will work with Mrs Margo McGurk to identify topics for these, with the first suggestion proposed to be further information on national funding streams (timing, impact etc.).

It was highlighted that comments had been received on the relevance of data within the reports submitted to the committees, and it is expected that the new paper template will help make the data presented more clear and concise. A new minute template is also being worked on.

The Chair thanked the Committee and commented that it was a good self assessment. Dr Gillian MacIntosh advised that, in relation to training, there are online training sessions available to Non Executives, as part of the national Board Development work, but these links can be shared more widely as the available information would be valuable to all attendees.

The Committee **noted** the update and **agreed** that bi-annual training events should be organised.

38/20 6.6. Annual Workplan 2020/21

Dr Gillian MacIntosh presented the Annual Workplan 2020/21 to the Committee, advising that the only change was to remove the standing item on Brexit.

The Committee **approved** the updated workplan for 2020/21.

39/20 6.7 Annual Accounts – Progress Update on Audit Recommendations

Mrs Margo McGurk presented the report to the Committee. It was highlighted that throughout the report there are several actions still outstanding. Time will be taken to understand why and sharpen up the process to ensure completion.

Work is being undertaken on some actions and last week a small group of individuals met to discuss the Year-End Process and agreed sharing of responsibility on this.

Questions are to be raised on some actions i.e. Number 19, this responsibility currently sits with the Chief Operating Officer, however this possibly should be looked at as an EDG action overall.

Mrs Margo McGurk asked the Committee for some time to go through the outstanding actions and have the opportunity to report back. The Chair also advised that some elements of the report will be picked up in other committees.

The Committee **noted** the actions to date.

7. PLANNING

40/20 7.1. Orthopaedic Elective Project

Mr Alan Wilson introduced the report on the Orthopaedic Elective Project, detailing that currently everything is on plan. The final business case will be submitted to the Scottish Capital Investment Group by September 2020. The Outline Business Case has been granted verbal approval; however, NHS Fife are awaiting the written confirmation, and this should be received by the next meeting. The Scottish Government Financial Allocation Letter has been received and this project is detailed on it.

Moving forward, the next step is for approval of the room layouts. There have been a couple of stages to this, involving discussions and amendments, and it is hoped that at the next meeting they have these can be approved.

As part of the pre-planning application Public Engagement Sessions were required to be held. These took place last month. Attendance at these events was limited, however this has allowed us to move forward with the planning application. The only further comment from the planners was that additional car

parking was required. Space for car parking was originally sourced at Whyteman's Brae, though this required the removal trees so the planners were not supportive as it was a heritage area. New areas on site were sourced in another area at Whyteman's Brae and at Phase 3 near the Co-Operative, which should have been made into a car park during the build of Phase 3.

The Elective Centre Programme Board chaired by Paul Hawkins and John Connagh have requested a letter is sent to them detailing the robust plans that are in place to give assurance on the governance of the project, and this is due within the next three weeks.

Two new stages have been introduced into the SKIM process for the Centre of Excellence, though it is expected that this will not delay the process.

The Committee **noted** the paper and the update provided.

8. PERFORMANCE

41/20 8.1. Integrated Performance & Quality Report

Ms Morag Olsen was invited to present the paper to the Committee and provide an update on Acute Services performance.

It was highlighted that the 4 hour access target at the time of reporting in December 2019 was sitting at 88% against the 95% target. Performance has not been consistent day-to-day between January to March, and some days have been over 95% and the lowest has been 65%. There have been fluctuations in the number of attendees within the Emergency Department and therefore the ongoing referral into the hospital.

The Acute team have been holding rapid improvement events, particularly around AU1, which seems to be the pinch point, and there is ongoing work being undertaken through the Transformation Programme. Mrs Helen Buchanan will be leading on 'Front Door Through', which will look at the way patients flow through the Acute process.

The Committee were referred to the Outpatients TTG figures from December 2019 within the report. Time has been taken to understand the position of the Board and whether they expect to meet the delivery of the Government's 12 week plans; at this time the projected end of March position is 160 patients against the plan of 172. TTG end of March position is 104 took place against planned 281. The team asked to note the 45 positions that did not transfer to the private sector, which could not be taken forward. Questions required to be raised about how this can be managed going forward. Very few electives have been cancelled during this winter period; this is only due to access to critical care beds. The end of March 2020 does look more positive due to achieving additional in-sourced capacity and the decision to move waiting list initiative work to in-week elective activity. Within TTG Orthopaedic Surgery and General Surgery are the biggest risk.

It was queried that £8.3 million additional funding was received to deliver the 12 week figure; however it looks as though only £6.7 million has been allocated. Within the AOP we have looked at what additional work is required to help achieve the figure.

Questions were raised on why NHS Fife is comparing their most up-to-date figures for national benchmarking against the Scottish Government September figures. It was advised that these were the most up-to-date validated figures held.

Questions were raised on delayed discharges, as Fife has fewer beds to the population than anywhere else, thus our figure will always be high for occupied bed days. It may be easier to compare this on population. Ms Claire Dobson advised that this will be fed back to the national discharge group.

Ms Claire Dobson was invited to present to the Committee and provide an update on H&SCP.

It was highlighted that delay is a priority area of focus. The Government wrote to the partnership in January 2020 to ask them to focus on system-wide issues. These are PVG clearance, Care inspectorate legislation and length of stay of those awaiting appointment of welfare guardian. They have asked for local actions, which include care at home and improving capacity, which is challenging. They are focusing on how they work with providers and sharpen their in-house capacity. Work has been done around intermediate care and having early conversations with families around patient pathways.

Due to Covid-19, they have been asked by the Government how they will reduce bed capacity. They are working with providers to work out how to cope with this demand and facilitate the discharge of as many patients as possible.

The Committee were advised that in terms of Smoking Cessation the data highlights progress to 90.7%.

CAHMS performance was presented at the last meeting, and they are continuing to priorities waiting lists for time to access treatment. They are working on a business case which will be submitted to EDG in the coming weeks and further updates will then follow.

Questions were raised on delayed discharge, as the report highlighted the Moving On policy was still to be signed off; it was asked what impact this policy would have. It was advised this policy was about having the right conversation at the correct time and would be helpful with families who are struggling. This should be signed off at the next SLT meeting on Monday 16 March.

Mrs Margo McGurk was invited to present the paper, which provided an update to the Committee on the financial position to the end of January 2020. The Committee were referred to page 28, which provides narrative to the position at that date which highlights an overspend of £5.2 million.

Page 33 details the full year forecast at the time the report was written, giving a best case figure of £4.8 million overspend with the underpinning assumption that there would be a level of support from the Scottish Government to bring this to balance at the year-end based on the optimistic figures.

It was highlighted to the Committee that it is the Board's statutory requirement to reach balance and breach of this could lead to significant scrutiny and attention. One of the main focus has been understanding the year-end position and how this might be balanced. This will be achieved through a combination of a level of additional support from the Scottish Government for a number of specific pressures but also from a forensic review of the financial position and forecast outturn. The next report will narrate that position in more detail. It was important that the organisation must commit to achieve this.

It was clarified through questions from the Committee that this balanced figure will not impact clinical performance and will incorporate the full risk share figure.

The committee **noted** the report.

43/20 8.2 Winter Performance Report

Ms Claire Dobson was invited to provide the Committee with an update on the report for the period 6 January to 2 February.

It was highlighted that the team have taken on board feedback from the last Committee to amend the data to show figures rather than percentages to make it clearer.

It was noted that it has been challenging across Winter, and the Hub has seen a 60% increase in referrals that helps to support people being discharged. Instability in the care at home market has been challenging, which has caused significant delays and can lead to patients being in the wrong place. They have reviewed all care visits and are working closely with Acute to review the data. They will be planning for the next winter, taking a lot of learning from this year.

Ms Morag Olsen added that the two teams have been working extremely together well, which has made a big difference. There are ongoing discussions around acute bed modelling, which will roll into next year.

There is a focus on recruitment, in particular nursing, as staffing has been critical at times, which has caused concern.

The Chair identified that the performance was not great this year. It was explained that this was partly due to not being able to place as many people in long-term nursing or residential care as compared to previous years. They will review this going forward.

The Chair questioned if there have been difficulties to the roll out of Total Mobile and if this is being looked into by the H&SCP. It was identified that this was a challenge and they have done some work on this in terms of short- and medium-term planning and the sustainability of this vital service.

Members noted that Winter does happen every year, however there seems to be a pause waiting to see how much funding is being allocated. Next year, the planning requires to be done differently and much earlier. It is part of the Annual Operational Plan, so cannot now be seen as a different thing. There needs to be an emphasis on recruiting earlier to allow staff to be in place for the winter period.

The Committee **discussed** the report and **noted** its conclusions.

9. ITEMS FOR NOTING

44/20 9.1. Minute of IJB Finance & Performance Committee, dated 11 February 2020

The Committee **noted** the minute.

45/20 9.2. Minute of Pharmacy Practice Committee, dated 10 December 2019

The Committee **noted** the minute.

10. ISSUES TO BE ESCALATED

46/20 10.1. To the Board in the IPR & Chair's Comments

The Committee agreed there were no particular issues to be escalated.

47/20 11. Any Other Business

None.

Date of Next Meeting: **12 May 2020** at 9:30am, in the Boardroom, Staff Club, Victoria Hospital

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING
HELD ON 17 JUNE 2020 AT 09:30AM VIA MS TEAMS**

Rona Laing
Chair

Present:

Ms R Laing, Non-Executive Director (Chair)	Mr E Clarke, Non-Executive Director
Dr L Bisset, Non-Executive Director	Ms H Buchanan, Director of Nursing
Mrs C Potter, Chief Executive	Dr C McKenna, Medical Director
Mr A Morris, Non-Executive Director	Ms J Owens, Non-Executive Director
Mrs M McGurk, Director of Finance	

In Attendance:

Mrs N Connor, Director of Health & Social Care
Mr A Mackay, Deputy Chief Operating Officer
Mr S Garden, Director of Pharmacy
Mrs W Brown, Employee Director
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
Mrs R Robertson, Deputy Director of Finance
Miss L Stewart, PA to the Director of Finance (minutes)

1. Apologies for Absence

Apologies were received from member Dona Milne, Director of Public Health, and regular attendee Mr Andy Fairgrieve, Director of Estates & Facilities.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Covid-19 Briefing Session

3.1. Mobilisation Plan – Governance Arrangements

Mrs Carol Potter introduced the report, advising that the paper is to raise awareness with Board Members of the strategic and operational governance processes that have been in place during Covid-19.

The Committee were guided to Appendix 1, which highlights the Command Structure of Gold, Silver and Bronze that the Board adapted to address the emergency situation,

and she explained how this relates to the existing governance groups. This structure has been used for all planning, decision-making and governance during the pandemic period.

It was advised that as 'Business as Usual' activities have increased, the regular monthly EDG and weekly Executive Team meetings have recommenced. As the requirement for the Command Structure lessens, work is expected to flow through regular routes, including to the Board and its standing committees.

Mr Eugene Clarke questioned how Covid-19 related risks were being managed by the Health Board, Council and IJB in partnership. It was advised that a report will be presented to the Audit & Risk Committee this week that gives further details on this. Assurance was provided that all Covid-related risks are being monitored through the command structure and are scrutinised effectively.

The Committee took assurance from the above paper and related discussion.

3.2. COVID 19 – Audit Scotland Planning

Mrs Margo McGurk introduced the paper to the Committee, advising that it was intended largely for Audit & Risk Committee; however, there are relevant points detailed within the report for the Finance, Performance & Resources Committee to be aware of.

It was highlighted in the paper that Audit Scotland will be reprioritising their key areas of focus in response to the pandemic. Adaptations to the annual accounts audit process are already in place, to support the audit of the financial statements for 2019/20.

The Committee took awareness from the above paper and related discussion.

3.3. Financial Plan – COVID 19 Response

Mrs Margo McGurk introduced the paper to the Committee, highlighting that it provides an update on the process and adapted revised timeline. An initial presentation of the Financial Plan was presented to the full NHS Fife Board in May; however, this is being continually reassessed.

The Committee were guided to Sections 2.2 and 2.3 of the paper. The Scottish Government have requested the Mobilisation financial plan is resubmitted on the 22nd of June, which will reflect on the April and May actual financial performance. A narrative will be included to highlight emerging plans that are not fully quantified at this stage, such as those relating to Test and Protect and Health Board support to Care Homes. A fuller submission of the Remobilisation Plan will require to be submitted by the end of July. It was recognised that a lot of work is required across the Health Board, Council and IJB to refine the costs and forecasts.

It was advised that there will be a level of funding from the Scottish Government, but nothing has been released yet with the exception of a specific allocation to Local Authorities to recognise emerging cash flow issues.

Mrs Nicky Connor highlighted that the significant financial challenge facing the Partnership has been increased due to the impact of Covid-19.

Mr Alistair Morris questioned if the Scottish Government will amend their performance targets, as many may now be unachievable due to the effects of Covid-19. Mrs Carol Potter advised that Scottish Government are currently considering this issue and the expectation is that some level of change may be required given the impact of physical distancing on the ability of Boards to deliver to previously planned capacity levels.

The Committee took awareness from the above paper and related discussion.

3.4. Reflection on Internal Audit Governance Checklist

Mrs Margo McGurk introduced the paper relating to the Internal Audit Governance Checklist. Mrs Margo McGurk advised that this checklist was produced to support Board and Committee governance processes throughout the pandemic and may be a helpful tool in supporting the development of committee work programmes and areas of focus during 2020/21. This has been presented to the Committee to explore whether this would be a helpful exercise.

Mrs Rona Laing felt that the tool would be useful, and could be considered in more detail by the Committee at the next meeting. As an example, Mrs Rona Laing referenced the specific section on procurement and suggested this may be helpful in supporting Committee oversight in relation to the supply of PPE.

Mr Alistair Morris advised there would be a value in having a common approach across different Boards, but also thought it would be beneficial to have areas of personalisation specific to NHS Fife.

Dr Gillian MacIntosh highlighted that the checklist is a helpful gap analysis tool to check appropriate agenda items for each Committee, particularly to manage prioritisation of business. This can helpfully be taken forward to manage the work plans, which will require revision.

Mrs Margo McGurk and Mrs Rona Laing agreed to trial the checklist in preparing for the next Finance, Performance and Resources agenda in July.

The Committee had the appropriate discussion and took awareness from the above paper.

Action: Margo McGurk/Rona Laing

Date of Next Meeting: 7th July 2020 at 09:30am via MS Teams.

MINUTES OF THE STAFF GOVERNANCE COMMITTEE HELD ON FRIDAY 6TH MARCH 2020 AT 10:00AM IN THE STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY

Present:

Margaret Wells, Non Executive Director (**Chairperson**)
 Eugene Clarke, Non Executive Director
 Wilma Brown, Employee Director
 Christina Cooper, Non Executive Director
 Alistair Morris, Non Executive Director
 Andy Verrecchia, Co-Chair, Acute Services Division LPF
 Simon Fevre, Co-Chair, Health & Social Care LPF

In Attendance:

Bruce Anderson, Head of Staff Governance
 Andy Mackay, Deputy Chief Operating Officer (deputising for Morag Olsen, COO, Acute Services)
 Claire Dobson, Title needed (deputising for Nicky Connor, Director of Health & Social Care)
 Gillian MacIntosh, Head of Corporate Governance & Board Secretary
 Mairead MacLennan, BMS Professional Manager (Quality & Training)
 Helen Bailey, PA to Director of Workforce (minute taker)

NO.	HEADING	ACTION
15/20	CHAIRPERSON'S WELCOME AND OPENING REMARKS	
	The Chair welcomed everyone, in particular Dr Mairead MacLennan and introductions were made round the table.	
	The Chair reminded Members that the notes are being recorded with the Echo Pen to aid production of the minutes. These recordings are also kept on file for any possible reference.	
16/20	APOLOGIES FOR ABSENCE	
	Apologies were received from members Carol Potter, Nicky Connor (Claire Dobson was deputising), Helen Buchanan, Morag Olsen (Andy Mackay was deputising), Rhona Waugh	
17/20	DECLARATION OF MEMBERS' INTERESTS	
	None.	

18/20 DEVELOPMENT PRESENTATION: RESILIENCE

Dr Mairead MacLennan, BMS Professional Manager, Quality and Training, gave a presentation on Personal and Team Resilience and discussed the outcome of some resilience training and its impact upon her department's working. The Chair thanked Dr MacLennan for the useful update. The presentation will be circulated.

HB

19/20 MINUTES OF PREVIOUS MEETING HELD ON 17 JANUARY 2020

Simon Fevre requested correction of typo on Page 4, near end of page, change Mrs Fevre to Mr Fevre.

HB

With the above correction the minutes were **approved**.

20/20 ACTION LIST

The Chair reported that all actions are completed or otherwise covered on the agenda.

21/20 MATTERS ARISING

None.

22/20 GOVERNANCE

22.1 Board Assurance Framework (BAF)–Staff Governance Risks

The Chair requested that the usual covering SBAR accompanying the BAF paper in future should highlight any issues, changes or new risks. Linda Douglas stated this will be provided at future meetings and reported no significant changes to the BAF. Linda Douglas reported that she had a very helpful session on risks with Yvonne Chapman and work progresses on bringing back a more comprehensive report in terms of workforce risks.

The Chair and Alastair Morris asked for clarification of connected risks being discussed at several governance committees and where ownership sat. Linda Douglas stated the ongoing work is looking at connectedness where required and the session will help to mitigate and map this.

The Committee **noted** the content, **approved** the risk ratings of the BAF and **noted** the further work being undertaken to look at risks.

22.2 Review of Committee's Terms of Reference

Gillian MacIntosh gave an update on the ongoing national review

taking place on Terms of Reference and stated that the terms were here for members to consider and approve, as part of the year-end process. Simon Fevre stated that his previous position remains that he would not approve the Terms of Reference as they currently stand with regards to the subject of nominated deputies for non executives.

Eugene Clarke asked for clarification at 4.2 of the wording regarding the nomination of a member in the absence of a chair and suggested it be more specific regarding it being a non executive member. The Chair stated this is being reviewed by Scottish Government as a standard document and Gillian MacIntosh clarified she will look at these points and reiterated this is part of a suite of documents being looked at nationally.

Wilma Brown stated it is also difficult releasing staff side staff members to be nominated deputies to attend this meeting. The Chair stated she understood that but stressed the importance of staff side representation at this meeting, which the current wording of the remit sought to ensure.

The Chair stated it was important to make sure the committee was functional and membership remained as consistent as possible and to ensure staff side representation is enabled as much as possible

The Chair noted that the majority of the Committee agreed the Terms of Reference but noted that Staff Side members do not agree with the inclusion of Section 2.2 and requested it be removed because of the difficulty in practically fulfilling it. The Chair stated that it was critically important that staff side is represented and asked that this is further considered outwith this meeting so that a resolution can be brought to the next meeting.

The Chair stated that the Terms of Reference were **considered and approved** with the exclusion of Section 2.2.

22.3 Committee Self-Assessment Report

The Chair referred to the summary provided in the SBAR and Gillian MacIntosh thanked everyone for completing the questionnaire. The SBAR provides a summary of this exercise going forward and Gillian MacIntosh informed members of ongoing work on meeting paper templates, Development Sessions with presentations and training. Eugene Clarke welcomed this approach.

The Committee **discussed** the actions going forward and the Chair **noted** the outcome of the self assessment exercise.

22.4 Annual Accounts – Progress on Audit Recommendations

Gillian MacIntosh spoke to the SBAR, which summarised the

recommendations emerging from the Internal Audit Annual Report and the Audit Scotland Annual Report for 2018/19 and the actions progressed to date.

The Committee **noted** the actions taken to date, particularly in respect of to the recommendations related to areas under its remit.

Note: Linda Douglas was required to leave the meeting.

22.5 Annual Workplan 2020/21

Bruce Anderson referred to the Staff Governance Committee Annual Workplan 2020/21, which documents the standing items to be discussed at the forthcoming committee meetings.

The Committee **approved** the workplan.

22.6 Whistleblowing Standards

Bruce Anderson referred to the National Whistleblowing Standards issued in draft form, which had been circulated to the Committee and gave an update on progress of this working draft, processes to be followed, responsibility of individuals and reporting.

Discussions will take place with the incoming Non Executive with responsibility for Whistleblowing, Katy Miller.

Eugene Clarke enquired about future training and Alastair Morris enquired if the Non Executive with responsibility for Whistleblowing should be a standing member of the Staff Governance Committee. Gillian MacIntosh clarified that these discussions are currently underway in relation to the placing of the new Non Executive member on committees etc.

The Committee **noted** the contents of this report and the National Whistleblowing Standards.

23/20 PERFORMANCE

23.1 Integrated Performance & Quality Report (IPQR)

The Chair referred to the Sickness Absence status in the SBAR and a more detailed discussion on this will take place under Item 8.2.

Wilma Brown stated it was disappointing that the only indicator featured is staff absence, when there are so many positive staff achievements taking place, and requested some positive issues are presented in the IPQR. Alastair Morris reiterated this. The Chair agreed and noted this for escalation.

The Committee **noted** and **discussed** the IPQR

23.2 Attendance Management Update

Bruce Anderson reported on the sickness absence rate for January 2020, which was 6.59% and the Internal Audit report on Attendance Management. Wilma Brown raised concern at the resilience of staff, the difficulties recruiting to vacancies, and discussions around policies regarding staff retiring and returning to work.

Points raised to be escalated were from an audit perspective regarding what are we doing differently from a year ago to achieve the 4% target, use of policies to enable people to return to work and managers having sufficient time to apply and implement the policies. The Chair asked these to be raised with Linda Douglas and subsequently EDG to consider what actions can be taken.

The Committee **noted** the outcome of the recent internal audit and **noted** the risk identified as the Committee's responsibility and the current range of actions being undertaken to address this. This issue will be raised with the Director of Workforce and EDG.

BA

23.3 Well at Work update

Bruce Anderson gave an update, as documented in SBAR, of the ongoing activities in place and planned to support the Board's ongoing commitment to staff health and wellbeing.

Wilma Brown commented on the uptake of the activities and initiatives and stated that there required to be more involvement with the staff about what they want to engage in.

The Committee **noted** the ongoing activities in support of Well at Work.

23.4 iMatter Update and Health & Social Care Staff Experience Report 2019

Bruce Anderson reported on the highlights, e.g. high response rate, but recognised improvement required for action plan completion. Members discussed; the importance of managers using this useful tool; the span of control, and the opportunity to look at the concept of hierarchical management.

The Committee **noted** the update and encouraged more to be done around action planning.

24/20 STAFF GOVERNANCE STANDARDS

24.1 Draft Staff Governance Action Plan

Bruce Anderson referred to the first draft of the Staff Governance Action Plan for 2020/21 and the content. This will be presented to the APF for consultation process and will return to this Committee for final sign off in May 2020.

Alastair Morris emphasised the importance of aligning organisational

plans (operational and governance) to meet strategic outcomes. Linda Douglas referred to the AOP, connectivity, challenges and risks.

Simon Fevre stated the action plan is owned by APF and as such by staff side/staff.

The Chair thanked Bruce Anderson and asked if some the points raised today could be incorporated.

The Committee **considered** the content of the draft Action Plan and suggested items for inclusion be identified. Bruce Anderson, Linda Douglas and Simon Fevre to look at any adjustments to be made based on the discussion had.

**LD/BA
SF**

24.2 Staff Governance Monitoring Return 2019 – 2020 update

Bruce Anderson gave a verbal update on the monitoring report, nothing to report and this will be brought back when appropriate.

The Committee **noted** this.

25/20 ITEMS FOR INFORMATION / NOTING

- Minutes & Action List of the APF (22.01.20)
- Minutes of Acute Services Division & Corporate Division LPF (19.12.19)
- Minute of H&SCP LPF (29.01.20)

These items were **noted**.

26/20 ISSUES TO BE ESCALATED

12.1 To the Board in the IPQR and Chair's Comments

The following items would be highlighted to the Board's next meeting:

- Development session on workforce issues
- Terms of Reference – concern about deputy
- IPQR increase in staff absence rate
 doesn't reflect positives
 absence management – how we improve and policy
 alignment
 time for managers to apply/implement policies
 iMatter – importance of completion

27/20 ANY OTHER BUSINESS

Eugene Clarke raised concern regarding the impact of the coronavirus and asked about the provision of VC facilities, appropriate training and resources and any issues of confidentiality.

Christina Cooper discussed NHS Fife and Partnership technology and who leads on this.

Linda Douglas stated that queries regarding digitally enabled services are referred to in the Digital Strategy. Regarding the practical question being addressed, this can be limited by technology and nature of meetings, but Linda Douglas stated she was confident our workforce know how to use it and can use it adeptly.

28/20

DATE OF NEXT MEETING

Friday 1st May 2020 at 10:00 am in Staff Club, VHK.

**MINUTE OF THE SPECIAL STAFF GOVERNANCE COMMITTEE MEETING HELD ON
18 JUNE 2020 AT 1:30 PM, VIA MS TEAMS**

MARGARET WELLS
Chair

Present:

Margaret Wells (Chair)	Katy Miller, Whistleblowing Champion Non-Executive Director
Wilma Brown, Employee Director	Alistair Morris, Non-Executive Director
Helen Buchanan, Director of Nursing	Carol Potter, Chief Executive
Christina Cooper, Non-Executive Director	Andy Verrecchia, Co-Chair, Acute Local Partnership Forum
Simon Fevre, Co-Chair, Health & Social Care Local Partnership Forum	

In Attendance:

Bruce Anderson, Head of Staff Governance
Kirsty Berchtenbreiter, Head of Workforce Development
Nicky Connor, Director of Health & Social Care
Linda Douglas, Director of Workforce
Andy Mackay, Deputy Chief Operating Officer
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Rhona Waugh, Head of Human Resources
Paula King, Corporate Services Manager (Minutes)

1. WELCOME / APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting, in particular Katy Miller, the Board's new Non-Executive Whistleblowing Champion as a member of the Committee, and Kirsty Berchtenbreiter, Head of Workforce Development, who would be routinely in attendance at meetings.

There were no apologies for absence.

2. DECLARATION OF MEMBERS' INTERESTS

None.

3. COVID-19 BRIEFING SESSION

The Chair paid tribute to everyone working in NHS Fife and the Fife Health & Social Care Partnership for stepping up to the mark during the Covid-19 Pandemic. Of particular note was the enormous organisation and speed required to respond to the emergency situation by the Management Team, Partnership and staff, to pull together to work in challenging and different circumstances, often in different roles. This has been greatly appreciated. The briefing session today, and the substantive agenda for the July 2020 Staff Governance Committee, will be focused on the response to Covid-19 and what that means as NHS Fife begins to remobilise its services. The Committee's workplan will be revised accordingly to deal with the situation. The Chair again recorded thanks and asked that these be cascaded throughout the organisation.

3.1 COVID-19 Governance Update

The Chief Executive referred to the paper, which provided a summary of the governance arrangements implemented within NHS Fife since mid-March 2020, to provide assurance on the operational structures established in consequence of the unprecedented challenges created by the outbreak of the Covid-19 pandemic and the resultant public health emergency.

Attention was drawn to page 3, para 3 of the paper, which described the command structure put in place. Gold Command initially met seven days per week, to work through a series of issues for escalation, but has now reduced its frequency of meetings to weekly, whilst routine management meetings have been resumed. Appendix A sets out the detail of the structure. Appendix B provides an oversight of the Remobilisation Group and regular reports would be submitted through the Committees on remobilising services, noting that partnership working is embedded in all aspects.

From a staff-side perspective, Mr Fevre believed that the right people were on the right groups at the right time and that NHS Fife was responsive to issues raised by the partnership, with no barriers to raising issues. All matters had been taken forward, progressed / actioned appropriately and arrangements had worked well.

The Staff Governance Committee **noted** the arrangements put in place for continued governance during the pandemic period and **noted** the report.

3.2 COVID-19 Workforce Update

Linda Douglas spoke to the paper, which provided an update on the current position with regards to the Covid-19 Pandemic and also outlined the planned arrangements for the remobilisation of NHS Fife's workforce. She thanked colleagues for their helpful input.

In the presentation that followed, Linda Douglas provided further detail of the work undertaken to mobilise the workforce at the start of the pandemic and post peak activity, into the stage we are at now and into the future. The slides gave an overview of the effort from the people of Fife, students and colleagues to respond to the emergency situation and the work undertaken around the specific areas of Induction,

Training and Learning; Staff Wellbeing and Support; Occupational Health activity; Staff Planning and Resilience; and Guidance and Communication.

Staff Wellbeing and Support was one of the most celebrated aspects of the work undertaken during the pandemic. Of particular note was the introduction of staff “hubs”, which had received positive feedback from a recent staff survey, and efforts would be made to build on this going forward. An update paper would be prepared for the next Staff Governance Committee in July 2020.

Action: RW

In terms of the additional workforce, Helen Buchanan recorded thanks to the 204 nursing students that had joined NHS Fife at a time when it was thought things would be very difficult for the NHS in Scotland. Students were appointed with non-supernumerary status and worked in all areas of the hospital. A small number of individuals had registered to “return to practice” and had been located in the most appropriate placements. A virtual workforce deployment hub had been created to manage demand on the service, returners and formal national campaigns, and supply and demand continues to be managed through this hub.

In response to questions, Linda Douglas confirmed that a lessons-learned review will be considered. A short survey had been undertaken as part of the remobilisation of services, which captures what went well, what did not go so well and what could be done differently, emphasising the need to continue to support staff and their wellbeing into the future. A number of decisions will need to be made around, for example, the psychology service provided to staff, as the routine work of the psychologists lessened during Covid-19, but this now returns to normal practice. Feedback and engagement will continue to be sought from staff and will act as evidence in continuing with the Healthy Working Lives Gold Award accreditation.

The pandemic had driven the organisation to move quickly to make decisions to support staff and their wellbeing. Staff felt valued by the public and by the organisation, and it was important for this to carry on. The need to build on the creation of the dedicated hubs for staff, and for these to be available to cover all bases, was emphasised, not only for the help and support they offer, but serving to bring people together and break down barriers between different staff groups. Carol Potter stated that a paper would come forward in July about organisational values, linking into the culture, behaviours, etc. of the organisation, and she gave a commitment that staff and their wellbeing remained an ongoing priority for NHS Fife.

Andy Verrecchia took the opportunity to share his own personal experience of working in his substantive role in Theatres during the pandemic, and he wished to formally record thanks to the organisation for making him feel safe, valued and supported at all times.

The Chair thanked Linda Douglas for the report and the presentation, which showed the enormous amount of work done in a short time. The Chair commended staff for their efforts and thanked those who applied to join NHS Fife at this particularly difficult time. Communication remained critical as services remobilised and it was important to keep staff engaged and valued moving forward.

The Staff Governance Committee **noted** the content of the paper.

4. ANY OTHER COMPETENT BUSINESS

None.

- 5. DATE OF NEXT MEETING:** 3 July 2020 at 10:00 am, via MS Teams. A pre-meeting for Non-Executive Members would commence at 9:30 am, via MS Teams.



Fife Integrated Performance & Quality Report

Produced in March 2020



Introduction

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

The IPQR comprises of the following sections:

I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Assessment

II. Performance Assessment Reports

- a. Clinical Governance
- b. Finance, Performance & Resources
 - Operational Performance
 - Finance
- c. Staff Governance

Section II provides further detail for indicators of continual focus or those that are currently underperforming. Each report contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions. The latter, along with trajectories, are taken as far as possible from the 2019/20 Annual Operational Plan (AOP). For indicators outwith the scope of the AOP, improvement actions and trajectories were agreed locally following discussion with related services.

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

I. Executive Summary

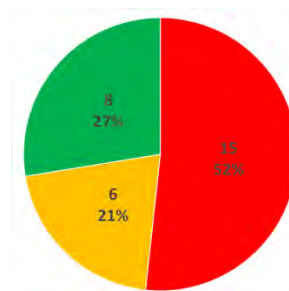
At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit. This section of the IPQR provides a summary of performance against LDP Standards and local Key Performance Indicators (KPI). These indicators are listed within the Indicator Summary, which shows current, previous and (where appropriate) 'Year Previous' performance as well as benchmarking against other mainland NHS Boards.

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 8 (28%) classified as **GREEN**, 6 (21%) **AMBER** and 15 (51%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits or considerably below standard/trajectory.

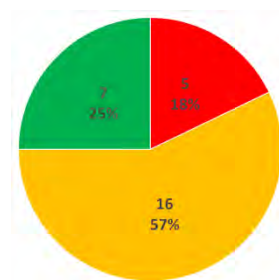
There are three indicators that consistently exceed the Standard performance; IVF Treatment Waiting Times (regional service), Antenatal Access and Drugs & Alcohol Waiting Times. Other areas of success should also be noted...

- Quarterly Caesarean Section SSI Rate remaining beneath the local target set for 2019/20
- Diagnostics (% of Patients Waiting no more than 6 Weeks at Month End) continuing to be very close to the 100% target
- Number of successful post 3-month smoking quits being close to planned position after 7 months of the year



b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 28 indicators within this report has 7 (25%) within upper quartile, 16 (57%) in mid-range and 5 (18%) in lower quartile. There are indicators where national comparison is not available or not directly comparable.




Indicator Summary

				Performance							Benchmarking			
				meets / exceeds the required Standard / on schedule to meet its annual Target							Upper Quartile			
				behind (but within 5% of) the Standard / Delivery Trajectory							Mid Range			
				more than 5% behind the Standard / Delivery Trajectory							Lower Quartile			
Section	LDP Standard	Standard	Target 2019/20	Reporting Period	Year Previous		Previous		Current			Reporting Period	Fife	Scotland
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A	Month	Jan-19	65	Dec-19	48	Jan-20	35	↑	N/A		
	N/A	HSMR	N/A	Year Ending	Sep-18	N/A	Jun-19	1.04	Sep-19	1.02	↑	YE Sep-19	1.02	1.00
	N/A	Inpatient Falls	5.97	Month	Jan-19	6.89	Dec-19	6.88	Jan-20	7.29	↓	N/A		
	N/A	Inpatient Falls with Harm	2.16	Month	Jan-19	1.45	Dec-19	1.81	Jan-20	1.34	↑	N/A		
	N/A	Pressure Ulcers	0.42	Month	Jan-19	0.71	Dec-19	0.91	Jan-20	0.78	↑	N/A		
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Dec-18	1.7%	Sep-19	2.5%	Dec-19	2.3%	↑	QE Sep-19	2.5%	1.1%
	N/A	SAB - HAI/HCAI	20.2	Quarter Ending	Jan-19	N/A	Dec-19	12.0	Jan-20	14.0	↓	YE Sep-19	15.2	16.9
	N/A	SAB - Community	N/A	Quarter Ending	Jan-19	N/A	Dec-19	6.4	Jan-20	5.3	↑	YE Sep-19	11.6	9.0
	N/A	C Diff - HAI/HCAI	6.9	Quarter Ending	Jan-19	N/A	Dec-19	14.2	Jan-20	11.9	↑	YE Sep-19	8.6	13.1
	N/A	C Diff - Community	N/A	Quarter Ending	Jan-19	N/A	Dec-19	3.2	Jan-20	3.2	↔	YE Sep-19	5.1	5.1
	N/A	ECB - HAI/HCAI	40.3	Quarter Ending	Jan-19	N/A	Dec-19	58.9	Jan-20	49.6	↑	YE Sep-19	40.4	38.7
	N/A	ECB - Community	N/A	Quarter Ending	Jan-19	N/A	Dec-19	28.8	Jan-20	24.5	↑	YE Sep-19	42.7	44.2
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Jan-19	81.4%	Dec-19	75.0%	Jan-20	73.0%	↓	2018/19	70.7%	81.5%
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Jan-19	59.6%	Dec-19	50.9%	Jan-20	48.5%	↓	2018/19	49.1%	53.7%
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Jan-19	100.0%	Dec-19	100.0%	Jan-20	100.0%	↔	N/A		
	95%	4-Hour Emergency Access	96%	Month	Jan-19	91.7%	Dec-19	88.0%	Jan-20	90.0%	↑	Jan-20	90.0%	86.1%
	95%	New Outpatients Waiting Times	95%	Month	Jan-19	91.9%	Dec-19	91.8%	Jan-20	93.2%	↑	Dec-19	92.2%	73.2%
	100%	Diagnostics Waiting Times	100%	Month	Jan-19	98.1%	Dec-19	98.6%	Jan-20	98.2%	↓	Dec-19	98.6%	79.5%
	100%	Patient TTG (Ongoing Waits)	90.6%	Month	Jan-19	82.4%	Dec-19	89.7%	Jan-20	88.4%	↓	Dec-19	90.1%	67.0%
	90%	18 Weeks RTT	84%	Month	Jan-19	76.9%	Dec-19	82.0%	Jan-20	79.0%	↓	Dec-19	82.0%	78.9%
	95%	Cancer 31-Day DTT	95%	Month	Jan-19	95.3%	Dec-19	99.2%	Jan-20	93.5%	↓	QE Sep-19	96.4%	95.8%
	95%	Cancer 62-Day RTT	94%	Month	Jan-19	93.1%	Dec-19	90.7%	Jan-20	83.6%	↓	QE Sep-19	82.9%	83.3%
	29%	Detect Cancer Early	27%	Year Ending	Sep-18	26.9%	Jun-19	25.2%	Sep-19	24.8%	↓	2017, 2018	25.1%	25.5%
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Jan-19	9.1%	Dec-19	7.6%	Jan-20	7.8%	↓	QE Sep-19	8.0%	7.2%
	80%	Antenatal Access	80%	Month	Nov-18	87.9%	Oct-19	86.2%	Nov-19	83.9%	↓	2018/19	91.3%	87.6%
	473	Smoking Cessation	473	YTD	Oct-18	82.9%	Sep-19	91.5%	Oct-19	95.3%	↑	YT Sep-19	91.5%	91.1%
	90%	CAMHS Waiting Times	88%	Month	Jan-19	65.7%	Dec-19	71.3%	Jan-20	71.8%	↑	QE Dec-19	66.1%	71.5%
	90%	Psychological Therapies Waiting Times	82%	Month	Jan-19	65.0%	Dec-19	75.8%	Jan-20	66.6%	↓	QE Dec-19	68.1%	79.0%
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Dec-18	72.1%	Sep-19	77.3%	Dec-19	75.7%	↓	YT Sep-19	77.3%	89.3%
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Nov-18	97.4%	Oct-19	94.6%	Nov-19	96.6%	↑	QE Sep-19	96.7%	95.0%
	N/A	Dementia Post-Diagnostic Support	TBD	Annual	2016/17	87.3%	2017/18	86.8%	2018/19	92.1%	↑	2018/19	92.1%	64.6%
	N/A	Dementia Referrals	TBD	Annual	2016/17	60.0%	2017/18	55.3%	2018/19	60.6%	↑	2018/19	60.6%	43.5%
	N/A	Freedom of Information Requests	85%	Quarter Ending	Jan-19	70.5%	Dec-19	54.3%	Jan-20	57.9%	↑	N/A		
Finance	N/A	Revenue Expenditure	£0	Month	Feb-19	N/A	Jan-20	£5.220m	Feb-20	£0.730m	↑	N/A		
	N/A	Capital Expenditure	£9.393m	Month	Feb-19	N/A	Jan-20	£5.305m	Feb-20	£6.509m	↑	N/A		
Staff Governance	4.00%	Sickness Absence	4.89%	Month	Jan-19	6.43%	Dec-19	5.82%	Jan-20	6.05%	↓	YE Dec-19	5.71%	5.45%


d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
HSMR	1.00	N/A	N/A	YE Sep-19	1.02	YE Sep-19	●
The annual HSMR for NHS Fife fell during the third quarter of 2019, and is slightly above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.							
Inpatient Falls Reduce falls with harm by 20% by December 2020	2.16	Jan-20	2.16	Jan-20	1.45	N/A	N/A
While an increase in falls is noted in the December figures there is acknowledgement that, as in previous years, this is reflective of the significant increased winter activity across the system. Ongoing monitoring of this will continue with consideration of any related factors associated with this high level of activity and an expectation that the overall trend will return to the usual month to month variation. The repeat falls audit will now take place February/March.							
Pressure Ulcers 50% reduction by December 2020	0.42	Never Met	0.42	Jan-20	0.71	N/A	N/A
The number of pressure ulcers (PU) reported continues to vary with no sustained improvement. A Quality Improvement (QI) programme is commencing across Fife (HSCP and ASD) to work with teams to drive QI and reduce patient harm. Scrutiny and monitoring for assurance is via the Fife Tissue Viability Steering Group. The target end date for a 50% reduction has been extended to December 2020.							
Caesarean Section SSI We will reduce the % of post-operation surgical site infections to 2.5%	N/A	QE Dec-19	2.5%	QE Dec-19	2.3%	QE Sep-19	●
The new surveillance methodology process for ascertaining SSI status was adopted from the start of Q4 (01/10/19). Staff covering the 3 key areas (Maternity Assessment, Observation Unit and Maternity Ward) were made aware of the new process prior to commencement. The significant reduction in SSI rate seen in Q2 was followed by a slightly increased rate in Q3 and then a reduction in Q4. It is hoped that a sustained lower rate will be achieved throughout 2020.							
SAB (MRSA/MSSA) We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022	18.8	QE Jan-20	20.2	QE Jan-20	14.0	YE Sep-19	●
There were 5 SAB in January, 4 Healthcare associated (2 HAI, 2 HCAI) and one community acquired (attributable to a PWID). VAD continue to be the prevalent source of SAB, amounting to 25% of cases in the year ending January. The quarterly- measured HAI/HCAI rate remains significantly less than the target for March, while the annually measured rate is in line with the Scottish average.							
C Diff We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022	6.5	QE Jun-19	6.9	QE Jan-20	11.9	YE Sep-19	●
There were 5 CDI in January, all of which were healthcare-associated (2 HAI, 2 HCAI, 1 Unknown). The 2 HAI occurred outwith Acute Services. One of the CDI was a recurrence,, which was treated with Extended Pulse Fidaxomicin (EPFX). The quarterly measured HAI/HCAI rate remains greater than the target for March 2020 although the rate has reduced in January. The annually measured rate remains below the Scottish average.							
ECB We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022	33.0	Never Met	40.3	QE Jan-20	49.6	YE Sep-19	●
There were 24 ECB in January, 14 of which (58%) were Healthcare associated (HAI/HCAI). UTI and CAUTI remain the most prevalent source of ECB. For the year ending January, 26% of HAI/HCAI ECBs were due to UTI source and 25% due to a urinary catheter. Although the quarterly measure HAI/HCAI rate remains higher than the target for March, January saw a marked reduction of incidence of Healthcare ECB.							
Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Jan-20	48.5%	FY 2018/19	●
Complaint performance continues to be reviewed weekly. Delays at approval and capacity within Patient Relations team have been the main issues over the last month.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Benchmarking		
4-Hour Emergency Access 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Jul-19	95%	Jan-20	90.0%	Jan-20	●
Performance against the 4-hour emergency access target improved in January despite the challenges of the first weeks of the month. Capacity within the VHK and the flow for patient beds is a key factor in the breaches for bed waits.							
New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Aug-19	95%	Jan-20	93.2%	Dec-19	●
Performance improved in January but remains below the standard and trajectory with 93.2% of patients waiting less than 12 weeks at month end. Locum staff have been recruited and additional independent sector activity is being delivered. It is anticipated that performance will continue to improve and will be above the standard and on trajectory by the end of March.							
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	90.6%	Jan-20	88.4%	QE Dec-19	●
Performance has continued to deteriorate due to challenges in both delivering planned additional capacity and greater than expected demand particularly in Orthopaedics and Ophthalmology. Locums have been recruited in both of these specialities and this along with additional in week waiting list initiatives in March will improve performance. However, it is anticipated that the improvement will not be sufficient to meet the trajectory by the end of March 2020.							
Cancer 62-Day RTT 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	94%	Jan-20	83.6%	QE Sep-19	●
Performance was challenging in January with 11 patients breaching the 62-day standard (1 colorectal, 1 lung and 9 urology/prostate). The delays ranged from 1 to 74 days, with an average of 24 days. Main delays in the prostate pathway were due to waits for diagnostic investigations, review of results and review post MDT, surgical and oncology appointments.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Aug-18	5%	Jan-20	7.8%	QE Sep-19	●
The number of people in delay across Fife has remained relatively stable across the winter months. There was a slight increase in the percentage of bed days lost in January, but this is within our anticipated increase in numbers and has been planned for as part of winter planning. The figure is lower than in January 2019. The HSCP have invested in additional resource to manage this demand.							
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT Oct-19	95.3%	YT Sep-19	●
A presentation has been given to a group of medical students, to increase knowledge and awareness of the service and to influence the need for good conversations with patients and onward referral for stop smoking support. The service helped the Equality and Diversity manager to develop a British Sign Language video outlining service access and support available. We are currently pushing social media messages for No Smoking Day (11th March).							
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	88%	Jan-20	71.8%	QE Dec-19	●
Activity continues to be balanced between those accessing treatment and those who have waited the longest. The positive impact on waiting times of the evening clinics will diminish as these reduce in frequency. Current capacity to provide treatment to those accessing the service is filled with priority and urgent care requests. Recommendations have been made, following the input from SG Mental Health performance & improvement team, on the resources required to meet ongoing demand and address the long waits in a sustainable way.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	82%	Jan-20	66.6%	QE Dec-19	
We continue to meet the RTT for patients with less complex needs and service redesign in this area has freed capacity for high intensity work. Addressing the longest waiting patients impacts negatively on our RTT performance. Further service re-design to meet needs of more complex patients is progressing well. Work with ISD/MHAIST data analyst and SG advisor has now identified additional resource requirements. Demand-capacity modelling in relation to trajectory is on-going.							
FoI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	Never Met	85%	QE Jan-20	57.9%	N/A	N/A
Performance overall in FOI response time continues to show slow recovery and is on a steady upward trajectory. Challenges still remain in agreeing permanent resource to cover the administrative aspects of the process and in managing an increasing number of cases. Agreement has now been reached with H&SCP over the treatment of FOI requests that involve services within the Partnership, to be taken forward in roll-out of AxlR8 software (now expected to be implemented by 31/03/2020).							

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Benchmarking		
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Feb-20	+ £730k	N/A	N/A
<p>The revenue position for the 11 months to 29 February reflects an overspend of £730k. Delivery of a balanced financial position has involved a level of support from Scottish Government. Discussions held over the last few months with the Director of Health Finance, Scottish Government have allowed a supportive and collaborative approach to achieve a solution to the NHS Fife in-year financial challenges. A summary of the position across the constituent parts of the system for the year to date: an underspend of £1.313m is attributable to Health Board retained budgets; whilst an underspend of £2.610 is attributable to the health budgets delegated to the Integration Joint Board; and an overspend shown of £4.653m relating to the IJB risk share (capped at the opening budget deficit of £6.5m plus agreed additional social care packages).</p>							
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£9.393m	N/A	£9.393m	Feb-20	£6.509m	N/A	N/A
<p>The total Capital Resource Limit for 2019/20 is £9.393m. The capital position for the 11 months to February shows investment of £6.509m, equivalent to 69.30% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.</p>							

Staff Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.89%	Jan-20	6.05%	YE Dec-19	
The sickness absence rate for January was 6.05%, 0.23% higher than December. This means that the gap between the actual performance and the improvement trajectory specified at the start of the FY has increased to 1.08%. This increase in the sickness absence rate is in line with the position across NHS Scotland. Improvement actions continue to be implemented within each operational unit to work towards achieving the trajectories set for the Board.							

II. Performance Exception Reports

Clinical Governance

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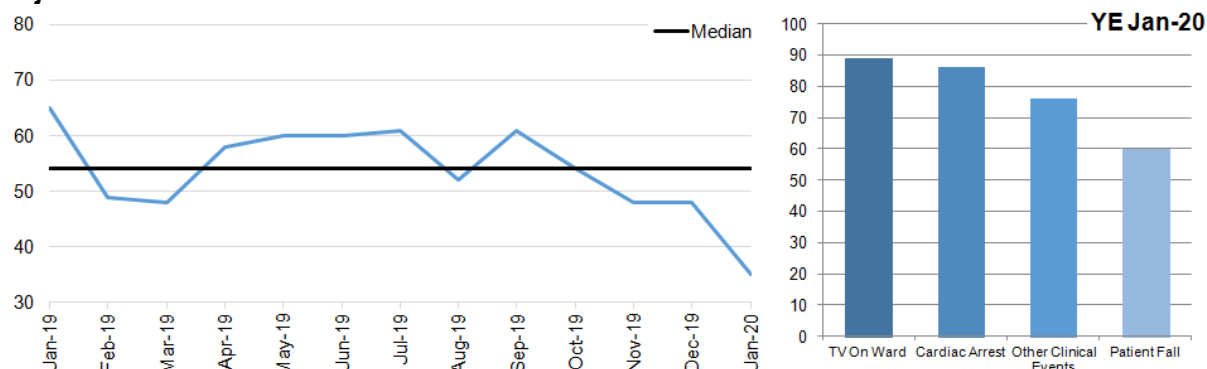
Staff Governance

Sickness Absence	42
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Clinical Governance

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2018/19						2019/20						2020
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
ALL	NHS Fife	1349	1264	1280	1234	1291	1242	1402	1297	1248	1354	1352	1379	1370
	Acute Services	630	587	574	537	594	566	561	573	532	662	575	582	607
	HSCP	668	625	662	645	625	629	798	668	670	645	731	760	730
	Corporate	51	52	44	52	72	47	43	56	46	47	46	37	33
CLINICAL	NHS Fife	974	875	895	853	934	833	911	833	814	938	886	923	891
	Acute Services	568	525	524	485	551	516	518	517	486	596	533	527	548
	HSCP	390	337	355	356	346	297	378	284	310	319	337	385	325
	Corporate	16	13	16	12	37	20	15	32	18	23	16	11	18

Commentary

The numbers of all adverse events reported across all grading in NHS Fife remains consistent, with numbers comparable to previous months and years. There are processes in place across the organisation which provide oversight and monitoring of all adverse events, and these are constantly reviewed.

Of note, the number of major and extreme events is much lower in January, compared to previous months. This is as a result of a change to grading and reporting of pressure ulcers which are identified at the point of admission.

NHS Fife is participating in the national notification system, reporting to Healthcare Improvement Scotland (HIS) from January 1st 2020. All Boards are required to inform HIS of all commissioned significant adverse event reviews.

Clinical Governance

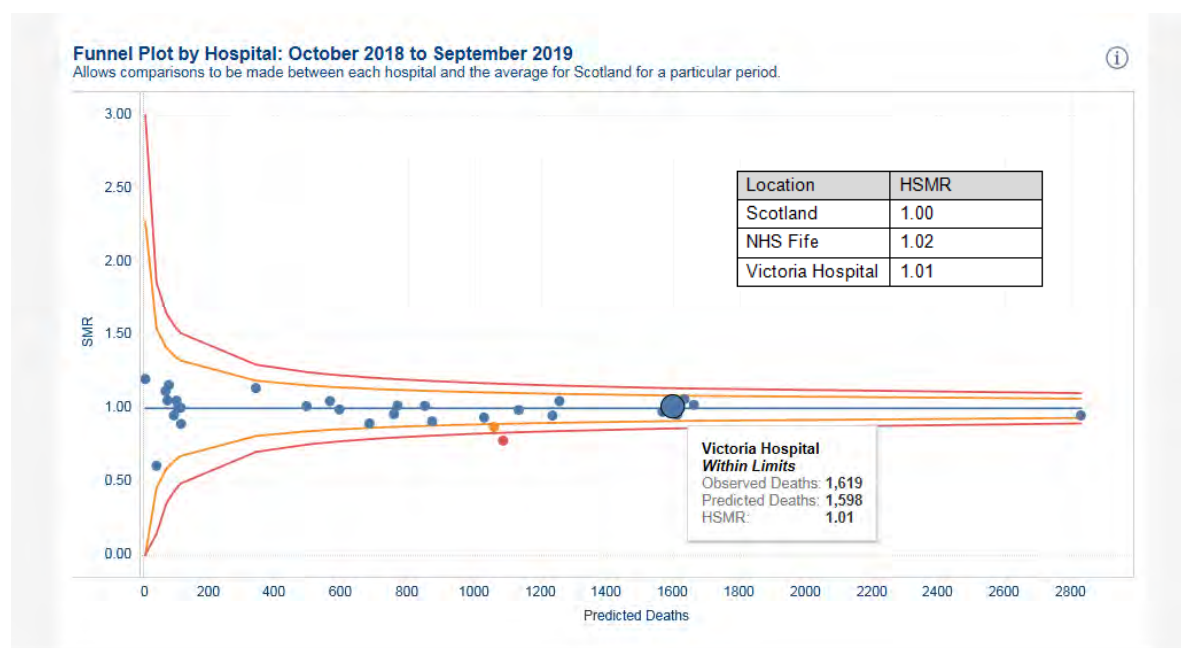
HSMR

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

Reporting Period; October 2018 to September 2019^a

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 rates for Scotland, NHS Fife (as a whole) and Victoria Hospital as an entity in itself are shown in the table within the Funnel Plot.



Commentary

The HSMR is an important marker of quality within a hospital setting, which should be scrutinised alongside other quality indicators. It is calculated by taking the number of in-hospital deaths as a ratio of admissions but then adjusts the ratio taking into a number of factors such as age, length of stay and level of co-morbidity.

In Fife the HSMR has fallen to the current level over the last 10 years, in part thanks to the significant work of the Patient Safety Programme. Important details to note is that the calculations lack a degree of discretion, for example the VHK ratio include the deaths from the VHK Hospice and the NHS Fife figure includes all deaths in community hospitals including the QMH Hospice.

Reporting of the QMH HSMR has recently been removed from formal reporting due to the nature of the hospital, but does form part of the overall NHS Fife figure.

Reporting of the figure has changed and it is now not possible to sequentially chart the ratio (reported quarterly as an annual figure), therefore the Acute Service is monitoring unadjusted crude mortality, which should be reviewed with caution and has hence been removed from the IPQR. Any significant trend in crude mortality will be reported through the IPQR by exception.

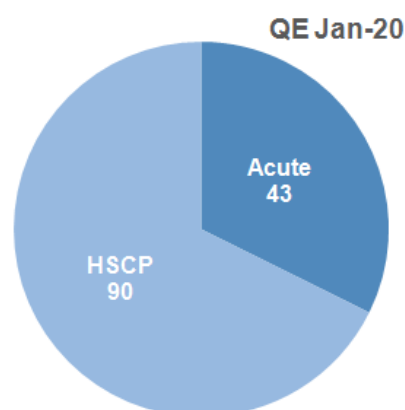
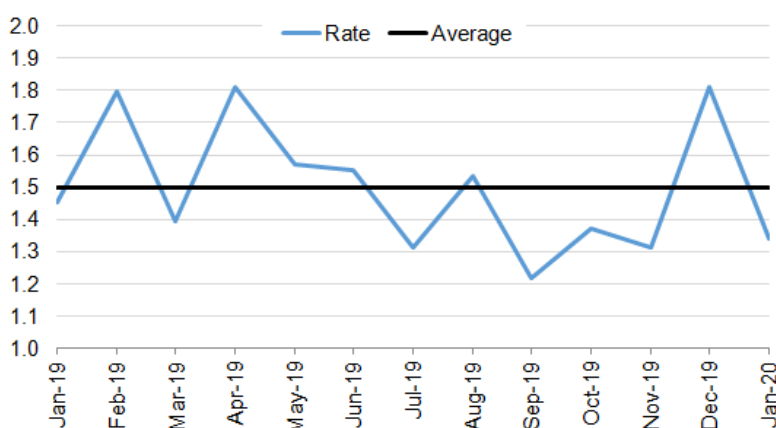
Clinical Governance

Inpatient Falls with Harm

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

Improvement Target rate (by end December 2020) = **2.16 per 1,000 OBD**

Local Performance



Service Performance

Month	2018/19			2019/20									
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS Five	1.45	1.80	1.40	1.81	1.57	1.55	1.31	1.53	1.22	1.37	1.31	1.81	1.34
Acute Services	1.19	1.62	0.84	1.17	0.89	1.73	0.54	1.34	1.13	0.88	1.00	1.40	0.78
HSCP	1.69	1.95	1.85	2.34	2.15	1.40	1.95	1.70	1.29	1.79	1.56	2.16	1.83

Commentary

While an increase in falls is noted in the December figures there is acknowledgement that, as in previous years, this is reflective of the significant increased winter activity across the system. Ongoing monitoring of this will continue with consideration of any related factors associated with this high level of activity and an expectation that the overall trend will return to the usual month to month variation. The repeat falls audit will now take place February/March.

Current Challenges

Need to continue to review the performance with increased demands in in-patient settings and bed modelling within the acute setting. Bed Modelling is continuing. – **All Actions**

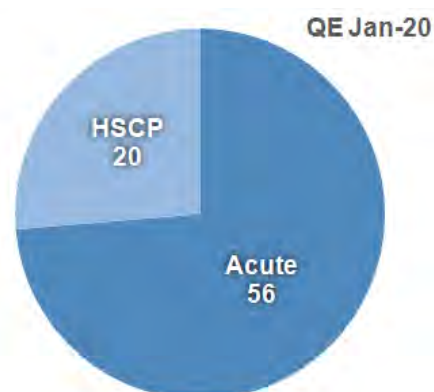
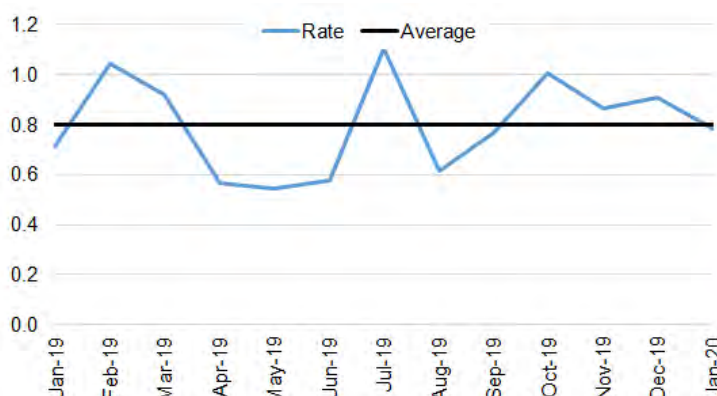
Improvement Actions	Progress	Timescale/Status
1. Review the Falls Toolkit and Falls Flowchart		Complete
2. Develop Older People's Knowledge and Skills Framework		Complete
3. Falls Audit	The audit was completed over a 5 week period, focused on 5 acute wards and showed that falls intervention reviews are poorly completed. Improvement is anticipated following the launch of the revised toolkit, and a further compliance audit was planned for January 2020. The audit tool and process is currently being refined and the plan is to re-audit February/March.	Mar 2020 On Track
4. Care and Comfort Rounding		Complete
5. Improve effectiveness of Falls Champion Network	The Falls Champions Network was anticipated as a regular face to face session to support champions. Ongoing evaluation notes the challenges in staff from in-patient areas being able to attend frequent sessions. This is currently being reviewed to explore a range of methods of providing update and support.	Apr 2020 On Track

Clinical Governance

Pressure Ulcers

Achieve 50% reduction in pressure ulcers (grades 2 to 4) developed in a healthcare setting
Improvement Target rate (by end December 2020) = **0.42 per 1,000 Occupied Bed Days**

Local Performance



Service Performance

Service Performance													
Month	2018/19					2019/20							
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS Fife	0.71	1.04	0.92	0.57	0.55	0.58	1.10	0.61	0.76	1.00	0.86	0.91	0.78
Acute Services	1.12	1.54	0.91	0.70	0.89	1.25	2.15	1.19	0.98	1.47	1.62	1.40	1.13
HSCP	0.36	0.61	0.92	0.45	0.25	0.27	0.25	0.13	0.58	0.62	0.25	0.49	0.49

Commentary

The number of pressure ulcers (PU) reported continues to vary with no sustained improvement. A Quality Improvement (QI) programme is commencing across Fife (HSCP and ASD) to work with teams to drive QI and reduce patient harm. Scrutiny and monitoring for assurance is via the Fife Tissue Viability Steering Group.

The target end date for a 50% reduction has been extended to December 2020.

Current Challenges

Reducing number of pressure ulcers across all NHS Fife Wards – **Actions 1, 3, 4 and 5**

Reducing the random monthly variation in HSCP wards – **Actions 3 and 6**

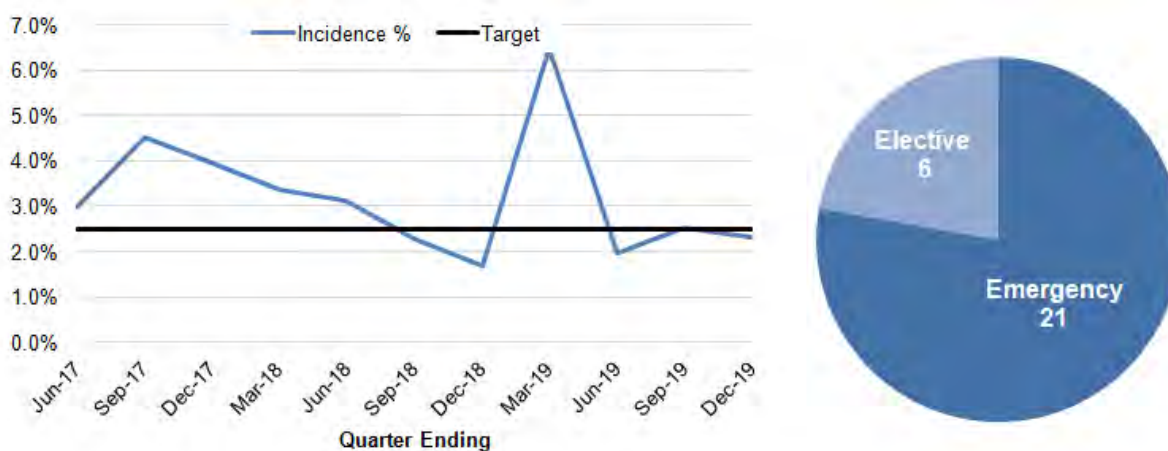
Improvement Actions	Progress	Timescale/Status
1. All identified wards will undertake a weekly audit of compliance with SSKIN		Complete
2. Fife-wide task group commissioned to review SBAR/LAER reporting		Complete
3. Improvement collaborative project extended to December across identified wards		Complete
4. Improve consistency of reporting	Implementation of the revised process, parameters of reporting and reviewing pressure ulcer development and incidents across Fife in health care settings	Mar 2020 On Track
5. Review TV Champion Network Effectiveness	Regular face-to-face sessions to support the already existing TV Champions Network is challenging due to clinical commitment. We need to consider how best to support the champions to deliver their role effectively.	Jun 2020 On Track
6. Reduce PU development	Redesign of the Quality Improvement Model to support the clinical teams to reduce harm, led by a HoN from the HSCP and ASD. To provide senior leadership support in practice.	Mar 2020 On Track

Clinical Governance

Caesarean Section SSI

To reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 by 4% by March 2020.

Local Performance



Service Performance

Quarter Ending	2017/18				2018/19				2019/20			
	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20
NHS Fife	3.0%	4.5%	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%	
Scotland	1.2%	1.3%	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.1%		

Current Challenges

NHS Fife SSI Caesarean Section incidence rate still remains higher than the Scottish incidence rate – **Action 1**

NHS Fife BMI rates are higher than the national rate – **Action 2**

Improvement Actions	Progress	Timescale/Status
1. Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan	The SSI Implementation Group continues to meet regularly, to address and review any outstanding actions. The most recent meeting took place 27 th February. The new case ascertainment methodology was adopted from October.	Mar 2020 On Track
2. Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	Current strategies remain in place: <ul style="list-style-type: none"> Family Health Team Winning By Losing Smoking Cessation Data analysis of these improvement strategies continues, in order to assess effectiveness.	Mar 2020 On Track

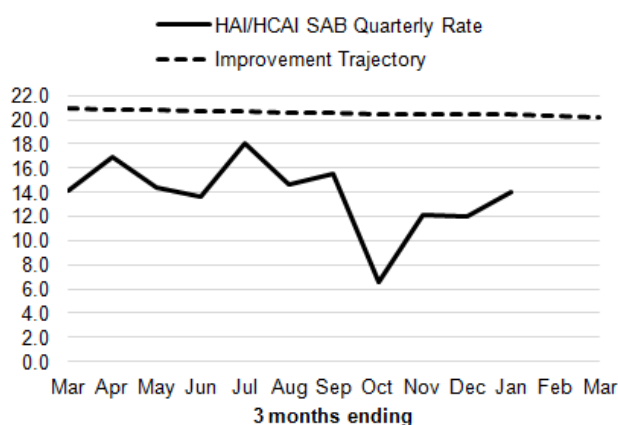
Clinical Governance

SAB (HAI/HCAI)

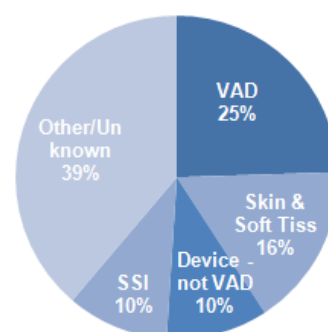
Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Note: This equates to reducing the NHS Fife rate from 20.9 to 18.8 (per 100,000 TOBD) over 3 years, or to 20.2 by March 2020, 19.5 by March 2021 and 18.8 by March 2022

Local Performance | Quarter Ending



HAI/HCAI Infection Sources: YE Jan-20



National Benchmarking | Year Ending

Year Ending		FY 2018/19					FY 2019/20		
		Mar	Jun	Sep	Dec	Mar			
NHS Fife	HAI & HCAI Infection Rate (per 100,000 TOBD)	20.9	17.6	17.7					
Scotland		16.8	16.7	16.9					

Current Challenges

- Increase in number of SAB in People Who Inject Drugs (PWID) – **Action 1**
- Increase in number of VAD-related infections – **Action 2**
- Reducing number of CAUTI infections – **Action 3**
- Achieving HPS reduction of HCAI SAB by 10% by 2021/22 – **Action 4**

Improvement Actions	Progress	Timescale/Status
1. Reduce the number of SAB in PWIDs	The Infection Prevention Control Team continue to support the Addiction Services with the SAB improvement project. This has been on hold by the Addictions management team until they have prioritised their ongoing working projects. However , future meetings are currently being organised. A SOP for accessing antibiotics for patients identified with SSTI by Addiction Services is out for consultation with GPs.	Mar 2021 On Track (but work currently On Hold)
2. Ongoing surveillance of all VAD-related infections	Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement	Mar 2021 On Track
3. Ongoing surveillance of all CAUTI infections	Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) are taking place, to identify key issues and take appropriate corrective actions The group last met on 25 th February, next meeting on 24 th April.	Mar 2021 On Track
4. Optimise comms with all clinical teams in ASD & the HSCP	Monthly anonymised reporting with Microbiology comments to gain better understanding of disease process and those most at risk. This allows local resources to be focused on high risk groups/areas and improve patient outcomes. Ward Dashboard continuously updated, for clinical staff to access and also to be displayed for public assurance.	Mar 2022 On track

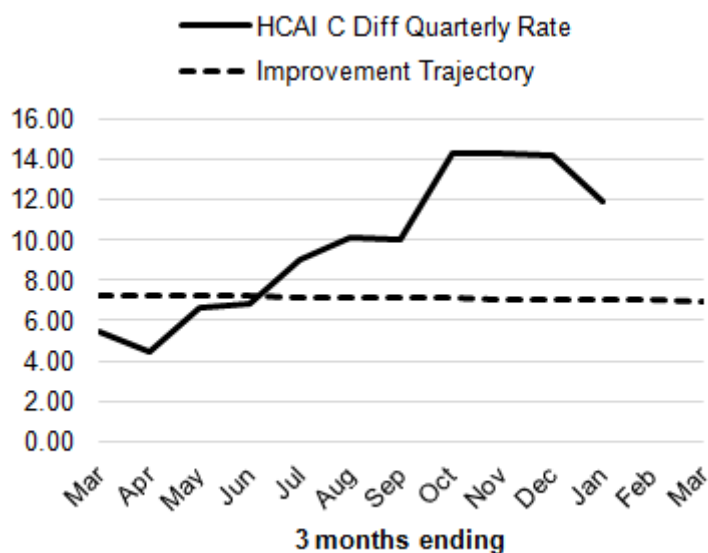
Clinical Governance

C Diff (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Note: This equates to reducing the NHS Fife rate from 7.2 to 6.5 (per 100,000 TOBD) over 3 years, or to 6.9 by March 2020, 6.7 by March 2021 and 6.5 by March 2022

Local Performance | Quarter Ending



National Benchmarking | Year Ending

Year Ending		FY 2018/19		FY 2019/20		
NHS Fife Scotland	HCAI Infection Rate (per 100,000 TOBD)	Mar	Jun	Sep	Dec	Mar
		7.2	7.7	8.6		
		14.8	13.8	13.1		

Current Challenges

- High % of all HCAI CDIs classed as 'Recurrence of CDI' – **Action 1**
- Addressing antimicrobials as a risk factor for CDI – **Action 2**
- Achieving HPS reduction of HCAI CDIs by 10% by 2021/22 – **Action 3**

Improvement Actions	Progress	Timescale/ Status
1. Reducing recurrence of CDI	NHS Fife has been approved for the pioneering use of commercial FMT (Faecal microbiota transplantation) for use in the prevention of recurrence of infection. Due to its cost, a local protocol is to be written by the GI consultant for its use.	Oct 2020 On Track
2. Reduce overall prescribing of antibiotics	National antimicrobial prescribing targets are being utilised by NHS Fife's microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage. New empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.	Oct 2020 On Track
3. Optimise communications with all clinical teams in ASD & the HSCP	Monthly CDI reports are being distributed, to enable staff to gain a clearer understanding of the disease process. ICN ward visits reinforce SICPs and contact precautions, provide education to promote optimum CDI management and daily Medical management form completion. Ward Dashboard continuously updated, for clinical staff to access and also to be displayed for public assurance.	Oct 2020 On Track

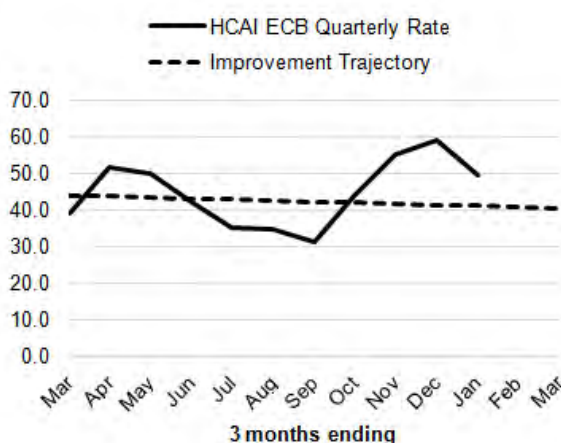
Clinical Governance

ECB (HAI/HCAI)

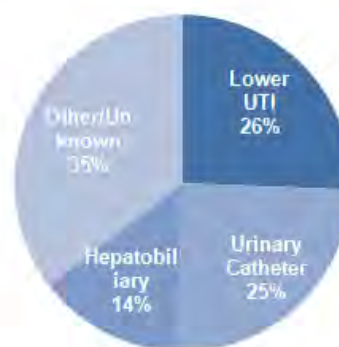
Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Note: This equates to reducing the NHS Fife rate from 44.0 to 33.0 (per 100,000 TOBD) over 3 years, or to 40.3 by March 2020, 36.6 by March 2021 and 33.0 by March 2022

Local Performance | Quarter Ending



HAI/HCAI Infection Sources: YE Jan-20



National Benchmarking | Year Ending

Year Ending		FY 2018/19				
		Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	44.0	42.3	40.4		
Scotland		38.4	38.6	38.7		

Current Challenges

- Achieving HPS reduction of HCAI ECBs 25% by 2021/22 and by 50% by 2023/24 – **Action 1**
- Reducing infections caused by lower urinary tract infection (UTI) as source – **Action 2**
- Reducing infections caused by catheter associated UTIs (CAUTIs) as source – **Action 3**

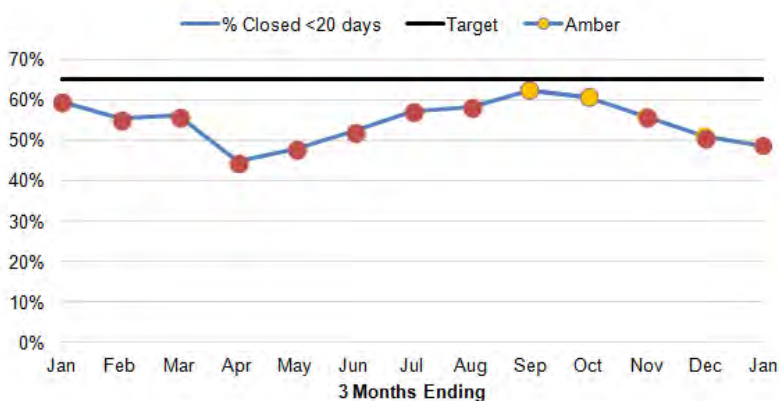
Improvement Actions	Progress	Timescale/Status
1. Optimise communications with all clinical teams in ASD & the HSCP	As well as the mandatory national surveillance, NHS Fife introduced additional voluntary enhanced surveillance in January. Monthly reporting and graphs of ECB data to key clinical staff across NHS Fife (HSCP & Acute services) continues.	Mar 2022 On Track
2. Formation of ECB Strategy Group	The first meeting of the ECB Strategy Group took place on 13 th January. The next meeting will be in April, with a wider involvement from public health.	Mar 2021 On Track
3. Ongoing work of Urinary Catheter Improvement Group (UCIG)	The UCIG met on 25 th February. Significant decisions: <ul style="list-style-type: none"> E-documentation bundles for catheter insertion and maintenance to be added onto Patientrak for Acute services (follows the successful implementation of urinary catheter e-documentation bundles inserted into MORSE for District nurses in 2019) Urinary Catheter Care passports have been added to PECOS for all patients to have as held record and will promote catheter care and adequate hydration 	Mar 2021 On Track

Clinical Governance

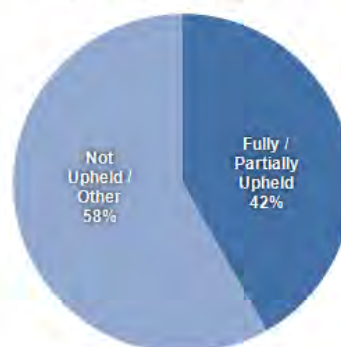
Complaints | Stage 2

At least 75% of Stage 2 complaints are completed within 20 working days
Improvement Target for 2019/20 = **65%**

Local Performance



By Outcome | QE Jan-20



Local Performance by Directorate/Division

3-Month Ending	2018/19				2019/20								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS Fife	59.6%	55.3%	56.0%	44.7%	48.0%	52.3%	57.3%	58.3%	62.5%	60.8%	55.9%	50.9%	48.5%
Acknowledged <= 3 Days	89.9%	92.2%	92.3%	92.1%	93.3%	91.9%	95.1%	93.9%	95.0%	95.0%	93.2%	93.5%	92.2%
ASD	69.0%	62.7%	60.3%	52.6%	59.6%	67.7%	71.4%	66.7%	63.8%	60.5%	60.6%	57.7%	57.1%
HSCP	35.3%	36.4%	42.3%	16.7%	11.1%	8.7%	22.6%	33.3%	54.3%	57.6%	45.2%	33.3%	23.3%

Current Challenges

To improve quality of draft responses – **Action 1**

To improve quality of investigation statements – **Action 2**

Inconsistent management of medical statements and inconsistent style of responses within ASD – **Action 3**

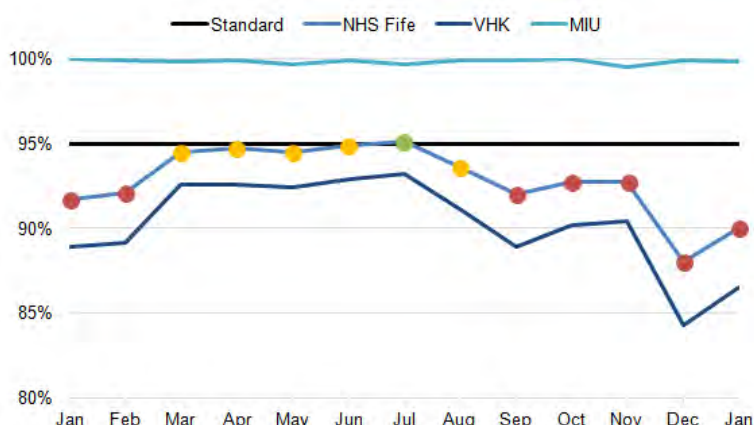
Improvement Actions	Progress	Timescale/ Status
1. Patient Relations Officers to undertake peer review	This continues and learning is being shared directly with individual Officers. Monthly meetings with ASD to discuss complaint issues and style of drafts are in place. Joint education session to be arranged to agree draft styles. Completion date extended	Mar 2020 Revised to Jun 2020
2. Deliver education to service to improve quality of investigation statements	Yearly education delivered to FY2 doctors and student nurses. <i>Ad Hoc</i> training sessions are also delivered when required. Completion date extended	Mar 2020 Revised to Jun 2020
3. Agree a process for managing medical statements, and a consistent style for responses	ASD to discuss with Clinical Leads PRD raise issues at monthly meeting Review of draft reports will commence within PRD to ensure quality of drafts and highlight any quality concerns with statements. Completion date extended	Mar 2020 Revised to Jun 2020

Finance, Performance & Resources – Operational Performance

4-Hour Emergency Access

At least 95% of patients (stretch target of 98%) will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment
Improvement Target for 2019/20 = **96%**

Local Performance



Breach Reason Jan-20



National Benchmarking

Month	2018/19				2019/20								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS Fife	91.7%	92.1%	94.5%	94.7%	94.5%	94.9%	95.1%	93.6%	92.0%	92.7%	92.7%	88.0%	90.0%
Scotland	88.8%	89.3%	91.3%	89.9%	90.7%	90.3%	91.2%	90.6%	88.7%	88.0%	85.5%	83.8%	86.1%

Current Challenges

Variation in 4-Hour Emergency Access Performance - **Action 1**
Patient Flow – **Actions 2 and 5**
ECAS and OPAT Services and Capacity – **Actions 3 and 4**

Improvement Actions	Progress	Timescale/Status
1. Formation of PerformED group to analyse performance trends	Capacity challenges impact on delivery of the targets and recovery from the weekend can take a number of days. Perform ED group continuing reviews and have shifted focus to staffing within the unit and variations which could allow for further departmental improvements.	Mar 2020 On Track
2. Review of AU1 Assessment Pathway		Complete
3. Implementation of OPAT		Complete
4. Development of services for ECAS	Scoping of movement of the service provision to allow for integration and expansion of OPAT services with combined staffing model	Mar 2020 On Track
5. Medical Assessment and AU1 Rapid Improvement Group	Implementation of a working group to review front door processes and pathways with an aim to improving flow and service delivery for patients being referred through GP direct access routes	Aug 2020 *** NEW ***

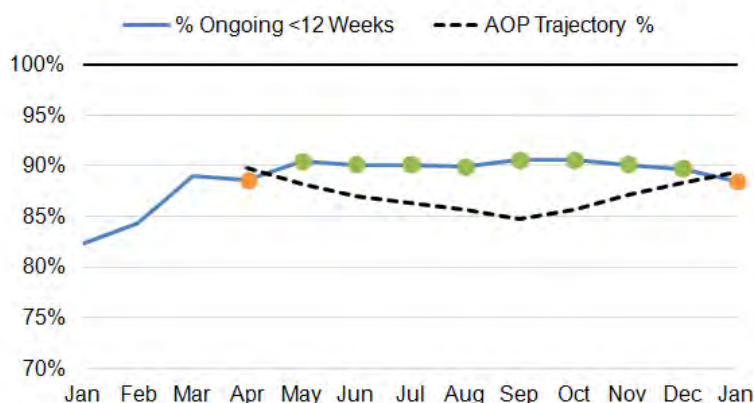
Finance, Performance & Resources – Operational Performance

Patient TTG

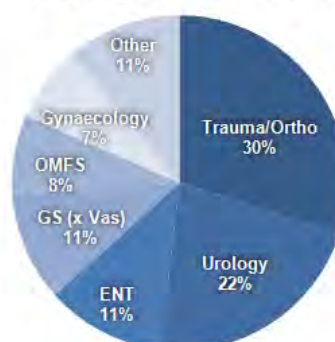
We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Improvement Target for 2019/20 = **90.6%** (Patients Waiting <= 12 Weeks at month end, as per Scottish Government Waiting Times Plan)

Local Performance



Ongoing Breaches Jan-20



National Benchmarking

	2018/19				2019/20										Mar-20
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Target	
NHS Fife	82.4%	84.4%	89.0%	88.5%	90.4%	90.1%	90.1%	89.9%	90.6%	90.5%	90.1%	89.7%	88.4%	90.6%	
Scotland	66.6%	66.8%	70.1%	68.9%	68.4%	67.8%	67.8%	66.8%	67.5%	69.7%	69.5%	67.0%			

Current Challenges	Recurring gap in IP/DC capacity – Actions 2, 3 and 4
	Difficulty in recruiting to Specialist Consultant posts – Actions 2 and 4
	Difficulty in staffing additional in-house activity - Actions 2, 3 and 4
	Cancellation of IP/DC activity due to unscheduled care pressures - Action 2

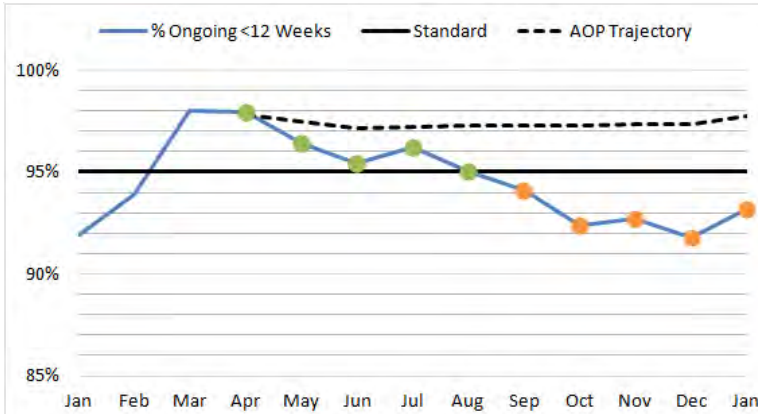
Improvement Actions	Progress	Timescale/Status
1. Secure resources in order to deliver waiting times improvement plan for 19/20		Complete
2. Develop and deliver Clinical Space redesign Improvement programme	Report from front Door analysis received and being considered. Relocation of the Discharge Lounge on a permanent basis to be reviewed. Paper to SLT.	Mar 2020 On Track
3. Theatre Action Group develop and deliver plan	Monthly meetings continue, action plan in place. Day Surgery event planned for February to explore options for delivery of the new BADS targets and to maximise the use of day surgery capacity at QMH.	Mar 2020 On Track
4. Review DCAQ and develop waiting times improvement plan for 20/21, and secure resources	Plan for 2020/21 submitted and currently under discussion with Scottish Government. On-going work to secure in-sourced capacity and use all available staff in weekend theatre sessions to meet current gap and reduce the backlog.	Mar 2020 On Track

Finance, Performance & Resources – Operational Performance

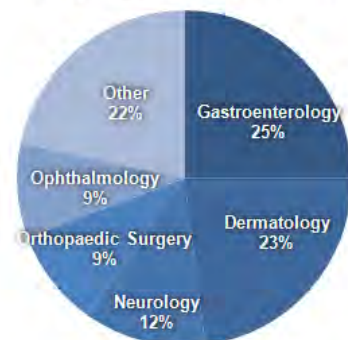
New Outpatients

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

Local Performance



Ongoing Breaches Jan-20



National Benchmarking

	2018/19				2019/20									Mar-20 Target
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
NHS Fife	91.9%	93.9%	98.0%	98.0%	96.4%	95.4%	96.2%	95.0%	94.1%	92.4%	92.7%	91.8%	93.2%	98.7%
Scotland			75.0%	74.5%	74.4%	73.5%	73.5%	72.2%	72.9%	73.3%	73.7%	73.2%		

Current Challenges

- Recurring gap in Outpatient capacity – **Actions 1, 2 and 3**
- Difficulty in recruiting to Specialist Consultant posts – **Actions 2 and 3**
- Difficulty in staffing additional in-house activity - **Actions 1 and 2**

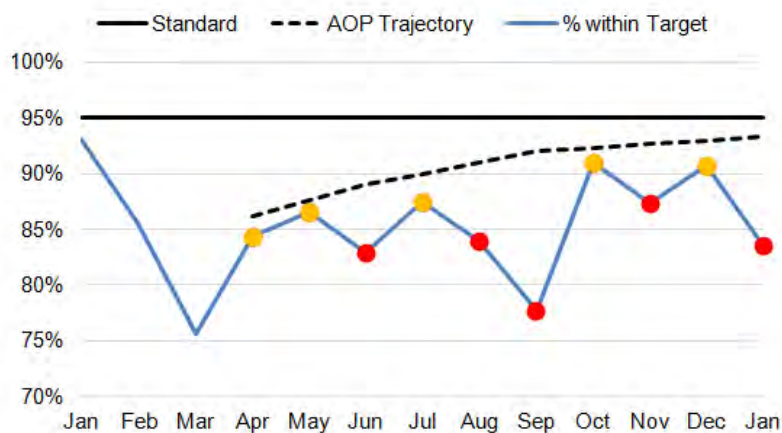
Improvement Actions	Progress	Timescale/ Status
1. Review DCAQ and secure activity to deliver funded activity in waiting times improvement plan for 19/20 and 20/21	Plan for 2020/21 submitted and currently under discussion with Scottish Government. Contracts awarded for in-source activity and alternative solutions in place to increase capacity in Q4.	Mar 2020 On Track
2. Develop and deliver Outpatient Transformation programme to reduce demand	Transformation Group set up and meeting regularly, with focused programme and workstreams in place to deliver projects	Mar 2020 On Track
3. Improve recruitment to vacant posts and/or consider service redesign to increase capacity	New Consultant posts in Urology, General Surgery, Cardiology, Gynaecology, Anaesthetics, Oncology and Orthopaedics have been recruited to. Speciality Doctor post recruited for Ophthalmology and General Surgery. Discussions ongoing regarding new Oral Maxillofacial post and Speciality doctor post in ENT. Recruitment to replacements for existing posts continues to be a challenge in a number of specialities.	Mar 2020 On Track

Finance, Performance & Resources – Operational Performance

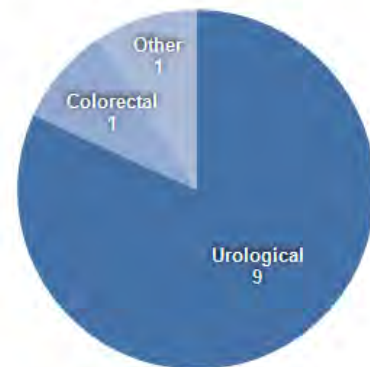
Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days
Improvement Target for 2019/20 = **94%**

Local Performance



Breaches Jan-20



National Benchmarking

	2018/19					2019/20								Mar-20
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Target
NHS Fife	93.1%	85.6%	75.6%	84.4%	86.6%	82.9%	87.5%	84.0%	77.7%	91.0%	87.3%	90.7%	83.6%	94.0%
Scotland	79.9%	79.9%	81.6%	80.4%	81.1%	82.6%	81.8%	82.1%	83.7%	82.7%	81.9%	84.6%	83.6%	

Current Challenges	Urology 62 day performance (Prostate) – Actions 1, 2 and 4
	Cancer Waiting Times 'education' – Action 2
	Delays to steps in pathways for 1 st OPA, diagnostic investigations and reporting – Actions 2 and 4
	Number of breaches in various specialties – Action 3

Improvement Actions	Progress	Timescale/Status
1. Urology Improvement Group review prostate pathway to minimise wait between each step		Complete
2. Improvement in cancer governance structure and redesign of weekly PTL meeting together with organisation-wide education sessions to ensure clear focus on escalation processes		Complete
3. Robust review of timed cancer pathways to ensure up to date and with clear escalation points	Progress affected by staffing pressures in cancer audit team. Detailed work is also being carried out by the Lead Cancer Nurse.	Jun 2020 On Track
4. Prostate Improvement Group to continue to review prostate pathway	This is ongoing work related to Action 1, with the specific aim being to minimise waits post MDT	Sep 2020 *** NEW ***

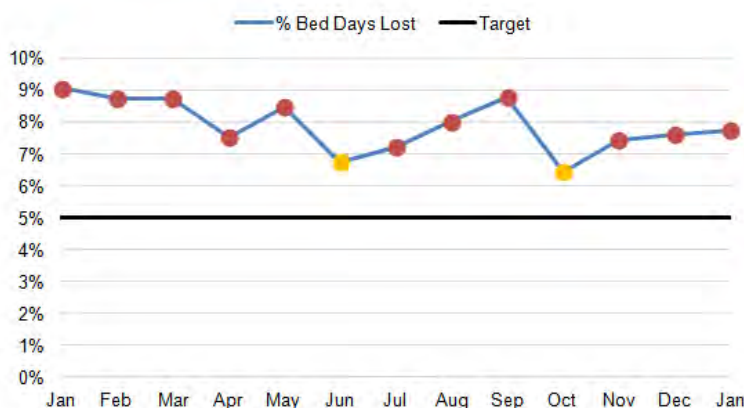
Finance, Performance & Resources – Operational Performance

Delayed Discharges (Bed Days Lost)

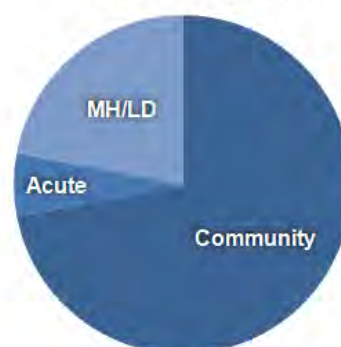
We will reduce the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Improvement Target for 2019/20 = 5%

Local Performance



Bed Days Lost | Jan-20



National Benchmarking

Quarter Ending		2018/19				2019/20			
		Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	TOBD	87,527	92,599	91,463	91,885	87,857	90,276		
	Bed Days Lost	3,638	4,200	6,744	8,141	6,685	7,232		
	% Bed Days Lost	4.2%	4.5%	7.4%	8.9%	7.6%	8.0%		
Scotland	TOBD	1,552,301	1,541,821	1,551,451	1,567,162	1,535,712	1,548,983		
	Bed Days Lost	101,712	107,120	109,366	101,959	103,422	110,861		
	% Bed Days Lost	6.6%	6.9%	7.0%	6.5%	6.7%	7.2%		

Current Challenges

To reduce the number of hospital bed days lost due to patients in delay – **Actions 1, 3 and 5**

To improve the time taken to complete social work assessments – **Actions 2 and 4**

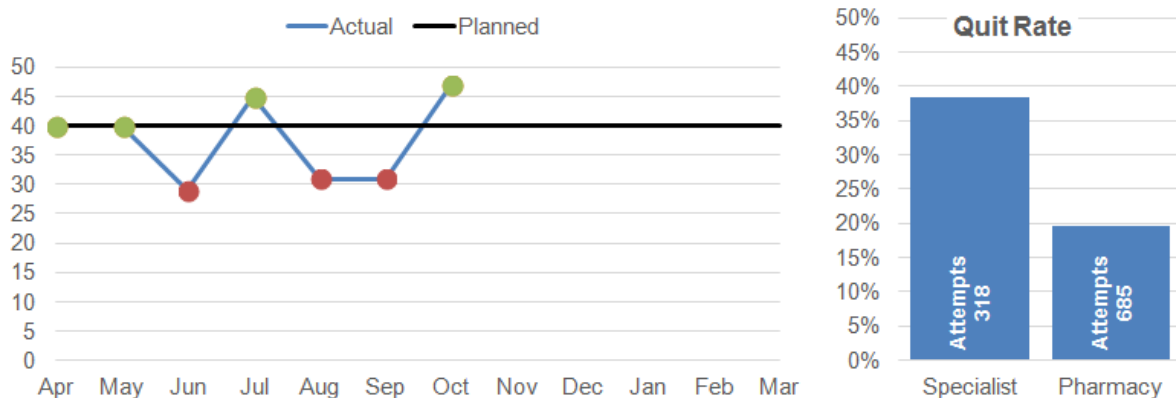
Improvement Actions	Progress	Timescale/ Status
1. Test a trusted assessors model for patients transferring to STAR/assessment beds	Framework developed. Training and shadowing sessions for staff to be progressed	Mar 2020 On Track
2. Review timescales of SW assessments		Complete
3. Moving On Policy to be implemented	Policy to be signed off and implemented by winter Still to be signed off.	Feb 2020 Revised to Apr 2020
4. Improve flow of comms between wards and Discharge HUB	Progressing two tests of change to improve efficiency of assessments and reduce waits – direct transfer of information on to iPads at ward level, and a 'sticker' system	Mar 2020 On Track
5. Increase capacity within care at home	Review of all 15 minute care packages is underway. New care providers are setting up rotas, the HCSP are working closely with these providers to target resource. Specialist OTs to be recruited to promote single handed care and the use of equipment.	May 2020 *** NEW ***

Finance, Performance & Resources – Operational Performance

Smoking Cessation

In 2019/20, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Local Performance



National Benchmarking

% Achieved Against Target		2019/20											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	40	40	29	45	31	31	47					
	Actual Cumul	40	80	109	154	185	216	263	263	263	263	263	263
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	100.0%	101.3%	92.4%	97.5%	93.9%	91.5%	95.3%					
Scotland	Achieved			92.4%			91.1%						

Current Challenges

- To improve uptake in deprived communities – **Action 1**
- To increase uptake of Champix – **Action 2**
- To increase smoking cessation in Antenatal Setting – **Action 3**
- Increase at-work support to NHS Staff – **Action 4**

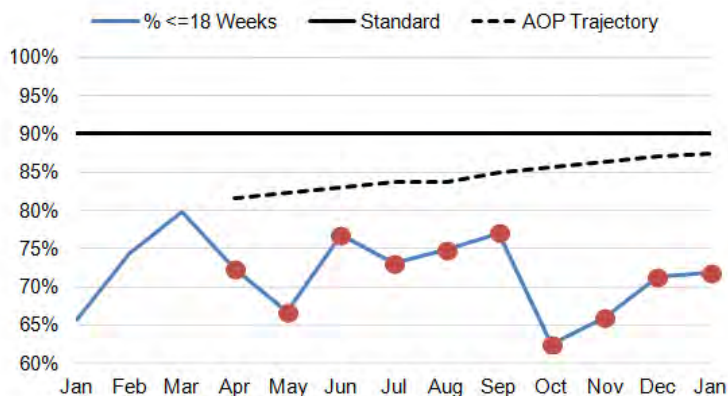
Improvement Actions	Progress	Timescale/ Status
1. Outreach development with Gypsy Travellers in Thornton		Complete
2. Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	Plans in progress, monthly meetings with Respiratory Consultant to organise paperwork and process/pathways. Committee approval has been received, the first trial run (to check process and procedures) started in December and the real-time test started on 9 th January. A promotional stand within QMH will be set up in February.	Mar 2020 On Track
3. 'Better Beginnings' class for pregnant women on Saturday mornings	Plans have progressed and Saturday provision has started - ongoing monitoring in place	Mar 2020 On Track
4. Enable staff access to medication whilst at work	Initial discussion on potential for staff to access their nicotine addiction management medication whilst at work has taken place. Small scale test of change to be considered.	Aug 2020 On Track

Finance, Performance & Resources – Operational Performance

CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment
Improvement Target for 2019/20 = **88%**

Local Performance



Waiting List (502) Jan-20



National Benchmarking

Month	2018/19					2019/20										Mar-20 Target
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
NHS Fife	65.7%	74.3%	79.8%	72.3%	66.7%	76.7%	73.2%	74.8%	77.1%	62.5%	66.0%	71.3%	71.8%			88.0%
Scotland	72.1%	73.4%	75.6%	69.2%	69.1%	70.9%	62.7%	63.8%	66.9%	64.6%	64.2%	71.5%				

Current Challenges

- Increased referrals to service – **Action 1**
- Pressure on existing staff – **Action 2**
- Improving efficiency of workload allocation – **Action 3**

Improvement Actions	Progress	Timescale/ Status
1. Introduction of Primary Mental Health Worker (PMHW) First Contact Appointments System and Group Therapy Programme	Following the departure of existing staff in September 2019, recruitment has been successful for 4 wte temporary posts, who all started in February. The service is now operating with 6 staff and, following an induction period, will be functioning at capacity. The immediate aim is to reduce the backlog of appointments accrued due to vacancies, to 4 weeks by July and 2-3 weeks by December.	Mar 2020 On Track
2. Waiting List Additional Staffing Resource	Additional Tuesday and Wednesday evening clinics has achieved the goal of providing treatment to the 117 children and young people who had waited over 1 year. Due to staff availability, a single clinic will continue to be provided by 4 staff up until end of June. Provision and impact will be reviewed again at that time. Completion date adjusted to reflect revised service provision	Sep-2019 to Feb-2020 Revised to Jun 2020
3. Introduction of Substantive Team Leader Role	East & West Team Leader Posts filled. Active allocation of appointments underway. Team Leaders identifying patients for prioritisation and for evening clinics.	Mar 2020 On Track

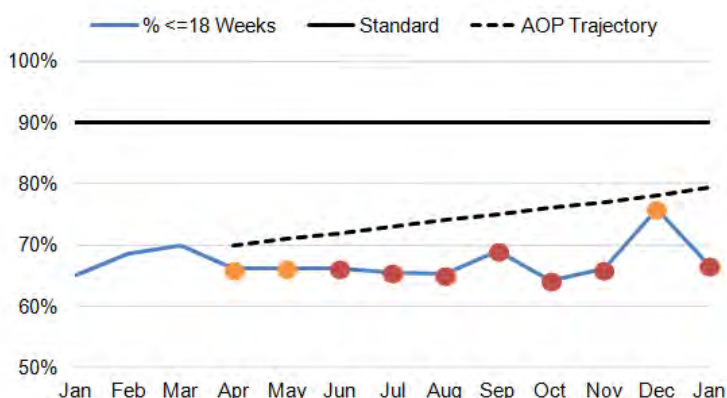
Finance, Performance & Resources – Operational Performance

Psychological Therapies 18 weeks RTT

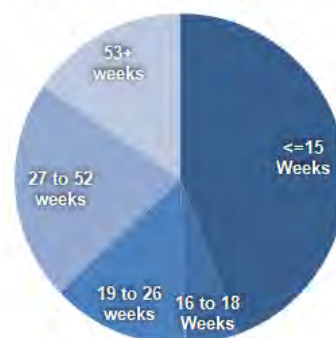
At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies

Improvement Target for 2019/20 = **82%**

Local Performance



Waiting List (3228) Jan-20



National Benchmarking

Month	2018/19			2019/20										Mar-20
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Target
NHS Fife	65.0%	68.7%	69.8%	66.1%	66.2%	66.3%	65.5%	65.2%	69.0%	64.2%	66.0%	75.8%	66.6%	82.0%
Scotland	75.3%	77.7%	79.6%	76.7%	79.3%	80.0%	78.8%	79.2%	80.1%	78.5%	77.8%	81.5%		

Current Challenges

- To reduce delays for patients with complex needs requiring PTs within care programme approach – **Action 1**
- To provide sufficient low-intensity PTs for mild-moderate mental health problems – **Action 2**
- To increase capacity in services offering PTs for secondary care patients – **Actions 3 and 5**
- To improve triage in Primary Care to improve access to appropriate PTs – **Action 4**

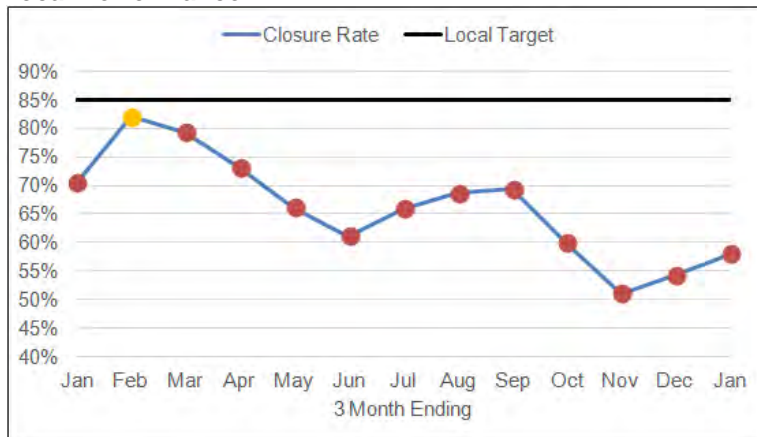
Improvement Actions	Progress	Timescale/ Status
1. Introduction of single point of access for secondary care patients via CMHT		Complete
2. Introduction of Extended Group Programme in primary care, accessible by self-referral	Data indicates that this change has had a sustained positive impact on capacity for more highly specialist work within this tier of service. Plans underway to expand self referral via website for low intensity PTs within Child and Family Psychology service. Possibility of delay to this due to e-health processes.	Mar 2020 On Track
3. Redesign of Day Hospital provision to support CMHTs	Implementation of full re-design delayed due to revised timetable for staff engagement work. Further progress required to impact on capacity for delivery of PTs.	Mar 2020 On Track
4. Implement triage nurse pilot programme in Primary Care	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September 2019; final evaluation due this September	Sep 2020 On Track
5. Trial of new group-based PT options for people with complex needs	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Specific requirements identified from audit of Psychology AMH WL.	Sep 2020 On Track

Finance, Performance & Resources – Operational Performance

Freedom of Information Requests

In 2019/20, we will respond to a minimum of 85% of FOI Requests within 20 working days

Local Performance



FOI Closure Time QE Jan-20



Service Performance

Monthly	2018/19			2019/20									
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Health Board	83.7%	80.4%	73.8%	52.2%	56.8%	55.6%	68.9%	73.7%	48.3%	36.1%	48.5%	75.0%	66.7%
IJB	100.0%	100.0%	55.6%	100.0%	86.7%	71.4%	86.7%	100.0%	85.7%	77.8%	66.7%	14.3%	60.0%

Current Challenges

Performance variable due to delays in the return of responses from services and pressure on corporate support for finalising responses – **All actions**

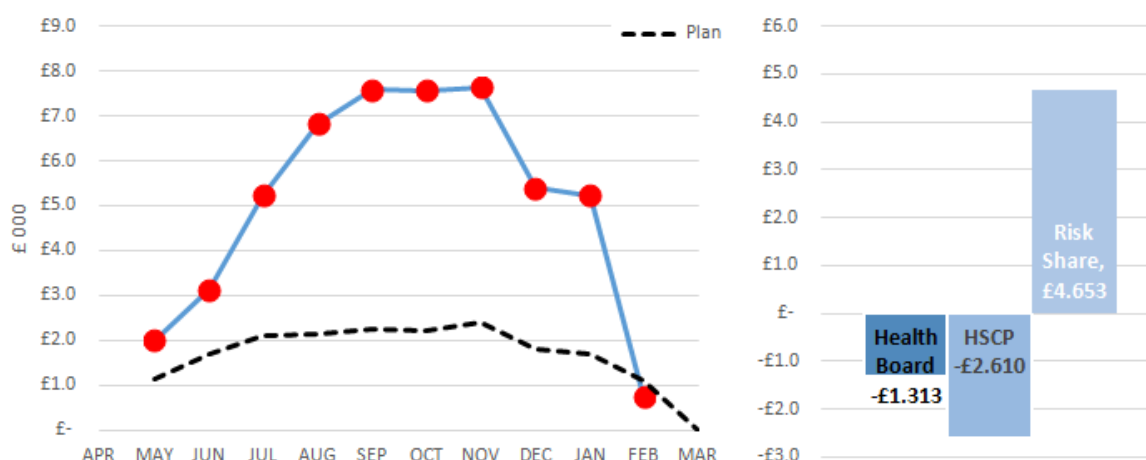
Improvement Actions	Progress	Timescale/Status
1. Map pathway out, identify areas that have recurring issues with delayed responses		Complete
2. Improve FOI case recording and monitoring of timeliness of responses		Complete
3. Review cover arrangements for administration of requests, to improve resilience		Complete
4. Update of processes to reflect involvement of IG&S Team		Complete
5. Refresh process with H&SC partnership for requests received that relate to their services	Meeting with Chief Executive of NHS Fife and Director of Health & Social Care held in February, to agree future protocol of dealing with partnership-related requests. Roll-out of new process will be aligned with the adoption of Axlr8 case management software (to be implemented by 31/03/20). The Data Protection Officers from NHS Fife and H&SCP have regular meetings planned to improve the process on an ongoing basis.	Mar 2020 On Track
6. Align internal reporting on FOI to avoid unnecessary duplication of effort		Complete
7. Formalise long-term resource requirements for FOI administration	There is present uncertainty around the long-term resource available to manage FOI administration, as Information Governance has only temporary resource available within the existing team. This issue has been escalated to the SIRO and the Data Protection Officer, and a temporary solution found at present. A 21-month Fixed Term post has now been submitted to recruitment for a suitably qualified role to commence as soon as possible.	Feb 2020 Revised to Mar 2020

Finance, Performance & Resources – Finance

Revenue Expenditure

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

Local Performance



Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	406,634	423,389	383,513	382,200	-1,313	-0.34%	-7,750	6,437
Integration Joint Board (Health)	349,410	351,878	321,883	319,273	-2,610	-0.81%	-2,770	160
Risk Share (Capped)	0	0	0	4,653	4,653	0.00%	4,653	0
Total	756,044	775,267	705,396	706,126	730	0.10%	-5,867	6,597

Current Challenges

Acute Services Division: requirement to as a minimum maintain the hold optimistic forecast or find ways to improve that where possible – **Action 3**

IJB: extent of social care overspend; and NHS Fife requirement to fund full risk share.) – **Action 3**

Ongoing grip and control across the organisation to deliver ambitious break even position - **Action 3**

Improvement Actions	Progress	Timescale/Status
1. Savings	Significant shortfall in delivery of 2019/20 savings targets particularly in Acute Services Division. Focus now on ensuring no worsening of the financial position in-year and detailed forward assessment and plans to deliver savings in full in future years.	Mar 2020
2. Discussions with Scottish Government to support financial position	Meetings ongoing, support confirmed in principle.	Mar 2020 On Track
3. Ongoing grip and control measures across all services.	Detailed assessment of potential financial flexibility ongoing, with early decision, action and release of identified benefit to the financial position.	Mar 2020 On Track

Finance, Performance & Resources – Finance

1. Annual Operational Plan

- 1.1 The Financial Plan for 2019/20 was approved by the Board on 27 March 2019, with the related Annual Operational Plan approved on 29 May 2019.

2. Financial Allocations

Revenue Resource Limit (RRL)

- 2.1 NHS Fife received confirmation of the February core revenue and core capital allocation amounts on 6 March. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £748.628m; and anticipated net negative allocations total £0.028m.

Non Core Revenue Resource Limit

- 2.2 In addition NHS Fife receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The confirmed non core RRL funding totals £26.667m.

Total RRL

- 2.3 The total current year budget at 29 February is therefore £775.267m as detailed in Appendix 1.

3. Summary Position – Commentary

- 3.1 Delivery of a balanced financial position has involved a level of support from Scottish Government. Discussions held over the last few months with the Director of Health Finance, Scottish Government have allowed a supportive and collaborative approach to achieve a solution to the NHS Fife in-year financial challenges. This has involved a range of non recurring measures including the transfer of full capital receipts into our revenue position and the identification of qualifying expenditure for an increased level of ADEL funding.
- 3.2 In parallel a full forensic level review of the forecast financial position has been undertaken internally to help achieve the projected balanced year-end position. Achieving this position still has a level of managed risk and assumes the most optimistic scenarios coming to fruition.
- 3.3 Additionally this position takes account of the full risk share cost to NHS fife of the risk share pressure of the Social Care significant forecast overspend.
- 3.4 Key challenges continue as previously reported and comprise: the overspend on Acute Services (run rate overspend related to a number of cost pressures; and non delivery of savings), and includes £5.829m overspend relating to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but which remain managed by the NHS Board. The range of non recurring support measures together with the Board's financial flexibility contributes to the delivery of the balanced position.
- 3.5 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have reported a break even position.
- 3.6 Table 1 below provides a summary of the position across the constituent parts of the system for the year to date: an underspend of £1.313m is attributable to Health Board retained budgets; whilst an underspend of £2.610 is attributable to the health budgets delegated to the Integration Joint Board; and an overspend shown of £4.653m relating

Finance, Performance & Resources – Finance

to the IJB risk share (capped at the opening budget deficit of £6.5m plus agreed additional social care packages.)

Table 1: Summary Financial Position for the period ended February 2020

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	406,634	423,389	383,513	382,200	-1,313	-0.34%	-7,750	6,437
Integration Joint Board (Health)	349,410	351,878	321,883	319,273	-2,610	-0.81%	-2,770	160
Risk Share (Capped)	0	0	0	4,653	4,653	0.00%	4,653	0
Total	756,044	775,267	705,396	706,126	730	0.10%	-5,867	6,597

	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	199,040	210,205	192,982	206,845	13,863	7.18%	7,475	6,388
IJB Non-Delegated	8,392	8,540	7,826	7,811	-15	-0.19%	-64	49
Estates & Facilities	72,837	73,208	66,810	65,926	-884	-1.32%	-884	0
Board Admin & Other Services	53,269	82,740	76,293	74,998	-1,295	-1.70%	-1,295	0
Non-Fife & Other Healthcare Providers	85,566	85,566	78,441	80,679	2,238	2.85%	2,238	0
Financial Flexibility & Allocations	12,707	17,604	13,214	-1,599	-14,813	-112.10%	-14,813	0
Health Board	431,811	477,863	435,566	434,660	-906	-0.21%	-7,343	6,437
Integration Joint Board - Core	373,936	402,264	368,403	366,162	-2,241	-0.61%	-2,401	160
Integration Fund & Other Allocations	13,915	504	383	0	-383	0.00%	-383	0
Sub-total Integration Joint Board Core	387,851	402,768	368,786	366,162	-2,624	-0.71%	-2,784	160
IJB Risk Share Arrangement (Capped)	0	0	0	4,653	4,653		4,653	0
Total Integration Joint Board - Health	387,851	402,768	368,786	370,815	2,029	0.55%	1,869	160
Total Expenditure	819,662	880,631	804,352	805,475	1,123	0.14%	-5,474	6,597
IJB - Health	-38,441	-50,890	-46,903	-46,889	14	-0.03%	14	0
Health Board	-25,177	-54,474	-52,053	-52,460	-407	0.78%	-407	0
Miscellaneous Income	-63,618	-105,364	-98,956	-99,349	-393	0.40%	-393	0
Net Position Including Income	756,044	775,267	705,396	706,126	730	0.10%	-5,867	6,597

4. Operational Financial Performance for the year

Acute Services

- 4.1 The Acute Services Division reports a **net overspend of £13.863m for the year to date**. This reflects an overspend in operational run rate performance of £7.745m, and unmet savings of £6.388m per Table 2 below. Within the run rate performance, pay is overspent by £4.953m. The overall position has been driven by a combination of unidentified savings and continued pressure from the use of agency locums, incremental progression and nursing recruitment in line with the workforce planning tool, as well as significant and continuous levels of supplementary staffing to support surge capacity. Backfill costs in relation to core staff have also escalated due to an increased volume in vacant posts, lengthened lead time to appointment and sustained high levels of sickness absence. As the operational performance section of the IPQR highlights, there is increasing pressure across unscheduled care in terms of demand; the financial position demonstrates the cost impact of the additional capacity required. Included within the ASD position is £5.310m overspend relating to the budgets 'set aside' for inclusion in the IJB's strategic plans but which remain managed by the NHS Board.

Table 2: Acute Division Financial Position for the period ended February 2020

	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
Planned Care & Surgery	69,165	73,518	67,288	70,486	3,198	4.75%	1,216	1,982
Emergency Care & Medicine	73,254	78,371	72,290	79,569	7,279	10.07%	5,396	1,883
Women, Children & Clinical Services	54,093	55,718	51,006	54,996	3,990	7.82%	1,467	2,523
Acute Nursing	596	616	565	495	-70	-12.39%	-70	
Other	1,932	1,982	1,833	1,299	-534	-29.13%	-534	
Total	199,040	210,205	192,982	206,845	13,863	7.18%	7,475	6,388

- 4.2 At the March meeting of the Finance, Performance and Resources Committee the Director of Finance presented the financial outlook and challenges over the next 3 years. She described and asked for support in principle from the committee to a

Finance, Performance & Resources – Finance

parallel set of activities. Firstly, the need to conduct a very detailed assessment on the current savings plans for the next 3 years and their deliverability. This will include developing far more detailed and risk assessed plans by the end of April 2020. Secondly there will be a requirement to set develop an interim set of targets to provide some non-recurring delivery of cost reduction in the first 6 months of 2019/20.

Estates & Facilities

- 4.3 The Estates and Facilities budgets report an **underspend of £0.884m** which is generally attributable to vacancies, energy and water and property rates, and partially offset by an overspend on property maintenance.

Corporate Services

- 4.4 Within the Board's corporate services there is **an underspend of £1.295m**. Further analysis of Corporate Directorates is detailed per Appendix 2.

Non Fife and Other Healthcare Providers

- 4.5 The budget for healthcare services provided out with NHS Fife is **overspent by £2.238m** per Appendix 3. This remains an area of increasing challenge particularly given the relative higher costs of some other Boards, coupled with the unpredictability of activity levels.

Financial Plan Reserves & Allocations

- 4.6 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and new in-year allocations are held in a central budget. Whilst no specific decisions are made to hold back new allocations, there are often unplanned underspends which emerge as the year progresses. The financial flexibility (details per Appendix 4) reflects the additional support measures agreed with Scottish Government.

Integration Services

- 4.7 The health budgets delegated to the Integration Joint Board report an **underspend of £2.624m for the year to date**. This position comprises an underspend in the run rate performance of £2.784m; together with unmet savings of £0.160m. The underlying drivers for the run rate under spend are vacancies in community nursing, health visiting, school nursing, community and general dental services across Fife Wide Division. The aforementioned underspend is partly offset by locum costs within mental health services and inpatient service costs within East and West Fife.
- 4.8 In addition the capped IJB risk share for the first 11 months of 2019/20 is a **cost of £4.653m**, representing a risk share percentage (72%) of the overall initial budget gap of £6.5m plus £0.550m relating to additional approved social care packages. In previous years, and in agreement with Fife Council colleagues, the overspend on the IJB has been managed through the risk share arrangement described at 8.2.4 of the Integration Scheme.
- 4.9 The initial health IJB position at month 11 is therefore a **net £2.029m overspend**. However NHS Fife is required to fund the full HSCP overspend and this adds a further pressure to the outturn position which is included within our forecast.

Income

- 4.10 A small over recovery in income of £0.393m is shown for the year to date.

5. Pan Fife Analysis

- 5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 3 below.

Table 3: Subjective Analysis for the Period ended February 2020

	Annual Budget	Budget	Actual	Net Over/(Under) Spend
	£'000	£'000	£'000	£'000
Pan-Fife Analysis				
Pay	376,254	344,064	346,422	2,359
GP Prescribing	72,607	66,462	66,485	23
Drugs	31,327	29,176	29,103	-73
Other Non-Pay	389,513	361,945	360,411	-1,534
IJB Risk Share	0	0	4,653	4,653
Efficiency Savings	-7,179	-6,598	0	6,598
Commitments	18,108	9,304	-1,599	-10,903
Income	-105,364	-98,956	-99,349	-393
Net Underspend	775,267	705,396	706,126	730

Pay

5.2 The overall pay budget reflects an overspend of £2.359m. There are underspends across a number of staff groups which partly offset the overspend position within nursing & midwifery and medical & dental staff; both are being largely driven by the additional cost of supplementary staffing to cover vacancies; sickness absence and supervision policies.

5.3 Against a total funded establishment of 7,922 wte across all staff groups, there was an average 7,887 wte staff in post in February.

Drugs & Prescribing

5.4 Across the system, there is a net under spend of £0.050m on medicines largely due to an under spend of £0.801m on sexual health and rheumatology drugs. Prescribing controls in line with formulary, biosimilar switches and price reductions have been the main contributory factors. The GP prescribing position is based on 2018/19 trend analysis and November and December 2019 actual information (2 months in arrears). Medicine shortages are resulting in price increases however the financial impact is currently being contained.

Other Non Pay

5.5 Other non pay budgets across NHS Fife are collectively underspent by £1.534m. The overspends are in purchase of healthcare from other Health Boards and independent providers, other supplies, property & hotel expenses and surgical sundries. These are offset by underspends across a number of areas including energy and diagnostic supplies.

6 Financial Sustainability

6.1 The Financial Plan presented to the Board in March highlighted the requirement for £17.333m cash efficiency savings to support financial balance in 2019/20. The Plan was approved with a degree of cautious optimism and confidence that the gap would be managed in order to deliver a break even position in year 1 of the 3 year planning cycle. This view was entirely predicated on a robust and ambitious savings programme across Acute Services and the Health & Social Care Partnership; supported by ongoing effective grip and control on day to day expenditure and existing cost pressures; and early identification and control of non recurring financial flexibility.

6.2 The extent of the recurring / non recurring savings delivery for the year is illustrated in Table 4 below and reflects a c50/50 split. In addition Table 4 reflects a significant under delivery of savings within Health Board (principally Acute Services Division).

Table 4: Savings 2019/20

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	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved To Date £'000	Outstanding £'000
Health Board	10,873	1,272	2,597	3,869	7,004
Integration Joint Board	6,460	3,485	2,799	6,284	176
Total Savings	17,333	4,757	5,396	10,153	7,180

7 Key Messages / Risks

- 7.1 The key challenges include the overspend on Acute Services (driven by non delivery of savings and a number of specific cost pressures; and includes £5.127m overspend relating to a number of ASD budgets that are set aside for inclusion in the IJB's strategic plans, but which remain managed by the NHS Board); the full risk share impact of the IJB position (entirely driven by social care costs); and the increasing cost pressure associated with non-Fife activity. Whilst these challenges are expected to be covered by financial flexibility and additional non recurring support measures, there is no scope for any movement on these optimistic forecast positions.
- 7.2 Delivery of a balanced financial position has involved a level of support from Scottish Government. Discussions held over the last few months with the Director of Health Finance, Scottish Government have allowed a supportive and collaborative approach to achieve a solution to the NHS Fife in-year financial challenges. This has involved a range of non recurring measures including the transfer of full capital receipts into our revenue position and the identification of qualifying expenditure for an increased level of ADEL funding.
- 7.3 In parallel a full forensic level review of the forecast financial position has been undertaken internally to help achieve the projected balanced year-end position. Achieving this position still has a level of managed risk and assumes the most optimistic scenarios coming to fruition.
- 7.4 Additionally this position takes account of the full risk share cost to NHS fife of the risk share pressure of the Social Care significant forecast overspend.
- 7.5 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have reported a break even position.
- 7.6 The impact of the points raised in 7.2 to 7.6 are illustrated in Table 5 below.

Finance, Performance & Resources – Finance

Table 5: Financial Outturn (modelling based on actual position at 29 Feb 2020)

Forecast Outturn	£'000
Acute Services Division	8,655
Acute Services Division (Acute Set Aside)	5,829
IJB Non-Delegated	-32
Estates & Facilities	-1,253
Board Admin & Other Services	-1,733
Non-Fife & Other Healthcare Providers	2,090
Financial Flexibility	-16,097
Miscellaneous Income	-450
Health Board Retained Budgets	-2,991
IJB Delegated Health Budgets	-3,334
Integration Fund & Other Allocations	-477
Sub Total IJB Delegated Health Budgets	-3,811
Capped Risk Share	5,076
Full Risk Share adjustment	3,671
Net IJB Health Position	4,936
Total Forecast Outturn before potential offsetting benefits	1,945
Potential offsetting benefits	
Review of balance sheet accruals	-900
Review of prior years accruals	-600
Review of stock	-100
Revenue to capital	-345
Revised Forecast Outturn after potential benefits	0

- 7.7 The updated post forensic review forecast has been used for reporting purposes. Key areas for highlighting this month include the Emergency Care Directorate within Acute Services where use of agency staff continues and for which there does not appear to be an exit plan. This is exacerbated by the surge ward capacity which was open for 5 months of the last financial year, but is expected to be in place for this full year. This unanticipated additional exceptional cost is in spite of additional grip and control measures being put in place and contributes to the forecast overspend.
- 7.8 The Estates & Facilities forecast is informed by detailed assumptions, plans and risk assessment ratings. The forecast used in previous reporting periods at £1.8m underspend has been revised to £1.3m in recognition of high risk items which will not materialise.
- 7.9 The level of financial flexibility released in to the position at month 11 has been updated to include additional support measures and includes: new medicines funding; capital to revenue transfer; ADEL funding; along with a updated slippage of waiting times funding.

Finance, Performance & Resources – Finance

- 7.10 The aforementioned non recurring financial flexibility has informed our reporting to Scottish Government in the Monthly Financial Performance Return (FPR) of a balanced position. This does, however, hold a degree of risk; and reflects the most optimistic outturn and assumes mitigating benefits will crystallise in full.

8 Recommendation

- 8.1 Members are invited to approach the Director of Finance for any points of clarity on the position reported and are asked to:
- **Note** the significant progress made both in terms of collaborative working with Scottish Government; and a detailed internal forensic review; which informs an ambitious forecast break even position for the 2019/20 financial year.

Finance, Performance & Resources – Finance

Appendix 1: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	
		£'000	£'000	£'000	£'000	Narrative
Confirmed	Opening	662,752			662,752	
Confirmed	May Adjustments	-696		-229	-925	
Confirmed	June Adjustments	16,293	3,774	6,265	26,332	
Confirmed	July Adjustments		2,863	1,678	4,541	
Confirmed	August Adjustments	280	3,268	2,341	5,889	
Confirmed	September Adjustments	-29	52,759	2,236	54,966	
Confirmed	October Adjustments		-157	1,842	1,685	
Confirmed	November Adjustments	-531	1,363	-16,058	-15,226	
Confirmed	December Adjustments		5,459	94	5,553	
Confirmed	January Adjustments		193	1,020	1,213	
Confirmed	Therapeutic Drug Monitoring			-17	-17	Annual Adjustment
Confirmed	Primary Care Improvement Fund		1,195		1,195	2nd Tranche
Confirmed	Depreciation Alignment			670	670	Depreciation
Confirmed					0	
Confirmed					0	
Confirmed					0	
	Total Core RRL Allocations	678,069	70,717	-158	748,628	
Anticipated	NSD Adjustments	-17			-17	
Anticipated	Revenue to Capital			-127	-127	
Anticipated	Car T drugs			116	116	
Anticipated					0	
					0	
	Total Anticipated Core RRL Allocations	-17	0	-11	-28	
Confirmed	PFI Adjustment			3,374	3,374	
Confirmed	Donated Asset Depreciation			117	117	
Confirmed	Impairment			1,000	1,000	
Confirmed	AME Provision			-843	-843	
Confirmed	IFRS Adjustment			4,833	4,833	
Confirmed	Depreciation from Core Allocation			12,386	12,386	
Confirmed	ADEL			5,800	5,800	
	Total Non-Core RRL Allocations	0	0	26,667	26,667	
	Grand Total	678,052	70,717	26,498	775,267	

Appendix 2: Corporate Directories

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E-Health Directorate	12,872	11,125	11,171	46
NHS Fife Chief Executive	209	190	183	-7
NHS Fife Finance Director	6,292	5,703	5,146	-557
NHS Fife HR Director	3,210	2,949	2,823	-126
NHS Fife Medical Director	6,813	5,517	5,318	-199
NHS Fife Nurse Director	4,222	3,760	3,610	-150
Legal Liabilities	29,270	28,933	28,881	-52
Public Health	2,347	2,089	1,922	-167
Early retirement & Injury Benefits	91	24	-42	-66
Regional Funding	284	261	244	-17
Depreciation	17,131	15,742	15,742	0
Total	82,740	76,293	74,998	-1,295

Finance, Performance & Resources – Finance

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	95	87	52	-35
Borders	43	40	43	3
Dumfries & Galloway	24	22	55	33
Forth Valley	3,089	2,830	3,059	229
Grampian	349	320	295	-25
Greater Glasgow & Clyde	1,607	1,473	1,446	-27
Highland	131	120	204	84
Lanarkshire	111	102	186	84
Lothian	30,600	28,050	26,468	-1,582
Scottish Ambulance Service	98	90	97	7
Tayside	39,392	36,110	36,508	398
	75,539	69,244	68,413	-831
UNPACS				
Health Boards	8,063	7,391	10,011	2,620
Private Sector	1,209	1,108	1,754	646
	9,272	8,499	11,765	3,266
OATS				
	690	633	438	-195
Grants				
	65	65	63	-2
Total	85,566	78,441	80,679	2,238

Finance, Performance & Resources – Finance

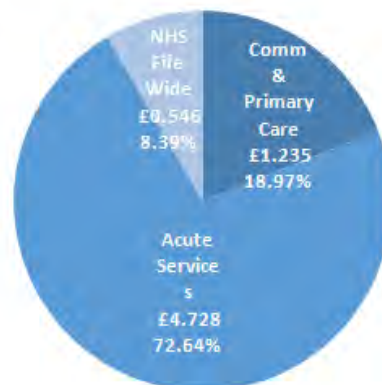
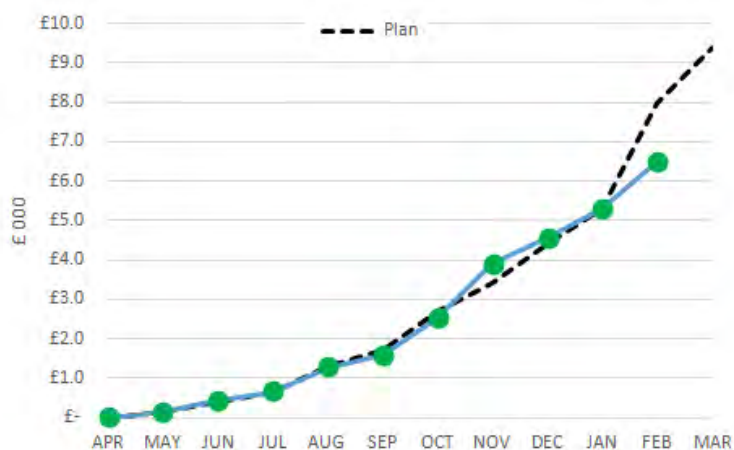
Appendix 4 - Financial Flexibility & Allocations

	CY Budget £'000	Flexibility Released to Feb-20 £'000
Financial Plan		
Drugs	2,216	1,167
Complex Weight Management	50	46
Adult Healthy Weight	104	95
National Specialist Services	32	30
Band 1s	307	282
Unitary Charge	213	196
Junior Doctor Travel	94	83
Consultant Increments	50	46
Cost Pressures	3,429	3,289
Financial Flexibility	1,306	1,196
Sub Total Financial Plan	7,801	6,430
Allocations		
Health Improvement	93	85
AME impairments	1,195	0
AME Provisions	135	0
Waiting List	992	375
Best Start	292	240
Advanced Breast Practitioner Radiology	36	30
Insulin Pumps & CGM	0	
Carry Forward 18-19	260	238
Urolift	26	
Neonatal Expenses	16	13
Capital to Revenue	107	
ADEL	3,008	2,567
Winter Planning	0	
Cancer Waiting Times	195	112
Hand Surgery	0	0
New Medicine Fund	2,381	2183
Additional Elective Activity	40	
Health Records	0	
Capital Receipts	1,027	941
Sub Total Allocations	9,803	6,784
Total	17,604	13,214

Capital Expenditure

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

Local Performance



Commentary

The total Capital Resource Limit for 2019/20 is £9.393m. The capital position for the 11 months to February shows investment of £6.509m, equivalent to 69.30% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

Current Challenges

Overall programme of work to address all aspects of backlog maintenance, statutory compliance, equipment replacement, and investment in technology considerably outstrips capital resource limit available

Improvement Actions	Progress	Timescale/Status
1. Managing expenditure programme within resources available	Risk management approach adopted across all categories of spend	Mar 2020 On Track

1. Annual Operational Plan

- 1.1 The Capital Plan 2019/20 was approved by the NHS Board on 27 March 2019. For information, changes to the plan since its initial approval in March are reflected in Appendix 1. On 3 June 2019 NHS Fife received confirmation of initial core capital gross allocation amounts of £7.394m. NHS Fife has received a capital allocation of £0.120m for Hospital Eye Scotland for the procurement of ophthalmic equipment. NHS Fife has received an allocation of £1.703m for the new Elective Orthopaedic Centre and an expected adjustment for the transfer to revenue schemes that will be actioned during the year (£0.107m). NHS Fife has received an allocation of £0.157m for Imaging Equipment.

2. Capital Receipts

- 2.1 Work continues on asset sales with several disposals planned or completed:

- Lynebank Hospital Land (Plot 1) (North) – Under offer
- Forth Park Maternity Hospital – Sold
- Fair Isle Clinic – Sold
- Skeith Land – now on market
- ADC – Sold

Discussions with the SGHSCD have confirmed use of the capital receipts to support the challenges in the Board's revenue position.

3. Expenditure To Date / Major Scheme Progress

- 3.1 Details of the expenditure position across all projects are set out in the dashboard summary above. Project Leads have provided an estimated spend profile against which actual expenditure is being monitored. This is based on current commitments and historic spending patterns. The expenditure to date amounts to £6.509m or 69.30% of the total allocation, in line with the plan, and as illustrated in the spend profile graph above.

- 3.2 The main areas of investment to date include:

Statutory Compliance	£1.989m
Minor Works	£0.384m
Equipment	£2.233m
E-health	£0.484m
Elective Orthopaedic Centre	£1.378m

4. Capital Expenditure Outturn

- 4.1 At this stage of the financial year it is currently estimated that the Board will spend the Capital Resource Limit in full.

5. Recommendation

- 5.1 Members are invited to approach the Director of Finance or Chief Executive for any points of clarity on the position reported and are asked to:

Note: the capital expenditure position to 29 February 2020 of £6.509m and the forecast year end spend of the capital resource allocation of £9.393m.

Appendix 1: Capital Expenditure Breakdown

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2019/20 £'000
COMMUNITY & PRIMARY CARE			
Statutory Compliance	987	861	987
Capital Minor Works	346	283	346
Capital Equipment	91	91	91
Condemned Equipment			
Total Community & Primary Care	1,424	1,235	1,424
ACUTE SERVICES DIVISION			
Capital Equipment	2,288	2,047	2,288
Statutory Compliance	2,418	1,107	2,418
Minor Works	165	101	165
Condemned Equipment	95	95	95
Elective Orthopaedic Centre	1,703	1,378	1,703
Total Acute Services Division	6,668	4,728	6,668
NHS FIFE WIDE SCHEMES			
Condemned Equipment			
Information Technology	1,041	484	1,041
Equipment Balance	0	0	0
Scheme Development	60	12	60
Contingency	100	30	100
Statutory Compliance - Fire Compartmentation	100	20	100
Minor Works	0	0	0
Total NHS Fife Wide Schemes	1,301	546	1,301
TOTAL ALLOCATION FOR 2019/20	9,393	6,509	9,393

Appendix 2: Capital Plan - Changes to Planned Expenditure

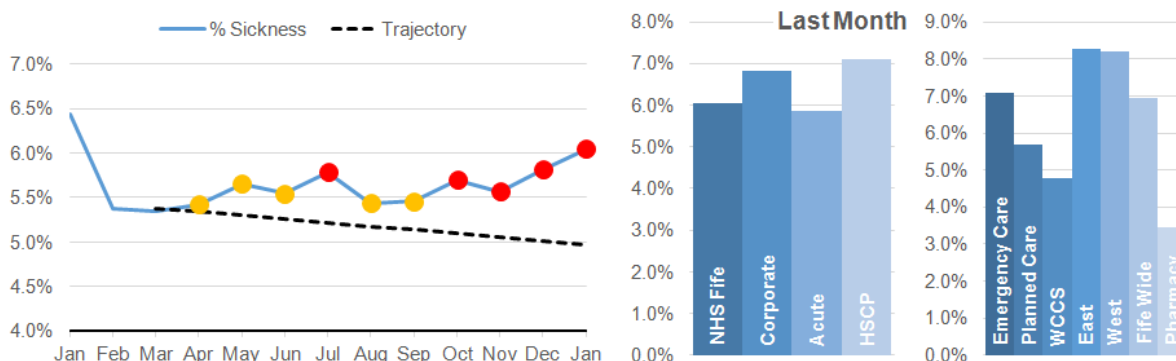
Capital Expenditure Proposals 2019/20	Board Approved 27/03/2019 £'000	Cumulative Adjustment to January £'000	February Adjustment £'000	Total February £'000
Routine Expenditure				
Community & Primary Care				
Minor Capital		345	1	346
Capital Equipment		91	0	91
Statutory Compliance		984	3	987
Condemned Equipment				
Total Community & Primary Care	0	1,420	4	1,424
Acute Services Division				
Minor Capital		164	1	165
Capital Equipment		2,112	176	2,288
Statutory Compliance		2,423	-5	2,418
Condemned Equipment		95		95
Elective Orthopaedic Centre		1,703		1,703
	0	6,496	172	6,668
Fife Wide				
Minor Work	498	-498		0
Information Technology	1,041			1,041
Backlog Maintenance / Statutory Compliance	3,569	-3,469		100
Condemned Equipment	90	-90		0
Scheme Development	60			60
Fife Wide Equipment	2,036	-2,036		0
Fife Wide Contingency Balance	100			100
Total Fife Wide	7,394	-6,093	0	1,301
Total	7,394	1,823	176	9,393

Staff Governance

Sickness Absence

To achieve a sickness absence rate of 4% or less
Improvement Target for 2019/20 = **4.89%**

Local Performance



National Benchmarking

Month	2018/19			2019/20										Mar-20
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Target
NHS Fife	6.43%	5.38%	5.34%	5.42%	5.66%	5.55%	5.78%	5.44%	5.46%	5.70%	5.57%	5.82%	6.05%	4.89%
Scotland	6.17%	5.23%	5.10%	5.04%	5.23%	4.98%	5.22%	5.18%	5.24%	5.69%	5.58%	5.83%	5.99%	

Current Challenges

Sickness Absence Rate Significantly Above Standard – **Action 1**

High Level of Sickness Absence Related to Mental Health – **Action 2**

Improvement Actions	Progress	Timescale/Status
1. Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence	<p>The Regional Workforce Dashboard (Tableau) has been rolled out. The Dashboard provides managers with timely workforce information which they can interrogate in order to identify trends and priority areas.</p> <p>Tableau will be utilised in future by Managers, HR, OH and the Well@Work group to target future interventions to the appropriate areas.</p> <p>OH drop-in sessions were undertaken in September and October 2019, and local processes have been refreshed in conjunction with Attendance Management Leads to standardise approach and reflect the Once for Scotland approach.</p> <p>Business units are utilising trajectory reporting and RAG status reports.</p> <p>Further OH Drop-in Sessions will take place in Spring 2020.</p>	Mar 2020 On Track
2. Early OH intervention for staff absent from work due to a Mental Health related reason	<p>This has been in place since March 2019 and is now in the process of being reviewed by OH, HR, service and staff side colleagues to check on the appropriateness and impact of this approach.</p> <p>Initial consideration of factors including how we promote general awareness of mentally healthy workplaces, support for managers to create mentally healthy and resilient workplaces and further awareness raising of support for staff to be concluded by April 2020.</p> <p>Revised date due to planned leave.</p>	Feb-2020 Revised to Apr 2020

CAROL POTTER

Chief Executive

18th March 2020

Prepared by:

SUSAN FRASER

Associate Director of Planning & Performance



Fife Integrated Performance & Quality Report

Produced in April 2020



Introduction

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

The IPQR comprises of the following sections:

I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Assessment

II. Performance Assessment Reports

- a. Clinical Governance
- b. Finance, Performance & Resources
 - Operational Performance
 - Finance
- c. Staff Governance

Section II provides further detail for indicators of continual focus or those that are currently underperforming. Each report contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions. The latter, along with trajectories, are taken as far as possible from the 2019/20 Annual Operational Plan (AOP). For indicators outwith the scope of the AOP, improvement actions and trajectories were agreed locally following discussion with related services.

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

I. Executive Summary

At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit. This section of the IPQR provides a summary of performance against LDP Standards and local Key Performance Indicators (KPI). These indicators are listed within the Indicator Summary, which shows current, previous and (where appropriate) 'Year Previous' performance as well as benchmarking against other mainland NHS Boards.

It has been agreed that this report will continue to be generated on a 'data-only' basis during the Coronavirus pandemic crisis. All open Improvement Actions are marked as ON HOLD, and the Executive Summary (Section 1d) is being left blank.

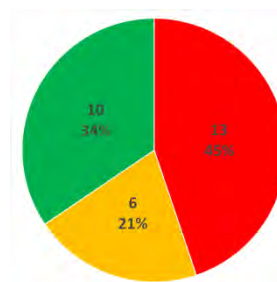
In June, when the first performance data for FY 2020/21 will be included, there will be a move to include Improvement Actions specified in the 2020/21 AOP, where appropriate. These will initially also be identified as ON HOLD.

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 10 (34%) classified as **GREEN**, 6 (21%) **AMBER** and 13 (45%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits or considerably below standard/trajectory.

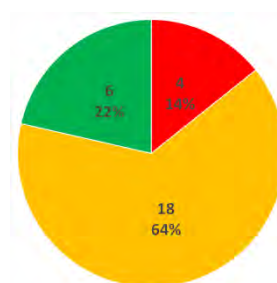
There are three indicators that consistently exceed the Standard performance; IVF Treatment Waiting Times (regional service), Antenatal Access and Drugs & Alcohol Waiting Times. Other areas of success should also be noted...

- Reduction in quarterly infection rates for all HAI measures
- Recovery in % of Outpatients waiting <= 12 weeks for their first appointment
- Achievement of 95% Standard for % of patients starting cancer treatment within 31 days of the decision to treat
- Improvement in closure rate of FOI requests



b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 28 indicators within this report has 6 (22%) within upper quartile, 18 (64%) in mid-range and 4 (14%) in lower quartile. There are indicators where national comparison is not available or not directly comparable.



Indicator Summary

Section	LDP Standard	Standard	Target 2019/20	Reporting Period	Year Previous		Previous		Current			Reporting Period	Fife			Scotland
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A	Month	Feb-19	49	Jan-20	37	Feb-20	23	↑	N/A				
	N/A	HSMR	N/A	Year Ending	Sep-18	N/A	Jun-19	1.04	Sep-19	1.02	↑	YE Sep-19	1.02	●	1.00	
	N/A	Inpatient Falls	5.97	Month	Feb-19	6.90	Jan-20	7.32	Feb-20	7.23	↑	N/A				
	N/A	Inpatient Falls with Harm	2.16	Month	Feb-19	1.80	Jan-20	1.47	Feb-20	1.20	↑	N/A				
	N/A	Pressure Ulcers	0.42	Month	Feb-19	1.04	Jan-20	0.85	Feb-20	0.85	↔	N/A				
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Dec-18	1.7%	Sep-19	2.5%	Dec-19	2.3%	↑	QE Dec-19	2.3%	●	0.9%	
	N/A	SAB - HAI/HCAI	20.2	Quarter Ending	Feb-19	N/A	Jan-20	14.0	Feb-20	11.9	↑	YE Dec-19	13.5	●	16.2	
	N/A	SAB - Community	N/A	Quarter Ending	Feb-19	N/A	Jan-20	5.3	Feb-20	4.3	↑	YE Dec-19	10.5	●	9.4	
	N/A	C Diff - HAI/HCAI	6.9	Quarter Ending	Feb-19	N/A	Jan-20	11.9	Feb-20	10.9	↑	YE Dec-19	8.8	●	13.3	
	N/A	C Diff - Community	N/A	Quarter Ending	Feb-19	N/A	Jan-20	3.2	Feb-20	2.2	↑	YE Dec-19	4.0	●	4.7	
	N/A	ECB - HAI/HCAI	40.3	Quarter Ending	Feb-19	N/A	Jan-20	49.6	Feb-20	43.4	↑	YE Dec-19	43.1	●	39.3	
	N/A	ECB - Community	N/A	Quarter Ending	Feb-19	N/A	Jan-20	24.5	Feb-20	25.9	↓	YE Dec-19	35.5	●	43.7	
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Feb-19	75.2%	Jan-20	73.3%	Feb-20	76.0%	↑	2018/19	70.7%	●	81.5%	
N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Feb-19	55.3%	Jan-20	48.5%	Feb-20	39.3%	↓	2018/19	49.1%	●	53.7%		
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Feb-19	100.0%	Jan-20	100.0%	Feb-20	100.0%	↔	N/A				
	95%	4-Hour Emergency Access	96%	Month	Feb-19	92.1%	Jan-20	90.0%	Feb-20	90.1%	↑	Feb-20	90.1%	●	86.4%	
	95%	New Outpatients Waiting Times	95%	Month	Feb-19	93.9%	Jan-20	93.2%	Feb-20	94.7%	↑	Dec-19	92.2%	●	73.2%	
	100%	Diagnostics Waiting Times	100%	Month	Feb-19	99.5%	Jan-20	98.2%	Feb-20	99.5%	↑	Dec-19	98.6%	●	79.5%	
	100%	Patient TTG (Ongoing Waits)	90.6%	Month	Feb-19	84.4%	Jan-20	88.4%	Feb-20	85.4%	↓	Dec-19	90.1%	●	67.0%	
	90%	18 Weeks RTT	84%	Month	Feb-19	77.7%	Jan-20	79.0%	Feb-20	80.1%	↑	Dec-19	82.0%	●	78.9%	
	95%	Cancer 31-Day DTT	95%	Month	Feb-19	94.2%	Jan-20	93.5%	Feb-20	95.3%	↑	QE Dec-19	97.7%	●	96.5%	
	95%	Cancer 62-Day RTT	94%	Month	Feb-19	85.6%	Jan-20	83.6%	Feb-20	79.2%	↓	QE Dec-19	89.6%	●	83.7%	
	29%	Detect Cancer Early	27%	Year Ending	Sep-18	26.9%	Jun-19	25.2%	Sep-19	24.8%	↓	2017, 2018	25.1%	●	25.5%	
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Feb-19	8.7%	Jan-20	7.8%	Feb-20	7.8%	↔	QE Sep-19	8.0%	●	7.2%	
	80%	Antenatal Access	80%	Month	Nov-18	87.9%	Oct-19	86.2%	Nov-19	83.9%	↓	2018/19	91.3%	●	87.6%	
	473	Smoking Cessation	473	YTD	Nov-18	81.7%	Oct-19	95.7%	Nov-19	94.0%	↓	YT Sep-19	91.5%	●	91.1%	
	90%	CAMHS Waiting Times	88%	Month	Feb-19	74.3%	Jan-20	71.8%	Feb-20	74.1%	↑	QE Dec-19	66.1%	●	71.5%	
	90%	Psychological Therapies Waiting Times	82%	Month	Feb-19	68.7%	Jan-20	66.6%	Feb-20	69.0%	↑	QE Dec-19	68.1%	●	79.0%	
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Dec-18	72.1%	Sep-19	77.3%	Dec-19	75.7%	↓	YT Sep-19	77.3%	●	89.3%	
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Dec-18	95.4%	Nov-19	96.3%	Dec-19	97.4%	↑	QE Dec-19	96.0%	●	95.0%	
	N/A	Dementia Post-Diagnostic Support	TBD	Annual	2016/17	87.3%	2017/18	86.8%	2018/19	92.1%	↑	2017/18	86.8%	●	72.5%	
	N/A	Dementia Referrals	TBD	Annual	2016/17	60.0%	2017/18	55.3%	2018/19	60.6%	↑	2017/18	55.3%	●	42.3%	
	N/A	Freedom of Information Requests	85%	Quarter Ending	Feb-19	82.0%	Jan-20	55.9%	Feb-20	67.4%	↑	N/A				
Finance	N/A	Revenue Expenditure	£0	Month	Feb-19	N/A	Jan-20	£5.220m	Feb-20	£0.730m	↑	N/A				
	N/A	Capital Expenditure	£9.393m	Month	Feb-19	N/A	Jan-20	£5.305m	Feb-20	£6.509m	↑	N/A				
Staff Governance	4.00%	Sickness Absence	4.89%	Month	Feb-19	5.38%	Jan-20	6.05%	Feb-20	5.28%	↑	YE Dec-19	5.71%	●	5.45%	

d. Assessment

During the period of the Coronavirus pandemic, this section is being left blank.

II. Performance Exception Reports

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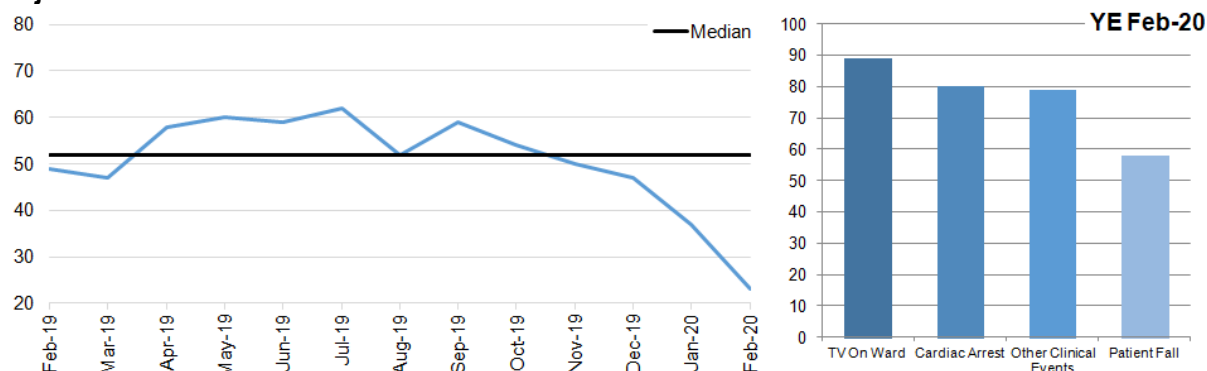
Staff Governance

Sickness Absence	40
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Clinical Governance

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

ALL	Month	2018/19		2019/20										2020	
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
	NHS Fife	1264	1279	1234	1291	1242	1404	1297	1248	1355	1355	1385	1389	1276	
	Acute Services	586	573	537	594	566	561	573	532	659	574	582	615	631	
	HSCP	626	662	645	625	629	800	668	670	646	732	765	738	596	
Corporate	52	44	52	72	47	43	56	46	50	49	38	36	49		
CLINICAL	NHS Fife	875	894	853	934	833	913	833	814	939	888	926	904	897	
	Acute Services	524	523	485	551	516	518	517	486	593	533	524	555	569	
	HSCP	338	355	356	346	297	380	284	310	320	337	390	331	311	
	Corporate	13	16	12	37	20	15	32	18	26	18	12	18	17	

Commentary

The numbers of all adverse events reported across all grading in NHS Fife remains consistent, with numbers comparable to previous months and years. There are processes in place across the organisation which provide oversight and monitoring of all adverse events, and these are constantly reviewed.

Of note, the number of major and extreme events is much lower in January, compared to previous months. This is as a result of a change to grading and reporting of pressure ulcers which are identified at the point of admission.

NHS Fife is participating in the national notification system, reporting to Healthcare Improvement Scotland (HIS) from January 1st 2020. All Boards are required to inform HIS of all commissioned significant adverse event reviews.

Clinical Governance

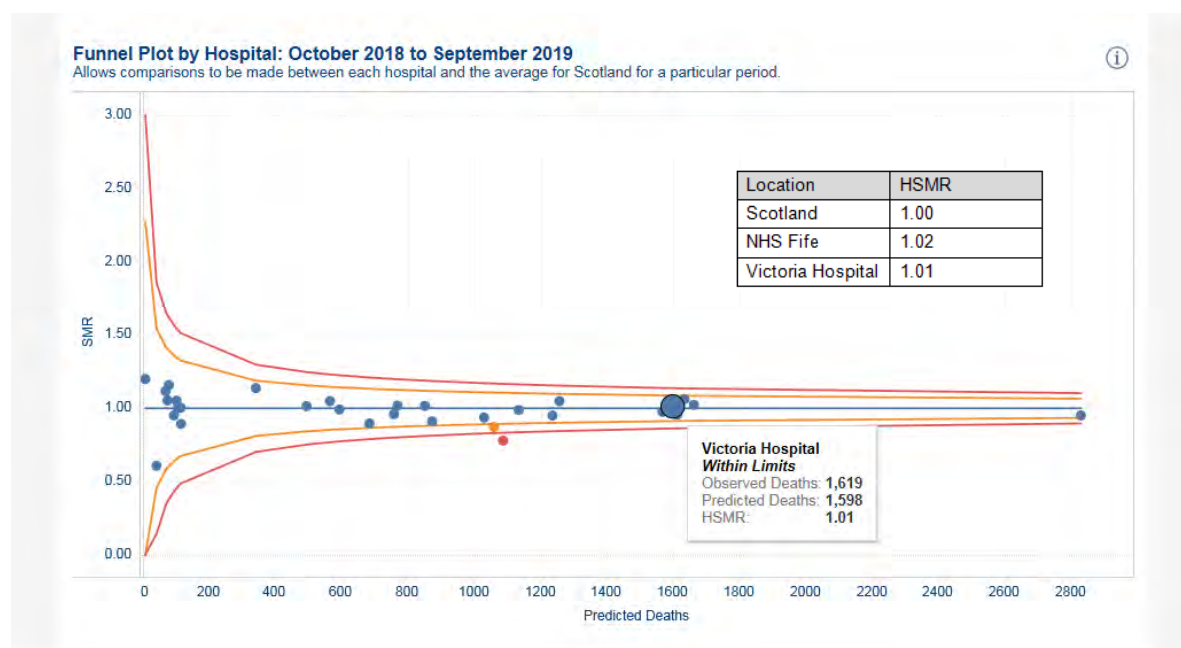
HSMR

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

Reporting Period; October 2018 to September 2019^a

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 rates for Scotland, NHS Fife (as a whole) and Victoria Hospital as an entity in itself are shown in the table within the Funnel Plot.



Commentary

The HSMR is an important marker of quality within a hospital setting, which should be scrutinised alongside other quality indicators. It is calculated by taking the number of in-hospital deaths as a ratio of admissions but then adjusts the ratio taking into a number of factors such as age, length of stay and level of co-morbidity.

In Fife the HSMR has fallen to the current level over the last 10 years, in part thanks to the significant work of the Patient Safety Programme. Important details to note is that the calculations lack a degree of discretion, for example the VHK ratio include the deaths from the VHK Hospice and the NHS Fife figure includes all deaths in community hospitals including the QMH Hospice.

Reporting of the QMH HSMR has recently been removed from formal reporting due to the nature of the hospital, but does form part of the overall NHS Fife figure.

Reporting of the figure has changed and it is now not possible to sequentially chart the ratio (reported quarterly as an annual figure), therefore the Acute Service is monitoring unadjusted crude mortality, which should be reviewed with caution and has hence been removed from the IPQR. Any significant trend in crude mortality will be reported through the IPQR by exception.

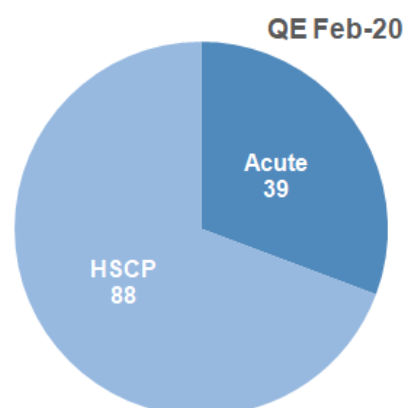
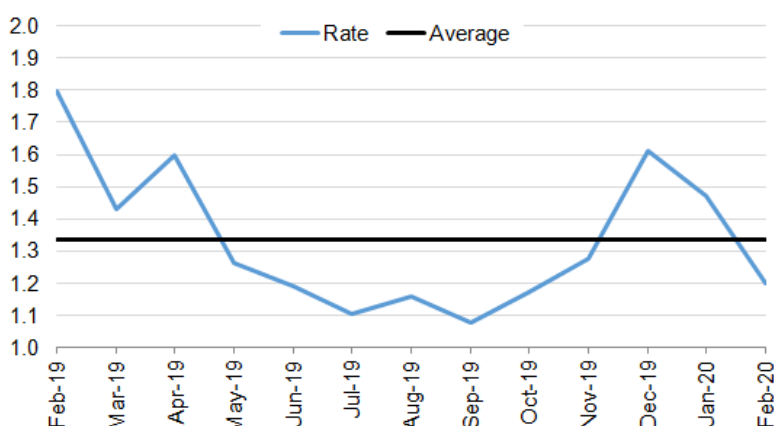
Clinical Governance

Inpatient Falls with Harm

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

Improvement Target rate (by end December 2020) = **2.16 per 1,000 OBD**

Local Performance



Service Performance

Month	2018/19			2019/20									
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
NHS Fife	1.80	1.43	1.60	1.26	1.19	1.10	1.16	1.08	1.17	1.28	1.61	1.47	1.20
Acute Services	1.62	1.07	0.94	0.67	1.33	0.61	0.89	0.98	0.81	1.08	1.03	0.99	0.84
HSCP	1.95	1.72	2.14	1.77	1.07	1.51	1.38	1.16	1.48	1.44	2.10	1.89	1.50

Commentary

While an increase in falls is noted in the December figures there is acknowledgement that, as in previous years, this is reflective of the significant increased winter activity across the system. Ongoing monitoring of this will continue with consideration of any related factors associated with this high level of activity and an expectation that the overall trend will return to the usual month to month variation. The repeat falls audit will now take place February/March.

Current Challenges

Need to continue to review the performance with increased demands in in-patient settings and bed modelling within the acute setting. Bed Modelling is continuing. – **All Actions**

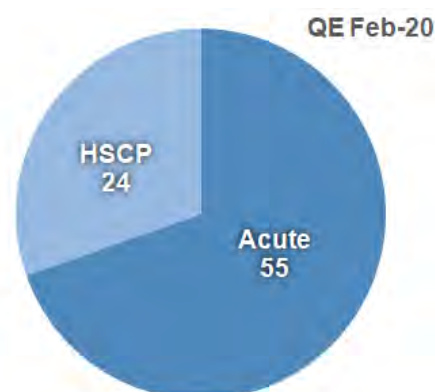
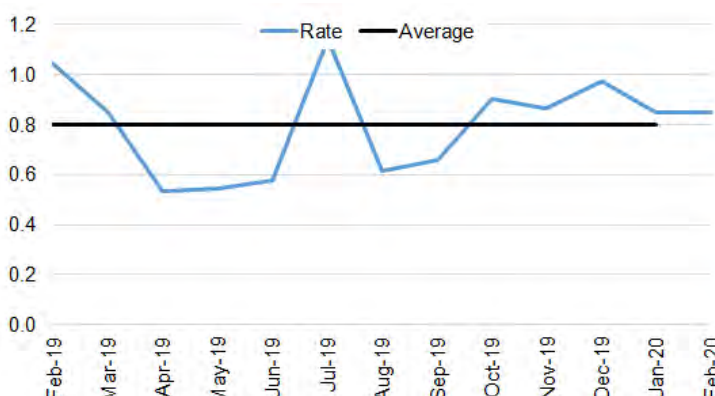
Improvement Actions	Progress	Timescale/Status
1. Review the Falls Toolkit and Falls Flowchart		Complete
2. Develop Older People's Knowledge and Skills Framework		Complete
3. Falls Audit	The audit was completed over a 5 week period, focused on 5 acute wards and showed that falls intervention reviews are poorly completed. Improvement is anticipated following the launch of the revised toolkit, and a further compliance audit was planned for January 2020. The audit tool and process is currently being refined and the plan is to re-audit February/March.	Mar 2020 ON HOLD
4. Care and Comfort Rounding		Complete
5. Improve effectiveness of Falls Champion Network	The Falls Champions Network was anticipated as a regular face to face session to support champions. Ongoing evaluation notes the challenges in staff from in-patient areas being able to attend frequent sessions. This is currently being reviewed to explore a range of methods of providing update and support.	Apr 2020 ON HOLD

Clinical Governance

Pressure Ulcers

Achieve 50% reduction in pressure ulcers (grades 2 to 4) developed in a healthcare setting
Improvement Target rate (by end December 2020) = **0.42 per 1,000 Occupied Bed Days**

Local Performance



Service Performance

Month	2018/19		2019/20										
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
NHS Fife	1.04	0.85	0.53	0.55	0.58	1.14	0.61	0.66	0.90	0.86	0.97	0.85	0.85
Acute Services	1.54	0.99	0.70	0.89	1.25	2.15	1.27	0.98	1.39	1.62	1.47	1.27	1.31
HSCP	0.61	0.74	0.39	0.25	0.33	0.31	0.06	0.39	0.49	0.25	0.56	0.49	0.46

Commentary

The number of pressure ulcers (PU) reported continues to vary with no sustained improvement. A Quality Improvement (QI) programme is commencing across Fife (HSCP and ASD) to work with teams to drive QI and reduce patient harm. Scrutiny and monitoring for assurance is via the Fife Tissue Viability Steering Group.

The target end date for a 50% reduction has been extended to December 2020.

Current Challenges

Reducing number of pressure ulcers across all NHS Fife Wards – **Actions 1, 3, 4 and 5**

Reducing the random monthly variation in HSCP wards – **Actions 3 and 6**

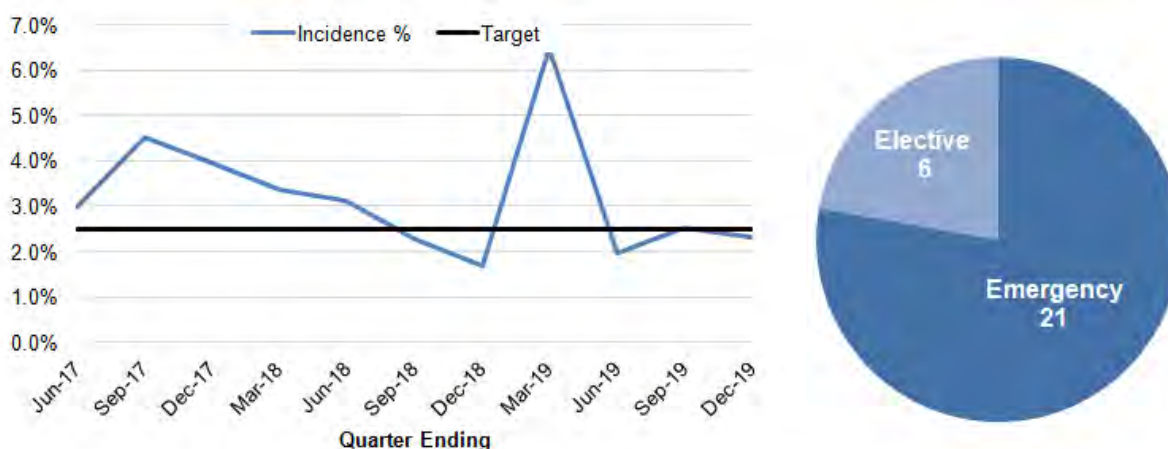
Improvement Actions	Progress	Timescale/Status
1. All identified wards will undertake a weekly audit of compliance with SSKIN		Complete
2. Fife-wide task group commissioned to review SBAR/LAER reporting		Complete
3. Improvement collaborative project extended to December across identified wards		Complete
4. Improve consistency of reporting	Implementation of the revised process, parameters of reporting and reviewing pressure ulcer development and incidents across Fife in health care settings	Mar 2020 ON HOLD
5. Review TV Champion Network Effectiveness	Regular face-to-face sessions to support the already existing TV Champions Network is challenging due to clinical commitment. We need to consider how best to support the champions to deliver their role effectively.	Jun 2020 ON HOLD
6. Reduce PU development	Redesign of the Quality Improvement Model to support the clinical teams to reduce harm, led by a HoN from the HSCP and ASD. To provide senior leadership support in practice.	Mar 2020 ON HOLD

Clinical Governance

Caesarean Section SSI

To reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 by 4% by March 2020.

Local Performance



Service Performance

Quarter Ending	2017/18				2018/19				2019/20			
	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20
NHS Fife	3.0%	4.5%	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%	
Scotland	1.2%	1.3%	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%	

Current Challenges

NHS Fife SSI Caesarean Section incidence rate still remains higher than the Scottish incidence rate – **Action 1**

NHS Fife BMI rates are higher than the national rate – **Action 2**

Improvement Actions	Progress	Timescale/Status
1. Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan	The SSI Implementation Group continues to meet regularly, to address and review any outstanding actions. The most recent meeting took place 27 th February. The new case ascertainment methodology was adopted from October.	Mar 2020 ON HOLD
2. Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	Current strategies remain in place: <ul style="list-style-type: none"> Family Health Team Winning By Losing Smoking Cessation Data analysis of these improvement strategies continues, in order to assess effectiveness.	Mar 2020 ON HOLD

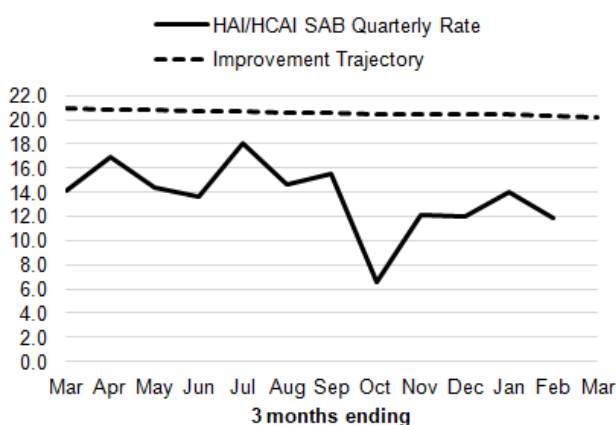
Clinical Governance

SAB (HAI/HCAI)

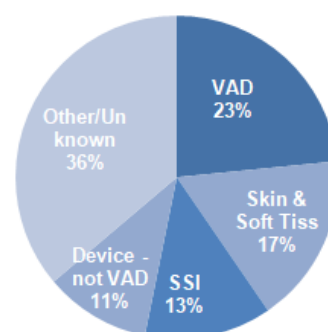
Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Note: This equates to reducing the NHS Fife rate from 20.9 to 18.8 (per 100,000 TOBD) over 3 years, or to 20.2 by March 2020, 19.5 by March 2021 and 18.8 by March 2022

Local Performance | Quarter Ending



HAI/HCAI Infection Sources: YE Feb-20



National Benchmarking | Year Ending

Year Ending		FY 2018/19					FY 2019/20				
		Mar					Jun				
							Sep				
							Dec				
							Mar				
NHS Fife	HAI & HCAI Infection Rate (per 100,000 TOBD)	20.9					17.6				
Scotland		16.8					16.7				

Current Challenges

- Increase in number of SAB in People Who Inject Drugs (PWID) – **Action 1**
- Increase in number of VAD-related infections – **Action 2**
- Reducing number of CAUTI infections – **Action 3**
- Achieving HPS reduction of HCAI SAB by 10% by 2021/22 – **Action 4**

Improvement Actions	Progress	Timescale/Status
1. Reduce the number of SAB in PWIDs	The Infection Prevention Control Team continue to support the Addiction Services with the SAB improvement project. This has been on hold by the Addictions management team until they have prioritised their ongoing working projects. However , future meetings are currently being organised. A SOP for accessing antibiotics for patients identified with SSTI by Addiction Services is out for consultation with GPs.	Mar 2021 ON HOLD
2. Ongoing surveillance of all VAD-related infections	Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement	Mar 2021 ON HOLD
3. Ongoing surveillance of all CAUTI infections	Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) are taking place, to identify key issues and take appropriate corrective actions The group last met on 25 th February, next meeting on 24 th April.	Mar 2021 ON HOLD
4. Optimise comms with all clinical teams in ASD & the HSCP	Monthly anonymised reporting with Microbiology comments to gain better understanding of disease process and those most at risk. This allows local resources to be focused on high risk groups/areas and improve patient outcomes. Ward Dashboard continuously updated, for clinical staff to access and also to be displayed for public assurance.	Mar 2022 ON HOLD

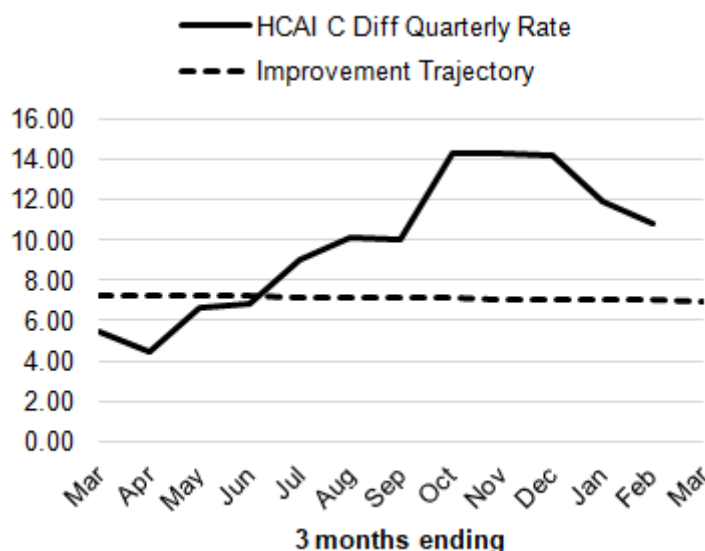
Clinical Governance

C Diff (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Note: This equates to reducing the NHS Fife rate from 7.2 to 6.5 (per 100,000 TOBD) over 3 years, or to 6.9 by March 2020, 6.7 by March 2021 and 6.5 by March 2022

Local Performance | Quarter Ending



National Benchmarking | Year Ending

Year Ending		FY 2018/19		FY 2019/20		
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	Mar	Jun	Sep	Dec	Mar
Scotland		7.4	8.2	8.6	8.8	
		14.8	13.9	13.1	13.3	

Current Challenges

- High % of all HCAI CDIs classed as 'Recurrence of CDI' – **Action 1**
- Addressing antimicrobials as a risk factor for CDI – **Action 2**
- Achieving HPS reduction of HCAI CDIs by 10% by 2021/22 – **Action 3**

Improvement Actions	Progress	Timescale/Status
1. Reducing recurrence of CDI	NHS Fife has been approved for the pioneering use of commercial FMT (Faecal microbiota transplantation) for use in the prevention of recurrence of infection. Due to its cost, a local protocol is to be written by the GI consultant for its use.	Oct 2020 ON HOLD
2. Reduce overall prescribing of antibiotics	National antimicrobial prescribing targets are being utilised by NHS Fife's microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage. New empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.	Oct 2020 ON HOLD
3. Optimise communications with all clinical teams in ASD & the HSCP	Monthly CDI reports are being distributed, to enable staff to gain a clearer understanding of the disease process. ICN ward visits reinforce SICPs and contact precautions, provide education to promote optimum CDI management and daily Medical management form completion. Ward Dashboard continuously updated, for clinical staff to access and also to be displayed for public assurance.	Oct 2020 ON HOLD

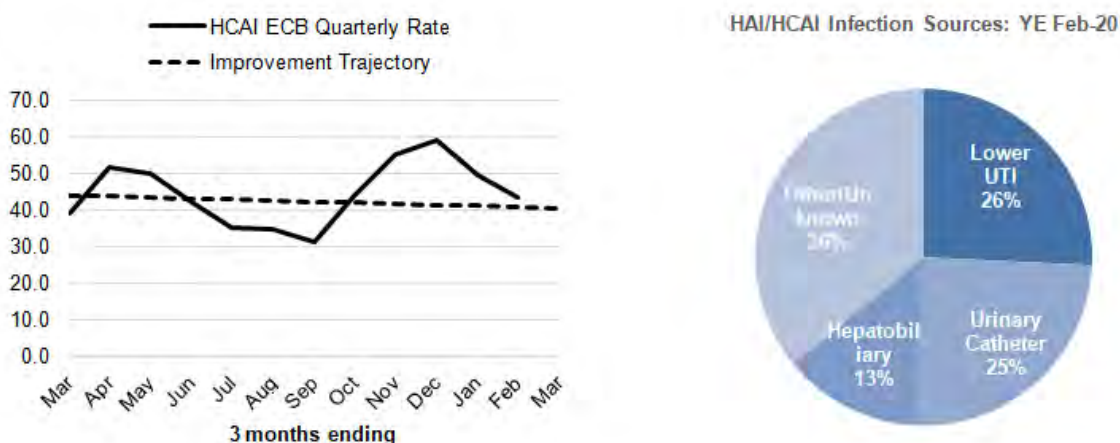
Clinical Governance

ECB (HAI/HCAI)

Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Note: This equates to reducing the NHS Fife rate from 44.0 to 33.0 (per 100,000 TOBD) over 3 years, or to 40.3 by March 2020, 36.6 by March 2021 and 33.0 by March 2022

Local Performance | Quarter Ending



National Benchmarking | Year Ending

Year Ending		FY 2018/19					FY 2019/20				
		Mar					Jun				
							Sep				
							Dec				
							Mar				
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	44.0	42.3	40.4	43.1						
Scotland		38.4	38.6	38.7	39.3						

Current Challenges

- Achieving HPS reduction of HCAI ECBs 25% by 2021/22 and by 50% by 2023/24 – **Action 1**
- Reducing infections caused by lower urinary tract infection (UTI) as source – **Action 2**
- Reducing infections caused by catheter associated UTIs (CAUTIs) as source – **Action 3**

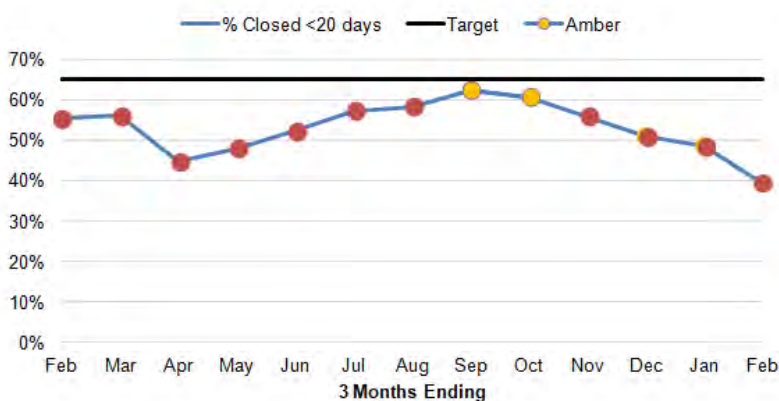
Improvement Actions	Progress	Timescale/Status
1. Optimise communications with all clinical teams in ASD & the HSCP	As well as the mandatory national surveillance, NHS Fife introduced additional voluntary enhanced surveillance in January. Monthly reporting and graphs of ECB data to key clinical staff across NHS Fife (HSCP & Acute services) continues.	Mar 2022 ON HOLD
2. Formation of ECB Strategy Group	The first meeting of the ECB Strategy Group took place on 13 th January. The next meeting will be in April, with a wider involvement from public health.	Mar 2021 ON HOLD
3. Ongoing work of Urinary Catheter Improvement Group (UCIG)	The UCIG met on 25 th February. Significant decisions: <ul style="list-style-type: none"> E-documentation bundles for catheter insertion and maintenance to be added onto Patientrak for Acute services (follows the successful implementation of urinary catheter e-documentation bundles inserted into MORSE for District nurses in 2019) Urinary Catheter Care passports have been added to PECOS for all patients to have as held record and will promote catheter care and adequate hydration 	Mar 2021 ON HOLD

Clinical Governance

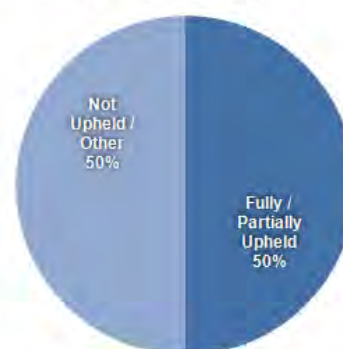
Complaints | Stage 2

At least 75% of Stage 2 complaints are completed within 20 working days
Improvement Target for 2019/20 = **65%**

Local Performance



By Outcome | QE Feb-20



Local Performance by Directorate/Division

3-Month Ending	2018/19			2019/20									
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
NHS Five	55.3%	56.0%	44.7%	48.0%	52.3%	57.3%	58.3%	62.5%	60.8%	55.9%	50.9%	48.5%	39.3%
Acknowledged <= 3 Days	92.2%	92.3%	92.1%	93.3%	91.9%	95.1%	93.9%	95.0%	95.0%	93.2%	93.5%	92.2%	94.6%
ASD	62.7%	60.3%	52.6%	59.6%	67.7%	71.4%	66.7%	63.8%	60.5%	60.6%	57.7%	57.1%	50.0%
HSCP	36.4%	42.3%	16.7%	11.1%	8.7%	22.6%	33.3%	54.3%	57.6%	45.2%	33.3%	23.3%	9.7%

Current Challenges

To improve quality of draft responses – **Action 1**

To improve quality of investigation statements – **Action 2**

Inconsistent management of medical statements and inconsistent style of responses within ASD – **Action 3**

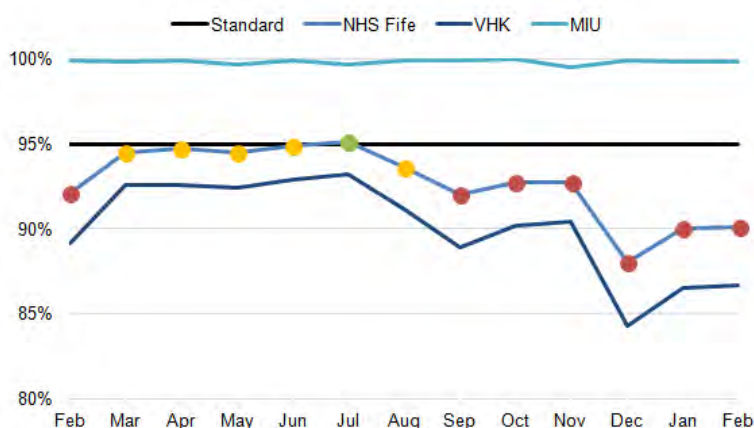
Improvement Actions	Progress	Timescale/Status
1. Patient Relations Officers to undertake peer review	This continues and learning is being shared directly with individual Officers. Monthly meetings with ASD to discuss complaint issues and style of drafts are in place. Joint education session to be arranged to agree draft styles.	Jun 2020 On HOLD
2. Deliver education to service to improve quality of investigation statements	Yearly education delivered to FY2 doctors and student nurses. <i>Ad Hoc</i> training sessions are also delivered when required.	Jun 2020 On HOLD
3. Agree a process for managing medical statements, and a consistent style for responses	ASD to discuss with Clinical Leads PRD raise issues at monthly meeting Review of draft reports will commence within PRD to ensure quality of drafts and highlight any quality concerns with statements.	Jun 2020 On HOLD

Finance, Performance & Resources – Operational Performance

4-Hour Emergency Access

At least 95% of patients (stretch target of 98%) will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment
Improvement Target for 2019/20 = **96%**

Local Performance



Breach Reason Feb-20



National Benchmarking

Month	2018/19		2019/20										
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
NHS Fife	92.1%	94.5%	94.7%	94.5%	94.9%	95.1%	93.6%	92.0%	92.7%	92.7%	88.0%	90.0%	90.1%
Scotland	89.3%	91.3%	89.9%	90.7%	90.3%	91.2%	90.6%	88.7%	88.0%	85.5%	83.8%	86.1%	86.4%

Current Challenges	Variation in 4-Hour Emergency Access Performance - Action 1
	Patient Flow – Actions 2 and 5
	ECAS and OPAT Services and Capacity – Actions 3 and 4

Improvement Actions	Progress	Timescale/Status
1. Formation of PerformED group to analyse performance trends	Capacity challenges impact on delivery of the targets and recovery from the weekend can take a number of days. Perform ED group continuing reviews and have shifted focus to staffing within the unit and variations which could allow for further departmental improvements.	Mar 2020 ON HOLD
2. Review of AU1 Assessment Pathway		Complete
3. Implementation of OPAT		Complete
4. Development of services for ECAS	Scoping of movement of the service provision to allow for integration and expansion of OPAT services with combined staffing model	Mar 2020 ON HOLD
5. Medical Assessment and AU1 Rapid Improvement Group	Implementation of a working group to review front door processes and pathways with an aim to improving flow and service delivery for patients being referred through GP direct access routes	Aug 2020 ON HOLD

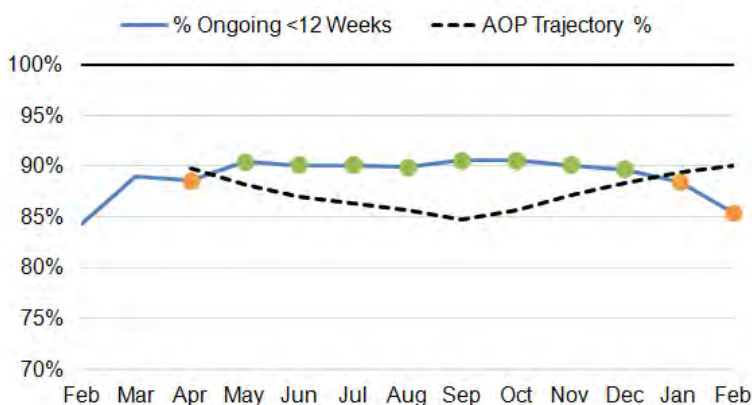
Finance, Performance & Resources – Operational Performance

Patient TTG

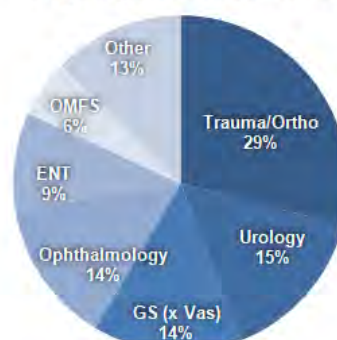
We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Improvement Target for 2019/20 = **90.6%** (Patients Waiting <= 12 Weeks at month end, as per Scottish Government Waiting Times Plan)

Local Performance



Ongoing Breaches Feb-20



National Benchmarking

	2018/19		2019/20												Mar-20
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Target	
NHS Fife	84.4%	89.0%	88.5%	90.4%	90.1%	90.1%	89.9%	90.6%	90.5%	90.1%	89.7%	88.4%	85.4%	90.6%	
Scotland	66.8%	70.1%	68.9%	68.4%	67.8%	67.8%	66.8%	67.5%	69.7%	69.5%	67.0%				

Current Challenges	Recurring gap in IP/DC capacity – Actions 2, 3 and 4
	Difficulty in recruiting to Specialist Consultant posts – Actions 2 and 4
	Difficulty in staffing additional in-house activity - Actions 2, 3 and 4
	Cancellation of IP/DC activity due to unscheduled care pressures - Action 2

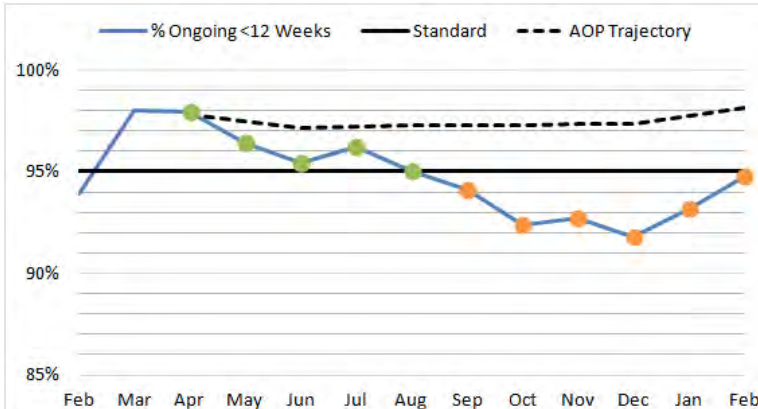
Improvement Actions	Progress	Timescale/ Status
1. Secure resources in order to deliver waiting times improvement plan for 19/20		Complete
2. Develop and deliver Clinical Space redesign Improvement programme	Report from front Door analysis received and being considered. Relocation of the Discharge Lounge on a permanent basis to be reviewed. Paper to SLT.	Mar 2020 ON HOLD
3. Theatre Action Group develop and deliver plan	Monthly meetings continue, action plan in place. Day Surgery event planned for February to explore options for delivery of the new BADS targets and to maximise the use of day surgery capacity at QMH.	Mar 2020 ON HOLD
4. Review DCAQ and develop waiting times improvement plan for 20/21, and secure resources	Plan for 2020/21 submitted and currently under discussion with Scottish Government. On-going work to secure in-sourced capacity and use all available staff in weekend theatre sessions to meet current gap and reduce the backlog.	Mar 2020 ON HOLD

Finance, Performance & Resources – Operational Performance

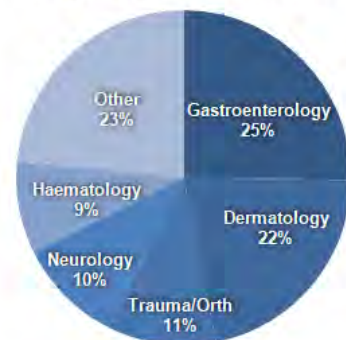
New Outpatients

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

Local Performance



Ongoing Breaches Feb-20



National Benchmarking

	2018/19			2019/20										Mar-20 Target
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
NHS Fife	93.9%	98.0%	98.0%	96.4%	95.4%	96.2%	95.0%	94.1%	92.4%	92.7%	91.8%	93.2%	94.7%	98.7%
Scotland		75.0%	74.5%	74.4%	73.5%	73.5%	72.2%	72.9%	73.3%	73.7%	73.2%			

Current Challenges

- Recurring gap in Outpatient capacity – **Actions 1, 2 and 3**
- Difficulty in recruiting to Specialist Consultant posts – **Actions 2 and 3**
- Difficulty in staffing additional in-house activity - **Actions 1 and 2**

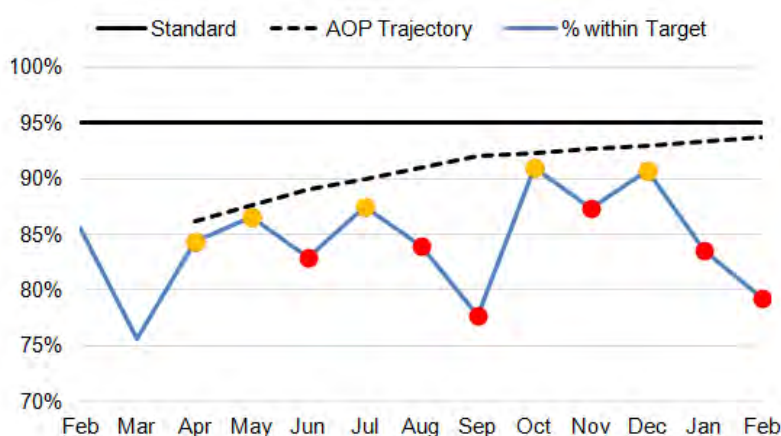
Improvement Actions	Progress	Timescale/ Status
1. Review DCAQ and secure activity to deliver funded activity in waiting times improvement plan for 19/20 and 20/21	Plan for 2020/21 submitted and currently under discussion with Scottish Government. Contracts awarded for in-source activity and alternative solutions in place to increase capacity in Q4.	Mar 2020 ON HOLD
2. Develop and deliver Outpatient Transformation programme to reduce demand	Transformation Group set up and meeting regularly, with focused programme and workstreams in place to deliver projects	Mar 2020 ON HOLD
3. Improve recruitment to vacant posts and/or consider service redesign to increase capacity	New Consultant posts in Urology, General Surgery, Cardiology, Gynaecology, Anaesthetics, Oncology and Orthopaedics have been recruited to. Speciality Doctor post recruited for Ophthalmology and General Surgery. Discussions ongoing regarding new Oral Maxillofacial post and Speciality doctor post in ENT. Recruitment to replacements for existing posts continues to be a challenge in a number of specialities.	Mar 2020 ON HOLD

Finance, Performance & Resources – Operational Performance

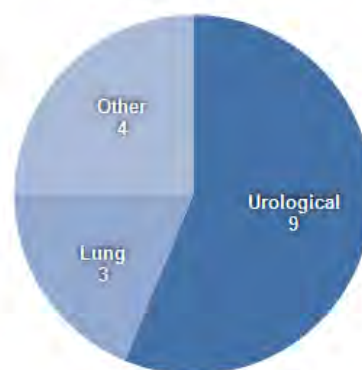
Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days
Improvement Target for 2019/20 = **94%**

Local Performance



Breaches Feb-20



National Benchmarking

	2018/19		2019/20												Mar-20
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Target	
NHS Fife	85.6%	75.6%	84.4%	86.6%	82.9%	87.5%	84.0%	77.7%	91.0%	87.3%	90.7%	83.6%	79.2%	94.0%	
Scotland	79.9%	81.6%	80.4%	81.1%	82.6%	81.8%	82.1%	83.7%	82.7%	81.9%	84.6%	83.6%	82.7%		

Current Challenges

- Urology 62 day performance (Prostate) – **Actions 1, 2 and 4**
- Cancer Waiting Times 'education' – **Action 2**
- Delays to steps in pathways for 1st OPA, diagnostic investigations and reporting – **Actions 2 and 4**
- Number of breaches in various specialties – **Action 3**

Improvement Actions	Progress	Timescale/ Status
1. Urology Improvement Group review prostate pathway to minimise wait between each step		Complete
2. Improvement in cancer governance structure and redesign of weekly PTL meeting together with organisation-wide education sessions to ensure clear focus on escalation processes		Complete
3. Robust review of timed cancer pathways to ensure up to date and with clear escalation points	Progress affected by staffing pressures in cancer audit team. Detailed work is also being carried out by the Lead Cancer Nurse.	Jun 2020 ON HOLD
4. Prostate Improvement Group to continue to review prostate pathway	This is ongoing work related to Action 1, with the specific aim being to minimise waits post MDT	Sep 2020 ON HOLD

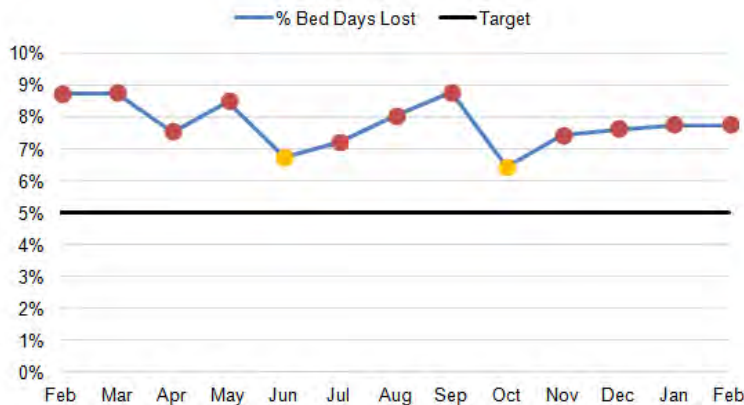
Finance, Performance & Resources – Operational Performance

Delayed Discharges (Bed Days Lost)

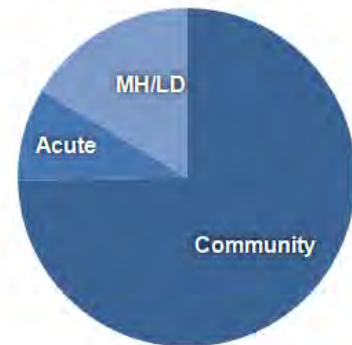
We will reduce the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Improvement Target for 2019/20 = 5%

Local Performance



Bed Days Lost | Feb-20



National Benchmarking

Quarter Ending		2018/19				2019/20			
		Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	TOBD	87,527	92,599	91,463	91,885	87,857	90,276		
	Bed Days Lost	3,638	4,200	6,744	8,141	6,685	7,232		
	% Bed Days Lost	4.2%	4.5%	7.4%	8.9%	7.6%	8.0%		
Scotland	TOBD	1,552,301	1,541,821	1,551,451	1,567,162	1,535,712	1,548,983		
	Bed Days Lost	101,712	107,120	109,366	101,959	103,422	110,861		
	% Bed Days Lost	6.6%	6.9%	7.0%	6.5%	6.7%	7.2%		

Current Challenges

To reduce the number of hospital bed days lost due to patients in delay – **Actions 1, 3 and 5**

To improve the time taken to complete social work assessments – **Actions 2 and 4**

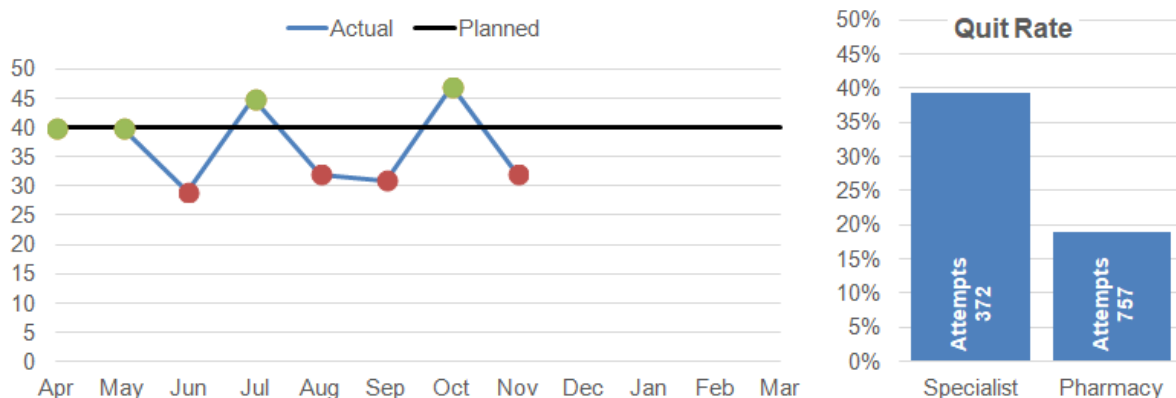
Improvement Actions	Progress	Timescale/Status
1. Test a trusted assessors model for patients transferring to STAR/assessment beds	Framework developed. Training and shadowing sessions for staff to be progressed	Mar 2020 ON HOLD
2. Review timescales of SW assessments		Complete
3. Moving On Policy to be implemented	Policy to be signed off and implemented by winter	Apr 2020 ON HOLD
4. Improve flow of comms between wards and Discharge HUB	Progressing two tests of change to improve efficiency of assessments and reduce waits – direct transfer of information on to iPads at ward level, and a 'sticker' system	Mar 2020 ON HOLD
5. Increase capacity within care at home	Review of all 15 minute care packages is underway. New care providers are setting up rotas, the HCSP are working closely with these providers to target resource. Specialist OTs to be recruited to promote single handed care and the use of equipment.	May 2020 ON HOLD

Finance, Performance & Resources – Operational Performance

Smoking Cessation

In 2019/20, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Local Performance



National Benchmarking

% Achieved Against Target		2019/20											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	40	40	29	45	32	31	47	32				
	Actual Cumul	40	80	109	154	186	217	264	296	296	296	296	296
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	100.0%	101.3%	92.4%	97.5%	94.4%	91.9%	95.7%	94.0%				
Scotland	Achieved			92.4%			91.1%						

Current Challenges	To improve uptake in deprived communities – Action 1
	To increase uptake of Champix – Action 2
	To increase smoking cessation in Antenatal Setting – Action 3
	Increase at-work support to NHS Staff – Action 4

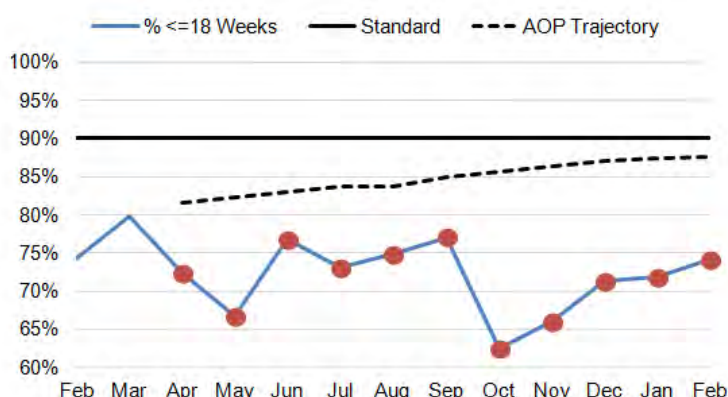
Improvement Actions	Progress	Timescale/ Status
1. Outreach development with Gypsy Travellers in Thornton		Complete
2. Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	Plans in progress, monthly meetings with Respiratory Consultant to organise paperwork and process/pathways. Committee approval has been received, the first trial run (to check process and procedures) started in December and the real-time test started on 9 th January. A promotional stand within QMH will be set up in February.	Mar 2020 ON HOLD
3. 'Better Beginnings' class for pregnant women on Saturday mornings	Plans have progressed and Saturday provision has started - ongoing monitoring in place	Mar 2020 ON HOLD
4. Enable staff access to medication whilst at work	Initial discussion on potential for staff to access their nicotine addiction management medication whilst at work has taken place. Small scale test of change to be considered.	Aug 2020 ON HOLD

Finance, Performance & Resources – Operational Performance

CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment
Improvement Target for 2019/20 = **88%**

Local Performance



Waiting List (522) Feb-20



National Benchmarking

Month	2018/19			2019/20										Mar-20 Target
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
NHS Fife	74.3%	79.8%	72.3%	66.7%	76.7%	73.2%	74.8%	77.1%	62.5%	66.0%	71.3%	71.8%	74.1%	88.0%
Scotland	73.4%	75.6%	69.2%	69.1%	70.9%	62.7%	63.8%	66.9%	64.6%	64.2%	71.5%			

Current Challenges

- Increased referrals to service – **Action 1**
- Pressure on existing staff – **Action 2**
- Improving efficiency of workload allocation – **Action 3**

Improvement Actions	Progress	Timescale/ Status
1. Introduction of Primary Mental Health Worker (PMHW) First Contact Appointments System and Group Therapy Programme	Following the departure of existing staff in September 2019, recruitment has been successful for 4 wte temporary posts, who all started in February. The service is now operating with 6 staff and, following an induction period, will be functioning at capacity. The immediate aim is to reduce the backlog of appointments accrued due to vacancies, to 4 weeks by July and 2-3 weeks by December.	Mar 2020 ON HOLD
2. Waiting List Additional Staffing Resource	Additional Tuesday and Wednesday evening clinics has achieved the goal of providing treatment to the 117 children and young people who had waited over 1 year. Due to staff availability, a single clinic will continue to be provided by 4 staff up until end of June. Provision and impact will be reviewed again at that time.	Jun 2020 ON HOLD
3. Introduction of Substantive Team Leader Role	East & West Team Leader Posts filled. Active allocation of appointments underway. Team Leaders identifying patients for prioritisation and for evening clinics.	Mar 2020 ON HOLD

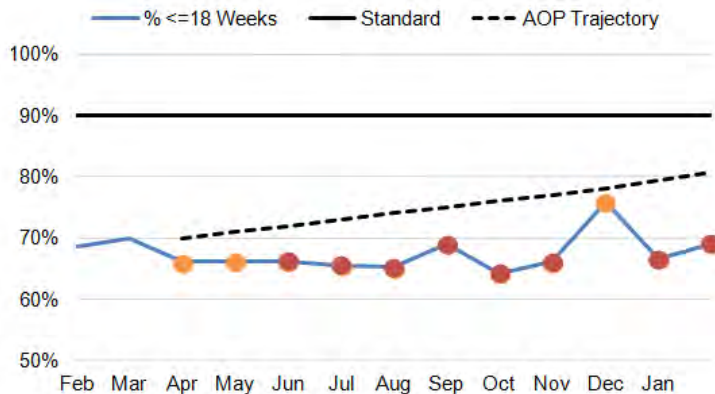
Finance, Performance & Resources – Operational Performance

Psychological Therapies 18 weeks RTT

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

Improvement Target for 2019/20 = **82%**

Local Performance



Waiting List (3481) Feb-20



National Benchmarking

Month	2018/19		2019/20											Mar-20 Target
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
NHS Fife	68.7%	69.8%	66.1%	66.2%	66.3%	65.5%	65.2%	69.0%	64.2%	66.0%	75.8%	66.6%	69.0%	82.0%
Scotland	77.7%	79.6%	76.7%	79.3%	80.0%	78.8%	79.2%	80.1%	78.5%	77.8%	81.5%			

Current Challenges

- To reduce delays for patients with complex needs requiring PTs within care programme approach – **Action 1**
- To provide sufficient low-intensity PTs for mild-moderate mental health problems – **Action 2**
- To increase capacity in services offering PTs for secondary care patients – **Actions 3 and 5**
- To improve triage in Primary Care to improve access to appropriate PTs – **Action 4**

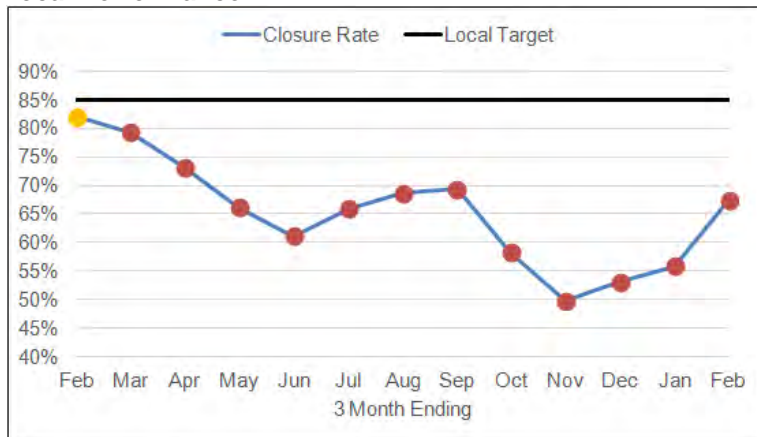
Improvement Actions	Progress	Timescale/ Status
1. Introduction of single point of access for secondary care patients via CMHT		Complete
2. Introduction of Extended Group Programme in primary care, accessible by self-referral	Data indicates that this change has had a sustained positive impact on capacity for more highly specialist work within this tier of service. Plans underway to expand self referral via website for low intensity PTs within Child and Family Psychology service.	Mar 2020 ON HOLD
3. Redesign of Day Hospital provision to support CMHTs	Implementation of full re-design delayed due to revised timetable for staff engagement work. Further progress required to impact on capacity for delivery of PTs.	Mar 2020 ON HOLD
4. Implement triage nurse pilot programme in Primary Care	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September 2019; final evaluation due this September	Sep 2020 ON HOLD
5. Trial of new group-based PT options for people with complex needs	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Specific requirements identified from audit of Psychology AMH WL.	Sep 2020 ON HOLD

Finance, Performance & Resources – Operational Performance

Freedom of Information Requests

In 2019/20, we will respond to a minimum of 85% of FOI Requests within 20 working days

Local Performance



FOI Closure Time QE Feb-20



Service Performance

Monthly	2018/19		2019/20										
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Health Board	80.4%	73.8%	52.2%	56.8%	55.6%	68.9%	73.7%	48.3%	36.1%	49.3%	75.0%	52.4%	72.9%
IJB	100.0%	55.6%	100.0%	86.7%	71.4%	86.7%	100.0%	85.7%	77.8%	66.7%	14.3%	60.0%	83.3%

Current Challenges

Performance variable due to delays in the return of responses from services and pressure on corporate support for finalising responses – **All actions**

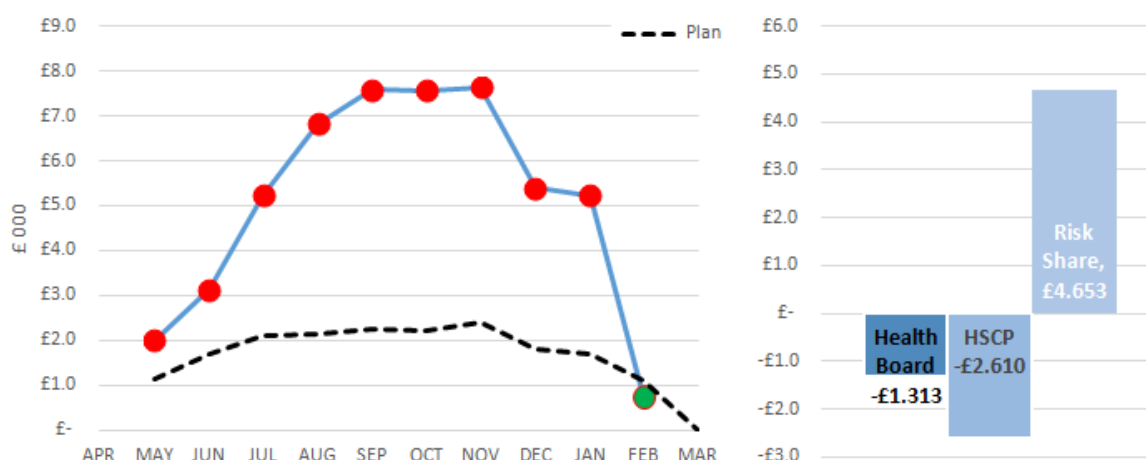
Improvement Actions	Progress	Timescale/Status
1. Map pathway out, identify areas that have recurring issues with delayed responses		Complete
2. Improve FOI case recording and monitoring of timeliness of responses		Complete
3. Review cover arrangements for administration of requests, to improve resilience		Complete
4. Update of processes to reflect involvement of IG&S Team		Complete
5. Refresh process with H&SC partnership for requests received that relate to their services	Meeting with Chief Executive of NHS Fife and Director of Health & Social Care held in February, to agree future protocol of dealing with partnership-related requests. Roll-out of new process will be aligned with the adoption of Axlr8 case management software (to be implemented by 31/03/20). The Data Protection Officers from NHS Fife and H&SCP have regular meetings planned to improve the process on an ongoing basis.	Mar 2020 ON HOLD
6. Align internal reporting on FOI to avoid unnecessary duplication of effort		Complete
7. Formalise long-term resource requirements for FOI administration	There is present uncertainty around the long-term resource available to manage FOI administration, as Information Governance has only temporary resource available within the existing team. This issue has been escalated to the SIRO and the Data Protection Officer, and a temporary solution found at present. A 21-month Fixed Term post has now been submitted to recruitment for a suitably qualified role to commence as soon as possible.	Mar 2020 ON HOLD

Finance, Performance & Resources – Finance

Revenue Expenditure

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

Local Performance



Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	406,634	423,389	383,513	382,200	-1,313	-0.34%	-7,750	6,437
Integration Joint Board (Health)	349,410	351,878	321,883	319,273	-2,610	-0.81%	-2,770	160
Risk Share (Capped)	0	0	0	4,653	4,653	0.00%	4,653	0
Total	756,044	775,267	705,396	706,126	730	0.10%	-5,867	6,597

Current Challenges

Acute Services Division: requirement to as a minimum maintain the hold optimistic forecast or find ways to improve that where possible – **Action 3**

IJB: extent of social care overspend; and NHS Fife requirement to fund full risk share.) – **Action 3**

Ongoing grip and control across the organisation to deliver ambitious break even position - **Action 3**

Improvement Actions	Progress	Timescale/Status
1. Savings	Significant shortfall in delivery of 2019/20 savings targets particularly in Acute Services Division. Focus now on ensuring no worsening of the financial position in-year and detailed forward assessment and plans to deliver savings in full in future years.	Mar 2020
2. Discussions with Scottish Government to support financial position	Meetings ongoing, support confirmed in principle.	Mar 2020 On Track
3. Ongoing grip and control measures across all services.	Detailed assessment of potential financial flexibility ongoing, with early decision, action and release of identified benefit to the financial position.	Mar 2020 On Track

Finance, Performance & Resources – Finance

1. Annual Operational Plan

- 1.1 The Financial Plan for 2019/20 was approved by the Board on 27 March 2019, with the related Annual Operational Plan approved on 29 May 2019.

2. Financial Allocations

Revenue Resource Limit (RRL)

- 2.1 NHS Fife received confirmation of the February core revenue and core capital allocation amounts on 6 March. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £748.628m; and anticipated net negative allocations total £0.028m.

Non Core Revenue Resource Limit

- 2.2 In addition NHS Fife receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The confirmed non core RRL funding totals £26.667m.

Total RRL

- 2.3 The total current year budget at 29 February is therefore £775.267m as detailed in Appendix 1.

3. Summary Position – Commentary

- 3.1 Delivery of a balanced financial position has involved a level of support from Scottish Government. Discussions held over the last few months with the Director of Health Finance, Scottish Government have allowed a supportive and collaborative approach to achieve a solution to the NHS Fife in-year financial challenges. This has involved a range of non recurring measures including the transfer of full capital receipts into our revenue position and the identification of qualifying expenditure for an increased level of ADEL funding.
- 3.2 In parallel a full forensic level review of the forecast financial position has been undertaken internally to help achieve the projected balanced year-end position. Achieving this position still has a level of managed risk and assumes the most optimistic scenarios coming to fruition.
- 3.3 Additionally this position takes account of the full risk share cost to NHS Fife of the risk share pressure of the Social Care significant forecast overspend.
- 3.4 Key challenges continue as previously reported and comprise: the overspend on Acute Services (run rate overspend related to a number of cost pressures; and non delivery of savings), and includes £5.829m overspend relating to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but which remain managed by the NHS Board. The range of non recurring support measures together with the Board's financial flexibility contributes to the delivery of the balanced position.
- 3.5 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have reported a break even position.
- 3.6 Table 1 below provides a summary of the position across the constituent parts of the system for the year to date: an underspend of £1.313m is attributable to Health Board retained budgets; whilst an underspend of £2.610 is attributable to the health budgets delegated to the Integration Joint Board; and an overspend shown of £4.653m relating

Finance, Performance & Resources – Finance

to the IJB risk share (capped at the opening budget deficit of £6.5m plus agreed additional social care packages.)

Table 1: Summary Financial Position for the period ended February 2020

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	406,634	423,389	383,513	382,200	-1,313	-0.34%	-7,750	6,437
Integration Joint Board (Health)	349,410	351,878	321,883	319,273	-2,610	-0.81%	-2,770	160
Risk Share (Capped)	0	0	0	4,653	4,653	0.00%	4,653	0
Total	756,044	775,267	705,396	706,126	730	0.10%	-5,867	6,597

	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	199,040	210,205	192,982	206,845	13,863	7.18%	7,475	6,388
IJB Non-Delegated	8,392	8,540	7,826	7,811	-15	-0.19%	-64	49
Estates & Facilities	72,837	73,208	66,810	65,926	-884	-1.32%	-884	0
Board Admin & Other Services	53,269	82,740	76,293	74,998	-1,295	-1.70%	-1,295	0
Non-Fife & Other Healthcare Providers	85,566	85,566	78,441	80,679	2,238	2.85%	2,238	0
Financial Flexibility & Allocations	12,707	17,604	13,214	-1,599	-14,813	-112.10%	-14,813	0
Health Board	431,811	477,863	435,566	434,660	-906	-0.21%	-7,343	6,437
Integration Joint Board - Core	373,936	402,264	368,403	366,162	-2,241	-0.61%	-2,401	160
Integration Fund & Other Allocations	13,915	504	383	0	-383	0.00%	-383	0
Sub-total Integration Joint Board Core	387,851	402,768	368,786	366,162	-2,624	-0.71%	-2,784	160
IJB Risk Share Arrangement (Capped)	0	0	0	4,653	4,653		4,653	0
Total Integration Joint Board - Health	387,851	402,768	368,786	370,815	2,029	0.55%	1,869	160
Total Expenditure	819,662	880,631	804,352	805,475	1,123	0.14%	-5,474	6,597
IJB - Health	-38,441	-50,890	-46,903	-46,889	14	-0.03%	14	0
Health Board	-25,177	-54,474	-52,053	-52,460	-407	0.78%	-407	0
Miscellaneous Income	-63,618	-105,364	-98,956	-99,349	-393	0.40%	-393	0
Net Position Including Income	756,044	775,267	705,396	706,126	730	0.10%	-5,867	6,597

4. Operational Financial Performance for the year

Acute Services

- 4.1 The Acute Services Division reports a **net overspend of £13.863m for the year to date**. This reflects an overspend in operational run rate performance of £7.745m, and unmet savings of £6.388m per Table 2 below. Within the run rate performance, pay is overspent by £4.953m. The overall position has been driven by a combination of unidentified savings and continued pressure from the use of agency locums, incremental progression and nursing recruitment in line with the workforce planning tool, as well as significant and continuous levels of supplementary staffing to support surge capacity. Backfill costs in relation to core staff have also escalated due to an increased volume in vacant posts, lengthened lead time to appointment and sustained high levels of sickness absence. As the operational performance section of the IPQR highlights, there is increasing pressure across unscheduled care in terms of demand; the financial position demonstrates the cost impact of the additional capacity required. Included within the ASD position is £5.310m overspend relating to the budgets 'set aside' for inclusion in the IJB's strategic plans but which remain managed by the NHS Board.

Table 2: Acute Division Financial Position for the period ended February 2020

	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
Planned Care & Surgery	69,165	73,518	67,288	70,486	3,198	4.75%	1,216	1,982
Emergency Care & Medicine	73,254	78,371	72,290	79,569	7,279	10.07%	5,396	1,883
Women, Children & Clinical Services	54,093	55,718	51,006	54,996	3,990	7.82%	1,467	2,523
Acute Nursing	596	616	565	495	-70	-12.39%	-70	
Other	1,932	1,982	1,833	1,299	-534	-29.13%	-534	
Total	199,040	210,205	192,982	206,845	13,863	7.18%	7,475	6,388

- 4.2 At the March meeting of the Finance, Performance and Resources Committee the Director of Finance presented the financial outlook and challenges over the next 3 years. She described and asked for support in principle from the committee to a

Finance, Performance & Resources – Finance

parallel set of activities. Firstly, the need to conduct a very detailed assessment on the current savings plans for the next 3 years and their deliverability. This will include developing far more detailed and risk assessed plans by the end of April 2020. Secondly there will be a requirement to set develop an interim set of targets to provide some non-recurring delivery of cost reduction in the first 6 months of 2019/20.

Estates & Facilities

- 4.3 The Estates and Facilities budgets report an **underspend of £0.884m** which is generally attributable to vacancies, energy and water and property rates, and partially offset by an overspend on property maintenance.

Corporate Services

- 4.4 Within the Board's corporate services there is **an underspend of £1.295m**. Further analysis of Corporate Directorates is detailed per Appendix 2.

Non Fife and Other Healthcare Providers

- 4.5 The budget for healthcare services provided out with NHS Fife is **overspent by £2.238m** per Appendix 3. This remains an area of increasing challenge particularly given the relative higher costs of some other Boards, coupled with the unpredictability of activity levels.

Financial Plan Reserves & Allocations

- 4.6 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and new in-year allocations are held in a central budget. Whilst no specific decisions are made to hold back new allocations, there are often unplanned underspends which emerge as the year progresses. The financial flexibility (details per Appendix 4) reflects the additional support measures agreed with Scottish Government.

Integration Services

- 4.7 The health budgets delegated to the Integration Joint Board report an **underspend of £2.624m for the year to date**. This position comprises an underspend in the run rate performance of £2.784m; together with unmet savings of £0.160m. The underlying drivers for the run rate under spend are vacancies in community nursing, health visiting, school nursing, community and general dental services across Fife Wide Division. The aforementioned underspend is partly offset by locum costs within mental health services and inpatient service costs within East and West Fife.
- 4.8 In addition the capped IJB risk share for the first 11 months of 2019/20 is a **cost of £4.653m**, representing a risk share percentage (72%) of the overall initial budget gap of £6.5m plus £0.550m relating to additional approved social care packages. In previous years, and in agreement with Fife Council colleagues, the overspend on the IJB has been managed through the risk share arrangement described at 8.2.4 of the Integration Scheme.
- 4.9 The initial health IJB position at month 11 is therefore a **net £2.029m overspend**. However NHS Fife is required to fund the full HSCP overspend and this adds a further pressure to the outturn position which is included within our forecast.

Income

- 4.10 A small over recovery in income of £0.393m is shown for the year to date.

5. Pan Fife Analysis

- 5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 3 below.

Table 3: Subjective Analysis for the Period ended February 2020

	Annual Budget	Budget	Actual	Net Over/(Under) Spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	376,254	344,064	346,422	2,359
GP Prescribing	72,607	66,462	66,485	23
Drugs	31,327	29,176	29,103	-73
Other Non-Pay	389,513	361,945	360,411	-1,534
IJB Risk Share	0	0	4,653	4,653
Efficiency Savings	-7,179	-6,598	0	6,598
Commitments	18,108	9,304	-1,599	-10,903
Income	-105,364	-98,956	-99,349	-393
Net Underspend	775,267	705,396	706,126	730

Pay

5.2 The overall pay budget reflects an overspend of £2.359m. There are underspends across a number of staff groups which partly offset the overspend position within nursing & midwifery and medical & dental staff; both are being largely driven by the additional cost of supplementary staffing to cover vacancies; sickness absence and supervision policies.

5.3 Against a total funded establishment of 7,922 wte across all staff groups, there was an average 7,887 wte staff in post in February.

Drugs & Prescribing

5.4 Across the system, there is a net under spend of £0.050m on medicines largely due to an under spend of £0.801m on sexual health and rheumatology drugs. Prescribing controls in line with formulary, biosimilar switches and price reductions have been the main contributory factors. The GP prescribing position is based on 2018/19 trend analysis and November and December 2019 actual information (2 months in arrears). Medicine shortages are resulting in price increases however the financial impact is currently being contained.

Other Non Pay

5.5 Other non pay budgets across NHS Fife are collectively underspent by £1.534m. The overspends are in purchase of healthcare from other Health Boards and independent providers, other supplies, property & hotel expenses and surgical sundries. These are offset by underspends across a number of areas including energy and diagnostic supplies.

6 Financial Sustainability

6.1 The Financial Plan presented to the Board in March highlighted the requirement for £17.333m cash efficiency savings to support financial balance in 2019/20. The Plan was approved with a degree of cautious optimism and confidence that the gap would be managed in order to deliver a break even position in year 1 of the 3 year planning cycle. This view was entirely predicated on a robust and ambitious savings programme across Acute Services and the Health & Social Care Partnership; supported by ongoing effective grip and control on day to day expenditure and existing cost pressures; and early identification and control of non recurring financial flexibility.

6.2 The extent of the recurring / non recurring savings delivery for the year is illustrated in Table 4 below and reflects a c50/50 split. In addition Table 4 reflects a significant under delivery of savings within Health Board (principally Acute Services Division).

Table 4: Savings 2019/20

Finance, Performance & Resources – Finance

	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved To Date £'000	Outstanding £'000
Health Board	10,873	1,272	2,597	3,869	7,004
Integration Joint Board	6,460	3,485	2,799	6,284	176
Total Savings	17,333	4,757	5,396	10,153	7,180

7 Key Messages / Risks

- 7.1 The key challenges include the overspend on Acute Services (driven by non delivery of savings and a number of specific cost pressures; and includes £5.127m overspend relating to a number of ASD budgets that are set aside for inclusion in the IJB's strategic plans, but which remain managed by the NHS Board); the full risk share impact of the IJB position (entirely driven by social care costs); and the increasing cost pressure associated with non-Fife activity. Whilst these challenges are expected to be covered by financial flexibility and additional non recurring support measures, there is no scope for any movement on these optimistic forecast positions.
- 7.2 Delivery of a balanced financial position has involved a level of support from Scottish Government. Discussions held over the last few months with the Director of Health Finance, Scottish Government have allowed a supportive and collaborative approach to achieve a solution to the NHS Fife in-year financial challenges. This has involved a range of non recurring measures including the transfer of full capital receipts into our revenue position and the identification of qualifying expenditure for an increased level of ADEL funding.
- 7.3 In parallel a full forensic level review of the forecast financial position has been undertaken internally to help achieve the projected balanced year-end position. Achieving this position still has a level of managed risk and assumes the most optimistic scenarios coming to fruition.
- 7.4 Additionally this position takes account of the full risk share cost to NHS fife of the risk share pressure of the Social Care significant forecast overspend.
- 7.5 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have reported a break even position.
- 7.6 The impact of the points raised in 7.2 to 7.6 are illustrated in Table 5 below.

Finance, Performance & Resources – Finance

Table 5: Financial Outturn (modelling based on actual position at 29 Feb 2020)

Forecast Outturn	£'000
Acute Services Division	8,655
Acute Services Division (Acute Set Aside)	5,829
IJB Non-Delegated	-32
Estates & Facilities	-1,253
Board Admin & Other Services	-1,733
Non-Fife & Other Healthcare Providers	2,090
Financial Flexibility	-16,097
Miscellaneous Income	-450
Health Board Retained Budgets	-2,991
IJB Delegated Health Budgets	-3,334
Integration Fund & Other Allocations	-477
Sub Total IJB Delegated Health Budgets	-3,811
Capped Risk Share	5,076
Full Risk Share adjustment	3,671
Net IJB Health Position	4,936
Total Forecast Outturn before potential offsetting benefits	1,945
Potential offsetting benefits	
Review of balance sheet accruals	-900
Review of prior years accruals	-600
Review of stock	-100
Revenue to capital	-345
Revised Forecast Outturn after potential benefits	0

- 7.7 The updated post forensic review forecast has been used for reporting purposes. Key areas for highlighting this month include the Emergency Care Directorate within Acute Services where use of agency staff continues and for which there does not appear to be an exit plan. This is exacerbated by the surge ward capacity which was open for 5 months of the last financial year, but is expected to be in place for this full year. This unanticipated additional exceptional cost is in spite of additional grip and control measures being put in place and contributes to the forecast overspend.
- 7.8 The Estates & Facilities forecast is informed by detailed assumptions, plans and risk assessment ratings. The forecast used in previous reporting periods at £1.8m underspend has been revised to £1.3m in recognition of high risk items which will not materialise.
- 7.9 The level of financial flexibility released in to the position at month 11 has been updated to include additional support measures and includes: new medicines funding; capital to revenue transfer; ADEL funding; along with a updated slippage of waiting times funding.

Finance, Performance & Resources – Finance

- 7.10 The aforementioned non recurring financial flexibility has informed our reporting to Scottish Government in the Monthly Financial Performance Return (FPR) of a balanced position. This does, however, hold a degree of risk; and reflects the most optimistic outturn and assumes mitigating benefits will crystallise in full.

8 Recommendation

- 8.1 Members are invited to approach the Director of Finance for any points of clarity on the position reported and are asked to:
- **Note** the significant progress made both in terms of collaborative working with Scottish Government; and a detailed internal forensic review; which informs an ambitious forecast break even position for the 2019/20 financial year.

Finance, Performance & Resources – Finance

Appendix 1: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	
		£'000	£'000	£'000	£'000	Narrative
Confirmed	Opening	662,752			662,752	
Confirmed	May Adjustments	-696		-229	-925	
Confirmed	June Adjustments	16,293	3,774	6,265	26,332	
Confirmed	July Adjustments		2,863	1,678	4,541	
Confirmed	August Adjustments	280	3,268	2,341	5,889	
Confirmed	September Adjustments	-29	52,759	2,236	54,966	
Confirmed	October Adjustments		-157	1,842	1,685	
Confirmed	November Adjustments	-531	1,363	-16,058	-15,226	
Confirmed	December Adjustments		5,459	94	5,553	
Confirmed	January Adjustments		193	1,020	1,213	
Confirmed	Therapeutic Drug Monitoring			-17	-17	Annual Adjustment
Confirmed	Primary Care Improvement Fund		1,195		1,195	2nd Tranche
Confirmed	Depreciation Alignment			670	670	Depreciation
Confirmed					0	
Confirmed					0	
Confirmed					0	
	Total Core RRL Allocations	678,069	70,717	-158	748,628	
Anticipated	NSD Adjustments	-17			-17	
Anticipated	Revenue to Capital			-127	-127	
Anticipated	Car T drugs			116	116	
Anticipated					0	
					0	
	Total Anticipated Core RRL Allocations	-17	0	-11	-28	
Confirmed	PFI Adjustment			3,374	3,374	
Confirmed	Donated Asset Depreciation			117	117	
Confirmed	Impairment			1,000	1,000	
Confirmed	AME Provision			-843	-843	
Confirmed	IFRS Adjustment			4,833	4,833	
Confirmed	Depreciation from Core Allocation			12,386	12,386	
Confirmed	ADEL			5,800	5,800	
	Total Non-Core RRL Allocations	0	0	26,667	26,667	
	Grand Total	678,052	70,717	26,498	775,267	

Appendix 2: Corporate Directories

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E-Health Directorate	12,872	11,125	11,171	46
NHS Fife Chief Executive	209	190	183	-7
NHS Fife Finance Director	6,292	5,703	5,146	-557
NHS Fife HR Director	3,210	2,949	2,823	-126
NHS Fife Medical Director	6,813	5,517	5,318	-199
NHS Fife Nurse Director	4,222	3,760	3,610	-150
Legal Liabilities	29,270	28,933	28,881	-52
Public Health	2,347	2,089	1,922	-167
Early retirement & Injury Benefits	91	24	-42	-66
Regional Funding	284	261	244	-17
Depreciation	17,131	15,742	15,742	0
Total	82,740	76,293	74,998	-1,295

Finance, Performance & Resources – Finance

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	95	87	52	-35
Borders	43	40	43	3
Dumfries & Galloway	24	22	55	33
Forth Valley	3,089	2,830	3,059	229
Grampian	349	320	295	-25
Greater Glasgow & Clyde	1,607	1,473	1,446	-27
Highland	131	120	204	84
Lanarkshire	111	102	186	84
Lothian	30,600	28,050	26,468	-1,582
Scottish Ambulance Service	98	90	97	7
Tayside	39,392	36,110	36,508	398
	75,539	69,244	68,413	-831
UNPACS				
Health Boards	8,063	7,391	10,011	2,620
Private Sector	1,209	1,108	1,754	646
	9,272	8,499	11,765	3,266
OATS				
	690	633	438	-195
Grants				
	65	65	63	-2
Total	85,566	78,441	80,679	2,238

Finance, Performance & Resources – Finance

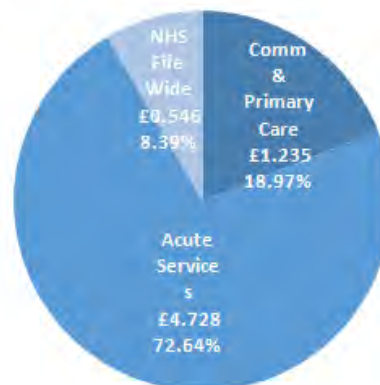
Appendix 4 - Financial Flexibility & Allocations

	CY Budget £'000	Flexibility Released to Feb-20 £'000
Financial Plan		
Drugs	2,216	1,167
Complex Weight Management	50	46
Adult Healthy Weight	104	95
National Specialist Services	32	30
Band 1s	307	282
Unitary Charge	213	196
Junior Doctor Travel	94	83
Consultant Increments	50	46
Cost Pressures	3,429	3,289
Financial Flexibility	1,306	1,196
Sub Total Financial Plan	7,801	6,430
Allocations		
Health Improvement	93	85
AME impairments	1,195	0
AME Provisions	135	0
Waiting List	992	375
Best Start	292	240
Advanced Breast Practitioner Radiology	36	30
Insulin Pumps & CGM	0	
Carry Forward 18-19	260	238
Urolift	26	
Neonatal Expenses	16	13
Capital to Revenue	107	
ADEL	3,008	2,567
Winter Planning	0	
Cancer Waiting Times	195	112
Hand Surgery	0	0
New Medicine Fund	2,381	2183
Additional Elective Activity	40	
Health Records	0	
Capital Receipts	1,027	941
Sub Total Allocations	9,803	6,784
Total	17,604	13,214

Capital Expenditure

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

Local Performance



Commentary

The total Capital Resource Limit for 2019/20 is £9.393m. The capital position for the 11 months to February shows investment of £6.509m, equivalent to 69.30% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

Current Challenges

Overall programme of work to address all aspects of backlog maintenance, statutory compliance, equipment replacement, and investment in technology considerably outstrips capital resource limit available

Improvement Actions	Progress	Timescale/Status
1. Managing expenditure programme within resources available	Risk management approach adopted across all categories of spend	Mar 2020 On Track

1. Annual Operational Plan

- 1.1 The Capital Plan 2019/20 was approved by the NHS Board on 27 March 2019. For information, changes to the plan since its initial approval in March are reflected in Appendix 1. On 3 June 2019 NHS Fife received confirmation of initial core capital gross allocation amounts of £7.394m. NHS Fife has received a capital allocation of £0.120m for Hospital Eye Scotland for the procurement of ophthalmic equipment. NHS Fife has received an allocation of £1.703m for the new Elective Orthopaedic Centre and an expected adjustment for the transfer to revenue schemes that will be actioned during the year (£0.107m). NHS Fife has received an allocation of £0.157m for Imaging Equipment.

2. Capital Receipts

- 2.1 Work continues on asset sales with several disposals planned or completed:

- Lynebank Hospital Land (Plot 1) (North) – Under offer
- Forth Park Maternity Hospital – Sold
- Fair Isle Clinic – Sold
- Skeith Land – now on market
- ADC – Sold

Discussions with the SGHSCD have confirmed use of the capital receipts to support the challenges in the Board's revenue position.

3. Expenditure To Date / Major Scheme Progress

- 3.1 Details of the expenditure position across all projects are set out in the dashboard summary above. Project Leads have provided an estimated spend profile against which actual expenditure is being monitored. This is based on current commitments and historic spending patterns. The expenditure to date amounts to £6.509m or 69.30% of the total allocation, in line with the plan, and as illustrated in the spend profile graph above.

- 3.2 The main areas of investment to date include:

Statutory Compliance	£1.989m
Minor Works	£0.384m
Equipment	£2.233m
E-health	£0.484m
Elective Orthopaedic Centre	£1.378m

4. Capital Expenditure Outturn

- 4.1 At this stage of the financial year it is currently estimated that the Board will spend the Capital Resource Limit in full.

5. Recommendation

- 5.1 Members are invited to approach the Director of Finance or Chief Executive for any points of clarity on the position reported and are asked to:

Note: the capital expenditure position to 29 February 2020 of £6.509m and the forecast year end spend of the capital resource allocation of £9.393m.

Appendix 1: Capital Expenditure Breakdown

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2019/20 £'000
COMMUNITY & PRIMARY CARE			
Statutory Compliance	987	861	987
Capital Minor Works	346	283	346
Capital Equipment	91	91	91
Condemned Equipment			
Total Community & Primary Care	1,424	1,235	1,424
ACUTE SERVICES DIVISION			
Capital Equipment	2,288	2,047	2,288
Statutory Compliance	2,418	1,107	2,418
Minor Works	165	101	165
Condemned Equipment	95	95	95
Elective Orthopaedic Centre	1,703	1,378	1,703
Total Acute Services Division	6,668	4,728	6,668
NHS FIFE WIDE SCHEMES			
Condemned Equipment			
Information Technology	1,041	484	1,041
Equipment Balance	0	0	0
Scheme Development	60	12	60
Contingency	100	30	100
Statutory Compliance - Fire Compartmentation	100	20	100
Minor Works	0	0	0
Total NHS Fife Wide Schemes	1,301	546	1,301
TOTAL ALLOCATION FOR 2019/20	9,393	6,509	9,393

Appendix 2: Capital Plan - Changes to Planned Expenditure

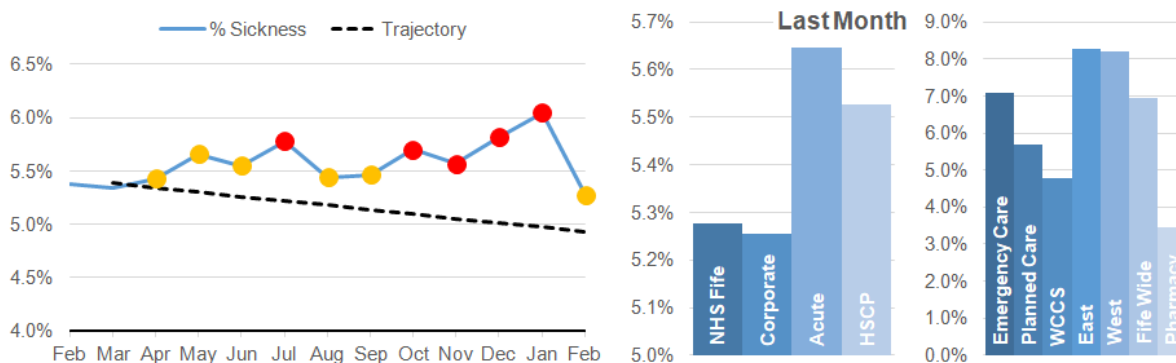
Capital Expenditure Proposals 2019/20	Board Approved 27/03/2019 £'000	Cumulative Adjustment to January £'000	February Adjustment £'000	Total February £'000
Routine Expenditure				
Community & Primary Care				
Minor Capital		345	1	346
Capital Equipment		91	0	91
Statutory Compliance		984	3	987
Condemned Equipment				
Total Community & Primary Care	0	1,420	4	1,424
Acute Services Division				
Minor Capital		164	1	165
Capital Equipment		2,112	176	2,288
Statutory Compliance		2,423	-5	2,418
Condemned Equipment		95		95
Elective Orthopaedic Centre		1,703		1,703
	0	6,496	172	6,668
Fife Wide				
Minor Work	498	-498		0
Information Technology	1,041			1,041
Backlog Maintenance / Statutory Compliance	3,569	-3,469		100
Condemned Equipment	90	-90		0
Scheme Development	60			60
Fife Wide Equipment	2,036	-2,036		0
Fife Wide Contingency Balance	100			100
Total Fife Wide	7,394	-6,093	0	1,301
Total	7,394	1,823	176	9,393

Staff Governance

Sickness Absence

To achieve a sickness absence rate of 4% or less
Improvement Target for 2019/20 = **4.89%**

Local Performance



National Benchmarking

Month	2018/19		2019/20											Mar-20
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Target
NHS Fife	5.38%	5.34%	5.42%	5.66%	5.55%	5.78%	5.44%	5.46%	5.70%	5.57%	5.82%	6.05%	5.28%	4.89%
Scotland	5.23%	5.10%	5.04%	5.23%	4.98%	5.22%	5.18%	5.24%	5.69%	5.58%	5.83%	5.99%	5.27%	

Current Challenges

Sickness Absence Rate Significantly Above Standard – **Action 1**

High Level of Sickness Absence Related to Mental Health – **Action 2**

Improvement Actions	Progress	Timescale/ Status
1. Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence	<p>The Regional Workforce Dashboard (Tableau) has been rolled out. The Dashboard provides managers with timely workforce information which they can interrogate in order to identify trends and priority areas.</p> <p>Tableau will be utilised in future by Managers, HR, OH and the Well@Work group to target future interventions to the appropriate areas.</p> <p>OH drop-in sessions were undertaken in September and October 2019, and local processes have been refreshed in conjunction with Attendance Management Leads to standardise approach and reflect the Once for Scotland approach.</p> <p>Business units are utilising trajectory reporting and RAG status reports.</p> <p>Further OH Drop-in Sessions will take place in Spring 2020.</p>	Mar 2020 ON HOLD
2. Early OH intervention for staff absent from work due to a Mental Health related reason	<p>This has been in place since March 2019 and is now in the process of being reviewed by OH, HR, service and staff side colleagues to check on the appropriateness and impact of this approach.</p> <p>Initial consideration of factors including how we promote general awareness of mentally healthy workplaces, support for managers to create mentally healthy and resilient workplaces and further awareness raising of support for staff to be concluded by April 2020.</p>	Apr 2020 ON HOLD

CAROL POTTER

Chief Executive

22nd April 2020

Prepared by:

SUSAN FRASER

Associate Director of Planning & Performance



Fife Integrated Performance & Quality Report

Produced in May 2020



Introduction

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

The IPQR comprises of the following sections:

I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Assessment

II. Performance Assessment Reports

- a. Clinical Governance
- b. Finance, Performance & Resources
 - Operational Performance
 - Finance
- c. Staff Governance

Section II provides further detail for indicators of continual focus or those that are currently underperforming. Each report contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions. The latter, along with trajectories, are taken as far as possible from the 2019/20 Annual Operational Plan (AOP). For indicators outwith the scope of the AOP, improvement actions and trajectories were agreed locally following discussion with related services.

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

I. Executive Summary

At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit. This section of the IPQR provides a summary of performance against LDP Standards and local Key Performance Indicators (KPI). These indicators are listed within the Indicator Summary, which shows current, previous and (where appropriate) 'Year Previous' performance as well as benchmarking against other mainland NHS Boards.

It has been agreed that this report will continue to be generated on a 'data-only' basis during the Coronavirus pandemic crisis. All open Improvement Actions are marked as ON HOLD, and the Executive Summary (Section 1d) is being left blank.

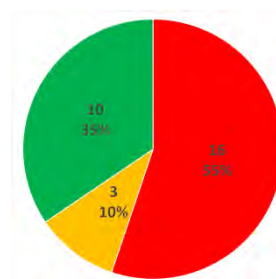
The current report would normally only include performance data up to the end of March 2020, but on this occasion, any more recent data has been provided. This should be seen as PROVISIONAL information, which has not been validated and is therefore likely to change.

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 10 (35%) classified as **GREEN**, 3 (10%) **AMBER** and 16 (55%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits or considerably below standard/trajectory.

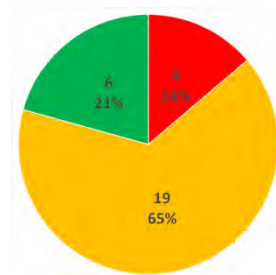
There are three indicators that consistently exceed the Standard performance; IVF Treatment Waiting Times (regional service), Antenatal Access and Drugs & Alcohol Waiting Times. Other areas of success should also be noted, with the caveat around the pandemic as described...

- 4-Hour Emergency Access Standard achieved for the first time July 2019 – attendance hugely reduced due to the pandemic resulting in far fewer 4-Hour breaches than in previous months
- 18 Weeks RTT Standard achieved for first time since September 2016 – again, positively impacted by reduction in number of patients treated
- Significant reduction in % Bed Days Lost due to patients in delay- positive impact from fall in number of patients in delay across ASD and the Community Hospitals



b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 6 (21%) within upper quartile, 19 (65%) in mid-range and 4 (14%) in lower quartile. There are indicators where national comparison is not available or not directly comparable.



Indicator Summary (Current Data marked with a 'P' indicates Provisional)

Section	LDP Standard	Standard	Target 2019/20	Reporting Period	Year Previous		Previous		Current			Reporting Period	Fife		Scotland
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A	Month	Apr-19	58	Mar-20	23	Apr-20	26	↓	N/A			
	N/A	HSMR	N/A	Year Ending	Dec-18	N/A	Sep-19	1.02	Dec-19	1.02	↔	YE Sep-19	1.02	●	1.00
	N/A	Inpatient Falls	5.97	Month	Apr-19	7.42	Mar-20	7.94	Apr-20	7.77	↑	N/A			
	N/A	Inpatient Falls with Harm	2.16	Month	Apr-19	1.60	Mar-20	1.33	Apr-20	1.73	↓	N/A			
	N/A	Pressure Ulcers	0.42	Month	Apr-19	0.50	Mar-20	1.06	Apr-20	1.02	↑	N/A			
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Dec-18	1.7%	Sep-19	2.5%	Dec-19	2.3%	↑	QE Dec-19	2.3%	●	0.9%
	N/A	SAB - HAI/HCAI	20.2	Quarter Ending	Apr-19	16.9	Mar-20	11.4	Apr-20	10.6	↓	YE Dec-19	13.5	●	16.2
	N/A	SAB - Community	N/A	Quarter Ending	Apr-19	14.3	Mar-20	6.5	Apr-20	13.1	↑	YE Dec-19	10.5	●	9.4
	N/A	C Diff - HAI/HCAI	6.9	Quarter Ending	Apr-19	4.5	Mar-20	10.3	Apr-20	10.6	↓	YE Dec-19	8.8	●	13.3
	N/A	C Diff - Community	N/A	Quarter Ending	Apr-19	4.4	Mar-20	1.1	Apr-20	2.2	↓	YE Dec-19	4.0	●	4.7
	N/A	ECB - HAI/HCAI	40.3	Quarter Ending	Apr-19	51.7	Mar-20	47.9	Apr-20	43.9	↑	YE Dec-19	43.1	●	39.3
	N/A	ECB - Community	N/A	Quarter Ending	Apr-19	27.5	Mar-20	28.0	Apr-20	26.1	↑	YE Dec-19	35.5	●	43.7
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Apr-19	78.1%	Mar-20	71.8%	Apr-20	68.0%	↓	2018/19	70.7%	●	81.5%
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Apr-19	44.7%	Mar-20	34.7%	Apr-20	24.7%	↓	2018/19	49.1%	●	53.7%
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Mar-19	100.0%	Feb-20	100.0%	Mar-20	100.0%	↔	N/A			
	95%	4-Hour Emergency Access	96%	Month	Apr-19	94.7%	Mar-20	91.8%	Apr-20	96.8%	↑	Mar-20	91.8%	●	91.2%
	95%	New Outpatients Waiting Times	95%	Month	Apr-19	98.0%	Mar-20	95.2%	Apr-20	74.8%	↓	Dec-19	92.2%	●	73.2%
	100%	Diagnostics Waiting Times	100%	Month	Apr-19	99.8%	Mar-20	97.8%	Apr-20	46.3%	↓	Dec-19	98.6%	●	79.5%
	100%	Patient TTG (Ongoing Waits)	90.6%	Month	Apr-19	88.5%	Mar-20	83.1%	Apr-20	57.3%	↓	Dec-19	90.1%	●	67.0%
	90%	18 Weeks RTT	84%	Month	Apr-19	80.9%	Mar-20	84.3%	Apr-20	90.1%	↑	Dec-19	82.0%	●	78.9%
	95%	Cancer 31-Day DTT	95%	Month	Apr-19	89.9%	Mar-20	97.6%	Apr-20	94.3% ^P	↓	QE Dec-19	97.7%	●	96.5%
	95%	Cancer 62-Day RTT	94%	Month	Apr-19	84.4%	Mar-20	85.9%	Apr-20	68.5% ^P	↓	QE Dec-19	89.6%	●	83.7%
	29%	Detect Cancer Early	27%	Year Ending	Sep-18	26.9%	Jun-19	25.2%	Sep-19	24.8%	↓	2017, 2018	25.1%	●	25.5%
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Apr-19	7.5%	Mar-20	9.6%	Apr-20	5.6%	↑	QE Sep-19	8.0%	●	7.2%
	N/A	Delayed Discharge (# Standard Delays)	N/A	Month	Apr-19	65	Mar-20	58	Apr-20	28	↑	Mar-20	15.53	●	15.80
	80%	Antenatal Access	80%	Month	Aug-18	87.5%	Jul-19	83.8%	Aug-19	85.5%	↑	2018/19	91.3%	●	87.6%
	473	Smoking Cessation	473	YTD	Jan-19	81.9%	Dec-19	87.9%	Jan-20	92.4%	↑	YT Sep-19	91.5%	●	91.1%
	90%	CAMHS Waiting Times	88%	Month	Apr-19	72.3%	Mar-20	83.1%	Apr-20	67.0%	↓	QE Dec-19	66.1%	●	71.5%
	90%	Psychological Therapies Waiting Times	82%	Month	Apr-19	66.1%	Mar-20	78.4%	Apr-20	62.0%	↓	QE Dec-19	68.1%	●	79.0%
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Dec-18	72.1%	Sep-19	77.3%	Dec-19	75.7%	↓	YT Dec-19	51.8%	●	83.7%
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Feb-19	95.5%	Jan-20	87.1%	Feb-20	96.1%	↑	QE Dec-19	96.0%	●	95.0%
	N/A	Dementia Post-Diagnostic Support	TBD	Annual	2016/17	87.3%	2017/18	86.8%	2018/19	92.1%	↑	2017/18	86.8%	●	72.5%
	N/A	Dementia Referrals	TBD	Annual	2016/17	60.0%	2017/18	55.3%	2018/19	60.6%	↑	2017/18	55.3%	●	42.3%
	N/A	Freedom of Information Requests	85%	Quarter Ending	Apr-19	73.1%	Mar-20	72.1%	Apr-20	70.1%	↓	N/A			
Finance	N/A	Revenue Expenditure	£0	Month	Mar-19	N/A	Feb-20	£0.730m	Mar-20	-£0.063m	↑	N/A			
	N/A	Capital Expenditure	£9.286m	Month	Mar-19	N/A	Feb-20	£6.509m	Mar-20	£9.257m	↑	N/A			
Staff Governance	4.00%	Sickness Absence	4.89%	Month	Apr-19	5.42%	Mar-20	5.46%	Apr-20	4.95%	↑	YE Mar-20	5.58%	●	5.37%

d. Assessment

During the period of the Coronavirus pandemic, this section is being left blank.

II. Performance Exception Reports

Clinical Governance

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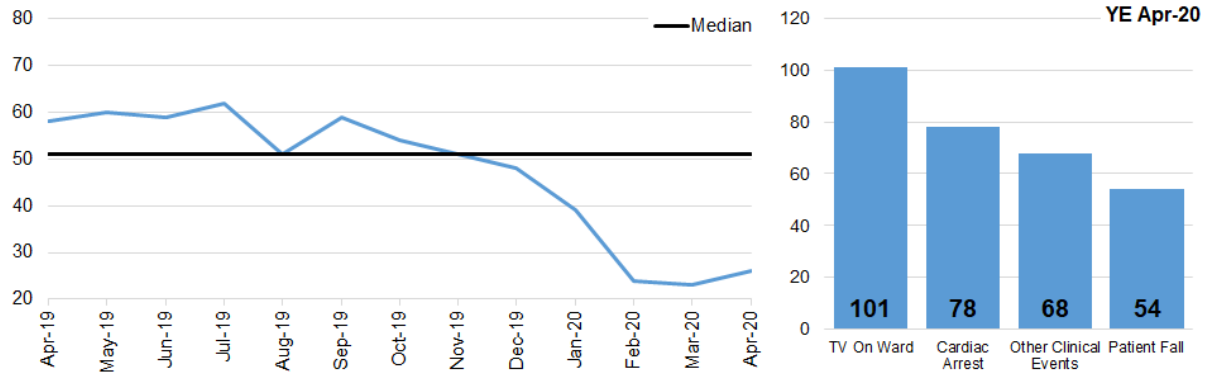
Staff Governance

Sickness Absence	40
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Clinical Governance

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2019/20												20/21
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
ALL	NHS Fife	1234	1292	1242	1405	1297	1248	1355	1356	1386	1395	1304	1103	875
	Acute Services	537	594	566	562	573	532	659	575	583	616	635	461	367
	HSCP	645	626	629	800	668	670	646	732	766	743	618	619	476
	Corporate	52	72	47	43	56	46	50	49	37	36	51	23	32
CLINICAL	NHS Fife	853	935	833	914	833	814	939	889	927	909	920	782	597
	Acute Services	485	551	516	519	517	486	593	534	525	556	573	429	339
	HSCP	356	347	297	380	284	310	320	337	391	335	328	339	240
	Corporate	12	37	20	15	32	18	26	18	11	18	19	14	18

Commentary (UNCHANGED FROM MARCH IPQR)

The numbers of all adverse events reported across all grading in NHS Fife remains consistent, with numbers comparable to previous months and years. There are processes in place across the organisation which provide oversight and monitoring of all adverse events, and these are constantly reviewed.

Of note, the number of major and extreme events is much lower in January, compared to previous months. This is as a result of a change to grading and reporting of pressure ulcers which are identified at the point of admission.

NHS Fife is participating in the national notification system, reporting to Healthcare Improvement Scotland (HIS) from January 1st 2020. All Boards are required to inform HIS of all commissioned significant adverse event reviews.

Clinical Governance

HSMR

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

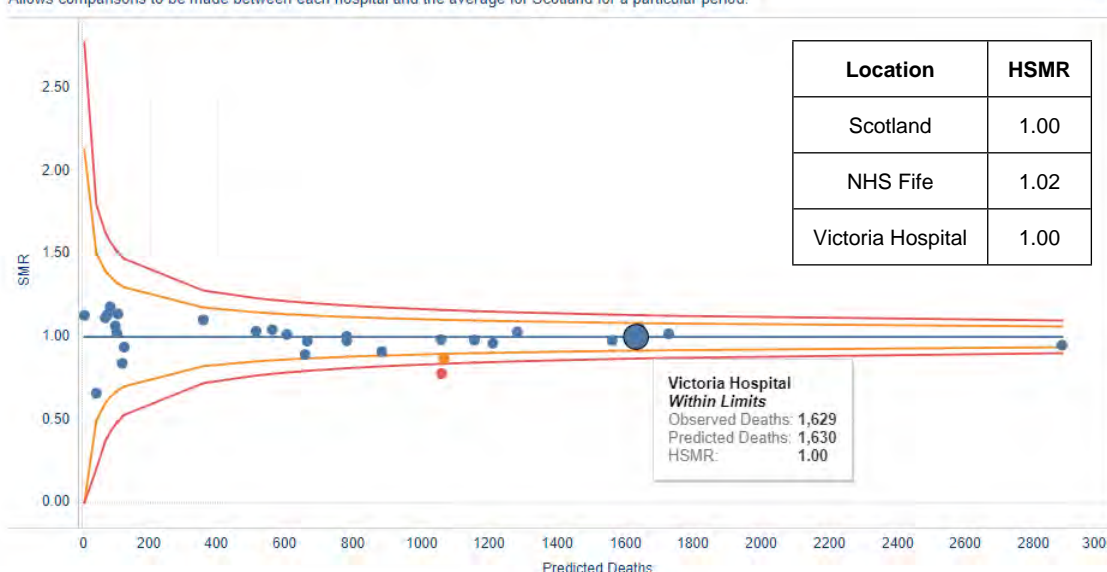
Reporting Period; January 2019 to December 2019^P

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 rates for Scotland, NHS Fife (as a whole) and Victoria Hospital as an entity in itself are shown in the table within the Funnel Plot.

Funnel Plot by Hospital: January 2019 to December 2019

Allows comparisons to be made between each hospital and the average for Scotland for a particular period.



Commentary (UNCHANGED FROM MARCH IPQR)

The HSMR is an important marker of quality within a hospital setting, which should be scrutinised alongside other quality indicators. It is calculated by taking the number of in-hospital deaths as a ratio of admissions but then adjusts the ratio taking into a number of factors such as age, length of stay and level of co-morbidity.

In Fife the HSMR has fallen to the current level over the last 10 years, in part thanks to the significant work of the Patient Safety Programme. Important details to note is that the calculations lack a degree of discretion, for example the VHK ratio include the deaths from the VHK Hospice and the NHS Fife figure includes all deaths in community hospitals including the QMH Hospice.

Reporting of the QMH HSMR has recently been removed from formal reporting due to the nature of the hospital, but does form part of the overall NHS Fife figure.

Reporting of the figure has changed and it is now not possible to sequentially chart the ratio (reported quarterly as an annual figure), therefore the Acute Service is monitoring unadjusted crude mortality, which should be reviewed with caution and has hence been removed from the IPQR. Any significant trend in crude mortality will be reported through the IPQR by exception.

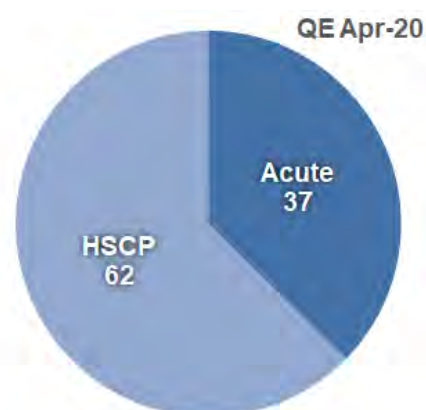
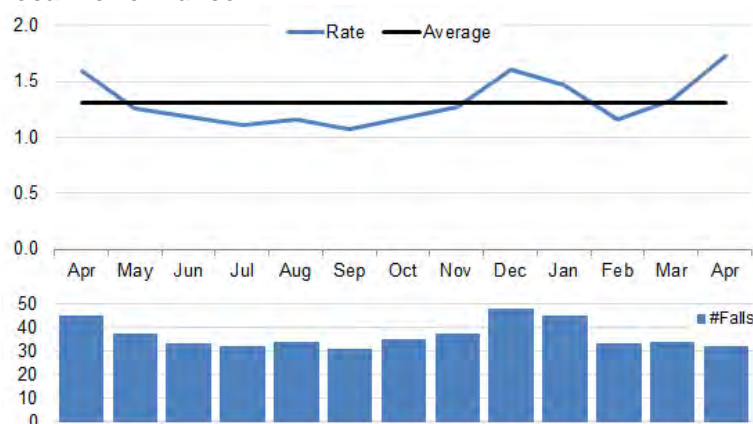
Clinical Governance

Inpatient Falls with Harm

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

Improvement Target rate (by end December 2020) = **2.16 per 1,000 OBD**

Local Performance



Service Performance

Month	2019/20												20/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	1.60	1.26	1.19	1.10	1.16	1.08	1.17	1.28	1.61	1.47	1.16	1.33	1.73
Acute Services	0.94	0.67	1.33	0.61	0.89	0.98	0.81	1.08	1.03	0.99	0.84	1.26	1.93
HSCP	2.14	1.77	1.07	1.51	1.38	1.16	1.48	1.44	2.10	1.89	1.44	1.38	1.61

Commentary (UNCHANGED FROM MARCH IPQR)

While an increase in falls is noted in the December figures there is acknowledgement that, as in previous years, this is reflective of the significant increased winter activity across the system. Ongoing monitoring of this will continue with consideration of any related factors associated with this high level of activity and an expectation that the overall trend will return to the usual month to month variation. The repeat falls audit will now take place February/March.

Current Challenges

Need to continue to review the performance with increased demands in in-patient settings and bed modelling within the acute setting. Bed Modelling is continuing. – **All Actions**

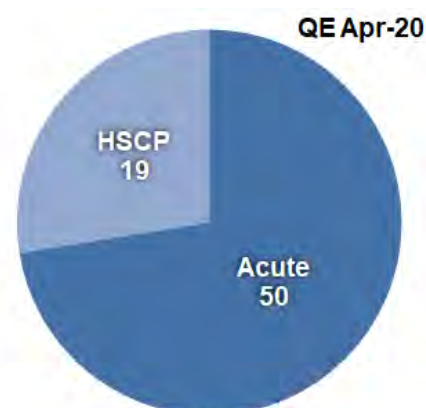
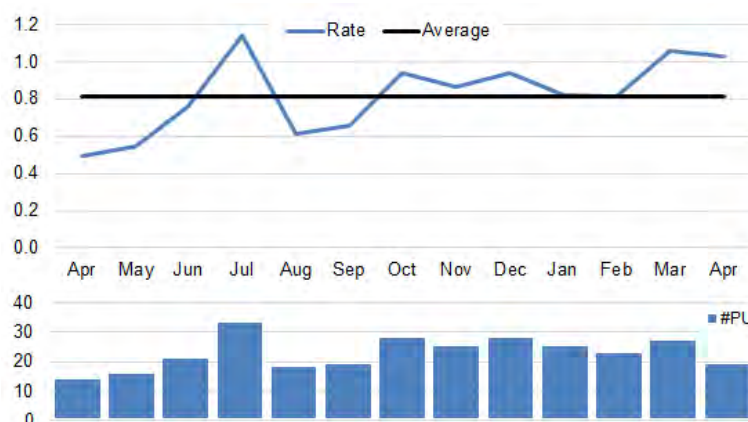
Improvement Actions	Progress	Timescale/Status
1. Review the Falls Toolkit and Falls Flowchart		Complete
2. Develop Older People's Knowledge and Skills Framework		Complete
3. Falls Audit	The audit was completed over a 5 week period, focused on 5 acute wards and showed that falls intervention reviews are poorly completed. Improvement is anticipated following the launch of the revised toolkit, and a further compliance audit was planned for January 2020. The audit tool and process is currently being refined and the plan is to re-audit February/March.	Mar 2020 ON HOLD
4. Care and Comfort Rounding		Complete
5. Improve effectiveness of Falls Champion Network	The Falls Champions Network was anticipated as a regular face to face session to support champions. Ongoing evaluation notes the challenges in staff from in-patient areas being able to attend frequent sessions. This is currently being reviewed to explore a range of methods of providing update and support.	Apr 2020 ON HOLD

Clinical Governance

Pressure Ulcers

Achieve 50% reduction in pressure ulcers (grades 2 to 4) developed in a healthcare setting
Improvement Target rate (by end December 2020) = **0.42 per 1,000 Occupied Bed Days**

Local Performance



Service Performance

Month	2019/20												20/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	0.50	0.55	0.76	1.14	0.61	0.66	0.94	0.86	0.94	0.82	0.81	1.06	1.02
Acute Services	0.70	0.89	1.25	2.15	1.27	0.98	1.39	1.62	1.40	1.20	1.23	1.94	2.08
HSCP	0.32	0.25	0.33	0.31	0.06	0.39	0.55	0.25	0.56	0.49	0.46	0.46	0.42

Commentary (UNCHANGED FROM MARCH IPQR)

The number of pressure ulcers (PU) reported continues to vary with no sustained improvement. A Quality Improvement (QI) programme is commencing across Fife (HSCP and ASD) to work with teams to drive QI and reduce patient harm. Scrutiny and monitoring for assurance is via the Fife Tissue Viability Steering Group.

The target end date for a 50% reduction has been extended to December 2020.

Current Challenges

Reducing number of pressure ulcers across all NHS Fife Wards – **Actions 1, 3, 4 and 5**

Reducing the random monthly variation in HSCP wards – **Actions 3 and 6**

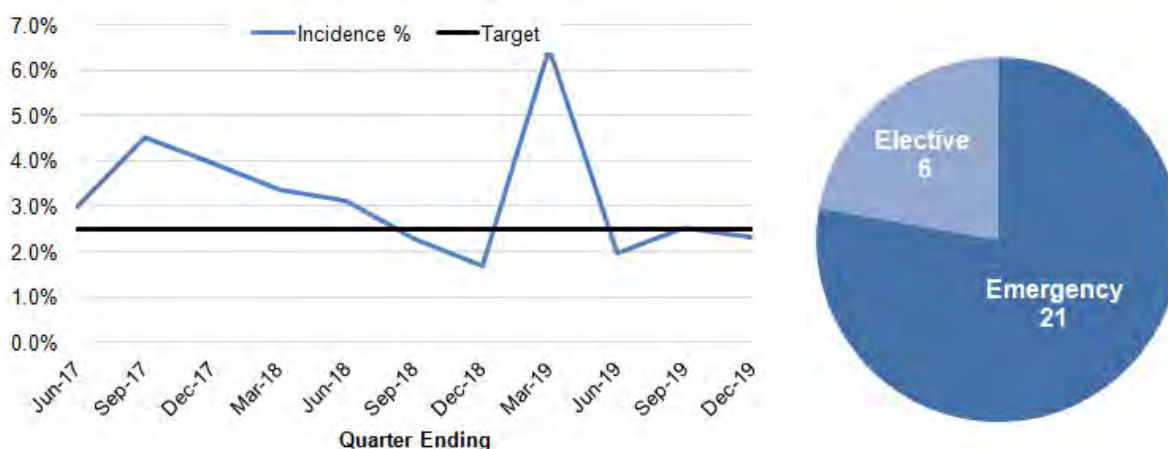
Improvement Actions	Progress	Timescale/Status
1. All identified wards will undertake a weekly audit of compliance with SSKIN		Complete
2. Fife-wide task group commissioned to review SBAR/LAER reporting		Complete
3. Improvement collaborative project extended to December across identified wards		Complete
4. Improve consistency of reporting	Implementation of the revised process, parameters of reporting and reviewing pressure ulcer development and incidents across Fife in health care settings	Mar 2020 ON HOLD
5. Review TV Champion Network Effectiveness	Regular face-to-face sessions to support the already existing TV Champions Network is challenging due to clinical commitment. We need to consider how best to support the champions to deliver their role effectively.	Jun 2020 ON HOLD
6. Reduce PU development	Redesign of the Quality Improvement Model to support the clinical teams to reduce harm, led by a HoN from the HSCP and ASD. To provide senior leadership support in practice.	Mar 2020 ON HOLD

Clinical Governance

Caesarean Section SSI

To reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 by 4% by March 2020.

Local Performance



Service Performance

Quarter Ending	2017/18				2018/19				2019/20			
	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20
NHS Fife	3.0%	4.5%	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%	
Scotland	1.2%	1.3%	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%	

Current Challenges

NHS Fife SSI Caesarean Section incidence rate still remains higher than the Scottish incidence rate – **Action 1**

NHS Fife BMI rates are higher than the national rate – **Action 2**

Improvement Actions	Progress	Timescale/Status
1. Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan	The SSI Implementation Group continues to meet regularly, to address and review any outstanding actions. The most recent meeting took place 27 th February. The new case ascertainment methodology was adopted from October.	Mar 2020 ON HOLD
2. Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	Current strategies remain in place: <ul style="list-style-type: none"> Family Health Team Winning By Losing Smoking Cessation Data analysis of these improvement strategies continues, in order to assess effectiveness.	Mar 2020 ON HOLD

Clinical Governance

SAB (HAI/HCAI)

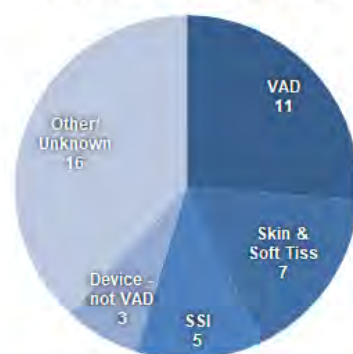
Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Note: This equates to reducing the NHS Fife rate from 20.9 to 18.8 (per 100,000 TOBD) over 3 years, or to 20.2 by March 2020, 19.5 by March 2021 and 18.8 by March 2022

Local Performance | Quarter Ending



Infection Source: YE Apr-20



National Benchmarking | Year Ending

Year Ending		2018/19			2019/20			
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	20.7	22.1	20.9	17.6	15.2	13.5	
Scotland		17.4	17.6	16.8	16.7	16.9	16.2	

Current Challenges

- Increase in number of SAB in People Who Inject Drugs (PWID) – **Action 1**
- Increase in number of VAD-related infections – **Action 2**
- Reducing number of CAUTI infections – **Action 3**
- Achieving HPS reduction of HCAI SAB by 10% by 2021/22 – **Action 4**

Improvement Actions	Progress	Timescale/Status
1. Reduce the number of SAB in PWIDs	The Infection Prevention Control Team continue to support the Addiction Services with the SAB improvement project. This has been on hold by the Addictions management team until they have prioritised their ongoing working projects. However , future meetings are currently being organised. A SOP for accessing antibiotics for patients identified with SSTI by Addiction Services is out for consultation with GPs.	Mar 2021 ON HOLD
2. Ongoing surveillance of all VAD-related infections	Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement	Mar 2021 ON HOLD
3. Ongoing surveillance of all CAUTI infections	Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) are taking place, to identify key issues and take appropriate corrective actions. The group last met on 25 th February, next meeting on 24 th April.	Mar 2021 ON HOLD
4. Optimise comms with all clinical teams in ASD & the HSCP	Monthly anonymised reporting with Microbiology comments to gain better understanding of disease process and those most at risk. This allows local resources to be focused on high risk groups/areas and improve patient outcomes. Ward Dashboard continuously updated, for clinical staff to access and also to be displayed for public assurance.	Mar 2022 ON HOLD

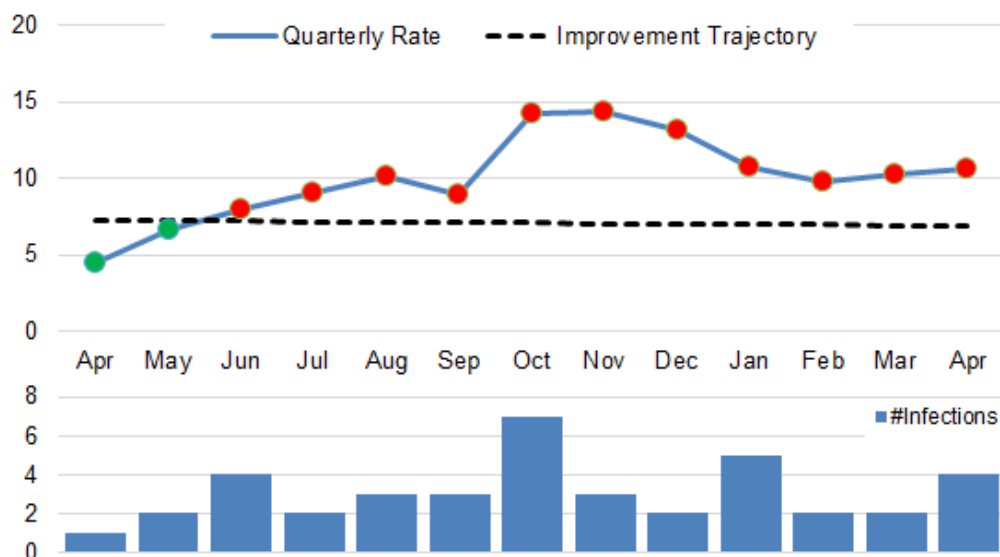
Clinical Governance

C Diff (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Note: This equates to reducing the NHS Fife rate from 7.2 to 6.5 (per 100,000 TOBD) over 3 years, or to 6.9 by March 2020, 6.7 by March 2021 and 6.5 by March 2022

Local Performance | Quarter Ending



National Benchmarking | Year Ending

Year Ending		2018/19				2019/20		
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	7.8	7.3	7.2	8.2	8.6	8.8	
Scotland		15.0	15.2	14.7	13.9	13.1	13.3	

Current Challenges

- High % of all HCAI CDIs classed as 'Recurrence of CDI' – **Action 1**
- Addressing antimicrobials as a risk factor for CDI – **Action 2**
- Achieving HPS reduction of HCAI CDIs by 10% by 2021/22 – **Action 3**

Improvement Actions	Progress	Timescale/Status
1. Reducing recurrence of CDI	NHS Fife has been approved for the pioneering use of commercial FMT (Faecal microbiota transplantation) for use in the prevention of recurrence of infection. Due to its cost, a local protocol is to be written by the GI consultant for its use.	Oct 2020 ON HOLD
2. Reduce overall prescribing of antibiotics	National antimicrobial prescribing targets are being utilised by NHS Fife's microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage. New empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.	Oct 2020 ON HOLD
3. Optimise communications with all clinical teams in ASD & the HSCP	Monthly CDI reports are being distributed, to enable staff to gain a clearer understanding of the disease process. ICN ward visits reinforce SICPs and contact precautions, provide education to promote optimum CDI management and daily Medical management form completion. Ward Dashboard continuously updated, for clinical staff to access and also to be displayed for public assurance.	Oct 2020 ON HOLD

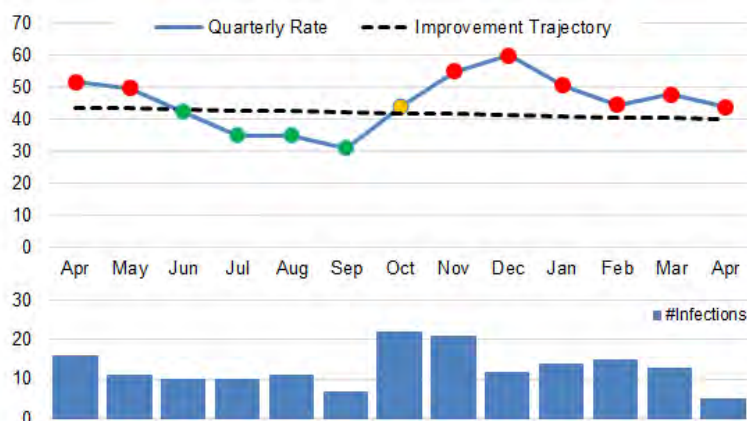
Clinical Governance

ECB (HAI/HCAI)

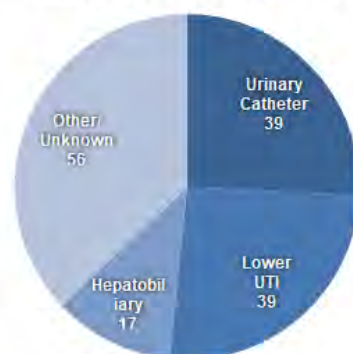
Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Note: This equates to reducing the NHS Fife rate from 44.0 to 33.0 (per 100,000 TOBD) over 3 years, or to 40.3 by March 2020, 36.6 by March 2021 and 33.0 by March 2022

Local Performance | Quarter Ending



Infection Sources: YE Apr-20



National Benchmarking | Year Ending

Year Ending		2018/19			2019/20			
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	39.7	44.5	44.0	42.3	40.4	43.1	
Scotland		36.2	37.4	38.4	38.6	38.7	39.3	

Current Challenges

- Achieving HPS reduction of HCAI ECBs 25% by 2021/22 and by 50% by 2023/24 – **Action 1**
- Reducing infections caused by lower urinary tract infection (UTI) as source – **Action 2**
- Reducing infections caused by catheter associated UTIs (CAUTIs) as source – **Action 3**

Improvement Actions	Progress	Timescale/Status
1. Optimise communications with all clinical teams in ASD & the HSCP	As well as the mandatory national surveillance, NHS Fife introduced additional voluntary enhanced surveillance in January. Monthly reporting and graphs of ECB data to key clinical staff across NHS Fife (HSCP & Acute services) continues.	Mar 2022 ON HOLD
2. Formation of ECB Strategy Group	The first meeting of the ECB Strategy Group took place on 13 th January. The next meeting will be in April, with a wider involvement from public health.	Mar 2021 ON HOLD
3. Ongoing work of Urinary Catheter Improvement Group (UCIG)	The UCIG met on 25 th February. Significant decisions: <ul style="list-style-type: none"> E-documentation bundles for catheter insertion and maintenance to be added onto Patientrak for Acute services (follows the successful implementation of urinary catheter e-documentation bundles inserted into MORSE for District nurses in 2019) Urinary Catheter Care passports have been added to PECOS for all patients to have as held record and will promote catheter care and adequate hydration 	Mar 2021 ON HOLD

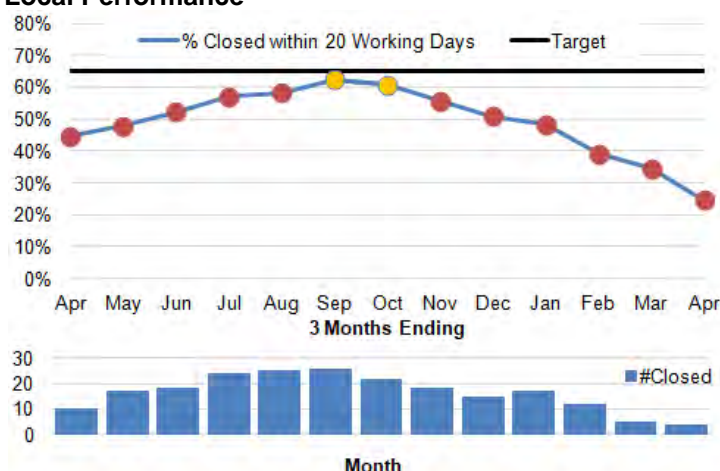
Clinical Governance

Complaints | Stage 2

At least 75% of Stage 2 complaints are completed within 20 working days

Improvement Target for 2020/21 = **TBC**

Local Performance



Closure Breaches: QE Apr-20



Local Performance by Directorate/Division

3-Month Ending	2019/20												20/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	44.7%	48.0%	52.3%	57.3%	58.3%	62.5%	60.8%	55.9%	50.9%	48.5%	39.3%	34.7%	24.7%
Ack <= 3 Days (Monthly)	85.7%	100.0%	89.2%	97.4%	95.0%	92.9%	97.4%	89.5%	93.8%	93.9%	95.7%	94.4%	95.0%
ASD	52.6%	59.6%	67.7%	71.4%	66.7%	63.8%	60.5%	60.6%	57.7%	57.1%	50.0%	57.1%	55.5%
HSCP	16.7%	11.1%	8.7%	22.6%	33.3%	54.3%	57.6%	45.2%	33.3%	23.3%	9.7%	28.8%	28.5%

Current Challenges

To improve quality of draft responses – **Action 1**

To improve quality of investigation statements – **Action 2**

Inconsistent management of medical statements and inconsistent style of responses within ASD – **Action 3**

Improvement Actions	Progress	Timescale/Status
1. Patient Relations Officers to undertake peer review	This continues and learning is being shared directly with individual Officers. Monthly meetings with ASD to discuss complaint issues and style of drafts are in place. Joint education session to be arranged to agree draft styles.	Jun 2020 On HOLD
2. Deliver education to service to improve quality of investigation statements	Yearly education delivered to FY2 doctors and student nurses. <i>Ad Hoc</i> training sessions are also delivered when required.	Jun 2020 On HOLD
3. Agree a process for managing medical statements, and a consistent style for responses	ASD to discuss with Clinical Leads PRD raise issues at monthly meeting Review of draft reports will commence within PRD to ensure quality of drafts and highlight any quality concerns with statements.	Jun 2020 On HOLD

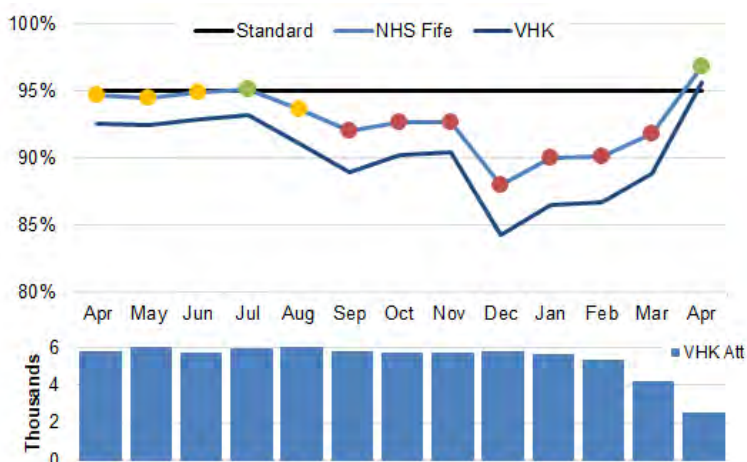
Finance, Performance & Resources – Operational Performance

4-Hour Emergency Access

At least 95% of patients (stretch target of 98%) will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment

Improvement Target for 2020/21 = **TBC**

Local Performance



Breach Reason Apr-20



National Benchmarking

Month	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	94.7%	94.5%	94.9%	95.1%	93.6%	92.0%	92.7%	92.7%	88.0%	90.0%	90.1%	91.8%	96.8%
Scotland	89.9%	90.7%	90.3%	91.2%	90.6%	88.7%	88.0%	85.5%	83.8%	86.1%	86.4%	89.2%	

Current Challenges

Variation in 4-Hour Emergency Access Performance - **Action 1**

Patient Flow – **Actions 2 and 5**

ECAS and OPAT Services and Capacity – **Actions 3 and 4**

Improvement Actions	Progress	Timescale/Status
1. Formation of PerformED group to analyse performance trends	Capacity challenges impact on delivery of the targets and recovery from the weekend can take a number of days. Perform ED group continuing reviews and have shifted focus to staffing within the unit and variations which could allow for further departmental improvements.	Mar 2020 ON HOLD
2. Review of AU1 Assessment Pathway		Complete
3. Implementation of OPAT		Complete
4. Development of services for ECAS	Scoping of movement of the service provision to allow for integration and expansion of OPAT services with combined staffing model	Mar 2020 ON HOLD
5. Medical Assessment and AU1 Rapid Improvement Group	Implementation of a working group to review front door processes and pathways with an aim to improving flow and service delivery for patients being referred through GP direct access routes	Aug 2020 ON HOLD

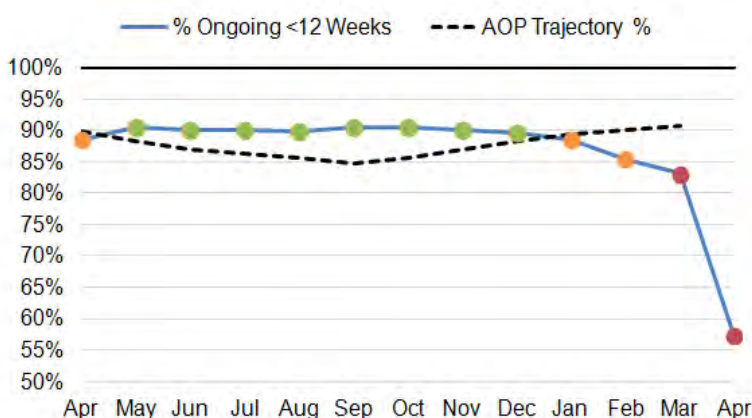
Finance, Performance & Resources – Operational Performance

Patient TTG

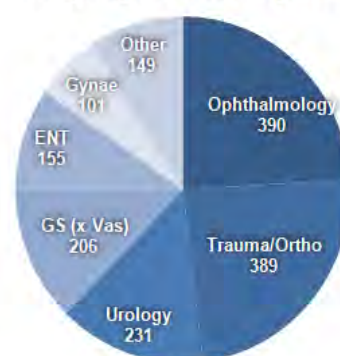
We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Improvement Target for 2020/21 = **TBC**

Local Performance



Ongoing Breaches Apr-20



National Benchmarking

	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	88.5%	90.4%	90.1%	90.1%	89.9%	90.6%	90.5%	90.1%	89.7%	88.4%	85.4%	83.1%	57.3%
Scotland	68.9%	68.4%	67.8%	67.8%	66.8%	67.5%	69.7%	69.5%	67.0%				

Current Challenges

- Recurring gap in IP/DC capacity – **Actions 2, 3 and 4**
- Difficulty in recruiting to Specialist Consultant posts – **Actions 2 and 4**
- Difficulty in staffing additional in-house activity - **Actions 2, 3 and 4**
- Cancellation of IP/DC activity due to unscheduled care pressures - **Action 2**

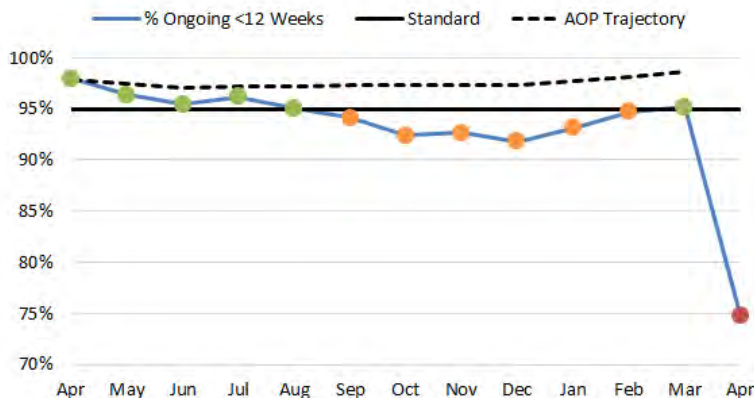
Improvement Actions	Progress	Timescale/ Status
1. Secure resources in order to deliver waiting times improvement plan for 19/20		Complete
2. Develop and deliver Clinical Space redesign Improvement programme	Report from front Door analysis received and being considered. Relocation of the Discharge Lounge on a permanent basis to be reviewed. Paper to SLT.	Mar 2020 ON HOLD
3. Theatre Action Group develop and deliver plan	Monthly meetings continue, action plan in place. Day Surgery event planned for February to explore options for delivery of the new BADS targets and to maximise the use of day surgery capacity at QMH.	Mar 2020 ON HOLD
4. Review DCAQ and develop waiting times improvement plan for 20/21, and secure resources	Plan for 2020/21 submitted and currently under discussion with Scottish Government. On-going work to secure in-sourced capacity and use all available staff in weekend theatre sessions to meet current gap and reduce the backlog.	Mar 2020 ON HOLD

Finance, Performance & Resources – Operational Performance

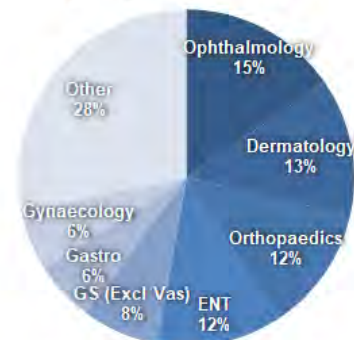
New Outpatients

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

Local Performance



Ongoing Breaches Apr-20



National Benchmarking

	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	98.0%	96.4%	95.4%	96.2%	95.0%	94.1%	92.4%	92.7%	91.8%	93.2%	94.7%	95.2%	74.8%
Scotland	74.5%	74.4%	73.5%	73.5%	72.2%	72.9%	73.3%	73.7%	73.2%				

Current Challenges	Recurring gap in Outpatient capacity – Actions 1, 2 and 3
	Difficulty in recruiting to Specialist Consultant posts – Actions 2 and 3
	Difficulty in staffing additional in-house activity - Actions 1 and 2

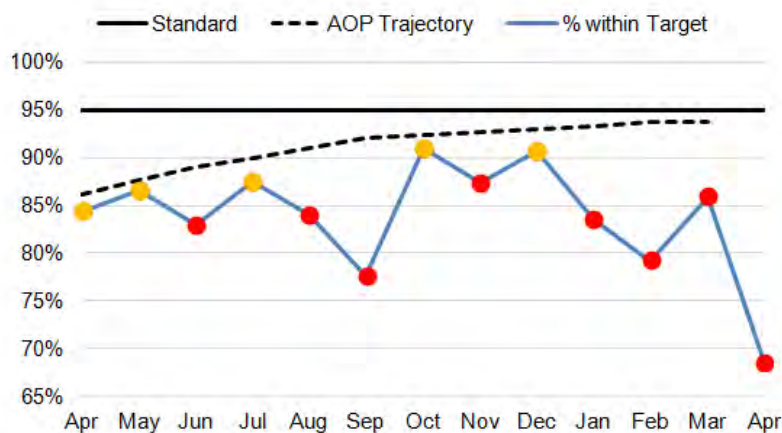
Improvement Actions	Progress	Timescale/Status
1. Review DCAQ and secure activity to deliver funded activity in waiting times improvement plan for 19/20 and 20/21	Plan for 2020/21 submitted and currently under discussion with Scottish Government. Contracts awarded for in-source activity and alternative solutions in place to increase capacity in Q4.	Mar 2020 ON HOLD
2. Develop and deliver Outpatient Transformation programme to reduce demand	Transformation Group set up and meeting regularly, with focused programme and workstreams in place to deliver projects	Mar 2020 ON HOLD
3. Improve recruitment to vacant posts and/or consider service redesign to increase capacity	New Consultant posts in Urology, General Surgery, Cardiology, Gynaecology, Anaesthetics, Oncology and Orthopaedics have been recruited to. Speciality Doctor post recruited for Ophthalmology and General Surgery. Discussions ongoing regarding new Oral Maxillofacial post and Speciality doctor post in ENT. Recruitment to replacements for existing posts continues to be a challenge in a number of specialities.	Mar 2020 ON HOLD

Finance, Performance & Resources – Operational Performance

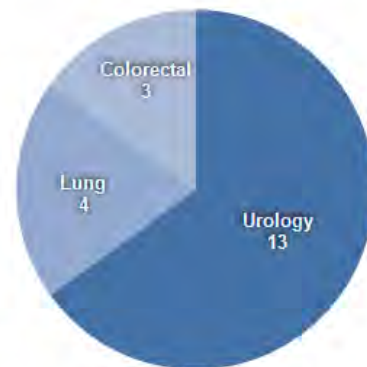
Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days
Improvement Target for 2020/21 = **TBC**

Local Performance



Breaches Apr-20



National Benchmarking

	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	84.4%	86.6%	82.9%	87.5%	84.0%	77.7%	91.0%	87.3%	90.7%	83.6%	79.2%	85.9%	68.5%
Scotland	80.4%	81.1%	82.6%	81.8%	82.1%	83.7%	82.7%	81.9%	84.6%	83.6%	82.7%	86.1%	

Current Challenges	Urology 62 day performance (Prostate) – Actions 1, 2 and 4
	Cancer Waiting Times 'education' – Action 2
	Delays to steps in pathways for 1 st OPA, diagnostic investigations and reporting – Actions 2 and 4
	Number of breaches in various specialties – Action 3

Improvement Actions	Progress	Timescale/Status
1. Urology Improvement Group review prostate pathway to minimise wait between each step		Complete
2. Improvement in cancer governance structure and redesign of weekly PTL meeting together with organisation-wide education sessions to ensure clear focus on escalation processes		Complete
3. Robust review of timed cancer pathways to ensure up to date and with clear escalation points	Progress affected by staffing pressures in cancer audit team. Detailed work is also being carried out by the Lead Cancer Nurse.	Jun 2020 ON HOLD
4. Prostate Improvement Group to continue to review prostate pathway	This is ongoing work related to Action 1, with the specific aim being to minimise waits post MDT	Sep 2020 ON HOLD

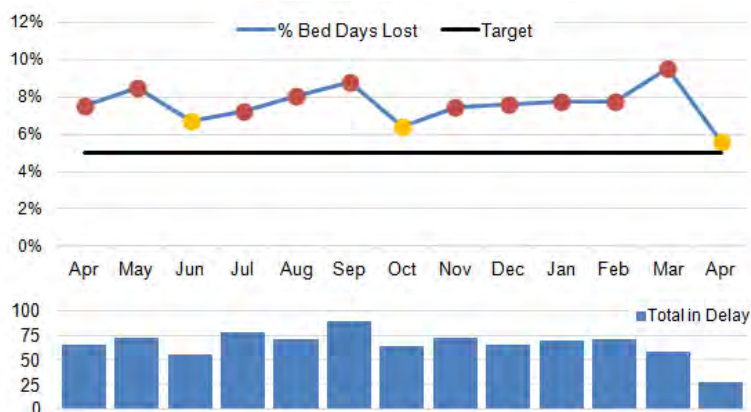
Finance, Performance & Resources – Operational Performance

Delayed Discharges (Bed Days Lost)

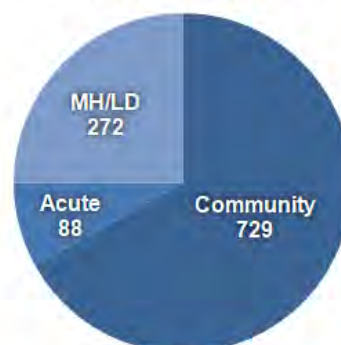
We will reduce the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Improvement Target for 2020/21 = **TBC**

Local Performance



Bed Days Lost | Apr-20



National Benchmarking

Quarter Ending		2018/19				2019/20			
		Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	TOBD	87,527	92,599	91,463	91,885	87,857	90,276		
	Bed Days Lost	3,638	4,200	6,744	8,141	6,685	7,232		
	% Bed Days Lost	4.2%	4.5%	7.4%	8.9%	7.6%	8.0%		
Scotland	TOBD	1,552,301	1,541,821	1,551,451	1,567,162	1,535,712	1,548,983		
	Bed Days Lost	101,712	107,120	109,366	101,959	103,422	110,861		
	% Bed Days Lost	6.6%	6.9%	7.0%	6.5%	6.7%	7.2%		

Current Challenges

To reduce the number of hospital bed days lost due to patients in delay – **Actions 1, 3 and 5**

To improve the time taken to complete social work assessments – **Actions 2 and 4**

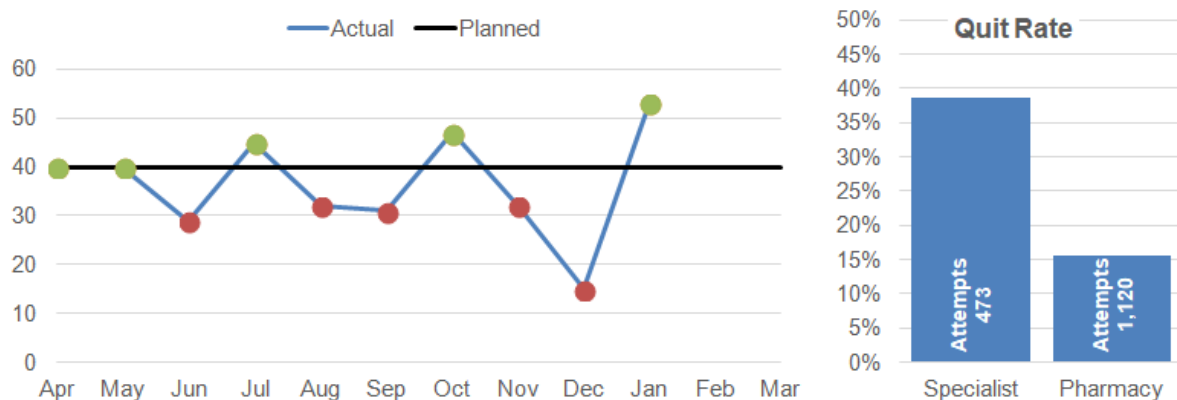
Improvement Actions	Progress	Timescale/Status
1. Test a trusted assessors model for patients transferring to STAR/assessment beds	Framework developed. Training and shadowing sessions for staff to be progressed	Mar 2020 ON HOLD
2. Review timescales of SW assessments		Complete
3. Moving On Policy to be implemented	Policy to be signed off and implemented by winter	Apr 2020 ON HOLD
4. Improve flow of comms between wards and Discharge HUB	Progressing two tests of change to improve efficiency of assessments and reduce waits – direct transfer of information on to iPads at ward level, and a 'sticker' system	Mar 2020 ON HOLD
5. Increase capacity within care at home	Review of all 15 minute care packages is underway. New care providers are setting up rotas, the HCSP are working closely with these providers to target resource. Specialist OTs to be recruited to promote single handed care and the use of equipment.	May 2020 ON HOLD

Finance, Performance & Resources – Operational Performance

Smoking Cessation

In 2019/20, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Local Performance



National Benchmarking

% Achieved Against Target		2019/20											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	40	40	29	45	32	31	47	32	15	53		
	Actual Cumul	40	80	109	154	186	217	264	296	311	364	364	364
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	100.0%	101.3%	92.4%	97.5%	94.4%	91.9%	95.7%	94.0%	87.9%	92.4%		
Scotland	Achieved			92.4%			91.1%						

Current Challenges

- To improve uptake in deprived communities – **Action 1**
- To increase uptake of Champix – **Action 2**
- To increase smoking cessation in Antenatal Setting – **Action 3**
- Increase at-work support to NHS Staff – **Action 4**

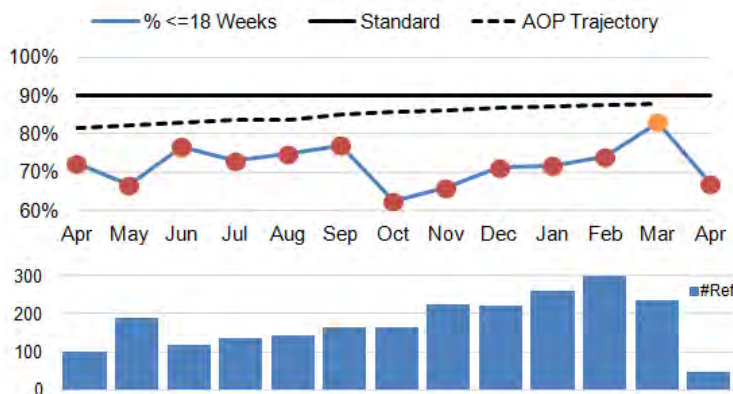
Improvement Actions	Progress	Timescale/ Status
1. Outreach development with Gypsy Travellers in Thornton		Complete
2. Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	Plans in progress, monthly meetings with Respiratory Consultant to organise paperwork and process/pathways. Committee approval has been received, the first trial run (to check process and procedures) started in December and the real-time test started on 9 th January. A promotional stand within QMH will be set up in February.	Mar 2020 ON HOLD
3. 'Better Beginnings' class for pregnant women on Saturday mornings	Plans have progressed and Saturday provision has started - ongoing monitoring in place	Mar 2020 ON HOLD
4. Enable staff access to medication whilst at work	Initial discussion on potential for staff to access their nicotine addiction management medication whilst at work has taken place. Small scale test of change to be considered.	Aug 2020 ON HOLD

Finance, Performance & Resources – Operational Performance

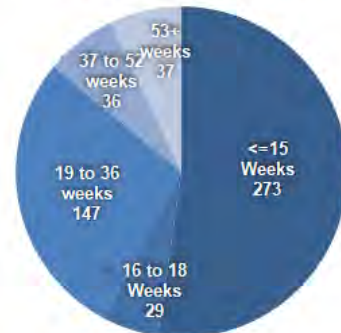
CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment
Improvement Target for 2020/21 = **TBC**

Local Performance



Waiting List (462) Apr-20



National Benchmarking

Month	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	72.3%	66.7%	76.7%	73.2%	74.8%	77.1%	62.5%	66.0%	71.3%	71.8%	74.1%	83.1%	67.0%
Scotland	69.2%	69.1%	70.9%	62.7%	63.8%	66.9%	64.6%	64.2%	71.5%				

Current Challenges	Increased referrals to service – Action 1
	Pressure on existing staff – Action 2
	Improving efficiency of workload allocation – Action 3

Improvement Actions	Progress	Timescale/ Status
1. Introduction of Primary Mental Health Worker (PMHW) First Contact Appointments System and Group Therapy Programme	Following the departure of existing staff in September 2019, recruitment has been successful for 4 wte temporary posts, who all started in February. The service is now operating with 6 staff and, following an induction period, will be functioning at capacity. The immediate aim is to reduce the backlog of appointments accrued due to vacancies, to 4 weeks by July and 2-3 weeks by December.	Mar 2020 ON HOLD
2. Waiting List Additional Staffing Resource	Additional Tuesday and Wednesday evening clinics has achieved the goal of providing treatment to the 117 children and young people who had waited over 1 year. Due to staff availability, a single clinic will continue to be provided by 4 staff up until end of June. Provision and impact will be reviewed again at that time.	Jun 2020 ON HOLD
3. Introduction of Substantive Team Leader Role	East & West Team Leader Posts filled. Active allocation of appointments underway. Team Leaders identifying patients for prioritisation and for evening clinics.	Mar 2020 ON HOLD

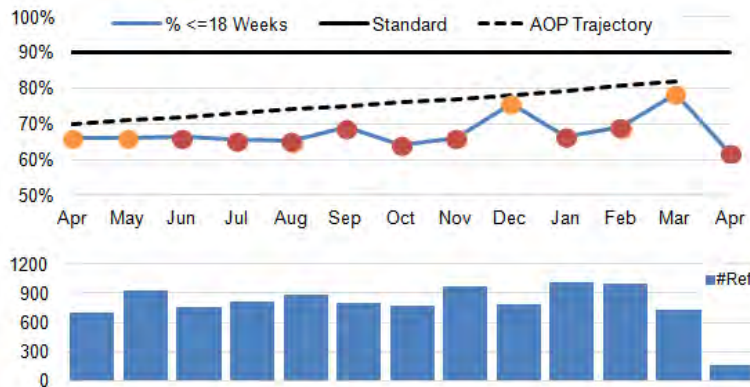
Finance, Performance & Resources – Operational Performance

Psychological Therapies 18 weeks RTT

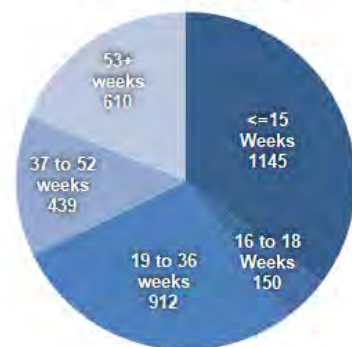
At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies

Improvement Target for 2020/21 = **TBC**

Local Performance



Waiting List (3256) Apr-20



National Benchmarking

Month		2019/20												2020/21
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	% <=18 Weeks	66.1%	66.2%	66.3%	65.5%	65.2%	69.0%	64.2%	66.0%	75.8%	66.6%	69.0%	78.4%	62.0%
Scotland		76.7%	79.3%	80.0%	78.8%	79.2%	80.1%	78.5%	77.8%	81.5%				

Current Challenges

- To reduce delays for patients with complex needs requiring PTs within care programme approach – **Action 1**
- To provide sufficient low-intensity PTs for mild-moderate mental health problems – **Action 2**
- To increase capacity in services offering PTs for secondary care patients – **Actions 3 and 5**
- To improve triage in Primary Care to improve access to appropriate PTs – **Action 4**

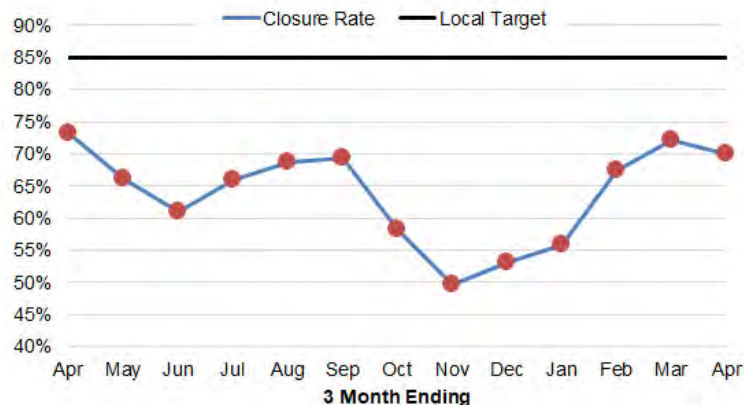
Improvement Actions	Progress	Timescale/Status
1. Introduction of single point of access for secondary care patients via CMHT		Complete
2. Introduction of Extended Group Programme in primary care, accessible by self-referral	Data indicates that this change has had a sustained positive impact on capacity for more highly specialist work within this tier of service. Plans underway to expand self referral via website for low intensity PTs within Child and Family Psychology service.	Mar 2020 ON HOLD
3. Redesign of Day Hospital provision to support CMHTs	Implementation of full re-design delayed due to revised timetable for staff engagement work. Further progress required to impact on capacity for delivery of PTs.	Mar 2020 ON HOLD
4. Implement triage nurse pilot programme in Primary Care	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September 2019; final evaluation due this September	Sep 2020 ON HOLD
5. Trial of new group-based PT options for people with complex needs	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Specific requirements identified from audit of Psychology AMH WL.	Sep 2020 ON HOLD

Finance, Performance & Resources – Operational Performance

Freedom of Information Requests

In 2019/20, we will respond to a minimum of 85% of FOI Requests within 20 working days

Local Performance



Closure Period, QE Apr 20



Service Performance

Monthly	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Health Board	52.2%	56.8%	55.6%	68.9%	73.7%	48.3%	36.1%	49.3%	75.0%	52.4%	72.9%	76.9%	47.8%
IJB	100.0%	86.7%	71.4%	86.7%	100.0%	85.7%	77.8%	66.7%	14.3%	60.0%	83.3%	100.0%	25.0%

Current Challenges

Performance variable due to delays in the return of responses from services and pressure on corporate support for finalising responses – **All actions**

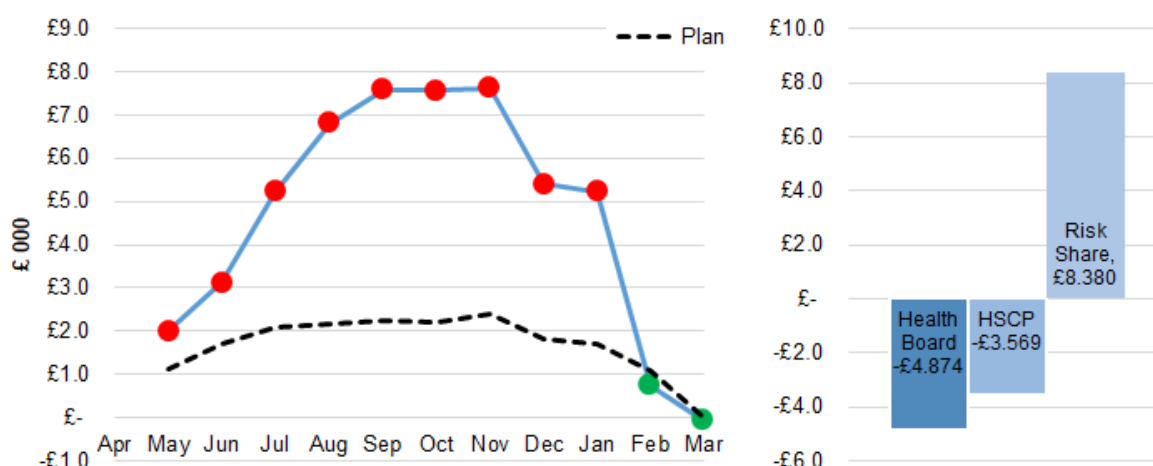
Improvement Actions	Progress	Timescale/ Status
1. Map pathway out, identify areas that have recurring issues with delayed responses		Complete
2. Improve FOI case recording and monitoring of timeliness of responses		Complete
3. Review cover arrangements for administration of requests, to improve resilience		Complete
4. Update of processes to reflect involvement of IG&S Team		Complete
5. Refresh process with H&SC partnership for requests received that relate to their services	Meeting with Chief Executive of NHS Fife and Director of Health & Social Care held in February, to agree future protocol of dealing with partnership-related requests. Roll-out of new process will be aligned with the adoption of Axlr8 case management software (to be implemented by 31/03/20). The Data Protection Officers from NHS Fife and H&SCP have regular meetings planned to improve the process on an ongoing basis.	Mar 2020 ON HOLD
6. Align internal reporting on FOI to avoid unnecessary duplication of effort		Complete
7. Formalise long-term resource requirements for FOI administration	There is present uncertainty around the long-term resource available to manage FOI administration, as Information Governance has only temporary resource available within the existing team. This issue has been escalated to the SIRO and the Data Protection Officer, and a temporary solution found at present. A 21-month Fixed Term post has now been submitted to recruitment for a suitably qualified role to commence as soon as possible.	Mar 2020 ON HOLD

Finance, Performance & Resources – Finance

Revenue Expenditure

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

Local Performance



Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	393,559	426,128	426,128	421,254	-4,874	-1.14%	-11,878	7,004
Integration Joint Board	362,569	353,725	353,725	350,156	-3,569	-1.01%	-3,744	175
Risk Share	0	0	0	8,380	8,380	0.00%	8,380	0
Total	756,128	779,853	779,853	779,790	-63	-0.01%	-7,242	7,179

Commentary

The Board has delivered a balanced financial position (£0.063m underspend) against the statutory revenue resource limit target, this is subject to the annual external audit review process.

Forecast financial performance for the Board has tracked significantly beyond planned spend for most of 2019/20. This was driven by 3 main areas of challenge:

- the level of uncertainty in relation to the projected HSCP level of overspend and the associated impact of the risk sharing agreement currently in place
- a failure to achieve savings compounded by a significant and recurring overspend in relation to Acute Services and
- an increasing cost pressure associated with non-Fife activity and a continuing number of high cost, low volume procedures.

The combined impact saw the overspend peak at £7.5m in October, which then reduced to £5.4m in December and £4.8m in January 2020.

A detailed review of the planned spend, anticipated additional costs and allocation levels for the remainder of the financial year was concluded in early March 2020. Through this process a number of existing spending assumptions were reviewed, and either maintained or changed depending on the outcome of the review process. The forecast was then updated to a forecast break even position for February 2020 which was reported to the meeting of the Finance Performance and Resources Committee on 10 March 2020.

That revised position has been maintained with the reported year-end position being confirmed as balanced with a very small underspend of £0.063m. Whilst the position confirms the Board has operated within its overall resource limit for the year there have been a number of non-recurring adjustments which have supported aspects of this financial recovery.

Moving into 2020/21, a formal and detailed assessment of resource levels and service costs is underway including a risk assessment of the deliverability of the required level of savings required to balance in 2020/21. This will be all the more challenging given the impact on services and costs of the response required to the COVID 19 pandemic. Of equal importance will be developing robust and consistent forecasting which does not mirror the level of change to forecast seen in 2019/20. This will involve continuing close working with the IJB and also a continuation of the discussion on the current risk sharing agreement terms. It will also require a detailed assessment of the costs associated with delivering our acute services and the transformation required to enable that on a recurring basis within planned resource levels.

It is also important to note that in March 2020, additional financial planning arrangements were established in response to the Covid 19 pandemic; this has been a major focus for the finance team, in parallel with maintaining the delivery of a core break even position.

Key messages:

Core revenue resource limit position

- The HSCP/Social Care overspend position improved in the final month (from a £10.667m overspend to £10.250m) which delivered an improvement to the full risk share cost to NHS Fife of £0.3m. Notwithstanding the reduction, this is a significant and unsustainable level of overspend which is impacting materially on the NHS Fife overall financial position.
- Acute Services overspend of £14.4m comprises a very challenging and unsustainable service cost overspend of £7.5m (£5.9m of which relates to pay costs) and non delivery of agreed savings of £6.9m.
- Final allocation changes including an agreed transfer of capital to revenue of £1m; the identification of qualifying ADEL expenditure of £2.5m and a reduction in the planned insurance premium paid towards NHS Scotland's clinical negligence policy (CNORIS) due to the lower national scheme total costs for 2019/20 reduced the overall overspend position.

COVID 19 Mobilisation Plans

- It is important to recognise that the spend in relation to COVID 19 is not currently covered by the current scope of the IJB, nor the associated risk share agreement. This important governance point has been reinforced by the NHS Fife DOF with the HSCP/CFO, the LA/DOF and the DOF/Scottish Government Health Finance Directorate.
- The Covid 19 spend in 2019/20 was £3.711m across NHS Fife and the IJB. Scottish Government have advised that they will support the 2019/20 expenditure subject to confirmation that Boards and IJBs cannot manage the additional in-year costs associated with the pandemic. The 2019/20 position includes costs incurred wholly in relation to the response to Covid 19 of £3.711m; split £2.090m NHS Fife and £1.621m IJB which is expected to be funded in full.
- NHS Fife has confirmed that the costs specifically incurred by NHS Fife cannot be accommodated in 2019/20. A small level of reduction to spend of c£0.2m associated with the step-down in March 2020 on elective activity has been factored into the core resource limit position at the year-end.

A separate paper has been prepared for EDG and the NHS Fife Board which sets out some key areas of financial planning, decision making and reporting and makes recommendations to support the continuation of effective financial governance during this challenging period.

1. Annual Operational Plan

- 1.1 The Financial Plan for 2019/20 was approved by the Board on 27 March 2019, with the related Annual Operational Plan approved on 29 May 2019.

2. Financial Allocations

Revenue Resource Limit (RRL)

- 2.1 NHS Fife received confirmation of the March core revenue and core capital allocation amounts on 1 April. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £748.828m; and anticipated allocations total £3.506m.

Non Core Revenue Resource Limit

- 2.2 In addition NHS Fife receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The confirmed non core RRL funding totals £26.667m with an anticipated adjustment of £0.850m.

Total RRL

- 2.3 The total current year budget at 31 March is therefore £779.851m as detailed in Appendix 1.

3. Summary Position

- 3.1 The Board has delivered against the statutory revenue financial target subject to external audit review.
- 3.2 The 2019/20 position includes costs incurred wholly in relation to the response to Covid 19 of £3.711m; split £2.090m NHS Fife and £1.621m IJB which is expected to be funded in full.
- 3.3 Table 1 below provides a summary of the position across the constituent parts of the system for the year to date: an underspend of £4.874m is attributable to Health Board retained budgets; whilst an underspend of £3.569 is attributable to the health budgets delegated to the IJB; and an overspend shown of £8.380m relating to the IJB risk share.

Finance, Performance & Resources – Finance

Table 1: Summary Financial Position for the period ended March 2020

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	393,559	426,128	426,128	421,254	-4,874	-1.14%	-11,878	7,004
Integration Joint Board (Health)	362,569	353,725	353,725	350,156	-3,569	-1.01%	-3,744	175
Risk Share	0	0	0	8,380	8,380	0.00%	8,380	0
Total	756,128	779,853	779,853	779,790	-63	-0.01%	-7,242	7,179

	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	199,184	211,684	211,684	226,093	14,409	6.81%	7,459	6,950
IJB Non-Delegated	8,438	8,586	8,586	8,618	32	0.37%	-22	54
Estates & Facilities	72,837	73,539	73,539	72,690	-849	-1.15%	-849	0
Board Admin & Other Services	53,269	73,440	73,440	70,128	-3,312	-4.51%	-3,312	0
Non-Fife & Other Healthcare Providers	85,566	85,566	85,566	87,015	1,449	1.69%	1,449	0
Financial Flexibility & Allocations	12,706	15,017	15,017	-875	-15,892	-105.83%	-15,892	0
Health Board	432,000	467,832	467,832	463,669	-4,163	-0.89%	-11,167	7,004
Integration Joint Board - Core	373,929	405,101	405,101	401,990	-3,111	-0.77%	-3,286	175
Integration Fund & Other Allocations	13,915	460	460	0	-460	0.00%	-460	0
Sub-total Integration Joint Board Core	387,844	405,561	405,561	401,990	-3,571	-0.88%	-3,746	175
IJB Risk Share Arrangement	0	0	0	8,380	8,380		8,380	0
Total Integration Joint Board - Health	387,844	405,561	405,561	410,370	4,809	1.19%	4,634	175
Total Expenditure	819,844	873,393	873,393	874,039	646	0.07%	-6,533	7,179
IJB - Health	-25,275	-51,836	-51,836	-51,834	2	0.00%	2	0
Health Board	-38,441	-41,704	-41,704	-42,415	-711	1.70%	-711	0
Miscellaneous Income	-63,716	-93,540	-93,540	-94,249	-709	0.76%	-709	0
Net Position Including Income	756,128	779,853	779,853	779,790	-63	-0.01%	-7,242	7,179

4. Operational Financial Performance for the year

Acute Services

- 4.1 The Acute Services Division reports a **net overspend of £14.409m for the year to date**. This reflects an overspend in operational run rate performance of £7.459m, and unmet savings of £6.950m per Table 2 below. Within the run rate performance, pay is overspent by £5.902m. The overall position has been driven by a combination of unidentified savings and continued pressure from the use of agency locums, incremental progression and nursing recruitment in line with the workforce planning tool, as well as significant and continuous levels of supplementary staffing to support surge capacity. Backfill costs in relation to core staff have also escalated due to an increased volume in vacant posts, and sustained high levels of sickness absence. As the operational performance section of the IPQR highlights, there is increasing pressure across unscheduled care in terms of demand; the financial position demonstrates the cost impact of the additional capacity required. Included within the ASD position is £5.030m overspend relating to the budgets 'set aside' for inclusion in the IJB's strategic plans but which remain managed by the NHS Board.

Table 2: Acute Division Financial Position for the period ended March 2020

	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
Planned Care & Surgery	69,263	73,770	73,770	76,822	3,052	4.14%	909	2,143
Emergency Care & Medicine	73,254	79,394	79,394	86,849	7,455	9.39%	5,400	2,055
Women, Children & Clinical Services	54,139	55,964	55,964	60,106	4,142	7.40%	1,390	2,752
Acute Nursing	596	616	616	560	-56	-9.09%	-56	0
Other	1,932	1,940	1,940	1,756	-184	-9.48%	-184	0
Total	199,184	211,684	211,684	226,093	14,409	6.81%	7,459	6,950

As previously reported the Director of Finance presented the financial outlook and challenges over the next 3 years at the March meeting of the Finance, Performance and Resources Committee. Support in principle from the Committee to a parallel set of activities was agreed, to: firstly, conduct a very detailed assessment on the current savings plans for the next 3 years and their deliverability; and secondly to develop an

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interim set of targets to provide delivery of some cost reduction in the first 6 months of 2020/21.

Estates & Facilities

- 4.2 The Estates and Facilities budgets report an **underspend of £0.849m** which is generally attributable to vacancies, energy and water and property rates, and partially offset by an overspend on property maintenance and clinical waste.

Corporate Services

- 4.3 Within the Board's corporate services there is an **underspend of £3.312m**. Further analysis of Corporate Directorates is detailed per Appendix 2.

Non Fife and Other Healthcare Providers

- 4.4 The budget for healthcare services provided out with NHS Fife is **overspent by £1.449m** per Appendix 3. This remains an area of increasing challenge particularly given the relative higher costs of some other Boards, coupled with the unpredictability of activity levels.

Financial Plan Reserves & Allocations

- 4.5 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and new in-year allocations are held in a central budget. Whilst no specific decisions are made to hold back new allocations, there are often unplanned underspends which emerge as the year progresses. The financial flexibility of £15.892m is detailed in Appendix 4.

Integration Services

- 4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £3.571m for the year to date**. This position comprises an underspend in the run rate performance of £3.746m; together with unmet savings of £0.175m. The underlying drivers for the run rate under spend are vacancies in community nursing, health visiting, school nursing, community and general dental services across Fife Wide Division. The aforementioned underspend is partly offset by locum costs within mental health services and inpatient service costs within East and West Fife.
- 4.7 In addition the full IJB risk share cost to NHS Fife is £8.380m, and represents a risk share percentage (72%) of the full IJB overspend of £6.679m (comprising a health underspend of £3.571m and a Social Care overspend of £10.250m); the risk share position subsumes the health underspend position.
- 4.8 The net health IJB position at month 12 is therefore **£4.809m overspent**. This is a significant and unsustainable level of overspend which is impacting materially on the NHS Fife overall financial position.

Income

- 4.9 A small over recovery in income of £0.709m is shown for the year. This is due in the main to recovery of costs in relation to Road Traffic Accident reporting.

5. Pan Fife Analysis

- 5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 3 below.

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Table 3: Subjective Analysis for the Period ended March 2020

	Annual Budget	Budget	Actual	Net Over/(Under) Spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	377,919	377,919	380,087	2,168
GP Prescribing	73,807	73,807	73,799	-8
Drugs	31,744	31,744	31,875	131
Other Non-Pay	381,625	381,625	380,773	-852
IJB Risk Share	0	0	8,380	8,380
Efficiency Savings	-7,179	-7,179	0	7,179
Commitments	15,477	15,477	-875	-16,352
Income	-93,540	-93,540	-94,249	-709
Net Underspend	779,853	779,853	779,790	-63

Pay

- 5.2 The overall pay budget reflects an overspend of £2.168m. There are underspends across a number of staff groups which partly offset the overspend position within nursing & midwifery and medical & dental staff; both are being largely driven by the additional cost of supplementary staffing to cover vacancies; sickness absence and supervision policies.
- 5.3 Against a total funded establishment of 7,963 wte across all staff groups, there was an average 7.945 wte core staff in post in March.

Drugs & Prescribing

- 5.4 Across the system there is a net overspend of £0.123m on medicines. Prescribing controls in line with formulary, biosimilar switches and price reductions have been the main contributory factors. The GP prescribing position is based on 2018/19 trend analysis and December 2019 and January 2020 actual information (2 months in arrears). Medicine shortages are resulting in price increases however the financial impact is currently being contained in the main due to an under spend of £0.984m on sexual health and rheumatology drugs.

Other Non Pay

- 5.5 Other non pay budgets across NHS Fife are collectively underspent by £0.852m. The overspends are in purchase of healthcare from other Health Boards and independent providers, equipment, property & hotel expenses and surgical sundries. These are offset by underspends across a number of areas including energy and diagnostic supplies.

6 Financial Sustainability

- 6.1 The Financial Plan presented to the Board in March highlighted the requirement for £17.333m cash efficiency savings to support financial balance in 2019/20. The Plan was approved with a degree of cautious optimism and confidence that the gap would be managed in order to deliver a break even position in year 1 of the 3 year planning cycle. This view was entirely predicated on a robust and ambitious savings programme across Acute Services and the IJB; supported by ongoing effective grip and control on day to day expenditure and existing cost pressures; and early identification and control of non recurring financial flexibility. The performance noted in the table at para 6.2 falls significantly short of the savings required in 2019/20 and presents a challenge going into 2020/21.

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On 10 March, the Director of Finance set out a high-level recovery plan set of workstreams for Acute Services and the HSCP to the Finance, Performance and Resources Committee. This was aimed at creating the conditions for a sustained response to the financial challenge faced across the organisation. This presentation highlighted the need for; detailed costing information for all areas of spend; realistic delivery timescales for transformation, prioritisation of schemes over 2 years, non-recurring CRES in the interim and a full risk assessments by the end of April 2020. Specific workstreams were highlighted including; workforce capacity and utilisation, optimising day case capability, reducing LOS, maximising theatre utilisation, service redesign and role redesign and exploring the use of digital and medicines utilisation. Whilst enabling review work will continue this recovery plan will require to be paused temporarily in response to COVID 19.

- 6.2 The extent of the recurring / non recurring savings delivery for the year is illustrated in Table 4 below and reflects a c50/50 split. In addition Table 4 reflects a significant under delivery of savings within Health Board (principally Acute Services Division).

Table 4: Savings 2019/20

	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved To Date £'000	Outstanding £'000
Health Board	10,873	1,272	2,598	3,870	7,003
Integration Joint Board	6,460	3,485	2,799	6,284	176
Total Savings	17,333	4,757	5,397	10,154	7,179

7 Recommendation

- 7.1 Members are invited to approach the Director of Finance for any points of clarity on the position reported and are asked to:
- **Note** the reported core underspend of £0.063m for 2019/20 subject to external audit review.
 - **Note** the reported Covid spend of £3.711m for 2019/20 for which full Scottish Government funding is anticipated.

Finance, Performance & Resources – Finance

Appendix 1: Revenue Resource Limit

		Baseline Recurring £'000	Earmarked Recurring £'000	Non- Recurring £'000	Total £'000	Narrative
Confirmed	Opening	662,752			662,752	
Confirmed	May Adjustments	-696		-229	-925	
Confirmed	June Adjustments	16,293	3,774	6,265	26,332	
Confirmed	July Adjustments		2,863	1,678	4,541	
Confirmed	August Adjustments	280	3,268	2,341	5,889	
Confirmed	September Adjustments	-29	52,759	2,236	54,966	
Confirmed	October Adjustments		-157	1,842	1,685	
Confirmed	November Adjustments	-531	1,363	-16,058	-15,226	
Confirmed	December Adjustments		5,459	94	5,553	
Confirmed	January Adjustments		193	1,020	1,213	
Confirmed	February Adjustments		1,195	653	1,848	
Confirmed	Car T drugs			115	115	Nationally agreed
Confirmed	Adjustment to PMS GP pensions		85		85	Funding Superannuation increase
Confirmed					0	
Confirmed					0	
Confirmed					0	
	Total Core RRL Allocations	678,069	70,802	-43	748,828	
Anticipated	NSD Adjustments	-20			-20	
Anticipated	Revenue to Capital			-127	-127	
Anticipated	COVID 19			3,710	3,710	
Anticipated	Depreciation to Non-Core			-57	-57	
					0	
	Total Anticipated Core RRL Allocations	-20	0	3,526	3,506	
Confirmed	PFI Adjustment			3,374	3,374	
Confirmed	Donated Asset Depreciation			117	117	
Confirmed	Impairment			1,000	1,000	
Confirmed	AME Provision			-843	-843	
Confirmed	IFRS Adjustment			4,833	4,833	
Confirmed	Depreciation from Core Allocation			12,386	12,386	
Confirmed	ADEL			5,800	5,800	
	Total Non-Core RRL Allocations	0	0	26,667	26,667	
Anticipated	CNORIS 2			5,378	5,378	
Anticipated	Impairment			-4,505	-4,505	
Anticipated	AME Provision			-80	-80	
Anticipated	Depreciation			57	57	
	Total Anticipated Non-Core RRL Allocations	0	0	850	850	
	Grand Total	678,049	70,802	31,000	779,851	

Appendix 2: Corporate Directories

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	13,627	13,627	13,530	-97
Nhs Fife Chief Executive	209	209	210	1
Nhs Fife Finance Director	6,295	6,295	5,624	-671
Nhs Fife Hr Director	3,291	3,291	3,133	-158
Nhs Fife Medical Director	6,805	6,805	6,407	-397
Nhs Fife Nurse Director	4,240	4,240	4,071	-169
Legal Liabilities	21,619	21,619	20,089	-1,530
Early Retirements & Injury Benefits	91	91	29	-62
Regional Funding	333	333	282	-50
Nhs Fife Public Health	2,285	2,285	2,107	-178
Fife Hb Coronavirus Costs	768	768	768	0
Depreciation	13,877	13,877	13,877	0
Total	73,440	73,440	70,128	-3,312

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	95	95	58	-37
Borders	43	43	47	4
Dumfries & Galloway	24	24	60	36
Forth Valley	3,089	3,089	3,223	134
Grampian	349	349	315	-34
Greater Glasgow & Clyde	1,607	1,607	1,578	-29
Highland	131	131	202	71
Lanarkshire	111	111	211	100
Lothian	30,600	30,600	28,327	-2,273
Scottish Ambulance Service	98	98	99	1
Tayside	39,392	39,392	39,802	410
	75,539	75,539	73,922	-1,617
UNPACS				
Health Boards	8,063	8,063	10,798	2,735
Private Sector	1,209	1,209	1,822	613
	9,272	9,272	12,620	3,348
OATS				
	690	690	410	-280
Grants				
	65	65	63	-2
Total	85,566	85,566	87,015	1,449

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Appendix 4 - Financial Flexibility & Allocations

	CY Budget £'000	Flexibility Released to March-20 £'000
Financial Plan		
Drugs	1,834	1,834
Complex Weight Management	50	50
Adult Healthy Weight	104	104
National Specialist Services	32	32
Band 1s	307	307
Unitary Charge	213	213
Junior Doctor Travel	92	92
Consultant Increments	50	50
Cost Pressures	3,312	3,312
Financial Flexibility	1,245	1,245
Sub Total Financial Plan	7,239	7,239
Allocations		
Health Improvement	93	93
AME impairments	0	0
AME Provisions	0	0
Waiting List	598	598
Best Start	268	268
Advanced Breast Practitioner Radiology	35	35
Carry Forward 18-19	260	260
Neonatal Expenses	14	14
ADEL	2,927	2,927
Cancer Waiting Times	135	135
New Medicine Fund	2,381	2381
Additional Elective Activity	40	40
Capital Receipts	1,027	1027
Sub Total Allocations	7,778	7,778
Legal Fees / Industrial Tribunal	875	875
Total	15,892	15,892

Capital Expenditure

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

Local Performance



Commentary

The total Capital Resource Limit for 2019/20 is £9.286m. The capital position for the 12 months to March shows investment of £9.257m, equivalent to 99.68% of the total allocation.

Current Challenges

Overall programme of work to address all aspects of backlog maintenance, statutory compliance, equipment replacement, and investment in technology considerably outstrips capital resource limit available

Improvement Actions	Progress	Timescale/Status
1. Managing expenditure programme within resources available	Risk management approach adopted across all categories of spend	Mar 2020 Complete

1. Annual Operational Plan

- 1.1 The Capital Plan 2019/20 was approved by the NHS Board on 27 March 2019. For information, changes to the plan since its initial approval in March are reflected in Appendix 1. On 3 June 2019 NHS Fife received confirmation of initial core capital gross allocation amounts of £7.394m. NHS Fife has received a capital allocation of £0.120m for Hospital Eye Scotland for the procurement of ophthalmic equipment. NHS Fife has received an allocation of £1.703m for the new Elective Orthopaedic Centre and an expected adjustment for the transfer to revenue schemes that has been actioned in the year (£0.107m). NHS Fife has received an allocation of £0.175m for Imaging Equipment. Due to the lack of the sale of a piece of land at Skeith Health Centre which Scottish Government accounted for in the capital receipts a saving of £61k had to be made on the capital programme. There was also net book value write off for £34k which allowed additional spend on the programme. This resulted in an under spend of £27k with an under spend on the programme itself of £2k resulting in an overall under spend position of £29k.

2. Capital Receipts

- 2.1 Work continues on asset sales with several disposals planned or completed:

- Lynebank Hospital Land (Plot 1) (North) – Under offer
- Forth Park Maternity Hospital – Sold
- Fair Isle Clinic – Sold
- Skeith Land – now on market
- ADC – Sold

Discussions with the SGHSCD have confirmed use of the capital receipts to support the challenges in the Board's revenue position.

3. Expenditure To Date / Major Scheme Progress

- 3.1 Details of the expenditure position across all projects are set out in the dashboard summary above. Project Leads have provided an estimated spend profile against which actual expenditure is being monitored. This is based on current commitments and historic spending patterns. The expenditure to date amounts to £9.257m or 99.68% of the total allocation, in line with the plan, and as illustrated in the spend profile graph above.

- 3.2 The main areas of investment to date include:

Statutory Compliance	£3.413m
Minor Works	£0.467m
Equipment	£2.598m
E-health	£0.948m
Elective Orthopaedic Centre	£1.741m

4. Capital Expenditure Outturn

- 4.1 At the end of the financial year the Board has spent 99.68% of the Capital Resource Limit.

5. Recommendation

5.1 Members are invited to approach the Director of Finance or Chief Executive for any points of clarity on the position reported and are asked to:

note the capital expenditure position to 31 March 2020 of £9.257m and delivery of the capital resource limit target (subject to external audit review).

Appendix 1: Capital Expenditure Breakdown

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2019/20 £'000
COMMUNITY & PRIMARY CARE			
Statutory Compliance	824	890	890
Capital Minor Works	359	351	351
Capital Equipment	91	91	91
Condemned Equipment			
Total Community & Primary Care	1,274	1,331	1,331
ACUTE SERVICES DIVISION			
Capital Equipment	2,378	2,412	2,412
Statutory Compliance	2,371	2,423	2,423
Minor Works	165	116	116
Condemned Equipment	95	95	95
Elective Orthopaedic Centre	1,703	1,741	1,741
Total Acute Services Division	6,711	6,787	6,787
NHS FIFE WIDE SCHEMES			
Condemned Equipment			
Information Technology	1,041	948	948
Equipment Balance	0	0	0
Scheme Development	60	20	20
Contingency	100	71	71
Statutory Compliance - Fire Compartmentation	100	100	100
Minor Works	0	0	0
Total NHS Fife Wide Schemes	1,301	1,139	1,139
TOTAL ALLOCATION FOR 2019/20	9,286	9,257	9,257

Appendix 2: Capital Plan - Changes to Planned Expenditure

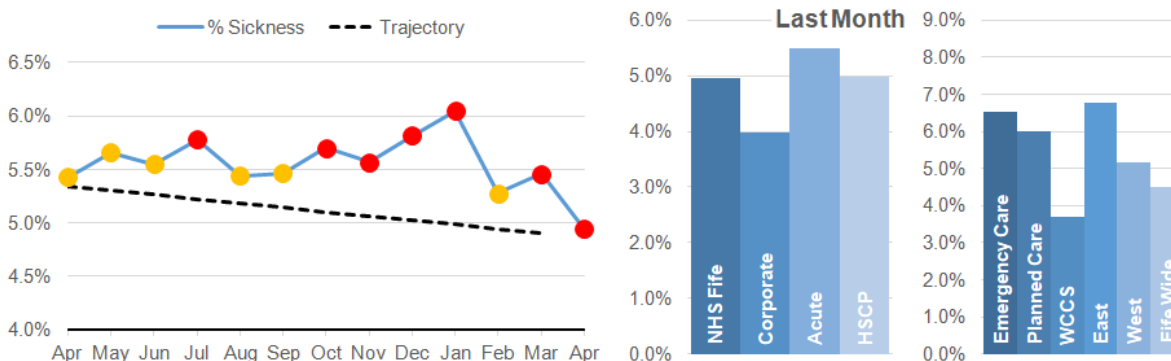
Capital Expenditure Proposals 2019/20	Board Approved 27/03/2019 £'000	Cumulative Adjustment to February £'000	March Adjustment £'000	Total March £'000
Routine Expenditure				
Community & Primary Care				
Minor Capital		346	4	351
Capital Equipment		91	0	91
Statutory Compliance		987	-97	890
Condemned Equipment				
Total Community & Primary Care	0	1,424	-93	1,331
Acute Services Division				
Minor Capital		165	-49	116
Capital Equipment		2,288	125	2,412
Statutory Compliance		2,418	4	2,423
Condemned Equipment		95		95
Elective Orthopaedic Centre		1,703	38	1,741
	0	6,668	119	6,787
Fife Wide				
Minor Work	498	-498		0
Information Technology	1,041		-93	948
Backlog Maintenance / Statutory Compliance	3,569	-3,469	0	100
Condemned Equipment	90	-90		0
Scheme Development	60		-40	20
Fife Wide Equipment	2,036	-2,036		0
Fife Wide Contingency Balance	100		-29	71
Total Fife Wide	7,394	-6,093	-162	1,139
Total	7,394	1,999	-136	9,257

Staff Governance

Sickness Absence

To achieve a sickness absence rate of 4% or less
Improvement Target for 2020/21 = **TBC**

Local Performance



National Benchmarking

Month	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	5.42%	5.66%	5.55%	5.78%	5.44%	5.46%	5.70%	5.57%	5.82%	6.05%	5.28%	5.46%	4.95%
Scotland	5.04%	5.23%	4.98%	5.22%	5.18%	5.24%	5.69%	5.58%	5.83%	5.99%	5.27%	5.20%	

Current Challenges

Sickness Absence Rate Significantly Above Standard – **Action 1**

High Level of Sickness Absence Related to Mental Health – **Action 2**

Improvement Actions	Progress	Timescale/Status
1. Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence	<p>The Regional Workforce Dashboard (Tableau) has been rolled out. The Dashboard provides managers with timely workforce information which they can interrogate in order to identify trends and priority areas.</p> <p>Tableau will be utilised in future by Managers, HR, OH and the Well@Work group to target future interventions to the appropriate areas.</p> <p>OH drop-in sessions were undertaken in September and October 2019, and local processes have been refreshed in conjunction with Attendance Management Leads to standardise approach and reflect the Once for Scotland approach.</p> <p>Business units are utilising trajectory reporting and RAG status reports.</p> <p>Further OH Drop-in Sessions will take place in Spring 2020.</p>	Mar 2020 ON HOLD
2. Early OH intervention for staff absent from work due to a Mental Health related reason	<p>This has been in place since March 2019 and is now in the process of being reviewed by OH, HR, service and staff side colleagues to check on the appropriateness and impact of this approach.</p> <p>Initial consideration of factors including how we promote general awareness of mentally healthy workplaces, support for managers to create mentally healthy and resilient workplaces and further awareness raising of support for staff to be concluded by April 2020.</p>	Apr 2020 ON HOLD

CAROL POTTER

Chief Executive

20th May

Prepared by:

SUSAN FRASER

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Fife Integrated Performance & Quality Report

Produced in June 2020



Introduction

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

The IPQR comprises of the following sections:

I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Assessment

II. Performance Assessment Reports

- a. Clinical Governance
- b. Finance, Performance & Resources
 - Operational Performance
 - Finance
- c. Staff Governance

Section II provides further detail for indicators of continual focus or those that are currently underperforming. Each 'drill-down' contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions.

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

I. Executive Summary

At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit. This section of the IPQR provides a summary of performance against LDP Standards and local Key Performance Indicators (KPI). These indicators are listed within the Indicator Summary, which shows current, previous and (where appropriate) 'Year Previous' performance as well as benchmarking against other mainland NHS Boards.

The 2020/21 Annual Operational Plan (AOP) was produced before the COVID-19 Pandemic, and its content, both in terms of planned improvement work and performance improvement trajectories, was being discussed with the Scottish Government when the lockdown started. The suspension of many services means that the AOP will require significant rework before it can be agreed with the SG. As such, it cannot currently be reflected in the IPQR.

An alternative source for Improvement Actions in the 2020/21 IPQR, specifically for performance areas relating to Waiting Times, is the Joint Mobilisation Plan (JMP) for Fife. This has been produced at the request of the Scottish Government in order to describe the steps being taken by the Health Board and Health & Social Care Partnership to recover services which were 'paused' from the start of the COVID-19 lockdown. This issue of the IPQR includes the initial proposals for these actions.

Improvement Actions carry a '20' or '21' prefix, to identify those continuing from 2019/20 and those identified as new for this FY.

No Performance Improvement Trajectories are included in the run charts at this stage.

As part of the JMP, a spreadsheet showing projected activity across critical services has been created by Scottish Government and will be a 'living document' as we go forward. The latest version of this is shown in Appendix 1.

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 9 (31%) classified as **GREEN**, 4 (14%) **AMBER** and 16 (55%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

In addition to measures which consistently achieve/exceed the Standard performance (IVF Treatment Waiting Times – regional service delivered by NHS Tayside - Antenatal Access and Drugs & Alcohol Treatment Waiting Times), there was notable improvement (almost certainly attributable to the lockdown) in the following areas during the last reporting period:

- 4-Hour Emergency Access Standard achieved for the first time July 2019 – attendance almost 60% less at VHK than in April 2019, resulting in far fewer 4-Hour breaches than in previous months
- 18 Weeks RTT Standard achieved for first time since September 2016 – number of patients treated in April was almost 75% less than in April 2019
- Significant reduction in % Bed Days Lost due to patients in delay as a result of a 50% fall in the number of patients in delay across ASD and the Community Hospitals
- Smoking Cessation - highest monthly quit number of year recorded in January 2020
- Sickness Absence – lowest monthly absence rate since June 2018, possibly positively impacted by guidelines around reporting Coronavirus-related absence from work

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 3 (10%) within upper quartile, 19 (66%) in mid-range and 7 (24%) in lower quartile.

There are indicators where national comparison is not available or not directly comparable.

Indicator Summary



Indicator Summary				Performance								Benchmarking			
				meets / exceeds the required Standard / on schedule to meet its annual Target								Upper Quartile			
				behind (but within 5% of) the Standard / Delivery Trajectory								Mid Range			
				more than 5% behind the Standard / Delivery Trajectory								Lower Quartile			
Section	LDP Standard	Standard	Target 2020/21	Reporting Period	Year Previous		Previous		Current			Reporting Period	Fife		Scotland
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A	Month	Apr-19	58	Mar-20	23	Apr-20	26	↓	N/A			
	N/A	HSMR	N/A	Year Ending	Dec-18	N/A	Sep-19	1.02	Dec-19	1.02	↔	YE Dec-19	1.02	●	1.00
	N/A	Inpatient Falls	5.97	Month	Apr-19	7.42	Mar-20	7.94	Apr-20	7.77	↑	N/A			
	N/A	Inpatient Falls with Harm	2.16	Month	Apr-19	1.60	Mar-20	1.33	Apr-20	1.73	↓	N/A			
	N/A	Pressure Ulcers	0.42	Month	Apr-19	0.50	Mar-20	1.06	Apr-20	1.02	↑	N/A			
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Dec-18	1.7%	Sep-19	2.5%	Dec-19	2.3%	↑	QE Dec-19	2.3%	●	0.9%
	N/A	SAB - HAI/HCAI	19.5	Quarter Ending	Apr-19	16.9	Mar-20	11.4	Apr-20	10.6	↓	YE Dec-19	13.5	●	16.2
	N/A	SAB - Community	N/A	Quarter Ending	Apr-19	14.3	Mar-20	6.5	Apr-20	13.1	↑	YE Dec-19	10.5	●	9.4
	N/A	C Diff - HAI/HCAI	6.7	Quarter Ending	Apr-19	4.5	Mar-20	10.3	Apr-20	10.6	↓	YE Dec-19	8.8	●	13.3
	N/A	C Diff - Community	N/A	Quarter Ending	Apr-19	4.4	Mar-20	1.1	Apr-20	2.2	↓	YE Dec-19	4.0	●	4.7
	N/A	ECB - HAI/HCAI	36.6	Quarter Ending	Apr-19	51.7	Mar-20	47.9	Apr-20	43.9	↑	YE Dec-19	43.1	●	39.3
	N/A	ECB - Community	N/A	Quarter Ending	Apr-19	27.5	Mar-20	28.0	Apr-20	26.1	↑	YE Dec-19	35.5	●	43.7
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Apr-19	78.1%	Mar-20	71.8%	Apr-20	68.0%	↓	2018/19	70.7%	●	81.5%
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Apr-19	44.7%	Mar-20	34.7%	Apr-20	24.7%	↓	2018/19	49.1%	●	53.7%
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Mar-19	100.0%	Feb-20	100.0%	Mar-20	100.0%	↔	N/A			
	95%	4-Hour Emergency Access		Month	Apr-19	94.7%	Mar-20	91.8%	Apr-20	96.8%	↑	Apr-20	96.8%	●	94.9%
	100%	Patient TTG (Ongoing Waits)		Month	Apr-19	88.5%	Mar-20	83.1%	Apr-20	57.3%	↓	Mar-20	83.2%	●	64.4%
	95%	New Outpatients Waiting Times		Month	Apr-19	98.0%	Mar-20	95.2%	Apr-20	74.8%	↓	Mar-20	95.2%	●	74.9%
	100%	Diagnostics Waiting Times		Month	Apr-19	99.8%	Mar-20	97.8%	Apr-20	46.3%	↓	Mar-20	97.9%	●	75.8%
	95%	Cancer 31-Day DTT		Month	Apr-19	89.9%	Mar-20	97.6%	Apr-20	94.5%	↓	QE Dec-19	97.7%	●	96.5%
	95%	Cancer 62-Day RTT		Month	Apr-19	84.4%	Mar-20	85.9%	Apr-20	67.5%	↓	QE Dec-19	89.6%	●	83.7%
	90%	18 Weeks RTT		Month	Apr-19	80.9%	Mar-20	84.3%	Apr-20	90.1%	↑	Dec-19	82.0%	●	78.9%
	29%	Detect Cancer Early	27%	Year Ending	Sep-18	26.9%	Jun-19	25.2%	Sep-19	24.8%	↓	2017, 2018	25.1%	●	25.5%
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Apr-19	7.5%	Mar-20	9.6%	Apr-20	5.6%	↑	QE Dec-19	7.2%	●	7.1%
	N/A	Delayed Discharge (# Standard Delays)	N/A	Month	Apr-19	65	Mar-20	58	Apr-20	24	↑	Apr-20	6.42	●	7.47
	80%	Antenatal Access	80%	Month	Aug-18	87.5%	Jul-19	84.2%	Aug-19	86.6%	↑	2018/19	91.3%	●	87.6%
	473	Smoking Cessation	473	YTD	Jan-19	81.9%	Dec-19	87.9%	Jan-20	92.4%	↑	YT Sep-19	91.5%	●	91.1%
	90%	CAMHS Waiting Times		Month	Apr-19	72.3%	Mar-20	83.1%	Apr-20	67.0%	↓	QE Mar-20	76.0%	●	65.1%
	90%	Psychological Therapies Waiting Times		Month	Apr-19	66.1%	Mar-20	78.4%	Apr-20	62.0%	↓	QE Mar-20	70.1%	●	77.6%
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Dec-18	72.1%	Sep-19	77.3%	Dec-19	75.7%	↓	YT Dec-19	51.8%	●	83.7%
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Feb-19	95.5%	Jan-20	87.1%	Feb-20	96.1%	↑	QE Dec-19	96.0%	●	95.0%
	N/A	Dementia Post-Diagnostic Support		Annual	2016/17	87.3%	2017/18	86.8%	2018/19	92.1%	↑	2017/18	86.8%	●	72.5%
	N/A	Dementia Referrals		Annual	2016/17	60.0%	2017/18	55.3%	2018/19	60.6%	↑	2017/18	55.3%	●	42.3%
	N/A	Freedom of Information Requests	85%	Quarter Ending	Apr-19	73.1%	Mar-20	72.1%	Apr-20	80.3%	↑	N/A			
Finance	N/A	Revenue Expenditure	£0	Month	May-19	N/A	Apr-20	N/A	May-20	£2.839m	N/A				
	N/A	Capital Expenditure	£7.394m	Month	May-19	N/A	Apr-20	N/A	May-20	£1.280m	N/A				
Staff Governance	4.00%	Sickness Absence		Month	Apr-19	5.42%	Mar-20	5.46%	Apr-20	4.95%	↑	YE Mar-20	5.49%	●	5.31%

d. Assessment


The Executive Summary Assessment currently focuses, where possible, on the impact of the COVID-19 pandemic on services.

Clinical Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
HSMR	1.00	N/A	N/A	YE Dec-19	1.02	YE Dec-19	●
The annual HSMR for NHS Fife was unchanged during the final quarter of 2019, and remained slightly above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.							
Inpatient Falls (with Harm)	2.16	Apr-20	2.16	Apr-20	1.73	N/A	N/A
Reduce falls with harm by 20% by December 2020							
The changes in service delivery due to the COVID-19 pandemic have changed clinical area function and this has been dynamic in response to the need for green and red capacity. This includes a change in numbers of patients in ward areas and the use of PPE and social distancing, all of which have had an impact on the way that staff deliver care. Moving forward we will need to continue to review our approaches to continue to reduce falls with harm.							
Pressure Ulcers	0.42	Never Met	0.42	Apr-20	1.02	N/A	N/A
50% reduction by December 2020							
Assessing the impact of COVID-19 on performance is difficult as our response has changed the clinical area function and pathway, and this has led to a dynamic response to the need for green and red capacity. A brief deep dive exercise of data to date has is being undertaken to identified wards (HSCP) who reported pressure incidents during the pandemic to learn the reasons behind them.							
Caesarean Section SSI	N/A	QE Dec-19	2.5%	QE Dec-19	2.3%	QE Dec-19	●
We will reduce the % of post-operation surgical site infections to 2.5%							
In response to the COVID-19 pandemic and the resultant increased demand on IPCTs, the CNO issued a letter on 25th March stating that there would be a temporary pause on all Surgical Site Infection surveillance. This remains the case until further notice.							
SAB (MRSA/MSSA)	18.8	QE Apr-20	19.5	QE Apr-20	10.6	YE Dec-19	●
We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022							
Infection control surveillance has continued throughout the COVID-19 pandemic. The number of infections has fallen (as might have been expected with a much-reduced bed occupancy rate throughout the Acute and Community hospitals).							
C Diff	6.5	QE Jun-19	6.7	QE Apr-20	10.6	YE Dec-19	●
We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022							
Infection control surveillance has continued throughout the COVID-19 pandemic. Despite a much-reduced bed occupancy rate throughout the Acute and Community hospitals), the C Diff infection rate has remained fairly static, although infection numbers are low.							
ECB	33.0	Never Met	36.6	QE Apr-20	43.9	YE Dec-19	●
We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022							
Infection control surveillance has continued throughout the COVID-19 pandemic. Prior to this, an Exception Report was received from HPS in relation to the number of ECB in the final quarter of 2019. The number of infections has fallen (as might have been expected with a much-reduced bed occupancy rate throughout the Acute and Community hospitals).							
Complaints - Stage 2	N/A	Never Met	65%	QE Apr-20	24.7%	FY 2018/19	●
At least 75% of Stage 2 complaints are completed within 20 working days							
During the early onset of COVID-19, Patient Relations were advised that the clinical team's priority was focused on the pandemic and that responding to complaints would not be high priority. While the clinical services aimed to respond, there have been significant delays and a reduced complaint workload. Responding to complaints in line with the timescales of the National Complaint Handling Procedure has therefore suffered.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
4-Hour Emergency Access 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Apr-20	TBC	Apr-20	96.8%	Apr-20	●
Performance against the 4-Hour Emergency Access Standard has improved during the COVID-19 pandemic as a result of the significant reduction in presentations at ED. This, combined with the impact of the Urgent Care Centres, has reduced admission numbers and breaches for bed waits have become rare.							
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	TBC	Apr-20	57.3%	QE Mar-20	●
Performance has been hugely affected during the COVID-19 pandemic, as a result of all non-urgent elective work being paused. The drop in referrals has meant the overall waiting list has remained stable, but the number of patients already waiting more than 12 weeks for treatment has increased by a factor of 5 since March, and recovery to the pre-pandemic position will be a lengthy process.							
New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	TBC	Apr-20	74.8%	Mar-20	●
In response to COVID-19, Outpatient services in Fife were suspended week beginning 23rd March, with a limited service available for urgent and urgent suspicion of cancer outpatients only. Whilst the number of patients on list waiting to be seen has remained stable due to reduced referrals, the number of patients waiting over 12 weeks to be seen has increased significantly.							
Diagnostics 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)	100%	Apr-16	TBC	Apr-20	46.3%	Mar-20	●
The pausing of non-urgent services from late March due to COVID-19 has resulted in a significant fall in the % of patients waiting no more than 6 weeks for a diagnostics test. While the overall waiting list has remained stable due to a similar fall in referrals, the number of patients waiting more than 6 weeks (particularly for Imaging) has increased to over half of the overall figure.							
Cancer 62-Day RTT 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	TBC	Apr-20	67.5%	QE Dec-19	●
NHS Fife's response to COVID-19 ensured that cancer services were prioritised and maintained, although public anxiety early on in the pandemic resulted in patients choosing not to attend appointments. A full diagnostic radiology service has been maintained for urgent suspicion of cancer patients, and private sector surgical capacity has been utilised for breast, ENT and urology patients. Nevertheless, performance has fallen significantly during the pandemic.							
FOI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	Never Met	85%	QE Apr-20	80.3%	N/A	N/A
Due to the COVID-19 pandemic, any FOI requests closed between 7th April and 26th May, inclusive, have been subject to a 60-day closure allowance rather than the normal 20 days. The Information Governance & Security Team, who now manage all NHS Fife FOI requests as well as co-ordinating efforts with the Health & Social Care Partnership, have largely been able to improve closure performance during this period.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Aug-18	5%	Apr-20	5.6%	QE Dec-19	●
Bed days lost due to patients in delay has reduced significantly during the COVID-19 pandemic, a natural result of the actual number of delayed patients reducing by half. The challenge will be to maintain this as normal working resumes.							
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT Jan-20	92.4%	YT Sep-19	●
Smoking Cessation activities have been impacted by the COVID-19 pandemic as we are unable to conduct face to face support within GP practices and hospital clinics or use the mobile unit to reach our most vulnerable communities. Changes to the service model have been introduced to address the various challenges. The specialist service has agreed to support the pharmacy stop smoking service by undertaking the outstanding follow-ups due now and for the foreseeable future. Whilst the number of clients has reduced, there is increased workload associated with arranging extended supplies of medication for clients and alternative collection and delivery options through community pharmacy. Advisors also describe long conversations with clients facing difficult personal circumstances at this time.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	TBC	Apr-20	67.0%	QE Mar-20	
Perfromance has not been hugely affected so far due to the COVID-19 pandemic, with a drop-off in referrals and continuing work in improved signposting by Primary Mental Health Workers resulting in a fall in waiting times. However, plans for group work will have to be reviwed to reflect new social distancing rules, and the underlying challenge of meeting demand with available capacity remains.							
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	TBC	Apr-20	62.0%	QE Mar-20	
While performance has not been hugely affected so far due to the COVID-19 pandemic, there has been a drop-off in referrals which is very likely to be reversed during the next few months, above current capacity. In addition, the inability to hold group sessions due to social distancing restrictions will impact on treatment plans.							

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	May-20	+ £2.839m	N/A	N/A
Following the unprecedented challenges created by the outbreak of the COVID-19 pandemic and the resultant public health emergency, our financial reporting has been expanded to encompass: our 'business as usual' or core position; and COVID-19 additional costs. The validation of additional COVID-19 spend has necessitated an informed desktop assessment to be made of offsetting cost reductions (health costs that have reduced as a result of the COVID-19 response). In parallel, a desktop assessment has been made re potential savings generated, to ensure a continued effort to meet our efficiency savings requirements; albeit we have signposted to SG a level of expected underachievement of savings for the 2020/21 financial year as part of our Local Mobilisation Financial Template process.							
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£7.394m	N/A	£7.394m	May-20	£1.280m	N/A	N/A
The total anticipated Capital Resource Limit for 2020/21 is £7.394m. The capital position for the 2 months to May shows investment of £1.280m, equivalent to 17.32% of the total allocation							

Staff Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	TBC	Apr-20	4.95%	YE Mar-20	
Sickness absence levels have fallen in the first two months of the COVID-19 pandemic. It is difficult to draw any firm conclusions around this due to the way that pandemic-related absence (either due to having the infection or requiring to self-isolate) is being handled, and the situation will be monitored as we return to 'normal' and restart various Attendance Management activities.							

II. Performance Exception Reports

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Staff Governance

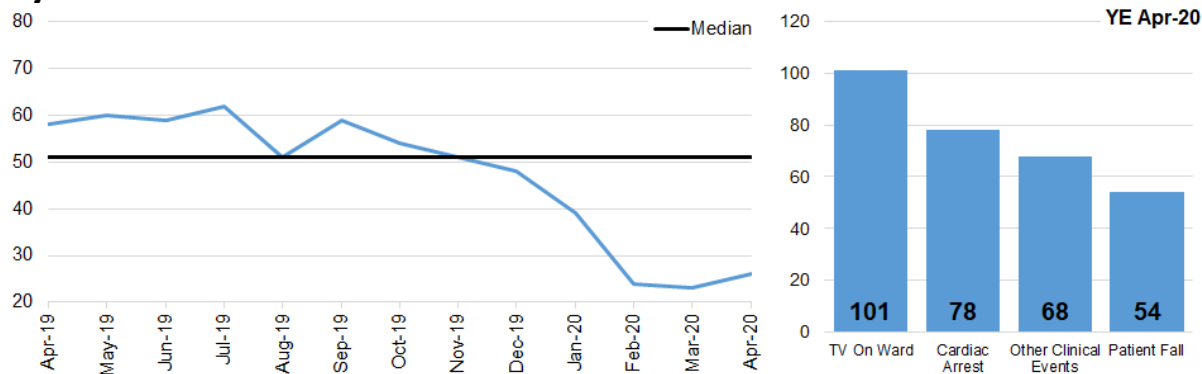
Sickness Absence	43
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Clinical Governance

Adverse Events

*An event that could have caused (a near miss), or did result in, harm to people or groups of people.
Harm is defined as an outcome with negative effect.*

Major and Extreme Adverse Events



All Adverse Events

	Month	2019/20												20/21
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
ALL	NHS Fife	1234	1292	1242	1405	1297	1248	1355	1356	1386	1395	1304	1103	875
	Acute Services	537	594	566	562	573	532	659	575	583	616	635	461	367
	HSCP	645	626	629	800	668	670	646	732	766	743	618	619	476
	Corporate	52	72	47	43	56	46	50	49	37	36	51	23	32
CLINICAL	NHS Fife	853	935	833	914	833	814	939	889	927	909	920	782	597
	Acute Services	485	551	516	519	517	486	593	534	525	556	573	429	339
	HSCP	356	347	297	380	284	310	320	337	391	335	328	339	240
	Corporate	12	37	20	15	32	18	26	18	11	18	19	14	18

Clinical Governance

HSMR

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

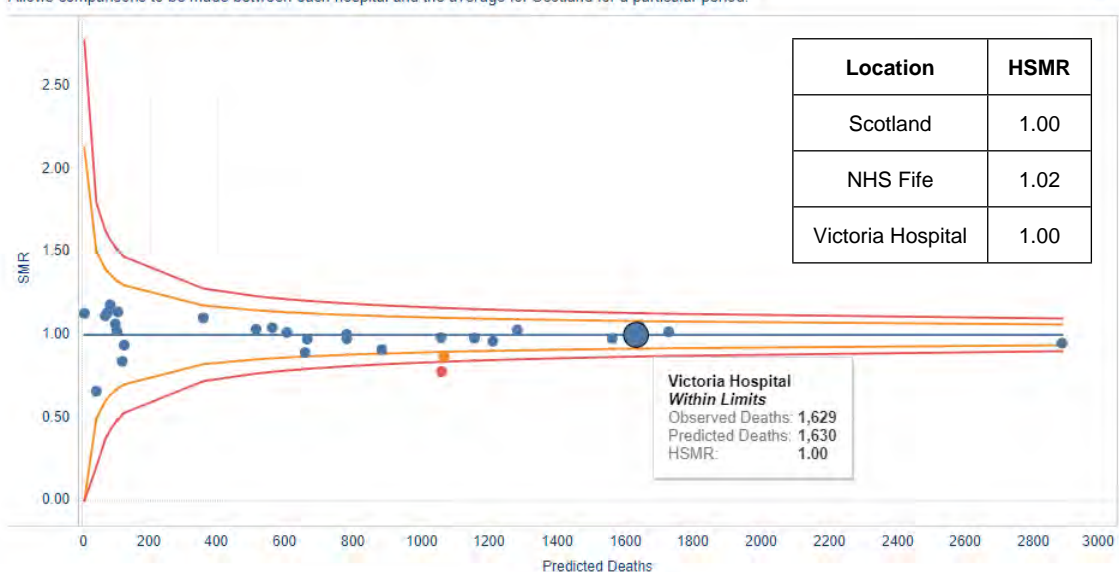
Reporting Period; January 2019 to December 2019^p

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 rates for Scotland, NHS Fife (as a whole) and Victoria Hospital as an entity in itself are shown in the table within the Funnel Plot.

Funnel Plot by Hospital: January 2019 to December 2019

Allows comparisons to be made between each hospital and the average for Scotland for a particular period.



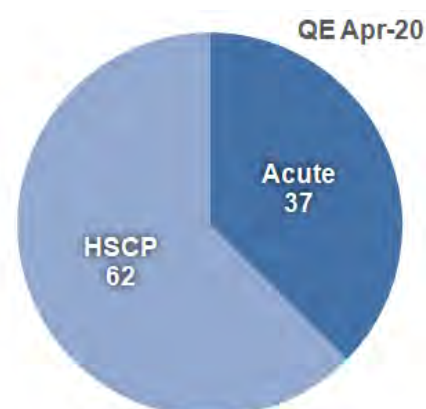
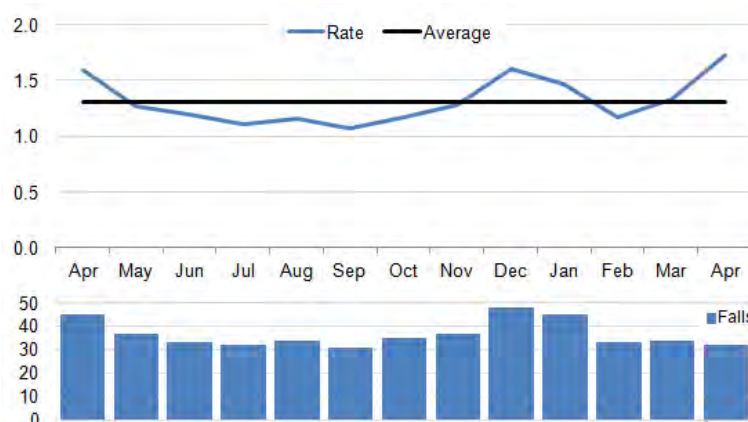
Clinical Governance

Inpatient Falls with Harm

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

Improvement Target rate (by end December 2020) = **2.16 per 1,000 OBD**

Local Performance



Service Performance

Month	2019/20												20/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	1.60	1.26	1.19	1.10	1.16	1.08	1.17	1.28	1.61	1.47	1.16	1.33	1.73
Acute Services	0.94	0.67	1.33	0.61	0.89	0.98	0.81	1.08	1.03	0.99	0.84	1.26	1.93
HSCP	2.14	1.77	1.07	1.51	1.38	1.16	1.48	1.44	2.10	1.89	1.44	1.38	1.61

Key Challenges in 2020/21

The changes in service delivery due to the COVID-19 pandemic have changed clinical area function and this has been dynamic in response to the need for green and red capacity. This includes a change in numbers of patients in ward areas and the use of PPE and social distancing, all of which have had an impact on the way that staff deliver care. Moving forward we will need to continue to review our approaches to continue to reduce falls with harm.

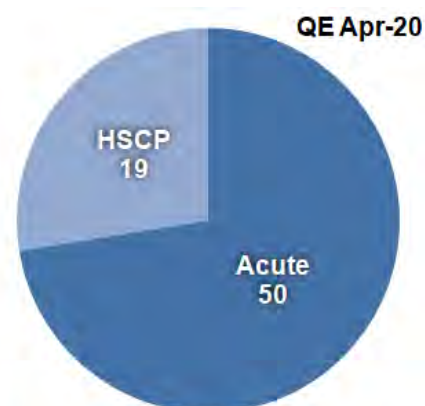
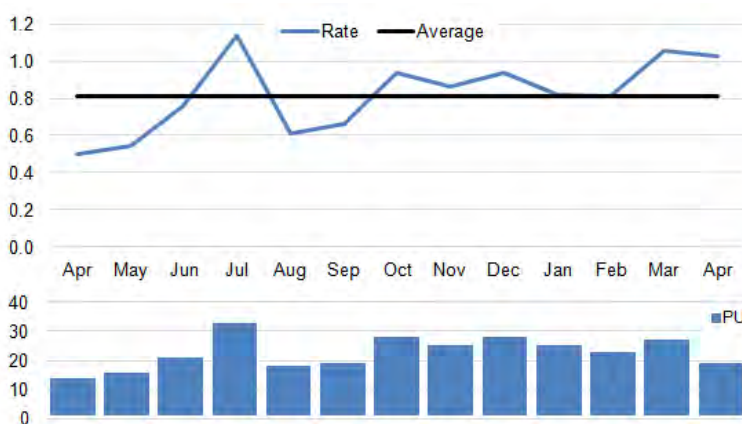
Improvement Actions	Update
20.3 Falls Audit By TBC	The audit was completed over a 5 week period, focused on 5 acute wards and showed that falls intervention reviews are poorly completed. Improvement is anticipated following the launch of the revised toolkit, and a further compliance audit (originally planned for February/March 2020) will be rescheduled later in 2020 with local work continuing to improve practice.
20.5 Improve effectiveness of Falls Champion Network By TBC	The Falls Champions Network was anticipated as a regular face to face session to support champions. Challenges in maintaining the network were being explored with some discussion regarding a Fife wide more virtual approach using technology. This discussion will be recommenced in the coming weeks with plans around developing an information/training pack to support development, shared learning and consistency. This will also consider information boards within the wards and falls related information.
21.1 Refresh of Plans By TBC	Next meeting planned for 12 th August with a view to refreshing the group workplan at that time for the coming year.

Clinical Governance

Pressure Ulcers

Achieve 50% reduction in pressure ulcers (grades 2 to 4) developed in a healthcare setting
Improvement Target rate (by end December 2020) = **0.42 per 1,000 Occupied Bed Days**

Local Performance



Service Performance

Month	2019/20												20/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	0.50	0.55	0.76	1.14	0.61	0.66	0.94	0.86	0.94	0.82	0.81	1.06	1.02
Acute Services	0.70	0.89	1.25	2.15	1.27	0.98	1.39	1.62	1.40	1.20	1.23	1.94	2.08
HSCP	0.32	0.25	0.33	0.31	0.06	0.39	0.55	0.25	0.56	0.49	0.46	0.46	0.42

Key Challenges in 2020/21

Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance

Improvement Actions	Update
20.4 Improve consistency of reporting	Action complete
20.5 Review TV Champion Network Effectiveness By Sep-20	Regular sessions to support the already existing TV Champions Network is challenging due to clinical commitment. We need to consider how best to support the champions to deliver their role effectively. We are utilising the Teams IT system to reach all TV champions.
20.6 Reduce PU development By Oct-20	Redesign of the Quality Improvement Model to support the clinical teams to reduce harm, led by a HoN from the HSCP and ASD. To provide senior leadership support in practice.
21.1 Improve reporting of PU By Oct-20	First initial TV Steering meeting held on 2 nd June to re-ignite the TV work stream, with next meeting scheduled for 8 th July. We are annotating the TV Report Charts to reflected the COVID 19 pandemic to better understand the reasons behind the data and support improvement measures. A "Deep Dive" exercise is being undertaken into identified wards (HSCP) who reported pressure incidents during the pandemic to learn the reasons behind them

Clinical Governance

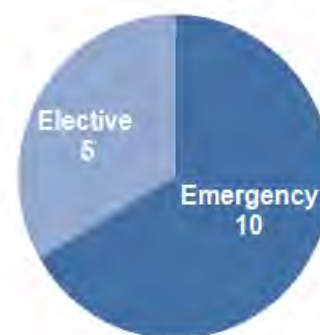
Caesarean Section SSI

To reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 to **2.5%** by March 2021

Local Performance



QE Dec-19



Service Performance

Quarter Ending	2017/18				2018/19				2019/20			
	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20
NHS Fife	3.0%	4.5%	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%	
Scotland	1.2%	1.3%	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%	

Key Challenges in 2020/21

NHS Fife SSI Caesarean Section incidence still remains higher than the Scottish incidence rate (no data for 2020 available at this stage)

Improvement Actions	Update
20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan <i>By Oct-20 ON HOLD</i>	<p>The most recent scheduled SSI Implementation Group meetings (for April and May 2020) were cancelled due to the pandemic. The next meeting is due to take place on 2nd July, via Microsoft Teams.</p> <p>The new case ascertainment methodology was adopted from October 2019. Following the recommencement of SSI surveillance, the new methodology will continue to be applied and assessed for its effectiveness.</p>
20.2 Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	<p>Work continuing as part of routine working, action can be closed</p>

Clinical Governance

SAB (HAI/HCAI)

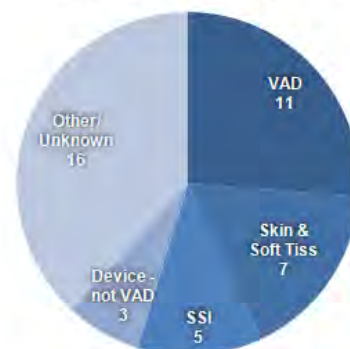
Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Note: This equates to reducing the NHS Fife rate from 20.9 to 18.8 (per 100,000 TOBD) over 3 years, or to 20.2 by March 2020, 19.5 by March 2021 and 18.8 by March 2022

Local Performance



Infection Source: YE Apr-20



National Benchmarking | Year Ending

Year Ending		2018/19			2019/20			
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	20.7	22.1	20.9	17.6	15.2	13.5	
Scotland		17.4	17.6	16.8	16.7	16.9	16.2	

Key Challenges in 2020/21

Achieving a 10% reduction of healthcare-associated SAB by March 2022

Improvement Actions	Update
20.1 Reduce the number of SAB in PWIDs <i>By Mar-21</i>	The Infection Prevention Control Team continue to support the Addiction Services with the SAB improvement project. This has been on hold by the Addictions management team until they have prioritised their ongoing working projects, however future meetings are currently being organised. A SOP for accessing antibiotics for patients identified with SSTI by Addiction Services is out for consultation with GPs.
20.2 Ongoing surveillance of all VAD-related infections <i>By Mar-21</i>	Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement. This has continued throughout the pandemic.
20.3 Ongoing surveillance of all CAUTI <i>By Mar-21</i>	Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) are taking place, to identify key issues and take appropriate corrective actions. The group last met on 25 th February. The meeting on 24 th April was postponed due to the pandemic but is to meet again on 19 th June.
20.4 Optimise comms with all clinical teams in ASD & the HSCP <i>By Mar-21</i>	Monthly anonymised reporting with Microbiology comments to gain better understanding of disease process and those most at risk. This allows local resources to be focused on high risk groups/areas and improve patient outcomes. Ward Dashboard continuously updated, for clinical staff to access at ward level and also to be displayed for public assurance. This has all continued throughout the pandemic.

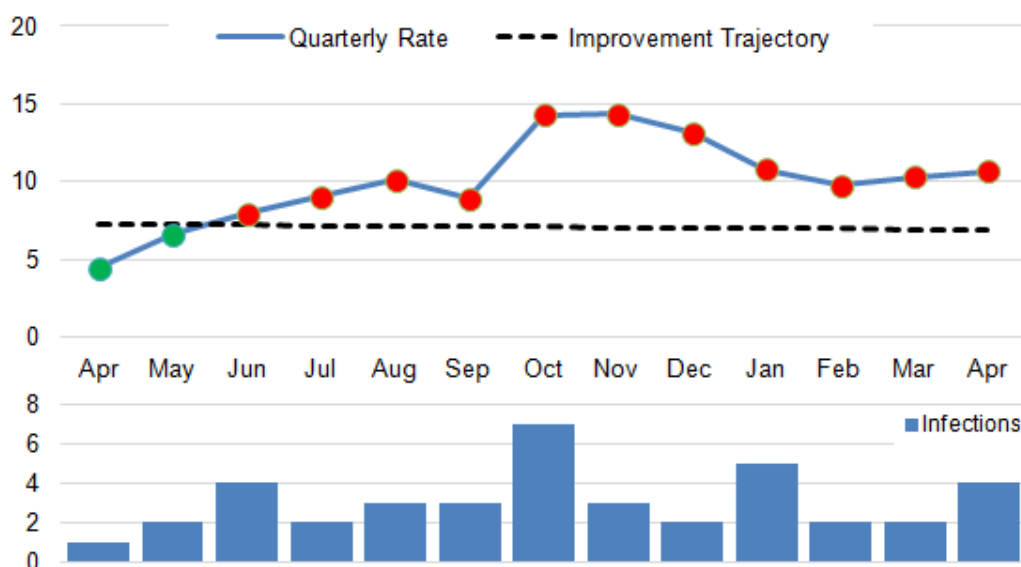
Clinical Governance

C Diff (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Note: This equates to reducing the NHS Fife rate from 7.2 to 6.5 (per 100,000 TOBD) over 3 years, or to 6.9 by March 2020, 6.7 by March 2021 and 6.5 by March 2022

Local Performance



National Benchmarking | Year Ending

Year Ending		2018/19				2019/20		
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	7.8	7.3	7.2	8.2	8.6	8.8	
Scotland		15.0	15.2	14.7	13.9	13.1	13.3	

Key Challenges in 2020/21

Reducing healthcare-associated CDI (including recurrent CDI) to achieve the 10% reduction target by March 2022

Improvement Actions	Update
20.1 Reducing recurrence of CDI By Oct-20	NHS Fife has been approved to use commercial FMT (Faecal microbiota transplantation) in the prevention of recurrence of infection, but this is currently unavailable (possibly due to the COVID-19 pandemic). Instead, Bezlotoxumab is being used, and this is also used for patients who cannot have or decline FMT. It is obtained on a named patient basis on micro/GI request and needs approval by the clinical & medical director.
20.2 Reduce overall prescribing of antibiotics By Oct-20	National antimicrobial prescribing targets are being utilised by NHS Fife's microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage. New empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.
20.3 Optimise communications with all clinical teams in ASD & the HSCP By Oct-20	Monthly CDI reports are being distributed, to enable staff to gain a clearer understanding of the disease process. ICN ward visits reinforce SICPs and contact precautions, provide education to promote optimum CDI management and daily Medical management form completion. Ward Dashboard continuously updated, for clinical staff to access CDI incidence by ward and also to be displayed for public assurance.

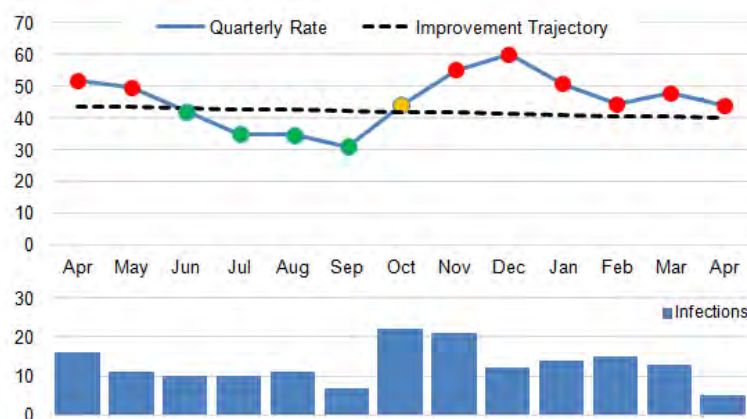
Clinical Governance

ECB (HAI/HCAI)

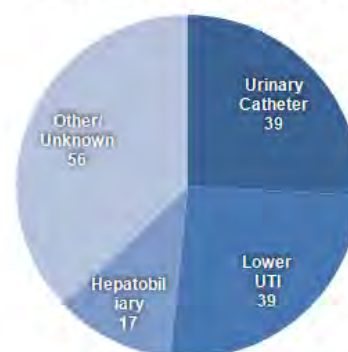
Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Note: This equates to reducing the NHS Fife rate from 44.0 to 33.0 (per 100,000 TOBD) over 3 years, or to 40.3 by March 2020, 36.6 by March 2021 and 33.0 by March 2022

Local Performance



Infection Sources: YE Apr-20



National Benchmarking | Year Ending

Year Ending		2018/19			2019/20		
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	Sep	Dec	Mar	Jun	Sep	Dec
Scotland		39.7	44.5	44.0	42.3	40.4	43.1
		36.2	37.4	38.4	38.6	38.7	39.3

Key Challenges in 2020/21

Reducing CAUTI and UTI ECB in order to achieve overall 25% reduction in healthcare-associated ECB by March 2022

Improvement Actions	Update
20.1 Optimise communications with all clinical teams in ASD & the HSCP <i>By Mar-22</i>	Mandatory national ECB surveillance has continued throughout the pandemic, although additional voluntary enhanced surveillance (started in January) has been paused. Monthly reporting and graphs of ECB data to key clinical staff across NHS Fife (HSCP & Acute services) has continued throughout the pandemic.
20.2 Formation of ECB Strategy Group <i>By Mar-21</i>	The first meeting of the ECB Strategy Group took place on 13 th January, to address ECBs caused predominately by urinary source other than CAUTIs. The next meeting was due in April, with a wider involvement from public health but this was postponed and is yet to be re-scheduled.
20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG) <i>By Mar-21</i>	The UCIG met on 25 th February. Significant decisions: <ul style="list-style-type: none"> E-documentation bundles for catheter insertion and maintenance to be added onto Patientrak for Acute services (follows the successful introduction into MORSE for District nurses in 2019) Urinary Catheter Care passports have been added to PECOS for all patients to promote catheter care and adequate hydration Continence/hydration folders have been distributed to all care & residential homes across Fife by the Continence advisory service, to be followed up by visits to support staff. These packs include information & tools on continence assessment, sheaths, catheters, bowel health, Hydration/healthy bladder & incontinence care to assist reducing urinary infections/CAUTIs The next UCIG meeting is scheduled for 19 th June.

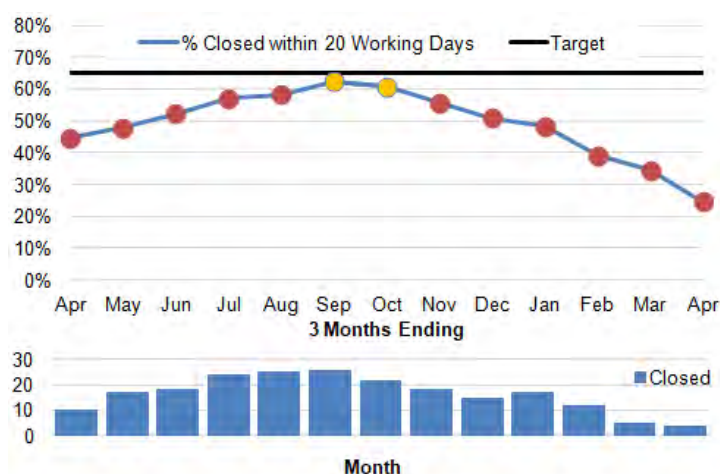
Clinical Governance

Complaints | Stage 2

At least 75% of Stage 2 complaints are completed within 20 working days

Improvement Target for 2020/21 = **65%**

Local Performance



Closure Breaches: QE Apr-20



Local Performance by Directorate/Division

3-Month Ending	2019/20												20/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	44.7%	48.0%	52.3%	57.3%	58.3%	62.5%	60.8%	55.9%	50.9%	48.5%	39.3%	34.7%	24.7%
Ack <= 3 Days (Monthly)	85.7%	100.0%	89.2%	97.4%	95.0%	92.9%	97.4%	89.5%	93.8%	93.9%	95.7%	94.4%	95.0%
ASD	52.6%	59.6%	67.7%	71.4%	66.7%	63.8%	60.5%	60.6%	57.7%	57.1%	50.0%	57.1%	55.5%
HSCP	16.7%	11.1%	8.7%	22.6%	33.3%	54.3%	57.6%	45.2%	33.3%	23.3%	9.7%	28.8%	28.5%

Key Challenges in 2020/21

Clearing the backlog of existing complaints
Increase in complaints due to treatment delays (including diagnostics)
General increase in complaints as we start to remobilise

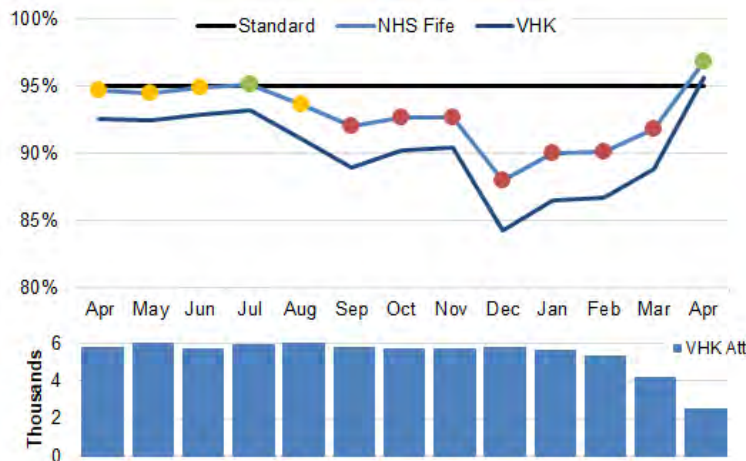
Improvement Actions	Update
20.1 Patient Relations Officers to undertake peer review	Patient Relations Officers carry out peer review and we have a buddy system in place to provide additional support in workload / case review. Action complete.
20.2 Deliver education to service to improve quality of investigation statements	Historically, Patient Relations has delivered training to support and improve the quality of investigation statements, and also delivers training on complaints at Staff Induction. We have been proactive in contacting the Learning & Development Team regarding Staff Induction to see how this will be delivered in a 'virtual word' and support any new delivery process. This is considered to be part of normal work and the action can be closed.
20.3 Agree process for managing medical statements, and a consistent style for responses	Action now covered by new Action 21.1, below.
21.1 Agree process for managing complaint performance and quality of complaint responses <i>By March-21</i>	The PRT is changing the way we work in order to adapt to the 'new normal'. This includes changing meetings, reports and forms, with an aim of improving and sustaining consistency and quality. Part of this will be achieved via the development of the Complaints section of the new NHS Fife website.

Finance, Performance & Resources – Operational Performance

4-Hour Emergency Access

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment
*Improvement Target for 2020/21 = **TBC%***

Local Performance



Breach Reason Apr-20



National Benchmarking

Month	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	94.7%	94.5%	94.9%	95.1%	93.6%	92.0%	92.7%	92.7%	88.0%	90.0%	90.1%	91.8%	96.8%
Scotland	89.9%	90.7%	90.3%	91.2%	90.6%	88.7%	88.0%	85.5%	83.8%	86.1%	86.4%	89.2%	94.9%

Key Challenges in 2020/21

Maintaining the reduction in numbers and the public using alternatives to emergency care
 Managing a department with red/green split during the return to normality, when injuries related to outdoor activity are likely to increase

Improvement Actions	Update
20.1 Formation of PerformED group to analyse performance trends <i>By TBC</i>	Capacity challenges impact on delivery of the targets and recovery from the weekend can take a number of days. Perform ED group continuing reviews and have shifted focus to staffing within the unit and variations which could allow for further departmental improvements.
20.4 Development of services for ECAS	OPAT expanded during the COVID-19 response, with delivery of increased slots to facilitate non-inpatient services. The service relocated to Ward 4, allowing for social distancing for increasing numbers. Action complete.
20.5 Medical Assessment and AU1 Rapid Improvement Group <i>By Aug-20</i>	Remobilisation of core members of the group to review opportunities for change of AU1 assessment footprint. New design of flow will incorporate a short stay element and focus on frailty models and how these can be developed to prevent inpatient admission.
21.1 Remodelling of Outpatient services <i>By Dec-20</i>	Use of electronic services has allowed us to maintain patient contact, but a return to face to face clinics will involve significant service redesign including blending technology with hands on, social distancing within public areas and expanded working days and increased sessions.

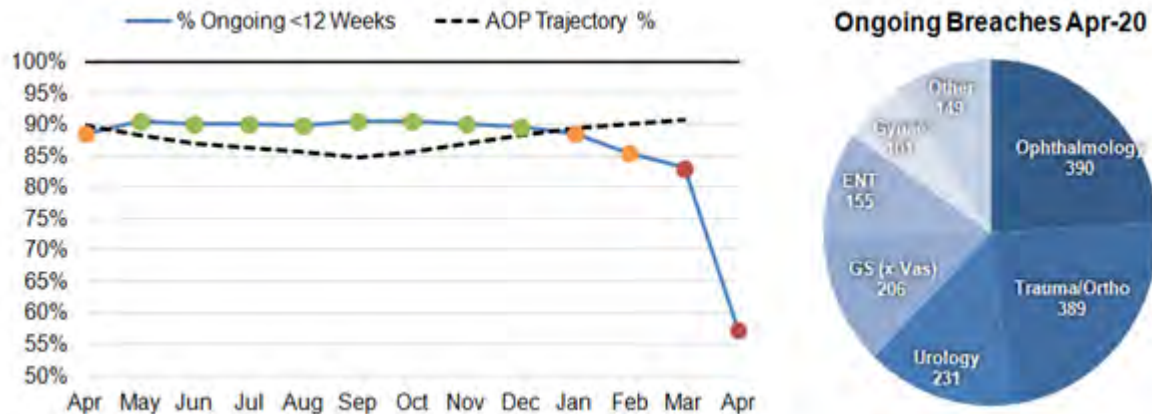
Finance, Performance & Resources – Operational Performance

Patient TTG

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

Improvement Target for 2020/21 = **TBC%** (Patients Waiting <= 12 Weeks at month end)

Local Performance



National Benchmarking

	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	88.5%	90.4%	90.1%	90.1%	89.9%	90.6%	90.5%	90.1%	89.7%	88.4%	85.4%	83.1%	57.3%
Scotland	68.9%	68.4%	67.8%	67.8%	66.8%	67.5%	69.7%	69.5%	67.0%	66.7%	66.3%	64.4%	

Key Challenges in 2020/21

Recovery from COVID-19
Reduced theatre capacity due to increased infection control procedures and response to COVID-19

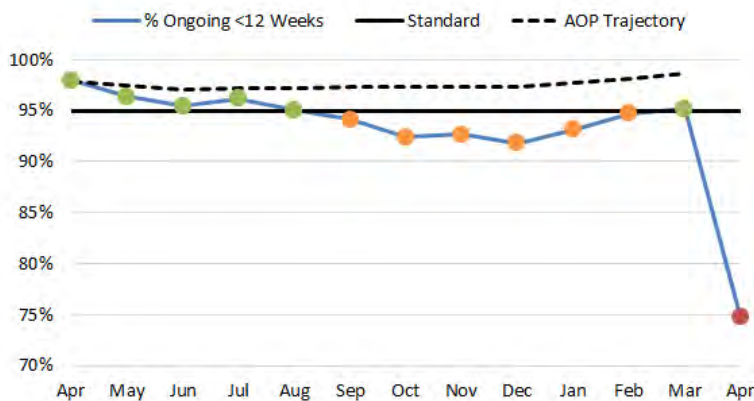
Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	COVID-19 has effectively transformed working plans, and new actions will be identified as the year progresses. Action closed
20.3 Theatre Action Group develop and deliver plan	COVID-19 has effectively transformed working plans, and new actions will be identified as the year progresses. Action closed.
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	COVID-19 has effectively transformed working plans, and new actions will be identified as the year progresses. Action closed.
21.1 Develop and deliver transformation plan By Mar-21	This action is related to 20.2 and 20.3, above, but seeks to sustain delivery of improvements introduced during the pandemic
21.2 Review DCAQ in relation to WT improvement plan By Aug-20	Aim of action is to develop a remobilisation plan in order to reinstate the level of capacity funded in the waiting times improvement plan for 20/21

Finance, Performance & Resources – Operational Performance

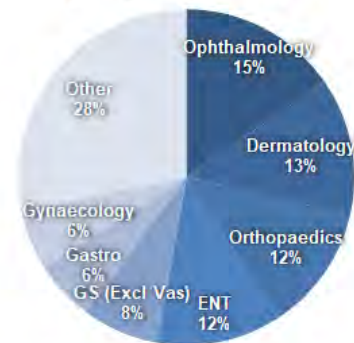
New Outpatients

95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment
Improvement Target for 2020/21 = **TBC%**

Local Performance



Ongoing Breaches Apr-20



National Benchmarking

	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	98.0%	96.4%	95.4%	96.2%	95.0%	94.1%	92.4%	92.7%	91.8%	93.2%	94.7%	95.2%	74.8%
Scotland	74.5%	74.4%	73.5%	73.5%	72.2%	72.9%	73.3%	73.7%	73.2%	75.5%	75.1%	74.9%	

Key Challenges in 2020/21

Recovery from COVID 19
Reduced clinic capacity due to physical distancing
Difficulty in recruiting to specialist consultant posts

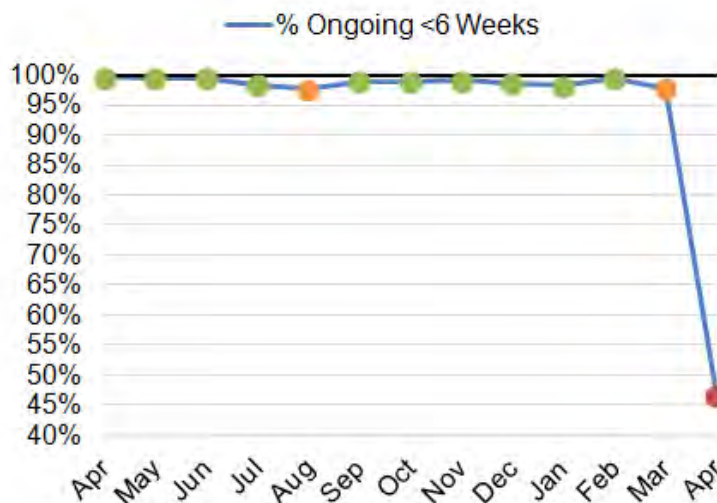
Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	COVID-19 has effectively transformed working plans, and new actions will be identified as the year progresses. Action closed.
20.2 Develop OP Transformation programme	COVID-19 has effectively transformed working plans, and new actions will be identified as the year progresses. Action closed.
20.3 Improve recruitment to vacant posts <i>By Mar-21</i>	Action continues – includes consideration of service redesign to increase capacity
21.1 Review DCAQ in relation to WT improvement plan <i>By Aug-20</i>	Aim of action is to develop a remobilisation plan in order to reinstate the level of capacity funded in the waiting times improvement plan for 20/21
21.2 Refresh OP Transformation programme actions <i>By Mar-21</i>	This action is related to 20.2, above, but seeks to sustain delivery of improvements introduced during the pandemic
21.3 Develop clinic capacity modelling tool <i>By Jul -20</i>	Aim of action is to maximise the utilisation of clinic capacity under the new social distancing rules

Finance, Performance & Resources – Operational Performance

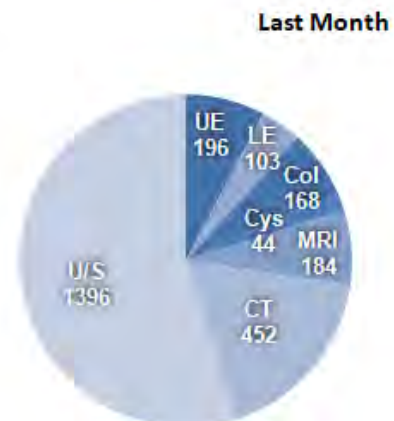
Diagnostics Waiting Times

No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment
Improvement Target for 2020/21 = **TBC%**

Local Performance



Breaches By Category



National Benchmarking

	2019/20												2019/20
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	99.7%	99.5%	99.5%	98.3%	97.6%	98.9%	99.0%	99.1%	98.6%	98.2%	99.5%	97.8%	46.3%
Scotland	82.2%	81.1%	81.6%	79.5%	80.4%	82.3%	80.8%	82.8%	79.5%	79.2%	84.7%	75.8%	

Key Challenges in 2020/21

Recovery from COVID-19
Reduced capacity due to physical distancing and infection control procedures
Difficulty in recruiting to consultant and specialist AHP/Nursing posts
Endoscopy surveillance backlog

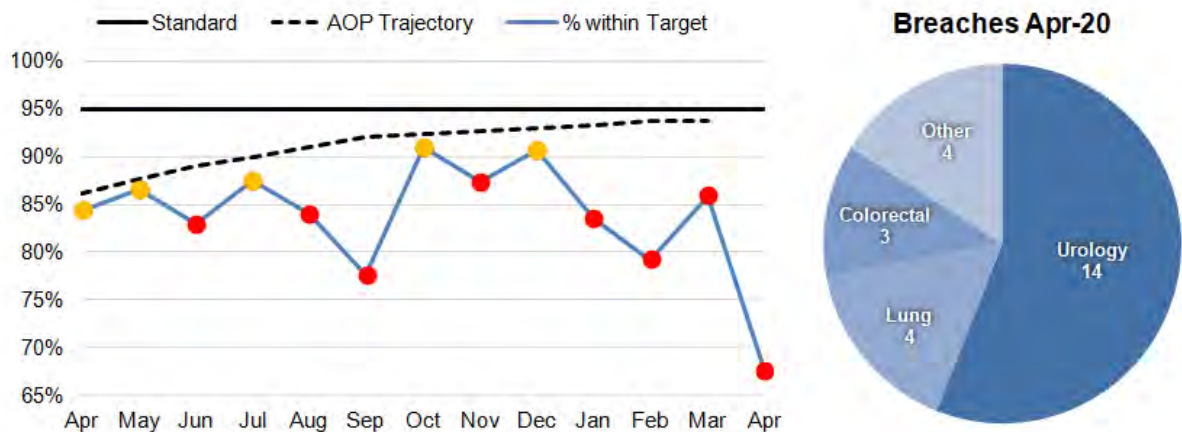
Improvement Actions	Update
21.1 Review DCAQ and develop remobilisation plans for Radiology and Endoscopy By Aug-20	Aim of action is to develop a remobilisation plan in order to reinstate the level of capacity funded in the waiting times improvement plan for 20/21. Phase 3 expansion plan for Endoscopy is being discussed, with a view to a start date in July. Full capacity is dependent on SG guidance regarding social distancing.
21.2 Undertake new and planned waiting list validation against agreed criteria By Aug-20	When the action is complete, this will be an ongoing activity
21.3 Improve recruitment to vacant posts By Mar-21	Action includes consideration of service redesign to increase capacity

Finance, Performance & Resources – Operational Performance

Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days
Improvement Target for 2020/21 = **TBC%**

Local Performance



National Benchmarking

Month	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	84.4%	86.6%	82.9%	87.5%	84.0%	77.7%	91.0%	87.3%	90.7%	83.6%	79.2%	85.9%	67.5%
Scotland	80.4%	81.1%	82.6%	81.8%	82.1%	83.7%	82.7%	81.9%	84.6%	83.6%	82.7%	86.1%	82.6%

Key Challenges in 2020/21

Recovery from COVID-19, by assessing affected components of the cancer 'journey' and reviewing capacity against expected demand.
Identification of key improvement areas in view of the pandemic response and as screening programmes restart

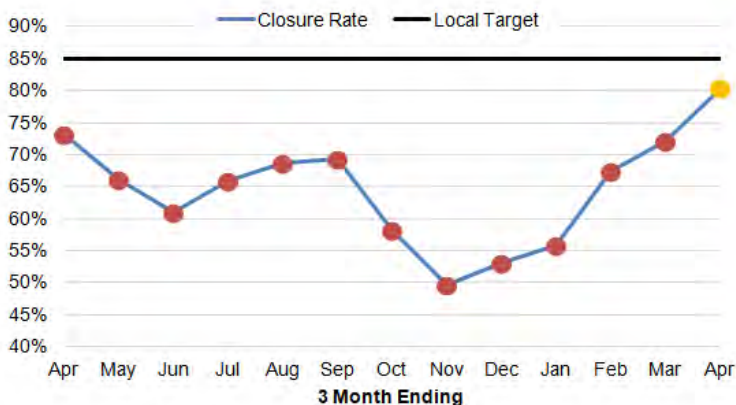
Improvement Actions	Update
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points <i>By Sep-20</i>	Progress affected by staffing pressures in cancer audit team. Detailed work is also being carried out by the Lead Cancer Nurse. This will be addressed as part of the overall recovery work described above.
20.4 Prostate Improvement Group to continue to review prostate pathway <i>By Sep-20</i>	This is ongoing work related to Action 1, with the specific aim being to minimise waits post MDT
21.1 Establishment of Cancer Structure to develop and deliver a Cancer Strategy <i>By Sep-20</i>	Work started in 2019 and now has full support from NHS Fife's Medical Director. Work is underway to ensure required leadership structures and governance structures are in place.

Finance, Performance & Resources – Operational Performance

Freedom of Information Requests

In 2020/21, we will respond to a minimum of 85% of FOI Requests within 20 working days

Local Performance



Closure Period, QE Apr 20



Service Performance

Monthly	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Health Board	52.2%	56.8%	55.6%	68.9%	73.7%	48.3%	36.1%	49.3%	75.0%	52.4%	72.9%	76.9%	95.7%
IJB	100.0%	86.7%	71.4%	86.7%	100.0%	85.7%	77.8%	66.7%	14.3%	60.0%	83.3%	100.0%	100.0%

Key Challenges in 2020/21

Adequate resourcing to fully manage FOI
Lack of FOI expertise and awareness within the organisation

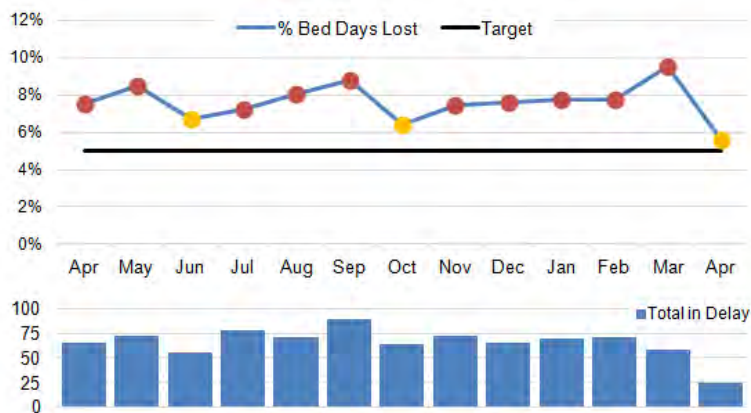
Improvement Actions	Update
20.5 Refresh process with H&SC partnership for requests received that relate to their services <i>By Sep-20</i>	The management of FOI requests which require responses from the H&SCP has improved significantly since the start of 2020. A new system (Axlr8), which is currently used by Fife Council, will be implemented in NHS Fife shortly, its introduction having been delayed by COVID-19. This will help the compilation of new / refreshed processes.
20.7 Formalise long-term resource requirements for FOI administration <i>By Sep-20</i>	The DPO is looking to implement resource to manage FOI requests and implement the new management system

Finance, Performance & Resources – Operational Performance

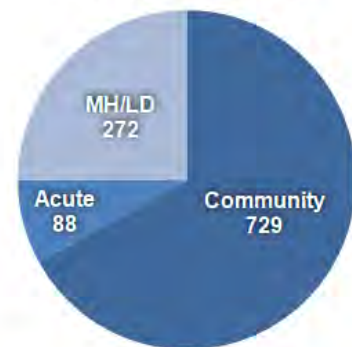
Delayed Discharges (Bed Days Lost)

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

Local Performance



Bed Days Lost | Apr-20



National Benchmarking

Quarter Ending		2018/19				2019/20			
		Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	TOBD	87,527	92,599	91,463	91,885	87,857	90,276	91,709	
	Bed Days Lost	3,638	4,200	6,744	8,141	6,685	7,232	6,570	
	% Bed Days Lost	4.2%	4.5%	7.4%	8.9%	7.6%	8.0%	7.2%	
Scotland	TOBD	1,552,301	1,541,821	1,551,451	1,567,162	1,532,782	1,542,731	1,566,361	
	Bed Days Lost	101,712	107,120	109,366	101,959	103,422	110,861	110,547	
	% Bed Days Lost	6.6%	6.9%	7.0%	6.5%	6.7%	7.2%	7.1%	

Key Challenges in 2020/21

Sustaining current performance as we return to 'normal' working
Applying lessons learned during the pandemic, going forward .

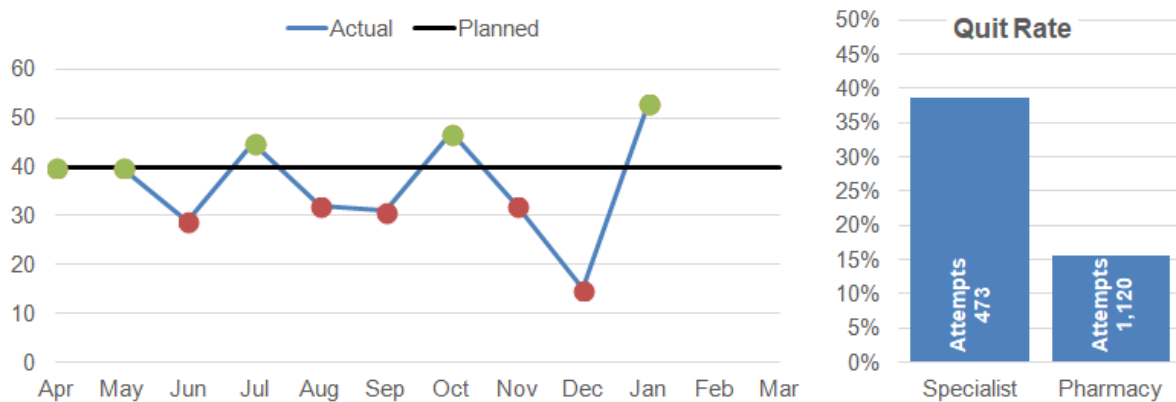
Improvement Actions	Update
20.1 Test a trusted assessors model for patients transferring to STAR/assessment beds <i>By Jul-20</i>	Framework completed during the COVID-19 pandemic. Implementation now to be finalised.
20.3 Moving On Policy to be implemented <i>By Jul-20</i>	Principles were implemented to help support capacity and flow were implemented before and during the pandemic. No issues with the principles of the policy were noted during this time, and the policy is to be signed off.
20.4 Improve flow of comms between wards and Discharge HUB	Various tests of change completed, action complete
20.5 Increase capacity within care at home	Action effectively addressed by actions taken during pandemic, and need to be continued in order to sustain improved performance Action complete
21.1 Implementation of Daily Care Home Huddle <i>By Jul-20</i>	Admissions from care home residents are flagged daily on Trak and progress discussed with capacity team and Hub. This ensures LOS will be reduced and residents able to transfer back to their home more quickly.

Finance, Performance & Resources – Operational Performance

Smoking Cessation

In 2019/20, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Local Performance



National Benchmarking

% Achieved Against Target		2019/20											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	40	40	29	45	32	31	47	32	15	53		
	Actual Cumul	40	80	109	154	186	217	264	296	311	364	364	364
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	100.0%	101.3%	92.4%	97.5%	94.4%	91.9%	95.7%	94.0%	87.9%	92.4%		
Scotland	Achieved			92.4%			91.1%						

Key Challenges in 2020/21

- Service Provision within GP practices, hospitals and community venues (paused due to COVID19)
- Staffing levels due to redeployment and maternity leave - recruiting and training new staff members will take 6 to 9 months
- Unavailability of mobile unit (re-deployed during pandemic)
- Building trust and confidence with client group to enable them to seek stop smoking support now and beyond COVID-19
- Inability to validate quits as part of an evidence based service due to COVID-19

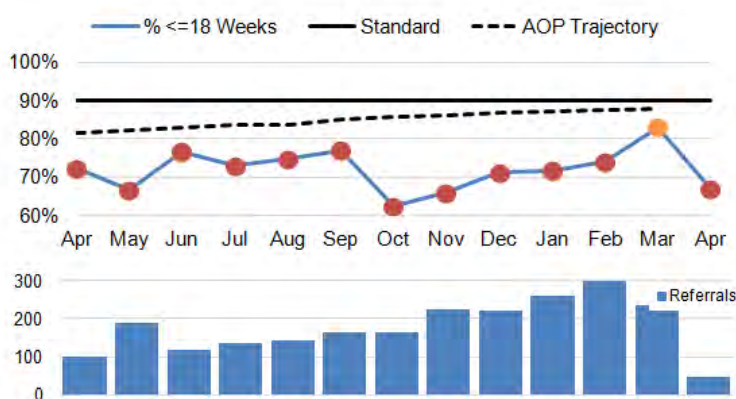
Improvement Actions	Update
20.2 Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic By TBC	This initiative had commenced and was in the early stages of delivery but has been paused due to COVID-19
20.3 'Better Beginnings' class for pregnant women on Saturday mornings By TBC	Limited progress due to COVID-19 but a couple of pregnant mums have requested support at this time
20.4 Enable staff access to medication whilst at work By TBC	No progress has been made due to COVID-19

Finance, Performance & Resources – Operational Performance

CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment
Improvement Target for 2020/21 = **TBC%**

Local Performance



Waiting List (462) Apr-20



National Benchmarking

Month	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	72.3%	66.7%	76.7%	73.2%	74.8%	77.1%	62.5%	66.0%	71.3%	71.8%	74.1%	83.1%	67.0%
Scotland	69.2%	69.1%	70.9%	62.7%	63.8%	66.9%	64.6%	64.2%	71.5%	67.5%	63.8%	63.8%	

Key Challenges in 2020/21

Available resource to meet demand
Impact of COVID-19 relaxation on referrals
Change to appointment 'models' to reflect social distancing

Improvement Actions	Update
20.1 Re-Introduction of PMHW First Contact Appointments System <i>By Dec-20</i>	The pandemic has allowed a large number of referrals to be assessed and waiting time is at 2-3 weeks Current action is to maintain this level of activity and response time to ensure that children are supported by the wide range of services available, thus reducing the impact on specialist Tier 3 CAMHS.
20.2 Waiting List Additional Staffing Resource	Action closed – no longer relevant
20.3 Introduction of Team Leader Role	Action complete
21.1 Re-design of Group Therapy Programme <i>By Dec-20</i>	Fife CAMHS and Primary Care Psychology had combined resources to develop a comprehensive group therapy programme targeting the most common presenting issues for children and young peoples mental health. Due to COVID-19 restrictions, group-based face to face work is no longer viable and we are working to develop alternative formats and models of delivery that can deliver multiple contacts with minimal staffing.
21.2 Use Centralised Allocation Process <i>By Dec-20</i>	We are developing administrative and clinical systems to maintain the centralised allocation process that can manage increased referrals rates once normal service resumes. This will ensure that available appointments are identified and allocated quickly across clinical teams.
21.3 Build CAMHS Urgent Response Team <i>By Mar-21</i>	This team will replace the existing self-harm service, ensuring that urgent referrals from A&E and GPs receive timely, evidence based, short term intervention.

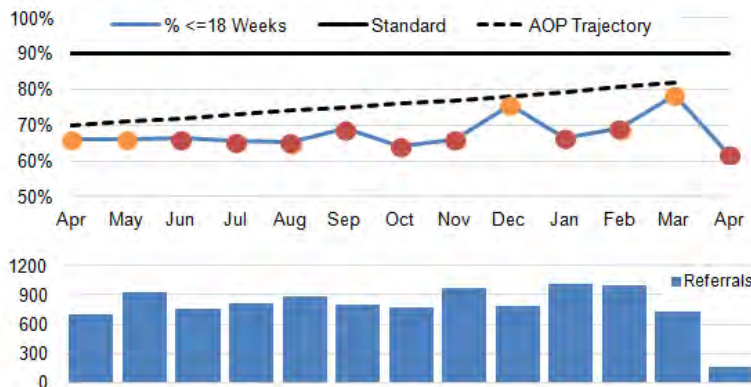
Finance, Performance & Resources – Operational Performance

Psychological Therapies 18 weeks RTT

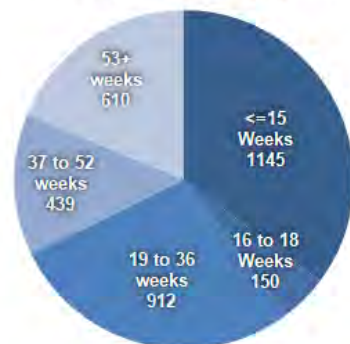
At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies

Improvement Target for 2020/21 = **TBC%**

Local Performance



Waiting List (3256) Apr-20



National Benchmarking

Month	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	66.1%	66.2%	66.3%	65.5%	65.2%	69.0%	64.2%	66.0%	75.8%	66.6%	69.0%	78.4%	62.0%
Scotland	76.7%	79.3%	80.0%	78.8%	79.2%	80.1%	78.5%	77.8%	81.5%	75.8%	78.5%	78.8%	

Key Challenges in 2020/21

Predicted large increase in referrals post pandemic
Identifying replacement for group therapies (no longer viable)

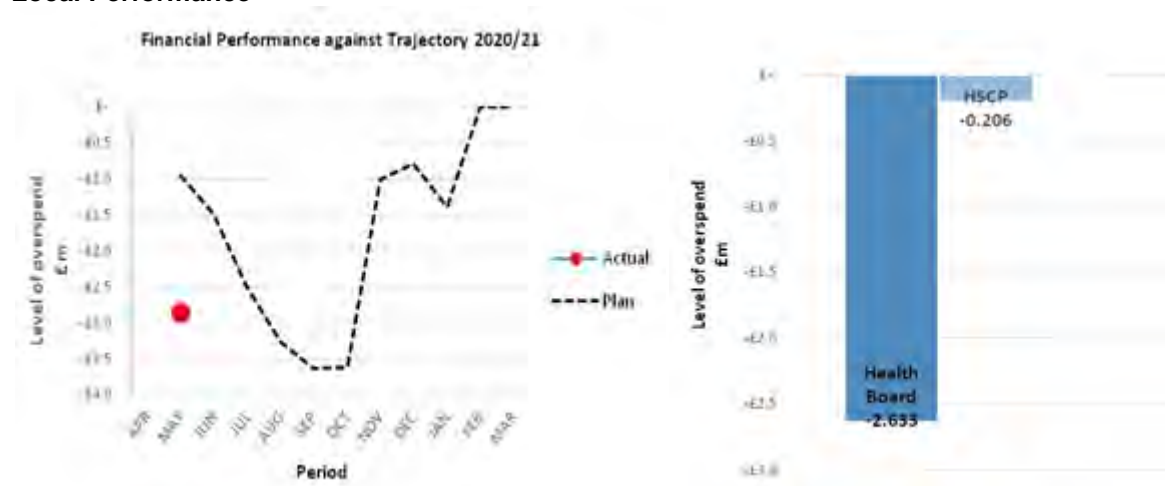
Improvement Actions	Update
20.2 Introduction of extended group programme in Prm Car	Action closed – no longer viable
20.3 Redesign of Day Hospital provision By Sep-20 (review)	Implementation of full re-design delayed due to revised timetable for staff engagement work. Further progress required to impact on capacity for delivery of PTs.
20.4 Implement triage nurse pilot programme in Primary Care By Dec-20	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September 2019; final evaluation due this September
20.5 Trial of new group-based PT options By Sep-20 (review)	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Specific requirements identified from audit of Psychology AMH WL. Viability of this dependent upon suitable digital platform being agreed.
21.1 Introduction of additional on-line therapy options By Sep-20	This action incorporates the digital delivery of stress management groups via Access Therapies Fife website
21.2 Development of alternative training and PT delivery methods By Dec-20	This action is to support care pathways for people with complex psychological problems within AMH Psychology and Clinical Health Psychology and for people with learning disabilities

Finance, Performance & Resources – Finance

Revenue Expenditure

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

Local Performance



Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	420,140	427,884	68,573	71,206	-2,633	-3.84%	-725	-1,908
Integration Joint Board (Health)	356,496	361,890	60,958	61,164	-206	-0.34%	11	-217
Risk Share	0	0	0	0	0	0.00%	0	0
Total	776,636	789,774	129,531	132,370	-2,839	-2.19%	-714	-2,125

Key Challenges in 2020/21

Availability of COVID-19 funding to match our net additional costs
Informing a reliable and robust forecast position to the year end given the complexities of establishing the respective: core; COVID-19; remobilisation; and Test & Protect positions
Ongoing discussions on potential risk share options with SG and respective partners - at this point there has been no IJB risk share factored into the position
Our ability as a Board to regain traction in our savings and transformation plans set against the backdrop of the COVID-19 pandemic journey

Improvement Actions	Update
21.1 Local Mobilisation Plan Ongoing throughout FY	Partnering with the services to: <ul style="list-style-type: none"> Identify additional spend relating to COVID-19 Identify offsets against core positions Understand and quantify the financial implications of remobilisation of core services across NHSF Inform forecast outturn positions to the year end; in support of our statutory requirement to deliver a balanced RRL position
21.2 Savings By Jul-20	The total NHS Fife efficiency requirement for 2020/21 including legacy unmet savings was £20m. As part of the LMP, Boards were asked to provide an estimate of the impact of planned measures re COVID-19 on the delivery of planned Health Board savings. Following due process it was agreed that some £6m may be met across NHS Fife; with c£14m recorded in the LMP as expected underachievement of savings. The revised AOP financial plan required by the end of July will make a reassessment of the savings position.

Commentary

Key principles:

Whilst COVID-19 funding has been made available for the 2019/20 financial year; funding for the current financial year 2020/21 will not be made available until a full review of Boards' quarter one financial reporting results has been concluded to allow SG to make an informed funding decision across Scotland. Nationally COVID-19 plans far exceed the funding available; and Boards are required to ensure financial reporting reflects appropriate core positions; and only those COVID-19 costs which demonstrate additionality of cost over and above core. Funding allocations may be met from SG funding received from HM Treasury.

The following key principles have been adopted in establishing our M2 position:

The initial core position did not include the benefit of reductions in core health budgets which are required to be used as offsetting cost reductions against COVID-19 spend. In parallel the COVID-19 additional costs appeared higher than the reductions in core activity would indicate. A desktop exercise was conducted therefore to: firstly, capture savings; and secondly, identify offsetting cost reductions.

The COVID-19 impact on costs is unprecedented and represents a major financial challenge for all Health Boards. Continuing with robust scrutiny arrangements is therefore vital to ensure compliance with Scottish Government guidance and practice in other Boards.

Signage change:

NHS Fife, in preparation for the implementation of the new national Finance Intelligence Reporting Tool, which will replace the current reports; and provide self service analytics to stakeholders in line with the Boards across NHS Scotland, has rolled out a change in variance signage.

Reporting from 1 April 2020 adopts the new signage: our presentation of positive figures now represents an underspend position; and a negative figure (or a figure in brackets) represents an overspend position ("brackets are bad").

1. Annual Operational Plan

- 1.1 Given the timing of the COVID-19 pandemic, the AOP process for the 2020/21 financial year was paused. We are required to submit a revised AOP financial plan which will reflect both the mobilisation and the remobilisation plan impact on the financial position by the end of July.

2. Financial Allocations

Revenue Resource Limit (RRL)

- 2.1 NHS Fife received confirmation of the April core revenue amount on 12 May. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £703.643m; and anticipated allocations total £76.398m. The anticipated allocations include a sum of £1.300m for COVID-19 which relates to payments to GPs. In recognition of the financial cost of COVID-19, reprioritisation work is taking place across SG to reprioritise and reprofile budget announcements and portfolios for 2020/21, which may have an impact on Boards' allocations.

Non Core Revenue Resource Limit

- 2.2 In addition NHS Fife receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example,

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depreciation or impairment of assets. The anticipated non-core RRL funding totals £9.733m.

Total RRL

- 2.3 The total current year budget at 31 May is therefore £789.774m as detailed in Appendix 1.

3. Summary Position

- 3.1 The revenue position for the 2 months to 31 May reflects an overspend of £2.839m; which comprises a core underspend of £1.489m; and a net additional spend on COVID-19 of £4.328m.
- 3.2 Table 1 below provides a summary of the position across the constituent parts of the system for the year to date and includes both the core and the COVID-19 financial positions. An overspend of £2.633m is attributable to Health Board retained budgets; and an overspend of £0.206m is attributable to the health budgets delegated to the IJB.

Table 1: Summary Combined Financial Position for the period ended May 2020

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	420,140	427,884	68,573	71,206	-2,633	-3.84%	-725	-1,908
Integration Joint Board (Health)	356,496	361,890	60,958	61,164	-206	-0.34%	11	-217
Risk Share	0	0	0	0	0	0.00%	0	0
Total	776,636	789,774	129,531	132,370	-2,839	-2.19%	-714	-2,125

Combined Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	202,903	207,762	34,808	36,079	-1,271	-3.65%	506	-1,777
IJB Non-Delegated	8,563	8,564	1,396	1,364	32	2.29%	41	-9
Estates & Facilities	74,870	74,882	12,299	12,660	-361	-2.94%	-265	-96
Board Admin & Other Services	53,754	58,326	10,579	11,628	-1,049	-9.92%	-1,023	-26
Non-Fife & Other Healthcare Providers	88,131	88,131	14,678	15,386	-708	-4.82%	-708	0
Financial Flexibility & Allocations	17,329	19,484	676	0	676	100.00%	676	0
Health Board	445,550	457,149	74,436	77,117	-2,681	-3.60%	-773	-1,908
Integration Joint Board - Core	381,249	399,760	68,508	68,685	-177	-0.26%	40	-217
Integration Fund & Other Allocations	13,915	7,339	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	395,164	407,099	68,508	68,685	-177	-0.26%	40	-217
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	395,164	407,099	68,508	68,685	-177	-0.26%	40	-217
Total Expenditure	840,714	864,248	142,944	145,802	-2,858	-2.00%	-733	-2,125
IJB - Health	-38,668	-45,209	-7,550	-7,521	-29	0.38%	-29	0
Health Board	-25,410	-29,265	-5,863	-5,911	48	-0.82%	48	0
Miscellaneous Income	-64,078	-74,474	-13,413	-13,432	19	-0.14%	19	0
Net Position Including Income	776,636	789,774	129,531	132,370	-2,839	-2.19%	-714	-2,125

- 3.3 The combined position is further analysed by core; and COVID-19 as per tables 2 and 3 below.

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Table 2: Summary Core Financial Position for the period ended May 2020

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	202,903	207,762	34,808	34,407	401	1.15%	629	-228
IJB Non-Delegated	8,563	8,564	1,396	1,358	38	2.72%	41	-3
Estates & Facilities	74,870	74,882	12,299	12,060	239	1.94%	268	-29
Board Admin & Other Services	53,754	58,326	10,579	10,558	21	0.20%	-6	27
Non-Fife & Other Healthcare Providers	88,131	88,131	14,678	15,386	-708	-4.82%	-708	0
Financial Flexibility & Allocations	17,329	19,484	676	0	676	100.00%	676	0
Health Board	445,550	457,149	74,436	73,769	667	0.90%	900	-233
Integration Joint Board - Core	381,249	398,460	67,208	66,405	803	1.19%	419	384
Integration Fund & Other Allocations	13,915	7,339	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	395,164	405,799	67,208	66,405	803	1.19%	419	384
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	395,164	405,799	67,208	66,405	803	1.19%	419	384
Total Expenditure	840,714	862,948	141,644	140,174	1,470	1.04%	1,319	151
IJB - Health	-38,668	-45,209	-7,550	-7,521	-29	0.38%	-29	0
Health Board	-25,410	-29,265	-5,863	-5,911	48	-0.82%	48	0
Miscellaneous Income	-64,078	-74,474	-13,413	-13,432	19	-0.14%	19	0
Net Position Including Income	776,636	788,474	128,231	126,742	1,489	1.16%	1,338	151

Table 3: Summary COVID-19 Financial Position for the period ended May 2020

COVID position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	0	0	0	1,672	-1,672		-123	-1,549
IJB Non-Delegated	0	0	0	6	-6		0	-6
Estates & Facilities	0	0	0	600	-600		-533	-67
Board Admin & Other Services	0	0	0	1,070	-1,070		-1,017	-53
Non-Fife & Other Healthcare Providers	0	0	0	0	0		0	0
Financial Flexibility & Allocations	0	0	0	0	0		0	0
Health Board	0	0	0	3,348	-3,348		-1,673	-1,675
Integration Joint Board - Core	0	1,300	1,300	2,280	-980		-379	-601
Integration Fund & Other Allocations	0	0	0	0	0		0	0
Sub-total Integration Joint Board Core	0	1,300	1,300	2,280	-980		-379	-601
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	0	1,300	1,300	2,280	-980		-379	-601
Total Expenditure	0	1,300	1,300	5,628	-4,328		-2,052	-2,276

3.4 The core position at M2 is a net underspend of £1.489m; and takes in to account offsetting cost reductions. It is recognised that due to reduced activity levels, a proportion of the underspend reported within the combined position should be utilised to support the COVID-19 costs incurred. Year to date a total of £2.170m was identified as offset towards COVID-19 expenditure, with £1.102m coming from Health Board retained and £1.041m from the Integrated Joint Board. The main contributing factors were: increased vacancies which did not require backfilling; a reduction in radiology requirements and GP referrals for laboratory testing; reduced reliance on private sector support; and a reduction in theatres activity. The assessment of offsetting cost reductions was informed by Finance Business Partners and was further supported by an exercise to compare the 2 month position for 2020/21 with the same period in 2019/20; and a further review of ward level budgets.

3.5 The net COVID-19 additional costs after taking in to account offsets (and assuming funding for additional GP costs of £1.3m) is £4.328m.

4. Operational Financial Performance for the year (section 4 narrative is based on core position – Table 2 above)

Acute Services

4.1 The Acute Services Division reports a **net underspend of £0.401m for the year to date**. This reflects an underspend in operational run rate performance of £0.629m, and unmet savings of £0.228m per Table 2 below. The overall position has been driven by a combination of vacancies, and not requiring to backfill posts due to current levels of activity. This has also led to a reduction in use of consumables, particularly within

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Planned Care. Whilst some of this has been taken into consideration and used as offset for COVID-19 expenditure this is the residual benefit remaining within Acute. It is anticipated that some of this funding will be required in later months in order to cover the cost impact of the additional capacity required to catch up on postponed services.

Table 4: Acute Division Financial Position for the period ended May 2020

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
Planned Care & Surgery	70,541	73,480	12,107	10,763	1,344	11.10%	1,466	-122
Emergency Care & Medicine	74,625	75,577	13,007	14,000	-993	-7.63%	-788	-205
Women, Children & Clinical Services	55,140	56,088	9,286	9,380	-94	-1.01%	-195	101
Acute Nursing	607	627	104	105	-1	-0.96%	0	-1
Other	1,990	1,990	304	160	144	47.37%	146	-2
Total	202,903	207,762	34,808	34,407	401	1.15%	629	-228

Estates & Facilities

- 4.2 The Estates and Facilities budgets report an **underspend of £0.239m** which is generally attributable to vacancies, catering, PPP and rates. These underspends are offset by an overspend in clinical waste costs.

Corporate Services

- 4.3 Within the Board's corporate services there is an **underspend of £0.021m**. Further analysis of Corporate Directorates is detailed per Appendix 2.

Non Fife and Other Healthcare Providers

- 4.4 The budget for healthcare services provided out with NHS Fife is **overspent by £0.708m** per Appendix 3. This remains an area of increasing challenge particularly given the relative higher costs of some other Boards, coupled with the unpredictability of activity levels.

Financial Plan Reserves & Allocations

- 4.5 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and cost pressure/developments and new in-year allocations are held in a central budget. At this early part of the year the process for allocating to budgets is still being worked through. The financial flexibility of £0.676m released to the M2 position is detailed in Appendix 4.

Integration Services

- 4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £0.803m for the year to date**. The underlying drivers for the run rate under spend are vacancies in community nursing, health visiting, school nursing, community and general dental services across Fife Wide Division.

Income

- 4.7 A small over recovery in income of £0.019m is shown for the year.

5. Pan Fife Analysis

- 5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 5 below (combined position).

Table 5: Subjective Analysis for the Period ended May 2020

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under Spend
	£'000	£'000	£'000	£'000
Pan-Fife Analysis				
Pay	387,535	64,375	65,412	-1,037
GP Prescribing	75,030	12,631	12,631	0
Drugs	29,971	5,431	5,328	103
Other Non-Pay	363,268	61,956	62,431	-475
Efficiency Savings	-18,380	-2,125	0	-2,125
Commitments	26,823	676	0	676
Income	-74,474	-13,413	-13,432	19
Net overspend	789,774	129,531	132,370	-2,839

Pay

5.2 The overall pay budget reflects an overspend of £1.037m. The vast majority of the over spend is within medical & dental staff with small offsetting under spends across other pay heads with the exception of nursing & midwifery. Within Acute there are a number of unfunded posts including Clinical Fellows within Emergency Care.

5.3 Against a total funded establishment of 7,883 wte across all staff groups, there was an average 7,952 wte core staff in post in May. The additional staff in post is a consequence of COVID-19.

Drugs & Prescribing

5.4 Across the system there is a net underspend of £0.103m on medicines. The GP prescribing position is based on 2019/20 trend analysis and February 2020 and March 2020 actual information (2 months in arrears). Across Scotland we are currently working through the COVID-19 implications on Prescribing and will update when more information becomes available.

Other Non Pay

5.5 Other non pay budgets across NHS Fife are collectively overspent by £0.475m. The overspends are in purchase of healthcare from other Health Boards and independent providers, equipment, property & and other supplies. These are offset by underspends across a number of areas including surgical sundries and other therapeutic supplies.

6 Financial Sustainability

6.1 The Financial Plan presented to Finance, Performance and Resources Committee in March highlighted the requirement for £20.015m cash efficiency savings to support financial balance in 2020/21. We have indicated an expected underachievement of savings of £14.2m via the Local Mobilisation Financial Template process. The £5.8m remains a live efficiency savings target for NHS Fife. Notwithstanding, the revised AOP financial plan required by the end of July will make a reassessment of the savings position.

Table 6: Savings 20/21

Core Position	Target	Identified & Achieved Recurring	Identified & Achieved Non-Recurring	Total Identified & Achieved To Date	Outstanding
	£'000	£'000	£'000	£'000	£'000
Health Board	4,200	0	485	485	3,715
Integration Joint Board	1,647	0	641	641	1,006
Total Savings	5,847	0	1,126	1,126	4,721

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COVID Position	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved To Date £'000	Outstanding £'000
Health Board	10,668	509	0	509	10,159
Integration Joint Board	3,500	0	0	0	3,500
Total Savings	14,168	509	0	509	13,659

7 Key Messages / Risks

- 7.1 Whilst COVID-19 funding has been made available for the 2019/20 financial year; funding for the current financial year 2020/21 will not be made available until a full review of Boards' quarter one financial reporting results has been concluded to allow SG to make an informed funding decision across Scotland. Nationally COVID-19 plans far exceed the funding available; and Boards are required to ensure financial reporting reflects appropriate core positions; and only those COVID-19 costs which demonstrate additionality of cost over and above core.
- 7.2 Given there is a commitment to fund additional GP costs, £1.3m COVID-19 funding has been assumed in the M2 position. There is a risk that the remaining £4.328m additional COVID-19 costs may not be fully funded.
- 7.3 At this point the potential implications of the IJB risk share have not been factored in to the position.

8 Recommendation

- 8.1 Members are invited to approach the Director of Finance for any points of clarity on the position reported and are asked to:
- **Note** the reported core underspend of £1.489m for the 2 months to date
 - **Note** the reported COVID-19 additional spend of £5.628m for the 2 months to date; of which we have assumed funding of £1.3m will be forthcoming to meet additional GP costs.
 - **Note** the combined position of the core and COVID-19 positions inform an overall overspend of £2.839m prior to agreement of additional funding.

Finance, Performance & Resources – Finance

Appendix 1: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
Apr-20	Initial Baseline Allocation	701,537			701,537	Includes 20-21 uplift
	Recurring Adjustments	-1,307			-1,307	
	Covid 19 Integration Authority Fundng			3,413	3,413	To be transferred to Council
	Total Core RRL Allocations	700,230	0	3,413	703,643	
Anticipated	Primary Medical Serives		55,281		55,281	
Anticipated	Outcomes Framework		3,585		3,585	
Anticipated	Mental Health Bundle		1,363		1,363	
Anticipated	Salaried Dental		2,091		2,091	
Anticipated	Distinction Awards		193		193	
Anticipated	Research & Development		822		822	
Anticipated	Community Pharmacy Champion		20		20	
Anticipated	NSS Discovery		-39		-39	
Anticipated	Pharmacy Global Sum Adjustments		-2,726		-2,726	
Anticipated	NDC Contribution		-842		-842	
Anticipated	Community Pharmacy Pre-Reg Training		-157		-157	
Anticipated	Patient Advice & Support Service		-39		-39	
Anticipated	Family Nurse Partnership		1,276		1,276	
Anticipated	New Medicine Fund		5,386		5,386	
Anticipated	Golden Jubilee SLA		-25		-25	
Anticipated	Men C Vaccine Adjustment		-16		-16	
Anticipated	Primary Care Improvement Fund		3,768		3,768	
Anticipated	Action 15 Mental Health Strategy		884		884	
Anticipated	ADP Seek & Treat		1,157		1,157	
Anticipated	Veterans First		116		116	
Anticipated	GP pension		85		85	
Anticipated	Waiting List		6,700		6,700	
Anticipated	COVID 19		1,300		1,300	
Anticipated	eHealth Strategy Fund		1,241		1,241	
Anticipated	Top Slice NSS		-5,026		-5,026	
	Total Anticipated Core RRL Allocations	0	76,398	0	76,398	
Anticipated	IFRS			8,617	8,617	
Anticipated	Donated Asset Depreciation			116	116	
Anticipated	Impairment			500	500	
Anticipated	AME Provisions			500	500	
	Total Anticipated Non-Core RRL Allocations	0	0	9,733	9,733	
	Grand Total	700,230	76,398	13,146	789,774	

Finance, Performance & Resources – Finance

Appendix 2: Corporate Directories – Combined Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	12,006	2,021	2,723	-702
Nhs Fife Chief Executive	206	34	56	-22
Nhs Fife Finance Director	6,325	1,052	1,154	-102
Nhs Fife Hr Director	3,160	526	603	-77
Nhs Fife Medical Director	6,923	1,019	996	23
Nhs Fife Nurse Director	3,650	600	603	-3
Legal Liabilities	5,166	1,761	1,819	-58
Early Retirements & Injury Benefits	814	136	123	13
Regional Funding	197	48	36	12
Depreciation	17,763	3,043	3,043	0
Nhs Fife Public Health	2,116	339	351	-12
HB retained COVID			121	-121
Total	58,326	10,579	11,628	-1,049

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	98	16	10	6
Borders	45	7	8	-1
Dumfries & Galloway	25	4	11	-7
Forth Valley	3,179	530	592	-62
Grampian	359	60	51	9
Greater Glasgow & Clyde	1,655	275	271	4
Highland	135	23	32	-9
Lanarkshire	114	19	41	-22
Lothian	31,518	5,255	5,231	24
Scottish Ambulance Service	101	17	17	0
Tayside	40,576	6,762	6,788	-26
	77,805	12,968	13,052	-84
UNPACS				
Health Boards	8,305	1,384	1,928	-544
Private Sector	1,245	208	262	-54
	9,550	1,592	2,190	-598
OATS				
	711	118	144	-26
Grants				
	65			0
Total	88,131	14,678	15,386	-708

Appendix 4 - Financial Flexibility & Allocations

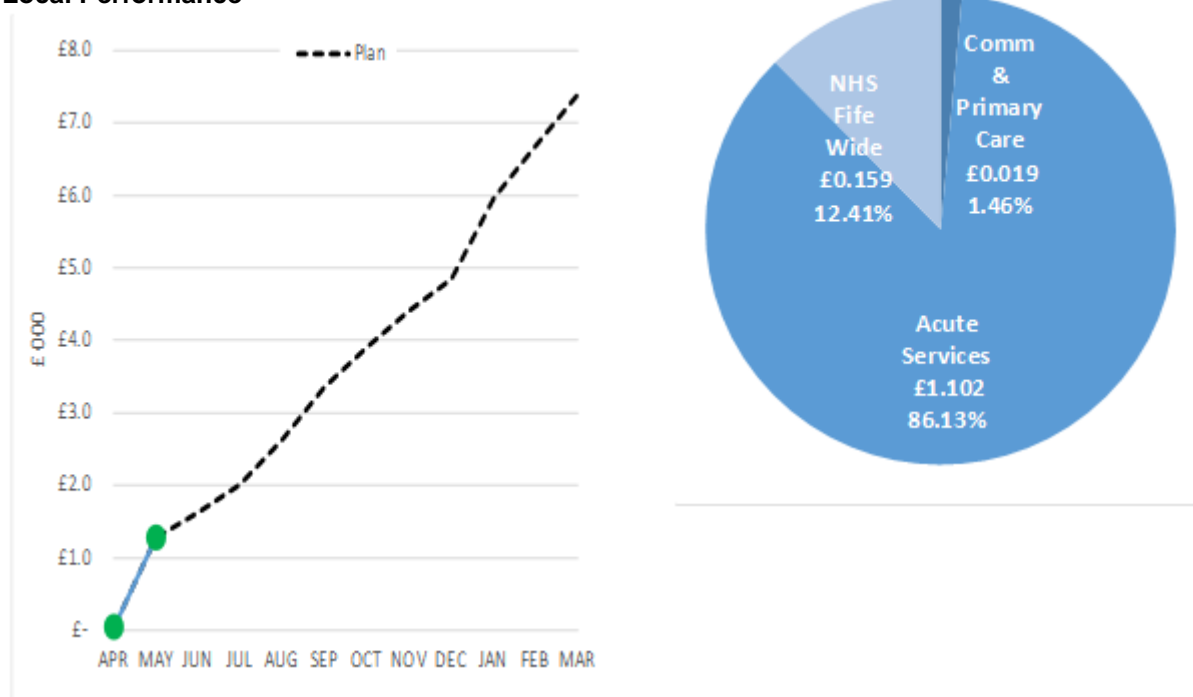
	CY Budget £'000	Flexibility Released to May 20 £'000
Financial Plan		
Drugs	4,678	
CHAS	408	
Unitary Charge	100	
Junior Doctor Travel	45	
Consultant Increments	201	
Discretionary Points	205	
Cost Pressures	3,972	345
Developments	6,328	331
Pay Awards	39	
Sub Total Financial Plan	15,976	676
Allocations		
Waiting List	2,406	0
AME: Impairment	500	0
AME: Provisions	602	0
Sub Total Allocations	3,508	0
Total	19,484	676

Finance, Performance & Resources – Finance

Capital Expenditure

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

Local Performance



Commentary

The total anticipated Capital Resource Limit for 2020/21 is £7.394m. The capital position for the 2 months to May shows investment of £1.280m, equivalent to 17.32% of the total allocation.

Key Challenges in 2020/21

Overall programme of work to address all aspects of backlog maintenance, statutory compliance, equipment replacement, and investment in technology considerably outstrips capital resource limit available

Improvement Actions	Update
21.1 Managing expenditure programme within resources available By Mar-21	Risk management approach adopted across all categories of spend

1. Annual Operational Plan

- 1.1 The Capital Plan for 2020/21 will be presented for approval to the NHS Board at the end of quarter 1. For information, changes to the plan pending approval are reflected in Appendix 1. NHS Fife has assumed a programme of £7.394m being the normal routine capital allocation. NHS Fife is also anticipating allocations of £0.160m for COVID-19 capital equipment, £10.0m for the Elective Orthopaedic Centre, HEPMA £0.5m, Mental Health Review £2.0m, Lochgelly Health Centre £1.0m and Kincardine Health Centre £1.0m.

2. Capital Receipts

- 2.1 Work continues on asset sales with a disposal planned :

- Lynebank Hospital Land (Plot 1) (North) – Under offer

Discussions with SGHSCD will be undertaken to highlight the potential risk of non delivery of the sale of land.

3. Expenditure To Date / Major Scheme Progress

- 3.1 Details of the expenditure position across all projects are set out in the dashboard summary above. Project Leads have provided an estimated spend profile against which actual expenditure is being monitored. This is based on current commitments and historic spending patterns. The expenditure to date amounts to £1.280m or 17.32% of the total allocation, in line with the plan, and as illustrated in the spend profile graph above.

- 3.2 The main areas of investment to date include:

Statutory Compliance	£0.587m
Equipment	£0.167m
E-health	£0.159m
Elective Orthopaedic Centre	£0.364m

4. Capital Expenditure Outturn

- 4.1 At this stage of the financial year it is currently estimated that the Board will spend the Capital Resource Limit in full.

5. Recommendation

- 5.1 Members are invited to approach the Director of Finance for any points of clarity on the position reported and are asked to:

note the capital expenditure position to 31 May 2020 of £1.280m and the forecast year end spend of the capital resource allocation of £7.394m

Appendix 1: Capital Expenditure Breakdown

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2020/21 £'000
COMMUNITY & PRIMARY CARE			
Capital Minor Works	199		199
Statutory Compliance	150	11	150
Capital Equipment	36	7	36
Condemned Equipment			
Total Community & Primary Care	385	19	385
ACUTE SERVICES DIVISION			
Elective Orthopaedic Centre	364	364	364
Statutory Compliance	2,736	576	2,736
Capital Equipment	549		549
Covid Acute Equipment	160	160	160
Minor Works	114	2	114
Condemned Equipment	39		39
Total Acute Services Division	3,961	1,102	3,961
NHS FIFE WIDE SCHEMES			
Equipment Balance	1,291		1,291
Information Technology	1,041	159	1,041
Minor Works	156		156
Statutory Compliance	114		114
Contingency	100		100
Asbestos Management	85		85
Fire Safety	60		60
Scheme Development	60		60
Vehicles	60		60
Condemned Equipment	51		51
Screen & Speech Units	30		30
Total NHS Fife Wide Schemes	3,048	159	3,048
TOTAL ALLOCATION FOR 2020/21	7,394	1,280	7,394

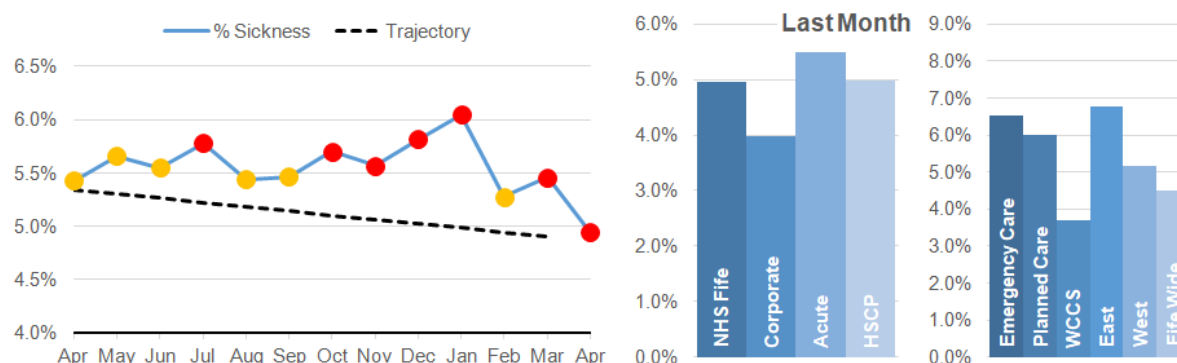
Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2020/21	Pending Board Approval Qtr 1 £'000	Cumulative Adjustment to April £'000	May Adjustment £'000	Total May £'000
Routine Expenditure				
Community & Primary Care				
Capital Equipment		6	30	36
Condemned Equipment				
Minor Capital		199		199
Statutory Compliance			150	150
Total Community & Primary Care	0	205	180	385
Acute Services Division				
Elective Orthopaedic Centre			364	364
Capital Equipment			549	549
Condemned Equipment		7	32	38
Covid 19 Acute Equip			160	160
Minor Capital		114		114
Statutory Compliance			2,736	2,736
	0	120	3,841	3,961
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,569		-3,455	114
Fife Wide Equipment	2,036	-13	-732	1,291
Information Technology	1,041			1,041
Minor Work	498	-313	-30	156
Fife Wide Contingency Balance	100			100
Condemned Equipment	90		-39	51
Scheme Development	60			60
Fife Wide Asbestos Management			85	85
Fife Wide Fire Safety			60	60
Fife Wide Screen & Speech Units			30	30
Fife Wide Vehicles			60	60
Total Fife Wide	7,394	-326	-4,021	3,048
Total	7,394	0	0	7,394

Sickness Absence

To achieve a sickness absence rate of 4% or less
Improvement Target for 2020/21 = **TBC%**

Local Performance (Source: Tableau, from January 2020)



National Benchmarking

Month	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	5.42%	5.66%	5.55%	5.78%	5.44%	5.46%	5.70%	5.57%	5.82%	6.05%	5.28%	5.46%	4.95%
Scotland	5.04%	5.23%	4.98%	5.22%	5.18%	5.24%	5.69%	5.58%	5.83%	5.99%	5.27%	5.20%	

Key Challenges in 2020/21

Recovery from COVID-19 and repurposing Promoting Attendance activities to support business as usual

Improvement Actions	Update
20.1 Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence By Sep-20 (TBC)	<p>The Regional Workforce Dashboard (Tableau) is being rolled out. The Dashboard provides managers with timely workforce information which they can interrogate in order to identify trends and priority areas.</p> <p>Tableau will be utilised in future by Managers, HR, OH and the Well@Work group to target future interventions to the appropriate areas.</p> <p>OH drop-in sessions were undertaken in September and October 2019, and local processes have been refreshed in conjunction with Promoting Attendance Leads to standardise approach and reflect the Once for Scotland policy implementation. To refresh this once services resume to the new normal</p> <p>Business units are utilising trajectory reporting and RAG status reports.</p> <p>Further OH Drop-in Sessions will take place when COVID-19 activity allows.</p>
20.2 Early OH intervention for staff absent from work due to a Mental Health related reason By Sep-20 (TBC)	<p>This has been in place since March 2019 and is now in the process of being reviewed by OH, HR, service and staff side colleagues to check on the appropriateness and impact of this approach.</p> <p>Initial consideration of factors including how we promote general awareness of mentally healthy workplaces, support for managers to create mentally healthy and resilient workplaces and further awareness raising of support for staff to be concluded by April 2020. This has been supplemented and superseded by the additional support and inputs via Psychology and other services during the pandemic and may be included in a much broader evaluation of staff support requirements being taken forward by the Staff Support and Wellbeing Sub Group of the Silver Command Workforce Group.</p>
21.1 Once for Scotland Promoting Attendance Policy	<p>The purpose of this action is to provide training and support, in partnership, for managers and supervisors on the new policy and the standardised approaches within the new policy, which was just being implemented at the start of the pandemic. We need to ensure that staff are aware of the new</p>

<i>By Sep-20 (TBC)</i>	policy and the changes which affect them.
21.2 Review Promoting Attendance Group <i>By Sep-20 (TBC)</i>	To review the function of the NHS Fife Promoting Attendance Group and associated supporting groups, to improve the governance arrangements around the purpose of each group and how they interrelate, with the aim of providing a Promoting Attendance framework with clear lines of reporting and escalation.
21.3 Restart Promoting Attendance Panels <i>By Sep-20 (TBC)</i>	To recommence Promoting Attendance Review and Improvement Panels and supporting activities such as myth busting and training, using MS Teams to ensure that promoting attendance measures are as effective as possible.

CAROL POTTER

Chief Executive

26th June 2020

Prepared by:

SUSAN FRASER

Associate Director of Planning & Performance

Appendix 1: NHS Fife Remobilisation – Projected Activity

		Week Ending									
		31-May	07-Jun	14-Jun	21-Jun	28-Jun	05-Jul	12-Jul	19-Jul	26-Jul	02-Aug
TTG Inpatient/Daycase Activity	Projected	28	31	31	51	45	54	54	104	104	104
	Actual	49	54	55	60	60					
TTG Inpatient/Daycase Activity (Spire and Kings Park)	Projected	18	18	18	18	18	0	0	0	0	0
	Actual	14	16	11	14						
Elective Scope activity	Projected	86	86	91	91	91	91	96	96	96	96
	Actual	43	61	46	57	73					
OP Referrals Received	Projected	830	950	1050	1100	1150	1215	1280	1345	1410	1475
	Actual	879	912	946	988	1045					
OP Activity	Projected	2020	2120	2220	2320	2420	2460	2500	2550	2600	2650
	Actual	2001	2274	2273	2571	2523					
A&E Attendance	Projected	1022	941	997	1057	1121	1188	1262	1280	1300	1300
	Actual	1022	941	981	1055	1102					
Emergency Admissions	Projected	547	563	551	544	540	572	564	560	566	565
	Actual	551	571	581	611	607					
Urgent Suspicion of Cancer - Referrals Received	Projected	196	270	372	250	208	208	208	208	208	208
	Actual	137	145	135	156	132					
PC OOH - Home Visits	Projected	240	221	206	232	213	217	200	222	216	203
	Actual	159	154	149	157	160					
PC OOH - Centre attendances & telephone advice calls	Projected	1058	1066	1099	1099	1073	1060	1099	1057	1078	1076
	Actual	827	867	802	802	897					