




Fife NHS Board

27 May 2020, 10:30 to 12:15
Staff Club, Victoria Hospital

Chair - Tricia Marwick

1	CHAIRPERSON'S WELCOME AND OPENING REMARKS	10 minutes TM
2	DECLARATION OF MEMBERS' INTERESTS	TM
3	APOLOGIES FOR ABSENCE	TM
4	MINUTES OF PREVIOUS MEETING HELD ON 8 APRIL 2020	(enclosed) TM
	Item 4 - Minutes 040820.pdf (9 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 Reporting	(verbal) CP
7	CHAIRPERSON'S REPORT	5 minutes TM
8	COVID-19 PANDEMIC	30 minutes CP
8.1	Draft Remobilisation Plan	(enclosed)



Item 8.1 - SBAR Remobilisation Plan Assurance
270520 v1.1.pdf

(7 pages)

8.2

Oversight in Care Homes

(enclosed)

DM



Item 8.2 - Care Homes SBAR.pdf

(29 pages)

8.3

Staff Update

(enclosed)

LD



Item 8.3 - Workforce Directorate Update (2).pdf

(10 pages)

9

FIFE ELECTIVE ORTHOPAEDIC PROJECT UPDATE

10 minutes

(enclosed)

HB



Item 9 - Fife Elective Orthopaedic Centre (2).pdf

(3 pages)



Item 9 - FEOC Appendix 1 Approval Letter.pdf

(1 pages)



Item 9 - FEOC Appendix 2 Artists 3D Impressions.pdf

(5 pages)

10

YEAR-END FINANCIAL POSITION 2019/20

10 minutes

(enclosed)

MM



Item 10 - NHS Fife 201920 Financial
Performance.pdf

(3 pages)



Item 10 - Finance Monthly Narrative - Final March
2020 20200507.pdf

(15 pages)

11

REVISED ANNUAL AUDIT TIMETABLE

10 minutes

(enclosed)

MM



Item 11 - Annual Accounts Paper 190520.pdf

(3 pages)

12

STATUTORY AND OTHER COMMITTEE MINUTES

5 minutes

12.1

Communities & Wellbeing Partnership dated 22 April 2020 (unconfirmed)

(enclosed)

MW/DM



Item 12.1 - SBAR for CWP Minutes.pdf

(1 pages)



Item 12.1 - Mins CWP 20 04 22 notes_draft.pdf

(3 pages)

12.2

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

(enclosed)

CC



Item 12.2 - Mins Draft IJB 28 02 20 -
Unconfirmed.pdf

(8 pages)

13

FOR INFORMATION:

13.1

Update on Health Promoting Health Service

(enclosed)

DM



Item 13.1 - SBAR HPHS May 20.pdf

(2 pages)

14

ANY OTHER BUSINESS

15

DATE OF NEXT MEETING: Wednesday 29 July 2020 at 10:00 am in the Staff Club, Victoria Hospital, Kirkcaldy

MINUTE OF THE MEETING OF FIFE NHS BOARD HELD ON WEDNESDAY 8 APRIL 2020 AT 11.00 AM BY TELE-CONFERENCE

Present:

Ms T Marwick (Chairperson)	Cllr D Graham, Non-Executive Director
Mrs C Potter, Chief Executive	Ms R Laing, Non-Executive Director
Dr L Bisset, Non-Executive Director	Ms M McGurk, Director of Finance
Mr M Black, Non-Executive Director	Dr C McKenna, Medical Director (part)
Mrs W Brown, Employee Director	Ms K Miller, Whistleblowing Champion
Mrs H Buchanan, Director of Nursing	Mr A Morris, Non-Executive Director
Mr E Clarke, Non-Executive Director	Ms J Owens, Non-Executive Director
Mrs C Cooper, Non-Executive Director	Mrs M Wells, Non-Executive Director

In Attendance:

Mrs N Connor, Director of Health & Social Care (H&SC)
Ms L Douglas, Director of Workforce
Mr A Fairgrieve, Director of Estates, Facilities & Capital Services
Miss S Fraser, Associate Director of Planning
Mr S Garden, Director of Pharmacy & Medicines
Mr A Mackay, Deputy Chief Operating Officer (Acute)
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
Mrs P King, Corporate Services Manager (Minutes)

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Board meeting and set out the NHS Fife Board Teleconference Protocol that had been previously circulated to members. A welcome was particularly extended to Ms McGurk, Director of Finance, who was attending her first Board meeting since her appointment, and the other attendees Mr Mackay, Deputy Chief Operating Officer (Acute), and Miss Fraser, Associate Director of Planning. The Chair recognised that the Board was meeting in extraordinary circumstances due to the Covid-19 pandemic and, as a result, was not able to convene physically in a public setting. Whilst it was a difficult time for everyone, in the interest of governance, it is important for the Board to continue to meet, albeit with a truncated agenda. Although the Board is being held via teleconference for this meeting, it is intended that Microsoft Teams will shortly be available for all Board Members as an option to consider for the next Board meeting.

The Chair took the opportunity to record her grateful thanks and considerable admiration to all staff of NHS Fife, including staff working in the Health & Social Care Partnership (H&SCP) and beyond, for their tremendous effort. Over the past few weeks there has been a complete change to the way we operate, with staff doing everything possible to best meet the needs of the organisation and therefore to meet the needs of the people of Fife. The Chair thanked each and every staff member for their own personal input. Dr Bisset commented that he had been

hugely impressed by the leadership of the senior Executive Team, who have had to ask colleagues to change how and where they work, often into areas they have not worked before. Staff have not only done that readily but outside of normal hours and shifts. The calm manner and dedication of staff is to be applauded and he expressed his gratitude to all staff in NHS Fife and to the leadership team.

In response to a query from the Chair, Board Members confirmed that they were satisfied with the level of information being received by them from the Chair and Vice-Chair.

2 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interests.

3 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mrs Braiden, Non-Executive Director, and Ms Milne, Director of Public Health.

4 MINUTE OF THE PREVIOUS MEETING HELD ON 29 JANUARY 2020

The Minute of the previous meeting was approved as a true record.

5 MATTERS ARISING

.1 DRAFT ANNUAL OPERATIONAL PLAN (AOP) 2020/21 – 2022/23

Confirmation has been received from Scottish Government that the approval process for the AOP is presently on hold. The document submitted in mid-March, as considered by each of the Board's governance committees, will be used to establish a recovery plan in relation to Treatment Time Guarantee and other routine performance targets. An update will be brought to the Board in due course on its status.

6 CHIEF EXECUTIVE'S REPORT

.1 Chief Executive Update

Mrs Potter noted that it was only ten weeks since she took up post as Chief Executive. The first confirmed case of Covid-19 in Fife happened five weeks ago and, on that same day, a letter was received from Scottish Government asking for the resilience response to be stepped up. Since then considerable work has been undertaken to completely transform our services, including:

- the establishment of a community hub to assess and triage patients prior to hospital admission, to ease the burden on primary care and NHS24;
- the roll-out of technology to enable patients to have consultations with their doctors from their own homes using Near Me;
- the adoption of video-conferencing technology (MS Teams) to enable virtual working;
- the establishment of red and green zones across Victoria and Queen Margaret Hospitals and increasingly our other community hospitals; and
- the redesign of roles, patient pathways, services, facilities and ways of working, each of which has represented a real transformation.

The remarkable pace of change and willingness of staff to work beyond the norm was noted. Across all health and care teams, staff have rushed to offer their help rather than run away. There are anxieties, particularly around Personal Protective Equipment (PPE), but the Board was assured that the Executive Team is listening to staff and escalating through various channels into Scottish Government and colleagues nationally.

There is support at present from two military liaison officers, who are providing excellent input around the logistics of PPE supply and distribution, and their problem solving skills are being used in different ways, as well as using their chain of command to support escalation of issues.

There has been a conscious change in phrase from Executive Directors Group to Executive Team, as the term 'group' underplays the incredible effort of the Executive Directors, who are operating in a way that is a true team and have all individually stepped up to the mark with willingness, commitment and professionalism. Mrs Potter recorded thanks to each and every one for their support to her personally in her new role and with their respective teams.

It was reported that in March Ms Olsen, Interim Chief Operating Officer (Acute), left NHS Fife and Mrs Potter recorded thanks for the contribution Ms Olsen brought both professionally and personally to the team during her time in Fife and in particular her efforts in the early planning stages for Covid-19.

Finally, Mrs Potter recorded sincere thanks and appreciation to the Chair, Vice Chair and all Board Members for their ongoing messages of support, which are appreciated by the Directors. She hoped that the weekly updates allowed Members to feel assured that the current situation is being dealt with in a robust manner and that the Board maintained its responsibilities in respect of financial, staff and clinical governance. As we move through the pandemic, Mrs Potter assured the Board that minds are also focused on the recovery phase for staff, patients and the organisation as a whole, where the organisation will need reset to a new normal.

Ms Laing asked what success there had been within NHS Fife for staff returning to work to assist in NHS Scotland's Covid-19 response, particularly in respect of volunteers. It was noted that the current national campaign was hosted and led by National Education Scotland and circa 10,000 people are returning to the NHS. Locally, circa 1,000 people had applied in response to the 'Friends and Family' Bank Staff scheme and through letters issued to staff that had left within the past two years. A decision has been taken to pause the campaign in order to dedicate efforts into processing these applicants as quickly as possible through a much more light-touch on-boarding process. Assurance was provided that all appropriate recruitment arrangements in terms of employment checks, occupational health checks and disclosure have all been revised to speed up the process. Mrs Buchanan provided an overview of how Year 3 and Year 2 nursing students would be deployed across Fife, together with the position in relation to volunteers, which was being co-ordinated through the Patient Relations Team.

.2 Fife Integrated Performance & Quality Report (IPQR) – Executive Summary

File Name: Board/Minutes 040820
Originator: Paula King

Issue 1
Page 3 of 9

15/04/2020
Review Date:

Mrs Potter introduced the Executive Summary produced in February 2020, which was previously submitted through the three governance committees. Executive leads and Committee Chairs highlighted areas of significance within the IPQR, in particular:

Clinical Governance

There had been an improvement in the rate of Hospital Acquired Infection (HAI) Staphylococcus Aureus Bacteraemia (SAB), which was the second lowest annual figure on record. The rate of SABs continued to be monitored and managed. The increase in the rate of C Difficile had been discussed at the Clinical Governance Committee, noting that the increase of circa 15% related to a recurrence of infection. Performance was still classified as 'green' and remained better than the Scottish average. As Chair of the Clinical Governance Committee, Dr Bisset was pleased with the improved performance in relation to SABs and Catheter Associated Urinary Tract Infection (CAUTI).

Finance, Performance & Resources

Financial Position - The revenue position for the ten months to 31 January 2020 reflects an overspend of £5.220m. There has been a significant improvement in the financial position and, based on a recent forensic review and additional support prior to the Covid-19 crisis, a forecast year-end balance position was currently projected. Ms Laing, Chair of the Finance, Performance & Resources Committee confirmed that the Committee spent time at its last meeting fully interrogating the information.

Staff Governance

Attention was drawn to the information on absence and assurance was provided that data continued to be logged in an appropriate way given the current situation.

The Board **noted** the information contained within the Integrated Performance & Quality Report Executive Summary.

7 CHAIRPERSON'S REPORT

.1 Board Development Session – 26 February 2020

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

8 ARRANGEMENTS FOR FUTURE BOARD MEETINGS DURING PERIOD OF COVID-19 PANDEMIC

The Chair spoke to the paper, which set out a proposal to revise the Board's approach to governance whilst NHS Fife is dealing with the Covid-19 pandemic. This mirrored arrangements being put in place at other territorial Boards. The Chair noted that, in order to protect Executive Directors' focus on dealing with the pandemic, any substantial decision would be expected to be taken by the Board and it was therefore expected that Committee meetings would be halted at the present time. As noted earlier, it was intended that Microsoft Teams would be used where possible for the next meeting of the Board. Any member who does not yet have access to that technology should contact Dr MacIntosh to make the

necessary arrangements with eHealth.

A condensed version of the IPQR would be submitted to the Board, given the current situation and the resulting effect on performance targets.

Whilst it is understood that focus needs to be on dealing with the critical needs in relation to Covid-19, it was suggested that an update on how some of the pressures are being dealt with for those people with mental health issues and in more vulnerable groups would be helpful. Mrs Potter confirmed work is underway through the Local Resilience Partnership about how the public sector can support some of the more vulnerable groups and an update could be produced over the coming weeks. A Chief Officers' Public Safety meeting was also scheduled for next week to ensure that, from a governance perspective, that cohort of the population is being taken into account.

Action: C Potter/D Milne

In order to give further assurance to the Board about support for our own staff, a range of initiatives has been put in place. Maggie's Fife has generously donated its property on the Victoria Hospital site as a drop-in zone and a place where staff can access practical resources about self-care and well-being or have one-to-one support with a psychologist. Similar hubs will shortly be in operation in Queen Margaret and Stratheden Hospitals.

Mrs Brown added that the Executive Team has gone above and beyond to allow whatever is necessary to support staff. Positive feedback has already been received from people that have visited the new hub at Maggie's and staff are feeling valued and thanked directly by the Chief Executive through the daily brief. Many donations have also been received from businesses and the public and it is hoped that these hubs can be used to distribute goods so that all staff can benefit from the generosity of the public. The Chair emphasised that staff are the most valuable asset and the Board will do everything it can to support them.

The Board:

- **formally agreed** that the Board will not convene its meetings in public while the organisation and the country is responding to the Covid-19 pandemic, for the 'special reason' of protecting public health, and the health and well-being of anyone who would have otherwise attended the meeting; and
- **agreed** that, for the duration of the pandemic period, all Board and committee meetings will be carried out by teleconference, videoconference or in any other manner that does not require the members and staff to physically meet.

9 JOINT FIFE COVID-19 MOBILISATION PLAN

Board Members had received the draft Joint Fife Covid-19 Mobilisation Plan as submitted to Scottish Government at the end of March 2020. The Chair reminded the Board that the document was still draft until approved by the Scottish Government.

The draft Mobilisation Plan was developed to support the Covid-19 response across Fife within Acute Services and the Health & Social Care Partnership. The plan covers all operational aspects of the response of NHS Fife to the Covid-19 situation, in particular:

- leadership arrangements in terms of Gold, Silver and Bronze command;
- Health and Social Care Mobilisation Plan, including managing delayed discharges, increasing community hospital bed capacity and establishment of the Covid-19 hub and assessment centre;
- Acute Services Plan, including zoning of acute hospital, expansion of ICU capacity, cancellation of all acute elective activity except for cancer care, and reallocating and increasing acute bed capacity; and
- workforce arrangements.

It is important to note that it is a dynamic document and is subject to change.

Mrs Connor outlined the priorities for the H&SCP and the significant progress that has been made in relation to delayed discharges, involving up-scaling capacity within community services and care home beds to support discharge home. An assessment centre to support primary care and Covid-19 assessment has been developed to triage patients. There was ongoing discussion with Scottish Government about Adults with Incapacity. A mobilisation team has been established, feeding into the overarching workforce group led by the Director of Workforce, to support mobilisation of staff in order to sustain critical services. The request by Scottish Government for the separate submission of the H&SC aspect of the Mobilisation Plan recognises that some of the plans will have a legacy beyond the pandemic and it is important to have a level of standardisation across Scotland to compare and contrast.

Mr Mackay gave an overview of the significant changes made in the Acute hospitals since the outbreak started, including the re-zoning of both Victoria and Queen Margaret Hospitals to give clear parameters around infection control and the movement of patients throughout the hospital. Also outlined was local testing within the Laboratory, which is speeding up turn-around times for testing of patients, and an increase in ICU capacity, which has increased from a base of 9 beds to 34 currently. This has involved enormous effort from staff in terms of movement of equipment and staff training. A Hospital Control Team has been set up on a 24/7 basis and all medical rotas have also been changed to operate 24/7.

Dr McKenna emphasised that the transformation over the last four weeks has been remarkable. He outlined a number of changes that have been made around the medical cohort and how they are working, which is providing senior-level decision-making for care, who gets access to the hospital and prevents unnecessary admission of patients out of hours. Efforts to reconfigure how the admission and critical care parts of the hospital are run have been extraordinary and the learning being taken on board will go beyond the pandemic and transform services in the future. Dr McKenna acknowledged the efforts and contributions of the junior doctors, which have given a more resilient workforce, and he thanked Professor Wood, Director of Medical Education, who has led on this work. It is important to remain agile in terms of the use of resources; there are major

pressures within acute services currently but moving forward there will be more requirement to support people as they go through a rehabilitation process in community services. General Practice and how these services are being run is also very different and the support of GPs has been unprecedented and managed expertly by Dr Hellewell, Associate Medical Director, H&SCP, and Clinical Directors in Primary Care.

The Chair commented that the work done with medical staff has been absolutely amazing and she and the Vice-Chair, on behalf of the Board, are reassured that the ongoing work is the best it can be; they are overawed by the commitment and dedication of staff as a whole. The Chair also thanked Dr McKenna for his leadership during this situation.

Dr McKenna left the meeting.

The staffing position from a nursing perspective has also seen a huge change for people, with considerable efforts put in place to support the Mobilisation Plan. Mrs Buchanan drew attention to the significant up-skilling and re-training of staff, particularly in respiratory training, ventilation, ICU and palliative care, to enable a more generic workforce within acute and community teams. Patient visiting had also been stopped in many areas, which is difficult for nursing staff who are used to welcoming families into the hospitals.

The importance of work being undertaken within the overall estate, its facilities and many other services was acknowledged and Mr Fairgrieve gave an overview of some of the work being done in these areas.

A number of comments were made around the fantastic work of community self-help groups and how they could be used to generate more public involvement going forward; the importance of efficient record-keeping in order to capture the positives and negatives from the pandemic and inform how we build on that for the future; and the scale of the challenge in relation to the draft Mobilisation Plan.

In response to questions in relation to data specifically related to Fife, Mrs Potter advised that robust data modelling assumptions were being carried out by Scottish Government. The current position in terms of capacity and pressure on beds was highlighted. It was noted that the number of deaths within NHS Fife hospitals is published on a daily basis. It is also understood that the National Records of Scotland will be publishing information where Covid-19 is recorded on a death certificate in the wider Fife population. The Chair reiterated that although data modelling will be helpful, it did not take away from the central message, which is for people to stay at home and not socialise outwith households, and she asked Board Members to relay this message at every opportunity.

The financial consequences of Covid-19 and the financial governance around it was a key aspect that sat in parallel with the Mobilisation Plan. Ms McGurk confirmed that a detailed process was in place, combining the estimated expenditure across the Board and H&SCP, and she reassured Members that in terms of financial governance an audit trail of all decisions taken within the H&SCP

and Board was being recorded.

On behalf of the Board, the Chair recorded thanks to everyone within NHS Fife for their efforts during this difficult time and assured staff that the Board would do everything it could to support them.

The Board **noted** the verbal update on the Joint Fife Covid-19 Mobilisation Plan and its current status.

10 MODEL BOARD STANDING ORDERS

The Chair introduced the paper, which had been considered by the Audit & Risk Committee at its meeting on 13 March 2020. The new text to be adopted by all NHS Boards follows NHS Scotland's 'Blueprint for Good Governance'. Attention was drawn to the new text of the model Standing Orders (Appendix 1 of the paper) and the three main changes to current practice, as listed on page 2 of the paper.

The Board:

- **noted** the update given in the paper on the content of the new model Standing Orders that have been prepared for immediate adoption nationally on a 'Once for Scotland' basis;
- **noted** the anticipated changes to current Board administrative practice as detailed in the paper; and
- **agreed** to the adoption of the model Standing Orders, to be effective from the start of the new financial year in April 2020.

The Board **noted** the update.

11 STATUTORY AND OTHER COMMITTEE MINUTES

The Board **noted** the below Minutes and the issues to be raised to the Board.

- .1 **Audit & Risk Committee dated 13 March 2020 (unconfirmed)**
- .2 **Clinical Governance Committee dated 4 March 2020 (unconfirmed)**
- .3 **Finance, Performance & Resources Committee dated 10 March 2020 (unconfirmed)**
- .4 **Staff Governance Committee dated 6 March 2020 (unconfirmed)**
- .5 **Fife Health & Social Care Integration Joint Board dated 6 December 2019**
- .6 **Fife Partnership Board dated 25 February 2020 (unconfirmed)**

12 FOR INFORMATION:

The Board **noted** the item below.

- .1 **Integrated Performance & Quality Report – January and February 2020**

13 ANY OTHER BUSINESS

None.

14 DATE OF NEXT MEETING:

Wednesday 27 May 2020 at 10.00 am

It was anticipated that the meeting on 27 May 2020 would require to be convened virtually, due to the ongoing Covid-19 pandemic. The Chair would continue to feedback to Board Members regularly and she thanked them for their participation in the meeting today.

Meeting:	NHS Fife Board
Meeting date:	27 May 2020
Title:	Remobilisation Plan Assurance Report
Responsible Executive:	Carol Potter, Chief Executive
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to:

- Joint Remobilisation Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report sets out the mechanism to take forward planning of the restart of clinical services since the COVID-19 pandemic was declared, including the methodology and governance that will be used by NHS Fife including the full spectrum of services across acute and corporate areas as well as those health services delegated to the Fife Health & Social Care Partnership. The first draft submission of the Joint Remobilisation Plan for Fife (for the period to end July) was made to the Scottish Government on 25 May 2020.

2.2 Background

Fife responded quickly to the emerging situation of COVID-19 in our population followed by the declaration of the emergency planning measures on Scotland and the UK. The mobilisation plan submitted to the Scottish Government on 19 March 2020 was primarily focussed on COVID-19 patients presenting at acute hospitals in terms of ICU and general acute bed capacity followed by step down beds in community hospitals.

The following actions took place as part of the COVID-19 Mobilisation Plan in response to the pandemic:

- 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

When the COVID-19 pandemic was confirmed by the World Health Organisation, a Gold, Silver and Bronze emergency planning command structure was quickly put in place in NHS Fife. Gold Command met daily initially and now reduced to twice a week and is the operational decision making body for the organisation in this emergency situation. The Chief Executive leads and chairs this group which is made up of the NHS Fife Directors and supporting advisors. All decisions and actions from Gold Command are documented by the Loggist supporting the group.

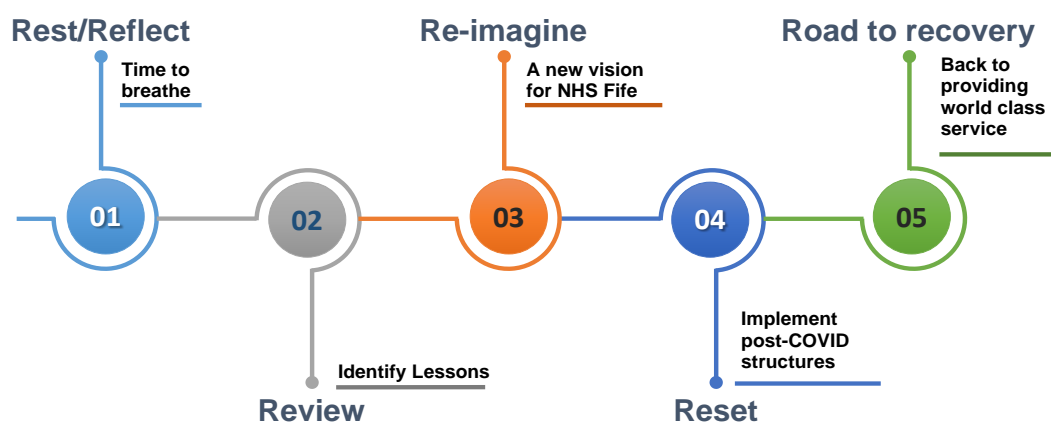
During this time, the NHS Fife Board was unable to meet in person. Delegated responsibility was approved by the NHS Board to the Chair and Vice Chair who meet weekly using telephone or MS Teams with the Chief Executive and executive directors. There was one telephone meeting of the Board on 8 April 2020 with future meetings being facilitated through MS Teams.

2.3 Assessment

Together with our attached Military Liaison Officers, an approach was agreed by Gold Command to lead the organisation through the operational remobilisation of services, in parallel with Scottish Government announcements on the lifting of some lockdown restrictions. In order to capture, make sustainable the changes that have taken place, and to protect the new ways of working and prioritisation, a methodology was adopted to ensure NHS Fife and Fife HSCP provides safe and resilient clinical services going forward. Guiding principles agreed by the Board Chief Executives across Scotland were adopted to support this methodology:

- Whole System; safe and person centred care
- Clinical Prioritisation
- Agile, Flexible and Responsive
- Realistic Medicine/Care
- Protecting our workforce
- Digitally enabled
- Data enabled

The diagram below illustrates the 5 stages in the methodology. It is acknowledged that staff and managers needed time to rest and reflect so a new future could be imagined using lessons learned over this time and implementing a new future in partnership with our staff.



A virtual workshop for Gold Command took place on 12 May 2020 to share lessons learned from across health. Individual teams are also reflecting on lessons learned over this time. As part of this process, a staff survey through the new staff app will take place in the forthcoming weeks asking staff their opinion on what went well and not so well

over the COVID period. All the information collected will be collated and summarised into themes that are included in our plans moving forward.

The Transformation and Change Team were tasked to pull together the main themes of transformation implemented in response to COVID-19 across all clinical services in Fife. The table below outlines the high level categories of change that were implemented.

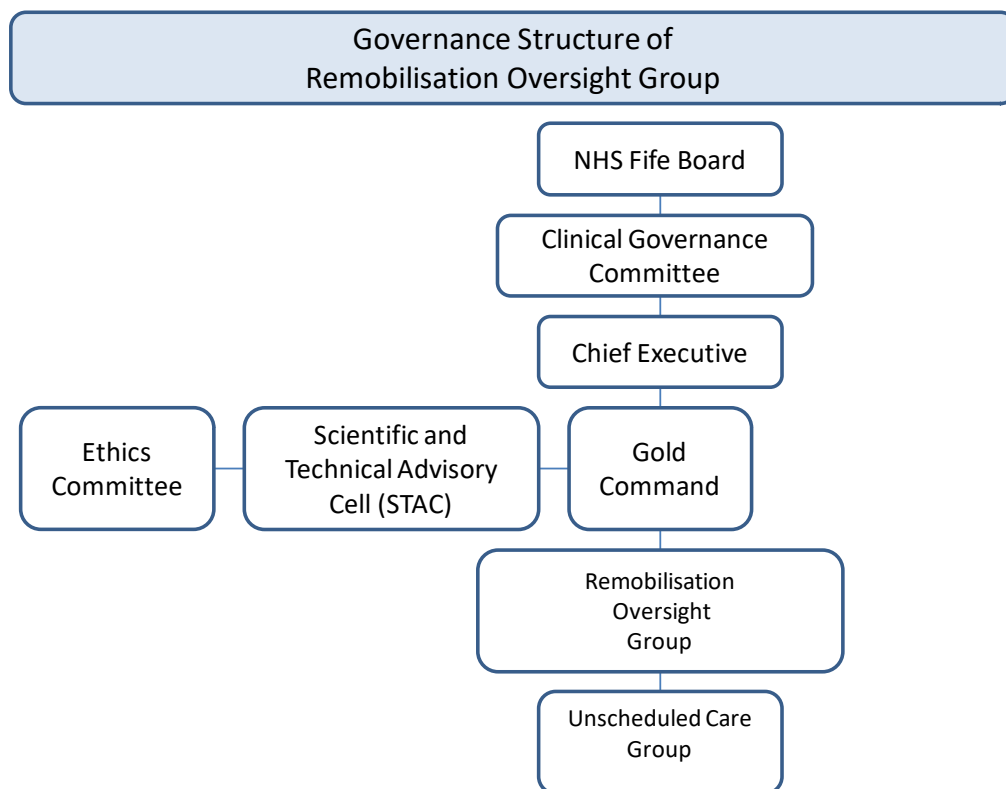
Category of Change	Brief description of changes
Screening	<ul style="list-style-type: none"> • National advice channelled people down the 111 advice route • Access to hospital sites was limited to designated access points • Designation of RED and GREEN zones and pathways within the hospital site • Dedicated COVID-19 Testing Hubs
Triage of lists, referrals and attendances	<ul style="list-style-type: none"> • A review of all Outpatient activity was conducted by Consultant clinicians • Defined pathways limit cross-infection of 'Red' and 'Green' patients • Urgent Care Assessment Area
Revised and Updated Pathways	<ul style="list-style-type: none"> • New pathways at the Front Door to increase patient and staff safety and ensure swifter flow for both COVID-19 and non-COVID patients.
Use of digital modes of delivery	<ul style="list-style-type: none"> • Introduction of MS Teams for staff • All GPs and Outpatient Consulting staff were given a laptops • All clinicians were given access to NHS Near Me • All patient lists were clinically reviewed to identify patients for an NHS Near Me or Telephone consultations
Increased pace of decision making	<ul style="list-style-type: none"> • Hospital Control Teams and/or Control Rooms set up
Use of Alternatives to admission	<ul style="list-style-type: none"> • Hospital at Home Service and ICASS increase in capacity • Urgent Care Service increase in capacity / activity, focus • Perception of reduction in people presenting at GP surgeries • Reduction in diagnostic capacity due to focus on COVID-19
Additional Support in community	<ul style="list-style-type: none"> • Support for individuals on Shielding Lists • Impact of having more people at home
Estates and Facilities (Redesign of hospital footprint)	<ul style="list-style-type: none"> • Redesign of front door to incorporate Red and Green zones • Services being moved to Queen Margaret Hospital
Communication	<ul style="list-style-type: none"> • Strong and consistent message coming from Scottish Government • Daily briefing for staff with COVID-19 related updates • NHS Fife has introduced a new StaffLink App

The restart of clinical services are taking into account the positive changes and transformation that have taken place and exploiting opportunities for redesign.

On 14th May 2020, the Interim Chief Executive, NHS Scotland asked NHS Board Chief Executives to commence work to safely and incrementally restore services which have, at least in part, been paused due to the COVID 19 Pandemic. Chief Executives were asked to develop these draft remobilisation plans covering the period to end of July 2020, informed by clinical prioritisation of services and national guidance / policy frameworks. Prior to this request, and as described above, , work and processes within Fife had already been agreed through the Gold Command structure on *how* clinical services would approach a restart programme over the next 12-18 months. It was acknowledged when considering restarting clinical services that there has to be robust clinical governance structure in place.

The Remobilisation Oversight Group was thus established to oversee the restarting of health and care services in Fife during this phase. This governance group has a specific remit to remobilise clinical services paused since the start of the COVID-19 pandemic. This group will eventually be superseded by a group overseeing the implementation and monitoring of the Annual Operational Plan (AOP) including population health and inequalities. The group will oversee the whole system in an integrated way to improve pathways through primary care, community, social care into secondary care.

The group is co-chaired by the Medical Director and Director of Nursing who will drive the reintroduction of clinical services in a safe and measured way and will meet on a weekly basis with other Directors and clinical Associate Directors. The diagram below illustrates the governance structure of this group.



* Director of Health and Social Care will take the work of this group through the IJB

Progress will be reported by the Remobilisation Oversight Group to the NHS Board through the Clinical Governance Committee.

2.3.1 Quality/ Patient Care

The basis of Remobilisation Plan is the restart of clinical services to continue to deliver high quality care to patients.

2.3.2 Workforce

Workforce planning is an integral element of the Mobilisation Plan.

2.3.3 Financial

Financial planning continues from the COVID-19 mobilisation plan to the Remobilisation Plan.

2.3.4 Risk Assessment/Management

Risk assessment is part of the restart of clinical services.

2.3.5 Equality and Diversity, including health inequalities

Equality and Diversity is integral to the development of the Remobilisation Plan.

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

Appropriate communication, involvement, engagement and consultation within the organisation and with key external stakeholders is integral to the NHS Fife Remobilisation Plan.

2.3.8 Route to the Meeting

The principles and approach for remobilisation have been considered via the Gold Command structure. The first working draft of the Remobilisation Plan was submitted to the Scottish Government on 25 May 2020 and further development of this Plan will be considered through the NHS Board governance structure.

2.4 Recommendation

The Board is asked to:

- **Note** the governance of the Remobilisation Plan and the restart of clinical services across Fife in the short term (until the end of July).

3 List of appendices

n/a

Report Contact

Susan Fraser

Associate Director of Planning and Performance

Email susan.fraser@nhs.net

Meeting:	NHS Fife Board
Meeting date:	27 May 2020
Title:	Care Home Oversight and Assurance
Responsible Executive:	Dona Milne, Director of Public Health
Report Author:	Lynn Burnett, Nurse Consultant Health Protection

1 Purpose

This is presented to the NHS Fife Board for:

- Decision

This report relates to a:

- Scottish Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this report is to provide 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.

2.2 Background

There are national and local concerns regarding the increased risk of infections, outbreaks and deaths in our care homes as a result of the COVID-19 pandemic.

On 17th April 2020 Malcolm Wright, the Chief Executive of NHS Scotland and Director General of Health and Social Care, wrote to NHS Board Chief Executives to request that Directors of Public Health take action to deliver an *enhanced system of assurance* around the safety and wellbeing of care home residents and staff (attached). A further letter was sent on 20th April 2020 (attached) by the Chief Performance Officer, NHS Scotland and Director of Delivery and Resilience, to provide further details of expectations.

On 1 May 2020, the First Minister of the Scottish Government announced an extension to testing for COVID-19 infection in care homes, involving three scenarios:

- Enhanced outbreak investigation in all care homes where there are any cases of COVID - this will involve testing, subject to individuals' consent, all residents and staff, whether or not they have symptoms.
- In addition, where a care home with an outbreak is part of a group or chain and staff might still be moving between homes, the provision of urgent testing in any linked homes.
- Sampling testing in care homes where there are no cases. By definition this will also include testing residents and staff who are not symptomatic.

On 17th May the Cabinet Secretary for Health and Sport sent a letter and accompanying document highlighting the requirements for Coronavirus (COVID 19): *enhanced professional clinical and care oversight of care homes* (both documents attached). This document set out the requirement for every Health Board and its Health and Social Care Partnership (HSCP) colleagues in the Local Authority to put in place a multi-disciplinary team comprised of the following professional roles:

- The NHS Director of Public Health
- Executive Nurse lead
- Medical Director
- Chief Social Work Officer
- HSCP Chief Officer: providing operational leadership

These senior leaders were passed responsibility and accountability for the provision of professional oversight, analysis of issues, development and implementation of solutions required to ensure care homes remain able to sustain services during this pandemic and can access expert advice on, and implementation of, infection prevention and control (IPC) and responsive clinical support when needed. The Executive Nurse and Medical Directors were informed that they have the ability to delegate these roles where appropriate, but they retain accountability through clinical governance arrangements.

The oversight team are required to:

- Hold a daily discussion covering each home in their area and make decisions on any additional direct clinical or IPC support needed.
- Ensure testing guidance is clarified urgently, and maintained as a priority, with clear routes and responsibilities set out.
- Ensure staff are tested in accordance with the guidance and regardless of impact on staff rotas
- Ensure patients and service users are also tested in accordance with the guidance in relation particularly to admissions to care homes

A range of responsibilities are fulfilled:

- NHS Boards take direct responsibility to ensure staff are tested
- NHS Boards ensure contact tracing is undertaken where required
- NHS Boards ensure linked home testing is delivered
- NHS Boards and Local Authorities ensure clinical and care resource is provided to care homes to ensure staff rotas are maintained to deliver safe and effective care
- Joint inspection visits are undertaken as required by the Care Inspectorate and Healthcare Improvement Scotland (HIS), working together, to respond to priorities and concerns

A further letter was sent on the 17th May by the Cabinet Secretary to Directors of Nursing (attached) advising that from the 18th May to the 30th November 2020 there would be implementation of a variation to their role as Executive Nurse Director. The variation was aligned to the requirements set out in the letter discussed above, sent to all members of the multi-professional oversight group. The letter informed Executive Nurse Directors of their accountability for the provision of; nursing leadership, support and guidance within the care home and care at home sector.

As further confirmation of the role of NHS Boards in the safety and wellbeing of care home residents and staff care, NHS Board Chairs were asked by the Cabinet Secretary on 21 May to take an active role in the work of the Directors of Public Health and Nurse Directors with regards to the oversight of care homes (ongoing).

2.3 Assessment

Following the Scottish Government letter from 17th April, a number of measures were implemented to fulfil the requirement to provide an enhanced system of assurance around the safety and wellbeing of care home residents and staff during the COVID-19 pandemic.

A Fife multi-agency Care Home Oversight Group was formed led by NHS Fife Public Health, with membership that includes Fife HSCP, including professional nursing and medical leadership, Care Inspectorate and Scottish Care. The group meet weekly and report directly to the Director of Public Health, and to the Director of Fife Health and Social Care Partnership.

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).

A new Care Home Support Team has been established within the Health Protection Team in Public Health. The team of 5 nurses provides 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.

All Residential Care Homes in Fife receive a daily visit from the District Nursing service, and Nursing Care Homes have received twice weekly calls from an Advanced Nurse Practitioner to provide support and signpost to other specialist services as required. This will increase following the request for enhanced support. The Care Home Support Team and the HSCP District Nursing and Advanced Nurse Practitioner Teams attend a twice weekly huddle to raise any issues and to plan support strategies as required. Concerns are escalated to the DPH and the DHSC through their respective leads.

A community testing team was established to carry out tests among symptomatic residents in care homes. This team consists of a registered nurse paired with a health care assistant and operates 6 days per week. The team is now also being used to test residents in the community prior to a care home admission. Residents are referred for testing following a clinical assessment where there is suspicion of Covid-19. Residents usually receive a test within 24 hours of referral and a result 24 hours later, often earlier.

Care home staff who have suspected Covid-19 symptoms are also offered testing. From Monday 6th April the staff testing programme in Fife was expanded to all social care staff, including all independent care home providers, independent care at home providers, third sector social care providers and all social care staff within Fife HSCP and Fife Council. From Monday 20th April a mobile staff testing service was made available to staff (or their household member) who could not access private transport to attend the drive-through testing programme.

Following the Scottish Government announcement of the extension to testing on 1st May, an enhanced outbreak management approach has been adopted by the new care home support team to support care homes that have positive Covid-19 cases identified. The Care Home Oversight Group review this on a weekly basis, and care homes are prioritised according to risk for whole care home testing of staff and residents. The enhanced outbreak management involves a programme of testing, subject to individuals' consent of all residents and staff, whether or not they have symptoms. Where a care home with an outbreak is part of a group or chain and staff might still be moving between homes, testing is offered to the linked homes.

A DPH weekly report of assurance is submitted to Scottish Government. The review template is based on a red, amber and green RAG status of all care homes in Fife. The review is presented at the Care Home Oversight Group and shared with all partners including HSCP, Care Inspectorate and Scottish Care prior to submission. Any issues of concern or those deemed to be red are discussed with the DPH prior to submission.

A review of the arrangements outlined above has taken place against the requirements and roles set out by the Scottish Government in their guidance issued on 17th May 2020, in order to identify

where additional measures are required (appendix 1). In response to this a new daily safety huddle has been formed comprising the NHS Director of Public Health, Executive Nurse lead, Medical Director, Chief Social Work Officer and HSCP Chief Officer. This will receive daily reports on the metrics outlined in the Scottish Government and reports from daily care home visits carried out by nursing teams.

To support governance of the arrangements described above, the Director of Public Health, Director of Nursing and Medical Director will report on their respective accountabilities to the NHS Fife Chief Executive. Oversight of these specific matters will be considered through the Clinical Governance Committee and onwards to the NHS Board.

2.3.1 Quality/ Patient Care

The aim of this approach is to ensure that our care homes are supported to provide high quality care to care home residents during this very challenging time during the COVID-19 pandemic.

2.3.2 Workforce

A challenge and limiting factor on delivering a more rapid roll-out of the programme of testing in care homes is the need to have contingency plans for workforce replacement in the event that a significant proportion of asymptomatic staff test positive and external workforce support is required from the HSCP. All of these staff in the deployment pool need to be identified prior to the testing programme being scheduled, and are required to have a negative test within 48 hours prior to the date they may be deployed. From the time of their test to the time of potential deployment these staff cannot work in any other health or social care setting. This has been well managed in the care homes where we have undertaken mass testing in recent weeks using a Problem Assessment Group to consider the implications of testing and to put contingency plans in place.

2.3.3 Financial

The costs of this additional programme of work are still to be gathered.

2.3.4 Risk Assessment/Management

Further reporting systems are required to ensure that oversight group members have adequate assurance that the required measures are in place.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed.

2.3.6 Other impact

This has a significant workload impact for all parties concerned but additional resources have been identified and put in place.

2.3.7 Communication, involvement, engagement and consultation

A version of this SBAR was shared with the Care Home Oversight Group. The five directors identified in the Scottish Government letter along with the Chief Executives of NHS Fife and Fife Council have been involved in the review of assurance measures.

2.3.8 Route to the Meeting

This paper was reviewed at the Care Home Oversight Group on 20th May 2020.

2.4 Recommendation

- **Decision** – The Board is asked to consider the issues set out in the report and to approve the governance arrangements described.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Table summarising assessment of current measures against measures required in Scottish Government guidance 17/05/20.
- Appendix 2 – 17th April 2020 Letter from Malcolm Wright, the Chief Executive of NHS Scotland and Director General of Health and Social Care to NHS Board Chief Executives to request that Directors of Public Health take action to deliver an *enhanced system of assurance* around the safety and wellbeing of care home residents and staff.



Chief Executive
letter - Care Homes -

- Appendix 3 – 20th April 2020 letter from the Chief Performance Officer, NHS Scotland and Director of Delivery and Resilience, to NHS Board Chief Executives to provide further details of expectations.



COVID-19 - Care
Homes - JC letter to C

- Appendix 4 - 17th May 2020 letter from the Cabinet Secretary for Health and Sport and accompanying document highlighting the requirements for Coronavirus (COVID 19): *enhanced professional clinical and care oversight of care homes*



Letter - care homes - Coronavirus (COVID
multi professional ove 19) - enhanced profe

Appendix 5 - 17th May 2020 letter from the Cabinet Secretary to Directors of Nursing advising of a variation to their role as Executive Nurse Director



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Report Contact

Lynn Burnett

Nurse Consultant Health Protection

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Appendix 1

The table below highlights the requirements and roles set out by the Scottish Government; these are tabled with the current measures and assurance measures required.

Additional Measures Required	Lead	Timescale – reviewed every two weeks from implementation	Current Measures	Additional Assurance Measures
<p>Nurse and Medical Directors take direct responsibility for the clinical support required for each care home in their Board area in collaboration with Directors of Public Health</p> <p>These Directors will lead in providing practical expert advice and guidance on infection prevention and control</p> <p>Boards will provide DHPs with the resources needed</p>	Nurse Director Medical Director	Immediate	Care Home Oversight Group meet weekly. Operational safety huddles currently in place: HSCP nursing staff meet twice weekly to discuss care home concerns. Social Work meeting three times weekly to discuss care home concerns along with other SW issues.	Directors and their delegated deputies agree levels of assurance required and resources needed to provide this.
Daily discussion covering each home in their area and decisions on any additional direct clinical or IPC support needed	Nurse Director	Immediate	District Nurses provide daily visits to Residential Care Homes and Advanced Nurse Practitioners provide twice weekly contact to Nursing Homes. This is reported via a RAG status template to the Care Home Oversight Group and the Scottish Government	<p>A daily safety huddle with Directors has been established.</p> <p>Daily RAG report and visit reports to be provide to the Directors safety huddle.</p> <p>Continue weekly assurance report to Scottish Government from DPH</p>

			weekly via DPH report.	
Testing guidance for staff to be clarified urgently with clear routes and responsibilities set out to ensure staff are tested regardless of impact on staff rotas - including any guidance issued by HSCPs	DPH	Immediate	Staff testing SOP has been revised to provide clear routes and responsibilities. No report on staff testing currently in DPH weekly care home report to SG but is part of the daily reporting to Public Health Scotland on care home staff testing.	Reports on staff testing to be included in weekly DPH return to SG and daily return to Public Health Scotland on care home staff testing numbers to feed into the daily directors meeting.
Boards to take direct responsibility to ensure staff are tested	DPH	Immediate	Staff testing led by Public Health. SOP has been revised to provide clear routes and responsibilities.	Reports on staff testing to be included in weekly DPH return to SG and daily return to PHS on care home staff testing numbers to feed into the daily directors meeting
Boards will ensure that contact tracing is undertaken where required	DPH	Immediate	No staff contact tracing currently taking place. This will be implemented with TTIS programme. No report on staff contact tracing currently in DPH weekly report.	Reports on staff contact tracing to be included in weekly DPH return to SG when TTIS is established.
Boards will ensure linked home testing is delivered	DPH	Immediate	Care Home Oversight Group is leading on the prioritisation of care homes for testing. There is no current reporting on this in DPH weekly return to SG. Homes with outbreaks are advised not to share staff.	Care Homes reminded not to share staff between homes. Staff in linked homes to be tested. Reports from Boards to be included in weekly DPH return to SG

Boards to ensure clinical resource is provided to care homes to ensure staff rotas are maintained to deliver safe and effective care	Nurse Director	Immediate	HSCP are providing clinical resource support to care homes as required. This was arranged quickly when needed. This is not currently reported in DPH weekly return to SG.	Reports and data from safety huddles to be included in weekly DPH return to SG.
Direct inspection visits to care homes by CI and HIS, including unannounced inspections	Care Inspectorate (CI)	Immediate	There have been no visits to care homes in Fife as yet. One is planned. Care Inspectorate continues to report concerns to Care Home Oversight Group.	Reports from Care Inspectorate to be included in weekly DPH return to SG
Testing requirements on all admissions	DPH	Immediate	All admissions to care homes are being tested as per the local care home testing SOP and Scottish Government guidance which has been followed. Admissions are reviewed by the HPT Care Home Support Team and testing arranged as required.	Report to daily safety huddle to take place.
Significant adverse event	Health Improvement Scotland (HIS) and Care Inspectorate	Immediate	Care Inspectorate report concerns to Care Home Oversight Group.	Proposals to be discussed and advice on implementation
Care Inspectorate and Healthcare Improvement Scotland joint inspections	HIS and CI	Immediate	There have been no joint visits yet to care homes in	Proposals to be discussed and advice on implementation

			Fife.	awaited from HIS and CI.
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To: Health Board Chief Executives
CC: Directors of Public Health
Chief Officers
Chief Executives of Local Authorities

17 April 2020

Dear Colleague

I recognise the significant work that NHS Boards have already done in response to the COVID-19. We have placed NHS Scotland on an emergency footing and I want to take this opportunity to thank you for the enormous work you have already done to transform the delivery of services, including very significant pivoting of staff and repurposing of facilities. I am writing to you today with a further ask in relation to care homes.

We know that this virus is highly virulent and has the hardest impact on the most vulnerable older people in our society. Close to half of our care homes in Scotland either have active or have had active cases of COVID and I recognise and appreciate all that has been done, working with the Care Inspectorate and others to support care home residents.

Much has been done, but we need to do more. The First Minister and Cabinet Secretary for Health and Sport have requested that Directors of Public Health take immediate action to deliver an enhanced system of assurance around the safety and wellbeing of care home residents and staff during these extraordinary times.

Directors of Public Health are uniquely well placed to lead, plan, initiate and co-ordinate this work locally. Cognisant of significant local work already underway, I am therefore writing to ask you to mobilise immediately those directors and your health protection teams to undertake the necessary action, working with local Infection Prevention and Control Teams, the Care Inspectorate, primary care teams and others. In broad terms, I am asking Directors of Public Health to oversee the provision of local support and assurance to all care homes so that they can provide a safe setting for their residents and staff throughout the Covid 19 incident.

Exactly what will be involved in this work and how it will be delivered will vary between NHS Boards. However, in all cases it will need to involve early substantial contact between DsPH and their teams and every care home in their area. The principal purpose of such contact will be to provide multi-disciplinary support and assurance to enable each home to follow in practice the range of national guidelines on Covid 19. As a minimum, this work must cover an assessment in respect of each home of:

- 1 knowledge and implementation of **infection prevention and control measures** (NHS guidance 1234).
- 2 knowledge and observance of **social distancing** measures, both for staff and residents.
- 3 **staffing** levels at all times and for all functions
- 4 the availability and quality of **training** for all staff in particular on infection control and the safe use of PPE (NHS guidance 5678).
- 5 the effective use of **testing**.

In taking this work forward, you should seek both to respond effectively to reported cases of covid-19 and to take preventative action to shield those homes where there have been no such cases.

DsPH should report on a weekly basis providing an update on the progress of the assessment outlined above for the care homes within your geographical boundary along with any good practice to be shared. We shall provide you with more details shortly, including a sample template. All such reports should also be sent to the relevant Chief Officers and Public Health Scotland. We in turn will be providing the First Minister with weekly updates of progress

This work will involve considerable joint working between teams and disciplines. Whilst I am tasking DsPH with particular responsibilities, there will be important roles for other teams, such as nursing and other staff including GPs. It will also be very important to collaborate closely with other local partners, in particular Chief Officers and care inspectorate (CI) teams. You will want to consider how to make best use of the many and varied assets at your disposal and you should not limit your ambitions by lack of access to clinical or other assets.

I am conscious that this emergency is requiring many of us to act in new ways and circumstances. With that in mind, I am anxious to ensure there continues to be as much support as possible for those delivering locally.

Health Boards and HSCPs, in collaboration with Local Government, have already drawn up mobilisation plans which of course reference the need to provide safe care home and care at home provision. Chief Officers have now provided a response to the Scottish Government on the work that local systems are doing to support the care home sector. Health Boards and HSCPs, in collaboration with Local government, have already drawn up mobilisation plans which of course reference the need to provide safe care home and care at home provision. Chief Officers have now provided a response to the Scottish Government on the work that local systems are doing to support the care home sector and there is evident good practice to draw upon including system-wide wrap around support for Care Homes. We will collate and promulgate good practice.

The Care Inspectorate and Public Health Scotland will play important roles in supporting you as well. I will be asking Public Health Scotland to continue to develop national standards and to identify potential support measures, building on the work that is already ongoing locally.

We are working with you to finalise educational material including algorithms to support infection prevention and control, reporting of suspected COVID-19 cases, segregation and cohorting requirements and escalation measures. It is our intention to share this material with you in the next week.

Finally, the CMO will shortly be setting up a short life task force of professionals with relevant expertise drawn from across government departments, charged with identifying urgently those interventions which will be most effective to combat the spread of Covid 19 in Scotland's care homes. This group will providing advice, guidance and support and engagement with the professions involved in local support measures. This will also include guidance to support the provision of staff required to meet the growing needs of residents in these settings.

Thank you very much for the contributions you and your teams will make to this extremely important task.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Malcolm Wright', enclosed in a thin black rectangular border.

Malcolm Wright
Chief Executive of NHSScotland and Director General of Health and Social Care



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To: Health Board Chief Executives
cc: Directors of Public Health
Chief Officers, HSCPs
Chief Executives of Local Authorities

20 April 2020

Dear Colleague

CARE HOMES: ENHANCED SYSTEM OF ASSURANCE - RESIDENTS & STAFF

On 17 April, the Chief Executive of NHS Scotland wrote to you to request that your Health Board take immediate action to deliver an enhanced system of assurance around the safety and wellbeing of care home residents and staff in response to the COVID-19 emergency. I know that your Directors of Public Health will already be taking forward this work but wanted to further outline our immediate expectations.

Firstly, Boards should undertake an initial assessment of every care home in your area, either by telephone or direct visit by 24 April, against the criteria from the above referenced letter:

- a) knowledge and implementation of infection prevention and control measures;
- b) knowledge and observance of social distancing measures, both for staff and residents;
- c) staffing levels at all times and for all functions;
- d) availability and quality of training for all staff in particular on infection control and the safe use of PPE; and
- e) the effective use of testing.

Secondly, Boards should undertake a programme of associated visits to each local care home on a risk prioritised basis, as informed by the assessments carried out under the initial request. These visits should be carried out as quickly as practicable, drawing upon all the appropriate resources in your Board. I would be grateful if you could provide your outline, initial programme of visits by 24 April. Thereafter, I would expect weekly updates on the local programme.

Thirdly, on testing, I recognise that considerable work has gone into providing access to testing for health and social care workers, or people in their households, that are isolating; and where a negative test can support their return to work. I would be grateful if you could also provide assurance in the response by 24 April that, within your area, there is: a robust pathway for workers, or people in their households, to testing with a single point of access; and that has been clearly communicated to all employers in social care; both within the care home setting and employers providing care at home.

It will of course be important to work closely with relevant partners including HSCPs and the Care Inspectorate.

Finally, you will want to be aware that Elinor Mitchell last week asked Chief Officers to submit their local HSCP plan for supporting care homes in their areas. A summary report of the submissions from your Partnership/s will be forwarded separately.

Notwithstanding the request to undertake the above actions by 24 April, I would be grateful if you could provide confirmation that you can carry these out by return; and no later than close of play on 23 April.

Should you have any questions about this request, please get in touch.

Yours sincerely

JOHN CONNAGHAN CBE

Chief Performance Officer, NHS Scotland and Director of Delivery and Resilience

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NHS Board Chief Executives
Local Authority Chief Executives
IJB Chief Officers
NHS Board Directors of Public Health
NHS Board Medical Directors
NHS Board Nurse Directors
Local Authority Chief Social Work Officers

17 May 2020

Dear Colleagues

These are exceptional times for us all requiring every one of you and your staff to go well beyond the call of duty in public service. I want to extend my sincere thanks to all of you, and would ask that you convey my gratitude to your staff as well.

It is recognised that adults living in care homes often have multiple health and care needs and many are frail with varying levels of dependence. Current estimates are that over 40,000 residents live in the 1083 adult care homes across Scotland. The vast majority of adult care homes are for older people (75%) and 75% of these care homes are run by the private sector, with the remainder run by voluntary sector and local authority/ health board sectors. As you know, adults living in care homes often have multiple health and care needs and many are frail with varying levels of dependence. Many are inevitably at greater risk of poorer outcomes if they were to contract COVID-19 due to conditions such as frailty, multiple co-morbidity, pre-existing cardio-respiratory conditions or neurological conditions.

Care homes are environments that have proved to be particularly susceptible to Coronavirus and this has regrettably and sadly led to too many deaths and as such we require urgent additional whole system support to protect residents and staff. This additional support will come from the Scottish Government, Local Authorities, Health Boards, and the regulatory and improvement bodies.

This introductory note sets out in summary the detail within the attached pack that constitutes the Scottish Government's comprehensive support arrangements for care homes to date and what still needs put in place. This is expected to ensure appropriate clinical and care professionals across Scotland take direct responsibility for the professional support required for each care home in each area.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

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Much has been put in place already at a local and national level, including the emergency legislation, an assortment of guidance, provision of PPE, commitments around workforce salaries and the real living wage; £50m of initial investment for provision of resilience and sustainability of services; roll out of testing for staff and residents and the establishment of a Care Home Rapid Action Group advised by a CMO/CNO led Care Homes Clinical and Professional Advisory Group.

Support and oversight going forward

Care Homes for older people are a vital part of the panoply of provision in our communities and will be so for years to come. Residents, staff and communities need to have confidence that the care provided in every care home is as clinically safe as it possibly can be in the context of Coronavirus. There is still much to do. In the accompanying pack there is:

1. Revised and final version of guidance for care homes.

In summary, this guidance sets out:

- That care homes may require more clinical input to manage residents' needs at this time. NHS Boards and Health and Social Care Partnerships must work closely together to ensure those needs are met.
- That decisions about care and treatment for residents should be on an individual basis, based on the person's best interests and in consultation with the individual or their families/representatives, taking account of any expressed wishes contained in their Anticipatory Care Plan
- The range of factors and provisions that must be taken into account in the admission of any person into a care home; the arrangements that must be in place to maintain effective clinical standards to prevent outbreak or to manage an outbreak if it occurs; testing; workforce planning and deployment; staff support and wellbeing; support and engagement with General Practice; support for palliative and end of life care.

2. Amendments to the Coronavirus Bill

In summary these amendments allow for:

- A package of measures/ powers as part of the Coronavirus Bill to provide assurance to those involved in the care home sector, including staff and particularly those using these services and their families, so that in the event there is significant risk to those using services, or a provider was unable to continue to deliver care due to failure, Scottish Ministers and public bodies have the power to intervene.
3. A clear statement on expectations providing enhanced clinical and care professional oversight during Covid-19.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

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In summary this document sets out:

- The expected new and additional responsibilities on clinical and professional leads in every local authority and Health Board that will provide daily support and oversight of the care provided in care homes in their area.
- This includes arrangements for testing and Infection Prevention Control arrangements, PPE in particular.

Thank you again for all you and your teams are doing to help ensure Scotland's care homes can be safe environments for their residents and staff through the Covid emergency.



Jeane Freeman

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

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Coronavirus (COVID 19): enhanced professional clinical and care oversight of care homes

17 May 2020

Introduction

The nature of the Covid 19 pandemic means that care homes in particular need extra support to help them ensure the wellbeing of people who live there, and the staff who care for them. In particular, straightforward and transparent Covid-related oversight for every care home is vital. This document sets out arrangements that must be put in place to ensure appropriate clinical and care professionals across Health and Social Care Partnerships (HSCP) take direct responsibility for the clinical support required for each care home in their Board area.

Professional roles

Every Health Board and its Health and Social Care Partnership colleagues in the Local Authority must put in place a multi-disciplinary team comprised of the following professional roles:

- The NHS Director of Public Health
- Executive Nurse lead
- Medical Director
- Chief Social Work Officer
- HSCP Chief Officer: providing operational leadership

Support and role

The Health Board and Local Authority will provide support to the Care Home Clinical and Care Professional Oversight team to enable it, in conjunction with the healthcare associated infection (HAI) lead, to hold daily discussions about the quality of care in each care home in their area, with particular focus on infection prevention and control, but also to provide appropriate expert clinical support to residents who have Coronavirus:

1. Care needs of individual residents
2. Infection prevention and control measures, including PPE and cleaning requirements
3. Staffing requirements including workforce training and deployment
4. Testing arrangements for outbreak management and ongoing surveillance

These senior leaders will be responsible and accountable for the provision of professional oversight, analysis of issues, development and implementation of solutions required to ensure care homes remain able to sustain services during this pandemic and can access expert advice on, and implementation of, infection prevention and control and secure responsive clinical support when needed. The Executive Nurse and Medical Directors may devolve these roles where appropriate but will retain accountability through clinical governance arrangements. Close

relationships will be maintained between this group and the Care inspectorate relationship manager.

This will be done by continually taking account of up to date data and the latest guidance available, published 15 May <https://www.gov.scot/publications/coronavirus-covid-19-clinical-and-practice-guidance-for-adult-care-homes/>, national reporting requirements and operating framework as set out at **Annex 1**; and via reporting on the additional measures as set out at **Annex 2**. The reviews may require to be a mix of in person visits and remote reviews where the care home remains stable.

Via the Health and Social Care Mobilisation Plans, Chief Officers have already provided in their local areas assurance that:

- care home support processes have been active in accordance with HSCP mobilisation plans to create a 'wrap around' effect
- arrangements for testing are in place and these are following the most recent extensions put in place
- arrangements are in place for response to Covid 19 outbreaks
- redeployment plans have been activated to maximise local staffing support for care homes

Each oversight team will build on this activity and detail to ensure granular scrutiny and support as required. Each oversight team will:

- hold a daily discussion covering each home in their area and decisions on any additional direct clinical or IPC support needed
- ensure testing guidance is clarified urgently, and maintained as a priority, with clear routes and responsibilities set out to ensure:
 - staff are tested in accordance with the guidance and regardless of impact on staff rotas
 - patients and service users are also tested in accordance with the guidance in relation particularly to admissions to care homes
- ensure a range of responsibilities are fulfilled:
 - NHS Boards take direct responsibility to ensure staff are tested
 - NHS Boards ensure contact tracing is undertaken where required
 - NHS Boards ensure linked home testing is delivered
 - NHS Boards and Local Authorities ensure clinical and care resource is provided to care homes to ensure staff rotas are maintained to deliver safe and effective care
 - Joint inspection visits are undertaken as required by the Care Inspectorate and Healthcare Improvement Scotland (HIS), working together, to respond to priorities and concerns

These arrangements will be put in place in every area in the week beginning 18 May.



All organisations including care providers (statutory, third sector and independent sector) are responsible for effective and safe care in their services and are expected to work closely together and at pace to give effect to these arrangements.

There are specific responsibilities that Health professionals will need to deliver within these whole system arrangements. This is because Covid-19 is a public health crisis in our social care settings, and therefore clinical colleagues have a critical role to play in assuring the safety of people who live in care homes. These responsibilities are:

- Nurse and Medical Directors taking direct responsibility for the clinical support required for each care home in their NHS Board area in collaboration with Directors of Public Health
- Nurse and Medical Directors, in conjunction with HAI leads, providing practical expert advice and guidance on infection prevention and control

Escalation

Where the Care Home Clinical and Care Professional Oversight team believes there is a significant issue that requires onward escalation – i.e., which cannot easily be resolved through routine local reporting and support mechanisms – that should be escalated by the Director of Public Health to the Chief Executives of the Health Board and local Authority. Such issues should also be escalated to the Care Inspectorate and Scottish Government, and ultimately if required, to use emergency powers held by Ministers.



Annex 1

Safety Huddle

Based on activity, dependency and acuity care homes will be asked to work through the template to identify care needs and if staffing levels are adequate to be able to deliver safe and effective care. The questions that will be asked are

Local information

H&SCP

Name of Residential/Care Home

Bed Number

No of Residents

Covid-19 related Information

Total number of positive COVID-19 residents

Total No of Covid-19 symptomatic residents

Active outbreak

Adequate PPE equipment

Ability to comply with IPC measures

Total number of deaths (COVID-19 related)

Additional Information to aid staffing decision making

No of 1:1 care

End of Life Care

No of deteriorating Residents –

No of residents with cognitive impairment

Workforce

Staff absences

Additional team requirements

Registered Nurse,

Senior Social Care Worker,

Social Care Worker

Testing

How many residents tested

If not tested why not

How many staff tested

If not tested why not

Testing completed by care home staff yes/no

The professional judgement template set out below should also be used by care homes to identify staffing requirements. Care homes with sophisticated electronic rostering may get the same functionality from that.



Annex 1 (cont)

Care Home Clinical and Professional Oversight team should develop a process for care homes in their area similar to that detailed below from NHS Forth Valley

Situation	Actions
Homes currently in green	<p>Homes will have a joint visit with nursing and senior social care staff. Nursing will assure:</p> <ul style="list-style-type: none"> • infection control measures – PPE, cleaning solutions and matrix, hand hygiene • documentation of patients normal abilities, DNACPR/AWI/ACP • fundamental care – personal hygiene, FF&N, medicines are being met • communication – with families, virtual visiting <p>Care home will either be doing really well in which care assurance is achieved or standard information can be shared at this point – infection prevention posters, SOP's on setting up PPE stations/cohorting if required. This will allow forward planning in the event of patient contracting Covid-19</p>
Homes who have patients testing positive (amber and green)	<p>Joint visit with nursing and social care staff to:</p> <ul style="list-style-type: none"> • clarify all of the above are in place • assess for other services to support: palliative care, dementia, mental health, infection control • supply any other helpful resources eg palliative care • mobilise other relevant services – this will require one person to co-ordinate • are residents conditions being documented • are relatives being kept informed • are PPE stocks adequate and being used correctly • has cohorting/zoning been put in place • do residents have appropriate medicines • are staff aware of just in case medication accessed via PSD and COVID medication pathway for care homes • are patients receiving appropriate fundamental care • have the ANP's/GP's reviewed all symptomatic patients • staffing arrangements have been considered if there is increasing acuity and care needs
<ul style="list-style-type: none"> • leadership within the care homes will remain with the care home staff. Wherever possible a senior member of the care home staff should be on site and there should be access to a detailed handover on all residents • significant staffing levels will be supported via NHS/HSCP staffing flowchart • utilise grab box with clinical information for major incident 	



- Head of Nursing for HSCP will provide leadership and link with the care home and determine support an expert advice required from other teams including care home liaison, PDU and palliative care, psychological therapy

Annex 2

Additional measures for monitoring progress

Additional measures	Lead	Timescale – all additional measures reviewed every two weeks from implementation	How will we know it has been delivered
Nurse and Medical Directors take direct responsibility for the clinical support required for each care home in their Board area in collaboration with Directors of Public Health These Directors will lead in providing practical expert advice and guidance on infection prevention and control Boards will provide DHPs with the resources needed	Nurse Director Medical Director	Immediate	Reports on safety huddles and visits to be included in weekly DPH return to SG
Daily discussion covering each home in their area and decisions on any additional direct clinical or IPC support needed	Nurse Director	Immediate	Reports to SG on outcomes to be included in weekly DPH return to SG

Annex 2 (cont)

Testing guidance for staff to be clarified urgently with clear routes and responsibilities set out to ensure staff are tested regardless of impact on staff rotas - including any guidance issued by HSCPs	DPH	Immediate	Reports on staff testing to be included in weekly DPH return to SG
Boards to take direct responsibility to ensure staff are tested	DPH	Immediate	Reports on staff testing to be included in weekly DPH return to SG
Boards will ensure that contact tracing is undertaken where required	DPH	Immediate	Reports on staff tracing to be included in weekly DPH return to SG
Boards will ensure linked home testing is delivered	DPH	Immediate	Reports from Boards to be included in weekly DPH return to SG
Boards to ensure clinical resource is provided to care homes to ensure staff rotas are maintained to deliver safe and effective care	Nurse Director	immediate	Reports and data from safety huddles to be included in weekly DPH return to SG
Direct inspection visits to care homes by CI and HIS, including unannounced inspections	CI	Immediate	Reports from CI to be included in weekly DPH return to SG
Testing requirements on all admissions	DPH	Immediate	Reports from safety huddles
Significant adverse event	HIS and CI	Immediate	Proposals to be discussed and advice on implementation
CI and HIS joint inspections	As above		



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17 May 2020

Jeane Freeman

Executive Nurse Director Role During COVID 19

As an executive member of the NHS Board and the most senior nurse in the health and social care setting your leadership and expertise are pivotal to our management of the Covid19 Pandemic.

Your role in the management of infection prevention and control and the provision of nursing decision making skills and the identification of care delivery requirements are now required outwith the boundaries of the NHS Board and Health and Social Care Partnership.

I am therefore writing to advise that from 18 May 2020 to 30 November 2020 I will vary the roles and responsibilities of your appointment as an Executive Nurse Director. This variation is in line with the new requirements set out in my letter of 17 May 2020, regarding the multi-professional oversight of care homes. I therefore require you to be accountable for the provision of; Nursing leadership, support and guidance within the care home and care at home sector.

Whilst retaining overall accountability you may, with appropriate professional governance arrangements, delegate roles and responsibilities to the Senior Nurse within the individual Health and Social Care Partnerships within your NHS Board area.

Specifically I would like you and your officers to support the Director of Public Health to review the information required to be submitted to them by care homes, identify specific issues and support the development and implementation of solutions to ensure residents are provided with safe high quality services. This will include reviewing care home safety huddle data to;

- identify where specific nursing support may be required and to develop and implement solutions where required. This will include clinical input to ensure that there are effective community nursing arrangements in place to support increasingly complex nursing care requirements.


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- identify where specific infection prevention and control support may be required this will include recommendations and review re cleaning to prevent transmission and appropriate use of PPE.
- Support the development and implementation of testing approaches for care home and care at home settings
- Identify and support sourcing of staffing as required by the care home and care at home setting as defined the requirements set out in DL (2020)10 and DL(2020)13

During this unprecedented time your help, support and leadership in these areas are invaluable and will contribute to our ability to ensure the most vulnerable in our communities are safe, protected and get the care and support they deserve.

Kind regards

JEANE FREEMAN

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

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Meeting:	NHS Fife Board
Meeting date:	27 May 2020
Title:	Workforce Directorate Update
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Rhona Waugh, Head of Human Resources / Sandra Raynor, Senior HR Manager

1. Purpose

This is presented to the Board for:

- Noting

This report relates to an:

- On-going issue

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

- Effective, Safe and Person Centred

2. Report Summary

This report comprises of two parts summarising the contribution of the Workforce Directorate during the pandemic; the first being on the Staff Health and Wellbeing activities, and the second on the Supplementary Workforce Recruitment, Deployment of Current Workforce and Supporting Workforce Guidance.

Part 1: Staff Health and Wellbeing

2.1 Situation

The purpose of this report is to update NHS Fife Board members on the latest Staff Support and Wellbeing activities during the COVID-19 Pandemic, which is aligned to Well at Work (Healthy Working Lives). This work is currently being overseen by the Staff Support and Wellbeing Sub-Group, which reports to the Workforce Group.

2.2 Background

A number of new initiatives have been introduced to support the health and wellbeing of NHS Fife staff during the current pandemic. The provisions outlined below are in addition to the existing Occupational Health Referral to Counselling facility, which is also still available to staff.

The Board is represented at the national Health & Wellbeing Champions Network, by Mrs Linda Douglas, Director of Workforce and Dr Frances Baty, Head of Psychology. We have been working in partnership with our Fife Council colleagues and sharing materials.

The new initiatives include:

2.2.1 Staff Support Hubs

Staff Support Hubs are open for all staff on various NHS Fife sites and provide a calm and welcoming space for all staff to take time out from work, in particular those staff working within the Green and Red zones. Staff can use the hubs with no need for interaction. Psychology staff are on hand in the main Hubs to provide support, with a variety of easily accessible staff resources available.

In addition, staff can access the Haven at Queen Margaret Hospital and the Sanctuary at Victoria Hospital.

2.2.2 Staff Wellbeing Resource Pack

A Staff Wellbeing Resource pack has been developed to ensure that staff are kept up-to-date with the resources that are available to support them during the COVID-19 Pandemic.

<http://intranet.fife.scot.nhs.uk/Publications/index.cfm?fuseaction=publication.display&objectID=C0464239-006D-131A-39843E8BA68C13DA>

The resource pack is complemented by a revamped Staff Well@Work Handbook.

<http://intranet.fife.scot.nhs.uk/Publications/index.cfm?fuseaction=publication.display&objectID=41150A0C-9131-6BCA-B262306191598E74>

2.2.3 Psychology Support Pack for Staff

A new Psychology support pack for staff during COVID-19 is also now available, based on the principles of Psychological First Aid (PFA).

The pack highlights a number of key points:

- It is normal to have strong emotional reactions in this unusual situation.
- Strong emotional reactions are not a sign of mental illness, or that you are 'losing it'.
- We can all find it difficult to cope.

The pack also contains a wide range of information, techniques and resources:

<http://intranet.fife.scot.nhs.uk/Publications/index.cfm?fuseaction=publication.display&objectID=E422B103-90FE-1E3F-B1C1C6FD94EF708A>

In addition, a Psychology Staff Support telephone service is available to all NHS Fife staff during the COVID-19 pandemic. It provides a listening ear, and supportive conversations based on what we know can help people cope with normal emotions and reactions at this time.

2.2.4 StaffLink (Staff Online App)

The new StaffLink App has now been launched within NHS Fife to enable staff to stay connected with the latest organisational news, information and guidance. StaffLink will ensure that staff has the important information they need at their fingertips within work and at home.

2.2.5 Being Mindful – Staff Online Mindfulness Sessions

As part of NHS Fife's Going Beyond Gold programme for staff wellbeing, staff are being offered the opportunity to take part in on line mindfulness sessions, in the comfort of their home, within the office or other environment. These sessions introduce short mindful meditations and tips to help staff manage their health and wellbeing during these unique times.

2.2.6 NHS Scotland Digital Platform – ProMIs

The new national digital wellbeing hub was launched on 11 May 2020 which will enable staff, carers, volunteers and their families to access relevant support when they need it, and provides a range of self-care and wellbeing resources designed to aid resilience as the whole workforce responds to the impact of coronavirus (COVID-19). The hub is the first of its kind in the UK and its content has been created by trauma and other specialists in Scotland and is available via the following link: <https://www.promis.scot/>.

2.2.7 Online Yoga for Staff

To help calm staff minds during these uncertain times, online yoga classes are being provided on a weekly basis staff.

2.2.8 Staff Listening Service

An extended Staff Listening Service launched in April 2020, offering a one-to-one telephone listening service for staff, providing support and the space for them to talk about their fears, worries and concerns.

2.2.9 Occupational Health & Wellbeing

Occupational Health & Wellbeing are providing an essential service in response to the pandemic. This has ranged from supporting the fast track recruitment of the supplementary workforce, supporting risk assessments of staff in the high risk categories, contributing to NHS Fife guidance. More recently efforts have been focussed on providing COVID-19 test results to managers and staff, supporting testing of asymptomatic staff and in relation to the Test, Trace, Isolate and Support programme.

2.3 Assessment

2.3.1 Quality / Patient Care

Providing support for the workforce at this time and in the longer term, which a sub group of the Staff Support & Wellbeing Group is developing a proposal for, will be an essential component of our approach to staff health and wellbeing. Evidence suggests that it is important to have provision in place to support staff in the longer term, which is when the impact of the pandemic may affect staff. Evaluation of the approach is also being considered.

2.3.2 Workforce

This approach will contribute to maintenance of the Gold Healthy Working Lives Award, which is due for review this month, but is paused at present. A number of follow up ideas will be progressed as part of the sub group including electric bicycles and gym membership and gym provision.

Part 2: Supplementary Workforce Recruitment, Deployment and Induction and Workforce Guidance

2.1 Situation

The purpose of this section with the report is to update NHS Fife Board members on the activity undertaken during COVID-19 to recruit an additional workforce and the deployment and induction for this supplementary workforce in response to meeting service needs.

2.2 Background

2.2.1 Supplementary Workforce Recruitment and Deployment of Current Workforce

To respond to COVID-19, NHS Fife undertook a number of local recruitment campaigns aimed at temporarily increasing our workforce capacity in response to pressures presented by COVID-19. Over 1,000 candidates responded to these various campaigns and work has been on-going to accelerate these candidates through the recruitment processes and secure their availability to work. This has involved the need to abbreviate pre-placement checks, to allocation where the need is determined within the Board.

There are four streams of activity in place to supplement the existing workforce, increasing the existing nurse bank capacity, writing to leavers and retirees back to 2018/19, a Family and Friends Campaign and returning and accelerated Registrants, including allocation of Final Year students (medical and non medical).

The Silver Control Teams are responsible for determining their critical functions and for the mobilisation of existing staff. This includes the identification of substantive clinical employees who could be utilised within alternative areas and the identification of non-clinical staff who are working in non-essential areas who could be deployed into different roles or areas.

Mobilisation of the supplementary workforce is co-ordinated by the Virtual Workforce Mobilisation Hub lead by the Workforce Directorate, in conjunction with the Silver Control Teams and with input from professional and service leads, to ensure allocation is prioritised by greatest service need.

The Virtual Mobilisation Hub has a varied skill mix of supplementary workforce ranging from domestics, porters, administrators to registrants. This will ensure that NHS Fife can meet current and changing service demands and where the substantive workforce is impacted upon.

The central coordination of this supplementary workforce ensures that demands for staffing are given full consideration, ensuring a whole system response to the challenges faced by increased patient activity and COVID-19 related absence levels, taking account of modelling of required staffing levels.

As various projects emerge the Virtual Mobilisation Hub's role has evolved into identifying areas of the existing workforce that may be mobilised to assist the service demand at any one time. NHS Fife in response to the Test, Trace, Isolate and Support Programme, has accessed the Virtual Mobilisation Hub to deploy some of our existing workforce, for example, those who are shielding and/or self isolating to use their skill set in this project.

2.2.2 Induction Arrangements

Induction has moved to a 'Fast-track' virtual programme, this is delivered on-line to ensure new starts can effectively get started in their role. The training materials, which include video's and e-Learning modules, are on LearnPro (our learning content system). To date over 300 staff have been provided the 'Fast-track' Induction route (this includes employees and bank workers).

In addition to the Fast-Track Induction process a range of on-line learning resources have been brought together, tailored to suit non-clinical and clinical roles. These are being reviewed regularly and updated when improved learning resources become available. Whilst at the moment only the essential elements of Induction are being provided, work is underway to re-shape both the Induction process and future training delivery.

2.2.3 Communications and Guidance

Important Covid-19-related information is available on a dedicated Covid-19 section on the intranet and is communicated to Staff via the Coronavirus Update for Staff daily message from the Chief Executive. The daily message is published on the intranet and is sent to all staff via email with a request for managers to share the information with staff who do not have regular access to emails. There are Clinical, Workforce, Operational, Staff Health and Wellbeing, Media Updates and national guidance sections included. A new Staff app has been introduced bringing the latest news, information and guidance from across NHS Fife, it is available on work laptops or desktops and can be downloaded to employees personal devices.

NHS Fife regularly updates and issues Manager and Staff Guidance to set out what is expected of NHS Fife Staff and Managers in terms of Scottish Government directive, HR policies, local arrangements and the deployment of staff. These documents are designed to inform our workforce and work alongside our local resilience arrangements.

2.3 Assessment

2.3.1 Quality / Patient Care

Central co-ordination of the mobilisation of the COVID-19 supplementary workforce and existing workforce will ensure demands for supplementary staffing in parts of the system are considered based on clinical need, current / predicted absence levels and workforce modelling.

2.3.2 Workforce

Central co-ordination of the COVID-19 supplementary workforce and existing workforce will ensure these workers are being deployed to work in appropriate areas.

2.3.3 Financial

Board members are already aware of the generous support offered by the Endowment Fund during the Covid-19 pandemic.

The supplementary workforce recruited in response to the COVID-19 pandemic will be clearly identified and charged to the appropriate cost centre as established by Management Accounts.

2.3.4 Risk Assessment / Management

There is a risk that inadequate staff support provision may impact on staff attendance and on our ability to attract and retain staff in the longer term.

Prioritisation of requests for additional supplementary staffing will be undertaken jointly within Acute and the H&SCP Silver Control Teams, based on clinical need, current / predicted absence levels and workforce modelling, in order to manage and / or minimise risks where possible across the system.

2.3.5 Equality and Diversity (including health inequalities)

N/A

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Staff Support and Wellbeing Group, Employee Director, Workforce Directorate Senior Leadership Team, Workforce Leadership Team, Associate Directors of Nursing and Employee Director.

2.3.8 Route to the Meeting

This paper has been considered by the above groups and the Director of Workforce and the EDG Gold Command Team 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.

2.4 Recommendation

NHS Fife Board members are asked to note the content of this paper.

3. List of Appendices

The following appendices are included with this report:

- **Appendix 1 – Support Available to NHS Fife and Fife Health and Social Care Partnership Staff**

Report Contact: Rhona Waugh, Head of Human Resources /
Sandra Raynor, Senior HR Manager
Email: rhonawaugh@nhs.net / sandraraynor@nhs.net

Appendix 1 – Support Available to NHS Fife and Fife Health and Social Care Partnership Staff

Name of Service	Type of Support	Available To	Location	Available when	Contact
Information and Resources	Information including guidance, FAQs & mental health and wellbeing support Includes COVID-19 Staff Support Psychology Resources Pack	All staff (via different routes)	NHS Fife intranet StaffLink App Fife H&SCP intranet H&SCP Bulletin for Care Home and Independent Care at Home staff	24/7	
Department of Spiritual Care	Informal support in ward / clinical settings and 1:1 (face-to-face or telephone) as arranged	All NHS Fife staff	All Hospital sites	24/7	Contact Duty Chaplain via the main-switchboard
Department of Spiritual Care Listening Service	Telephone Listening Service	NHS Fife / H&SCP / All Social Care staff including Care Home staff / Fife based Ambulance staff	N/A	Call back between Monday to Friday 9.00 am to 5.00 pm	Text Fiona Jack on 07813340137 or email: fiona.jack2@nhs.net Contact by phone within one working day
Psychology Department Staff Support Line	Telephone support and advice on coping, for staff and line managers.	NHS Fife / H&SCP	N/A	Call back between Monday to Friday 9.00 am to 5.00 pm	Email: Fife-uhb.psychology-staffsupportcovid-19@nhs.net
Fife H&SCP Listening service	Telephone Listening service	H&SCP, Care home staff, Independent care at home staff	N/A	Tel: 03451 555555 then VOIP 7 days 11.00 am-1.00 pm and 6.00 pm-8.00pm Mon AM - VOIP 448800 Mon PM - VOIP 448801 Tues AM - VOIP 448802 Tues PM - VOIP 448803 Wed AM - VOIP 448801	N/A

Name of Service	Type of Support	Available To	Location	Available when	Contact
				Wed PM - VOIP 448800 Thurs AM -VOIP 448803 Thurs PM -VOIP 448802 Fri AM - VOIP 448800 Fri PM - VOIP 448801 Sat AM - VOIP 448802 Sat PM - VOIP 448803 Sun AM - VOIP 448801 Sun PM - VOIP 448800	
Staff Support Hubs (drop in)	Space to relax, refreshments available; staff from Psychology / Spiritual care available; self care info packs. Physical well-being sessions at QMH.	NHS Fife / H&SCP	1. Maggie's Centre, Victoria Hospital, Kirkcaldy 2. Queen Margaret Hospital, Dunfermline 3. Therapies Corridor Room 4, Lynebank Hospital, Dunfermline 4. Whyteman's Brae Hospital, Kirkcaldy 5. Ceres Centre and Chaplaincy Centre, Stratheden Hospital, Cupar	1. Maggie' Centre, VHK – Open 9.00am to 5.00pm, 7 days a week 2. QMH – Open 24/7, 7 days a week 3. Lynebank – staffed 10.00 am to 4.00 pm Monday to Friday (7.00 am to 4.00 pm on Tuesdays) 4. WBH – Open 24/7; staffed Tuesday and Thursday 1.00 am to 5.00 pm 5. Stratheden – Open 24/7	These are drop in services. For information contact: 1. Maggie's Centre: Dr Jackie Fearn, Head Clinical Health Psychology jackie.fearn@nhs.net 2. QMH: Gillian Gibson, Lead Nurse, Mental Health gillian.gibson11@nhs.net 3. Lynebank Hospital: Dr Audrey Espie, Head Learning Disabilities Psychology audrey.espie@nhs.net 4. Whyteman's Brae Hosp: Gillian Gibson, Lead Nurse Mental Health gillian.gibson11@nhs.net 5. Stratheden Hospital: Gillian Gibson. Lead Nurse Mental Health gillian.gibson11@nhs.net

Name of Service	Type of Support	Available To	Location	Available when	Contact
Quiet Spaces		NHS Fife / H&SCP	1. The Sanctuary, QMH 2. The Haven, VHK 3. Chill out Zone, Glenrothes Hospital 4. Rest areas in all Community Hospitals	1. 24/7 2. 24/7 3. 24/7 4. 24/7	Contact Mark Evans, Head of Spiritual Care for information mark.evans59@nhs.net
NHS Fife Occupational Health & Wellbeing Service	Counselling service provided by external accredited counsellors – self referral for 4 sessions, can be extended, if required	NHS Fife / H&SCP	Sessions provided via NearMe due to social distancing measures	Triage available Monday to Friday, during office hours.	Staff Counselling Service Tel: 01592 729870 (ext: 29870) For COVID queries email: Fife-UHB.occhealth@nhs.net For all general Occupational Health queries - Fife-uhb.occhealth@nhs.net
NHS Fife Going Beyond Gold Programme	Online Mindfulness Sessions provided by an accredited Mindfulness Teacher	NHS Fife / H&SCP	Online	Sessions offered each week at a range of times suitable for staff	Dr Wendy Simpson, Health Psychologist, Playfield Institute, NHS Fife w.simpson@nhs.net

Meeting:	NHS Fife Board
Meeting date:	27 May 2020
Title:	NHS Fife Elective Orthopaedic Centre Project
Responsible Executive:	Helen Buchanan
Report Author:	Alan Wilson Capital Project Director

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- NHS Board Strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

NHS Fife has instigated the next stage of the Scottish Capital Investment Manual (SCIM) process for the development of a new Elective Orthopaedic Centre. This involves the production of a Full Business Case (FBC) for submission to the Scottish Government Capital Investment Group (CIG) by September 2020 to meet the initial timelines as set out in the Initial Agreement Document (IAD).

The paper is to provide NHS Fife Board with an update on the NHS Fife Elective Orthopaedic Centre project.

2.2 Background

The new Elective Orthopaedic Centre construction project has key milestones set out in the IAD and the purpose of this report is to provide assurance to the board members on progress against these key milestones.

2.3 Assessment

The project has successfully remained in line with the timeline per the agreed programme in spite of the challenges associated with the current climate in regards to the COVID-19 pandemic. We were fortunate to be in the position of having completed all stake holder engagement workshops prior to the pandemic, allowing for the Principal Supply Chain Partners to complete the design works remotely.

We have received the official letter of approval of our Outline Business Case from the Directorate of Health and Social Care Capital Investment Group following submission of the document back in November. **Appendix 1**

During the last few weeks we have also been able to bring forward the ground investigation works due to reduced demand on our car parking on site and were able to establish the last unknown risk in regards to ground condition.

Through this investigation work, we have now established that an area of around one third of the building footprint needs some further consolidation carried out. A budget cost for these works are currently being undertaken but any works will still be within the affordability of the risk budget assigned.

We have now been able to conclude all the work packages and they are being submitted to the Principal Supply Chain Partners for market testing. Due to the current construction conditions and furloughing of staff this may be problematic however we have an agreed cost plan in place that will allow us to proceed with the Full Business Case development, while we await the detailed returns on all the market testing.

The main risk for the project going forward is understandably the effect that the current COVID -19 pandemic will have on the construction industry but we are in continual communication with Scottish Government representatives and our Principal Supply Chain Partners.

2.3.1 Quality/ Patient Care

The new facility will provide state of the art quality of care for the population of Fife however it may mean that some services are centralised within the unit and not delivered locally as present.

2.3.2 Workforce

The centre will have a positive impact on the workforce with the design capturing the whole service working in the same facility. The garden and staff areas will provide great space to help with staff well being.

2.3.3 Financial

The financial model of the new facility has all been agreed and sits within either capital budget allocation or future revenue funding increases.

2.3.4 Risk Assessment/Management

The project has a full risk register and is a standing agenda on the monthly project board meeting.

2.3.5 Equality and Diversity, including health inequalities

Equality issues will be addressed through the Full Business Case process and will align with all current guidance/policy.

An impact assessment has been completed and is available.

2.3.6 Other impact **N/A**

2.3.7 Communication, involvement, engagement and consultation

The project is being delivered in line with Scottish Capital Investment Manual that sets out the standards for the processes and standards for the above.

2.3.8 Route to the Meeting

This paper has been reviewed by the Director of Nursing as Senior Responsible Officer for the Project and the Chief Executive as overall Accountable Officer.

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix No 1 Outline Business Case approval letter.
- Appendix No 2 3D Artists impressions.

Report Contact

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Carol Potter
Interim Chief Executive
NHS Fife
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7 May 2020

Dear Carol

NHS Fife – Elective Orthopaedic Centre - Outline Business Case

The above Outline Business Case was considered by the Health Directorates' Capital Investment Group (CIG) at its meeting on 12 November 2019 and following amendments to the level of single room accommodation, CIG has recommended approval. I am pleased to inform you that I have accepted that recommendation and now invite you to submit a Full Business Case.

A public version of the document should be sent to the CIG mailbox (NHSCIG@gov.scot) within one month of receiving this approval letter. It is a compulsory requirement within the Scottish Capital Investment Manual, **for schemes in excess of £5 million**, that NHS Boards set up a section of their website dedicated specifically to such projects. If you do decide to create a section on your website, the approved Business Cases / contracts should be placed there, together with as much relevant documentation and information as appropriate. Further information can be found at <http://www.pcpd.scot.nhs.uk/Capital/scimpilot.htm>

I would ask that if any publicity is planned regarding the approval of the business case that NHS Fife liaise with SG Communications colleagues regarding handling.

Yours sincerely













Meeting:	NHS Fife Board
Meeting date:	27 May 2020
Title:	Report on the NHS Fife 2019/20 Financial Performance
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Margo McGurk, Director of Finance, Rose Robertson, Deputy Director of Finance

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Annual Operational Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The report sets out the financial performance for NHS Fife as at 30 March 2020. This is an audited position which will be finalised through the annual external audit review process. Final accounts will be presented to the Board for approval in September 2020.

2.2 Background

The NHS Fife Board is accountable for ensuring arrangements are in place to deliver effective financial governance across all Board activities at all times, scrutiny of financial performance is key to delivering that governance role.

2.3 Assessment

Summary of performance against the 3 key financial targets:

Revenue Resource Limit

The Board has delivered a balanced financial position against the statutory revenue resource limit target; this is subject to the annual external audit review process.

Efficiency Savings

Performance against the efficiency was significantly short of the savings required in 2019/20 and presents a challenge going into 2020/21.

Capital Resource Limit

The Board has delivered a balanced financial position against the statutory capital resource limit target; this is subject to the annual external audit review process.

Performance against the 3 targets is reported in detail in the full report on financial performance at Annex 1.

2.3.1 Quality/ Patient Care

Effective financial planning, allocation of resources and in-year management of costs supports the delivery of high quality care to patients.

2.3.2 Workforce

Effective financial planning, allocation of resources and in-year management of costs supports staff health and wellbeing and is integral to delivering against the aims of the workforce plan.

2.3.3 Financial

Please refer to the full report at Annex 1.

2.3.4 Risk Assessment/Management

Please refer to the full report at Annex 1.

2.3.5 Equality and Diversity, including health inequalities

Effective financial planning, allocation of resources and in-year management of costs includes the appropriate equality and diversity impact assessment process.

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

Appropriate communication, involvement, engagement and consultation within the organisation and with key external stakeholders is integral to the NHS Fife financial planning, allocation of resources and in-year management of costs processes.

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 - 18 May 2020

2.4 Recommendation

The Board is asked to:

- **Note** the (unaudited) financial performance of NHS Fife for the year ended 31 March 2020.

3 List of appendices

The following appendices are included with this report:

- Annex 1 NHS Fife Financial Performance Report 31 March 2020

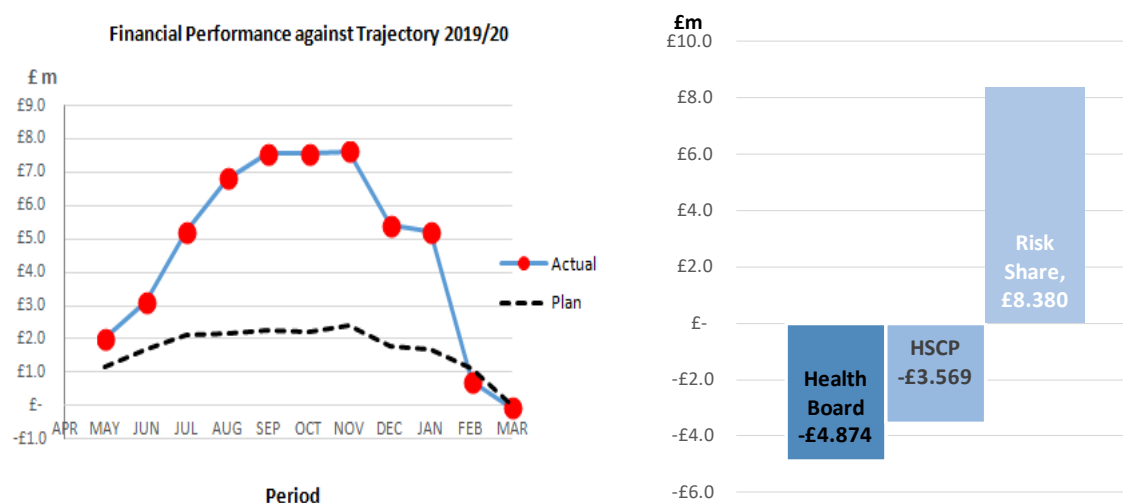
Report Contact

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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 (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

Commentary

The Board has delivered a balance 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.

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	0.00%	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 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.

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.

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.

Appendix 1: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
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

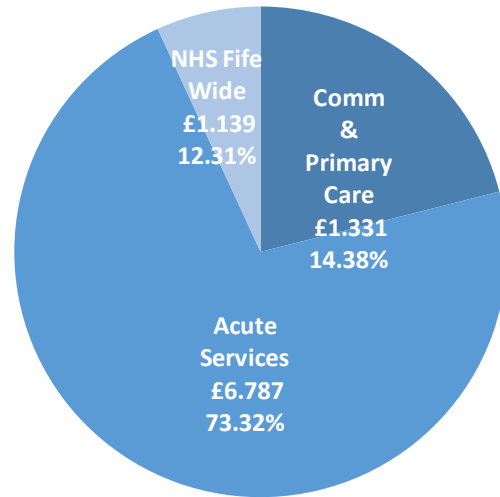
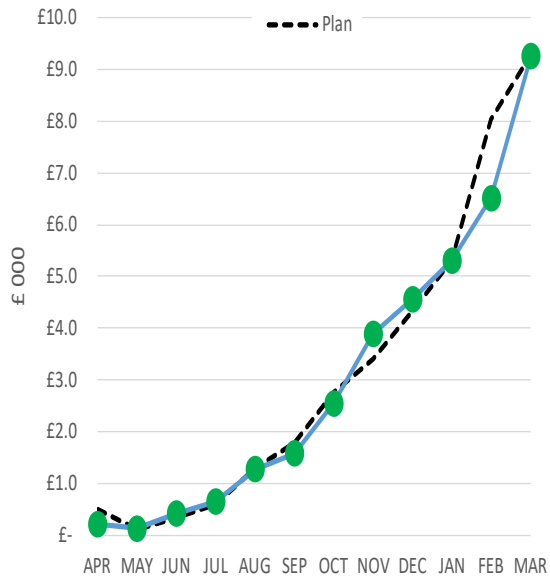
Appendix 4 - Financial Flexibility & Allocations

	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 Delivered

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

Meeting:	NHS Fife Board Meeting
Meeting date:	27 May 2020
Title:	Annual Accounts Process
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Margo McGurk, Director of Finance and Robert MacKinnon, Associate Director of Finance

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Legal requirement

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

- Effective

2 Report summary

2.1 Situation

Following HM Treasury consent to extend by up to three months, the timetable for production of the Annual Accounts has been extended by three months to end September 2020.

2.2 Background

The statutory deadline for submission of accounts by Scottish Government (SG) to HM Treasury (HMT) is 31 December following the end of the financial year in March. However, the longstanding agreed deadline for NHS Scotland Boards to submit accounts has been end June but the COVID-19 pandemic has meant that several Boards would struggle to achieve a full process and completion of audited accounts to the standard required by Scottish Government and HM Treasury. SG therefore negotiated a three month maximum extension with HMT and this was communicated to Directors of Finance.

Audit Scotland are responsible for the appointment of auditors to the Health Boards in Scotland and have appointed their own auditor to NHS Fife as they are entitled to do.

Fees are notified in advance of the commencement of the audit and are set in accordance with the assessed level of risk and Audit Scotland's funding & fee strategy which was revised in 2016 following consultation with stakeholders.

Public sector auditing standards in the UK are regulated by the Financial Reporting Council.

The requirements on NHSS Boards in terms of the Annual Accounts is set out in the Government Financial Reporting Manual (the Frem) as implemented by Scottish Government.

The accounts will consolidate the results of Fife NHS Board, the Endowment Fund and the Integration Joint Board.

The work leading to adoption of the accounts by the Board consists of a number of key stages, in summary these are:

- Completion of year-end financial ledger entries and agreement of key balances;
- Submission of final Financial & Performance Return to SG (except this year);
- Draft Annual Accounts generated;
- Previous year Annual Audit reports reviewed;
- Performance and Accountability reports written;
- Audit field work leading to clearance and audit opinion undertaken;
- Audit & Risk Committee reviews draft Annual Accounts and agrees any final changes;
- Final (annual) accounts adopted by the Board and sent to SG to be laid before the Scottish Parliament when they become public.

2.3 Assessment

Apart from any audit adjustments that may be required, the financial ledger is closed and the year-end processes are complete.

The detailed work to produce the Annual Accounts has been timetabled and dates have been scheduled for the consideration of the accounts by the Audit & Risk Committee on 17 September 2020 and the Board on 30 September 2020.

The appointed auditor has also been asked to give a presentation to members on the external audit process and key issues/progress approx 7 to 10 days prior to the Audit & Risk Committee. The Director of Finance and Senior Team will also input to this event and be available to answer questions.

2.3.1 Quality/ Patient Care

Patient care could be materially and adversely impacted if resources were not properly managed in line with the statutory guidance.

2.3.2 Workforce

As above but risk of staff reductions if resources were not managed in line with the statutory guidance.

2.3.3 Financial

The completion and audit of the financial statements is fundamental to the process of stewardship and reporting across NHS Scotland.

2.3.4 Risk Assessment/Management

N/A

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

Scottish Government, Audit Scotland and Internal Audit.

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, 21 May 2020.

2.4 Recommendation

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

Report Contact

Margo McGurk

Director of Finance

margo.mcgurk@nhs.net

Communities and Wellbeing Partnership

<div>COMMUNITIES AND WELLBEING PARTNERSHIP</div> <div>20 April 2020</div>
<div>No issues were raised for escalation to the Board.</div>

Communities & Wellbeing Partnership
Meeting by teleconference, Weds 22nd April 2.30pm
Notes

Present: Judith Allison, Cllr Lesley Backhouse, Ruth Bennett, Archie Campbell, Lucy Denvir, Cllr Fiona Grant, Cllr Judy Hamilton, David Heaney, Janice Laird, Dona Milne (chair), Nina Munday, Kenny Murphy, Tricia Spacey, Sgt Barry Stewart, Jo-Anne Valentine, Margaret Wells

Attending: Gill Musk

Apologies: Nicky Connor, Mike Enston, Lynn Gillies

1. Welcome and introductions

David Heaney, Sgt Barry Stewart and Lucy Denvir attending for first time. Lucy has joined Public Health department with remit to support work on Community Planning and health inequalities.

2. Context

Dona set out the context for the meeting. COVID-19 will continue to have significant impact on lives and communities for some time, and there will be an ongoing need to support communities. Communities & Wellbeing Partnership has a key role to play. Dona suggested a check-in on some key themes emerging in the current crisis.

3. Food insecurity

Jo-Anne and Janice reported that a Community Food Resilience Plan is being implemented. Community development teams have been restructured to create 7 area resilience teams. A hub and spokes model is operating, with Bankhead in Glenrothes as central distribution point and community assistance hubs in each area. Resilience teams are co-ordinating emergency food requests coming in through the Helping Hand scheme and COVID Helpline. There is regular contact with food banks / food providers to ensure they have supplies. Delivery of food parcels under way to shielding group and others as necessary.

Nina noted that Scottish Government funding is available to target specific minority ethnic groups but there's no infrastructure to support this in Fife. **ACTION:** Nina to pick this up with Kenny.

Kenny gave an update on the Helping Hand project, set up just over 5 weeks ago. Staffed 8am-8pm 7 days a week and receiving 300-600 calls a day. The vast majority of calls are for food or prescriptions. Currently there are 3.5k requests for help on database; 2.5k have been completed. All are vulnerable and don't have other ways of getting support. 60 Council staff have full access to database and are helping to match volunteers into groups. Over 2k have volunteered and this is increasing daily.

Kenny also noted that the prescription delivery service has delivered over 1k prescriptions so far, with staff from the Council's Safer Communities team doing deliveries. A safe home shopping service is being launched this week, and FVA has set up a crowdfunding campaign to help those in crisis.

The Fife Council COVID Community Helpline has been up and running for around 2 weeks.

David reported that there are 8.5k people on shielding list in Fife. 100+ social work staff are phoning around to check people have what they need.

4. Mental health and wellbeing, social isolation

Ruth reported on a Public Health Scotland meeting that morning and the launch of a Scottish Government whole population mental health campaign – “Clear Your Head”. Public Health Scotland is pulling together key priorities and an action plan from the meeting.

NHS Fife is doing lots of work around looking after staff welfare – mobilising listening services, safe zones to destress etc.

The impact of the predicted economic downturn on mental health and the suicide prevention agenda a key concern. Need to give thought to the key steps to mitigate and prevent problems.

Kenny noted that the pandemic page on FVA website is getting lots of traffic. Page includes information on mental health, suicide prevention, domestic abuse.

Tricia has been redeployed to support Housing colleagues in a retirement housing complex, where communal areas are now out of bounds. She highlighted the longer-term impact on older people who are already feeling lack of integration.

Judith noted the concerns raised through the Youth 1st network about the long-term impact on young people’s mental health. Some young people getting involved in online gaming and gambling at night. Addiction services will need to be able to provide additional support in future.

Archie reported that WEA are moving towards using Zoom and a virtual learning environment (VLE), Canvas. Regular classes a big part of many adult learners’ lives. WEA are finding opportunities to do things differently – e.g. using tutors from different parts of the country – and will ultimately have around 1000 tutors able to tutor remotely.

ACTION: Janice interested in this development and will be in touch with Archie separately. Dona will link Archie with the Opportunities Fife Partnership.

The inequality of opportunity for those without equipment was highlighted, and the inaccessibility of social media for some, e.g. those with learning difficulties.

5. Other topics

Child poverty – Ruth and Jo-Anne noted that the child poverty action plan for Fife would have to be adapted. The group had met earlier that week. Some engagement work with lone parent families and families with a disability is planned.

Gypsy travellers – Judy reported that sites are being well managed and there are no Covid-19 cases as yet, but considerable fear in the community around what will happen if cases develop.

Nina highlighted funds of £120k announced by Scottish Government to work with gypsy travellers.

ACTION: Nina to forward details to Judy

6. COVID-19 Community Vulnerability Measure – Fife briefing

This had been circulated in advance. Dona invited comments.

Members had found it interesting. Margaret wondered how the predictions of where greater mitigation might be needed compare with what's happening on the ground.

Nina highlighted the higher levels of COVID-19 amongst BAME people as compared with the general population and suggested we look at the implications for Fife.

Janice had shared the briefing with the other Community Managers.

7. Next steps

Dona suggested that we need to look at what our 'usual business' looks like – the need for "social mitigation" work (mitigating the impact of COVID-19 on the most disadvantaged).

Lesley noted that people are finding their own communities, connecting and getting support virtually, and that the response isn't down to any single organisation.

Janice highlighted the need to acknowledge work of volunteers, faith groups and community groups. In most communities there are resilience groups now who very often don't need support.

Tricia advocated capturing some of the positives that we see from the current situation. She noted that the Community Safety Partnership hasn't been meeting formally, but that there was real value in the relationships that had been built up over years and the ability of partners to work together. How do we sustain the 'can do' mentality brought about by the crisis?

Dona asked members to comment on whether they had found the meeting useful, if it should be repeated and what the areas of focus should be.

Ruth suggested it would be useful to come up with some priorities from C&WP, and to get a sense of what other partnership groups are doing so that we don't duplicate. Dona offered to send round the note of the Opportunities Fife meeting.

Janice suggested at next meeting we include community assistance hubs - virtual, place-based teams being brought together to ensure no-one slips through the net.

Dona suggested we meet again in around 3 weeks to look at what work is planned next, and the longer-term impact of the pandemic on social isolation and mental health.

8. Date of next meeting

19th May 2.00-3.30pm



UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD ON FRIDAY 28 FEBRUARY 2020 AT 10.00 AM IN CONFERENCE ROOMS 2&3, GROUND FLOOR, FIFE HOUSE, NORTH STREET, GLENROTHES, KY7 5LT

Present	Councillor Rosemary Liewald (Chair) Christina Cooper (Vice Chair) Fife Council, Councillors – 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 Chris McKenna, Medical Director, NHS Fife Wilma Brown, Employee Director, NHS Fife Janie Gordon, for Associated Director, Allied Health Professionals Ian Dall, Chair of Public Engagement Network Kenny Murphy, Third Sector Representative Paul Dundas, Independent Sector Representative Debbie Thompson, Joint TU Secretary
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	Julie Paterson, Divisional General Manager (Fife Wide) Paul Madill (for Dona Milne, Director of Public Health) Helen Hellewell, Associate Medical Director, NHS Fife Scott Garden, Director of Pharmacy & Medicine, NHS Fife Fiona McKay, Head of Strategic Planning, Performance & Commissioning Norma Aitken, Head of Corporate Services Wendy Anderson (Minute)

NO	HEADING	ACTION
1	CHAIR'S WELCOME AND OPENING REMARKS	
	The Chair welcomed everyone to the Health & Social Care Partnership (H&SCP) Integration Joint Board (IJB).	
	The Chair welcomed Janie Gordon to her first meeting of the IJB. Janie will be attending meetings until a new Associate Director, Allied Health Professionals is recruited to replace Carolyn McDonald who previously held this role.	
	The Chair then welcomed Paul Madill, Public Health Consultant who is attending today's meeting on behalf of Dona Milne, Director of Public Health.	

1 CHAIR’S WELCOME AND OPENING REMARKS (CONT)

The Chair congratulated Virn Stothers from the Sexual Health & BBV Development Team who won the Health & Disabilities Employee category at the Fife Business Diversity Awards which were held on 29 November 2019.

The Chair then congratulated the Spinal Team at the Fife Rheumatic Diseases Unit who have been selected as one of six winners of the first ever Aspiring to Excellence Awards.

Finally, the Chair congratulated Small Sparks and SAM’s Café who each picked up a bronze award in the Local Matters category of this year’s COSLA Excellence Awards. Both organisations have supported the people of Fife in various ways and it is excellent that they are recognised for their contribution.

Small Sparks is helping to bring individuals and communities together by providing a small grant to make new connections and a difference in their local communities – projects range from community gardening projects to craft and support groups, all helping to reduce isolation.

SAM’s Café is providing out of hours mental health support. Peer support workers who have a lived experience of mental health problems, are supporting others and providing hope in a safe and comfortable space.

The Chair informed members that Christina Cooper will be taking a leave of absence from her role as Vice-Chair until 30 May 2020. Les Bisset will taking up the role as Vice-Chair during this period.

The Chair advised members that a recording pen was in use at the meeting to assist with Minute taking.

2 CHIEF OFFICER’S REPORT

The Chair handed over to Nicky Connor for her Chief Officer’s Report.

Development Sessions

The Board has participated in two Development Sessions since the last integration Joint Board. They were both excellent sessions and got us off to a great start with our programme of Development Sessions in 2020. Key areas we discussed over these sessions were Information Compliance Training, Adult Care Packages, Care Planning Programme, Primary Care Improvement Plan, the Statutory Guidance for Directions, the Audit Scotland Statutory Report and Governance.

NO	HEADING	ACTION
2	CHIEF OFFICER'S REPORT (Cont) Statutory Report <p>The Accounts Commission Findings on the Audit Scotland Statutory Report were published yesterday. The findings highlight key areas we need to focus on as a Board and also highlights progress that has been made with a new Strategic Plan for the next three years approved, an Integrated Transformation Board created and a medium-term financial strategy in development. The report and findings will formally be presented to a future Integration Joint Board.</p> <p>Integration Scheme Review</p> <p>Progress is being made with the review of the Integration Scheme which is being undertaken in line with legislation. It will be brought to the IJB once complete and agreed by both NHS Fife and Fife Council.</p> <p>Celebration of Social Work</p> <p>Nicky was delighted to attend a Celebration of Social Work and Social Care in Fife yesterday. Huge thanks to Julie Paterson and Kathy Henwood and their teams for what was a hugely informative and inspiring session recognising the valued contribution of our teams and both local and national speakers outlining forthcoming priorities and developments.</p> <p>Coronavirus</p> <p>Lynn Barker and Paul Madill gave the Board a comprehensive update on the current situation regarding Coronavirus. Regular meetings are held with staff and partners to enable preparations. Lynn Barker recognised the work being done by all staff involved. Information is available on the Health Promotion Scotland website.</p>	
3	DECLARATION OF MEMBERS' INTERESTS <p>Nil.</p>	
4	APOLOGIES FOR ABSENCE <p>Apologies had been received from Tim Brett, Helen Buchanan, Carol Potter, Steve Grimmond, David Alexander, David Heaney, Morna Fleming, Claire Dobson and Eleanor Haggett.</p>	

NO	HEADING	ACTION
5	MINUTE OF PREVIOUS MEETING	
	Margaret Wells asked for an addition to Item 9 on the ADP Annual Report in the Minute of the meeting held on 6 December 2019. Once this is complete this will be an accurate record.	
6	MATTERS ARISING	
	The Action Note from the meeting held on 6 December 2019 requires to be updated with accurate timescale information and was agreed as accurate.	
7	PERFORMANCE	
	7.1 Finance Report	
	Audrey Valente presented this report which had been discussed at the Finance & Performance Committee.	
	Audrey covered the detail in the report and updated information where necessary.	
	David Graham questioned funds which had been unallocated at the end of December 2019 and requested more information on this for the Finance & Performance Committee.	AV
	Audrey advised that the budget process is ongoing with discussions taking place with Partners and the details of potential savings being worked up.	
	Discussion took place around the current budget and timescales for this.	
	The Board:-	
	<ul style="list-style-type: none"> Noted the financial position as reported as 31 December 2019. Noted and discussed the next steps and key actions. Tasked the Chief Finance Officer to look at how to align the partners' financial scheduling. 	
	7.2 Performance Report	
	Fiona McKay presented this report which had been discussed in detail at the Finance & Performance Committee (F&P). In future an Executive Summary will be produced and a draft of the first of these will go to the F&P Committee on 5 March 2020. David Graham confirmed that the F&P Committee have a robust debate on all papers submitted to them.	

7.2 Performance Report (Cont)

Discussion took place around reporting periods in the report – some are financial year and some are rolling year. Fiona McKay advised that this is a result of some information being taken from national reports.

Ian Dall asked about the Dementia Diagnostic Support information contained in the scorecard and current issues with waiting times and number of patients seen. Julie Paterson advised that this is a result of staffing challenges and the detail of information being collected. Will discuss further outwith the meeting.

David Graham raised the issue of staff absence and the main reasons for this. Nicky Connor advised that this is a priority area for both partner organisations and is discussed at Local Partnership Forum meetings.

The Board noted the information contained within the Performance Report.

7.3 Fife McMillan – Improving the Cancer Journey

Julie Paterson introduced Jacquie Stringer, Service Manager and presented this report which had been discussed at the Clinical & Care Governance Committee.

Les Bisset asked if an Exit Strategy has been developed to help ensure this service can continue when the funding stops. Chris McKenna suggested that a Sustainability Strategy would be more appropriate. Julie Paterson advised that discussions are ongoing and resources are being looked at to see how this valuable service can continue in the future. Detail will be brought to a future Finance and Performance Committee.

Discussion took place around other long-term conditions which could be supported by a similar, holistic approach in the future. Julie advised that best practice will be shared with colleagues.

The Board noted the contents of the report and specifically:

- that people affected by cancer require ongoing support.
- the importance of ICJ in H&SC strategic planning.
- the principles and positive impact of partnership working.
- the findings from year 1 (operational).

8 STRATEGY

8.1 Primary Care Improvement Plan 2020-2021 Update

Helen Hellewell presented this report which had been discussed at both the Clinical & Care Governance and Finance & Performance Committees.

Helen advised that a Prioritisation Workshop will take place in March and work is ongoing to identify and resolve issues as the programme moves forward.

Concerns were raised about the ability to recruit the number of mental health staff who would be needed. Lynn Barker advised that work is ongoing locally and nationally to increase the numbers of mental health training opportunities and that recruitment is being done on a phased based to ensure that the current service is not destabilised.

The Board considered and discussed the implications of the report.

8.2 Mental Health Strategy 2020-2024

Prior to discussion of the report Nicky Connor spoke about the use of Directions as this is the first report presented to the Board which contains a newly updated Direction. Discussion took place around the use of Directions, the wording this this particular Direction and how these will be used in future. It was agreed to change the wording of the Direction slightly.

Julie Paterson presented this report which had been discussed at the Clinical & Care Governance Committee.

The report was well received and welcomed. Staff are keen to start to implement the Strategy and some work is already ongoing.

Following discussion on timings it was agreed that, although the full Implementation Plan will not be presented to the IJB until 25 September 2020, it was agreed that a high-level implementation plan would be brought to the IJB meeting on 26 June 2020.

JP

The Board

- noted the paper and Strategy.
- approved the Mental Health Strategy 2020-2024.

NO HEADING

ACTION

8.2 Mental Health Strategy 2020-2024 (Cont)

- directed 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.

9 MINUTES FROM OTHER COMMITTEES AND ITEMS FOR ESCALATION

9.1 Clinical & Care Governance Committee (Confirmed Minute from 8 November 2019 and Unconfirmed Minute from 10 January 2020)

The Chair asked Christina Cooper to highlight any items for escalation to the IJB.

- Support for the Primary Care Improvement Plan, particularly the early recruitment of staff to support.
- Robust discussion held on the ADP report. Look forward to further updates.

9.2 Finance & Performance Committee (Unconfirmed Minute from 11 February 2020)

The Chair asked David Graham to highlight any items for escalation to the IJB.

- the successful work ongoing in Localities, including The Wells.
- Occupational Therapy waiting times for aids and adaptations.
- The current financial position.
- Information on delayed discharges, which would be present to Finance and Performance prior to coming to the IJB.

9.3 Audit & Risk Committee (Unconfirmed Minute from 7 February 2020)

The Chair asked Eugene Clarke to highlight any items for escalation to the IJB. Eugene advised that there was nothing to escalate at present but advised that the presentation of the Risk Register was being looked at to make it more user friendly.

9.4 Local Partnership Forum (Confirmed Minute from 11 December 2019)

Nicky Connor confirmed that there were no issues identified for escalation to the IJB.

NO HEADING

ACTION

10 AOCB

Wilma Brown raised the question of NHS Fife Board members being given passes to allow them to access Fife Council buildings for meetings. Norma Aitken will discuss with Facilities Management. **NA**

11 DATES OF FUTURE MEETINGS

INTEGRATION JOINT BOARD (BUDGET) – Friday 27 March 2020 – 10.00 am - Conference Rooms 2/3, Ground Floor, Fife House, North Street, Glenrothes, Fife, KY7 5LT

IJB DEVELOPMENT SESSION – Friday 3 April 2020 – 2.00 pm – 5.00 pm – Conference Rooms 2/3, Ground Floor, Fife House, North Street, Glenrothes, Fife, KY7 5LT

INTEGRATION JOINT BOARD – Friday 24 April 2020 – 10.00 am - Conference Rooms 2/3, Ground Floor, Fife House, North Street, Glenrothes, Fife, KY7 5LT

NHS Fife Board

DATE OF MEETING:	27 May 2020	
TITLE OF REPORT:	Health Promoting Health Service	
EXECUTIVE LEAD:	Dona Milne, Director of Public Health	
REPORTING OFFICER:	Kay Samson, Deputy Health Promotion Manager	

Purpose of the Report (delete as appropriate)		
		For Information

Route to the Board (must be completed)
None

SBAR REPORT

Situation

NHS Fife are required to submit an annual update on progress against the Health Promoting Health Service (HPHS) outcomes and indicators as part of the Chief Medical Officers HPHS Guidance (CMO 2018 3 letter). Due to NHS Health Scotland's transition from the current structures to the new Public Health Scotland body on 1st April 2020 the requirement to submit an annual report has been suspended for this year. This paper provides the Board with an update on progress within NHS Fife during 2019/2020.

Background

The Health Promoting Health Service (HPHS) is a national programme that focuses on the health and wellbeing of staff, patients and visitors in the hospital setting. It has an underpinning theme that "every healthcare contact is a health improvement opportunity."

The HPHS guidance (CMO 2018 3 letter) sets out the continued focus of Health Promoting Health Service on prevention, early intervention and whole systems working in improving healthy life expectancy and addressing health inequalities in Scotland. NHS Fife has established a baseline self assessment and action plan outlining our planning, activity and performance against 4 outcomes.

- **Outcome 1:** Prevention, Improving health and reducing health inequalities are core parts of the system and planned, delivered and performance managed as such
- **Outcome 2:** Patients are routinely assessed for health improvement and inequalities as part of their person centred assessment and care. Where appropriate, they are offered quality assured interventions that improve their health outcomes and support their clinical treatment, rehabilitation and on-going management of long term conditions
- **Outcome 3:** All staff work in an environment that promotes physical and mental health, safety and wellbeing.
- **Outcome 4:** The hospital environment is designed and maintained to support and promote the health and wellbeing of staff, patients and visitors.

Assessment

The HPHS framework continues to be developed with improvements around prevention, health improvement and inequalities activity in acute and community hospitals, as part of the broader strategic approach to improving health and wellbeing.

Further progress has been made over the last year in developing and embedding a HPHS approach within

NHS Fife by recognising where health promotion fits into existing activity, acknowledging and supporting work in practice.

This last year has seen a particular focus on staff health and wellbeing and patient centred care which supports the evidence base and decision making at a local level. Some examples of this are:

- **Discounted Gym Membership** – The Well@Work group have negotiated reduced cost gym membership for staff at Fife Sports and Leisure Trust venues
- **Type 2 Diabetes Prevention** - Funding received from the endowment fund for a trainee psychologist to help NHS staff to start and sustain difficult behaviour change in the areas of sedentary lifestyle, and eating behaviours
- **Coastal and Inland space** - Trialled ranger led staff walks including botanical knowledge and awareness
- **Smoke Free Sites** - Surveillance undertaken to assess levels of visible smoking behaviour and levels of tobacco litter on NHS Hospital sites in advance of new legislation to ban smoking on site.
- **Mental Health** - Assessment of knowledge and understanding of Mental Health staff with regard to the impact of smoking on mental health and wellbeing and associated medications
- **Library Resources** – increased availability of personal development books relevant to stress reduction, positive mental health and developing healthy habits
- **Temporary Abstinence Model** – Established pathways and model of support for managing nicotine dependence for patients who smoke whilst in our care
- **Hydration** - Partnership with Health Promotion, Physiotherapy and the fluids nurse to increase awareness about importance of staying hydrated through a series of awareness session

HPHS requires ongoing leadership for health so that the culture of the NHS in Fife promotes whole system cultural and behavioural change.

Recommendation

The Board is asked to note this progress update and to continue to support the work of the HPHS in Fife.

Objectives: (must be completed)

Healthcare Standard(s):	Early Intervention and Prevention Staff and clinical Governance
HB Strategic Objectives:	Health Promoting Health Service

Further Information:

Evidence Base:	CMO letter 2018 3 letter
Glossary of Terms:	Health Promoting Health Service (HPHS)
Parties / Committees consulted prior to Health Board Meeting:	H&SCP Fife-wide Divisional Manager Well@Work Group chair HPHS Hospital Environment Group members (outcome 4)

Impact: (must be completed)

Financial / Value For Money	Early intervention and prevention impacts positively on health and prevention of disease
Risk / Legal:	N/A
Quality / Patient Care:	HPHS supports high quality, safe and person centred care
Workforce:	All healthcare staff should use every health care contact as a health improvement opportunity
Equality:	The HPHS programme aims to provide fair and equitable services for all individuals and communities who come in contact with our services. Staff interactions with individuals consider the needs of all individuals in their day to day work.