




















Fife NHS Board
















30 September 2020, 10:00 to 12:15

Via MS Teams

Chair - Tricia Marwick

1.	CHAIRPERSON'S WELCOME AND OPENING REMARKS	10 minutes TM
2.	DECLARATION OF MEMBERS' INTERESTS	TM
3.	APOLOGIES FOR ABSENCE - K Miller	TM
4.	MINUTES OF PREVIOUS MEETING HELD ON 29 JULY 2020	(enclosed) TM
	 Item 4 - Minutes 072920.pdf (8 pages)	
5.	MATTERS ARISING	TM
6.	CHIEF EXECUTIVE'S REPORT	20 minutes CP
6.1.	Chief Executive Up-date	(verbal) CP
6.2.	Integrated Performance & Quality Report Executive Summary	(enclosed) CP
	 Item 6.2 - ESIPQR.pdf (9 pages)	
7.	CHAIRPERSON'S REPORT	5 minutes TM
7.1.	Board Development Session - 26 August 2020	(enclosed) TM
	 Item 7.1 - Board Development Session Note 082620.pdf (1 pages)	
8.	COVID-19 PANDEMIC UPDATE	10 minutes
8.1.	Update on Remobilisation	(verbal) CP

9.	NHS FIFE - EMBEDDING ORGANISATIONAL VALUES		10 minutes (enclosed)	LD
	 Item 9 - SBAR Values Board 220920.pdf	(4 pages)		
10.	DRAFT CORPORATE OBJECTIVES 2020/21		10 minutes (enclosed)	SF
	 Item 10 - SBAR NHS Fife Board Corporate Objectives 200930.pdf	(5 pages)		
	 Item 10 - Strategic Objectives 20-21 Draft.pdf	(2 pages)		
11.	ANNUAL REVIEW OF CODE OF CORPORATE GOVERNANCE		10 minutes (enclosed)	GM
	 Item 11 - SBAR Board Revised Code of Corp Gov.pdf	(3 pages)		
	 Item 11 - CodeofCorporateGovernance BOARD SEPT20.pdf	(120 pages)		
12.	UPDATE ON BOARD ACTION PLAN FOR THE IMPLEMENTATION OF THE NHS SCOTLAND 'BLUEPRINT FOR GOOD GOVERNANCE'		10 minutes (enclosed)	GM
	 Item 12 - SBARBlueprintActionPlanSep20.pdf	(4 pages)		
	 Item 12 - Appendix BlueprintActionPlanSept20update.pdf	(5 pages)		
13.	UPDATE ON RISK MANAGEMENT FRAMEWORK		10 minutes (enclosed)	HB
	 Item 13 - SBAR Update on Risk Management Framework V1.0.pdf	(5 pages)		
	 Item 13 - Draft update of NHS Fife Risk Management Framework V 1.1 170920.pdf	(29 pages)		
14.	ORGANISATIONAL DUTY OF CANDOUR ANNUAL REPORT 2019/20		10 minutes (enclosed)	CM
	 Item 14 - SBAR Duty of Candour Annual Report 2019-20.pdf	(2 pages)		
	 Item 14 - Duty of Candour v1 0.pdf	(18 pages)		
15.	DIGITAL AND INFORMATION STRATEGY		10 minutes (enclosed)	CM
	 Item 15 - SBAR Digital & Information Strategy.pdf	(6 pages)		
	 Item 15 - Appendix 1 - Digital and Information Strategy - Final v1.1.1.pdf	(44 pages)		
	 Item 15 - Appendix 2 - 20.08.26 Delivery Plan_v2 - incl status.pdf	(2 pages)		
16.	BOARD AND COMMITTEE DATES TO MARCH 2022		5 minutes (verbal)	TM
17.	STATUTORY AND OTHER COMMITTEE MINUTES		5 minutes	

17.1.	Audit & Risk Committee dated 17 September 2020 (unconfirmed)	(enclosed)
	MB	
	<div>  <div> Item 17.1 - A&R Minutes Template - 17 September 2020.pdf (1 pages) </div> </div> <div>  <div> Item 17.1 - Mins Audit & Risk 17 September 2020 unconfirmed.pdf (10 pages) </div> </div>	
17.2.	Clinical Governance Committee dated 7 September 2020 (unconfirmed)	(enclosed)
	LB	
	<div>  <div> Item 17.2 - CGC Minute Template 7 September 2020.pdf (1 pages) </div> </div> <div>  <div> Item 17.2 - Mins CGC 07092020 unconfirmed.pdf (14 pages) </div> </div>	
17.3.	Finance, Performance & Resources Committee dated 8 September 2020 (unconfirmed)	(enclosed)
	RL	
	<div>  <div> Item 17.3 - FPR Minute Template.pdf (1 pages) </div> </div> <div>  <div> Item 17.3 - Mins FPR Unconfirmed Notes 080920 GMMM.pdf (8 pages) </div> </div>	
17.4.	Staff Governance Committee dated 4 September 2020 (unconfirmed)	(enclosed)
	MW	
	<div>  <div> Item 17.4 - SGC Minute Template.pdf (1 pages) </div> </div> <div>  <div> Item 17.4 - Mins SGC 040920 v02 unconfirmed.pdf (6 pages) </div> </div>	
17.5.	Fife Health & Social Care Integration Joint Board dated 26 June 2020	(enclosed)
	CC	
	<div>  <div> Item 17.5 - IJB Minute Template 260620.pdf (1 pages) </div> </div> <div>  <div> Item 17.5 - Mins IJB Final 260620.pdf (8 pages) </div> </div>	
17.6.	Fife Partnership Board dated 18 August 2020 (unconfirmed)	(enclosed)
	TM	
	<div>  <div> Item 17.6 - FPB Minute Template August 2020.pdf (1 pages) </div> </div> <div>  <div> Item 17.6 - Mins FPB 2020-08-18 unconfirmed.pdf (3 pages) </div> </div>	
17.7.	Audit & Risk Committee dated 13 July 2020	(enclosed)
	<div>  <div> Item 17.7 - Mins Audit and Risk 13 July 2020 confirmed.pdf (9 pages) </div> </div>	
17.8.	Clinical Governance Committee dated 8 July 2020	(enclosed)
	<div>  <div> Item 17.8 - Mins CGC 8 July 2020 confirmed.pdf (14 pages) </div> </div>	
17.9.	Finance, Performance & Resources Committee dated 7 July 2020	(enclosed)
	<div>  <div> Item 17.9 - Mins FPR 7 07 20 confirmed.pdf (6 pages) </div> </div>	
17.10.	Staff Governance Committee dated 3 July 2020	(enclosed)



Item 17.10 - Mins SGC 3 July 2020 v2 amend
confirmed.pdf

(8 pages)

18. FOR INFORMATION:

18.1. Integrated Performance & Quality Report - July and August 2020

(enclosed)



Item 18 - IPQR Jul 2020.pdf

(45 pages)



Item 18 - IPQR Aug 2020 (1).pdf

(45 pages)

19. ANY OTHER BUSINESS

**20. DATE OF NEXT MEETING: Wednesday 25 November 2020 at 10:00
am in the Staff Club, Victoria Hospital, Kirkcaldy (TBC)**

**MINUTE OF THE FIFE NHS BOARD MEETING HELD ON WEDNESDAY 29 JULY 2020
AT 10:30 AM VIA MS TEAMS**

TRICIA MARWICK

Chair

Present:

T Marwick (**Chairperson**)

C Potter, Chief Executive

L Bisset, Non-Executive Director

M Black, Non-Executive Director

S Braiden, Non-Executive Director

W Brown, Employee Director

H Buchanan, Director of Nursing

E Clarke, Non-Executive Director

C Cooper, Non-Executive Director

D Graham, Non-Executive Director

R Laing, Non-Executive Director

M McGurk, Director of Finance

C McKenna, Medical Director

K Miller, Whistleblowing Champion

D Milne, Director of Public Health

A Morris, Non-Executive Director

M Wells, Non-Executive Director

In Attendance:

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

L Douglas, Director of Workforce

A Fairgrieve, Director of Estates, Facilities & Capital Services

S Fraser, Associate Director of Planning

A Mackay, Deputy Chief Operating Officer (Acute)

K MacGregor, Head of Communications

G MacIntosh, Head of Corporate Governance & Board Secretary

P King, Corporate Services Manager (Minutes)

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

Due to some technical difficulties encountered by the Chair connecting to the meeting, the Vice Chair commenced the meeting as the Chair.

1. Chairperson's Welcome and Opening Remarks

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

It was highlighted that Sunday 5th July marked the 72nd Anniversary of the NHS and thanks were recorded to all staff of NHS Fife, including staff working in the Health &

Social Care Partnership (H&SCP) and beyond, for their continued exceptional efforts during the Covid-19 Pandemic.

It was noted that Paul Hawkins, Chief Executive, who was currently on secondment to NHS Highland, had intimated his intention to retire later this year and arrangements were now being made to permanently recruit to the role of Chief Executive in consultation with Scottish Government. A number of Boards were presently recruiting to their Chief Executive role and every opportunity will be taken to promote NHS Fife as an exemplar place to work, to achieve a successful recruitment campaign.

Congratulations were paid to Dr Paul Cameron, Head of Service and Clinical Lead for the Fife Pain Management Service, on his appointment by the International Association for the Study of Pain and the European Pain Federation as the Chair of the joint 2021 Global Year Against Back Pain task force and campaign. These are the leading organisations for professionals and patients across the globe, with chapters in 125 countries and a global reach.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Apologies for Absence

Apologies for absence were received from J Owens, Non-Executive Director.

4. Minute of the last Meeting held on 27 May 2020

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

5. Matters Arising

There were no matters arising.

6. CHIEF EXECUTIVE'S REPORT

6.1. Chief Executive Update

Carol Potter reiterated comments made by the Chair in his introduction and recorded her personal thanks to all staff across health and care services in Fife. Along with the Employee Director and Director of Workforce, the Chief Executive has had the pleasure of meeting with staff over the past few weeks, including nursing staff who cared for some of the sickest patients in ICU and other areas, and all staff spoke about the real team effort and adaptability of staff to rise to the challenge around them at a tremendously difficult time. NHS Fife has seen its core values demonstrated in behaviour on a daily basis, with patients and their families recognising the care received. The understanding of the public will be key as moves are made to restart services and manage the ongoing Covid-related risks.

Tricia Marwick joined the meeting and took over the Chair.

Work continued with colleagues across Fife, and on a regional and national basis, with regular conversations happening with Chief Executives and other Directors. The Board Chief Executives also speak twice per week and have the opportunity to engage with senior officials from Scottish Government.

The Remobilisation Plan, which replaces the draft Annual Operational Plan that was reviewed by the Board committees earlier this year, will be submitted to the Board for formal consideration in due course. This is likely to require further refinement to reflect winter planning and the extent to which services need to be functional and adaptable to the presence of Covid-19 and seasonal flu.

Dona Milne, Director of Public Health, provided an update on the Covid-19 situation in Fife and reported that, as at 28 July 2020, there were 941 confirmed cases of Covid-19 reported within Fife residents, with 201 deaths (broken down to 109 occurring in hospital, 75 in care homes and 17 at home, as per the weekly published data by National Records of Scotland (NRS)). Figures would be updated by NRS later today. The last registered death of a patient with Covid-19 in Fife was on 6 July 2020.

With regard to 'Test and Protect', as at 18 July 2020 there had been four positive cases, with six contacts followed up. This was less than expected, but the cases had enabled NHS Fife to get teams up and running and systems in place to ensure they were as effective as possible, in preparation for larger numbers. There was potential for outbreaks in Fife and across the country and it was therefore important to continue to remind people to follow all the safety measures set out in guidance from Scottish Government to slow the spread of Covid-19. The public is aware of the symptoms to look for, although the case definition has changed over the course of the pandemic as more is learned about Covid-19, and systems are established and in place for local testing. It was important for local businesses to follow the guidance from Scottish Government and take a record of contact details of those who visit, which will allow people to be contacted quickly in the case of any outbreak. Regular communication would continue with the public to emphasise the importance of early testing of symptoms.

The Chair thanked Dona Milne and the Public Health team for the fantastic job they are doing, supported by the people of Fife, who have been following the guidance carefully. She emphasised the need for this to continue, particularly as premises opened up and some of the restrictions in place during the lockdown period were lifted.

The Board **noted** the update provided.

6.2 Integrated Performance & Quality Report Executive Summary

Mrs Potter introduced the Executive Summary produced in June 2020, which was previously submitted through the three governance committees in July. Attention was drawn to p.3 of the report, which provided a summary of performance in terms of areas of improvement, notably the 4-hour A&E standard, which had shown an improvement given the reduction in the numbers of people attending A&E, and sickness absence. Executive leads and Committee Chairs highlighted areas of significance within the IPQR, in particular:

Clinical Governance

A number of complaints had not been completed in the timescale due to the clinical complexities of the complaints and clinical staff being unable to consider these due to their role in managing the pandemic. A review was underway to ensure these were completed as soon as possible. Most Stage 1 complaints during the pandemic had been closed quickly with patients and families at the time. Improvements were noted in the rate of Hospital Acquired Infection (HAI) Staphylococcus Aureus Bacteraemia (SAB) and infection rates generally had been discussed at the Clinical Governance Committee meeting. The management of cancer pathways remained a priority and, although there was a dip in 62 day performance in April, the position had improved to 90% for May.

Finance, Performance & Resources

NHS Fife Acute Services Division – Improvements had been noted in the 4-hour Emergency Access standard over the course of the pandemic. Changes had taken place to the operational model in A&E to provide red and green areas and to allow for physical distancing, which helped maintain that performance as well as making the department as safe as possible for patients attending. The Remobilisation Plan will accommodate for the increased waits and backlog in demand for the Patient Treatment Times Guarantee (TTG) and ensure a process to reduce the number of waits and treat patients as soon as possible.

Health & Social Care Partnership – Performance around delayed discharge had improved, with the Partnership participating nationally to support a reflection on lessons learned. Work would continue with Acute Services to support improvements in this area. Whilst there had been dips in performance in other areas due to changes in how services required to be delivered during the pandemic, access to all services had been sustained through using technology, with a particular success in the use of “Near Me” technology. Close working is taking place across Fife to develop the Remobilisation Plan to support improved performance across the Partnership. The Executive Team recognised the importance of ensuring Mental Health services in Fife are the best they can be. Regular updates would continue to be provided through the Committee structure, particularly in relation to performance in Child and Adolescent Mental Health Services and Psychological Therapies, in order for Board Members to examine progress being made not only towards targets but how these services are opened up for those that will need them in the future. Nicky Connor would ensure that a full narrative on the figures is provided to the next meeting.

Action: N Connor

Financial Position – the significant financial challenge and complexity associated with Covid-19 was outlined in detail by the Director of Finance. A review of the figures was being carried out, to inform a revised financial plan that would be submitted to Scottish Government mid-August for consideration. It was anticipated that a report on the projected position would be available for the next Board meeting.

Staff Governance

An update was provided in relation to the sickness absence rate, which was on a downward trajectory. NHS Fife was cognisant of the impact of Covid-19 on staff and plans were being made to re-start services that supported staff to remain at work and

be able to return to work if they had been absent. The Staff Governance Committee had noted some of the very positive achievements by staff during the pandemic and the new forms of support that were put in place and welcomed by staff.

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

7. CHAIRPERSON'S REPORT

The Chair would keep Board Members informed about the recruitment of a new Chief Executive, following the announcement of Paul Hawkins' intention to retire.

It was reported that the Chair and Vice Chair have continued to meet with the Executive Directors each week, to get assurance on work being undertaken during the Covid-19 pandemic, and Board members have received a full minute of these discussions. However, as Committee meetings have been reinstated and the usual schedule of meetings resumes, the regularity of these meetings will be stepped back at present, assuming Covid-related activity remains low. Regular meetings involving the Committee Chairs will continue, to ensure Committees remain focused about Covid-19 and remobilisation of services. Regular meetings are also taking place of NHS Board Chairs throughout Scotland, with fortnightly meetings with the Minister for Health & Sport, which Fife participate in.

8. COVID-19 PANDEMIC UPDATE

Mrs Potter introduced the paper, which provided the Board with a Covid-19 related update for health and care services, informing Members of key areas relating to the Covid-19 situation, namely around the Mobilisation Plan/Remobilisation Plan, Test and Protect and Care Homes.

Chris McKenna, Medical Director, outlined work undertaken to date to remobilise services, which had been on-going for a number of weeks through the Remobilisation Oversight Group. It was vitally important for services to be re-started in a safe and effective way, recognising services could not be the same as before due to the ongoing presence of Covid-19. The priority for NHS Fife was always about delivery of red/green in-patient zones and prioritisation around cancer services, but the need to re-start routine elective work was also essential. The remobilisation of services is being done on a phased basis, taking a whole system approach, and the draft Remobilisation Plan, due to be submitted to Scottish Government at the end of July, sets out how health care systems in Fife will remobilise through winter, keeping services safe and resilient whilst caring for patients as best and safely as possible.

It was highlighted that the workforce had been outstanding during the pandemic. Helen Buchanan noted the importance of ensuring that staff remained at the forefront as services were re-started and that the skills learned by staff during the pandemic were retained to keep the necessary competencies moving into the winter period. Dona Milne echoed the comments made about the workforce, noting in particular the impressive way staff had joined the public health team and picked up specific public health skills quickly in relation to contact tracing, managing outbreaks, risk management, etc. Having increased capacity in the team will enable work to continue

on health inequalities, Test and Protect, preparing for seasonal flu and such like, and these prevention measures were key going into winter. Dona Milne thanked the Board and colleagues in the Executive Team for putting in this additional resource.

The report detailed the two elements in respect of Care Home support provided by NHS Fife around the Care Home Support Team and Infection Control Support. The assessment visits in particular had been very helpful in terms of partnership working and identifying any support required, and this quality improvement work would continue until November 2020.

The Board **noted** the Covid-19 update and the actions taken so far to support the restart of clinical service, the Test and Protect programme and additional support to Care Homes during the Covid-19 pandemic.

9. INTERNAL AUDIT OPERATIONAL PLAN 2020-21 AND UPDATED FIVE YEAR STRATEGIC PLAN

Margo McGurk presented the Internal Audit Operational Plan 2020-21, which set out the key areas of focus for Internal Audit in 2020-21, noting this would be subject to further revisions throughout the year to reflect the impact of Covid-19. The Plan had been recommended for approval by the Audit & Risk Committee.

The Board **considered and approved** the Internal Audit Plan.

10. RISK

10.1 Update on Risk Management Framework

Helen Buchanan spoke to the paper, which provided an update on the review of the Risk Management Framework, noting that this workstream had been delayed due to Covid-19. Work had recommenced and the final draft update will be submitted to the Audit & Risk Committee on 17 September 2020 and thereafter to the Board for approval on 30 September 2020.

The Board **noted** the paper for awareness and **noted** that the Framework will be submitted for formal approval to the Board in September.

10.2 Board Assurance Framework (BAF)

Helen Buchanan referred to the update report on the Board Assurance Framework, which outlined the work undertaken since the last report to the Board in November 2019 and the changes to linked risks within the BAF. The BAF now has seven components and each of the BAF risks is aligned to an appropriate standing committee, which scrutinises the risk at its respective meeting. A risk mapping exercise was being undertaken with the input of the internal auditors and colleagues at other Boards, which will enhance the content of the BAF and provide further assurance to the Board.

The Board **approved** the Board Assurance Framework.

11. JOINT HEALTH PROTECTION PLAN

Dona Milne presented the NHS Fife and Fife Council Joint Health Protection Plan covering the period 1 April 2020 to 31 March 2022. The Plan had been updated to include some Covid-19 activity and would be kept under review and further updated as the full potential of Covid-19 emerged. The Plan provided an overview of health protection priorities, provision and preparedness for NHS Fife and Fife Council and the format meets the details of Annex D of the Scottish Government Guidance.

The Clinical Governance Committee had discussed the Plan in detail at its July meeting and recommended approval by the Board. The Chair was content that oversight of the Plan sits with the Clinical Governance Committee, but agreed to consider the role of the Audit & Risk Committee, if there were any issues or concerns from a risk or assurance perspective.

The Board **approved** the Joint Health Protection Plan for submission to Scottish Government.

12. WORKFORCE STRATEGY UPDATE

Linda Douglas spoke to the paper, which provided an overview of the workforce arrangements within NHS Fife following the outbreak of the Covid-19 pandemic and resultant public health emergency. It was acknowledged that there have been significant changes since the Workforce Strategy and associated action plans were prepared, and these will need to be appropriately refined to take account of any changes due to Covid-19.

The Board:

- **noted** the content of the paper for assurance and information; and
- **reviewed** the appropriateness of the arrangements put in place for continued workforce planning during the pandemic period.

The Chair thanked Helen Buchanan, Dona Milne and Linda Douglas for bringing these papers to the Board, which had been delayed due to the pandemic, and recognised that further revisions might be required to such strategic documents to take account of the impact of Covid-19.

13 STATUTORY AND OTHER COMMITTEE MINUTES

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

- 13.1 Audit & Risk Committee dated 13 July 2020 (unconfirmed)
- 13.2 Clinical Governance Committee dated 8 July 2020 (unconfirmed)
- 13.3 Finance, Performance & Resources Committee dated 7 July 2020 (unconfirmed)
- 13.4 Staff Governance Committee dated 3 July 2020 (unconfirmed)
- 13.5 Communities & Wellbeing Partnership dated 22 April 2020 (unconfirmed)
- 13.6 East Region Programme Board (ERPB) dated 31 January 2020 & ERPB/Regional Cancer Advisory Group dated 12 June 2020 (unconfirmed)
- 13.7 Fife Health & Social Care Integration Joint Board dated 29 May 2020

Approved Minutes

- 13.8 Audit & Risk Committee dated 13 March 2020 and 18 June 2020
- 13.9 Clinical Governance Committee dated 4 March 2020 and 15 June 2020
- 13.10 Finance, Performance & Resources Committee dated 10 March 2020 and 17 June 2020
- 13.11 Staff Governance Committee dated 6 March 2020 and 18 June 2020

14. FOR INFORMATION

The Board **noted** the items below:

14.1 Integrated Performance & Quality Report – March, April, May and June 2020**15. ANY OTHER BUSINESS**

None.

16. DATE OF NEXT MEETING: Wednesday 30 September 2020 at 10:00 am, location to be confirmed.



Fife Integrated Performance & Quality Report

Executive Summary

for the Report Produced in August 2020



Introduction

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

The ESIPQR comprises of the following sections:

I. Executive Summary

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

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

- | | |
|------------------------------------|---------------------------------|
| • Staff Governance | 4 th September 2020 |
| • Clinical Governance | 7 th September 2020 |
| • Finance, Performance & Resources | 15 th September 2020 |

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

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

I. Executive Summary

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

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

a. LDP Standards & Key Performance Indicators

The current performance status of the 28 indicators within this report is 9 (32%) classified as **GREEN**, 3 (11%) **AMBER** and 16 (57%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

There was notable improvement in the following areas during the last reporting period:

- C Diff and SAB infection rates
- Closure rate for Stage 1 complaints
- Smoking Cessation – achieving just under 93% of annual target, around 4% better than for FY 2018/19

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 9 (31%) within upper quartile, 16 (55%) in mid-range and 4 (14%) in lower quartile.




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

Indicator Summary

Section	LDP Standard	Standard	Target 2020/21
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A
	N/A	HSMR	N/A
	N/A	Inpatient Falls	5.97
	N/A	Inpatient Falls with Harm	2.16
	N/A	Pressure Ulcers	0.42
	N/A	Caesarean Section SSI	2.5%
	N/A	SAB - HAI/HCAI	19.5
	N/A	SAB - Community	N/A
	N/A	C Diff - HAI/HCAI	6.7
	N/A	C Diff - Community	N/A
	N/A	ECB - HAI/HCAI	36.6
	N/A	ECB - Community	N/A
	N/A	Complaints (Stage 1 Closure Rate)	80%
N/A	Complaints (Stage 2 Closure Rate)	65%	
Operational Performance	90%	IVF Treatment Waiting Times	90%
	95%	4-Hour Emergency Access	
	100%	Patient TTG (Ongoing Waits)	
	95%	New Outpatients Waiting Times	
	100%	Diagnostics Waiting Times	
	95%	Cancer 31-Day DTT	
	95%	Cancer 62-Day RTT	
	90%	18 Weeks RTT	
	29%	Detect Cancer Early	27%
	N/A	Delayed Discharge (% Bed Days Lost)	5%
	N/A	Delayed Discharge (# Standard Delays)	N/A
	80%	Antenatal Access	80%
	473	Smoking Cessation	473
	90%	CAMHS Waiting Times	
	90%	Psychological Therapies Waiting Times	
	80%	Alcohol Brief Interventions (Priority Settings)	80%
	90%	Drugs & Alcohol Treatment Waiting Times	90%
N/A	Dementia Post-Diagnostic Support		
N/A	Dementia Referrals		
N/A	Freedom of Information Requests	85%	
Finance	N/A	Revenue Expenditure	£0
	N/A	Capital Expenditure	£7.394m
Staff Governance	4.00%	Sickness Absence	4.39%







Performance
meets / exceeds the required Standard / on schedule to meet its annual Target
behind (but within 5% of) the Standard / Delivery Trajectory
more than 5% behind the Standard / Delivery Trajectory

Reporting Period	Year Previous		Previous		Current		
Month	Jun-19	58	May-20	25	Jun-20	26	↓
Year Ending	Mar-19	N/A	Dec-19	1.02	Mar-20	1.01	↑
Month	Jun-19	6.85	May-20	7.56	Jun-20	8.57	↓
Month	Jun-19	1.19	May-20	1.62	Jun-20	1.84	↓
Month	Jun-19	0.76	May-20	0.83	Jun-20	0.83	↔
Quarter Ending	Dec-18	1.7%	Sep-19	2.5%	Dec-19	2.3%	↑
Quarter Ending	Jun-19	13.7	May-20	9.0	Jun-20	6.3	↑
Quarter Ending	Jun-19	9.7	May-20	15.9	Jun-20	14.0	↑
Quarter Ending	Jun-19	8.0	May-20	10.5	Jun-20	7.9	↑
Quarter Ending	Jun-19	3.2	May-20	1.1	Jun-20	2.1	↓
Quarter Ending	Jun-19	42.1	May-20	34.4	Jun-20	36.4	↓
Quarter Ending	Jun-19	35.5	May-20	30.8	Jun-20	34.4	↓
Quarter Ending	Jun-19	70.8%	May-20	71.6%	Jun-20	74.6%	↑
Quarter Ending	Jun-19	52.3%	May-20	18.1%	Jun-20	18.9%	↑
Month	Jun-19	100.0%	May-20	N/A	Jun-20	N/A	↔
Month	Jun-19	94.9%	May-20	96.5%	Jun-20	96.8%	↑
Month	Jun-19	90.1%	May-20	26.8%	Jun-20	15.4%	↓
Month	Jun-19	95.4%	May-20	40.9%	Jun-20	32.0%	↓
Month	Jun-19	99.5%	May-20	31.1%	Jun-20	37.4%	↑
Month	Jun-19	95.0%	May-20	97.6%	Jun-20	97.1%	↓
Month	Jun-19	82.9%	May-20	90.2%	Jun-20	79.0%	↓
Month	Jun-19	83.4%	May-20	86.5%	Jun-20	80.1%	↓
Year Ending	Sep-18	26.9%	Jun-19	25.2%	Sep-19	24.8%	↓
Month	Jun-19	6.8%	May-20	4.1%	Jun-20	4.3%	↓
Month	Jun-19	56	May-20	24	Jun-20	34	↓
Month	Oct-18	87.8%	Sep-19	80.0%	Oct-19	88.9%	↑
YTD	Mar-19	88.6%	Feb-20	95.4%	Mar-20	92.4%	↓
Month	Jun-19	76.7%	May-20	74.2%	Jun-20	62.2%	↓
Month	Jun-19	66.3%	May-20	79.2%	Jun-20	73.6%	↓
YTD	Mar-19	66.1%	Dec-19	75.7%	Mar-20	79.2%	↑
Month	Apr-19	95.5%	Mar-20	92.6%	Apr-20	80.1%	↓
Annual	2016/17	87.3%	2017/18	86.8%	2018/19	92.1%	↑
Annual	2016/17	60.0%	2017/18	55.3%	2018/19	60.6%	↑
Quarter Ending	Jun-19	61.1%	May-20	87.1%	Jun-20	82.1%	↓
Month	Jul-19	N/A	Jun-20	+£5.064m	Jul-20	+£6.922m	↓
Month	Jul-19	N/A	Jun-20	£1.713m	Jul-20	£2.014m	↑
Month	Jun-19	5.55%	May-20	4.64%	Jun-20	4.96%	↓

Benchmarking	
	Upper Quartile
	Mid Range
	Lower Quartile

Reporting Period	Fife		Scotland
N/A			
YE Mar-20	1.01	●	1.00
N/A			
N/A			
N/A			
QE Dec-19	2.3%	●	0.9%
QE Mar-20	12.5	●	16.3
QE Mar-20	6.5	●	11.0
QE Mar-20	8.0	●	13.5
QE Mar-20	1.1	●	3.5
QE Mar-20	47.9	●	36.4
QE Mar-20	33.4	●	37.8
2018/19	70.7%	●	81.5%
2018/19	49.1%	●	53.7%
N/A			
Jun-20	96.8%	●	95.6%
Mar-20	83.2%	●	64.4%
Mar-20	95.2%	●	74.9%
Mar-20	97.9%	●	75.8%
QE Mar-20	95.7%	●	96.1%
QE Mar-20	83.5%	●	84.7%
Dec-19	82.0%	●	78.9%
2017, 2018	25.1%	●	25.5%
QE Dec-19	7.2%	●	7.1%
Jun-20	9.10	●	10.45
2018/19	91.3%	●	87.6%
YT Dec-19	87.9%	●	89.4%
QE Mar-20	76.0%	●	65.1%
QE Mar-20	70.1%	●	77.6%
2019/20	79.2%	●	83.2%
QE Mar-20	92.1%	●	94.7%
2017/18	86.8%	●	72.5%
2017/18	55.3%	●	42.3%
N/A			
N/A			
N/A			
YE Mar-20	5.49%	●	5.31%

d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
HSMR	1.00	N/A	N/A	YE Mar-20	1.01	YE Mar-20	
The HSMR for NHS Fife for the year ending March 2020 improved slightly in comparison to the year ending December 2019, but remained slightly above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.							
Inpatient Falls (with Harm)	2.16	Jun-20	2.16	Jun-20	1.84	N/A	N/A
Reduce falls with harm by 20% by December 2020							
The previous report highlighted the impact of environmental changes and changes in patient pathways in response to COVID-19. These have without doubt had an effect on how staff manage the reduction in risk of falling. This remains under review and as clinical areas embed the ways of working some adaptation of our approaches may be required. The remobilisation of services is underway and increasing capacity within inpatient settings within the context described and the refreshed work plan will capture this.							
Pressure Ulcers	0.42	Never Met	0.42	Jun-20	0.83	N/A	N/A
50% reduction by December 2020							
Assessing the impact of COVID-19 on performance has been difficult as our response has changed the clinical area function and pathway, and this has led to a dynamic response to the need for green and red capacity. Work is being undertaken to complete a brief deep dive exercise of data to date to learn the reasons behind them. Wards have been identified to take part in the Pressure Ulcer Collaborative, both within Acute and HSCP.							
Caesarean Section SSI	N/A	QE Dec-19	2.5%	QE Dec-19	2.3%	QE Dec-19	
We will reduce the % of post-operation surgical site infections to 2.5%							
Due to the COVID-19 pandemic, there remains a temporary pause on all Surgical Site Infection surveillance, until further notice from Scottish Government.							
SAB (MRSA/MSSA)	18.8	QE Jun-20	19.5	QE Jun-20	6.3	YE Mar-20	
We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022							
Infection control surveillance has continued throughout the COVID-19 pandemic. For Q1 2020 NHS Fife was below the national comparator for healthcare-associated infections. This success is continuing to be demonstrated with NHS Fife achieving the improvement trajectory for SAB.							
C Diff	6.5	QE Jun-19	6.7	QE Jun-20	7.9	YE Mar-20	
We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022							
Infection control surveillance has continued throughout the COVID-19 pandemic. For Q1 2020, NHS Fife was below the national comparator for healthcare associated infections, although slightly above the improvement trajectory, and we are continuing to focus on patients with recurrent infections.							
ECB	33.0	QE Jun-20	36.6	QE Jun-20	36.4	YE Mar-20	
We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022							
Infection control surveillance has continued throughout the COVID-19 pandemic. Following an exception report in Q4 2019, Q1 2020 saw a marked improvement in healthcare associated ECB infection rates. Continued improvements are noted with initial Q2 2020 figures.							
Complaints - Stage 2	N/A	Never Met	65%	QE Jun-20	18.9%	FY 2018/19	
At least 75% of Stage 2 complaints are completed within 20 working days							
Patient Relations were advised in March that the clinical team's priority was focused on the pandemic and that responding to complaints would not be high priority. Although the clinical services aimed to respond, performance has suffered, a common pattern across all Health Boards. We are currently working through the backlog of complaints in order to be ready to deal with an anticipated increase in complaints relating to delayed treatments and those that may arise now the Clinical Services are starting to remobilise.							

Clinical Governance Committee Meeting Issues and Comments

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

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
4-Hour Emergency Access 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Jun-20	TBC	Jun-20	96.8%	Jun-20	●
There has been sustained performance above the target in June despite the 14% increase in attendances from May. The urgent care centre continues to support COVID presentations and the breach reasons are distributed between bed waits and clinical or specialist reasons. Flow into the hospital continues to be managed via red and green pathways with occupancy remaining below normal seasonal figures.							
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	TBC	Jun-20	15.4%	QE Mar-20	●
Weekly additions to the waiting list decreased from about 400 to under 100 by early April, as routine surgery (apart from cancer and urgent) was cancelled. Additions are now increasing (though still well below average), and this trend is expected to continue as routine outpatient clinics are restarted in July and August. The number of patients waiting greater than 12 weeks has increased hugely since lockdown, from around 600 to over 3,000 (around 80% of the waiting list), with similar increases in the % of patients now waiting more than 18 and 26 weeks. Activity delivered has increased as theatres have gradually been reopened, and additional activity in the Independent Sector, funded by the SG, has been extended to the end September. We estimate that we will be able to deliver around 76% of the previous average level of activity by December. Reduction in the backlog of referrals will require additional in house or in-sourced and additional funding to deliver this, and this has been requested from SG.							
New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	TBC	Jun-20	32.0%	Mar-20	●
Referrals have gradually increased but are still 50% below average. The number of patients waiting greater than 12 weeks has increased from just over 500 just before lockdown to over 8,000 by June, equating to 67% of the total waiting list. The number of patients waiting over 12, 18 and 26 weeks have been hugely impacted and are significantly higher as a % that they were before lockdown. Using a clinic capacity modelling tool, new ways of working in outpatient clinics have been introduced to make the most efficient use of clinic space. This along with repurposing other clinical areas and extending days is maximising the number of patients who can be seen face to face. This capacity is being prioritised for new, cancer and urgent review patients who need a face to face appointment. The appointment of routine new patients began in mid July in line with our initial plan. It is anticipated we will be able to achieve 90% of previous levels of new outpatient capacity in December to March 2021 which along with a return to previous levels of referrals by September 2020 will likely lead to an increase in waiting list size and waiting times for routine referrals. Reduction in the backlog of referrals will require additional in house or in-sourced activity in the evenings and at weekends.							
Diagnostics 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)	100%	Apr-16	TBC	Jun-20	37.4%	Mar-20	●
The percentage of patients waiting less than 6 weeks for a diagnostic test has increased from 31% in May to 37% in June following the gradual restart and/or increase in services in line our proposed remobilisation plan. Endoscopy services restarted in June, allowing the backlog of Urgent Suspicion of Cancer and Bowel Cancer Screening Patients to be cleared. Referrals are increasing and priority is being given to urgent and cancer referrals which have resulted in a backlog of routine referrals. Discussions around recovery plans have taken place with the SG, and funding has been agreed for additional capacity, including in sourcing activity. Radiology diagnostic services returned to all sites at the end of July, with capacity at month end in relation to previous capacity being 70% for CT, 75% for MRI and 55% for Ultrasound. It is a similar (though slightly better) situation for GP and Outpatient key diagnostic tests. Breaches fell by around 35% from the end of June to the end of July as a result of the reinstatement of extended days for MRI, CT and MRI Mobile Van capacity funded by SG, which will continue until December. Additional capacity is planned for Ultrasound which will lead to further improvements in September. Priority is being given to all urgent referrals which are being seen within 2 weeks							
Cancer 62-Day RTT 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	TBC	Jun-20	79.0%	QE Mar-20	●
Whilst cancer services were prioritised and maintained, the pause of endoscopy services resulted in a backlog of patients requiring investigations. The backlog has been cleared with more breaches than usual in these areas. As services remobilise across all areas, performance will continue to be variable. Many of the breaches (ranging from 1 to 176 days with an average of 40 days)were due to the impact of COVID-19.							


Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
FoI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	QE May-20	85%	QE Jun-20	82.1%	N/A	N/A
The number of FOI requests closed increased significantly in June, as pressures from the pandemic eased. Performance against the 20-day closure timescale (reinstated from 60 days in late May) fell slightly, and is likely to be variable over the next few months as work returns to normal.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jun-20	5%	Jun-20	4.3%	QE Dec-19	●
Bed days lost due to patients in delay has continued to be less than the local target, although there was an increase in both patients in delay and bed days lost in June. The challenge will be to avoid further increases in the coming months, as all the planned remobilisation activities are implemented.							
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	FY 2019/20	92.4%	YT Dec-19	●
A number of developments have led to an increase in reach and referral to the service. These include introducing a temporary abstinence model in the VHK with rapid access to NRT for patients and on sight staff training, developing service delivery in alternative venues such as leisure centres and nurseries, direct access to support within respiratory outpatient clinic and midwife-led Saturday provision. The loss of the mobile unit for 4 months (limiting outreach work into our more vulnerable communities) and staff recruitment (limiting capacity to support community pharmacy and data collection) have been key challenges. Overall, we have recorded a 4.2% increase in performance against target compared to FY 2018/19.							
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMHS services within 18 weeks of referral	90%	Sep-16	TBC	Jun-20	62.2%	QE Mar-20	●
Referrals to CAMHS are gradually returning to normal levels, with an anticipated increase as schools resume in mid August. RTT performance has fluctuated during the pandemic as more of the longest waits have been seen whilst 'new' referrals have been low. As referrals increase, performance is projected to return to Fife CAMHS average of approx 72% from September, dependent on staff availability.							
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	TBC	Jun-20	73.6%	QE Mar-20	●
Performance figures have not been hugely impacted so far by the COVID-19 pandemic. There has been a drop off in referrals which is very likely to be reversed during the next few months, at the same time as work resumes with longest waiting patients. This will take services above current capacity. In addition, the inability to hold group sessions due to social distancing restrictions will impact both treatment and performance recovery plans.							

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Jul-20	+ £6.922m	N/A	N/A
Following the unprecedented challenges created by the outbreak of the Covid-19 pandemic and the resultant public health emergency, our financial reporting was expanded to encompass: our core position; and Covid-19 additional costs, net of offsetting cost reductions (health costs that have reduced as a result of Covid-19 response). In tandem, an assessment was made of potential savings to ensure a continued effort to meet our efficiency savings requirements; albeit we have signposted to SG a level of expected underachievement of savings for the 2020/21 financial year as part of our Covid-19 and Quarter 1 financial template returns.							
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£7.394m	N/A	£7.394m	Jul-20	£2.014m	N/A	N/A
The total Capital Resource Limit for 2020/21 is £7.394m. This excludes both the new Elective Orthopaedic Centre which has incurred £0.5m expenditure to date and Covid capital equipment of £0.179k – NHS Fife are anticipating allocations for both projects. The capital position for the 4 months to July shows investment of £2.014m.							

Finance, Performance & Resources Committee Meeting Issues and Comments

The committee were advised that, as part of the Remobilisation work, there was a requirement for the creation of an integrated capacity and flow group. This group will seek to

harness what has been done well across the partners during Covid to enable that to continue going forward. The group have identified 9 priorities that they will continue to develop, and the committee will receive regular updates on the progress of this important work.

Staff Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.39%	Jun-20 4.96%	YE Mar-20 
Sickness absence levels have fallen in the first three months of the COVID-19 pandemic. It is difficult to draw any firm conclusions around this due to the way that pandemic-related absence (either due to having the infection or requiring to self-isolate) is being handled, and the situation will continue to be monitored as we return to "normal" and restart various Promoting Attendance activities.					

Staff Governance Committee Meeting Issues and Comments

The Staff Governance Committee wished to highlight the following to the NHS Fife Board:

- Appraisal/PDP - the importance of embedding the process and seeking staff engagement
- Absence rates – the need to take account of COVID-related absence

CAROL POTTER
Chief Executive
23rd September 2020

Prepared by:
SUSAN FRASER
Associate Director of Planning and Performance

Report to the Board on 30 September 2020

BOARD DEVELOPMENT SESSION – 26 August 2020

Background

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

August Development Session

4. The most recent Board Development Session took place via MS Teams on Wednesday 26 August 2020. There were two main topics for discussion on the new NHS Fife Website and the Remobilisation Plan/Winter.

Recommendation

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

TRICIA MARWICK
Board Chairperson
09 September 2020

Meeting:	NHS Fife Board
Meeting date:	30 September 2020
Title:	NHS Fife - Embedding Organisational Values
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Kirsty Berchtenbreiter, Head of Workforce Development

1 Purpose

This is presented to the Board for:

- Decision

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Strategic Framework detailing the vision, values and objectives of NHS Fife has been in place since 2015.

A review of NHS Fife Strategic Framework was commissioned in Autumn 2019 (by the then Chief Executive) with the focus of the work on whether and if so how the values of the organisation should be refreshed. This paper outlines the work to consult on the current values, the proposed values, and the proposed work to embed these values across NHS Fife in collaboration with staff and patients.

2.2 Background

The Strategic Framework was developed before the Clinical Strategy and was therefore a key 'building block' for the Strategy. The Strategic Objectives are within the Strategic Framework.

A literature search of the values of other health organisations has provided alternative options for participation, consultation and branding. On review and reflection of the value work, there were three options available to NHS Fife:

1. Continue using the Strategic Framework and the values within
2. Adopt the NHS Scotland Values and associated Framework
3. In full consultation with staff and patients, renew the values of NHS Fife.

To start the work, these three questions were asked via Bright ideas, NHS Fife's staff suggestion scheme to ensure that the values of NHS Fife still represented the organisations strategic ambition and resonated with staff. It was recognised that there was some cross over between NHS Fife and NHS Scotland's values (which the Once for Scotland policies applied). As a result of the staff consultation it was agreed to adopt NHS Scotland values for Fife.

The NHS Scotland's values:

1. Care and Compassion
2. Dignity and respect
3. Openness, honesty and responsibility and,
4. Quality and teamwork.

Embedding these values in everything we do supports the mission of transforming health and care in Fife to be the best.

It has become evident throughout the period of lockdown when our staff were working under difficult COVID-19 circumstances that they demonstrated these values through their actions and behaviours. The plan going forward must be to articulate and visualise these values throughout the organisation.

2.3 Assessment

Being a successful organisation is about how we behave as much as it is about what we do. Agreeing common values and defining the culture in which we want to work are fundamental. The strategic aim is to embed these values within the NHS Fife culture.

Leaders have a key role to play in championing the values, reinforcing their importance, and demonstrating them in day-to-day behaviours. Regularly communicating and modelling the behaviours to others will help the adoption of these values throughout the rest of the organisation. Employees may see the values on a poster but it is much more powerful if they can look around and see their leaders authentically living and breathing those values. The same would be said when looking at/being looked at by colleagues.

It is recognised that the behaviours of the organisation need to be shaped and developed by the workforce using a model of co-production. Presenting a set of pre-determined behaviours to the organisation without appropriate engagement presents a risk of them never being owned by the workforce.

Our culture is reflected by what we value, and we need to support and empower our workforce to give their best in an organisation where the values are evident every day. Consideration will need to be given to how this might be done, in a sustained and phased approach; with phase one over the summer/autumn of 2020 and further phases requiring more planning before coming on-stream at a later date (2021 and beyond).

2.3.1 Embedding our values and behaviour across NHS Fife

Our values inform the decisions we take and how we work together, they must be at the heart of how we attract, recruit, develop, reward and retain people to work for NHS Fife. Successfully embedding our values and behaviours in all that we do requires a commitment from everyone: individually, as teams, as directorates and as an organisation.

To support this, we will develop a range of communications, tools and interventions that will enable everyone to consider their work and ways of working through a 'values lens' and demonstrate how values are built in to planning and decision-making.

We will develop:

- **A behaviours framework** - being clear about the behaviours we commit to as an organisation will support us to become an employer of choice and help to ensure that whenever anyone engages with NHS Fife, they have a consistent, positive experience of us.
- **Simple tools** – to help employees think about what they do, how they work, and how this contributes to our values and behaviours.
- **Induction and Orientation** - Setting expectations at the beginning of the employee journey is crucial to how employees see, experience and interact with the organisational values.
- **Learning and Development Opportunities** - Learning materials and training will promote the type of behaviour expected of employees. Where appropriate, development activities will reinforce valued ways of working. The expected behaviours will also help employees prioritise their learning and development needs.
- **Staff Achievement Awards** - we already have a well established and incredibly successful awards scheme. We would want to be able to recognise the demonstrating our values and behaviours at work (either in their day to day work, or on a particular occasion or through their relationships with their patients, team and colleagues).

2.3.2 Moving forward (Phase 2)

Our values will feature as a common thread through our communications with staff and ways of working, this paper focuses on what we plan to achieve in the next 12-18 months. Recognising that once the values start to resonate with the current workforce there will be a requirement to develop this further.

We will develop:

- **Values based recruitment** - Whilst experience, skills and qualifications are important we also want to take **how** applicants work into consideration. This will ensure that we recruit the right workforce not only with the right skills and in the right numbers, but with the right values and behaviours.
- **Talent Management** - NHS Fife seeks to attract, identify, develop and retain talented employees who can make a difference. Demonstrating the right behaviours is key to this.
- **Appraisals** - As well as ensuring that managers and employees are having open and honest conversations about performance, we can ensure that there is a greater emphasis on values and behaviours and build this into the training that we offer.

2.3.3 Financial

If we are to pursue this programme of work a budget will need to be allocated.

2.3.4 Risk Assessment/Management

Progressing with this programme of work will serve as mitigation to workforce risks.

2.3.5 Communication, involvement, engagement and consultation

Taking this work forward in line with the normal partnership working arrangements will be key to successfully shaping a behaviour framework and embedding our values.

2.3.5 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.

- Short Life Working Group Culture, 18th June 2020
- The Executive Director Group, 20th July 2020
- The Area Partnership Forum, 22nd July 2020

2.4 Recommendation

The Board is asked to **approve** the proposed approach to embedding the organisational values.

Report Contact: Kirsty Berchtenbreiter
Email: kirsty.berchtenbreiter@nhs.scot

Meeting:	NHS Fife Board
Meeting date:	30 September 2020
Title:	Draft Corporate Objectives 2020-21
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:

- Awareness

This report relates to:

- Corporate Objectives

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Corporate Objectives 2020/21 were due to be agreed at the beginning of the financial year 2020/21 but due to COVID-19, this has been delayed. A different approach has been taken this year with a workshop with EDG to discuss and review the corporate objectives.

This paper details the collated output of the workshop for the purposes of allowing further refinement prior to the setting of 2020/21 objectives through appropriate governance routes.

This paper provides the Board with a review of the Corporate Objectives for 2019/20 and also looks forward to 2020/21 with proposed objectives to be approved by the Board.

2.2 Background

Each year a review and objective setting exercise is completed for the Corporate Objectives. 2019/20 and 2020/21 were years characterised by a major disruption of services due to Covid-19. The immediate response and subsequent planning for remobilisation of services has resulted in significant changes in service models and, in some cases, delivery.

As part of the annual revision and setting of NHS Fife corporate objectives, a virtual workshop was held with EDG using Microsoft Teams on 3 August 2020. The purpose of the workshop was two-fold. Firstly, to review the 2019/20 suite of strategic objectives, take updates on progress, including evidence of success or identify barriers which delayed delivery. Secondly, to agree objectives for 2020/21 taking particular cognisance of the recently developed and approved remobilisation plans.

2.3 Assessment

The summary will be presented using the four quadrants of governance: Quality, Operational Management, Finance and Workforce but based on the organisational objectives of Person Centred, Clinically Excellent, Exemplar Employer and Sustainable. The review of the corporate objectives 2019/20 provides assurance to the Board that strategic planning is adequate and progress and achievements are made against the corporate objectives. This year's corporate Objectives will be aligned to NHS Scotland's value rather than NHS Fife's Strategic Framework which will bring NHS Fife in line with most other boards in Scotland.

Quality

Good progress has been made to further embed good governance in clinical practice.

The review of the current objectives has identified a gap and the following new objectives are being proposed for 2020/21.

Ref	Objective
1.7	To ensure effective resilience capacity in Fife and ensure the effective delivery of the Covid -19 Strategic Framework for Fife
2.4	Reduce Healthcare Associated Infections recognising the COVID-19 sensitive environment
2.9	Provide clinical support and professional leadership to Care Homes during 2020/21

The following objectives have been reworded and improved:

Ref	Objective
1.3	To work with local partners to address the wider determinants of health in order to prevent and reduce health inequalities in Fife
1.6	Phased implementation in line with Phase 1 of the refreshed mental health strategy for Fife ensuring more people are supported in the community and that people requiring more intensive care receive that more quickly
2.7	Work to develop and embed systems & services to reduce avoidable hospital admissions supporting winter pressures, sustainability and value

On review, the following objectives from 2019/20 have been identified as having been completed or not relevant any longer.

Ref	Objective	Status
1.4	Improving equalities – Public Duties Act	Removed
2.1	Implement the Quality of Care Framework and reporting to the appropriate standing Board Committees, IPR and Board	Removed
2.3	Fully embed the organisational duty of candour requirements in all areas of NHS Fife	Completed

Operational Management

Some progress has been made in the transformation programme and the access standards continue to be challenging. Progress has been made against the standards

but the pause of elective care during COVID-19 has meant that backlogs have increased and the focus in 2020/21 is to maximise available capacity.

The following new objectives have been identified for 2020/2021.

Ref	Objective
4.2	Review and refresh Fife's Clinical Strategy for 2021-2026
4.7	Develop performance framework to support delivery of Remobilisation Plan
4.11	HEPMA Full Business Case to be completed and approved through governance committees and Fife Health Board. Plan for implementation developed

The following objectives have been reworded and improved:

Ref	Objective
4.1	Refresh and embed the joint Transformation Plan for NHS Fife to deliver the triple aim supporting sustainability and value recognising the COVID-19 sensitive environment whilst continuing the re-design and transformation of services following COVID-19
4.7	Develop performance framework to support delivery of Remobilisation Plan
4.9	Ensure NHS Fife is in full compliance with Health and Safety legislation and best practice including governance and ensure key training compliance targets are in place

There is one objective removed from this category.

Ref	Objective	Status
4.2	Deliver the objectives of the NHS Fife / Health & Social Care joint transformation plan	Merged with 4.1

Finance

Financial governance continues to support the delivery of financial targets with the break even position relying on non recurring financial flexibility.

The following new objective has been identified:

Ref	Objective
4.4	Deliver of Full Business Case for the Fife Elective Orthopaedic Centre
4.6	Deliver medium term strategies for revenue and capital

There have been no objectives removed in this category.

Workforce

The Staff Governance Action Plan is reviewed regularly and delivered in partnership against Staff Governance standards.

There is one new objective added and there have been no significant changes to the existing Corporate Objectives.

Ref	Objective
3.5	Maximise participation in the staff engagement survey and ensure feedback received informs workforce practice for 2020/21

The following objective had been removed:

Ref	Objective	Status
3.3	Implement the 'Once for Scotland' policies as appropriate and prioritise the development of plans to support 'Promoting attendance at work' and the 'Health and well being of the workforce' policies	Completed
3.5	Increase and sustain participation in the iMatter staff engagement tool to ensure feedback received informs an action plan for 2020/21	Revised

Summary

The review of the corporate objectives for 2019/20 provides assurance to the Board that the objectives for the organisation are still relevant and appropriate. The objectives for 2020/21 are now set out against NHS Scotland's values and are aligned to the Clinical Strategy.

2.3.1 Quality/ Patient Care

Corporate Objectives are aligned with providing high quality and good patient care.

2.3.2 Workforce

Corporate Objectives are aligned with workforce development and support

2.3.3 Financial

Corporate Objectives are aligned with financial implications

2.3.4 Risk Assessment/Management

n/a

2.3.5 Equality and Diversity, including health inequalities

Corporate Objectives are aligned with equality and diversity

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

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.

- Chief Executive 31 August 2020
- EDG 10 September 2020
- Staff Governance Committee 4 September 2020
- Clinical Governance Committee 7 September 2020

- Finance, Resource and Performance Committee 8 September 2020

2.4 Recommendation

The NHS Fife Board are asked to

- **Note** the revision of the Corporate Objectives for 2020/21 and the changes therein.

3 List of appendices

The following appendices are included with this report:

- Corporate Objectives 2020/21

Report Contact

Susan Fraser

Associate Director of Planning and Performance

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NHS Fife Strategic Objectives 2020/21



NHS Fife Strategic Objectives 2020/21							
Vision	Mission	Values	Objectives	Strategic Framework Objectives	Ref.	Corporate Objectives 2020/21	Lead Director
The people of Fife live Long and Healthy Lives	Transforming health and care in Fife to be the Best	Care & Compassion	PERSON CENTRED	<ul style="list-style-type: none">Listen to what matters to YOUDesign services in partnership with service users, carers and communitiesGive YOU choices and informationCreate environments that encourage caring and positive outcomes for allDevelop & redesign services that put patients first supporting independent living and self management	1.1	Improve complaints process to respond more effectively and efficiently to patient issues	Director of Nursing
					1.2	Improve patient, public and partner engagement and participation with on-going strategic change agenda	Director of Nursing
					1.3	To work with local partners to address the wider determinants of health in order to prevent and reduce health inequalities in Fife.	Director of Public Health
					1.4	Create and nurture a culture of person centred approach to care recognising the COVID-19 sensitive situation	Medical Director/ Director of Nursing
					1.5	Realising Realistic Medicine – embed within NHS Fife linked to transformation & sustainability	Medical Director
					1.6	Phased implementation in line with Phase 1 of the refreshed mental health strategy for Fife ensuring more people are supported in the community and that people requiring more intensive care receive that more quickly	Director of Health and Social Care
					1.7	To ensure effective resilience capacity in Fife and ensure the effective delivery of the Covid -19 Strategic Framework for Fife	Director of Public Health
			CLINICALLY	<ul style="list-style-type: none">Work with you to receive the best care possibleEnsure there is no avoidable harmAchieve & maintain quality standardsEnsure environment is clean, tidy, well maintained, safe and something to be proud ofEmbed patient safety consistently across all aspects of healthcare provision	2.1	Maintain and audit the system of Safe & Secure Use of Medicines Management	Director of Pharmacy
					2.2	Reduce Healthcare Associated Infections recognising the COVID-19 sensitive environment	Director of Nursing
					2.3	Continue to refine the NHS framework for risk management to include the Board risk tolerance and appetite and keep the Board Assurance Framework up to date	Director of Nursing
					2.4	Continue to implement Excellence in Care to provide assurance to the organisation of nursing and midwifery care	Director of Nursing
					2.5	Work to develop and embed systems & services to reduce avoidable hospital admissions supporting winter pressures, sustainability and value	Director of Health and Social Care Director of Acute Services
					2.6	Develop links with St Andrews University medical school through the SCOTGEM programme aspiring towards university status	Medical Director
					2.7	Provide clinical support and professional leadership to Care Homes during 2020/21	Director of Nursing
		Dignity and Respect	EXEMPLAR	<ul style="list-style-type: none">Create time & space for continuous learningListen to & involve staff at all levelsGive staff skills, resources and equipment required for the jobEncourage staff to be ambassadors for Health and Social Care in FifeCreate high performing MDT through education & developmentEquip people to be the best leaders	3.1	Review and update the existing workforce strategy which supports the strategic and transformational plans of Fife	Director of Workforce
					3.2	Develop arrangements which support effective Talent Management and Succession Planning requirements	Director of Workforce
					3.3	Ensure compliance with Staff Governance standards and the principles and values of the 2020 / Everybody Matters strategy in line with national policy.	Director of Workforce
					3.4	Ensure NHS Fife has the appropriate infrastructure and training environment to continue to meet professional standards for all staff	Director of Workforce
					3.5	Maximise participation in the staff engagement survey and ensure feedback received informs workforce practice for 2020/21	Director of Workforce
					3.6	Ensure effective staff engagement and communication – develop and implement an effective internal communications strategy	Director of Workforce
					3.7	Implement statutory safe staffing across all wards in accordance with new legislation	Director of Nursing
		Openness, honesty	SUSTAINABLE	<ul style="list-style-type: none">Optimise resource for health & wellbeingEnsure cost effective and within budgetIncrease efficiency & Reduce WasteService redesign will ensure cost effective, lean and minimise adverse variationOptimise use of property & assets with our partners	4.1	Refresh and embed the joint Transformation Plan for NHS Fife to deliver the triple aim supporting sustainability and value recognising the COVID-19 sensitive environment whilst continuing the re-design and transformation of services following COVID-19	Director of Strategy, Planning and Performance
					4.2	Review and refresh Fife's Clinical Strategy for 2021-2026	Director of Strategy, Planning and Performance / Medical Director
					4.3	Develop the Property and Asset Management Strategy to support strategic transformation & performance	Director of Estates and Facilities
					4.4	Deliver of Full Business Case for the Fife Elective Orthopaedic Centre	Director of Nursing
					4.5	Develop the eHealth, Information & Digital Strategy to support strategic transformation & performance	Medical Director
					4.6	Deliver medium term strategies for revenue and capital	Director of Finance
					4.7	Develop performance framework to support delivery of Remobilisation Plan	Director of Strategy, Planning and Performance
					4.8	Deliver effective corporate governance to the organisation	Director of Strategy, Planning and Performance
					4.9	Ensure NHS Fife is in full compliance with Health and Safety legislation and best practice including governance and ensure key training compliance targets are in place	Director of Estates and Facilities
					4.10	Evidence progress against 6 outcomes of Integration in line with 2020/21 delivery plan.	Director of Health and Social Care
					4.11	HEPMA Full Business Case to be completed and approved through governance committees and Fife Health Board. Plan for implementation developed.	Director of Pharmacy
Quality and							

Meeting:	NHS Fife Board
Meeting date:	30 September 2020
Title:	Annual Review of Code of Corporate Governance
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Gillian MacIntosh, Board Secretary / Robert MacKinnon, Associate Director of Finance

1. Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Local policy

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

- Effective

2. Report Summary

2.1 Situation

The Fife NHS Code of Corporate Governance is an all-encompassing suite of documents setting out the Board's Standing Orders, Scheme of Delegation, Standing Financial Instructions and Code of Conduct for Board Members. It is therefore important that it remains current and correct.

The amended Code of Corporate Governance, provided as an appendix to this paper, incorporates the Board's approval of the new Model Standing Orders for Boards in NHS Scotland and recent reviews by each Board Committee of their individual Terms of Reference. Also proposed are a number of clarifying changes to the Standing Financial Instructions, recommended by the Director of Finance and Assistant Director of Finance. These amendments seek to bring the current version of the Code up-to-date and reflective of current practice.

2.2 Background

The most recent version of the Board's Code of Corporate Governance was formally approved in May 2019. At agreed at that date, an annual update of the Code is considered by the Audit & Risk Committee and thence the Board.

2.3 Assessment

In addition to containing the approved version of the Board's new Standing Orders and each Board Committee's reviewed remits, the attached version of the Code has been reviewed to ensure that the current text reflects present structures, terminology and job titles. Proposed textual changes of note have been tracked in the document for ease of identification.

The Board should note that further changes to the Code will be required in the near future to reflect the work currently underway aligned to the ongoing implementation of the [NHS Scotland Blueprint for Good Governance](#). It is expected that this will produce 'template' Schemes of Delegation and Standing Financial Instructions on a 'Once for Scotland' approach, which individual Boards will be expected to implement and adapt locally as part of implementing the Blueprint. Additionally, standard Terms of Reference for 'mandatory' Board committees (i.e. Audit, Clinical Governance and Staff Governance) are presently being prepared, again to be adopted locally when finalised by the national group. A further update to the Audit & Risk Committee and the Board on this will therefore follow in due course.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

N/A.

2.3.3 Financial

Ensuring appropriate scrutiny of NHS Fife's financial accounting processes is a core part of the Board's remit.

2.3.4 Risk Assessment/Management

The identification and management of risk is an important factor in the Audit & Risk Committee providing appropriate assurance to the NHS Board.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

This paper has been considered in draft by the Director of Finance and takes account of any initial comments thus received.

The Model Standing Orders included therein were approved by the Board at its meeting of 8 April 2020. Each Board Committee reviewed their respective remits and agreed any changes thereto at the cycle of meetings held in March 2020.

The Audit & Risk Committee considered the full update to the Code at their meeting on 17 September 2020 and recommended its approval.

2.4 Recommendation

The paper is provided for:

- **decision** – approval of the updated Code of Corporate Governance as per its annual review cycle.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Revised Code of Corporate Governance

Report Contact

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CODE OF CORPORATE GOVERNANCE

FIFE NHS BOARD

Reviewed by: Board Secretary
Date of Board Approval: 30 September 2020
Next Review Date: April 2021

Issue no. 16 – Master

CONTENTS

NHS Fife Strategic Framework	3
-------------------------------------	----------

Standing Orders for Fife NHS Board	4
---	----------

Appendix 1 - NHS Fife Board Committee Structure	14
--	-----------

Appendix 2 - Board Committee Terms of Reference

Annex 2.1 - Audit and Risk	19
Annex 2.2 - Clinical Governance	27
Annex 2.3 - Finance, Performance and Resources	31
Annex 2.4 - Remuneration	35
Annex 2.5 - Staff Governance	38

Appendix 3 - Standing Financial Instructions	42
---	-----------

Appendix 4 - Scheme of Delegation	71
--	-----------

Appendix 5 - South East And Tayside (SEAT) Regional Planning Group	91
---	-----------

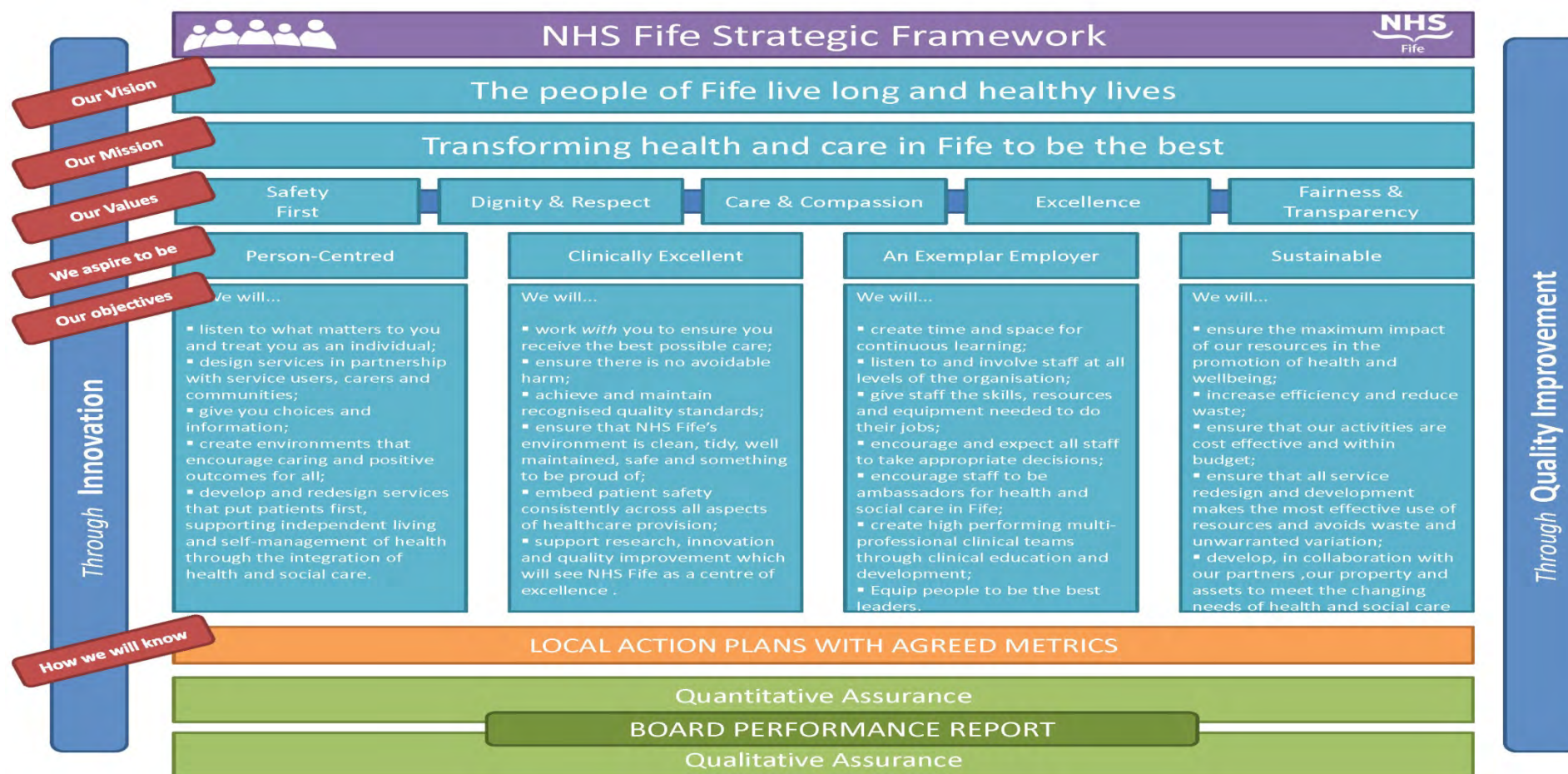
Annex 5.1 - Expected Standards of Corporate Governance and Internal Control	101
---	-----

Appendix 6 - Code of Conduct for Board Members	103
---	------------

Annex 6.1 - Sanctions available to the Standards Commission for breach of the Code	119
Annex 6.2 – Definitions	120

NHS FIFE STRATEGIC FRAMEWORK

The Strategic Framework underpins all that NHS Fife as an organisation does. It highlights NHS Fife's key principles and provides a basis for all strategies and plans - each strategy needs to wrap around the principles set out in the framework. The organisation has worked closely with staff to develop the Framework, and it has been endorsed by the NHS Fife Board and staff groups



STANDING ORDERS FOR THE PROCEEDINGS AND BUSINESS OF FIFE NHS BOARD

1 General

- 1.1 These Standing Orders for regulation of the conduct and proceedings of [Fife] NHS Board, the common name for Fife Health Board, [the Board] and its Committees are made under the terms of The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 (2001 No. 302), as amended up to and including The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016 (2016 No. 3).

Healthcare Improvement Scotland and NHS National Services Scotland are constituted under a different legal basis, and are not subject to the above regulations. Consequently those bodies will have different Standing Orders.

The NHS Scotland Blueprint for Good Governance (issued through [DL 2019 02](#)) has informed these Standing Orders. The Blueprint describes the functions of the Board as:

- Setting the direction, clarifying priorities and defining expectations.
- Holding the executive to account and seeking assurance that the organisation is being effectively managed.
- Managing risks to the quality, delivery and sustainability of services.
- Engaging with stakeholders.
- Influencing the Board's and the organisation's culture.

Further information on the role of the Board, Board members, the Chair, Vice-Chair, and the Chief Executive is available on the NHS Scotland [Board Development website](#).

- 1.2 The Scottish Ministers shall appoint the members of the Board. The Scottish Ministers shall also attend to any issues relating to the resignation and removal, suspension and disqualification of members in line with the above regulations. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.
- 1.3 Any statutory provision, regulation or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.
- 1.4 Any one or more of these Standing Orders may be varied or revoked at a meeting of the Board by a majority of members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition or amendment. The Board will annually review its Standing Orders.
- 1.5 Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances. The Scottish Ministers may by determination suspend a member from taking part in the business (including meetings) of the

Board. Paragraph 5.4 sets out when the person presiding at a Board meeting may suspend a Board member for the remainder of a specific Board meeting. The Standards Commission for Scotland can apply sanctions if a Board member is found to have breached the Board Members' Code of Conduct, and those include suspension and disqualification. The regulations (see paragraph 1.1) also set out grounds for why a person may be disqualified from being a member of the Board.

Board Members – Ethical Conduct

- 1.6 Members have a personal responsibility to comply with the Code of Conduct for Members of Fife Health Board. The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Board will have appointed a Standards Officer. This individual is responsible for carrying out the duties of that role, however he or she may delegate the carrying out of associated tasks to other members of staff. The Board's appointed Standards Officer shall ensure that the Board's Register of Interests is maintained. When a member needs to update or amend his or her entry in the Register, he or she must notify the Board's appointed Standards Officer of the need to change the entry within one month after the date the matter required to be registered.
- 1.7 The Board's appointed Standards Officer shall ensure the Register is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.
- 1.8 Members must always consider the relevance of any interests they may have to any business presented to the Board or one of its committees. Members must observe paragraphs 5.6 - 5.10 of these Standing Orders, and have regard to Section 5 of the Code of Conduct (Declaration of Interests).
- 1.9 In case of doubt as to whether any interest or matter should be declared, in the interests of transparency, members are advised to make a declaration.
- 1.10 Members shall make a declaration of any gifts or hospitality received in their capacity as a Board member. Such declarations shall be made to the Board's appointed Standards Officer who shall make them available for public inspection at all reasonable times at the principal offices of the Board and on the Board's website. The Register of Interests includes a section on gifts and hospitality. The Register may include the information on any such declarations, or cross-refer to where the information is published.
- 1.11 The Board's Secretary shall provide a copy of these Standing Orders to all members of the Board on appointment. A copy shall also be held on the Board's website.

2 Chair

- 2.1 The Scottish Ministers shall appoint the Chair of the Board.

3 Vice-Chair

- 3.1 The Chair shall nominate a candidate or candidates for vice-chair to the Cabinet Secretary. The candidate(s) must be a non-executive member of the Board. A member who is an employee of a Board is disqualified from being Vice-Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as Vice-Chair. Any person so appointed shall, so long as he or she remains a member of the Board, continue in office for such a period as the Board may decide.
- 3.2 The Vice-Chair may at any time resign from that office by giving notice in writing to the Chair. The process to appoint a replacement Vice-Chair is the process described at paragraph 3.1.
- 3.3 Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board's Secretary should refer this to the Scottish Government. The Cabinet Secretary will confirm which member may assume the role of interim chair in the period until the appointment of a new chair, or the return of the appointed chair. Where the Chair is absent for a short period due to leave (for whatever reason), the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board. In either of these circumstances references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to either the interim chair or the Vice-Chair. If the Vice-Chair has been appointed as the Interim Chair, then the process described at paragraph 3.1 will apply to replace the Vice-Chair.

4 Calling and Notice of Board Meetings

- 4.1 The Chair may call a meeting of the Board at any time and shall call a meeting when required to do so by the Board. The Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates.
- 4.2 The Chair will determine the final agenda for all Board meetings. The agenda may include an item for any other business, however this can only be for business which the Board is being informed of for awareness, rather than being asked to make a decision. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency.
- 4.3 Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair elects to agree to the request, then the Chair may decide whether the item is to be considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting. The Chair will inform the member which meeting the item will be discussed. If any member has a specific legal duty or responsibility to discharge which requires that member to present a report to the Board, then that report will be included in the agenda.

- 4.4 In the event that the Chair decides not to include the item of business on the agenda of a Board meeting, then the Chair will inform the member in writing as to the reasons why.
- 4.5 A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be transacted. The Chair is required to call a meeting within 7 days of receiving the requisition. If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.
- 4.6 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be circulated to every member so as to be available to them at least three clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.
- 4.7 With regard to calculating clear days for the purpose of notice under 4.6 and 4.9, the period of notice excludes the day the notice is sent out and the day of the meeting itself. Additionally only working days (Monday to Friday) are to be used when calculating clear days; weekend days and public holidays should be excluded.
- Example: If a Board is meeting on a Wednesday, the notice and papers for the meeting should be distributed to members no later than the preceding Thursday. The three clear days would be Friday, Monday and Tuesday. If the Monday was a public holiday, then the notice and papers should be distributed no later than the preceding Wednesday.
- 4.8 Lack of service of the notice on any member shall not affect the validity of a meeting.
- 4.9 Board meetings shall be held in public. A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held. The notice and the meeting papers shall also be placed on the Board's website. The meeting papers will include the minutes of committee meetings which the relevant committee has approved. The exception is that the meeting papers will not include the minutes of the Remuneration Committee. The Board may determine its own approach for committees to inform it of business which has been discussed in committee meetings for which the final minutes are not yet available. For items of business which the Board will consider in private session (see paragraph 5.22), only the Board members will normally receive the meeting papers for those items, unless the person presiding agrees that others may receive them.
- 4.10 Any individual or group or organisation which wishes to make a deputation to the Board must make an application to the Chair's Office at least 21 working

days before the date of the meeting at which the deputation wish to be received. The application will state the subject and the proposed action to be taken.

- 4.11 Any member may put any relevant question to the deputation, but will not express any opinion on the subject matter until the deputation has withdrawn. If the subject matter relates to an item of business on the agenda, no debate or discussion will take place until the item is considered in the order of business.
- 4.12 Any individual or group or organisation which wishes to submit a petition to the Board will deliver the petition to the Chair's Office at least 21 working days before the meeting at which the subject matter may be considered. The Chair will decide whether or not the petition will be discussed at the meeting.

5 Conduct of Meetings

Authority of the Person Presiding at a Board Meeting

- 5.1 The Chair shall preside at every meeting of the Board. The Vice-Chair shall preside if the Chair is absent. If both the Chair and Vice Chair are absent, the members present at the meeting shall choose a Board member who is not an employee of a Board to preside.
- 5.2 The duty of the person presiding at a meeting of the Board or one of its committees is to ensure that the Standing Orders or the committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.
- 5.3 The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, e.g. video-conferencing, teleconferencing. For the avoidance of doubt, those members using such facilities will be regarded as present at the meeting.
- 5.4 In the event that any member who disregards the authority of the person presiding, obstructs the meeting, or conducts himself/herself inappropriately the person presiding may suspend the member for the remainder of the meeting. If a person so suspended refuses to leave when required by the person presiding to do so, the person presiding will adjourn the meeting in line with paragraph 5.12. For paragraphs 5.5 to 5.20, reference to 'Chair' means the person who is presiding the meeting, as determined by paragraph 5.1.

Quorum

- 5.5 The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board. The quorum for committees will be set out in their terms of reference, however it can never be less than two Board members.

- 5.6 In determining whether or not a quorum is present the Chair must consider the effect of any declared interests.
- 5.7 If a member, or an associate of the member, has any pecuniary or other interest, direct or indirect, in any contract, proposed contract or other matter under consideration by the Board or a committee, the member should declare that interest at the start of the meeting. This applies whether or not that interest is already recorded in the Board Members' Register of Interests. Following such a declaration, the member shall be excluded from the Board or committee meeting when the item is under consideration, and should not be counted as participating in that meeting for quorum or voting purposes.
- 5.8 Paragraph 5.7 will not apply where a member's, or an associate of theirs, interest in any company, body or person is so remote or insignificant that it cannot reasonably be regarded as likely to affect any influence in the consideration or discussion of any question with respect to that contract or matter. In March 2015, the Standards Commission granted a dispensation to NHS Board members who are also voting members of integration joint boards. The effect is that those members do not need to declare as an interest that they are a member of an integration joint board when taking part in discussions of general health & social care issues. However members still have to declare other interests as required by Section 5 of the Board Members' Code of Conduct.
- 5.9 If a question arises at a Board meeting as to the right of a member to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting be referred to the Chair. The Chair's ruling in relation to any member other than the Chair is to be final and conclusive. If a question arises with regard to the participation of the Chair in the meeting (or part of the meeting) for voting or quorum purposes, the question is to be decided by the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.
- 5.10 Paragraphs 5.6-5.9 shall equally apply to members of any Board committees, whether or not they are also members of the Board, e.g. stakeholder representatives.
- 5.11 When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.

Adjournment

- 5.12 If it is necessary or expedient to do so for any reason (including disorderly conduct or other misbehaviour at a meeting), a meeting may be adjourned to another day, time and place. A meeting of the Board, or of a committee of the

Board, may be adjourned by the Chair until such day, time and place as the Chair may specify.

Business of the Meeting

The Agenda

- 5.13 If a member wishes to add an item of business which is not in the notice of the meeting, he or she must make a request to the Chair ideally in advance of the day of the meeting and certainly before the start of the meeting. The Chair will determine whether the matter is urgent and accordingly whether it may be discussed at the meeting.
- 5.14 The Chair may change the running order of items for discussion on the agenda at the meeting. Please also refer to paragraph 4.2.
- 5.15 For Board meetings only, the Chair may propose within the notice of the meeting “items for approval” and “items for discussion”. The items for approval are not discussed at the meeting, but rather the members agree that the content and recommendations of the papers for such items are accepted, and that the minutes of the meeting should reflect this. The Board must approve the proposal as to which items should be in the “items for approval” section of the agenda. Any member (for any reason) may request that any item or items be removed from the “items for approval” section. If such a request is received, the Chair shall either move the item to the “items for discussion” section, or remove it from the agenda altogether.

Decision-Making

- 5.16 The Chair may invite the lead for any item to introduce the item before inviting contributions from members. Members should indicate to the Chair if they wish to contribute, and the Chair will invite all who do so to contribute in turn. Members are expected to question and challenge proposals constructively and carefully to reach and articulate a considered view on the suitability of proposals.
- 5.17 The Chair will consider the discussion, and whether or not a consensus has been reached. Where the Chair concludes that consensus has been reached, then the Chair will normally end the discussion of an item by inviting agreement to the outcomes from the discussion and the resulting decisions of the Board.
- 5.18 As part of the process of stating the resulting decisions of the Board, the Chair may propose an adaptation of what may have been recommended to the Board in the accompanying report, to reflect the outcome of the discussion.
- 5.19 The Board may reach consensus on an item of business without taking a formal vote, and this will be normally what happens where consensus has been reached.
- 5.20 Where the Chair concludes that there is not a consensus on the Board’s position on the item and/ or what it wishes to do, then the Chair will put the

decision to a vote. If at least two Board members ask for a decision to be put to a vote, then the Chair will do so. Before putting any decision to vote, the Chair will summarise the outcome of the discussion and the proposal(s) for the members to vote on.

- 5.21 Where a vote is taken, the decision shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the Chair shall have a second or casting vote. The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.
- 5.22 While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

Board Meeting in Private Session

- 5.23 The Board may agree to meet in private in order to consider certain items of business. The Board may decide to meet in private on the following grounds:
- The Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.
 - The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.
 - The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.
 - The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.
- 5.24 The minutes of the meeting will reflect when the Board has resolved to meet in private.

Minutes

- 5.25 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded in the minute of the meeting. The names of other persons in attendance shall also be recorded.
- 5.26 The Board's Secretary (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall review the draft minutes at the following meeting. The person presiding at that meeting shall sign the approved minute.

6 Matters Reserved for the Board

Introduction

- 6.1 The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved

at an NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.

6.2 This section summarises the matters reserved to the Board:

- a) Standing Orders
- b) The establishment and terms of reference of all its committees, and appointment of committee members
- c) Organisational Values
- d) The strategies for all the functions that it has planning responsibility for, subject to any provisions for major service change which require Ministerial approval.
- e) The Annual Operational Plan for submission to the Scottish Government for its approval. (Note: The Board should consider the draft for submission in private session. Once the Scottish Government has approved the Annual Operational Plan, the Board should receive it at a public Board meeting.)
- f) Corporate objectives or corporate plans which have been created to implement its agreed strategies.
- g) Risk Management Policy.
- h) Financial plan for the forthcoming year, and the opening revenue and capital budgets.
- i) Standing Financial Instructions and a Scheme of Delegation.
- j) Annual accounts and report. (Note: Note: This must be considered when the Board meets in private session. In order to respect Parliamentary Privilege, the Board cannot publish the annual accounts or any information drawn from it before the accounts are laid before the Scottish Parliament. Similarly the Board cannot publish the report of the external auditors of their annual accounts in this period.)
- k) Any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval. The Board shall comply with the [Scottish Capital Investment Manual](#).
- l) The Board shall approve the content, format, and frequency of performance reporting to the Board.
- m) The appointment of the Board's chief internal auditor. (Note: This applies either when the proposed chief internal auditor will be an employee of the Board, or when the chief internal auditor is engaged through a contract with an external provider. The audit committee should advise the Board on the appointment, and the Board may delegate to the audit committee oversight of the process which leads to a recommendation for appointment.)
- n) The contribution to Community Planning Partnerships through the associated improvement plans.
- o) Health & Safety Policy
- p) Arrangements for the approval of all other policies.
- q) The system for responding to any civil actions raised against the Board.
- r) The system for responding to any occasion where the Board is being investigated and / or prosecuted for a criminal or regulatory offence.

6.3 The Board may be required by law or Scottish Government direction to approve certain items of business, e.g. the integration schemes for a local authority area.

- 6.4 The Board itself may resolve that other items of business be presented to it for approval.

7 Delegation of Authority by the Board

- 7.1 Except for the Matters Reserved for the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees. In practice this is achieved primarily through the Board's approval of the Standing Financial Instructions and the Scheme of Delegation.
- 7.2 The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair should inform the Board of any decision or action subsequently taken on these matters.
- 7.3 The Board and its officers must comply with the [NHS Scotland Property Transactions Handbook](#), and this is cross-referenced in the Scheme of Delegation.
- 7.4 The Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself. The Board may withdraw any previous act of delegation to allow this.

8 Execution of Documents

- 8.1 Where a document requires to be authenticated under legislation or rule of law relating to the authentication of documents under the Law of Scotland, or where a document is otherwise required to be authenticated on behalf of the Board, it shall be signed by an executive member of the Board or any person duly authorised to sign under the Scheme of Delegation in accordance with the Requirements of Writing (Scotland) Act 1995. Before authenticating any document the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board's procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.
- 8.2 Scottish Ministers shall direct which officers of the Board can sign on their behalf in relation to the acquisition, management and disposal of land.
- 8.3 Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board, without further intimation or action by the Board.

9 Committees

- 9.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. NHS Scotland Board Development [website](#) will identify the committees which the Board must establish.

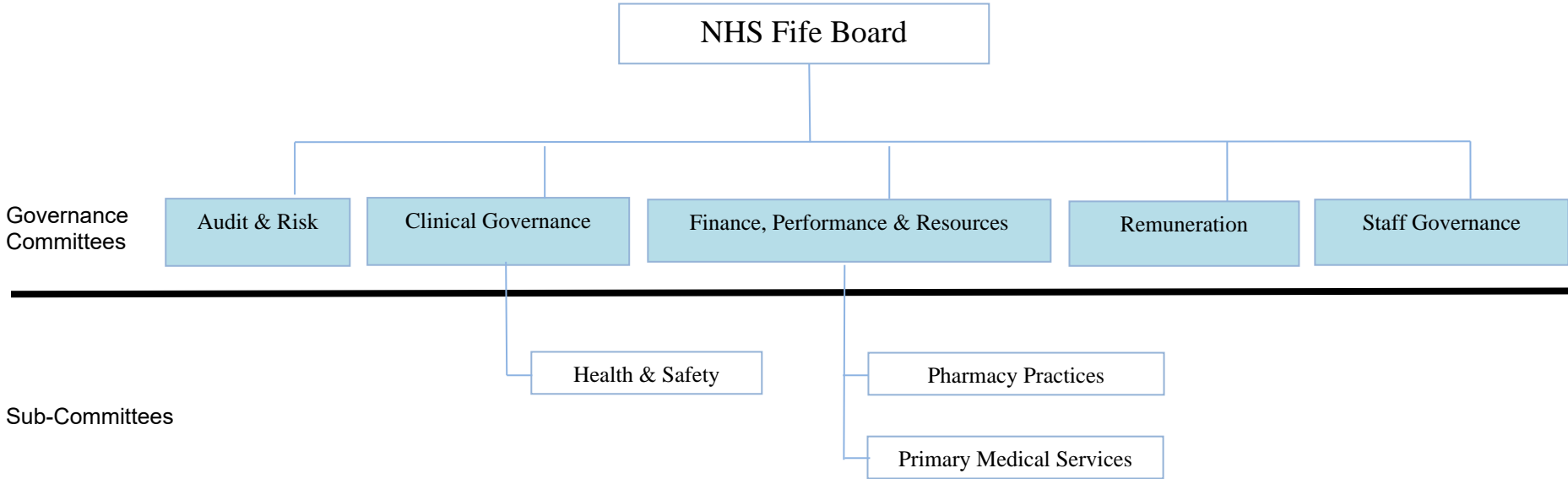
- 9.2 The Board shall appoint the chairs of all committees. The Board shall approve the terms of reference and membership of the committees. The Board shall review these as and when required, and shall review the terms within 2 years of their approval if there has not been a review.
- 9.3 The Board shall appoint committee members to fill any vacancy in the membership as and when required. If a committee is required by regulation to be constituted with a particular membership, then the regulation must be followed
- 9.4 Provided there is no Scottish Government instruction to the contrary, any non-executive Board member may replace a Committee member who is also a non-executive Board member, if such a replacement is necessary to achieve the quorum of the committee.
- 9.5 The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to committee meetings where the committee's membership consist of or include all the Board members. Where the committee's members includes some of the Board's members, the committee's meetings shall not be held in public and the associated committee papers shall not be placed on the Board's website, unless the Board specifically elects otherwise. Generally Board members who are not members of a committee may attend a committee meeting and have access to the meeting papers. However if the committee elects to consider certain items as restricted business, then the meeting papers for those items will normally only be provided to members of that committee. The person presiding the committee meeting may agree to share the meeting papers for restricted business papers with others.
- 9.6 The Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Board.
- 9.7 The Board may authorise committees to co-opt members for a period up to one year, subject to the approval of both the Board and the Accountable Officer. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of Fife NHS Board and is not to be counted when determining the committee's quorum.

List of Appendices

- Appendix 1 – Board Committee Structure
- Appendix 2 – Terms of Reference for Board Committees
- Appendix 3 – Standing Financial Instructions
- Appendix 4 – Scheme of Delegation
- Appendix 5 – SEAT Framework of Governance
- Appendix 6 – Code of Conduct for Board Members



NHS FIFE BOARD COMMITTEE STRUCTURE



TERMS OF REFERENCE FOR BOARD COMMITTEES

Governance Committees	Page
2.1 Audit & Risk Committee (A&R)	18
2.2 Clinical Governance Committee (CG)	26
2.3 Finance, Performance & Resources Committee (FP&R)	30
2.4 Remuneration Committee (RG)	33
2.5 Staff Governance Committee (SG)	36
Sub- Committees	
Health and Safety (CG)	
Pharmacy Practices (FP&R)	
Primary Medical Services (FP&R)	
Partnerships and Other Committees (minutes reporting into Governance Committees)	
Acute Services Division Clinical Governance Group (CG)	
Area Clinical Forum (CG)	
Area Drug & Therapeutics Group (CG)	
Area Partnership Forum (SG)	
Area Radiation Protection Committee (CG)	
East Region Programme Board (Board)	
eHealth Board (CG)	
Fife Health & Wellbeing Alliance (Board)	
Fife Partnership Board (Board)	
Fife Research Governance Group (CG)	
H&SCP Clinical & Care Governance Committee (CG)	
H&SCP Integration Joint Board (Board)	
Infection Control Committee (CG)	
Information & Security Governance Group (CG)	
Integrated Transformation Board (CG)	
Public Health Assurance Committee (CG)	
NHS Fife Clinical Governance Steering Group (CG)	
NHS Fife Resilience Group (CG)	

AUDIT AND RISK COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: 27 May 2020

1. PURPOSE

- 1.1 To provide the Board with the assurance that the activities of Fife NHS Board are within the law and regulations governing the NHS in Scotland and that an effective system of internal control is maintained. The duties of the Audit and Risk Committee shall be in accordance with the [Scottish Government Audit & Assurance Handbook](#), dated April 2018.

2. COMPOSITION

- 2.1 The membership of the Audit and Risk Committee will be:
- Five Non-Executive or Stakeholder members of Fife NHS Board (one of whom will be the Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or the Area Clinical Forum).
- 2.2 The Chair of Fife NHS Board cannot be a member of the Committee.
- 2.3 In order to avoid any potential conflict of interest, the Chair of the Audit and Risk Committee shall not be the Chair of any other governance Committee of the Board.
- 2.4 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which Directors and other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:
- Chief Executive
 - Director of Finance
 - Chief Internal Auditor or representative
 - Executive Lead for Risk Management
 - Statutory External Auditor
 - Board Secretary
- 2.5 The Director of Finance shall serve as the Lead Officer to the Committee.
- 2.6 The Board shall ensure that the Committee's membership has an adequate range of skills and experience that will allow it to effectively discharge its responsibilities. With regard to the Committee's responsibilities for financial reporting, the Board shall ensure that at least one member can engage competently with financial management and reporting in the organisation, and associated assurances.

3. QUORUM

- 3.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive or Stakeholder members are present. There may be occasions when due to the unavailability of the above Non-Executive members, the Chair will ask other Non-Executive members to act as members of the committee so that quorum is achieved. This will be drawn to the attention of the Board.

4. MEETINGS

- 4.1 The Committee shall meet as necessary to fulfil its remit but not less than four times a year.
- 4.2 The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Committee members to chair the meeting.
- 4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.
- 4.4 If necessary, meetings of the Committee shall be convened and attended exclusively by members of the Committee and, if relevant, the External Auditor and/or Chief Internal Auditor.
- 4.5 If required, the Chairperson of the Audit and Risk Committee may meet individually with the Chief Internal Auditor, the External Auditor and the Accountable Officer.

5. REMIT

- 5.1 The main objective of the Audit and Risk Committee is to support the Accountable Officer and Fife NHS Board in meeting their assurance needs. This includes:
- Helping the Accountable Officer and Fife NHS Board formulate their assurance needs, via the creation and operation of a well-designed assurance framework, with regard to risk management, governance and internal control;
 - Reviewing and challenging constructively the assurances that have been provided as to whether their scope meets the needs of the Accountable Officer and Fife Health Board;
 - Reviewing the reliability and integrity of those assurances, i.e. considering whether they are founded on reliable evidence, and that the conclusions are reasonable in the context of that evidence;

- Drawing attention to weaknesses in systems of risk management, governance and internal control, and making suggestions as to how those weaknesses can be addressed;
- Commissioning future assurance work for areas that are not being subjected to significant review
- Seeking assurance that previously identified areas of weakness are being remedied.

The Committee has no executive authority, and is not charged with making or endorsing any decisions. The only exception to this principle is the approval of the Board's accounting policies and audit plans. The Committee exists to advise the Board or Accountable Officer who, in turn, makes the decision.

- 5.2 The Committee will keep under review and report to Fife NHS Board on the following:

Internal Control and Corporate Governance

- 5.3 To evaluate the framework of internal control and corporate governance comprising the following components, as recommended by the Turnbull Report:

- control environment;
- risk management;
- information and communication;
- control procedures;
- monitoring and corrective action.

- 5.4 To review the system of internal financial control, which includes:

- the safeguarding of assets against unauthorised use and disposition;
- the maintenance of proper accounting records and the reliability of financial information used within the organisation or for publication.

- 5.5 To ensure that the activities of Fife NHS Board are within the law and regulations governing the NHS.

- 5.6 To monitor performance and best value by reviewing the economy, efficiency and effectiveness of operations.

- 5.7 To review the disclosures included in the Governance Statement on behalf of the Board. In considering the disclosures, the Committee will review as necessary and seek confirmation on the information provided to the Chief Executive in support of the Governance Statement including the following:

- Annual Statements of Assurance from the main Governance Committees and the conclusions of the other sub-Committees, confirming whether they have fulfilled their remit and that there are adequate and effective internal controls operating within their particular area of operation;

- Annual Statement of Assurance from the Integration Joint Board, confirming all aspects of clinical, financial and staff governance have been fulfilled, with appropriate and adequate controls and risk management in place;
 - Details from the Chief Executive on the operation of the framework in place to ensure that they discharge their responsibilities as Accountable Officer as set out in the Accountable Officer Memorandum;
 - Confirmation from Executive Directors that there are no known control issues nor breaches of Standing Orders/Standing Financial Instructions other than any disclosed within the Governance Statement;
 - Summaries of any relevant significant reports by Healthcare Improvement Scotland (HIS) or other external review bodies.
- 5.8 To present an annual statement of assurance on the above to the Board, to support the NHS Fife Chief Executive's Governance Statement.

Internal Audit

- 5.9 To review and approve the Internal Audit Strategic and Annual Plans having assessed the appropriateness to give reasonable assurance on the whole of risk control and governance.
- 5.10 To monitor audit progress and review audit reports.
- 5.11 To monitor the management action taken in response to the audit recommendations through an appropriate follow-up mechanism.
- 5.12 To consider the Chief Internal Auditor's annual report and assurance statement.
- 5.13 To approve the Fife Integration Joint Board Internal Audit Output Sharing Protocol.
- 5.14 To review the operational effectiveness of Internal Audit by considering the audit standards, resources, staffing, technical competency and performance measures.
- 5.15 To ensure that there is direct contact between the Audit and Risk Committee and Internal Audit and that the opportunity is given for discussions with the Chief Internal Auditor at least once per year (scheduled within the timetable of business) and, as required, without the presence of the Executive Directors.
- 5.16 To review the terms of reference and appointment of the Internal Auditors and to examine any reason for the resignation of the Auditors or early termination of contract/service level agreement.

External Audit

- 5.16 To note the appointment of the Statutory Auditor and to approve the appointment and remuneration of the External Auditors for Patients' Funds and Endowment Funds.
- 5.17 To review the Audit Strategy and Plan, including the Best Value and Performance Audits programme.
- 5.18 To consider all statutory audit material, in particular:
- Audit Reports;
 - Annual Reports;
 - Management Letters

relating to the certification of Fife NHS Boards Annual Accounts and Annual Patients' Funds Accounts.

- 5.19 To monitor management action taken in response to all External Audit recommendations, including Best Value and Performance Audit Reports.
- 5.20 To hold meetings with the Statutory Auditor at least once per year and as required, without the presence of the Executive Directors.
- 5.21 To review the extent of co-operation between External and Internal Audit.
- 5.22 To appraise annually the performance of the Statutory and External Auditors and to examine any reason for the resignation or dismissal of the External Auditors.

Risk Management

- 5.23 The Committee has no executive authority, and has no role in the executive decision-making in relation to the management of risk. The Committee is charged with ensuring that there is an appropriate publicised Risk Management Framework with all roles identified and fulfilled. However the Committee shall seek assurance that:
- There is a comprehensive risk management system in place to identify, assess, manage and monitor risks at all levels of the organisation;
 - There is appropriate ownership of risk in the organisation, and that there is an effective culture of risk management;
 - The Board has clearly defined its risk appetite (i.e. the level of risk that the Board is prepared to accept, tolerate, or be exposed to at any time), and that the executive's approach to risk management is consistent with that appetite;
 - A robust and effective Board Assurance Framework is in place.

5.24 In order to discharge its advisory role to the Board and Accountable Officer, and to inform its assessment on the state of corporate governance, internal control and risk management, the Committee shall:

- Receive and review a quarterly report summarising any significant changes to the Board's Corporate Risk Register, and what plans are in place to manage them;
- Assess whether the Corporate Risk Register is an appropriate reflection of the key risks to the Board, so as to advise the Board;
- Consider the impact of changes to the risk register on the assurance needs of the Board and the Accountable Officer, and communicate any issues when required;
- Receive and review a quarterly update on the Board Assurance Framework;
- Assess whether the linkages between the Corporate Risk Register and the Board Assurance Framework are robust and enable the Board to identify gaps in control and assurance;
- Reflect on the assurances that have been received to date, and identify whether entries on the Board's risk management system requires to be updated;
- Receive an annual report on risk management, confirming whether or not there have been adequate and effective risk management arrangements throughout the year, and highlighting any material areas of risk;
- The Committee shall seek assurance on the overall system of risk management for all risks and risks pertinent to its core functions.
- The Committee may also elect to request information on risks held on any risk registers within the organisation.

Standing Orders and Standing Financial Instructions

5.25 To review annually the Standing Orders and associated appendices of Fife NHS Board and advise the Board of any amendments required.

5.26 To examine the circumstances associated with any occasion when Standing Orders of Fife NHS Board have been waived or suspended.

Annual Accounts

5.27 To review and recommend approval of draft Fife NHS Board Annual Accounts and Patient Funds Accounts to the Board.

5.28 To review the draft Annual Report and Financial Review of Fife NHS Board as found within the Directors Report incorporated within the Annual Accounts.

- 5.29 To review annually (and approve any changes in) the accounting policies of Fife NHS Board.
- 5.30 To review schedules of losses and compensation payments where the amounts exceed the delegated authority of the Board prior to being referred to the Scottish Government for approval.

Other Matters

- 5.31 The Committee has a duty to review its own performance, effectiveness, including its running costs, and terms of reference on an annual basis.
- 5.32 The Committee has a duty to keep up-to-date by having mechanisms to ensure topical legal and regulatory requirements are brought to Members' attention.
- 5.33 The Committee shall review the arrangements for employees raising concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow-up action.
- 5.34 The Committee shall review regular reports on Fraud and potential Frauds.
- 5.35 The Chairperson of the Committee will submit an Annual Report of the work of the Committee to the Board following consideration by the Audit and Risk Committee in June.
- 5.36 The Chairperson of the Committee should be available at Fife NHS Board meetings to answer questions about its work.
- 5.37 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.
- 5.38 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".
- 5.39 The Committee shall seek assurance that the Board has systems of control to ensure that it discharges its responsibilities under the Freedom of Information (Scotland) Act 2002.
- 5.40 The Committee shall review the Board's arrangements to prevent bribery and corruption within its activities. This includes the systems to support Board members' compliance with the NHS Fife Board Code of Conduct (Ethical Standards in Public Life Act 2000), the systems to promote the required standards of business conduct for all employees and the Boards procedure to prevent Bribery (Bribery Act 2000).

6. AUTHORITY

- 6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in doing so, is authorised to seek any information it requires from any employee or external experts.
- 6.2 In order to fulfil its remit, the Audit and Risk Committee may obtain whatever professional advice it requires, and may require Directors or other officers of the Board to attend meetings.
- 6.3 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.
- 6.4 The Committee's authority is included in the Board's Scheme of Delegation and is set out in the Purpose and Remit of the Committee.

7. REPORTING ARRANGEMENTS

- 7.1 The Audit and Risk Committee reports directly to the Fife NHS Board on its work. Minutes of the Committee are presented to the Board by the Committee Chairperson, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.
- 7.2 The Audit and Risk Committee will advise the Scottish Parliament Public Audit Committee of any matters of significant interest as required by the Scottish Public Finance Manual.

**CLINICAL GOVERNANCE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE**

Date of Board Approval: 27 May 2020

1. PURPOSE

- 1.1 To oversee clinical governance mechanisms in NHS Fife.
- 1.2 To observe and check the clinical governance activity being delivered within NHS Fife and provide assurance to the Board that the mechanisms, activity and planning are acceptable.
- 1.3 To oversee the clinical governance and risk management activities in relation to the development and delivery of the Clinical Strategy.
- 1.4 To assure the Board that appropriate clinical governance mechanisms and structures are in place for clinical governance to be supported effectively throughout the whole of Fife NHS Board's responsibilities, including health improvement activities.
- 1.5 To assure the Board that the Clinical and Care Governance Arrangements in the Integration Joint Board are working effectively.
- 1.6 To escalate any issues to the NHS Fife Board, if serious concerns are identified about the quality and safety of care in the services across NHS Fife, including the services devolved to the Integration Joint Board.

2. COMPOSITION

- 2.1 The membership of the Clinical Governance Committee will be:
 - Six Non-Executive or Stakeholder members of the Board (one of whom will be the Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or the Area Clinical Forum)
 - Chief Executive
 - Medical Director
 - Nurse Director
 - Director of Public Health
 - One Staff Side representative of NHS Fife Area Partnership Forum
 - One Representative from Area Clinical Forum
 - One Patient Representative
- 2.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Director of Acute Services
- Director of Health & Social Care
- Director of Pharmacy & Medicines
- Associate Medical Director, Acute Services Division
- Associate Medical Director, Fife Health & Social Care Partnership
- Board Secretary

2.3 The Medical Director shall serve as the lead officer to the Committee.

3. QUORUM

3.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive members or Stakeholder members are present. There may be occasions when due to the unavailability of the above Non- Executive members, the Chair will ask other Non-Executive members to act as members of the Committee so that quorum is achieved. This will be drawn to the attention of the Board.

4. MEETINGS

4.1 The Committee shall meet as necessary to fulfil its remit but not less than six times a year.

4.2 The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Committee members to chair the meeting.

4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.

5. REMIT

5.1 The remit of the Clinical Governance Committee is to:

- monitor progress on the health status targets set by the Board.
- provide oversight of the implementation of the Clinical Strategy in line with the NHS Fife Strategic Framework and the Care and Clinical Governance Strategy.
- receive the minutes of meetings of:
 - Acute Services Division Clinical Governance Committee
 - Area Clinical Forum
 - Area Drug & Therapeutics Committee
 - Area Radiation Protection Committee
 - eHealth Board
 - Fife Research Committee
 - Health & Safety Sub Committee
 - H&SCP Clinical & Care Governance Committee
 - H&SCP Integration Joint Board

- Infection Control Committee
 - Information Governance & Security Group
 - Integrated Transformation Board Public Health Assurance Committee
 - NHS Fife Clinical Governance Steering Group
 - NHS Fife Resilience Forum
- The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit and Risk Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.
 - Receive updates on and oversee the progress on the recommendations from relevant external reports of reviews of all healthcare organisations, including clinical governance reports and recommendations from relevant regulatory bodies which may include Healthcare Improvement Scotland (HIS) reviews and visits.
 - Issues arising from these Committees will be brought to the attention of the Chair of the Clinical Governance Committee for further consideration as required.
 - To provide assurance to Fife NHS Board about the quality of services within NHS Fife.
 - To undertake an annual self assessment of the Committee's work and effectiveness.
 - The Committee shall review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's responsibility.
- 5.2 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".
- 5.3 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.
- 6. AUTHORITY**
- 6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.
- 6.2 In order to fulfil its remit, the Clinical Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

7. REPORTING ARRANGEMENTS

- 7.1 The Clinical Governance Committee reports directly to Fife NHS Board. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.
- 7.2 Each Committee of the Board will scrutinise relevant risks on the Corporate Risk Register on a bi-monthly basis.

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: 27 May 2020

1. PURPOSE

- 1.1 The purpose of the Committee is to keep under review the financial position and performance against key non-financial targets of the Board, and to ensure that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and that the arrangements are working effectively.

2. COMPOSITION

- 2.1 The membership of the Finance, Performance and Resources Committee will be:

- Six Non-Executive or Stakeholder members of the Board (one of whom will be the Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or the Area Clinical Forum)
- Chief Executive
- Director of Finance
- Medical Director
- Director of Public Health
- Director of Nursing

- 2.2 The Chair of the Audit and Risk Committee will not be a member of the Finance, Performance and Resources Committee.

- 2.3 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Director of Acute Services
- Director of Estates & Facilities
- Director of Health & Social Care
- Director of Pharmacy & Medicines
- Board Secretary

- 2.4 The Director of Finance shall serve as the Lead Officer to the Committee.

3. QUORUM

- 3.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive members or Stakeholder members are present. There

may be occasions when due to the unavailability of the above Non-Executive members, the Chair will ask other Non-Executive members to act as members of the committee so that quorum is achieved. This will be drawn to the attention of the Board.

4. MEETINGS

- 4.1 The Committee shall meet as necessary to fulfil its remit but not less than four times per year.
- 4.2 The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Committee members to chair the meeting.
- 4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.

5. REMIT

- 5.1 The Committee shall have accountability to the Board for ensuring that the financial position of the Board is soundly based, having regard to:
 - compliance with statutory financial requirements and achievement of financial targets;
 - such financial monitoring and reporting arrangements as may be specified from time-to-time by Scottish Government Health & Social Care Directorates and/or the Board;
 - levels of balances and reserves;
 - the impact of planned future policies and known or foreseeable future developments on the financial position;
 - undertake an annual self assessment of the Committee's work and effectiveness; and
 - review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's responsibility.

Arrangements for Securing Value for Money

- 5.2 The Committee shall keep under review arrangements for securing economy, efficiency and effectiveness in the use of resources. These arrangements will include procedures for (a) planning, appraisal, control, accountability and evaluation of the use of resources, and for (b) reporting and reviewing performance and managing performance issues as they arise in a timely and effective manner. In particular, the Committee will review action (proposed or underway) to ensure that the Board achieves financial balance in line with statutory requirements.

Allocation and Use of Resources

- 5.3 The Committee has key responsibilities for:

- reviewing the development of the Board's Financial Strategy in support of the Annual Operational Plan, and recommending approval to the Board;
 - reviewing all resource allocation proposals outwith authority delegated by the Board and make recommendations to the Board thereon;
 - monitoring the use of all resources available to the Board; and
 - reviewing all matters relating to Best Value.
- 5.4 Specifically, the Committee is charged with recommending to the Board annual revenue and capital budgets and financial plans consistent with its statutory financial responsibilities. It shall also have responsibility for the oversight of the Board's Capital Programme (including individual Business Cases for Capital Investment) and the review of the Property Strategy (including the acquisition and disposal of property), and for making recommendations to the Board as appropriate on any issue within its terms of reference.
- 5.5 The Committee will receive minutes from the Pharmacy Practices Committee and the Primary Medical Services Committee. Issues arising from these Committees will be brought to the attention of the Chair of the Finance, Performance and Resources Committee for further consideration as required.
- 5.6 The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit and Risk Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.
- 5.7 The Annual Report will include the Committee's assessment and conclusions on its effectiveness over the financial year in question.
- 5.8 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.
- 5.9 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".

6. AUTHORITY

- 6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.
- 6.2 In order to fulfil its remit, the Finance, Performance and Resources Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

- 6.3 The authority of the Committee is included in the Board's Scheme of Delegation, as set out in the Purpose and Remit of the Committee.

7. REPORTING ARRANGEMENTS

- 7.1 The Finance, Performance and Resources Committee reports directly to Fife NHS Board on its work. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.
- 7.2 Each Committee of the Board will scrutinise relevant risks on the Corporate Risk Register on a bi-monthly basis.
- 7.3 Each Committee of the Board will scrutinise the Board Assurance Framework risk(s) aligned to it on a bi-monthly basis.

REMUNERATION COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: 27 May 2020

1. PURPOSE

- 1.1 To consider and agree performance objectives and performance appraisals for staff in the Executive cohort and to oversee performance arrangements for designated senior managers.
- 1.2 To direct the appointment process for the Chief Executive and Executive Members of the Board.

2. COMPOSITION

- 2.1 The membership of the Remuneration Committee will be:
 - Fife NHS Board Chairperson
 - Two Non-Executive Board members
 - Chief Executive
 - Employee Director
- 2.2 The Director of Workforce shall act as Lead Officer for the Committee.
- 2.3 The NHS Fife Chief Executive will leave the meeting when there is any discussion with regard to their own performance. The Director of Workforce will leave the meeting when there is any discussion with regard to their own performance.

3. QUORUM

- 3.1 Meetings will be quorate when at least three members are present, at least two of whom are Non-Executive members.

4 MEETINGS

- 4.1 The Committee shall meet as necessary, but not less than three times a year.
- 4.2 The Fife NHS Board Chairperson will chair the Committee. If the Chairperson is absent from the meeting, one of the other Non-Executive members will chair the meeting.
- 4.3 The agenda and supporting papers for each meeting will be sent out at least five clear days before the meeting.
- 4.4 The full minutes will be circulated to all Committee members. Minutes edited to remove all personal details will be circulated to the Board.

5 REMIT

5.1 The remit of the Remuneration Committee is to consider:

- job descriptions for the Executive cohort;
- other terms of employment which are not under Ministerial direction;
- to hear and determine appeals against the decisions of the Consultant Discretionary Awards Panel. The Remuneration Committee can make decisions regarding Discretionary Points in exceptional circumstances;
- agree performance objectives and appraisals directly for the Executive cohort only, and oversee arrangements for designated senior managers;
- redundancy, early retiral or termination arrangement in respect of all staff in situations where there is a financial impact upon the Board (this excludes early retiral on grounds of ill health) and approve these or refer to the Board as it sees fit.

5.2 The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit & Risk Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the Committee by the end of May each year for presentation to the Audit & Risk Committee in June.

5.3 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.

5.4 The Committee will undertake an annual self-assessment of its work and effectiveness.

5.5 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".

6. AUTHORITY

6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

6.2 In order to fulfil its remit, the Remuneration Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

6.3 Delegated authority is detailed in the Board's Standing Orders and Standing Financial Instructions and is set out in the Purpose and Remit of the Committee.

7. REPORTING ARRANGEMENTS

- 7.1 The Remuneration Committee reports directly to the Fife NHS Board on its work. Minutes of the Committee are presented to the Board by the Committee Chairperson, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.

STAFF GOVERNANCE COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: 27 May 2020

1. PURPOSE

- 1.1 The purpose of the Staff Governance Committee is to support the development of a culture within the health system where the delivery of the highest standard possible of staff management is understood to be the responsibility of everyone working within the system, and is built upon partnership and collaboration, and within the direction provided by the Staff Governance Standard.
- 1.2 To assure the Board that the staff governance arrangements in the Integration Joint Board are working effectively.
- 1.3 To escalate any issues to the NHS Fife Board if serious concerns are identified regarding staff governance issues within the services devolved to the Integration Joint Board.

2. COMPOSITION

- 2.1 The membership of the Staff Governance Committee will be:
 - Four Non-Executive members, one of whom will be the Chair of the Committee.
 - Employee Director (as a Stakeholder member of the Board by virtue of holding the Chair of the Area Partnership Forum)
 - Chief Executive
 - Director of Nursing
 - Staff Side Chairs of the Local Partnership Forums
- 2.2 Each of the Staff Side Chairs of the Local Partnership Forums shall, annually, notify the Lead Officer to the Committee of a specific nominated deputy who will attend meetings in their absence. This will be reported to the Chair.
- 2.3 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:
 - Director of Workforce
 - Director of Acute Services
 - Director of Health & Social Care
 - Board Secretary
- 2.4 The Director of Workforce will act as Lead Officer to the Committee.

3. QUORUM

- 3.1 No business shall be transacted at a meeting of the Committee unless at least three members are present, at least two of whom should be Non Executive members of the Board. In addition, in order to be quorate, each meeting will require one of the staff side Chairs of the Local Partnership Forums or their nominated deputy to be present. There may be occasions when due to unavailability of the above Non Executive members the Chair will ask other Non Executive members to act as members of the Committee so that quorum is achieved. This will be drawn to the attention of the Board.

4. MEETINGS

- 4.1 The Staff Governance Committee shall meet as necessary to fulfil its purpose but not less than four times a year.
- 4.2 The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Committee members to chair the meeting.
- 4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.

5. REMIT

- 5.1 The remit of the Staff Governance Committee is to:
- Consider NHS Fife's performance in relation to its achievements of effective Staff Governance and its compliance with the Staff Governance Standard;
 - Review action taken on recommendations made by the Committee, NHS Boards, or the Scottish Ministers on Staff Governance matters;
 - Give assurance to the Board on the operation of Staff Governance systems within NHS Fife, identifying progress, issues and actions being taken, where appropriate;
 - Support the operation of the Area Partnership Forum and the Local Partnership Forums in their Staff Governance monitoring role and the appropriate flow of information to facilitate this;
 - Encourage the further development of mechanisms for engaging effectively with all members of staff within the NHS in Fife;
 - Contribute to the development of the Annual Operational Plan, in particular but not exclusively, around issues affecting staff;
 - Support the continued development of personal appraisal professional learning and performance;

- Review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's responsibility;
- Undertake an annual self assessment of the Committee's work and effectiveness.

5.2 The Committee is also required to carry out a review of its function and activities and to provide an Annual Report incorporating a Statement of Assurance. This will be submitted to the Board via the Audit and Risk Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.

5.3 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.

5.4 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".

6. AUTHORITY

6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

6.2 In order to fulfil its remit, the Staff Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

6.3 Delegated authority is detailed in the Board's Standing Orders, as set out in the Purpose and Remit of the Committee.

7. REPORTING ARRANGEMENTS

7.1 The Staff Governance Committee reports directly to Fife NHS Board on its work. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.

7.2 Each Committee of the Board will scrutinise relevant risks on the Corporate Risk Register on a bi-monthly basis.

7.3 Each Committee of the Board will scrutinise the Board Assurance Framework risk(s) aligned to it on a bi-monthly basis.

STANDING FINANCIAL INSTRUCTIONS

INDEX

		Page No.
1.	<u>Introduction</u>	39
2.	<u>Key Responsibilities for Financial Governance</u>	40
3.	<u>Audit</u>	44
4.	<u>Financial Management</u>	47
5.	<u>Annual Accounts and Reports</u>	50
6.	<u>Banking and Cash Handling</u>	50
7.	<u>Security of Assets</u>	52
8.	<u>Pay</u>	52
9.	<u>Non Pay</u>	53
10.	<u>Primary Care Contractors</u>	60
11.	<u>Income and Scottish Government Allocations</u>	61
12.	<u>Financial Management System</u>	61
13.	<u>Condemnations, Losses and Special Payments</u>	62
14.	<u>Risk Management</u>	63
15.	<u>Retention of Documents</u>	64
16.	<u>Patient's Property and Funds</u>	64
17.	<u>Stores</u>	65
18.	<u>Authorisation Limits</u>	66
19.	<u>Endowment Funds</u>	66

1. INTRODUCTION

1.1 Standing Financial Instructions (SFIs) are issued in accordance with the financial directions made under the provisions of the NHS (Financial Provisions) (Scotland) Regulations 1974, and all other enabling powers, for the regulation of the conduct of the Board, its members, officers and agents in relation to all financial matters. These SFIs form part of the Standing Orders and should be used along with the Standing Orders and Scheme of Delegation.

1.2 Terminology

Any expression to which a meaning is given in the Health Service Acts, Scottish Statutory Instrument number 302 (2001) which brought NHS Boards into being, or in the financial regulations made under the Acts shall have the same meaning in these Instructions; and:

- (a) "NHS Fife" means all elements of the NHS under the auspices of Fife Health Board.
- (b) "Board" and "Health Board" mean Fife NHS Board, the common name of Fife Health Board.
- (c) "Budget" means a resource expressed in financial terms and set by the Board for the purposes of carrying out for a specified period any or all functions of the Health Board.
- (d) "Chief Executive" means the Chief Officer of the Health Board.
- (e) "Director of Finance" means the Chief Financial Officer of the Health Board.
- (f) "Budget Holder" means any individual with delegated authority to manage finances (Income and/or expenditure) for a specific area of the Board.

1.3 All staff individually and collectively are responsible for the security of the property of the Board, for avoiding loss, for economy and efficiency in the use of the resources and for conforming with the requirements of the Code of Corporate Governance, including Standing Orders, Standing Financial Instructions and Financial Operating Procedures.

1.4 The Director of Finance, on behalf of the Chief Executive, shall be responsible for supervising the implementation of the Board's Standing Financial Instructions and Financial Operating Procedures and for co-ordinating any action necessary to further these as agreed by the Chief Executive. The Director of Finance shall review these at least every three years and be accountable to the Board for these duties.

1.5 Wherever the title, Chief Executive, Director of Finance, or other nominated officer is used in these Instructions, it shall be deemed to include such other staff who have been duly authorised to represent them.

1.6 All relevant employees and agents shall be provided with a copy of these SFIs and are required to complete a form stating that these Instructions have been read and understood and that the individual will comply with the Instructions. They must also sign for any amendments.

- 1.7 Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Director of Finance must be sought before acting.
- 1.8 Failure to comply with Standing Financial Instructions is a disciplinary matter, which could result in dismissal.
- 1.9 The Standing Financial Instructions along with the Scheme of Delegation and Financial Operating Procedures provide details of delegated financial responsibility and authority.

2. KEY RESPONSIBILITIES FOR FINANCIAL GOVERNANCE

The Board and Audit and Risk Committee

- 2.1 The Board shall approve these SFIs and Scheme of Delegation
- 2.2 The Board shall ensure and be assured that the SFIs and Scheme of Delegation are complied with at all times.
- 2.3 The Board shall agree the terms of reference of the Audit and Risk Committee, which must conform with extant Scottish Government Instruction and other guidance on good practice.
- 2.4 The Board shall perform its functions within the total funds allocated by the Scottish Government.

The Chief Executive (Accountable officer)

- 2.5 The Chief Executive as Accountable Officer for the organisation is ultimately responsible for ensuring that the Board meets its obligations to perform its functions within the allocated financial resources. The Director of Finance is responsible for providing a sound financial framework that assists the Chief Executive when fulfilling these commitments.
- 2.6 The Board shall delegate executive responsibility for the performance of its functions to the Chief Executive. Board Members shall exercise financial supervision and control by requiring the submission and approval of budgets within approved allocations, by defining and approving essential features of the arrangements in respect of important procedures and financial systems, including the need to obtain value for money, and by defining specific responsibilities placed on individuals.
- 2.7 It shall be the duty of the Chief Executive to ensure that existing staff and all new employees and agents are notified of their responsibilities within these Instructions.

The Director of Finance

- 2.8 Without prejudice to any other functions of employees of the Board, the duties of the Director of Finance shall include the provision of financial advice to the Board and its employees, the design, implementation and supervision of systems of financial control and preparation and maintenance of such accounts, certificates, estimates, records and reports as the Board may require for the purpose of carrying out its statutory duties.
- 2.9 The Director of Finance shall keep records of the Board's transactions sufficient to disclose with reasonable accuracy at any time the financial position of the Board.
- 2.10 The Director of Finance shall require any individual who carries out a financial function to discharge his duties in a manner, and keep any records in a form, that shall be to the satisfaction of the Director of Finance.
- 2.11 The Director of Finance shall prepare, document and maintain detailed financial procedures and systems incorporating the principles of separation of duties and internal checks to supplement these Standing Financial Instructions.
- 2.12 The Director of Finance shall be responsible for setting the Board's accounting policies, consistent with the Scottish Government and Treasury guidance and generally accepted accounting practice.
- 2.13 The Director of Finance will either undertake the role of Fraud Liaison Officer or nominate another senior manager to the role, to work with Counter Fraud Services and co-ordinate the reporting of Fraud and Thefts.
- 2.14 The Director of Finance is entitled without necessarily giving prior notice to require and receive:-
- access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
 - access at all reasonable times to any land, premises or employee of the health board;
 - the production of any cash, stores or other property of the health board under an employee's control; and
 - explanations concerning any matter under investigation.

All Directors and Employees

- 2.15 All directors and employees, individually and working together, are responsible for:

- Keeping the property of the Board secure, and to apply appropriate routine security practices as may be determined by the Board. This includes:-
 - a. ensuring that the assets within their area of responsibility are included within the appropriate asset register (see Section 7);
 - b. ensuring that asset records/registers are kept up-to-date;
 - c. performing verification exercises to confirm the existence and condition of the assets, and the completeness of the appropriate asset register; and
 - d. following any prescribed procedures to notify the organisation of any theft, loss or damage to assets.
- Avoiding loss;
- Securing Best Value in the use of resources; and
- Following these SFIs and any other policy or procedure that the Board may approve.

2.16 All budget holders shall ensure that:-

- Information is provided to the Director of Finance to enable budgets to be compiled;
- Budgets are only used for their stated purpose; and
- Budgets are never exceeded.

2.17 When a budget holder expects his expenditure will exceed his delegated budget, he must secure an increased budget, or seek explicit approval to overspend before doing so.

2.18 All NHS staff who commit NHS resources directly or indirectly must be impartial and honest in their conduct of business and all employees must remain beyond suspicion.

2.19 All employees shall observe the requirements of MEL (1994) 48, which sets out the Code of Conduct for all NHS staff. There are 3 crucial public service values which underpin the work of the health service:-

Conduct

There should be an absolute standard of honesty and integrity which should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers; in the use of information acquired in the course of NHS duties; in dealing with the assets of the NHS.

Accountability

Everything done by those who work in the NHS must be able to stand the test of parliamentary and public scrutiny, judgements on propriety and professional codes of conduct.

Openness

The Board should be open about its activities and plans so as to promote confidence between the component parts of NHS Fife, other health organisations and its staff, patients and the public.

2.20 All employees shall:-

- Ensure that the interest of patients remain paramount at all times;
- Be impartial and honest in the conduct of their official business;
- Use the public funds entrusted to them to the best advantage of the service, always ensuring value for money; and
- Demonstrate appropriate ethical standards of personal conduct.

2.21 Furthermore all employees shall not:-

- Abuse their official position for the personal gain or to the benefit of their family or friends;
- Undertake outside employment that could compromise their NHS duties; and
- Seek to advantage or further their private business or interest in the course of their official duties.

2.22 The Director of Finance shall publish supplementary guidance and procedures in the form of Financial Operating Procedures to ensure that the above principles are understood and applied in practice.**2.23 The Chief Executive shall establish procedures for voicing complaints or concerns about misadministration, breaches of the standards of conduct, suspicions of criminal behaviour (e.g. theft, fraud, bribery) and other concerns of an ethical nature.****2.24 All employees must protect themselves and the Board from any allegations of impropriety by seeking advice from their line manager, or from the appropriate contact point, whenever there is any doubt as to the interpretation of these standards.**

3. AUDIT

Audit and Risk Committee

- 3.1 In accordance with Standing Orders the Board shall formally establish an Audit and Risk Committee, with clearly defined terms of reference.
- 3.2 Where the Audit and Risk Committee feels there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the committee wish to raise, the Chairperson of the Audit and Risk Committee should raise the matter at a full meeting of the Board. In considering whether to do so, the Committee must be mindful of the arrangements with NHS Counter Fraud Services (CFS) and the role of the Fraud Liaison Officer (FLO). Exceptionally, the matter may need to be referred to the Scottish Government Health & Social Care Directorates (SGHSCD).
- 3.3 It is the responsibility of the Audit and Risk Committee to ensure an effective internal audit service is provided and this will be largely influenced by the professional judgement of the Director of Finance.

Director of Finance

- 3.4 The Director of Finance is responsible for:
 - a. Ensuring there are arrangements to measure, evaluate and report on the effectiveness of internal control and efficient use of resources, including the establishment of a professional internal audit function headed by a Chief Internal Auditor;
 - b. Ensuring that Internal Audit is adequate and meets the mandatory NHS internal audit standards;
 - c. Taking appropriate steps, in line with SGHSCD guidance, to involve CFS and/or the Police in cases of actual or suspected fraud, misappropriation, and other irregularities;
 - d. Ensuring that the Chief Internal Auditor prepares the following risk based plans for approval by the Audit and Risk Committee:
 - Strategic audit plan covering the coming four years,
 - A detailed annual plan for the coming year.
 - e. Ensuring that an annual internal audit report is prepared by the Chief Internal Auditor, in accordance with the timetable laid down by the Audit and Risk Committee, for the consideration of the Audit and Risk Committee and the Board.

The report should include:

- A clear statement on the adequacy and effectiveness of internal control;
 - Main internal control issues and audit findings during the year;
 - Extent of audit cover achieved against the plan for the year.
- f. Progress on the implementation of internal audit recommendations including submission to the Audit and Risk Committee.
- 3.5 The Director of Finance shall refer audit reports to the appropriate officers designated by the Chief Executive and failure to take any necessary remedial action within a reasonable period shall be reported to the Chief Executive.

Internal Audit

- 3.6 Internal Audit shall adopt the Public Sector Internal Audit Standards (PSIAS), which are mandatory and which define internal audit as “an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.”
- Minor deviations from the PSIAS should be reported to the Audit and Risk Committee. More significant deviations should be considered for inclusion in the Annual Governance Statement.
- 3.7 Internal Audit activity must evaluate and contribute to the improvement of governance, risk management and control processes using a systematic and disciplined approach. Internal Audit activity and scope is fully defined within the Audit plan, approved by the Audit & Risk Committee.
- 3.8 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Director of Finance, as the FLO, must be notified immediately, and before any detailed investigation is undertaken.
- 3.9 The Chief Internal Auditor is entitled without necessarily giving prior notice to require and receive:
- (a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature (in which case he shall have a duty to safeguard that confidentiality), within the confines of the data protection act.
 - (b) Access at all reasonable times to any land, premises or employees of the Board;

- (c) The production or identification by any employee of any cash, stores or other property of the Board under an employee's control; and
 - (d) Explanations concerning any matter under investigation.
- 3.10 The Chief Internal Auditor, or appointed representative, will normally attend Audit and Risk Committee meetings; and has a right of access to all Audit Committee members, the Chairperson and Chief Executive of the Board.
- 3.11 The Chief Internal Auditor shall be accountable to the Director of Finance. The reporting and follow-up systems for internal audit shall be agreed between the Director of Finance, the Audit and Risk Committee and Chief Internal Auditor. The agreement shall comply with the guidance on reporting contained in Government Internal Audit Standards.

External Audit

- 3.12 The External Auditor is concerned with providing an independent assurance of the Board's financial stewardship including value for money, probity, material accuracy, compliance with guidelines and accepted accounting practice for NHS accounts. Responsibility for securing the audit of the Board rests with Audit Scotland. The appointed External Auditor's statutory duties are contained in the Public Finance and Accountability (Scotland) Act 2000 which supersedes the Local Government (Scotland) Act 1973 (Part VII) as amended by the National Health Services and Community Care Act 1990.
- 3.13 The appointed auditor has a general duty to satisfy himself that:
- (a) The Board's accounts have been properly prepared in accordance with the Direction of the Scottish Ministers to comply with the accounting principles and disclosure requirements of the edition of the Government Financial Reporting Manual (FReM) which is in force for the year for which the statement of accounts are prepared;
 - (b) Proper accounting practices have been observed in the preparation of the accounts;
 - (c) The Board has made proper arrangements for securing economy, efficiency and effectiveness in the use of its resources.
- 3.14 In addition to these responsibilities, Audit Scotland's Code of Audit Practice requires the appointed auditor to consider:
- (a) Whether the statement of accounts presents fairly the financial position of the Board;
 - (b) The Board's main financial systems;
 - (c) The arrangements in place at the Board for the prevention and detection of fraud and corruption;
 - (d) Aspects of the performance of particular services and activities;

- (e) The Board's management arrangements to secure economy, efficiency and effectiveness in the use of resources.

- 3.15 The Board's Audit and Risk Committee provides a forum through which Non-Executive Members can secure an independent view of any major activity within the appointed auditor's remit. The Audit and Risk Committee has a responsibility to ensure that the Board receives a cost-effective audit service and that co-operation with Board senior managers and Internal Audit is appropriate.
- 3.16 The External Auditor, or appointed representative, will normally attend Audit and Risk Committee meetings; and has a right of access to all Audit and Risk Committee members, the Chairperson and Chief Executive of the Board.

4. FINANCIAL MANAGEMENT

This section applies to both revenue and capital budgets.

Planning

- 4.1 The Scottish Government has set the following financial targets for all boards:-
- To operate within the revenue resource limit.
 - To operate within the capital resource limit.
 - To operate within the cash requirement.
- 4.2 The Chief Executive shall produce an Annual Operational Plan. The Chief Executive shall submit a Plan for approval by the Board that takes into account financial targets and forecast limits of available resources. The Annual Operational Plan shall contain:-
- a statement of the significant assumptions within the Plan; and
 - details of major changes in workload, delivery of services or resources required to achieve the plan.
- 4.3 Before the financial year begins, the Director of Finance shall prepare and present a financial plan to the Board. The report shall:-
- show the total allocations received from the Scottish Government and their proposed uses, including any sums to be held in reserve;
 - be consistent with the Annual Operational Plan;
 - be consistent with the Board's financial targets;
 - identify potential risks;

- identify funding and expenditure that is of a recurring nature; and
 - identify funding and expenditure that is of a non-recurring nature.
- 4.4 The Health Board shall approve the financial plan for the forthcoming financial year.
- 4.5 The Director of Finance shall continuously review the financial plan, to ensure that it meets the Board's requirements and the delivery of financial targets.
- 4.6 The Director of Finance shall regularly update the Board on significant changes to the allocations and their uses.
- 4.7 The Director of Finance shall keep the Chief Executive and the Board informed of the financial consequences of changes in policy, pay awards and other events and trends affecting budgets and shall advise on the financial and economic aspects of future plans and projects.
- 4.8 The Director of Finance shall establish the systems for identifying and approving how the Board's capital allocation will be used, consisting of proposals for individual schemes, major equipment, IT developments, backlog maintenance, statutory compliance works and minor scheme provision. The approval of business cases shall be as described in the Scheme of Delegation.
- 4.9 The Director of Finance shall release capital funds allowing for project start dates and phasing.

Budgetary Control

- 4.10 The Board shall approve the opening budgets for each financial year on an annual basis.
- 4.11 The Chief Executive shall delegate the responsibility for budgetary control to designated budget holders. The Scheme of Delegation sets out the delegated authorities to take decisions and approve expenditure for certain posts.
- 4.12 Employees shall only act on their delegated authority when there is an approved budget in place to fund the decisions they make.
- 4.13 Delegation of budgetary responsibility shall be in writing and be accompanied by a clear definition of:-
- the amount of the budget;
 - the purpose(s) of each budget heading;
 - what is expected to be delivered with the budget in terms of organisational performance; and

- how the budget holder will report and account for his or her budgetary performance.
- 4.14 The Chief Executive may agree a virement procedure that would allow budget holders to transfer resources from one budget heading to another. The Board shall set the virement limits for the Chief Executive and the Chief Executive shall ensure these are not exceeded
- 4.15 If the budget holder does not require the full amount of the budget delegated to him for the stated purpose (s), and virement is not exercised, then the amount not required shall revert back to the Chief Executive.
- 4.16 The Director of Finance shall devise and maintain systems of budgetary control. These will include:-
- monthly financial reports to the Board in a form approved by the Board containing:-
 - a. net expenditure of the Board for the financial year to date; and
 - b. a forecast of the Board's expected net expenditure for the remainder of the year on a monthly basis from (at the latest) the month 6 position onwards.
 - c. capital project spend and projected outturn against plan;
 - d. explanations of any material variances from plan and/or emerging trends;
 - e. details of any corrective action where necessary and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;
 - the issue of timely, accurate and comprehensible advice and financial reports to each holder of a budget, including those responsible for capital schemes, covering the areas for which they are responsible;
 - investigation and reporting of variances from agreed budgets;
 - monitoring of management action to correct variances and/or emerging adverse trends; and
 - ensuring that adequate training is delivered on an on-going basis to budget holders.

Monitoring

- 4.17 The Director of Finance shall provide monthly reports in the form requested by the Cabinet Secretary showing the charge against the Board's resource limits on the last day of each month.

5. ANNUAL ACCOUNTS AND REPORTS

- 5.1 The Director of Finance, on behalf of the Board, shall prepare, certify and submit audited Annual Accounts to the SGHSCD in respect of each financial year in such a form as the SGHSCD may direct.
- 5.2 The Director of Finance will ensure that the Annual Accounts and financial returns are prepared in accordance with the guidance issued in the Government Financial Reporting Manual (FReM), detailing the accounts and returns to be prepared, the accounting standards to be adopted and the timetable for submission to the SGHSCD.
- 5.3 The Audit and Risk Committee will ensure that the Annual Accounts are reviewed and submitted to the Board for formal approval and the Chief Executive will ensure that they are recorded as having been so presented. The Annual Accounts will be subject to statutory audit by the external auditor appointed by Audit Scotland.
- 5.4 The Director of Finance shall prepare a Financial Statement for inclusion in the Board's Annual Report, in accordance with relevant guidelines, for submission to Board members and others who need to be aware of the Board's financial performance.
- 5.5 The Board shall publish an Annual Report, in accordance with the Scottish Government's guidelines on local accountability requirements.

6. BANKING AND CASH HANDLING

- 6.1 The Director of Finance shall manage the Board's banking arrangements and advise the Board on the provision of banking services and operation of accounts. This advice shall take into account guidance/Directions issued from time to time by the Scottish Government.
- 6.2 The Director of Finance shall ensure that the banking arrangements operate in accordance with the Scottish Government banking contract and Government Banking Service (GBS) and the Scottish Public Finance Manual.
- 6.3 The Board shall approve the banking arrangements. No employee may open a bank account for the Board's activities or in the Board's name, unless the Board has given explicit approval.
- 6.4 The Director of Finance shall:-
 - Establish separate bank accounts for non-exchequer funds;
 - Ensure payments made from bank or GBS accounts do not exceed the amount credited to the account, except where arrangements have been made;

- Ensure money drawn from the Scottish Government against the Cash Requirement is required for approved expenditure only, and is drawn down only at the time of need;
 - Promptly bank all monies received intact. Expenditure shall not be made from cash received that has not been banked, except under exceptional arrangements approved by the Director of Finance; and
 - Report to the Board all arrangements made with the Board's bankers for accounts to be overdrawn.
- 6.5 The Director of Finance shall prepare detailed instructions on the operation of bank and GBS accounts, which must include:-
- The conditions under which each bank and GBS account is to be operated;
 - Ensuring that the GBS account is used as the principal banker and that the amount of cleared funds held at any time within exchequer commercial bank accounts is limited to a maximum of £50,000 (of cleared funds).
 - The limit to be applied to any overdraft;
 - Those authorised to sign cheques or other orders drawn on the Board's accounts; and
 - The required controls for any system of electronic payment.
- 6.6 The Director of Finance shall:-
- Approve the stationery for officially acknowledging or recording monies received or receivable, and keep this secure;
 - Provide adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and
 - Approve procedures for handling cash and negotiable securities on behalf of the Board.
- 6.7 Money in the custody of the Board shall not under any circumstances be used for the encashment of private cheques.
- 6.8 The holders of safe keys shall not accept unofficial funds for depositing in their safes other than in exceptional circumstances. Such deposits must be in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Board is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Board from responsibility for any loss.

7. SECURITY OF ASSETS

- 7.1 Overall responsibility for the security of the Board's assets rests with the Board's Chief Executive. All members and employees have a responsibility for the security of property of the Board and it shall be an added responsibility of senior staff in all disciplines to apply appropriate routine security practices in relation to NHS property. Any significant breach of agreed security practice should be reported to the Chief Executive.
- 7.2 Wherever practicable, items of equipment shall be marked as property of Fife NHS Board.
- 7.3 The Chief Executive shall define the items of equipment to be controlled, and officers designated by the Chief Executive shall maintain an up-to-date register of those items. This shall include separate records for equipment on loan from suppliers, and lease agreements in respect of assets held under a finance lease and capitalised.
- 7.4 The Director of Finance shall approve the form of register and the method of updating which shall incorporate all requirements extant for capital assets.
- 7.5 Additions to the fixed asset register must be added to the records based on the documented cost of the asset at the time of acquisition.
- 7.6 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorised documentation.
- 7.7 The value of each asset where applicable shall be indexed to current values and depreciated using methods and rates as suggested in the Capital Accounting Manual and notified by the SGHSCD.
- 7.8 Revaluation of land and buildings will be provided by the Board's recommended Valuation Agent on a rolling annual programme designed to ensure that all such assets are revalued once every five years.
- 7.9 Annual indexation for land and buildings not included in the revaluation exercise in any given year will be provided by the Board's recommended Valuation Agent.
- 7.10 Any damage to the Board's premises, vehicles and equipment, or any loss of equipment or supplies shall be reported by staff in accordance with the procedure for reporting losses.

8. PAY

Remuneration Committee

- 8.1 The Board shall approve the terms of reference for the Remuneration Committee, in line with any extant guidance or requirements.

- 8.2 The Board shall remunerate the Chair and other non-executive directors in accordance with instructions issued by Scottish Government

Processes

- 8.3 The Chief Executive shall establish a system of delegated budgetary authority within which budget holders shall be responsible for the engagement of staff within the limits of their approved budget.

- 8.4 All time records, payroll timesheets and other pay records and notifications shall be in a form approved by the Director of Finance and shall be authorised and submitted in accordance with his/her instructions. This also includes the payment of expenses and additions to pay whether via e-~~E~~xpenses, ~~and~~ SSTS or other arrangements, including manual systems.

- 8.5 The Director of Finance shall be responsible for ensuring that rates of pay and relevant conditions are applied in accordance with current agreements. The Chief Executive, or the Board in appropriate circumstances, shall be responsible for the final determination of pay. There will be no variation to agreed terms and conditions without the prior approval of the Director of Human Resources and Director of Finance. The Director of Finance shall determine the dates on which the payment of salary and wages are to be made. These may vary due to special circumstances (e.g. Christmas and other Public Holidays). Payments to an individual shall not be made in advance of normal pay, except:

- a. To cover a period of authorised leave, involving absence on the normal pay day; or
- b. As authorised by the Chief Executive and Director of Finance to meet special circumstances, and limited to the net pay due at the time of payment.

- 8.6 Wherever possible, officers should not compile their own payroll input. Where it is unavoidable that the compiler of the payroll input is included on that input, then the entry in respect of the compiler must be supported by evidence that it has been checked and found to be appropriate by another officer holding a higher position.

- 8.7 Under no circumstance should officers authorise/approve their own payroll input or expenses.

- 8.86 All employees shall be paid by bank credit transfer unless otherwise agreed by the Director of Finance.

- 8.97 The Board shall delegate responsibility to the Director of Workforce for ensuring that all employees are issued with a contract of employment in a form approved by the Board and which complies with employment legislation and any extant NHS policies.

9. NON PAY

Tendering, Contracting and Purchasing Procedures

- 9.1 The Director of Finance shall prepare detailed procedural instructions on the obtaining of goods, services and works, incorporating thresholds set by the Board. The current Authorisation Limits are set out in Scheme of Delegation and the Financial Operating Procedures.
- 9.2 The Chief Executive shall designate a senior officer as the lead senior officer for procurement, and this person shall oversee the procurement of goods and services, to ensure there is an adequate approval of suppliers and their supplies based on cost and quality.
- 9.3 NSS National Procurement shall undertake procurement activity on a national basis on behalf of boards (including NHS Fife), and the Board shall implement these nationally negotiated contracts.
- 9.4 The Board shall operate within the processes established for the procurement of publicly funded construction work.
- 9.5 The Board shall comply with Public Contracts (Scotland) Regulations 2012 (and any subsequent relevant legislation) for any procurement it undertakes directly.
- 9.6 The Director of Finance shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.
- 9.7 All other aspects of procurement activity must follow the requirements of the Standing Orders and SFIs. Any decision to depart from the requirements of this section must have the approval of NHS Fife Board.
- 9.8 The Director of Finance shall:-
 - Advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained in accordance with the Public Contracts (Scotland) Regulations, as issued annually through Scottish Statutory Instrument.
 - Ensure the preparation of comprehensive procedures for all aspects of procurement activity.
- 9.9 The following basic principles shall be generally applied:-
 - Procurement activity satisfies all legal requirements;
 - Adequate contracts are in place with approved suppliers for the supply of approved products and services;
 - Segregation of duties is applied throughout the process;
 - Adequate approval mechanisms are in place before orders are raised;

- All deliveries are checked for completeness and accuracy, and confirmed before approval to pay is made; and
- All payments made are in accordance with previously agreed terms, and what the Board has actually received.

9.10 Limits of Authorisation of Orders

(a) Up to £100,000

- All Corporate Directors, Director of Acute Services and the Director of Health & Social Care can on their own authority commit expenditure up to £100,000 provided this is within the budgets for which they have responsibility.
- All other orders with a value up to £100,000 are subject to a scheme of delegation to Designated Ordering Officers with assigned limits. This scheme is detailed in the Financial Operating Procedures

(b) £100,000 to £1,000,000

All orders between £100,000 and £1,000,000 submitted by any authorised officer must be countersigned by the Board Chief Executive, Director of Acute Services, Director of Health & Social Care (or a designated deputy for them), or Director of Finance.

(c) Above £1,000,000 and less than £2,000,000

All orders above £1,000,000 and less than £2,000,000 must be authorised by the Board Chief Executive and the Director of Finance, subject to the expenditure having been approved by the Board as part of a capital or revenue plan.

(d) The placing of annual orders and the acceptance of all annual contracts over £2,000,000, whether capital or revenue, is reserved to the Board and must be authorised by the Board Chief Executive and Director of Finance.

9.11 For all orders raised between £2,500 and £10,000 there is a requirement for the ordering officer to obtain two written quotations. Orders over £10,000 and up to £25,000 should ensure 3 tendered quotes are received subject to the Board's tendering procedures.

In the following exceptional circumstances, except in cases where EU Directives must be adhered to, the Director of Finance and Chief Executive, as specified in the Scheme of Delegation, can approve the waiving of the above requirements. Where goods and services are supplied on this basis and the value exceeds £2,500, a "Waiver of Competitive Tender/Quotation" may be granted by completing a Single Source Justification form for approval

by the appropriate director and the Head of Procurement. Where the purchase of equipment is valued in excess of £5,000 and where the purchase of other goods and services on this basis exceeds £10,000, the completed Single Source Justification Form shall be endorsed by the Director of Finance and Chief Executive and submitted to the Audit and Risk Committee.

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

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

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

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

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

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

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

The use of supplies within the Office of Government (OGC) framework agreements may negate the need for three competitive tenders. The use of this route must always be recorded. In all instances, the regulations in respect of Official Journal of the European Union (OJEU) must be followed.

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

Commissioning of Patient Services

- 9.17 The Director of Finance, jointly with the Director of Acute Services or Director of Health & Social Care will ensure service agreements are in place with other healthcare providers for the delivery of patient services, ensuring the appropriate financial details are contained and clarity on reporting of performance, quality and safety issues.
- 9.18 The Director of Finance shall be responsible for maintaining a system for the payment of invoices in respect of patient services in accordance with agreed terms and national guidance and shall ensure that adequate financial systems are in place to monitor and control these.

Payment of Accounts and Expense Claims

- 9.19 The Director of Finance shall be responsible for the prompt payment of all accounts and expense claims. The Director of Finance shall publish the Board's performance in achieving the prompt payment targets in accordance with specified terms and national guidance.
- 9.20 The Director of Finance shall be responsible for designing and maintaining a system for the verification, recording and payment of all amounts payable by

the Board. The system shall provide for authorisation by agreed delegated officers, a timetable and system for the payment of accounts and instruction to staff regarding handling, checking and payment of accounts and claims.

- 9.21 The Director of Finance shall ensure that payments for goods and services are made only after goods and services are received. Prepayments will be permitted in exceptional circumstances and with the prior approval of the Director of Finance

Additional Matters for Capital Expenditure

Overall Arrangements for the Approval of the Capital Plan

- 9.22 The Board shall follow any extant national instructions on the approval of capital expenditure, such as the Scottish Capital Investment Manual. The authorisation process shall be described in the Scheme of Delegation.

- 9.23 The Chief Executive shall ensure that:-

- there is an adequate appraisal and approval process in place for determining capital expenditure priorities within the Property Strategy and the effect of each proposal upon business plans;
- all stages of capital schemes are managed, and are delivered on time and to cost;
- capital investment is not undertaken without confirmation that the necessary capital funding and approvals are in place; and
- all revenue consequences from the scheme, including capital charges, are recognised, and the source of funding is identified in financial plans.

Implementing the Capital Programme

- 9.24 For every major capital expenditure proposal the Chief Executive shall ensure:-

- that a business case as required by the Scottish Capital Investment Manual (SCIM) is produced setting out:-
 - a. an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs; and
 - b. appropriate project management and control arrangements; and
- that the Director of Finance has assessed the costs and revenue consequences detailed in the business case.

9.25 The approval of a business case and inclusion in the Board's capital plan shall not constitute approval of the individual elements of expenditure on any scheme. The Chief Executive shall issue to the manager responsible for any scheme:-

- specific authority to commit expenditure; and
- following the required approval of the business case, authority to proceed to tender.

9.26 The Scheme of Delegation shall stipulate where delegated authority lies for:-

- approval to accept a successful tender; and
- where Frameworks Scotland applies, authority to agree risks and timelines associated with a project in order to arrive at a target price.

9.27 The Director of Finance shall issue procedures governing the financial management of capital investment projects (e.g. including variations to contract, application of Frameworks Scotland) and valuation for accounting purposes.

Public Private Partnerships and other Non-Exchequer Funding

9.28 When the Board proposes to use finance which is to be provided other than through its capital allocations, the following procedures shall apply:-

- The Director of Finance shall demonstrate that the use of public private partnerships represents value for money and genuinely transfers significant risk to the private sector.
- Where the sum involved exceeds the Board's delegated limits, the business case must be referred to the Scottish Government for approval or treated as per current guidelines.
- Board must specifically agree the proposal.
- The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

Disposals of Assets

9.29 The Director of Finance shall issue procedures for the disposal of assets including condemnations. All disposals shall be in accordance with MEL(1996)7: Sale of surplus and obsolete goods and equipment.

9.30 There is a requirement to achieve Best Value for money when disposing of assets belonging to the Health Board. A competitive process should normally be undertaken.

- 9.31 When it is decided to dispose of a Health Board asset, the head of department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.
- 9.32 All unserviceable articles shall be:-
- Condemned or otherwise disposed of by an employee authorised for that purpose by the Director of Finance.
 - Recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Finance.

Capital Accounting

- 9.33 The Director of Finance shall be notified when capital assets are sold, scrapped, lost or otherwise disposed of, and what the disposal proceeds were. The value of the assets shall be removed from the accounting records. Each disposal must be validated by reference to authorisation documents and invoices (where appropriate).
- 9.34 The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
- 9.35 The value of each asset shall be indexed and depreciated in accordance with methods specified by the Capital Accounting Manual.
- 9.36 The Director of Finance shall calculate capital charges, which will be charged against the Board's revenue resource limit.

10. PRIMARY CARE CONTRACTORS

- 10.1 In these SFIs and all other Board documentation, Primary Care contractor means:-
- an independent provider of healthcare who is registered to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in the United Kingdom (UK); or
 - an employee of an National Health Service organisation in the UK who is registered to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in the UK.
- 10.2 The Primary Care Manager shall devise and implement systems to control the registers of those who are entitled to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in Fife. Systems shall include criteria for entry to and deletions from the registers.

10.3 The Director of Finance shall agree the Service Level Agreement (s) with NHS National Services Scotland for:-

- the development, documentation and maintenance of systems for the verification, recording and receipt of NHS income collected by or on behalf of primary care contractors; and
- the development, documentation and maintenance of systems for the verification, recording and payment of NHS expenditure incurred by or on behalf of primary care contractors.

10.4 The agreements at paragraph F10.3 shall comply with guidance issued from time to time by the Scottish Government. In particular they shall take account of any national systems for the processing of income and expenditure associated with primary care contractors.

10.5 The Director of Finance shall ensure that all transactions conducted for or on behalf of primary care contractors by the Board shall be subject to these SFIs.

11. **INCOME AND SCOTTISH GOVERNMENT ALLOCATIONS**

11.1 The Director of Finance shall be responsible for designing and maintaining systems for the proper recording and collection of all monies due.

11.2 The Director of Finance shall take appropriate recovery action on all outstanding debts and shall establish procedures for the write-off of debts after all reasonable steps have been taken to secure payment.

11.3 The Director of Finance is responsible for ensuring the prompt banking of all monies received.

11.4 In relation to business development/income generation schemes, the Director of Finance shall ensure that there are systems in place to identify and control all costs and revenues attributed to each scheme.

11.5 The Director of Finance shall approve all fees and charges other than those determined by the Scottish Government or by Statute.

11.6 Scottish Government letters that change funding allocations must be signed by two members of the Finance Directorate Senior Team to evidence their review of the aggregate allocation received.

12. **FINANCIAL MANAGEMENT SYSTEM**

12.1 The Director of Finance shall carry prime responsibility for the accuracy and security of the computerised financial data of the Board and shall devise and implement any necessary procedures to protect the Board and individuals from inappropriate use or misuse of any financial and other information held on computer files for which he is responsible, after taking account of all relevant legislation and guidance

- 12.2 The Director of Finance shall ensure that contracts for computer services for financial applications with another Board or any other agency shall clearly define the responsibility of all the parties for the security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage.
- 12.3 The Director of Finance shall ensure that adequate data controls exist to provide for security of financial applications during data processing, including the use of any external agency arrangements.
- 12.4 The Director of Finance shall satisfy her/himself that such computer audit checks as s/he may consider necessary are being carried out.
- 12.5 The Director of Finance shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and are thoroughly tested prior to implementation.
- 12.6 Where another health organisation or any other agency provides a financial system service to the Board, the Director of Finance shall periodically seek assurances, through Audit where appropriate, that adequate controls are in operation and that disaster recovery arrangements are robust.

13. CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

- 13.1 Any employee or agent discovering or suspecting a loss of any kind shall forthwith inform his head of department, who shall immediately inform the Chief Executive and the Director of Finance. Where a criminal offence is suspected, the Director of Finance shall follow the Anti-Theft, Fraud, and Corruption Policy, as set out in the Financial Operating Procedures.
- 13.2 The Director of Finance shall notify the Audit and Risk Committee and Counter Fraud Services of all actual or suspected frauds. See 13.10 below.
- 13.3 In all instances where there is any suspicion of fraud then the guidance contained within NHS Circular, HDL (2005) 5: "Tackling Fraud in Scotland – Joint Action Programme. Financial Control : Procedures where criminal offences are suspected" must be followed. The Board's Fraud Liaison Officer (FLO) must be notified immediately of all cases of fraud or suspected fraud.
- 13.4 The Director of Finance shall issue procedures on the recording of and accounting for Losses and special payments to meet the requirements of the Scottish Public Finance Manual. These procedures shall include the steps to be taken where the loss may have been caused by a criminal act.
- 13.5 The Scheme of Delegation shall describe the process for the approval of the write-off of losses and making of special payments
- 13.6 The Director of Finance shall maintain a Losses and Special Payments Register in which details of all Category 1 and Category 2 losses shall be recorded as they are known. Category 3 losses may be recorded in summary form. Write-off action shall be recorded against each entry in the Register.

- 13.7 No special payments exceeding the delegated limits shall be made without prior approval by the SGHSCD.
- 13.8 The Director of Finance shall be authorised to take any necessary steps to safeguard the Board's interest in bankruptcies and company liquidations.
- 13.9 The Director of Finance is required to produce a report on Condemnations, Losses and Special Payments, where the delegated limits have been exceeded and SGHSCD approval has been requested, to the Audit and Risk Committee.
- 13.10 The Bribery Act came into force in 2010; it aims to tackle bribery and corruption in both the private and public sectors. The Act is fully endorsed by Fife NHS Board. NHS Fife conducts its contracting and procurement practices with integrity, transparency and fairness and has a zero tolerance policy on bribery or any kind of fraud. There are robust controls in place to help deter, detect and deal with it. These controls are regularly reviewed in line with the Standing Financial Instructions and feedback is provided to the Audit & Risk Committee. Procurement actively engage with NHS Scotland Counter Fraud Services to ensure that our team is fully trained on spotting potential signs of fraud and knowing how to report suspected fraud. As an existing or potential contractor to NHS Fife, you are required to understand that it may be a criminal offence under the Bribery Act 2010, punishable by imprisonment, to promise, give or offer any gift, consideration, financial or other advantage whatsoever as an inducement or reward to any officer of a public body and that such action may result in the Board excluding the organisation from the selected list of Potential Bidders, and potentially from all future public procurements. It is therefore vital that staff, contractors and agents understand what is expected of them and their duties to disclose and deal with any instances they find.

14. RISK MANAGEMENT

- 14.1 The Chief Executive shall ensure that the Board has a programme of risk management, which will be approved and monitored by the Board and which complies with the Standards issued by NHS Health Improvement Scotland.
- 14.2 The programme of risk management shall include:
- a. A process for identifying and quantifying risks and potential liabilities, including the establishment and maintenance of a Risk Register;
 - b. Engendering among all levels of staff a positive attitude towards the control of risk;
 - c. Management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover and decisions on the acceptable level of retained risk;
 - d. Contingency plans to offset the impact of adverse events;

4. Audit arrangements including internal audit, clinical audit and health and safety review;
5. Arrangements to review the risk management programme.
- g.. A review by each Governance Committee of relevant risks pertaining to their business.

The existence, integration and evaluation of the above elements will provide a basis for the Audit and Risk Committee to make a statement on the overall effectiveness of Internal Control and Corporate Governance to the Board.

- 14.3 The programme of risk management will be underpinned by a Board Assurance Framework, approved, and reviewed annually by the NHS Board.

15. RETENTION OF DOCUMENTS

- 15.1 The Chief Executive shall be responsible for maintaining archives for all documents in accordance with the NHS Code of Practice on Records Management.
- 15.2 The documents held in archives shall be capable of retrieval by authorised persons.
- 15.3 Documents held under the Code shall only be destroyed at the express instigation of the Chief Executive, and records shall be maintained of documents so destroyed.

16. PATIENTS' PROPERTY AND FUNDS

- 16.1 The Board has a responsibility to provide safe custody, for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.
- 16.2 The Chief Executive shall be responsible for ensuring that patients or their guardians, as appropriate, are informed before, or at their admission, by: -
 - Notices and information booklets
 - Hospitals' admission documentation and property records, and
 - The oral advice of administrative and nursing staff responsible for admissions, that the Board will not accept responsibility or liability for patients' monies and personal property brought into Board premises unless it is handed in for safe custody and a copy of an official patient property record is obtained as a receipt.
- 16.3 The Director of Finance shall provide detailed written instructions on the collection, custody, investment, recording, safekeeping and disposal of patients' property (including instructions on the disposal of the property of

deceased patients and patients transferred to other premises), for all staff whose duty it is to administer, in any way, the property of the patients.

- 16.4 Bank accounts for patients' monies shall be operated under arrangements agreed by the Director of Finance.
- 16.5 A patients' property record, in a form determined by the Director of Finance, shall be completed.
- 16.6 The Director of Finance is responsible for providing detailed instructions on the Board's responsibility as per the Adults with Incapacity (Scotland) Act 2000 and the updated Part 5 in CEL11(2008) Code of Practice. These instructions are contained within the Financial Operating Procedures.
- 16.7 The Director of Finance shall prepare an abstract of receipts and payments of patients private funds in the form laid down by Scottish Government.

17. STORES

- 17.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use), should be:-
 - Kept to a minimum;
 - Subject to annual stocktake; and
 - Valued at the lower of cost and net realisable value.
- 17.2 Subject to the responsibility of the Director of Finance for the systems of control, the control of stores throughout the organisation shall be the responsibility of the relevant managers. The day-to-day management may be delegated to departmental officers and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance.
- 17.3 The responsibility for security arrangements, and the custody of keys for all stores locations, shall be clearly defined in writing by the manager responsible for the stores and agreed with the Director of Finance. Wherever practicable, stock items, which do not belong to the Board, shall be clearly identified.
- 17.4 All stores records shall be in such form and shall comply with such system of control and procedures as the Director of Finance shall approve.
- 17.5 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in store at least once a year. The physical check shall involve at least one officer other than the Storekeeper, and the Director of Finance and Internal & External Audit shall be notified and may attend, or be represented, at their discretion. The stocktaking records shall be numerically controlled and signed by the officers undertaking the check. Any surplus or deficiency revealed on stocktaking shall be reported immediately to the Director of Finance, and he may investigate as

necessary. Known losses of stock items not on stores control shall be reported to the Director of Finance.

- 17.6 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Director of Finance.
- 17.7 Instructions for stock take and the basis for valuation will be issued at least once a year by the Director of Finance.

18. AUTHORISATION LIMITS

- 18.1 The purpose of Standing Financial Instructions is to ensure adequate controls exist for the committing and payment of funds on behalf of NHS Fife. The main principles applied in determining authorisation limits are those of devolved accountability and responsibility. The rules for financial delegation to all levels of management within the Board's established policies and priorities are set out in the Scheme of Delegation and Financial Operating Procedures
- 18.2 Areas covered by the Scheme of Delegation include:
- Limitation and Authority to vire budgets between one budget heading and another.
 - Limitation of level of Authority for the placing of orders or committing resources
 - Limitation as to the level of authority to approve receipt of orders, expenses, travel claims, payment of invoices, write off of losses.

19. ENDOWMENT FUNDS

- 19.1 The Standing Financial Instructions deal with matters related to exchequer income and expenditure for NHS Fife. Whilst Endowment Funds fall outwith the scope of core exchequer funds, it is important that all relevant employees and agents are aware of the arrangements for the financial responsibility and authority for such funds.
- 19.2 Endowment Funds and are those held in trust for purposes relating to the National Health Service, either by the Board or Special Trustees appointed by the Scottish Ministers or by other persons.
- 19.3 Members of the Fife Health Board become Trustees of the Board's Endowment Funds. The responsibilities as Trustees are discharged separately from the responsibilities as members of the Board.
- 19.4 The Director of Finance shall prepare detailed procedural instructions covering the receiving, recording, investment and accounting for Endowment Funds.
- 19.5 Through the Board's Scheme of Delegation, authority will be given by the Trustees to allow for the day to day management of the funds within specified limits.

- 19.6 The Authorisation Limits are set out in the Scheme of Delegation and the Financial Operating Procedures.
- 19.7 The Director of Finance shall prepare annual accounts for the funds held in trust, to be audited independently and presented annually to the trustees.

FIFE NHS BOARD SCHEME OF DELEGATION

1. Introduction

Board's Responsibility

The Standing Orders for the proceedings and Business of the Fife NHS Board include a section on Matters Reserved for the Board (Section 6). This section of the Standing Orders summarises all matters where decision making is reserved to the Board.

The subsequent section (Section 7) within the Standing Orders, identifies that other “matters” may be delegated to Committees or individuals to act on behalf of the Board.

The following appendix sets out:

- Committees' delegated responsibility on behalf of the Board
- Matters delegated to individuals

2. Committees' Delegated Responsibility on behalf of the Board

2.1 Audit & Risk Committee	
Responsible Director for this Section	Director of Finance
Role and Remit	<ul style="list-style-type: none"> Supporting the Accountable Officer and Fife NHS Board formulate their assurance needs with regard to risk management, governance and internal control; Drawing attention to weaknesses in systems of risk management, governance and internal control; <p>Internal Control and Corporate Governance</p> <ul style="list-style-type: none"> To evaluate the framework of internal control and corporate governance comprising the following components, as recommended by the Turnbull Report: <ul style="list-style-type: none"> control environment; risk management; information and communication; control procedures; monitoring and corrective action. To review the system of internal financial control, which includes: <ul style="list-style-type: none"> the safeguarding of assets against unauthorised use and disposition; the maintenance of proper accounting records and the reliability of financial information used within the organisation or for publication. To ensure that the activities of Fife NHS Board are within the law and regulations governing the NHS. To review the disclosures included in the Governance Statement on behalf of the Board. To present an annual statement of assurance on the above to the Board, to support the NHS Fife Chief Executive's Governance Statement.

	<p>Internal Audit</p> <ul style="list-style-type: none"> • To review and approve the Internal Audit Strategic and Annual Plans. • To monitor audit progress and review audit reports. • To monitor the management action taken in response to the audit recommendations through an appropriate follow-up mechanism. • To consider the Chief Internal Auditor's annual report and assurance statement. • To review the operational effectiveness of Internal Audit by considering the audit standards, resources, staffing, technical competency and performance measures. <p>External Audit</p> <ul style="list-style-type: none"> • To note the appointment of the Statutory Auditor and to approve the appointment and remuneration of the External Auditors for Patients' Funds and Endowment Funds. • To review the Audit Strategy and Plan, including the Best Value and Performance Audits programme. • To consider all statutory audit material, in particular:- <ul style="list-style-type: none"> • Audit Reports; • Annual Reports; • Management Letters <p>relating to the certification of Fife NHS Boards Annual Accounts, Annual Patients' Funds Accounts.</p> <p>Risk Management</p> <p>The Committee shall seek assurance that:</p> <ul style="list-style-type: none"> • There is a comprehensive risk management system in place to identify, assess, manage and monitor risks at all levels of the organisation. • There is appropriate ownership of risk in the organisation, and that there is an effective culture of risk management • The Board has clearly defined its risk appetite (i.e. the level of risk that the Board is prepared to accept, tolerate, or be exposed to at any time), and that the executive's approach to risk management is consistent with that appetite.
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	<ul style="list-style-type: none"> • The Committee will also receive and review a report summarising any significant changes to the Board's Board Assurance Framework, and what plans are in place to manage them. The Committee may also elect to occasionally request information on significant risks held on any risk registers held in the organisation. • Assess whether the Board Assurance Framework is an appropriate reflection of the key risks to the Board, so as to advise the Board. • Receive an annual report on risk management, confirming whether or not there have been adequate and effective risk management arrangements throughout the year, and highlighting any material areas of risk. <p>Standing Orders and Standing Financial Instructions</p> <ul style="list-style-type: none"> • To review the model Standing Orders for Boards as issued by NHS Scotland, and associated appendices of Fife NHS Board, and advise the Board of any amendments required. • To examine the circumstances associated with any occasion when Standing Orders of Fife NHS Board have been waived or suspended. <p>Annual Accounts</p> <ul style="list-style-type: none"> • To review and recommend approval of draft Fife NHS Board Annual Accounts to the Board. • To review the draft Annual Report and Financial Review of Fife NHS Board as found within the Directors Report incorporated within the Annual Accounts. • To review annually (and approve any changes in) the accounting policies of Fife NHS Board. • To review schedules of losses and compensation payments where the amounts exceed the delegated authority of the Board prior to being referred to the Scottish Government for approval. <p>Other Matters</p> <ul style="list-style-type: none"> • The Committee shall review the arrangements for employees raising concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate
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	<p>follow-up action.</p> <ul style="list-style-type: none"> • The Committee shall review regular reports on Fraud and potential Frauds. • The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements". • The Committee shall seek assurance that the Board has systems of control to ensure that it discharges its responsibilities under the Freedom of Information (Scotland) Act 2002. • The Committee shall review the Board's arrangements to prevent bribery and corruption within its activities. This includes the systems to support Board members' compliance with the NHS Fife Board Code of Conduct (Ethical Standards in Public Life Act 2000), the systems to promote the required standards of business conduct for all employees and the Boards procedure to prevent Bribery (Bribery Act 2000).
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2.2 Clinical Governance Committee	
Responsible Director for this Section	Medical Director
Sub-Committees	<ul style="list-style-type: none"> • Health & Safety
Role and Remit	<ul style="list-style-type: none"> • To monitor progress on the health status targets set by the Board. • The Committee will produce an Annual Statement of Assurance for submission to the Board, via the Audit & Risk Committee. The proposed Annual Statement will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June. • To capture and record all issues and risks on an operational risk register to be monitored through the Committee, and where appropriate these should be escalated to the Board for consideration in addition to the corporate risk register until mitigated to a tolerable level. • To receive updates on and oversee the progress on the recommendations from relevant external reports of reviews of all healthcare organisations including clinical governance reports and recommendations from relevant regulatory bodies which may include Healthcare Improvement Scotland (HIS) reviews and visits. • To provide assurance to Fife NHS Board about the quality of services within NHS Fife. • The Committee shall review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's responsibility. • To undertake an annual self assessment of the Committee's work and effectiveness. • The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".

2.3 Finance, Performance and Resources Committee	
Responsible Director for this Section	Director of Finance
Sub-Committees	<ul style="list-style-type: none"> • Pharmacy Practices • Primary Medical Services
Role and Remit	<ul style="list-style-type: none"> • The Committee shall have accountability to the Board for ensuring that the financial position of the Board is soundly based, having regard to: <ul style="list-style-type: none"> • compliance with statutory financial requirements and achievement of financial targets; • such financial monitoring and reporting arrangements as may be specified from time-to-time by SGHSCD and/or the Board; • levels of balances and reserves; • the impact of planned future policies and known or foreseeable future developments on the financial position; • undertake an annual self assessment of the Committee's work and effectiveness; and • review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's responsibility. <p>Arrangements for Securing Value for Money</p> <ul style="list-style-type: none"> • The Committee shall keep under review arrangements for securing economy, efficiency and effectiveness in the use of resources. These arrangements will include procedures for (a) planning, appraisal, and control, accountability and evaluation of the use of resources, and for (b) reporting and reviewing performance and managing performance issues as they arise in a timely and effective manner. In particular, the Committee will review action (proposed or underway) to ensure that the Board achieves financial balance in line with statutory requirements. <p>Allocation and Use of Resources</p> <p>The Committee has key responsibilities for:</p> <ul style="list-style-type: none"> • reviewing the development of the Board's Financial Strategy in support of the Annual Operational Plan, and recommending approval to the Board; • reviewing all resource allocation proposals outwith authority delegated by the Board and make recommendations to the

	<p>Board thereon; and</p> <ul style="list-style-type: none"> • monitoring the use of all resources available to the Board. • Specifically, the Committee is charged with recommending to the Board annual revenue and capital budgets and financial plans consistent with its statutory financial responsibilities. It shall also have responsibility for the oversight of the Board's Capital Programme (including individual Business Cases for Capital Investment) and the review of the Property Strategy (including the acquisition and disposal of property), and for making recommendations to the Board as appropriate on any issue within its terms of reference; • The Committee will produce an Annual Statement of Assurance for submission to the Board, via the Audit and Risk Committee. The proposed Annual Statement will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June; and • The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".
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2.4 Remuneration Committee	
Responsible Director for this Section	Director of Workforce
Role and Remit	<ul style="list-style-type: none"> • The remit of the Remuneration Committee is to consider: <ul style="list-style-type: none"> • job descriptions for the Executive cohort; • other terms of employment which are not under Ministerial direction; • to hear and determine appeals against the decisions of the Consultant Discretionary Awards Panel. The Remuneration Committee can make decisions regarding Discretionary Points in exceptional circumstances; • agree performance objectives and appraisals directly for the Executive cohort only, and oversee arrangements for designated senior managers; • redundancy, early retiral or termination arrangement in respect of all staff in situations where there is a financial impact upon the Board (this excludes early retiral on grounds of ill health) and approve these or refer to the Board as it sees fit; and • undertake an annual self assessment of the Committee's work and effectiveness. • The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit & Risk Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the Committee by the end of May each year for presentation to the Audit & Risk Committee in June. • The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".

2.5 Staff Governance Committee	
Responsible Director for this Section	Director of Workforce
Role and Remit	<ul style="list-style-type: none"> • The remit of the Staff Governance Committee is to: <ul style="list-style-type: none"> • consider NHS Fife's performance in relation to its achievements of effective Staff Governance and its compliance with the Staff Governance Standard; • review action taken on recommendations made by the Committee, NHS Boards, or the Scottish Ministers on Staff Governance matters; • give assurance to the Board on the operation of Staff Governance systems within NHS Fife, identifying progress, issues and actions being taken, where appropriate; • support the operation of the Area Partnership Forum and the Local Partnership Forums in their Staff Governance monitoring role and the appropriate flow of information to facilitate this; • encourage the further development of mechanisms for engaging effectively with all members of staff within the NHS in Fife; • contribute to the development of the Annual Operational Plan, in particular but not exclusively, around issues affecting staff; • support the continued development of personal appraisal professional learning and performance; • review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's responsibility; and • undertake an annual self assessment of the Committee's work and effectiveness. • The Committee is also required to carry out a review of its function and activities and to provide an Annual Statement of Assurance. This will be submitted to the Board via the Audit and Risk Committee. The proposed Annual Statement will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of

3. Matters Delegated to Individuals

3.1 Matters Delegated to the Chief Executive	
	General Provisions
	<p>the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.</p> <ul style="list-style-type: none"> • The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".

	<p>In the context of the Board's principal role to protect and improve the health of Fife residents, the Chief Executive as Accountable Officer shall have delegated authority and responsibility to secure the economical, efficient and effective operation and management of Fife NHS Board and to safeguard its assets:</p> <ul style="list-style-type: none"> • in accordance with the statutory requirements and responsibilities laid upon the Chief Executive as Accountable Officer for Fife NHS Board; • in accordance with direction from the Scottish Government Health and Social Care Directorates; • in accordance with the current policies of and decisions made by the Board; • within the limits of the resources available, subject to the approval of the Board; • and in accordance with the Code of Corporate Governance as detailed in Standing Orders and Standing Financial Instructions. <p>The Chief Executive is authorised to take such measures as may be required in emergency situations, subject to advising, where possible, the Chairperson and the Vice-Chairperson of the Board, and the relevant Standing Committee Chairperson. Such measures, that might normally be outwith the scope of the authority delegated by the Board or its Standing Committees to the Chief Executive, shall be reported to the Board or appropriate Standing Committee as soon as possible thereafter.</p> <p>The Chief Executive is authorised to give a direction in special circumstances that any officer shall not exercise a delegated function subject to reporting on the terms of the direction to the next meeting of the appropriate Committee.</p> <p>Finance</p> <p>Resources shall be used only for the purpose for which they are allocated, unless otherwise approved by the Chief Executive, after taking account of the advice of the Director of Finance. The Chief Executive acting together with the Director of Finance has delegated authority to approve the transfer of funds between budget heads, including transfers from reserves and balances, up to a maximum of £2,000,000 in any one instance.</p> <p>The Chief Executive shall report to the Finance, Performance and Resources Committee those instances where this authority is exercised and/or the change in use of the funds relates to matters of public interest.</p> <p>The Chief Executive may, acting together with the Director of Finance, and having taken all reasonable action to pursue</p>
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	<p>recovery, approve the writing-off of losses, subject to the financial limits and categorisation of losses laid down from time to time by the Scottish Government Health and Social Care Directorates.</p> <p>Legal Matters</p> <p>The Chief Executive is authorised to institute, defend or appear in any legal proceedings or any inquiry, including proceedings before any statutory tribunal, board or authority, and following consideration of the advice of the Central Legal Office of the National Services Scotland (NSS), to appoint or consult with Counsel where it is considered expedient to do so, for the promotion or protection of the Board's interests.</p> <p>In circumstances where a claim against the Board is settled by a decision of a Court, and the decision is not subject to appeal, the Chief Executive shall implement the decision of the relevant Court on behalf of the Board.</p> <p>In circumstances where the advice of the Central Legal Office is to reach an out-of-court settlement, the Chief Executive may, acting together with the Director of Finance, settle claims against the Board, subject to a report thereafter being submitted to the Finance, Performance and Resources Committee.</p> <p>The Chief Executive, acting together with the Director of Finance, may make <u>ex gratia</u> payments subject to the limits laid down from time to time by the Scottish Government Health & Social Care Directorates.</p> <p>The arrangements for signing of documents in respect of matters covered by the Property Transactions Manual shall be in accordance with the direction of Scottish Ministers. The Chief Executive and the Director of Finance are currently authorised to sign such documentation on behalf of the Board and Scottish Ministers.</p> <p>The Chief Executive shall have responsibility for the safe keeping of the Board's Seal, and together with the Chairperson or other nominated Non-Executive Member of the Board, shall have responsibility for the application of the Seal on behalf of the Board.</p> <p>Procurement of Supplies and Services</p> <p>The Chief Executive shall have responsibility for nominating officers or agents to act on behalf of the Board, for specifying, and issuing documentation associated with invitations to tender, and</p>
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	<p>for receiving and opening of tenders.</p> <p>Where post tender negotiations are required, the Chief Executive shall nominate in writing, officers and/or agents to act on behalf of the Board.</p> <p>The Chief Executive, acting together with the Director of Finance, has authority to approve on behalf of the Board the acceptance of tenders, submitted in accordance with the Board's Standing Orders, up to an annual value of £2,000,000, within the limits of previously approved Revenue and Capital Budgets, where the most economically advantageous tender is to be accepted.</p> <p>The Chief Executive through the Director of Finance shall produce a listing, including specimen signatures, of those officers or agents to whom they have given delegated authority to sign official orders on behalf of the Board.</p> <p>Human Resources</p> <p>The Chief Executive may, after consultation and agreement with the Director of Workforce, and the relevant Director, amend staffing establishments in respect of the number and grading of posts. In so doing, the Director of Finance must have been consulted, and have confirmed that the cost of the amended establishment can be contained within the relevant limit approved by the Board for the current and subsequent financial years.</p> <p>Any amendment must also be in accordance with the policies and arrangements relating to workforce planning, approved by the Board or Staff Governance Committee.</p> <p>The Chief Executive has delegated authority from Fife NHS Board to approve the establishment of salaried dentist posts within NHS Fife, within the systematic approach as laid down by the Scottish Government Health & Social Care Directorates Circular No PCA(D)(2005)3.</p> <p>The Chief Executive may attend and may authorise any member of staff to attend within and outwith the United Kingdom conferences, courses or meetings of relevant professional bodies and associations, provided that:</p> <ul style="list-style-type: none"> • attendance is relevant to the duties or professional development of such member of staff; and • appropriate allowance has been made within approved budgets; or • external reimbursement of costs is to be made to the Board. • Under the terms of the public sector reform act the Chief Executive is required to keep a register of all such approvals.
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	<p>The Chief Executive may, in accordance with the Board's agreed Employee Conduct Policy, take disciplinary action, in respect of members of staff, including dismissal where appropriate.</p> <p>The Chief Executive shall have overall responsibility for ensuring that the Board complies with Health and Safety legislation, and for ensuring the effective implementation of the Board's policies in this regard.</p> <p>The Chief Executive may, following consultation and agreement with the Director of Workforce and the Director of Finance approve payment of honoraria to any employee.</p> <p>The Chief Executive may, in consultation with the Director of Workforce and Director of Finance, approve applications to leave the employment of the Board on grounds of early retirement by any employee provided the terms and conditions relating to the early retirement are in accordance with the relevant Board policy. All such applications and outcomes will be reported to the Remuneration sub-Committee.</p> <p>Patients' Property</p> <p>The Chief Executive shall have overall responsibility for ensuring that the Board complies with legislation in respect of patients' property. The term 'property' shall mean all assets other than land and building. (e.g. furniture, pictures, jewellery, bank accounts, shares, cash.)</p>
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3.2 Matters Delegated to the Director of Finance	
	<p>Authority is delegated to the Director of Finance to take the necessary measures as undernoted, in order to assist the Board and the Chief Executive in fulfilling their corporate responsibilities:</p> <p>Accountable Officer</p> <p>The Director of Finance has a general duty to assist the Chief Executive in fulfilling their responsibilities as the Accountable Officer of the Board.</p> <p>Financial Statements</p> <p>The Director of Finance is empowered to take all steps necessary to assist the Board to:</p> <ul style="list-style-type: none"> • Act within the law and ensure the regularity of transactions by putting in place systems of internal control to ensure that financial transactions are in accordance with the appropriate authority; • Maintain proper accounting records; and • Prepare and submit for External Audit timeous financial statements which give a true and fair view of the financial position of the Board and its income and expenditure for the period in question. <p>Corporate Governance and Management</p> <p>The Director of Finance is authorised to put in place proper arrangements to ensure that the financial position of the Board is soundly based by ensuring that the Board, its Committees, and supporting management groupings receive appropriate, accurate and timely information and advice with regard to:</p> <ul style="list-style-type: none"> • The development of financial plans, budgets and projections; • Compliance with statutory financial requirements and achievement of financial targets; • The impact of planned future policies and known or foreseeable developments on the Board's financial position. <p>The Director of Finance is empowered to take steps to ensure that proper arrangements are in place for:</p> <ul style="list-style-type: none"> • Developing, promoting and monitoring compliance with Standing Orders and Standing Financial Instructions, and appropriate guidance on standards of business conduct; • Developing and implementing systems of internal control, including systems of financial, operational and compliance controls and risk management;

	<ul style="list-style-type: none"> • Developing and implementing strategies for the prevention and detection of fraud and irregularity; • Internal Audit. <p>Performance Management</p> <p>The Director of Finance is authorised to assist the Chief Executive to ensure that suitable arrangements are in place to secure economy, efficiency, and effectiveness in the use of resources and that they are working effectively. These arrangements include procedures:</p> <ul style="list-style-type: none"> • for planning, appraisal, authorisation and control, accountability and evaluation of the use of resources; • to ensure that performance targets and required outcomes are met and achieved. <p>Banking</p> <p>The Director of Finance is authorised to oversee the Board's arrangements in respect of accounts held in the name of the Board with the Paymaster General Office and the commercial bankers duly appointed by the Board.</p> <p>The Director of Finance will be responsible for ensuring that the Paymaster General's Office and the commercial bankers are advised in writing of amendments to the panel of nominated authorised signatories.</p> <p><u>Tax</u></p> <p><u>The Director of Finance shall have delegated authority as lead officer for Tax matters, in relation to the management of taxes as they affect NHS Fife's financial affairs. This includes but is not limited to final determination in cases of off payroll working, application of the Construction Industry Scheme regulations, VAT etc.</u></p> <p>Patients' Property</p> <p>The Director of Finance shall have delegated authority to ensure that detailed operating procedures in relation to the management of the property of patients (including the opening of bank accounts where appropriate) are compiled for use by staff involved in the management of patients' property and financial affairs, in line with the terms of the Adults with Incapacity (Scotland) Act 2000.</p>
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3.3 Matters Delegated to Other Senior Officers of the Board	
	Director of Acute Services and Director of Health and Social Care
	<p>General Provisions</p> <p>The Director of Acute Services/Director of Health and Social Care shall have delegated authority and responsibility from the Board Chief Executive to secure the economical, efficient and effective operation and management of their services:</p> <ul style="list-style-type: none"> • in accordance with the current policies and decisions made by the Board; • within the limits of the resources made available to the Division/IJB; • in accordance with the Code of Corporate Governance as detailed in the Board's Standing Orders and Standing Financial Instructions. <p>The Director of Acute Services and Director of Health and Social Care have a general duty to assist the Chief Executive in fulfilling their responsibilities as the Accountable Officer of the Board.</p> <p>The Director of Acute Services and Director of Health and Social Care are authorised to take such measures as may be required in emergency situations, subject to advising, where possible, the Chairperson or the Vice-Chairperson of the Board, the Chief Executive and where appropriate the relevant Standing Committee Chairperson. Such measures, that might normally be outwith the scope of the authority delegated by the Board or its Standing Committees to the Chief Executive, shall be reported to the Board or appropriate Standing Committee as soon as possible thereafter.</p> <p>The Director of Acute Services and Director of Health and Social Care are authorised to give a direction in special circumstances that any officer within their area shall not exercise a delegated function subject to reporting on the terms of the direction to the next meeting of the Board.</p> <p>Finance</p> <p>Resources shall be used only for the purpose for which they are allocated, unless otherwise approved by the Director of Acute Services and Director of Health and Social Care, after taking account of the advice of the Deputy Director of Finance. The Director of Acute Services and Director of Health and Social Care acting together with the Deputy Director of Finance have delegated</p>

	<p>authority to approve the transfer of funds between budget heads, up to a maximum of £500,000 in any one instance. Those instances where this authority is exercised and/or the change in use of the funds relates to matters of public interest shall be notified to the Finance, Performance and Resources Committee.</p> <p>Legal Matters</p> <p>The Director of Acute Services and Director of Health and Social Care are authorised to institute, defend or appear in any legal proceedings or any inquiry, (including proceedings before any statutory tribunal, board or authority) in respect of their service areas, and following consideration of the advice of the Central Legal Office of the National Services Scotland and in consultation with the Chief Executive, to appoint or consult with Counsel where it is considered expedient to do so, for the promotion or protection of the Board's interests.</p> <p>Procurement of Supplies and Services</p> <p>The Director of Acute Services and Director of Health and Social Care shall have responsibility for nominating officers or agents to act on behalf of the Board, for specifying, and issuing documentation associated with invitations to tender, and for receiving and opening of tenders.</p> <p>The Director of Acute Services and Director of Health and Social Care shall work with the Deputy Director of Finance and the Director of Finance to produce a listing, including specimen signatures, of those officers or agents to whom he has given delegated authority to sign official orders on behalf of the Board within their areas of responsibility.</p> <p>Human Resources</p> <p>The Director of Acute Services and Director of Health and Social Care may, after consultation and agreement with Human Resources, amend staffing establishments in respect of the number and grading of posts. In so doing, the Deputy Director of Finance, must have been consulted, and have confirmed that the cost of the amended establishment can be contained within the relevant limit approved for the current and subsequent financial years. Any amendment must also be in accordance with the policies and arrangements relating to workforce planning, approved by the Board or the Staff Governance Committee.</p> <p>The Director of Acute Services and Director of Health and Social Care may, in accordance with the Board's agreed Employee Conduct Policy, take disciplinary action in respect of members of staff, including dismissal where appropriate.</p>
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	<p>Patients' Property</p> <p>The Director of Acute Services and Director of Health and Social Care shall have overall responsibility for ensuring compliance with legislation in respect of patient's property and that effective and efficient management arrangements are in place.</p>
	<p>3.4 Champion Roles</p> <p>The following roles are filled by Non-Executive Board members.</p> <ul style="list-style-type: none"> • Counter Fraud Services Champion • Digital Champion • Equality & Diversity Champion • Safety & Cleanliness Champion • Whistle Blowing Champion (appointed nationally)

FRAMEWORK OF GOVERNANCE: SOUTH EAST AND TAYSIDE (SEAT) REGIONAL PLANNING GROUP

1. STATUTORY DUTY

- 1.1 The National Health Service Reform (Scotland) Act 2004 placed a statutory duty on NHS Boards to co-operate for the benefit of the people of Scotland.
- 1.2 The Scottish Executive Health Department (SEHD) letter of 13 December 2004 (HDL (2004) 46) entitled "Regional Planning", set out a framework for NHS Boards engagement in the regional planning of health services, in support of the legislation, covering both service and workforce planning.
- 1.3 There are three Regional Planning Groups within NHS Scotland, which provide structures and mechanisms for taking forward the statutory duty. NHS Fife participates in the South East and Tayside (SEAT) Regional Planning Group, which comprises the following NHS Board areas:-

- NHS Borders;
- NHS Fife;
- NHS Forth Valley;
- NHS Lothian; and
- NHS Tayside.

For the purposes of planning some specific services, NHS Dumfries and Galloway and NHS Highland also participate in SEAT.

- 1.4 The Framework of Governance: SEAT Regional Planning Group (Appendix A) describes how decisions in SEAT are made and how the Regional Planning Group carries out its functions and is accountable for its performance. The Framework covers the following four areas:-
 - Scheme of Delegation;
 - Terms of Reference;
 - Statement of the Expected Standards of Corporate Governance and Internal Control; and
 - Repository of control documents and operating procedures.
- 1.5 The Framework of Governance does not take precedence over the Board's internal Code of Corporate Governance.

SOUTH EAST AND TAYSIDE (SEAT) REGIONAL PLANNING GROUP

FRAMEWORK OF GOVERNANCE

Introduction

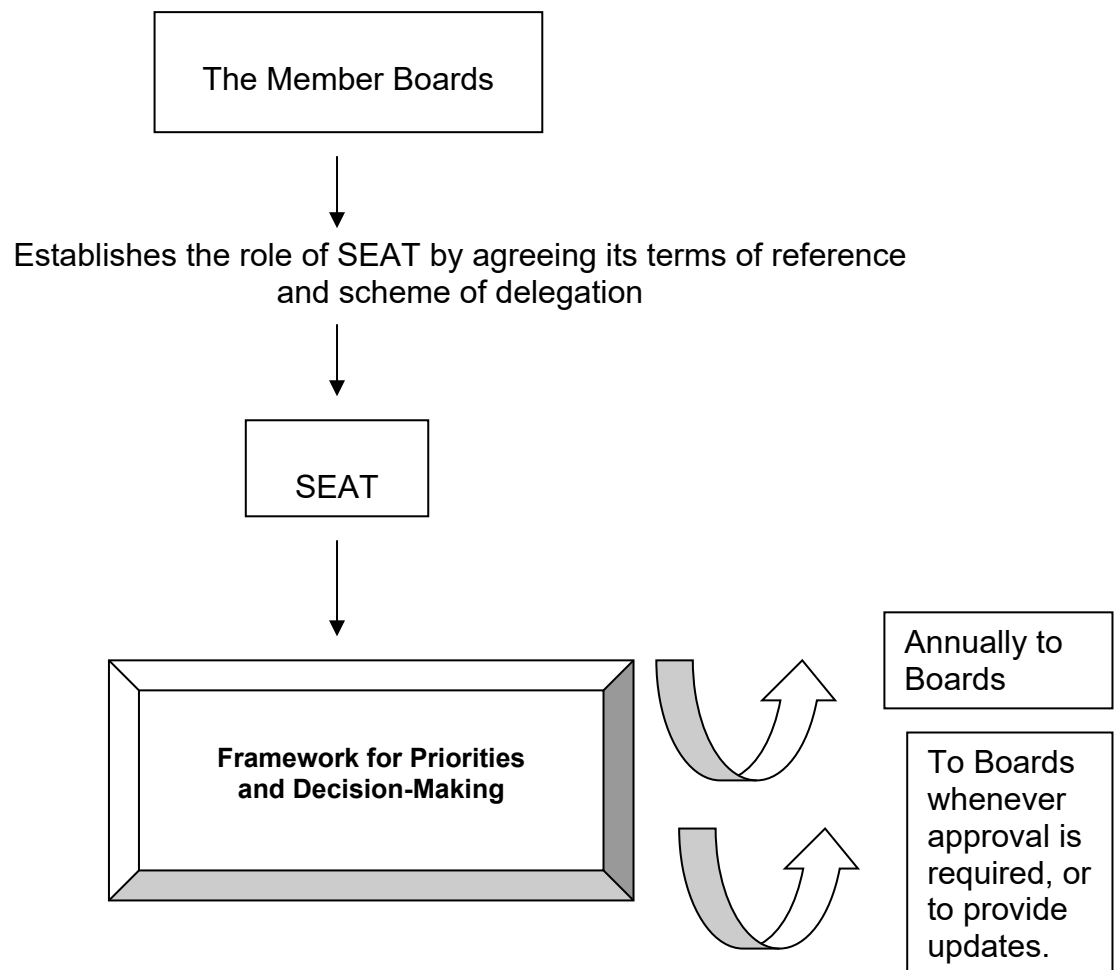
SEAT Regional Planning Group requires to have a framework of governance to describe how decisions will be made when it convenes, and how it will carry out its functions and be accountable for its performance.

This Framework has four key sections:

1. A **Scheme of Delegation**, describing the relationship between SEAT and the member boards, and how boards will delegate authority to SEAT and the individual members, namely the Chief Executives.
2. A **Terms of Reference**, describing the remit of the group, how it will make decisions, and how the different control elements of regional planning comes together to form the system of governance for SEAT.
3. A **Statement of the Expected Standards of Corporate Governance and Internal Control** that the member boards expect of each other when implementing the work of SEAT.
4. A **repository of control documents and operating procedures** that will be used to implement, monitor and account for the activities of SEAT. These together will form the system of control for SEAT operations. These will be live control documents and will not normally be presented as part of the framework of governance, but should be available upon request.

1. THE SCHEME OF DELEGATION

1.1 – The Overall Process



1.2 – Schedule of Delegated Authority from Member Boards to SEAT

DELEGATE	Description of Agreed Authority/ Responsibilities
SEAT (through the designated Chair of SEAT)	<ul style="list-style-type: none"> • To take forward the member boards' objectives and responsibilities with regard to regional planning in accordance with HDL (2004) 46; • To operate within its terms of reference; • To develop a work plan for member boards' approval, and implement the Framework for Priorities and Investments (as approved by the member boards).
Chief Executives of Member Boards	<ul style="list-style-type: none"> • To represent his or her Board at SEAT and act on its behalf; • To operate within the terms of reference of SEAT and to ensure that the board's statutory responsibilities for regional planning are met; • To ensure that this Framework of Governance has been presented and agreed by his or her Board; • To present SEAT documents to his or her Board for approval, as required by this Framework of Governance; • If designated as the lead member of a project within the Framework of Priorities and Decision Making, to lead the delivery of that project with the autonomy normally granted to a Chief Executive if acting entirely within his or her own host board; • To be accountable for the performance of projects assigned to him or her within the Framework of Priorities and Decision Making; • Generally to act in such a way as to deliver the goals of regional planning.
SEAT Project Officers (these are individuals who are identified by SEAT to lead work commissioned by them)	<ul style="list-style-type: none"> • To operate within the scope of his or her job description and any further delegated authority that may be given by the lead member for the project.

2. TERMS OF REFERENCE OF THE SEAT REGIONAL PLANNING GROUP

2.1 REMIT

2.1.1 The remit of the Group is to assist in the delivery of the following NHS Scotland objectives:

- To plan, fund and implement services across NHS Board boundaries;
- To harness and support the potential of Managed Clinical Networks;
- To develop integrated workforce planning for cross-board services;
- To facilitate the commissioning and monitoring of services which extend beyond NHS Board boundaries, services between members and out with the region on an inter-regional or national basis;
- To harmonise the NHS Board service plans at the regional level;
- To plan emergency response across NHS Board boundaries; and
- To support the delivery of NHS Boards' duty to co-operate for the benefit of the people of Scotland.

2.1.2 The above remit is to be delivered by the Group. However, the member boards remain accountable and responsible for the continued delivery of their statutory duties and general corporate governance requirements.

2.2 OUTCOMES FROM THE SEAT REGIONAL PLANNING GROUP ("THE GROUP")

2.2.1 The Group maintains and works to a Framework for Priorities and Decision-Making. The members must present this to their Boards for approval on an annual basis. This is the SEAT equivalent of the "Annual Regional Planning Agenda" referred to in HDL (2004) 46.

2.2.2 The Framework will include service, workforce, financial and other appropriate planning issues.

2.2.3 It is the responsibility of the member organisations to ensure congruence between their local plans and the Framework.

2.2.4 The Framework will contain all projects that have progressed beyond initial review stage, and require approval from member boards to progress to implementation. This document will also provide an analysis of the progress of projects that have previously been approved by the Boards for implementation, and is therefore key to effective performance management of the Group's agenda.

2.2.5 The Group will prepare an Annual Report of its activities, which will be sent to all members and partner organisations, and will be used as the focus for any public accountability processes. The Annual Report, prepared in accordance with this Framework of Governance, is submitted direct to Member Boards and, therefore, does not need to comply with the Audit Committee schedule and process for the production of Annual Reports.

2.2.6 The Group will support the retained accountability duties of member organisations, by making available any information to those organisations, which will support public reporting and the development of Local Delivery Plans.

2.2.7 The principal form of reporting by the Regional Group to the Board will be through the regular presentation of its minutes to the Board by the Board Chief Executive.

2.3 MEMBERSHIP OF THE SEAT REGIONAL PLANNING GROUP

2.3.1 The executive members of the SEAT Regional Planning Group are the Chief Executives of NHS Borders, NHS Fife, NHS Forth Valley, NHS Lothian and NHS Tayside.

2.3.2 Each member remains personally and legally accountable for their decisions both to their local Board and the Chief Executive of the NHS in Scotland. (This accountability incorporates the duty of regional planning as set out in SE guidance). All of the member Boards must formally recognise and approve the Scheme of Delegation in Section 1 of this Framework of Governance.

2.3.3 Once a decision is reached, each Board is bound by collective responsibility. The minutes of the meeting will reflect the decision of the Group.

2.3.4 The position of Chair of SEAT will rotate every three years as agreed by the executive members.

2.3.5 The Group will invite any other organisation or officers to attend meetings as it sees fit. Those who will be routinely invited to SEAT meetings will be:

- Directors of Planning for the member boards;
- Regional Planning Director;
- Regional Workforce Planning Director;
- Director (National Services Division);
- Representatives of:
 - the Chief Executive (NHS Scotland);
 - the Scottish Ambulance Service;
 - NHS Education Scotland;
 - Dumfries and Galloway NHS Board;
- The Postgraduate Dean for SE Scotland;
- Director of Pay Modernisation (SGHSCD);
- SEAT Workforce Champion; and
- the Lead Representative from each functional group, recognised by SEAT.

2.4 IMPLEMENTING THE WORK PLAN AND THE FRAMEWORK OF PRIORITIES AND DECISION MAKING

- 2.4.1 SEAT cannot progress any item on the Work Plan or implement any project on the Framework of Priorities and Decision Making without the prior approval of member boards. This would normally be via approval of the Annual Workplan.
- 2.4.2 Once all member board approvals are in place, SEAT is free to decide how to progress its workload. Each project will have a lead member assigned to it.
- 2.4.3 Once a member has been given lead responsibility for an item in the Work Plan or Framework of Priorities and Decision Making, he or she has complete authority from SEAT to progress the matter, as if the matter was an issue contained within his or her Board. The lead member will account to the SEAT Regional Planning Group by updating the Framework of Priorities and Decision Making.
- 2.4.4 All members are required to conduct SEAT business under the same standards of internal control and corporate governance as is generally expected of Chief Executives in NHS Scotland (Section 3). The lead member for a particular SEAT project will be primarily responsible for standards of internal control for activities within the scope of the project, on the understanding that all members have established adequate systems of internal control in their organisations.
- 2.4.5 For all items in the Framework of Priorities and Decision Making, a Project Agreement will be developed. This will describe the precise scope and objectives of the project, including timescales and accountability arrangements, as well as the associated resources required to deliver the project. This Project Agreement will define the parameters within which the member with lead responsibility for the project can operate.
- 2.4.6 In the event of the SEAT Regional Planning Group being in disagreement with the aspects of the delivery of the implementation of a project agreement, or if the Group wishes to amend or discontinue an agreed project, then a resolution to overrule the lead member responsible for the project (as stated in the project agreement) or alter the project terms of reference must be approved by the Group. An event of this nature should be reported back to the member boards.

2.5 SCOPE OF ACTIVITY TO BE ADDRESSED BY THE SEAT REGIONAL PLANNING GROUP

- 2.5.1 The national regional planning framework grants SEAT the authority to act on behalf of its members in the delivery of the following tasks:
 - Develop and progress a co-ordinated approach to service delivery for and on behalf of constituent NHS Boards;

- Facilitate commissioning and monitoring of services which extend beyond NHS Board boundaries, services between members and out with the region on an inter-regional or national basis;
- Develop strategic workforce solutions which support service delivery models;
- Commit and monitor resources, within the agreed financial framework, for the purposes for which it was approved;
- Determine commissioning policy for those services within its workplan;
- Agree a prioritisation framework for the regional planning group, reflective of those within individual NHS Boards;
- Commission reviews or other research in order to inform decisions;
- Agree. Monitor and update action plans;
- Develop delivery plans (often in collaboration with other Regional Planning Groups) for highly specialised services;
- Performance manage regional Managed Clinical Networks.
- Establish sub-groups as appropriate.

2.6 EXCEPTIONAL MATTERS

- 2.6.1 There may exceptionally be decisions that require significant expenditure commitments (or controversial service changes), which would be beyond the scope of delegated authority conventionally awarded to Board Chief Executives. In these exceptional circumstances, the member NHS Boards can delegate the authority to act on their behalf to executive sub-committees of each Board as opposed to their Chief Executive. It would be for the member NHS Boards to determine the membership of this executive subcommittee. The five executive sub-committees would then meet together (as opposed to the five Chief Executives acting on their own delegated authority) to form the Regional Planning Group.
- 2.6.2 The undertaking of work not previously foreseen in the agreed Work Plan or Framework of Priorities and Decision Making can be classed as an exceptional matter. This may be because the issue relates to a matter that requires an emergency response.
- 2.6.3 In these exceptional circumstances, the Chair of each executive sub-committee will act on behalf of his or her Board.
- 2.6.4 The Chair of SEAT has the authority to make decisions in emergency situations on behalf of this group, following consultation with the other members. If the issue falls within the agreed Work Plan or Framework of Priorities and Decision Making, then it can be formally endorsed at the next meeting of the Group. If the issue is not within these documents, then it should be formally endorsed at the next meetings of the member boards.
- 2.6.5 It is intended that the members of the Regional Planning Groups will work together in order to reach consensus. In the event of a material dispute arising, a meeting will be convened between the Chief Executives and Chairs of the member boards in order to resolve the issue, recognising the back-up arrangements set out in Section 4 of Annex 3 of HDL (2004) 46.

3. THE EXPECTED STANDARDS OF CORPORATE GOVERNANCE AND INTERNAL CONTROL

Introduction

Paragraph 2.4.4 of the SEAT Regional Planning Group's Framework of Governance makes reference to the "standards of internal control and corporate governance as is generally expected of chief executives in NHS Scotland".

The standards of corporate governance and internal control which apply to NHS Boards will apply to the work of SEAT. In the event of a query arising about this, e.g. if wording differs between Boards' governance documents, the Chair for the time being of SEAT shall decide the issue.

Scope of Corporate Governance

Six key subjects make up Corporate Governance for the member boards:-

- **Clinical Governance** – How we deliver our clinical services;
- **Patient Focus and Public Accountability** – How we inform individual patients and involve them and other stakeholders in the manner by which we deliver our clinical services;
- **Staff Governance** – How we engage our employees and their representatives;
- **Financial Governance** – How we manage our financial resources;
- **Research Governance** – How we conduct research and development;
- **Educational Governance** – How we teach and train healthcare professionals.

The principles of corporate governance are covered at slightly greater length in Annex A.

4. REPOSITORY OF CONTROL DOCUMENTS

SEAT has developed standardised templates to implement the above terms of reference. The templates are maintained centrally and made widely available for use. These are then elements of the overall Framework of Governance.

Items included:

- Template for the Work Plan;
- Template for the Framework of Priorities and Decision Making.

These are designed in a way that allows new projects and existing commitments to be presented efficiently, providing high level information to the member boards. They can be used to seek approval of new items, and present updates on progress. The detail will be in the individual Project Agreements.

- Template for the Project Agreement

This is the key control document to be presented to SEAT for approval. This should contain everything you need to know about the project, e.g. SMART objectives, funding requirements, service implications, lead Chief Executive, project staff, monitoring arrangements, etc.

ANNEX A

THE EXPECTED STANDARDS OF CORPORATE GOVERNANCE AND INTERNAL CONTROL

The Principles of Corporate Governance

In the following, the “organisation” is taken to be both the member boards individually and when they come together as the Regional Planning Group. All of the organisation’s activities, policies and procedures should be consistent with these principles. In the absence of a specific procedure, employees should comply with the requirements of these principles.

General

1. The organisation will discharge its responsibilities in accordance with the relevant legislative requirements of European Parliament, and the United Kingdom and Scottish Parliaments. The organisation will also comply with any directions or guidance issued by the Scottish Ministers.
2. No person will receive less favourable treatment regardless of individual differences or be disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Clinical Governance

3. The organisation will plan for, and monitor the provision of a range of services consistent with the overall strategy of NHS Scotland, as established by Scottish Ministers.
4. The organisation will provide care in accordance with relevant and nationally recognised standards and with all due care and attention.
5. The organisation will work in partnership with others in the development of healthcare and the general well being of the public.
6. The organisation will provide undergraduate and postgraduate education to the standards required by the relevant funding authorities.

Patient Focus and Public Accountability

7. The organisation will conduct its activities in an open and accountable manner. Its activities and organisational performance will be auditable.
8. The organisation will give patients the knowledge to make it possible for them to become active partners, with professionals, in making informed decisions and choices about their own treatment and care.
9. The organisation will establish mechanisms to inform, engage and consult patients and members of the public to inform its decision making appropriately.

Staff Governance

10. The organisation recognises the important of working in partnership with its staff.
11. The organisation will ensure that its employees are well informed, appropriately trained, involved in decisions that affect them, treated fairly and consistently and provided with a safe working environment.

Financial Governance

12. The organisation will perform its activities within the available financial resources at its disposal.
13. The organisation will conduct its activities in a manner that is cost-effective and demonstrably secures value for money.

Research Governance

14. The organisation will conduct research and development activity in accordance with the Research Governance Framework.

Educational Governance

15. This is taken forward through the applications of principles 1, 2, 6, 9 and 10.



CODE of CONDUCT
for
MEMBERS
of
The NHS Fife Public Board

CODE OF CONDUCT for MEMBERS of the NHS Fife Public Board

CONTENTS

Section 1: Introduction to the Code of Conduct

Appointments to the Boards of Public Bodies

Guidance on the Code of Conduct

Enforcement

Section 2: Key Principles of the Code of Conduct

Section 3: General Conduct

Conduct at Meetings

Relationship with Board Members and Employees of the Public Body

Remuneration, Allowances and Expenses

Gifts and Hospitality

Confidentiality Requirements

Use of Public Body Facilities

Appointment to Partner Organisations

Section 4: Registration of Interests

Category One: Remuneration

Category Two: Related Undertakings

Category Three: Contracts

Category Four: Houses, Land and Buildings

Category Five: Interest in Shares and Securities

Category Six: Gifts and Hospitality

Category Seven: Non-Financial Interests

Section 5: Declaration of Interests

General

Interests which Require Declaration

Your Financial Interests

Your Non-Financial Interests

The Financial Interests of Other Persons

The Non-Financial Interests of Other Persons

Making a Declaration

Frequent Declaration of Interests

Dispensations

Section 6: Lobbying and Access to Members of Public Bodies

Introduction

Rules and Guidance

Annexes

Annex 6.1: Sanctions Available to the Standards Commission for Breach of Code

Annex 6.2: Definitions

SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

- 1.1 The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. You must meet those expectations by ensuring that your conduct is above reproach.
- 1.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000, “the Act”, provides for Codes of Conduct for local authority councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant code; and establishes a Standards Commission for Scotland, “The Standards Commission” to oversee the new framework and deal with alleged breaches of the codes.
- 1.3 The Act requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. The Model Code for members was first introduced in 2002 and has now been revised in December 2013 following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was revised in 2010 following the approval of the Scottish Parliament.
- 1.4 As a member of The NHS Fife PUBLIC BOARD, “the Board”, it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct which has now been made by the Board.

Appointments to the Boards of Public Bodies

- 1.5 Public bodies in Scotland are required to deliver effective services to meet the needs of an increasingly diverse population. In addition, the Scottish Government’s equality outcome on public appointments is to ensure that Ministerial appointments are more diverse than at present. In order to meet both of these aims, a board should ideally be drawn from varied backgrounds with a wide spectrum of characteristics, knowledge and experience. It is crucial to the success of public bodies that they attract the best people for the job and therefore it is essential that a board’s appointments process should encourage as many suitable people to apply for positions and be free from unnecessary barriers. You should therefore be aware of the varied roles and functions of the public body on which you serve and of wider diversity and equality issues. You should also take steps to familiarise yourself with the appointment process that your board will have agreed with the Scottish Government’s Public Appointment Centre of Expertise.
- 1.6 You should also familiarise yourself with how the public body’s policy operates in relation to succession planning, which should ensure public bodies have a strategy to make sure they have the staff in place with the skills, knowledge and experience necessary to fulfil their role economically, efficiently and effectively.

Guidance on the Code of Conduct

- 1.7 You must observe the rules of conduct contained in this Code. It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Code of Conduct.
- 1.8 The Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. The Standards Commission may also issue guidance. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should seek advice from the public body. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.
- 1.9 You should familiarise yourself with the Scottish Government publication “On Board – a guide for board members of public bodies in Scotland”. This publication will provide you with information to help you in your role as a member of a public body in Scotland and can be viewed on the Scottish Government website.

Enforcement

- 1.10 Part 2 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 sets out the provisions for dealing with alleged breaches of this Code of Conduct and where appropriate the sanctions that will be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in **Annex 6.1**.

SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

- 2.1 The general principles upon which this Code is based should be used for guidance and interpretation only. These general principles are:

Duty

You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of the public body of which you are a member and in accordance with the core functions and duties of that body.

Selflessness

You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

Integrity

You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

Objectivity

You must make decisions solely on merit and in a way that is consistent with the functions of the public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship

You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that the public body uses its resources prudently and in accordance with the law.

Openness

You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

Honesty

You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the public body and its members in conducting public business.

Respect

You must respect fellow members of your public body and employees of the body and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of your public body.

- 2.2 You should apply the principles of this Code to your dealings with fellow members of the public body, its employees and other stakeholders. Similarly you should also observe the principles of this Code in dealings with the public when performing duties as a member of the public body.

SECTION 3: GENERAL CONDUCT

- 3.1 The rules of good conduct in this section must be observed in all situations where you act as a member of the public body.

Conduct at Meetings

- 3.2 You must respect the chair, your colleagues and employees of the public body in meetings. You must comply with rulings from the chair in the conduct of the business of these meetings.

Relationship with Board Members and Employees of the Public Body (including those employed by contractors providing services)

- 3.3 You will treat your fellow board members and any staff employed by the body with courtesy and respect. It is expected that fellow board members and employees will show you the same consideration in return. It is good practice for employers to provide examples of what is unacceptable behaviour in their organisation. Public bodies should promote a safe, healthy and fair working environment for all. As a board member you should be familiar with the policies of the public body in relation to bullying and harassment in the workplace and also lead by exemplar behaviour.

Remuneration, Allowances and Expenses

- 3.4 You must comply with any rules of the public body regarding remuneration, allowances and expenses.

Gifts and Hospitality

- 3.5 You must not accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term “gift” includes benefits such as relief from indebtedness, loan concessions or provision of services at a cost below that generally charged to members of the public.
- 3.6 You must never ask for gifts or hospitality.
- 3.7 You are personally responsible for all decisions connected with the offer or acceptance of gifts or hospitality offered to you and for avoiding the risk of damage to public confidence in your public body. As a general guide, it is usually appropriate to refuse offers except:
- (a) isolated gifts of a trivial character, the value of which must not exceed £50;
 - (b) normal hospitality associated with your duties and which would reasonably be regarded as appropriate; or
 - (c) gifts received on behalf of the public body.
- 3.8 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision your body may be involved in determining, or who is seeking to do business with your organisation, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit in your capacity as a member of your public body then, as a general rule, you should ensure that your body pays for the cost of the visit.

- 3.9 You must not accept repeated hospitality or repeated gifts from the same source.
- 3.10 Members of devolved public bodies should familiarise themselves with the terms of the Bribery Act 2010 which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality Requirements

- 3.11 There may be times when you will be required to treat discussions, documents or other information relating to the work of the body in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. You must always respect the confidential nature of such information and comply with the requirement to keep such information private.
- 3.12 It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purposes of personal or financial gain or for political purposes or used in such a way as to bring the public body into disrepute.

Use of Public Body Facilities

- 3.13 Members of public bodies must not misuse facilities, equipment, stationery, telephony, computer, information technology equipment and services, or use them for party political or campaigning activities. Use of such equipment and services etc. must be in accordance with the public body's policy and rules on their usage. Care must also be exercised when using social media networks not to compromise your position as a member of the public body.

Appointment to Partner Organisations

- 3.14 You may be appointed, or nominated by your public body, as a member of another body or organisation. If so, you are bound by the rules of conduct of these organisations and should observe the rules of this Code in carrying out the duties of that body.

3.15 As a member of the Board, you are appointed, ex officio, as a Trustee of the Endowment Fund. You do not need to declare an interest in the Endowment Fund when participating in Board meetings or vice versa in the Board of Trustees but you must act in only the discrete interests of each.

- 3.16~~5~~ Members who become directors of companies as nominees of their public body will assume personal responsibilities under the Companies Acts. It is possible that conflicts of interest can arise for such members between the company and the public body. It is your responsibility to take advice on your responsibilities to the public body and to the company. This will include questions of declarations of interest.

SECTION 4: REGISTRATION OF INTERESTS

- 4.1 The following paragraphs set out the kinds of interests, financial and otherwise which you have to register. These are called “Registerable Interests”. You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require change or an addition to your entry in the body’s Register. It is your duty to ensure any changes in circumstances are reported within one month of them changing.
- 4.2 The Regulations¹ as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. **Annex 6.2** contains key definitions and explanatory notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

Category One: Remuneration

- 4.3 You have a Registerable Interest where you receive remuneration by virtue of being:
- employed;
 - self-employed;
 - the holder of an office;
 - a director of an undertaking;
 - a partner in a firm; or
 - undertaking a trade, profession or vocation or any other work.
- 4.4 In relation to 4.3 above, the amount of remuneration does not require to be registered and remuneration received as a member does not have to be registered.
- 4.5 If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, “Related Undertakings”.
- 4.6 If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.
- 4.7 When registering employment, you must give the name of the employer, the nature of its business, and the nature of the post held in the organisation.
- 4.8 When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a

¹ SSI - The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 Number 135, as amended.

partnership, you must give the name of the partnership and the nature of its business.

- 4.9 Where you undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you write for a newspaper, you must give the name of the publication, and the frequency of articles for which you are paid.
- 4.10 When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.
- 4.11 Registration of a pension is not required as this falls outside the scope of the category.

Category Two: Related Undertakings

- 4.12 You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a subsidiary of, or a parent of, a company (or other undertaking) in which you hold a remunerated directorship.
- 4.13 You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which you are a director and from which you receive remuneration.
- 4.14 The situations to which the above paragraphs apply are as follows:
 - you are a director of a board of an undertaking and receive remuneration declared under category one – and
 - you are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

Category Three: Contracts

- 4.15 You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 4.19 below) have made a contract with the public body of which you are a member:
 - (i) under which goods or services are to be provided, or works are to be executed; and
 - (ii) which has not been fully discharged.
- 4.16 You must register a description of the contract, including its duration, but excluding the consideration.

Category Four: Houses, Land and Buildings

- 4.17 You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed.
- 4.18 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision making.

Category Five: Interest in Shares and Securities

- 4.19 You have a registerable interest where you have an interest in shares comprised in the share capital of a company or other body which may be significant to, of relevance to, or bear upon, the work and operation of (a) the body to which you are appointed and (b) the **nominal value** of the shares is:
- (i) greater than 1% of the issued share capital of the company or other body; or
 - (ii) greater than £25,000.

Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount or value of the shares does not have to be registered.

Category Six: Gifts and Hospitality

- 4.20 You must register the details of any gifts or hospitality received within your current term of office. This record will be available for public inspection. It is not however necessary to record any gifts or hospitality as described in paragraph 3.7 (a) to (c) of this Model Code.

Category Seven: Non-Financial Interests

- 4.21 You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described.
- 4.22 In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non-financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making.

SECTION 5: DECLARATION OF INTERESTS

General

- 5.1 The key principles of the Code, especially those in relation to integrity, honesty and openness, are given further practical effect by the requirement for you to declare certain interests in proceedings of the public body. Together with the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions.
- 5.2 Public bodies inevitably have dealings with a wide variety of organisations and individuals and this Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in the public body and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason.
- 5.3 In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must, however, always comply with the **objective test** ("the objective test") which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a member of a public body.
- 5.4 If you feel that, in the context of the matter being considered, your involvement is neither capable of being viewed as more significant than that of an ordinary member of the public, nor likely to be perceived by the public as wrong, you may continue to attend the meeting and participate in both discussion and voting. The relevant interest must however be declared. It is your responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration and you are advised to err on the side of caution. If a board member is unsure as to whether a conflict of interest exists, they should seek advice from the board chair.
- 5.5 As a member of a public body you might serve on other bodies. In relation to service on the boards and management committees of limited liability companies, public bodies, societies and other organisations, you must decide, in the particular circumstances surrounding any matter, whether to declare an interest. Only if you believe that, in the particular circumstances, the nature of the interest is so remote or without significance, should it not be declared. You must always remember the public interest points towards transparency and, in particular, a possible divergence of interest between your public body and another body. Keep particularly in mind the advice in paragraph 3.15 of this Model Code about your legal responsibilities to any limited company of which you are a director.

Interests which Require Declaration

- 5.6 Interests which require to be declared if known to you may be financial or non-financial. They may or may not cover interests which are registerable under the terms of this Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration. The paragraphs

which follow deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.

- 5.7 You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role as a member of a public body. In the context of any particular matter you will need to decide whether to declare an interest. You should declare an interest unless you believe that, in the particular circumstances, the interest is too remote or without significance. In reaching a view on whether the objective test applies to the interest, you should consider whether your interest (whether taking the form of association or the holding of office) would be seen by a member of the public acting reasonably in a different light because it is the interest of a person who is a member of a public body as opposed to the interest of an ordinary member of the public.

Your Financial Interests

- 5.8 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Code). If, under category one (or category seven in respect of non-financial interests) of section 4 of this Code, you have registered an interest

- (a) as an employee of the Board; or
- (b) as a Councillor or a Member of another Devolved Public Body where the Council or other Devolved Public Body, as the case may be, has nominated or appointed you as a Member of the Board;

you do not, for that reason alone, have to declare that interest.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

Your Non-Financial Interests

- 5.9 You must declare, if it is known to you, any non-financial interest if:

- (i) that interest has been registered under category seven (Non- Financial Interests) of Section 4 of the Code; or
- (ii) that interest would fall within the terms of the objective test.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

The Financial Interests of Other Persons

- 5.10 The Code requires only your financial interests to be registered. You also, however, have to consider whether you should declare any financial interest of certain other persons.

You must declare if it is known to you any financial interest of:-

- (i) a spouse, a civil partner or a co-habitee;
- (ii) a close relative, close friend or close associate;
- (iii) an employer or a partner in a firm;
- (iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
- (iv) a person from whom you have received a registerable gift or registerable hospitality;
- (v) a person from whom you have received registerable expenses.

There is no need to declare an interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

- 5.11 This Code does not attempt the task of defining “relative” or “friend” or “associate”. Not only is such a task fraught with difficulty but is also unlikely that such definitions would reflect the intention of this part of the Code. The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your responsibilities as a member of the public body and, as such, would be covered by the objective test.

The Non-Financial Interests of Other Persons

- 5.12 You must declare if it is known to you any non-financial interest of:-

- (i) a spouse, a civil partner or a co-habitee;
- (ii) a close relative, close friend or close associate;
- (iii) an employer or a partner in a firm;
- (iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;

- (v) a person from whom you have received a registerable gift or registerable hospitality;
- (vi) a person from whom you have received registerable election expenses.

There is no need to declare the interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

There is only a need to withdraw from the meeting if the interest is clear and substantial.

Making a Declaration

- 5.13 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed you must declare the interest as soon as you realise it is necessary.
- 5.14 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words “I declare an interest”. The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest but need not give a detailed description of the interest.

Frequent Declarations of Interest

- 5.15 Public confidence in a public body is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If you would have to declare interests frequently at meetings in respect of your role as a board member you should not accept a role or appointment with that attendant consequence. If members are frequently declaring interests at meetings then they should consider whether they can carry out their role effectively and discuss with their chair. Similarly, if any appointment or nomination to another body would give rise to objective concern because of your existing personal involvement or affiliations, you should not accept the appointment or nomination.

Dispensations

- 5.16 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial interests which would otherwise prohibit you from taking part and voting on matters coming before your public body and its committees.
- 5.17 Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is

sought. You should not take part in the consideration of the matter in question until the application has been granted.

SECTION 6: LOBBYING AND ACCESS TO MEMBERS OF PUBLIC BODIES

Introduction

- 6.1 In order for the public body to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which the public body conducts its business.
- 6.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals in order to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Code set out how you should conduct yourself in your contacts with those who would seek to influence you. They are designed to encourage proper interaction between members of public bodies, those they represent and interest groups.

Rules and Guidance

- 6.3 You must not, in relation to contact with any person or organisation that lobbies do anything which contravenes this Code or any other relevant rule of the public body or any statutory provision.
- 6.4 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon the public body.
- 6.5 The public must be assured that no person or organisation will gain better access to or treatment by, you as a result of employing a company or individual to lobby on a fee basis on their behalf. You must not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which you accord any other person or organisation who lobbies or approaches you. Nor should those lobbying on a fee basis on behalf of clients be given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming from another member of the public body.
- 6.6 Before taking any action as a result of being lobbied, you should seek to satisfy yourself about the identity of the person or organisation that is lobbying and the motive for lobbying. You may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that

you know the basis on which you are being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code.

6.7 You should not accept any paid work:-

- (a) which would involve you lobbying on behalf of any person or organisation or any clients of a person or organisation.
- (b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the public body and its members. This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of the public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

6.8 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of the public body.

ANNEX 6.1

SANCTIONS AVAILABLE TO THE STANDARDS COMMISSION FOR BREACH OF THE CODE

- (a) Censure – the Commission may reprimand the member but otherwise take no action against them;
- (b) Suspension – of the member for a maximum period of one year from attending one or more, but not all, of the following:
 - i) all meetings of the public body;
 - ii) all meetings of one or more committees or sub-committees of the public body;
 - (iii) all meetings of any other public body on which that member is a representative or nominee of the public body of which they are a member.
- (c) Suspension – for a period not exceeding one year, of the member's entitlement to attend all of the meetings referred to in (b) above;
- (d) Disqualification – removing the member from membership of that public body for a period of no more than five years.

Where a member has been suspended, the Standards Commission may direct that any remuneration or allowance received from membership of that public body be reduced, or not paid.

Where the Standards Commission disqualifies a member of a public body, it may go on to impose the following further sanctions:

- (a) Where the member of a public body is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from their public body and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.
- (b) Direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members' code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

In some cases the Standards Commission do not have the legislative powers to deal with sanctions, for example if the respondent is an executive member of the board or appointed by the Queen. Sections 23 and 24 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 refer.

Full details of the sanctions are set out in Section 19 of the Act.

ANNEX 6.2

DEFINITIONS

“Chair” includes Board Convener or any person discharging similar functions under alternative decision making structures.

“Code” code of conduct for members of devolved public bodies

“Cohabitee” includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.

“Group of companies” has the same meaning as “group” in section 262(1) of the Companies Act 1985. A “group”, within s262 (1) of the Companies Act 1985, means a parent undertaking and its subsidiary undertakings.

“Parent Undertaking” is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking's memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the rights in the undertaking.

“A person” means a single individual or legal person and includes a group of companies.

“Any person” includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.

“Public body” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“Related Undertaking” is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

“Remuneration” includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

“Spouse” does not include a former spouse or a spouse who is living separately and apart from you.

“Undertaking” means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

Meeting:	NHS Fife Board
Meeting date:	30 September 2020
Title:	Update on Board Action Plan for the implementation of the NHS Scotland 'Blueprint for Good Governance'
Responsible Executive:	Carol Potter, Chief Executive
Report Author:	Gillian MacIntosh, Board Secretary

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

By a Director's letter issued in February 2019, all NHS Boards and Special Health Boards are required by the Scottish Government to adopt NHS Scotland's '[A Blueprint for Good Governance](#)', authored by John Brown CBE and Susan Walsh OBE. This report reviewed best practice in corporate governance and set out a model 'blueprint' for a refreshed system of corporate governance to be applied consistently across all NHS Boards.

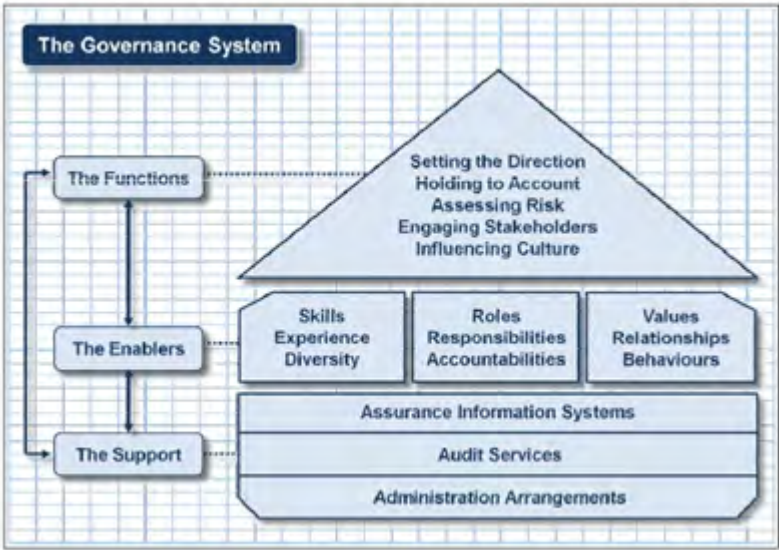
Practical implementation of the Blueprint and its supporting suite of documents is being overseen through the NHS Scotland Chairs' sub-group, the Corporate Governance Steering Group, on which the NHS Fife Chair, Tricia Marwick, serves as a member.

The NHS Scotland Board Secretaries' Group is also leading on a number of supporting workstreams, including the creation of various 'Once for Scotland' templates to inform key governance documents such as Standing Orders, Schemes of Delegation / Standing Financial Instructions, Terms of Reference for key governance committees, and Induction

programmes and material. Some of this material has been issued and adopted by the Board over the past year.

2.2 Background

The NHS Scotland Blueprint defines governance as the system by which organisations are directed and controlled, describing therein a three-tiered model that outlines the Functions of a governance system, the Enablers and the Support required to effectively deliver those functions. Five key elements are included for Boards to demonstrate, namely: (i) Setting the Direction; (ii) Holding to Account; (iii) Assessing Risk; (iv) Engaging Stakeholders; and (v) Influencing Culture. This model is illustrated as follows:



In order to implement the above model, all NHS Boards in Scotland were invited in February 2019 to undertake a baseline assessment of their current practice against the Blueprint's requirements, via Board members' completion of an online national survey. The detailed results for this assessment were reported previously to the Board in May 2019.

A Development Session was held in April 2019 with the Board to discuss the results of the 2019 self-assessment survey, broken down at the level of individual questions, reviewing how well the Board is presently delivering on the functions outlined in the Blueprint. The session considered the context for the final ratings and consideration of where improvements can be made, to enhance governance across NHS Fife. Consideration was also given at the session to the results of the self-assessment exercise undertaken (as a separate exercise) for all Board standing committees, which is part of the routine year-end reflection of each Committee's effectiveness within the overall governance structure and has been enhanced via the introduction of an online survey.

Facilitated by national colleagues, a follow-up questionnaire was to be undertaken annually, with the next iteration of the Blueprint survey expected to be released for members' completion in early 2020. This, however, has been delayed, principally due to

the Covid-19 pandemic, and the next survey is now not expected to be released until early 2021.

2.3 Assessment

In reviewing last year's results both from the benchmarking exercise against the Blueprint and the annual Committee effectiveness questionnaires, the Board identified a number of areas of strength in existing governance practice, such as the current committee structure and system of assurance it provides; the setting of strategy / policy and its implementation; the robust level of scrutiny and constructive challenge; positive Board dynamics and member relationships; and the continual development of the governance framework of the Board over the past few years, which was thought to leave NHS Fife in a positive position in comparison to other Boards across Scotland. A number of areas for review were however identified in the Board's detailed discussions, and an action plan outlining that proposed activity was agreed by the Board in May 2019. It was then agreed an update would be provided after six months, and a follow-up paper providing that assessment was reviewed by the Board in November 2019.

As previously agreed, regular updates on the Blueprint workstreams have been given to the Audit & Risk Committee, which has a key role in approving key governance documentation such as Standing Orders and ensuring that systems of corporate governance are fit for purpose and operating according to relevant regulations. In March 2020, Audit & Risk considered a number of outputs, including the new Model Standing Orders for Boards and agenda paper templates and guidance, which have now been adopted.

Given that the next national survey is expected to be released in early 2021, it is thought useful to provide the Board with a further update on the previously agreed Action Plan. The attached document has been expanded to provide further information on the improvement activities that are being taken forward in delivery of these actions. From the document, a number of individual actions have been completed; others have a programme of activity underway to address the previous recommendations. Full details are provided in the enclosed appendix to this paper.

2.3.1 Quality / Patient Care

Delivering improved governance across the organisation is supportive of enhanced patient care and quality standards

2.3.2 Workforce

The implementation of any of the recommendations from this paper will be met from existing resource.

2.3.3 Financial

There are no financial implications from this work.

2.3.4 Risk Assessment/Management

Implementing and completing the enclosed action plan will mitigate any risks of non-compliance with the Blueprint's requirements. Compliance evidences that NHS Fife has robust corporate governance practices in place that help deliver and support organisational objectives.

2.3.5 Equality and Diversity, including health inequalities

There are no specific Equality and Diversity issues arising from undertaking this work.

2.3.6 Other impact

The consideration of an updated Action Plan by the Audit & Risk Committee and the Board will address a recommendation from within the Internal Audit report B10/20, on our compliance with the Governance Blueprint. Overall, the audit opinion in the report was one of Comprehensive Assurance and a finding that the robust framework of key controls ensures objectives are likely to be achieved.

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

This paper has been initially reviewed by the Chair and Chief Executive, prior to submission to the Audit & Risk Committee. The paper was considered at the Audit & Risk Committee meeting held on 17 September 2020.

2.4 Recommendation

The Board is invited to:

- **Note, for assurance**, the information provided in this paper.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1 - NHS Fife Action Plan – Update on the Implementation of Blueprint for Good Governance

Report Contact

Gillian MacIntosh

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NHS FIFE ACTION PLAN – UPDATE ON THE IMPLEMENTATION OF BLUEPRINT FOR GOOD GOVERNANCE

Area for Improvement	No.	Action	Improvement Activity / Evidence	Who / When
Scrutiny & Assurance	1	Review format and content of Integrated Performance Report (IPR), to enhance the clarity of information contained therein and remove potential areas of duplication or stasis.	The IPR has developed over time to become a critical assurance tool for the Board and its committees. A review of its present format is timely, to ensure that the information contained therein is relevant, clear to members and reflects the most up-to-date performance information available.	Performance Team COMPLETE
	<p>The Integrated Performance Report (IPR) produced monthly provides the Board with key performance indicators for Fife and, within this report, where an indicator is not meeting the standard, drill-down analysis is produced, including benchmarking information if available. The Board has valued this level of detail, which enables them to give adequate scrutiny to performance and provide appropriate assurance. A review in summer 2019 of the Integrated Performance Report has resulted in a more detailed and standardised report being produced, which now incorporates the Quality Report. The Integrated Performance & Quality Report (IPQR) now include benchmarking information over time for the key indicators, where available, and this provides the Board with more transparent benchmarking. Feedback from Non-Executive Board members has been very positive about the changes made.</p> <p><u>Update</u> Follow-up enquiries with Committee chairs have confirmed that they are content with the revisions made, but further work in current year will look at increasing the performance data that falls under the section on Staff Governance (as has been raised at their own meetings).</p>			
	2	Develop Board members' skills and understanding of data presentation and interpretation by scheduling a specific training session on this topic.	Board papers frequently contain a large amount of data, in a variety of different layouts and graphical formats. A more consistent format of presentation used in reporting would enhance the scrutiny of often complex information and strengthen members' interpretative data skills.	Board Secretary COMPLETE
<p>A Board Development Session was held in August 2019, using the new format of the IPQR (as above) as the basis of a broader discussion on improving the presentation of complex data to Board members. The NHS Improvement England resource, Making Data Count, has also been made available to Board members, for further training and development. It is expected that the national Board Development work will also produce a training resource in this area on the new Turas platform for Non-Executives.</p> <p><u>Update</u> A national programme has begun on the development of an assurance information system, as described at paragraphs 5.2 to 5.4 in the NHS Scotland Blueprint for Good Governance, which has been titled 'Active Governance'. Such an approach is aimed at ensuring NHS Boards have the necessary information to assist them in obtaining assurance on the delivery of the organisation's strategic, operational and financial plans, and that it is possible to measure the organisation's performance by benchmarking results against those of similar organisations. A specific development programme is being designed for Board members, to ensure that they can engage with the information, make informed assessments for assurance purposes and anticipate and identify substantive issues. Roll-out of the national programme and related training is expected to begin in December 2020.</p>				

NHS FIFE ACTION PLAN – UPDATE ON THE IMPLEMENTATION OF BLUEPRINT FOR GOOD GOVERNANCE

Area for Improvement	No.	Action	Improvement Activity / Evidence	Who / When
	3	Enhance the Board's visibility on the NHS Fife website, ensuring that the publication of Board papers is timely and easily accessible by an external audience.	A business case for creating a new website for NHS Fife is presently being progressed. The creation of a 'Board portal' is an early priority for the new website, bringing together information on Board members, dates of meetings, agenda papers and governance-related information.	Head of Communications COMPLETE
		<p>An external web development agency is in the process of being appointed to work on the redesign, testing and development of the new NHS Fife website. As part of this development a dedicated area on the website will be allocated to the Board, bringing together information on individual Board members, dates of meetings, agenda papers and other governance-related information. It is expected that the agency will be appointed by end of November 2019, with design, development and testing from December 2019 to February 2020, and an initial launch in March 2020.</p> <p><u>Update</u> The new NHS Fife website launched at the start of September 2020, after delays due to Covid-19. An enhanced Board portal is continually being developed, with increased information available on the background of Board members, committee roles / remits and governance structures. The publication of Board and Board Committee papers will follow protocol agreed by the Board in April 2020 (as aligned to the implementation of the new Standing Orders).</p>		
	4	Further enhance Board Committee self-assessment questionnaires, taking account of feedback from members on the relevance of some current questions and reviewing the current timing of the exercise.	The annual Board Committee self-assessment exercise provides valuable feedback from members and attendees about the effectiveness of the core governance structure. The move to an online questionnaire process in 2018/19 has significantly increased participation and captured helpful comments from respondents. A further review of the present question set is proposed, in addition to the earlier scheduling of the exercise to avoid clashes with other annual surveys (avoiding overload of members and lower participation).	Board Secretary COMPLETE
Board Administration & Support		<p>In conjunction with Committee Chairs, the current list of questions for the annual self-assessment exercise has been comprehensively reviewed and amendments made to improve clarity of wording and relevance. A new questionnaire, based on the standard format, has also been developed for the Remuneration Committee, to reflect its new position as a standing committee of the Board. The online exercise will be scheduled earlier than in previous years, in December, to avoid a clash with other year-end surveys.</p> <p><u>Update</u> The Committee surveys for 2019/20 were undertaken earlier than in the past and the outcome findings have been reported to all committees by March 2020. The Remuneration Committee undertook this exercise for the first time and have considered the feedback as per the system in place for other governance committees. In light of the impact of Covid-19 pandemic on routine business from March 2020, the completion of this programme of work earlier in the calendar year than scheduled previously was greatly beneficial, ensuring that this key aspect of the annual assurance process was not interrupted or delayed.</p>		

NHS FIFE ACTION PLAN – UPDATE ON THE IMPLEMENTATION OF BLUEPRINT FOR GOOD GOVERNANCE

Area for Improvement	No.	Action	Improvement Activity / Evidence	Who / When
	5	Reduce the amount of late papers circulated to Board Committees, which can negatively impact the level of scrutiny of members on the content and proposals therein.	The ongoing development of detailed workplans for the Board and its Committees, scheduling agenda topics over a yearly cycle, is expected to enhance agenda management. The creation of a similar system for the Executive Directors Group will aid the forward planning of Board and Board Committee agendas, thus providing authors with adequate notice to meet strict deadlines for submission.	Directors & Board Secretary Ongoing– revised completion date of December 2020
	<p>Board Committee workplans have all now been scrutinised and revised to follow a similar format. Template agendas for the full annual cycle of meetings are now in place for the four main scrutiny committees. An update is being drafted for EDG in November, proposing that Board committee agendas are brought forward earlier in the cycle to EDG for consideration, to inform earlier preparation of Committee papers. Additionally, using the Board's new electronic Outlook calendar, it will be suggested that key deadline dates are delivered electronically to Directors' diaries, as automatic reminders for Committee preparation.</p> <p><u>Update</u> A process is now in place for EDG to consider draft committee agendas immediately after the preceding meeting, to help aid earlier preparation of papers. A central Board meeting calendar has also been successfully introduced. Further work is required on developing a workplan for EDG itself, to align papers with the reporting requirements of the Board and its committees. In general, however, this work has been disrupted by the impact of Covid-19 on routine business and the resultant need to prioritise Covid-related business, meaning that many of the routine workplans of key groups have been set aside or significantly amended.</p>			
	6	Implement locally the suite of nationally developed governance templates for the Board, such as Standing Orders, agenda paper templates, induction programme etc.	NHS Fife is involved in the ongoing workstreams led by the Board Secretaries group to develop a 'Once for Scotland' suite of key governance documents (for example, the NHS Fife Induction Pack has been selected as a model template for other national boards to follow). Other documents currently in draft are largely similar to our existing versions presently in use, so it is anticipated that we will be able to be implemented these locally in a short timeframe.	Board Secretary Ongoing– tied to timings of national workstreams in 2021
<p>The bulk of this work remains in draft, with final approval of key documents still to be granted via the Chairs' group. The NHS Fife Induction Pack / programme has however now been adopted nationally and is fully in use locally with newly appointed members.</p> <p><u>Update</u> As part of this work, in addition to the roll-out of the induction programme, new model Standing Orders and the adoption of Board agenda paper templates / guidance has been issued and adopted by the Fife NHS Board. National work is ongoing on the creation of template remits for mandatory Board committees, to which the Board Secretary continues to have input. This national work was paused due to the Covid pandemic but has now recommenced. The delivery of these various initiatives however remains tied to the timing of national workstreams, over which we as an individual Board have limited input.</p>				

NHS FIFE ACTION PLAN – UPDATE ON THE IMPLEMENTATION OF BLUEPRINT FOR GOOD GOVERNANCE

Area for Improvement	No.	Action	Improvement Activity / Evidence	Who / When
Partnership Working	7	Review current progress on integration of health and social care and develop revised Integration Scheme with Fife Council.	A detailed self-assessment exercise on integration progress has been undertaken by all partners in April 2019 and agreement reached to review the current version of the Fife Integration Scheme. This is expected to further develop the governance arrangements in place in the IJB and consequentially improve the NHS Board's own systems of governance and assurance for the matters delegated to the Health & Social Care Partnership.	Chair & Chief Exec Work ongoing to further strengthen – revised completion date by January 2021
	<p>Final version of self-evaluation response to MSG Integration of Health & Social Care report was submitted by IJB to Scottish Government in May 2019, which detailed areas for further work locally. Review of present Integration Scheme is anticipated to take place in 2020. Appointment of new Director of Health & Social Care expected to provide further impetus to this programme of work.</p> <p><u>Update</u> The review of the current Fife Integration Scheme was at an advanced stage when paused in mid-March 2020 due to prioritising Covid-19 mobilisation. This work is being led by the Director of Health & Social Care. Meetings of the review group were resumed in August 2020 and a deadline date of approval of a revised Integration Scheme via the governance structures of the respective partners has been set for the end of the calendar year.</p>			
	8	Revise the governance arrangements in place to provide oversight of the Joint Strategic Transformation Programme.	A joint programme of strategic and operational transformation is essential to the sustainability of the services delivered by NHS Fife. We are implementing a refreshed approach to the oversight of this area under the leadership of the Chief Executive and Director of Finance & Performance, as well as an enhanced framework of performance and accountability between operational services and the Board's Committees.	Chief Exec and Ass. Director of Planning & Performance Work ongoing to further strengthen – revised completion date by December 2020
<p>A new system of Performance & Accountability Review Framework has been initially established in 2019, to provide a structured, transparent and systematic approach to ensure delivery of standards and targets, with an effective reporting and assurance mechanism from each service to the Board. The process is expected to evolve further, to provide enhanced assurance on performance. A refreshed Integrated Transformation Board, to be additionally supported by the six-month appointment of a Director of Programme Management Office (PMO), has been established, to provide leadership and strategic direction to the joint transformation programmes underway in NHS Fife and the H&SCP.</p> <p><u>Update</u> Work is underway to review and redesign the transformation programme, taking into account the transformation and changes taken place during and following the COVID-19 period and the new leadership of NHS Fife under a new CEO and directors. A workshop was held on 3 September 2020 with the directors to agree the priorities going forward and the proposed structure of governance and reporting.</p>				

NHS FIFE ACTION PLAN – UPDATE ON THE IMPLEMENTATION OF BLUEPRINT FOR GOOD GOVERNANCE

Area for Improvement	No.	Action	Improvement Activity / Evidence	Who / When
Public Engagement	9	Clarify the status of the Patient Focus Public Involvement Committee (PFPI) and agree the composition of a refreshed body that promotes enhanced public engagement in the delivery and planning of health services.	Noting the planned release of engagement-related guidance to Health Boards from the Scottish Government, NHS Fife will further develop our approach for identifying, involving and engaging our key stakeholders, including those who are difficult to reach or might be otherwise disenfranchised through traditional format participation activities.	Director of Nursing Work ongoing to further strengthen – revised completion date March 2021
	<p>A revised model for participation and engagement has been developed, involving a three-strand approach of (i) a professional Advisory Group, to act as a single point of contact for participation and engagement activity, chaired by a member of the public; (ii) a structure Public Member Forum, to provide peer input and advice; and (iii) a community engagement assembly, fully utilising social media reach to attract a wide demographic. Following Board approval, development of terms of reference for the groups will follow, aligned with the recruitment of participants.</p> <p><u>Update</u> The above model was ratified by the Clinical Governance Committee in November 2019 and by the Clinical & Care Governance Committee in January 2020. The aforementioned citizens assembly, due to take place in June 2020, was cancelled in light of the pandemic. In response to this, Patient Relations has reached out to the virtual directory to seek feedback on the public's experiences throughout lockdown. Whilst development and roll-out of Terms of Reference, appointment of a Chair, wider staff education and revision of the Participation & Engagement Strategy have been delayed due to the pandemic, work has now resumed, with forecasted completion dates of March 2021. However, the model has been in practise since ratification and is being embedded as services remobilise. The Participation & Engagement Advisory Group has been able to utilise the findings of the Scottish Government's scoping exercise to engage with service leads to further test the model, and as a result the levels of engagement correspond to the remobilisation plans described.</p>			
	10	Review the effectiveness of the programme of engagement sessions held on a bi-monthly basis with external organisations working with NHS Fife and ensure that invited parties represent the breadth and diversity of our key stakeholders.	In 2018/19, a successful programme of engagement sessions has been established, allowing Board members and the Executive Team a chance to regularly meet with a wide range of external charity / voluntary organisations that work in partnership with NHS Fife to deliver improved outcomes for the population we serve. As this programme continues, a review will be undertaken to ensure that invited organisations are fully representative of the many groups we work in partnership with.	Chair & Board Secretary Work ongoing to further strengthen – to be reviewed January 2021
<p>The list of upcoming voluntary and external organisation invites has been reviewed and refreshed, with input sought from the Charity Manager of Fife Health Board Endowment Fund to ensure that the proposed invited groups cover the breadth of organisations that work in partnership with NHS Fife. It is anticipated the sessions will continue over 2019-20.</p> <p><u>Update</u> No further sessions have been held since the last report to the Board, due initially to clashes with other events that were aligned to Board Development Sessions and then the impact of Covid-19 on the Board's ability to meet in public. It is expected that the ability to hold further sessions in the near future will be severely limited, due to ongoing social distancing measures and the continuance of restrictions on the Board meeting in public. Once public meetings resume, consideration will be given to resuming this programme of work or exploring other avenues to improve Board engagement with key stakeholders.</p>				

Meeting:	NHS Fife Board
Meeting date:	30 September 2020
Title:	Update on Risk Management Framework
Responsible Executive:	Helen Buchanan, Director of Nursing
Report Author:	Pauline Cumming, Risk Manager

1 Purpose

This is presented to the Committee for:

- Decision

This report relates to a:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this paper is to set the review of the NHS Fife Risk Management Framework in context and seek the Board's approval of the latest iteration.

2.2 Background

The Risk Management Framework developed in 2014, contained the following pillars:

- Risk Philosophy
- Approach to Risk Management
- Board Assurance Framework
- Risk Policy & Procedures
- Audit & Risk Committee Terms of Reference
- Reporting Framework
- Risk Appetite & Tolerance
- Tools to assess ourselves against

Content relating to the (i) Board Assurance Framework, and (ii) Risk Appetite & Tolerance components was, at that time, reserved, pending the sign off of the Strategic Clinical Framework. These components were ultimately developed in 2017 and 2019 respectively.

2.3 Assessment

The updated Framework reflects updates made in light of the time lapse between the original document and the latest iteration, and changes made in response to feedback obtained from the stakeholder consultation process. Key changes are as follows:

Philosophy: The component which previously stated the Board's commitment to risk management and its related beliefs, is now contained within an introductory section.

Approach to risk management: Content has been updated and for clarity, some of it has been re - organised into stand - alone sections.

Board Assurance Framework (BAF): Content reflects that the BAF is now established, and explains its relationship to our overall risk management arrangements. Additionally, the Framework outlines how, based on best practice guidance, we will further develop the governance and internal control processes through which the Board receives its assurance that the risk management arrangements are operating effectively. Key areas of focus will include the accuracy of BAF content, alignment with the strategic objectives and evidence that the BAF is regularly subjected to effective scrutiny and challenge.

Risk Policy & Procedures: The Risk Register/ Risk Assessment Policy GP/R7 remains in place. Consultation feedback confirmed there is considerable duplication between the Framework and Policy. There is now an opportunity to consider streamlining the content to make it less unwieldy, more accessible and meaningful for the organisation and so achieve better performance. It is felt this could be accomplished by retaining an overarching framework aligned to a suite of simpler procedures. This could facilitate implementation and make it easier to assess how successfully the Framework translates into practice. As this recommendation requires further consideration and discussion, the policy component is not provided with this submission.

Audit & Risk Committee Terms of Reference: These are included in full along with those of the other governance committees.

Reporting Framework: This section has been renamed Reporting and Review, and has been expanded to reflect the required arrangements and reporting cycle.

Risk Appetite & Tolerance: Content has been added to reflect the current position and the approach that is recommended to implement in full. The risk appetite statement requires to be updated by the end of November 2020.

It is recommended that the update process:

- takes cognisance of the updated strategic objectives

- includes a review of the Board's categorisation of risk
- agrees and apply risk tolerances for specific types of risk

Tools to assess ourselves against: The extant Framework includes the Risk And Control Evaluations (RACEs) tool, developed by Internal Audit to be a guide to support the assessment of controls which mitigate to an acceptable level, key risks and control weaknesses that result in risk exposure. The tool is based heavily on Public Sector Internal Audit Standards (2013), section 2010 - Risk Management. It is a key part of the internal audit fieldwork process. It is recommended that we consider if there is value in retaining this tool, or if we should rely wholly on the Annex F, Key Lines of Enquiry in the Scottish Government Audit & Assurance Committee Handbook, 2019.

Health and Social Care Integration: It is desirable that the updated Framework accurately describes the delegation of functions to the Integration Joint Board (IJB), and the implications for risk management, governance and assurance, in particular, the treatment of residual risk. This detail is not yet available pending the Integration Scheme review. In the interim, the Director of Health and Social Care has provided a form of words for the Framework, that reflect the current position under the terms of the Integration Scheme, 2018, and the Health and Social Care Partnership / Integration Joint Board Risk Management Strategy and Policy 2019.

In summary

The updated Framework reaffirms the Board's belief that the successful management of risk is fundamental to meeting its strategic objectives, and restates our commitment to ensuring that risks to the quality, safety, effectiveness and sustainability of our services are identified, managed and reduced to an acceptable level or eliminated as far as reasonably practicable.

It offers the vision and direction for the further development of risk management in NHS Fife. This is at a time when it is vital to build on existing good practice, and refresh and reinvigorate our approach, not least given the significant challenges and uncertainty facing our health and care systems, such as those generated by the COVID -19 pandemic, and EU withdrawal. These crystallise the need for clarity of purpose around a shared endeavour; to deliver high quality, integrated services in a financially sustainable manner.

Successful delivery will depend on first principles: clear understanding about our objectives, the associated challenges, and a compelling case for change where this is necessary or desirable. To better understand what is required, several actions are recommended including:

- an organisational review of the governance infrastructure and processes, including the accountability arrangements that currently support risk management functions
- an assessment of risk management capacity and capability
- a wholesale review of the organisation's risk registers and current risk profile
- a review of the Datix Risk Register module set up

Outputs from the above will inform the activities for successful implementation and will include the following:

- risk awareness sessions to launch the updated Framework
- roll out of risk appetite and tolerance as part of the planning and decision making framework
- implementation of risk management KPI reporting
- progression of assurance work, based on best practice guidance
- production of a risk management 'toolkit' i.e. training, materials and support to enable staff to develop the risk management capability necessary for their job
- resetting the governance of risk management activity across the organisation

The actions above will form part of the risk management work plan for the year ahead.

2.3.1 Quality/ Patient Care

NHS Fife's risk management systems and processes should support the delivery of safe, effective, high quality, person centred care. The updated Risk Management Framework embraces that ambition.

2.3.2 Workforce

The arrangements for risk management are contained within current resource. Good risk management should empower staff to make decisions and improvements to ensure risks are identified and addressed, enhance the working environment, protect health and wellbeing and reduce staff exposure to risk.

2.3.3 Financial

Proportionate management of risk should assist in the efficient and effective use of scarce resources.

2.3.4 Risk Assessment/Management

The extant Framework including the Policy remains in place.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

In addition to the consultation process which included EDG and Internal Audit colleagues, there have been further communications with the Director of Nursing, the Head of Quality and Clinical Governance, the NHS Fife Risk Management Team, and,

through the Manager, Risk Compliance, Health and Social Care, with the Director of Health and Social Care.

2.3.8 Route to the Meeting

The draft Framework was considered by the NHS Fife Audit and Risk Committee on 17 September 2020.

2.4 Recommendation

- **Decision** – Members are asked to approve the updated Framework.

3 List of appendices

Not applicable

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Risk Management Framework

Draft update NHS Fife Risk Management Framework	Version 1.1	Date: 17/09/20
Pauline Cumming	Page 1 of 29	Review: July 2015

Approval Record	Date
Strategic Management Team	17 February 2014
NHS Fife Audit and Risk Committee	2 April 2014
Fife NHS Board	26 August 2014
NHS Fife Audit and Risk Committee	17 September 2020
	29 September 2020

Draft update NHS Fife Risk Management Framework	Version 1.1	Date:17/09/20
Pauline Cumming	Page 2 of 29	Review: July 2015

Contents

1. Introduction	4
2. Approach to Risk Management	4
3. Purpose	5
4. Scope.....	5
5. Risk Management System.....	6
6. Risk Appetite and Tolerance	6
7. Assurance.....	10
8. Governance and Accountability	11
9. Delegated Authority	14
10. Review and Reporting	19
11. Training and Support	20
12. Risk Management in Partnership	20
13. Patients and the Public.....	20
14. Implementation	21
15. Framework Review	21
16. References	21
Appendix 1: Glossary of Terms	22
Appendix 2: Risk Assessment Matrix.....	23
Appendix 3: Illustration of Risk Appetite	25
Appendix 4: Board Assurance Framework.....	26
Appendix 5: Risk Management Reporting Arrangements	27
Appendix 6: Memorandum of Agreement.....	28

Draft update NHS Fife Risk Management Framework	Version 1.1	Date:17/09/20
Pauline Cumming	Page 3 of 29	Review: July 2015

RISK MANAGEMENT FRAMEWORK

1. Introduction

NHS Fife endorses the view that, “In successful organisations, risk management enhances strategic planning and prioritisation, assists in achieving objectives and strengthens the ability to be agile to respond to the challenges faced. If we are serious about meeting objectives successfully, improving service delivery and achieving value for money, risk management must be an essential and integral part of planning and decision-making.” [HM Treasury, Orange Book,2020.](#)

Implementation of this Framework will support the Board to identify, assess and mitigate the risks that could undermine our ability to meet the local, regional and national objectives and priorities within the [NHS Fife Clinical Strategy](#), NHS Fife Annual Operational Plan 2020/21-2022/23, and the [Health and Social Care Strategic Plan](#). In this way it will help us to achieve our ambition to be a strongly performing board providing quality, person - centred and clinically excellent care, delivered by a well trained workforce, within a safe environment, using our resources in the most cost effective and sustainable manner.

The Board and its senior management will, through exemplary behaviours, foster a culture which encourages and empowers all staff, from ‘Board to Ward’ to take responsibility for managing risk effectively as part of daily business; to learn from experience, and build upon existing good practice to avoid re- work and ‘fire fighting’.

The Board recognises the importance of involving local stakeholders in its risk management processes and of working in partnership to identify, prioritise and control shared risks.

This Framework sets out our approach and outlines the key objectives and responsibilities for risk management throughout the organisation.

2. Approach to Risk Management

[Risk is a part of everything we do; we all manage risk every day - often without realising it.](#) It can be defined as ‘uncertainty of outcome, whether positive opportunity or negative threat of actions and events. It is the combination of the likelihood of something happening and the consequence materialising’.

To manage this uncertainty, the Board will implement an approach to risk management in which the culture, processes and structures are directed towards realising potential opportunities whilst managing adverse effects, across all of its activities. We will use internal and external intelligence and horizon scanning to help us to better identify and anticipate risks before they materialise, and so ensure we are not surprised by risks which could, and should have been foreseen.

Risk Management is a process consisting of steps which, if taken in sequence, support better decision making by contributing to a greater insight into risks and their impacts. See Table 1.

Draft update NHS Fife Risk Management Framework	Version 1.1	Date: 17/09/20
Pauline Cumming	Page 4 of 29	Review: July 2015

Table 1 Key Steps in Managing Risk

- identification of risks
- assessment of the likelihood and potential consequence of risks
- elimination of those risks that can be reasonably and practicably eliminated
- control of those risks that cannot be eliminated by reducing their effects to an acceptable level through appropriate actions
- monitoring and review of progress to decide if further action is necessary
- reporting and assurance

If we follow these steps we will be able to:

- identify and mitigate threats to the achievement of key strategic objectives;
- improve service quality;
- minimise harm to patients, staff and visitors;
- enhance risk awareness and consistent risk management practice;
- protect assets and make best use of resources;
- support the Board's activities by using valid risk information to underpin strategy, decision- making and resource allocation;
- enable compliance with legislative and regulatory requirements;
- strengthen assurances on the adequacy and effectiveness of our systems;
- enhance our reputation;
- ensure we act with integrity and within the Code of Corporate Governance

3. Purpose

The purpose of this framework is to:

- identify responsibilities for managing risk
- define the processes for consistent risk management practice
- ensure appropriate structures are in place to manage risks
- describe our approach to risk appetite and tolerance
- describe the reporting arrangements to governance groups and committees
- enable the Board to receive and provide assurance that it is compliant with legislative and statutory requirements
- provide assurance that adequate and effective risk management systems are in place to enable the Annual Governance Statement to be signed.

4. Scope

Risk management is integral to the delivery of safe, effective, person centred care and services. Every member of staff is therefore responsible for identifying and managing risk in the course of their work.

- This framework applies to the management of risk across all areas and to all employees of NHS Fife working in the NHS Fife Corporate Directorates, the Acute Services Division (ASD), and the NHS Fife services delegated to the Integration Joint Board (IJB) and delivered through the Fife Health and Social Care Partnership (HSCP) systems.

Draft update NHS Fife Risk Management Framework	Version 1.1	Date: 17/09/20
Pauline Cumming	Page 5 of 29	Review: July 2015

- It also applies to permanent and temporary contractors, students, honorary contract holders, bank, agency and volunteer staff working in NHS Fife and the health related functions of the HSCP, and by agreement, independent GP, Dental, Pharmacy and Optometry contractors working within, or on behalf of NHS Fife.

5. Risk Management System

The risk management system is integral to our corporate governance framework. It enables the Board to identify and monitor risks to its objectives, support the appropriate management and escalation of these risks and inform the Board whether the systems and processes in place are working effectively. Risks will be recorded in the Risk Register module of Datix. The Board will achieve the above by:

- **Assessing** risk - standardised system of identification, assessment & control of risks using the NHS Fife risk assessment matrix
- **Building** risk management capability - engaging with and & training staff
- **Communicating** risk information - using data for learning and improvement. We use Datix to record, report and learn from risks, adverse events, complaints, claims and safety alerts and to support performance management.
- **Data analytics** - informing decision making - risk data is used to provide all levels of the Board with information on its risk profile, provide assurances and enable decisions to be made on prioritisation of resources.
- **Effectiveness of control** – we will self assess our risk management system using the Key Lines of Enquiry to provide evidence and assurance for the Chief Executive's Annual Governance Statement.

The key components of the risk management system are the Risk Appetite Statement, the Board Assurance Framework, and the Corporate and Operational risk registers. The production of these components is supported by the Board's risk management processes.

6. Risk Appetite and Tolerance

Risk Appetite

The Board acknowledges that a certain amount of risk is unavoidable and it will be necessary to take risks if it is to achieve its objectives; this must be done in a controlled and considered way. Risk appetite is the type and level of risk that NHS Fife is prepared to accept, tolerate or be exposed to in pursuit of its strategic objectives at a point in time.

Exposure to risks will be kept to a level of impact deemed acceptable to the Board. Risk appetite is not static, so the acceptable level may vary at different times according to the amount of risk the Board is prepared to accept in the context in which the appetite is being considered.

Risk Tolerance

While risk appetite relates to the pursuit of risk, risk tolerance relates to the boundaries set for specific risks. Risk tolerance is often expressed in quantifiable

Draft update NHS Fife Risk Management Framework	Version 1.1	Date: 17/09/20
Pauline Cumming	Page 6 of 29	Review: July 2015

measures such as target risk level, % targets, but it can also be expressed in terms of absolutes, e.g. “the Board will not perform certain types of surgery”.

Risk tolerance should assist in day to day operational decision making, guiding services as they implement risk appetite within their sphere of activity. When agreeing the risk tolerances, the following approach should be adopted:

- Management sets objectives;
- Management, with the Board’s consensus, articulate the risk appetite that is acceptable in pursuit of these objectives;
- Management sets tolerances acceptable at corporate or operational level

The Board will have different appetites for different categories of risk. Some risks above the agreed acceptable level may be accepted because:

- the likelihood of the risk occurring is deemed to be sufficiently low;
- they have the potential to deliver considerable benefits and reward;
- they are too costly to control given other priorities;
- the cost to control is greater than cost of the impact should the risk materialise;
- there is a short period of exposure;
- assumption of the risk is essential to achievement of objectives

In such cases, action must be taken to mitigate the risk to the lowest possible level.

The Board sets its risk appetite for categories of risk using the terminology and descriptors¹ in Table 2 below, aligned to tolerances based on the NHS Fife risk matrix. See Appendix 2.

Table 2: Risk Appetite

Appetite	Descriptor	Tolerance
Averse	Prepared to accept only the very lowest levels of risk, with the preference being for ultra-safe delivery options, while recognising that these will have little or no potential for reward/return.	1-3
Cautious	Willing to accept some low risks, while maintaining an overall preference for safe delivery options despite the probability of these having mostly restricted potential for reward/return.	4-6
Moderate	Tending always towards exposure to only modest levels of risk in order to achieve acceptable, but possibly unambitious outcomes.	8-12
Open	Prepared to consider all delivery options and select those with the highest probability of productive outcomes, even when there are elevated levels of associated risks.	15-16
Hungry	Eager to seek original/pioneering delivery options and to accept the associated substantial risk levels in order to secure successful outcomes and meaningful reward / return.	20-25

An illustration of the Board’s risk appetite is provided at Appendix 3.

The Board will review its risk appetite periodically, at least annually, in line with the identification of strategic objectives. The Board will then publish its risk appetite,

¹ HM Treasury, Orange Book, 2004

identifying the appetite for each risk identified to the achievement of the strategic objectives for the financial year in question.

The Board will not usually accept a current risk score 15 - 25 (high) on the risk matrix, unless the appetite for the risk is also high. In such cases, further action must be taken to mitigate the risk to the lowest possible level. A high scoring risk for which the organisation has a low risk appetite requires serious and urgent action.

Risks with a current risk matrix score of 15 or above or with a consequence score of 5 will require to be escalated to the Executive Directors' Group (EDG) for review and consideration for inclusion on the Corporate Risk Register and / or as a linked risk on the Board Assurance Framework (BAF). Table 3 summarises the approach.

When new risks or further risks to ongoing activities are identified, the Board will attempt to mitigate these to an acceptable level in the context of the prevailing conditions. The statement does not rule out the potential for the Board to make decisions that result in risk taking that is outside of the stated risk appetite.

Table 3 Review and Assurance Summary

Assessed level of risk	Risk Appetite & Tolerance Descriptor	Level & Frequency of Review / Assurance
Green Very Low 1-3	Risk level within Board risk appetite and subject to regular local monitoring	<ul style="list-style-type: none"> • Executive Director Group (EDG) 6 monthly through the Corporate Risk Register • Board through Annual Report • Audit & Risk Committee through quarterly risk profile and KPI reporting and Annual Report
Yellow Low 4-6	Risk level within Board risk appetite and subject to regular active monitoring measures by responsible Director and Managers	<ul style="list-style-type: none"> • EDG quarterly with assurance report from the risk owner • Audit & Risk Committee through quarterly risk profile & KPI reporting and Annual Report
Amber Moderate 8-12	Risk level within Board risk appetite and subject to regular active monitoring measures by responsible Director and Managers	<ul style="list-style-type: none"> • EDG quarterly with assurance report from the risk owner • Audit & Risk Committee through quarterly risk profile reporting and Annual Report Board through Annual Report
Red High 15-25	Risk level exceeds Board risk appetite and requires immediate action, monitoring at EDG, Governance Committee and Board. Individual risks can be tolerated at high, but only if EDG accept; final approval must be through the Board	<ul style="list-style-type: none"> • Every Board Meeting through report on the Corporate Risk Register and Board Assurance Framework for decision-making and assurance. • Every Audit & Risk Committee through reporting for assurance • Monthly EDG for discussion and review of mitigation controls, triggers and assessment Audit & Risk Committee and/or EDG can escalate any individual high graded risk to the Board as required

The risk appetite informs the risk tolerance levels, which are considered for individual risks. Based on this, a target (acceptable) risk score will be set for individual risks; this is the level to which the risk is to be managed and takes into account the Board's risk appetite and the practicality of reducing the risk.

Draft update NHS Fife Risk Management Framework	Version 1.1	Date: 17/09/20
Pauline Cumming	Page 8 of 29	Review: July 2015

The benefits of this approach include:

- Management focus on risks that can be managed / reduced;
- Identification of targeted actions to reduce risks to target;
- Timely reduction of risks;
- Identification of static risks / ineffective actions;
- Management focus on risks that cannot be reduced

Board Assurance Framework (BAF)

The Board Assurance Framework (BAF) provides a high - level view of risk, which sits above the risk register system. The BAF describes the overarching risks to the organisation's strategic objectives and priorities. Appendix 4 provides an illustration of the NHS Fife BAF scope and structure.

The BAF is designed to enable the Board to:

- identify and understand the principal risks to achieving its objectives;
- receive assurance that suitable controls are in place to manage these risks;
- identify where improvements are needed;
- receive assurance that action plans are in place and are being delivered;
- make an assessment of the risk to achieving the objectives based on the strength of controls and assurances in place;
- address the issues identified in order to deliver its objectives and determine how to best use resources

The strategic risks contained in the BAF are reviewed and updated by Executive Directors and reported bi-monthly to the aligned Board governance committee.

To inform the BAF content, the EDG will review and monitor on a monthly basis, all risks with a current risk score of 15 and / or above outside the tolerance threshold and agree the course of action to be taken. In addition, EDG will also review on a monthly basis, all risks with a rating of 10 with a Likelihood rating of unlikely (2) and a consequence rating of Extreme (5).

The Board will evaluate the quality and robustness of the BAF process and content on a regular basis and ensure arrangements are in place to:

- update the BAF in light of evidence from e.g. relevant reports, internal and external reviews and organisational developments
- assure the Audit & Risk Committee to enable an evaluated opinion to be made and to support the Chief Executive in the completion of the annual Governance Statement

NHS Fife will achieve this through monitoring and review which will include:

- annual review of the risks within the BAF, and supporting controls and assurance sources following review of and agreement on the strategic objectives
- annual review as part of the Internal Audit planning process
- annual review of the governance arrangements supporting the BAF to ensure it remains fit for purpose and is subject to effective scrutiny and challenge
- review in response to best practice governance and assurance guidance

Draft update NHS Fife Risk Management Framework	Version 1.1	Date: 17/09/20
Pauline Cumming	Page 9 of 29	Review: July 2015

- horizon scanning

Horizon scanning

Horizon scanning is about identifying, evaluating and managing changes in the risk environment, preferably before they manifest as a risk or become a threat to the organisation. Horizon scanning can also identify development opportunities.

Through horizon scanning, the Board will be better able to respond to changes or emerging issues in a co-ordinated manner. Issues identified through horizon scanning should link into and inform, business planning and the development of strategic priorities and objectives.

Operational Risk Register - risks are recorded on risk registers in services and directorates, managed by lead directors, with reporting and scrutiny through the local governance structures i.e. risks within a directorate, team or service which have the potential to affect the ability to deliver a service because of e.g. failed or inadequate systems, processes, resources or infrastructure.

Corporate Risk Register (CRR) - contains the highest scoring risks from across the organisation that have the potential to affect the whole organisation, or operational risks which have been escalated e.g. can no longer be managed by a service or require senior ownership and support to mitigate. The register will be routinely reviewed and monitored by Executive Directors.

A process will be established to review the organisation's risk registers to ensure consistency in the identification, assessment and rating of risks and to ensure effective management action is being taken to mitigate and control risks.

7. Assurance

Assurance is a key component of the risk management system. It is defined as: "an evaluated opinion, based on evidence gained from review, on the organisation's governance, risk management and internal control framework" and the extent to which these are functioning effectively and, just as importantly, the aspects which need to improve in order to achieve best value. In summary²

Assurance	
Provides:	Evidence / Certainty / Confidence
To:	Management / Directors / Organisation / External reviewer
That:	What we are currently doing is making an impact on risks

The process for gaining assurance involves bringing together all of the relevant evidence and arriving at informed conclusions on its value. NHS Fife will further develop its approach and the quality of assurance mapping, rating and reporting, in

² Northumberland, Tyne and Wear NHS Foundation Trust, Risk Management Strategy 2017-2022

Draft update NHS Fife Risk Management Framework	Version 1.1	Date: 17/09/20
Pauline Cumming	Page 10 of 29	Review: July 2015

accordance with best practice principles as detailed in the Scottish Government [directive](#). To do this, the Board will use the ‘three lines of assurance’ model.

First line:	management assurance from “front line ” or operational areas that own the risks and are responsible for controlling them day-to-day and for taking corrective actions to address deficiencies.
Second line:	functional oversight, separate from those responsible for delivery, but not independent of the organisation’s management chain e.g. compliance assessments / reviews to determine if standards / policy / regulatory considerations are being met in line with expectations.
Third line:	independent oversight to provide objective assurance including the quality of assurance derived from the first and second lines e.g. internal & external audit, accreditation bodies, inspection reviews.

8. Governance and Accountability

The governance and accountability arrangements for risk management are based on the principles that the information provided to groups and committees for assurance:

- is accurate, meaningful and well presented;
- makes clear where the responsibilities lie and;
- provides assurance on the effectiveness of arrangements in place

Appendix 5 outlines the risk management reporting arrangements.

Fife NHS Board

The Board is responsible for ensuring that there is in place a sound system of internal control which is effective in managing risks to the quality, delivery and sustainability of services in accordance with the NHS Fife Code of Corporate Governance and informed by the [NHS Scotland Blueprint for Good Governance](#).

The Board shall:

- set the risk appetite and associated risk tolerance levels;
- approve the Risk Management Framework and associated procedures;
- inform and approve the BAF by periodically considering the content and determining if it accurately reflects the scope of risks to which the organisation is exposed, and if the risks are accurately described;
- use horizon scanning and scenario planning collectively and collaboratively with those setting strategy and policy, to identify and consider the nature of emerging risks, threats and trends;
- provide assurance to the IJB through the process of Direction from the IJB and in line with the Health & Social Care Partnership / Integration Joint Board Risk Management Policy and Strategy³

³Health & Social Care Partnership / Integration Joint Board Risk Management Policy and Strategy, 2019

Draft update NHS Fife Risk Management Framework	Version 1.1	Date: 17/09/20
Pauline Cumming	Page 11 of 29	Review: July 2015

Governance Committees

The governance committees are responsible for the oversight of all strategic and high level risks associated with their remits. They must be assured on the adequacy and effectiveness of related risk management arrangements.

Each Committee will scrutinise:

- relevant risks on the Corporate Risk Register on a bi monthly basis;
- the Board Assurance Framework risk(s) aligned to it on a bi-monthly basis

Members will:

- comment on the accuracy of the content, risk scores, and the adequacy and effectiveness of the controls to manage the risk within appetite;
- take cognisance of any relevant information including internal and / or external audit reviews of the risk management system;
- through its annual statement of assurance to the Audit and Risk Committee, describe how it has addressed risk management within the context of the BAF;
- each committee will demonstrate leadership behaviours and actions that support a positive safety culture and a commitment to openness

Audit and Risk Committee

The purpose of this Committee is to provide the Board with the assurance that its activities are within the law and regulations governing the NHS in Scotland, and that an effective system of internal control is maintained. The duties of the Audit and Risk Committee shall be in accordance with the Scottish Government Audit & Assurance Handbook and the [NHS Fife Code of Corporate Governance](#).

With regards to risk management this includes:

- supporting the Accountable Officer and Fife NHS Board formulate their assurance needs with regard to risk management, governance and internal control;
- drawing attention to weaknesses in systems of risk management, governance and internal control

The Committee has no executive authority, and has no role in the executive decision- making in relation to the management of risk. It is charged with ensuring that there is an appropriate publicised Risk Management Framework with all roles identified and fulfilled. However the Committee shall seek assurance that:

- There is a comprehensive risk management system in place to identify, assess, manage and monitor risks at all levels of the organisation
- There is appropriate ownership of risk in the organisation, and that there is an effective culture of risk management
- The Board has clearly defined its risk appetite (i.e. the level of risk that the Board is prepared to accept, tolerate, or be exposed to at any time), and that the executive's approach to risk management is consistent with that appetite
- A robust and effective Board Assurance Framework is in place.

In order to discharge its advisory role to the Board and Accountable Officer, and to

Draft update NHS Fife Risk Management Framework	Version 1.1	Date: 17/09/20
Pauline Cumming	Page 12 of 29	Review: July 2015

inform its assessment on the state of corporate governance, internal control and risk management, the Committee shall:

- Receive and review a quarterly report summarising any significant changes to the Board's Corporate Risk Register, and what plans are in place to manage them
- Assess whether the Corporate Risk Register is an appropriate reflection of the key risks to the Board, so as to advise the Board
- Consider the impact of changes to the risk register on the assurance needs of the Board and the Accountable Officer, and communicate any issues when required
- Receive and review a quarterly update on the Board Assurance Framework
- Assess whether the linkages between the Corporate Risk Register and the Board Assurance Framework are robust and enable the Board to identify gaps in control and assurance
- Reflect on the assurances that have been received to date, and identify whether entries on the Board's risk management system requires to be updated
- Receive an annual report on risk management, confirming whether or not there have been adequate and effective risk management arrangements throughout the year, and highlighting any material areas of risk
- The Committee shall seek assurance on the overall system of risk management for all risks and risks pertinent to its core functions
- The Committee may also elect to request information on risks held on any risk registers within the organisation

Clinical Governance Committee

The purpose of the Committee is to observe and check the clinical governance activity being delivered within NHS Fife and provide assurance to the Board that the mechanisms, activity and planning are acceptable. This includes overseeing the clinical governance and risk management activities in relation to the development and delivery of the Clinical Strategy. The committee is specifically responsible for oversight of risks in relation to the quality and safety of patient care, eHealth, information governance and security, and, with the Financial, Performance and Resources Committee, risks relating to strategic planning.

The Committee must also escalate to the NHS Fife Board, if serious concerns are identified about the quality and safety of care in the services across NHS Fife, including the services devolved to the Integration Joint Board.

Finance, Performance and Resources Committee

The purpose of the Committee is to keep under review the financial position and performance against key non-financial targets of the Board, and to ensure that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and that the arrangements are working effectively. The committee is responsible for oversight of risks relating to the Board's business arrangements, particularly finance, operational performance and resource utilisation, risks associated with environmental sustainability including the Board's estate, its facilities and capital services, and to compliance with related legislation. The committee is also responsible, with the Clinical Governance Committee, for oversight of risks related to strategic planning.

Draft update NHS Fife Risk Management Framework	Version 1.1	Date: 17/09/20
Pauline Cumming	Page 13 of 29	Review: July 2015

Staff Governance Committee

The purpose of the Staff Governance Committee is to support the development of a culture within Board where the highest standard possible of staff management is delivered within the direction provided by the Staff Governance Standard, and to ensure the workforce has the right composition of staff, with the right skills and competencies deployed in the right place at the right time to provide services and patient care as set out in the Clinical Strategy. The committee is therefore responsible for oversight of risks to workforce sustainability, including health and wellbeing and staff training.

Integration Joint Board (IJB)

Members of the Integration Joint Board are responsible for:

- oversight of the IJB's risk management arrangements;
- receipt and scrutiny of reports on strategic and corporate risks and any key;
- operational risks that require to be brought to the IJB's attention;
- ensuring they are aware of any risks linked to recommendations from the Director of Health and Social Care concerning e.g new priorities/policies;
- providing assurance to NHS Fife and Fife Council on the key risks relating to the planning, development and provision of health and social care services in Fife

In line with the [Fife Health and Social Care Integration Scheme](#), 2018, NHS Fife will report relevant risks that relate to the delivery of delegated services in line with the process of Direction from the IJB and the HSCP / IJB Risk Management Policy and Strategy.

Executive Directors' Group (EDG)

The EDG chaired by the Chief Executive, has collective responsibility to deliver effective risk management arrangements throughout NHS Fife. This includes identifying risks and opportunities in relation to the strategic objectives, 'horizon scanning', the analysis of those risks and the development of action plans to eliminate or minimise impact.

The EDG will receive and scrutinise strategic, corporate, newly identified high risks, risks with a consequence score of 5 and any escalated risks on a monthly basis. Directors will highlight risk management issues to the appropriate governance committees and provide assurance to the Audit and Risk Committee and by extension to the Board, that these matters are being adequately managed. For risks relating to delegated services, connection to the IJB and its committees will be picked up under the role of the NHS Fife Board.

9. Delegated Authority

The following describes the detail and extent of the delegated authority with regard to risk management in NHS Fife.

Draft update NHS Fife Risk Management Framework	Version 1.1	Date: 17/09/20
Pauline Cumming	Page 14 of 29	Review: July 2015

Chief Executive

The Chief Executive as the Accountable Officer for NHS Fife, is legally responsible for ensuring that there is a sound system of internal control that supports achievement of the Board's strategic objectives. This means that risks must be identified, their significance assessed and appropriate systems must be in place to manage the risks. As the Accountable Officer, the Chief Executive shall require assurance from the executive directors that risks are being managed. The Chief Executive shall also take independent assurance from the Audit and Risk Committee as to the robustness of the Board's risk management arrangements.

Director of Nursing

The Director of Nursing is by delegation from the Chief Executive, the executive lead for risk management, systems and processes. This includes preparation of an annual report on risk management and periodic reporting to the Board, the Audit and Risk Committee, and others as required.

Executive Directors and Chief Operating Officer

While the Chief Executive has overall accountability for risk management, each Director is accountable for managing risk in their areas of responsibility and risks associated with their assigned corporate objectives. They are responsible for ensuring effective systems for risk management, compatible with this framework, are in place within their directorate. They must provide leadership and set the tone for risk management and a positive risk culture within their areas of responsibility. Specifically, they must ensure:

- suitably competent staff are identified to lead on risk management within the directorate
- staff understand their roles and responsibilities for risk management
- staff attend risk training appropriate to their role (including in house core)
- risks are effectively managed i.e. identified, assessed and that actions to mitigate risks are developed, documented and regularly reviewed
- the review process ensures that the current mitigating actions are effective and sufficient to reduce the risk to the target level within an acceptable timescale
- where a risk has been scored as high and escalated, further mitigating actions are implemented to reduce the score service developments, business cases and capital plans are formally risk assessed

Director of Estates, Facilities and Capital Services

The Director of Estates, Facilities and Capital Services is accountable for leadership and co-ordination of the risk agenda relating to:

- environmental sustainability including property and asset management, and
- health and safety, specifically to ensure that the Board is fully compliant with Health and Safety legislation and best practice

Draft update NHS Fife Risk Management Framework	Version 1.1	Date: 17/09/20
Pauline Cumming	Page 15 of 29	Review: July 2015

Director of Finance

The Director of Finance is accountable for leadership and co-ordination of the risk agenda relating to financial sustainability, performance, transformation and corporate governance.

Senior Information Risk Owner (SIRO)

The Director of Finance is also the NHS Fife Senior Information Risk Owner (SIRO). The SIRO is responsible, by delegation from the Chief Executive, for ensuring compliance with the data protection regulations and the NHSS Information Governance and Security Strategic Framework and policies, and for ensuring that information risk is properly identified and managed and that appropriate assurance mechanisms exist. The SIRO:

- implements and leads the Information Asset risk assessment and management processes within the organisation and advises the EDG on the effectiveness of Information Governance and Security across the organisation;
- takes overall ownership of the NHS Fife Information Risk related policies, acts as champion for information risk on the Board and provides written advice on the content of the NHS Fife Statement of Internal Control in regard to information risk;
- has a key role with the Caldicott Guardians and the wider Information Governance team, to ensure that the Board adheres to the Caldicott principles in terms of protecting the confidentiality, privacy and fairness of patients and service-user information, and enables appropriate information-sharing.

Director of Health and Social Care

The Director of Health and Social Care is accountable for leadership and co-ordination of risks relating to the delivery of delegated services in line with the process of direction from the IJB and the shared risk management strategy.

Medical Director and Director of Nursing

The Medical Director and Director of Nursing are jointly accountable for leadership and co-ordination of the risk agenda relating to clinical quality and safety.

Medical Director

The Medical Director is accountable for leadership and co-ordination of the risk agenda relating to delivery of the eHealth, Information & Digital Strategy to support strategic transformation & performance, and strategic planning.

NHS Fife has appointed three Caldicott Guardians:

- Corporate Caldicott Guardian (Medical Director)
- Acute Services Caldicott Guardian (Associate Medical Director)
- H&SCP - Caldicott Guardian (Associate Medical Director)

Draft update NHS Fife Risk Management Framework	Version 1.1	Date: 17/09/20
Pauline Cumming	Page 16 of 29	Review: July 2015

Caldicott Guardians are senior clinical managers of the Board responsible for protecting the confidentiality, privacy and fairness of patients and service-user information and enabling appropriate information-sharing. Caldicott Guardians:

- oversee that all procedures affecting access to person-identifiable health data are appropriate from the medical perspective;
- are responsible for ensuring that NHS Fife or partners using NHS Fife data, adhere to the Caldicott principles;
- act as the “conscience” of an organisation, actively support work to facilitate and enable information sharing, advising on options for lawful and ethical processing of information as required;
- are key members of the broader Information Governance function with support staff, Caldicott or Information Governance leads including the Data Protection Officer, Freedom of Information leads, Health Records Manager and IT Security staff contributing to the work as required
- work with the SIRO and the wider Information Governance team, to ensure that information risk is properly identified and managed and that appropriate assurance mechanisms exist.

Director of Pharmacy and Medicines

The Director of Pharmacy and Medicines is accountable to for leadership and co-ordination of the risk agenda relating to the Safe & Secure Use of Medicines.

Director of Public Health

The Director of Public Health is accountable for leadership and co-ordination of the on risk agenda relating to public health priorities including the prevention and reduction of health inequalities, and for ensuring there is effective resilience capacity in NHS Fife.

Director of Workforce

The Director of Workforce is accountable for leadership and co-ordination of the risk agenda relating to staff governance and workforce sustainability including health and wellbeing and staff training.

Local Level Responsibility

Divisional Directors (Associate Medical Director (ASD) and (HSCP), Associate Nurse Directors (ASD) and HSCP, General Managers (ASD) and Divisional General Managers (HSCP), Clinical Directors (ASD) and (HSCP), Heads of Nursing (ASD) and (HSCP), or equivalent) are responsible for ensuring effective systems for risk management are in place within their divisions or directorates.

They must:

- provide leadership and set the tone for risk management
- promote a risk culture
- ensure staff have access to and attend appropriate risk management training

Draft update NHS Fife Risk Management Framework	Version 1.1	Date: 17/09/20
Pauline Cumming	Page 17 of 29	Review: July 2015

- ensure systems and processes are in place for the identification, assessment, recording, escalation, monitoring and review of risks
- ensure timely communication of risks and risk information
- ensure that risks are documented in the risk register
- establish local governance groups (or equivalent) which provide management oversight of risk registers
- review overall local risk management performance
- use risk information to support learning and improvement

Line Managers

Including: Service Managers, Clinical Nurse Managers, Senior Charge Nurses, other managers at Directorate, Departmental, Service level or equivalent, are responsible for ensuring effective systems for risk management are in place at ward, service or departmental level and that staff have access to and attend appropriate risk management training.

Risk Owners

Risk owners are responsible for ensuring that:

- their risks are analysed in line with the NHS Fife risk matrix
- risks are described clearly
- risk assessments are based on reliable information
- risks are reviewed in terms of context, likelihood and consequence
- management control and actions are proportionate to context and risk level and are in line with the organisation's risk appetite

Staff

All staff and contractors have a responsibility to contribute to the management of risk. They must:

- comply with risk management policies and procedures
- attend training provided appropriate to their role
- be risk aware and consider potential risks in the course of their daily work
- identify risks and take prompt, appropriate action to eliminate, control or escalate
- report adverse events to allow lessons to be learned and risk management arrangements to be improved

Risk Manager

The Risk Manager plays a key role in improving and monitoring the Board's risk management system and providing clarity around its risk profile, to enable the Board to fully understand the main risks to the organisation. The Risk Manager will:

- systematically review and update the Risk Management Framework and related procedures
- set standards for the management of risk registers oversee implementation of risk management related procedures
- provide advice and support to EDG on the BAF, the Corporate Risk Register, and reporting to the Audit & Risk Committee, and to other directors and other senior managers on risk management and risk registers
- prepare risk reports for the Board and the Audit & Risk Committee
- carry out risk reviews with risk owners

Draft update NHS Fife Risk Management Framework	Version 1.1	Date: 17/09/20
Pauline Cumming	Page 18 of 29	Review: July 2015

- carry out deep dive reviews as requested by e.g. non executive directors, EDG
- have regular meetings (at least quarterly) with individual EDG members / corporate risk owners
- monitor and report on risk management Key Performance Indicators (KPIs)
- carry out a self assessment using key lines of inquiry on behalf of the EDG
- prepare an annual report
- oversee the continuing development of the Datix IT risk management system
- implement a programme of risk management training for staff

10. Review and Reporting

The reporting requirements vary dependent on the type of risk. Risk will be a key focus of each governance committee and be reflected in its terms of reference. The key organisational reports relating to risk will be as follows

Risk Management Reporting Cycle

Risks	Board	Audit & Risk Committee	Other Governance Committees	Executive Directors' Group
Strategic Risks (BAF)	Quarterly	Quarterly	Bi monthly	Bi monthly
Operational High Risks (CRR) (15-25) & KPIs	Quarterly	Quarterly	Bi monthly	Bi monthly

Reporting to the Board

Risks to strategic objectives will be reported quarterly as part of the BAF.

Reporting to the Audit & Risk Committee

Risks to our strategic objectives will be reported quarterly as part of the BAF for review and comment. The Committee will receive an annual Risk Management report on the adequacy and effectiveness of risk management arrangements and regular reports including on Key Performance Indicators (KPIs).

Reporting to the Governance Committees

Risks that score 15 or more which are considered to threaten the achievement of the strategic objectives will be included in the BAF and reported bi monthly to the appropriate committees.

Reporting to the IJB

In line with the Integration Scheme 13.2, NHS Fife will report relevant risks that relate to the delivery of delegated services in line with the process of Direction from the IJB and the shared risk management strategy.

Draft update NHS Fife Risk Management Framework	Version 1.1	Date: 17/09/20
Pauline Cumming	Page 19 of 29	Review: July 2015

Annual Report

An annual report on risk management will be provided which confirms whether or not there have been adequate and effective risk management arrangements in place throughout the year, and highlighting any material areas of risk.

Work plan

A risk management work plan will be developed and progress against this will be reported quarterly to the Audit and Risk Committee.

Key Performance Indicators

To provide assurance on the adequacy and effectiveness of key aspects of risk management activity in NHS Fife, indicators will be reported to the EDG, NHS Fife Adverse Events & Duty of Candour Group and the governance committees as appropriate, as part of a scheduled programme of reporting.

11. Training and Support

For risk management to be effective and embedded across the organisation, staff must understand its benefits and their responsibilities. Risk management training and support will be provided in different ways including customised training on request, to enable staff to gain the knowledge and skills necessary for their role. This will be advertised on Staff Link and where appropriate via targeted communications to managers. It will also feature in:

- Corporate Induction
- In House Core Training
- Board Development sessions convened at the discretion of the Board Chair

12. Risk Management in Partnership

NHS Fife is committed to ensuring there are appropriate governance arrangements in place to identify, evaluate, record and monitor and manage joint risks. Such risks will be communicated by invoking the mechanisms contained within the HSCP IJB Risk Management Strategy and in accordance with the Integration Scheme.

A Memorandum of Agreement (MoA) may be invoked when considering the appropriate ownership of risks that may impact on more than one partner; this must be discussed through the EDG. See Appendix 6.

13. Patients and the Public

NHS Fife seeks to inspire confidence and trust in its services and will:

- be open with the public about our understanding of the nature of known risks
- engage with stakeholders as appropriate in relation to risks that affect them

Draft update NHS Fife Risk Management Framework	Version 1.1	Date: 17/09/20
Pauline Cumming	Page 20 of 29	Review: July 2015

- provide assurance through the Annual Governance Review and the Risk Management Annual Report that we have in place adequate and effective systems to manage risk

14. Implementation

Successful implementation will depend on good communications and sharing with all stakeholders; having in place the right governance structures at all levels of the organisation through which to provide management oversight, including monitoring and review of risk management practice, progress, and escalation where necessary.

This Framework and its associated procedures will be circulated to Executive and Non executive Board members, Corporate Directors, Divisional General Managers, Associate Medical Directors, Associate Nurse Directors, and Heads of Services for dissemination to their staff.

The information will be accessible to staff to download via Staff Link and accessible to patients and members of the public on the NHS Fife web site - nhsfife.org

15. Framework Review

The Board will review the Risk Management Framework at least annually, making changes required to reflect national and regulatory standards, best practice, and learning and improvement opportunities including those identified through internal or external reviews of the risk management system.

16. References

1. The Orange Book: Management of Risk - Principles and Concepts, 2004
2. Northumberland, Tyne and Wear NHS Foundation Trust, Risk Management Strategy, 2017-2022
3. Health & Social Care Partnership / Integration Joint Board Risk Management Policy and Strategy, 2019
4. *ibid.*
5. Scottish Government Audit & Assurance Handbook, 2018

This Framework relates to and should be read in conjunction with **all** Board policies and procedures but particularly:

NHS Fife Adverse Events Policy GP/I9
 NHS Fife's Complaints Handling Procedure
 NHS Fife Data Protection & Confidentiality Policy GP/I5
 NHS Fife Health & Safety Policy GP/H1
 NHS Fife Prevention and Control of Infection Policy GP/I8
 NHS Fife Risk Register/ Risk Assessment Policy GP/R7
 Safe and Secure Use of Medicines Policy and Procedures V7, April 2020

Draft update NHS Fife Risk Management Framework	Version 1.1	Date: 17/09/20
Pauline Cumming	Page 21 of 29	Review: July 2015

Glossary of Terms

Assurance: Stakeholder confidence in our service gained from evidence showing that risk is well managed.

Consequence: Most predictable consequence to the individual or organisation if the circumstances in question were to occur.

Contingency: Emergency plans/alternative arrangements that intervene should the risk become apparent.

Eliminate Risk: Do things differently & remove the risk where it is feasible to do so.

Horizon scanning: The systematic examination of potential threats, opportunities and likely future developments which are at the margins of current thinking and planning.

Internal Control: Corporate governance arrangements designed to manage the risk of failure to meet NHS Fife's objectives.

Likelihood: Probability of an event occurring, wherever possible based upon the frequency of previous occurrences.

Partnership: Way of working where staff at all levels and their representatives are involved in developing and putting into practice the decisions and policies which affect their working lives.

Reduce risk: Take action to control the risk either by taking actions which lessen the likelihood of the risk occurring or the consequences of occurrence.

Risk: uncertainty of outcome, whether positive opportunity or negative threat, of actions and events have an impact on the organisation's ability to achieve its objectives. . It is the combination of the likelihood and impact or consequence of the risk materialising.

Risk Appetite: The amount and type of risk that an organisation is willing to take in order to meet their strategic objectives Risk Appetite and Risk Tolerance Guidance Paper (Institute of Risk Management, 2018)

Risk Assessment: An overall process to identify risk and evaluate whether acceptable or not taking into account new/ best practice.

Risk Control Measure: An action undertaken to minimise risk to an acceptable level either by reducing the likelihood of an adverse event or the severity of its consequences or both.

Risk Escalation: The process of delegating upward, ultimately to the Board, responsibility for the management of a risk deemed to be impractical or not reasonably practicable to manage locally.

Risk Evaluation: This involves an estimate of the probability and /or frequency of the risk occurring and the impact or severity if it does.

Risk Handler: The person identified as the contact or administrator responsible for updating the risk in Datix.

Risk Identification is the process of determining risks that could potentially impact in some way on the achievement of our objectives. It includes documenting and communicating the concern.

Risk Level: The classification of a risk expressed as a combination of its likelihood and severity of consequence.

Risk Management: All the activities required to identify, understand and control the exposure to risk which may have an impact on the achievement of an organisation's objectives.

Risk Owner: The lead person assigned with responsibility for ensuring that the risk is adequately controlled and monitored.

Risk Register: A database of risks always changing to reflect the dynamic nature of the risk and our management of them. Its purpose is to help managers prioritise available resources to minimise risk to best effect and provide assurances that progress is being made.

Risk Tolerance: The boundaries of risk taking outside of which the organisation is not prepared to venture in the pursuit of its long term objectives Risk Appetite and Risk Tolerance Guidance Paper (Institute of Risk Management, 2018)

Draft update NHS Fife Risk Management Framework	Version 1.1	Date: 17/09/20
Pauline Cumming	Page 22 of 29	Review: July 2015

Risk Assessment Matrix

Figure 1

Likelihood	Consequence				
	Negligible 1	Minor 2	Moderate 3	Major 4	Extreme 5
Almost certain 5	LR 5	MR 10	HR 15	HR 20	HR 25
Likely 4	LR 4	MR 8	MR 12	HR 16	HR 20
Possible 3	VLR 3	LR 6	MR 9	MR 12	HR 15
Unlikely 2	VLR 2	LR 4	LR 6	MR 8	MR 10
Remote 1	VLR 1	VLR 2	VLR 3	LR 4	LR 5

In terms of grading risks, the following grades have been assigned within the matrix.

- Very Low Risk (VLR)
- Low Risk (LR)
- Moderate Risk (MR)
- High Risk (HR)

Likelihood of Recurrence Ratings

Figure 2

Descriptor	Remote	Unlikely	Possible	Likely	Almost Certain
Likelihood	Can't believe this event would happen – will only happen in exceptional circumstances (5-10 years)	Not expected to happen, but definite potential exists – unlikely to occur (2-5 years)	May occur occasionally, has happened before on occasions – reasonable chance of occurring (annually)	Strong possibility that this could occur – likely to occur (quarterly)	This is expected to occur frequently / in most circumstances – more likely to occur than not (daily / weekly / monthly)

Figure 3: Consequence Ratings







Descriptor	Negligible	Minor	Moderate	Major	Extreme
Objectives / Project	Barely noticeable reduction in scope / quality / schedule	Minor reduction in scope / quality / schedule	Reduction in scope or quality, project objectives or schedule	Significant project over-run	Inability to meet project objectives, reputation of the organisation seriously damaged.
Injury (Physical and psychological)	Adverse event leading to minor injury not requiring	Minor injury or illness, first aid treatment required	Agency reportable, e.g. Police (violent and aggressive	Major injuries/long term incapacity or disability (loss of	Incident leading to death or major permanent

to patient / visitor / staff.	first aid		acts).Significant injury requiring medical treatment and/or counselling.	limb) requiring medical treatment and/or counselling.	incapacity.
Patient Experience	Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care	Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable	Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk	Unsatisfactory patient experience / clinical outcome, long term effects – expect recovery - >1wk	Unsatisfactory patient experience / clinical outcome, continued ongoing long term effects
Complaints / Claims	Locally resolved verbal complaint	Justified written complaint peripheral to clinical care	Below excess claim. Justified complaint involving lack of appropriate care	Claim above excess level. Multiple justified complaints	Multiple claims or single major claim
Service / Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	Short term disruption to service with minor impact on patient care	Some disruption in service with unacceptable impact on patient care Temporary loss of ability to provide service	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility Disruption to facility leading to significant “knock on” effect
Staffing and Competence	Short term low staffing level temporarily reduces service quality (less than 1 day). Short term low staffing level (>1 day), where there is no disruption to patient care	Ongoing low staffing level reduces service quality Minor error due to ineffective training / implementation of training	Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training Ongoing problems with staffing levels	Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training	Non-delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to ineffective training / implementation of training
Financial (including damage / loss / fraud)	Negligible organisational / personal financial loss (£<1k)	Minor organisational / personal financial loss (£1-10k)	Significant organisational / personal financial loss (£10-100k)	Major organisational / personal financial loss (£100k-1m)	Severe organisational / personal financial loss (£>1m)
Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating Critical report.	Prosecution. Zero rating Severely critical report.
Adverse Publicity / Reputation	Rumours, no media coverage Little effect on staff morale	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale / public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation	National media / adverse publicity, less than 3 days. Public confidence in the organisation undermined Use of services affected	NationalInternational media / adverse publicity, more than 3 days.MSP / MP concern (Questions in Parliament). Court Enforcement Public Enquiry

Appendix 3

Illustration of Risk Appetite

Draft update NHS Five Risk Management Framework	Version 1.1	Date: 17/09/20
Pauline Cumming	Page 24 of 29	Review: July 2015

	Strategic Value	Strategic Aspiration	Strategic Objectives	Board Assurance Risk	Area of Risk	Risk Appetite
	Safety First Dignity & Respect Care & Compassion Excellence Fairness & Transparency	Clinically Excellent	<ul style="list-style-type: none"> Work with you to ensure you receive the best possible care Ensure there is no avoidable harm Achieve and maintain recognised quality standards Ensure that NHS Fife's environment is clean, tidy, well maintained, safe and something to be proud of Embed patient safety consistently across all aspects of healthcare provision Support research, innovation and quality improvement which will see NHS Fife as a centre of excellence 	Environmental Sustainability There is a risk that Environmental & Sustainability legislation is breached which impacts negatively on the safety and health of patients, staff and the public, and the organisation's reputation.	Patient safety Service user & carer experience Compliance with legislation Performance against national standards and targets Reputation Site optimisation/ therapeutic environments	Averse Cautious Averse Averse Averse Moderate
	Safety First Dignity & Respect Care & Compassion Excellence Fairness & Transparency	Sustainable	<ul style="list-style-type: none"> Ensure the maximum impact of our resources in the promotion of health and wellbeing Increase efficiency and reduce waste Ensure that our activities are cost effective and within budget Ensure that all service redesign and development makes the most effective use of resources and avoids waste and unwarranted variation Develop, in collaboration with our partners, our property and assets to meet the changing needs of health and social care provision 	Financial Sustainability There is a risk that the funding required to deliver the current and anticipated future service models will exceed the funding available. Thereafter there is a risk that the failure to implement, monitor and review an effective financial planning, management and performance framework would result in the Board being unable to deliver on its required financial targets.	Service sustainability Cost reduction efficiencies Board overspend LIB overspend Non recurring financial flexibility Value for money	Cautious Open Averse Averse Open Hungry
	Safety First Dignity & Respect Care & Compassion Excellence Fairness & Transparency	Person Centred	<ul style="list-style-type: none"> Listen to what matters to you and treat you as an individual Design services in partnership with service users, carers and communities Give you choices and information Create environments that encourage caring and positive outcomes for all Develop and redesign services that put patients first, supporting independent living and self-management of health through the integration of health and social care 	Quality & Safety There is a risk that due to failure of clinical governance, performance and management systems (including information & information systems), NHS Fife may be unable to provide safe, effective, person centred care.	Patient Safety Service user & carer experience Stakeholder engagement Service redesign Access to treatment Compliance with legislation Performance against national standards and targets Reputation Site optimisation/ therapeutic environments	Averse Cautious Moderate Moderate Averse Averse Averse Cautious
	Safety First Dignity & Respect Care & Compassion Excellence Fairness & Transparency	Clinically Excellent	<ul style="list-style-type: none"> Work with you to ensure you receive the best possible care Ensure there is no avoidable harm Achieve and maintain recognised quality standards Ensure that NHS Fife's environment is clean, tidy, well maintained, safe and something to be proud of Embed patient safety consistently across all aspects of healthcare provision Support research, innovation and quality improvement which will see NHS Fife as a centre of excellence 			
	Safety First Dignity & Respect Care & Compassion Excellence Fairness & Transparency	Sustainable	<ul style="list-style-type: none"> Ensure the maximum impact of our resources in the promotion of health and wellbeing Increase efficiency and reduce waste Ensure that our activities are cost effective and within budget Ensure that all service redesign and development makes the most effective use of resources and avoids waste and unwarranted variation Develop, in collaboration with our partners, our property and assets to meet the changing needs of health and social care provision 	Strategic Planning There is a risk that NHS Fife will not deliver the recommendations made by the Clinical Strategy within a timeframe that supports the service transformation and redesign required to ensure service sustainability, quality and safety at lower cost.	Service sustainability Cost reduction efficiencies Board overspend LIB overspend Non recurring financial flexibility Value for money	Cautious Cautious Cautious Cautious Cautious Moderate
	Safety First Dignity & Respect Care & Compassion Excellence Fairness & Transparency	An Exemplar Employer	<ul style="list-style-type: none"> Create time and space for continuous learning Listen to and involve staff at all levels of the organisation Give staff the skills, resources and equipment needed to do their jobs Encourage and expect all staff to take appropriate decisions Encourage staff to be ambassadors for health and social care in Fife Create high performing multi-professional clinical teams through clinical education and development Equip people to be the best leaders 	Workforce Sustainability There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies deployed in the right place at the right time will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy.	Learning & Organisational Development Recruitment and Retention Workforce Planning Compliance with legislation Performance against national standards and targets	Open Open Open Averse Cautious
	Averse	Prepared to accept only the very lowest levels of risk, with the preference being for ultra-safe delivery options, while recognising that these will have little or no potential for reward/return.				
	Cautious	Willing to accept some low risks, while maintaining an overall preference for safe delivery options despite the probability of these having mostly restricted potential for reward/return.				
	Moderate	Tending always towards exposure to only modest levels of risk in order to achieve acceptable, but possibly unambitious outcomes.				
	Open	Prepared to consider all delivery options and select those with the highest probability of productive outcomes, even when there are elevated levels of associated risks.				
	Hungry	Eager to seek original/pioneering delivery options and to accept the associated substantial risk levels in order to secure successful outcomes and meaningful reward/return.				

NHS Fife Board Assurance Framework (BAF)

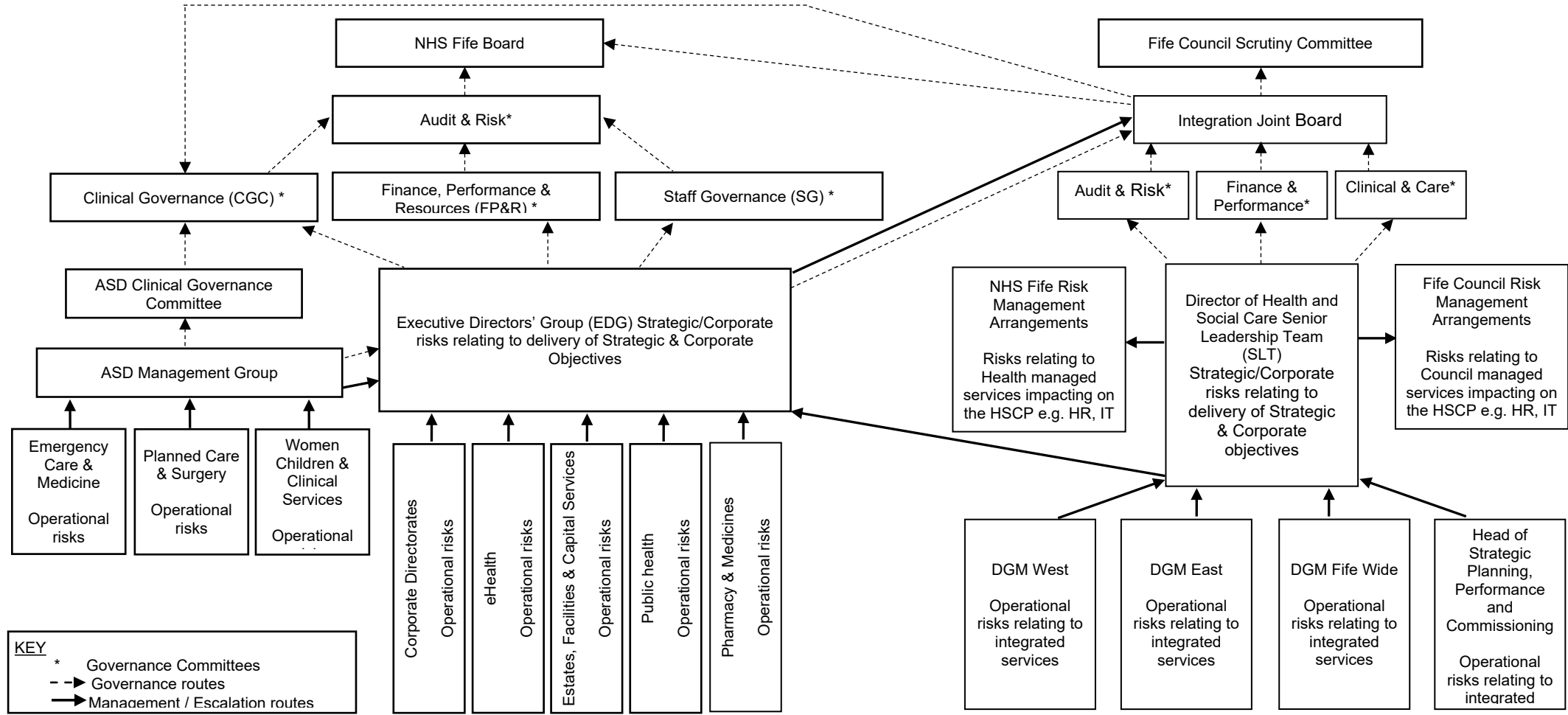
Scope of BAF risks

- Financial Sustainability
- Workforce Sustainability
- Environmental Sustainability
- Quality & Safety
- Strategic Planning
- Integration Joint Board
- eHealth - Delivering Digital and Information Governance & Security

BAF Template

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

Risk Management Reporting Arrangements



Groups & committees with specific responsibilities that report into governance committees including:

CGC: Acute Services Division CGC |Area Clinical Forum | Area Drugs & Therapeutics | Area Radiation Protection| Clinical & Care Governance| Clinical Governance Oversight Group| e|Health Board |H&S Sub Committee| Infection Control Committee| IG&S Group |IJB|ITB| Public Health Assurance Committee | Research Governance Group| Resilience Forum

FP&R: Pharmacy Practices| Primary Care Medical Services
SG: Area Partnership Forum| Local Partnership Fora

Draft update NHS Fife Risk Management Framework	Version 1.1	Date: 17/09/20
Pauline Cumming	Page 27 of 29	Review: July 2015

INTEGRATED RISK MANAGEMENT

MEMORANDUM OF AGREEMENT (MOA)

With regard to the partnership risk management arrangements, it is necessary to identify those risks that may have an impact on one or more partner and agree an appropriate course of action. This Memorandum of Agreement sets out a framework for discussions that will enable risks to be directed to the appropriate risk register(s) for ownership and management.

Risk identified by:

NHS Fife Board	<input type="checkbox"/> NHS Corporate Directorate	<input type="checkbox"/> Fife Integration Joint Board (IJB)
Acute Services - EC&M	<input type="checkbox"/> Acute Services - PC&S	<input type="checkbox"/> Acute Services - WC&CS <input type="checkbox"/>
HSCP - East	<input type="checkbox"/> HSCP - West	<input type="checkbox"/> HSCP - Fife Wide <input type="checkbox"/>

Date risk identified: dd / mm / yy

Describe the risk	State current mitigations

Agree ownership of the risk and mitigations, noting that these may differ for each partner with interdependency on the hosting arrangements, delivery and commissioning aspect of the risk and leads for mitigating controls.

Initial assessed level of risk i.e. likelihood x consequence = risk level

Likelihood (score 1- 5)		Consequence (score 1- 5)		Assessed Level of Risk			
Score	Risk	Score	Risk	Score	Risk	Score	Risk
1-3	Very Low	4-6	Low	8-12	Moderate	15-25	High

Who else may be affected by this risk?

NHS Fife Board	<input type="checkbox"/> NHS Corporate Directorate	<input type="checkbox"/> IJB
Acute Services – EC&M	<input type="checkbox"/> Acute Services – PC&S	<input type="checkbox"/> Acute Services – WC&CS <input type="checkbox"/>
HSCP - East	<input type="checkbox"/> HSCP - West	<input type="checkbox"/> HSCP – Fife Wide <input type="checkbox"/>

Consider the following:
Does this risk affect / impact on:

Strategic commissioning intentions
Strategic planning decisions

Draft update NHS Fife Risk Management Framework	Version 1.1	Date: 17/09/20
Pauline Cumming	Page 28 of 29	Review: July 2015

Service delivery
Performance targets

Does the risk have governance implications?

Clinical
Financial
Staff

EDG to consider the risk and agree on whom it impacts:

Agreed outcome: Risk to be added to the following risk register(s)

Board Assurance Framework eHealth Environmental Sustainability Financial Sustainability Integration Joint Board Strategic Planning Quality & Safety Workforce Sustainability	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NHS Fife Corporate Directorate Risk Register (specify) Estates, Facilities and Capital Services Finance Human Resources Medical Director Nurse Director Pharmacy and Medicines Planning & Performance Public Health	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NHS Fife Corporate Risk Register	<input type="checkbox"/>	NHS Fife Acute Services Divisional Register Emergency Care Directorate Register	<input type="checkbox"/> <input type="checkbox"/>
Fife Integration Joint Board (IJB)	<input type="checkbox"/>	Planned Care Directorate Register Women, Children and Clinical Services Directorate Register Fife Health & Social Care Partnership Register East Division Fife - Wide Division West Division	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Date discussed and agreed by EDG: dd /mm/yy

Adapted from NHS Lanarkshire Risk Management Strategy, May 2019

Meeting: NHS Fife Board

Meeting date: 30 September 2020

Title: Organisational Duty of Candour Annual Report 2019-20

Responsible Executive: Dr Chris McKenna, Medical Director

Report Author: Helen Woodburn, Head of Quality & Clinical Governance

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

In accordance with legislation, this paper provides the NHS Fife Organisational Duty of Candour (DoC) Annual Report for the period 1 April 2019 to 31 March 2020, detailing the numbers of events known to have activated the organisational duty of candour process, the procedure to be followed, and outcomes associated with such events.

2.2 Background

The organisational duty of candour provisions of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 and The Duty of Candour Procedure (Scotland) Regulations 2018 set out the procedure that organisations providing health services, care services and social work services in Scotland are required by law to follow when there has been an unintended or unexpected incident that results in death or harm (or additional treatment is required to prevent injury that would result in death or harm).

2.3 Assessment

NHS Fife summary for the period 1 April 2019 to 31 March 2020: 28 events reported to have activated organisational duty of candour. The details of the outcome attributed to each event are detailed in the report.

Overall NHS Fife complied with the procedure well. This means the people affected were informed, apologies were given, an account of the event was provided very quickly at the time of the event, and a full review was undertaken. Please refer to report for full content.

2.3.1 Quality/ Patient Care

The overall purpose of DoC is to ensure organisations are open, honest and supportive when an unexpected or unintended event occurs. The reviews identify changes and improvements which can be made. Overall, this supports a person-centred approach.

2.3.3 Financial

None identified.

2.3.4 Risk Assessment/Management

None identified.

2.3.5 Equality and Diversity, including health inequalities

No specific impact identified and applies to all people affected. Impact assessment is completed as part of the adverse event policy impact assessment.

2.3.6 Other impact

None identified.

2.3.7 Communication, involvement, engagement and consultation

Persons affected have been informed as per the procedure, and feedback provide to all teams involved.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups

- Executive Directors Group, 20 August 2020
- Clinical Governance Committee, 7 September 2020

2.4 Recommendation

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

Report Contact

Helen Woodburn

Head of Quality and Clinical Governance

helen.woodburn@nhs.net

Annual Organisational Duty of Candour Report 2019-20



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Published August 2020

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www.nhsfife.org

Contents

- 1. Introduction and background2
- 2. How many adverse events happened to which the duty of candour applies?4
- 3. To what extent did NHS Fife follow the duty of candour procedure?6
- 4. Information about our policies and procedures7
- 5. What has changed as a result?8

- Appendix 1: Linburn Road Health Centre9
- Appendix 2: Lochgelly Medical Practice11
- Appendix 3: The Links Practice13
- Appendix 4: Valleyfield Medical Practice14

1. Introduction and background

NHS Fife

NHS Fife serves a population of approximately 368,000 people. Our vision is to enable the people of Fife to live long and healthy lives. We strive to achieve this by transforming health and care in Fife to be the best.¹

As of 1 April 2018, all health and social care services in Scotland have an organisational Duty of Candour (DoC). The overall purpose of the duty of candour is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended event that results in death or harm as defined in the Act, and did not relate directly to the natural course of someone's illness or underlying condition. This is a legal requirement which means that when such events occur, the people affected understand what has happened, receive an apology, and that organisations learn how to improve for the future. The procedure to be followed is set out in the Duty of Candour (Scotland) Regulations 2018.

This report describes how NHS Fife has implemented the duty of candour during the period 1 April 2019 to 31 March 2020. This includes as attached in appendix 1-4 reports from the four health board managed general practices in NHS Fife.

The Organisational Duty of Candour guidance² outlines the procedure which must be a followed as soon as reasonably practicable after an organisation becomes aware that:

- an individual who has received health care has been the subject of an unintended or unexpected incident and
- in the reasonable opinion of a registered health professional not involved in the incident:
 - (a) the incident appears to have resulted in or could result in any of the outcomes below (see Table 1).
 - (b) the outcome relates directly to the incident rather than to the natural course of the person's illness or underlying condition.

This means if a patient suffers from an unintended or unexpected harm as a result of an adverse event then the following should happen:

- The patient or relative is notified and an apology is offered.
- An investigation is undertaken.
- The patient/relative is given the opportunity to raise questions they wish to be considered and answered as part of the investigation.

¹ NHS Fife Strategic Framework. 2015.

² Organisational Duty of Candour guidance. The Scottish Government. March 2018

- On completion of the investigation the findings and report are offered to be shared with the patient or relative.
- A meeting is offered.
- Throughout the review and investigation support is to be offered to the people affected which may included staff members involved.

The outcome for organisations is to learn from the investigation and make changes identified as part of the review.

2. How many adverse events happened to which the duty of candour applies?

Between 1 April 2019 and 31 March 2020, there were 28 adverse events where the duty of candour applied.

NHS Fife identified these events mostly through its adverse event management processes. The organisation supports a consistent approach to the identification, reporting and review of all adverse events. This is reflected through the local NHS Fife Adverse Events policy and is in accordance with a national framework³.

There are a number of events reported during this period, which are currently under review. It is not known at this time whether these require to be reported as activating organisational duty of candour. It is possible therefore that the number may be higher than reported in this report.

This report will only include those events with a confirmed decision.

NHS Fife has an embedded process for the decision making for activating organisational duty of candour and ensuring all necessary actions are undertaken in accordance with national guidance. On review, any event which is considered to activate duty of candour, is escalated to the Board Medical Director for ratification and confirmation of decision.

From March 2019 due to the response required by NHS Fife to the emerging Covid-19 pandemic, a pause on reviews happened, and a number of reviews have been delayed and started later than normal. This has been monitored since March 2020 with processes in place to ensure reviews are progressed and completed.

Table 1 details the outcomes which have occurred across NHS Fife after 1 April 2019 to 31 March 2020.

³ Learning from adverse events through reporting and review: A national framework for Scotland, revised July 2018, NHS Fife review all adverse events.

Table 1

Duty of Candour outcome arising from an unexpected or unintended incident	Number of times this occurred
The death of the person	<5
Permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	<5
An increase in the person's treatment	18
The shortening of the life expectancy of the person	<5
The person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days	<5
The person requiring treatment by a registered health professional in order to prevent: <ul style="list-style-type: none"> the death of the person, or any injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned above 	5

The most common outcome which these events have resulted in is an increase in the person's treatment. This can range from additional antibiotics required to additional nights stay in hospital

3. To what extent did NHS Fife follow the duty of candour procedure?

Of the 28 identified cases, each one was reviewed to assess for compliance with the procedure on the following elements:

- An apology was given.
- Patient and or relative were notified and informed of the adverse event.
- A review was undertaken.
- The opportunity for the patient or relative was given to ask any questions.
- The review findings were shared.
- An offer of a meeting, which is arranged if required.

Overall NHS Fife has carried out the procedure in each case. A number of areas of strength have been identified. These are:

- notifying the person and providing details of the incident
- provision of an apology, and
- Reviewing all cases.

It should be noted that there are a number of occasions when the patient circumstances affected the timing of sharing the findings; and the patient or relative specifically requested they did not wish to receive any further information in relation to the review or event. In such instances, these cases are included as compliant.

We know that witnessing or being involved in an adverse event can be distressing for staff as well as people who receive care. Support is available for all staff through our line management structure as well as through Staff Wellbeing and Safety.

4. Information about our policies and procedures

Every adverse event which occurs is reported through our local reporting system as set out in our Adverse Events policy and associated processes. Through these, we can identify events that activate the duty of candour procedure.

The policy contains a section on implementing the organisational duty of candour, and a detailed section about supporting staff and persons affected by the adverse events, with examples of the types of support available.

Each adverse event is reviewed to understand what happened and the actions we can take to improve the care we provide in the future. The level of review depends on the severity of the event as well as the potential for learning. Recommendations are made as part of the review, and local management teams develop action plans to meet these recommendations.

The decision on whether an event activates the duty of candour procedure has been taken by senior clinical staff including the Board Medical Director, Board Director of Nursing, Director of Pharmacy, Associate Medical and Nurse Directors, Associate Director of Allied Health Professionals, Clinical Directors and Heads of Nursing.

To support implementation of duty of candour, staff are encouraged to complete the NHS Education Scotland on line learning module. This has been made available to staff through the intranet. In addition to the above policy to ensure our practice and services are safe, the organisation has clinical policies and procedures. These are reviewed regularly to ensure they remain up to date and reflective of current practices. Training and education are made available to all staff through mandatory programmes and developmental opportunities relating to specific areas of interest or area of work.

5. What has changed as a result?

We have made several changes following review of the duty of candour events. These are some of the changes to be highlighted:

- The current pre-operative marking procedures in theatres have been reviewed and revised to include specific reference to marking of lumps, or cysts or raised areas.
- Review of the pathway for emergency endoscopies.
- Introduction of a visual warning sticker and associated process for catheters post surgery.
- A departmental standard operating procedure has been developed for significant radiological findings to ensure these are identified and managed in a timely manner.

If you would like more information about this report, please contact

Board Medical Director Office

NHS Fife

Hayfield House

Hayfield Road

Victoria Hospital

Kirkcaldy

KY2 5AH

Telephone: 01592 648077

Appendix 1: Linburn Road Health Centre

Linburn Road Health Centre

124 Nith Street

Dunfermline, KY11 4LT

Tel: 01383 733490

Fax: 01383 748758

Email: Fife-UHB.F20502LinburnRoad@nhs.net



Duty of Candour Report

Report period: 1 April 2019 to 31 March 2020

Completed by: Sharon Duncan, Practice Manager (Job Share)

Linburn Road Health Centre provides Health Care to patients within the Dunfermline and Rosyth area. The Health Centre's aim is to provide high quality care for every person who uses our services.

How many incidents happened to which duty of candour applies?	0
---	---

Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)	Number of times this happened (between 1 April 2019 and 31 March 2020)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person's treatment increased	0
The structure of a person's body changed	0
A person's life expectancy shortened	0
A person's sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	0

<p>To what extent did Linburn Road Health Centre follow the duty of candour procedure?</p>	<p>All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.</p> <p>Procedures to be followed:</p> <ul style="list-style-type: none"> a. to notify the person affected (or family/relative where appropriate) b. to provide an apology c. to carry out a review into the circumstances leading to the incident d. to offer and arrange a meeting with the person affected and/or their family, where appropriate e. to provide the person affected with an account of the incident f. to provide information about further steps taken g. to make available, or provide information about, support to persons affected by the incident h. to prepare and publish an annual report on the duty of candour <p>When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.</p>
<p>Information about our Policies and Procedures</p>	<p>See NHS Fife Policies and Procedures available on http://intranet.fife.scot.nhs.uk/</p>
<p>What has changed as a result?</p>	<p>N/A</p>
<p>Other Information</p>	<p>N/A</p>

Appendix 2: Lochgelly Medical Practice

Lochgelly Medical Practice

David Street

Lochgelly, KY5 9QZ

Advanced Nurse Practitioner: Corinne Cairns

Tel: 01592 780277



Duty of Candour Report

Report period: 1 October 2019 to 31 March 2020

Completed by: Charlene Davidson, Practice Manager

Lochgelly Medical Practice provides Health Care to patients within the Lochgelly, Cardenden, Cowdenbeath, Ballingry areas. The aim of Lochgelly Medical Practice is to offer all patients with the practice an excellent health care service.

How many incidents happened to which duty of candour applies?	0
---	---

Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)	Number of times this happened (between 1 October 2019 and 31 March 2020)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person's treatment increased	0
The structure of a person's body changed	0
A person's life expectancy shortened	0
A person's sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	0

<p>To what extent did Lochgelly Medical Practice follow the duty of candour procedure?</p>	<p>All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.</p> <p>Procedures to be followed:</p> <ol style="list-style-type: none"> to notify the person affected (or family/relative where appropriate) to provide an apology to carry out a review into the circumstances leading to the incident to offer and arrange a meeting with the person affected and/or their family, where appropriate to provide the person affected with an account of the incident to provide information about further steps taken to make available, or provide information about, support to persons affected by the incident to prepare and publish an annual report on the duty of candour <p>When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.</p>
<p>Information about our Policies and Procedures</p>	<p>See NHS Fife Policies and Procedures available on http://intranet.fife.scot.nhs.uk/</p>
<p>What has changed as a result?</p>	<p>N/A</p>
<p>Other Information</p>	<p>N/A</p>

Appendix 3: The Links Practice

The Links Practice

Masterton Health Centre
74 Somerville Street
Burntisland
Fife, KY3 9DF
Tel: 01592 873321
Fax: 01592 871338

Dr J A Duncan

M.B.,Ch.B.,D.C.H., M.R.C.G.P.

Dr C Fleming

M.B., Ch.B., M.R.C.G.P.



This short report describes how our care service has operated the duty of candour during the time between 1 April 2019 to 31 March 2020. We hope you find this report useful.

Our Practice serves a population of 1875 patients within the Burntisland, Kinghorn, Aberdour area.

How many Incidents happened to which the duty of Candour applies?

In the last year, there have been no incidents to which the duty of candour applied.

Information about our policies and procedures.

Where something has happened that triggers the duty of candour, our staff report this to the Practice Manager who has responsibility for ensuring that the Duty of candour procedure is followed. The Practice Manager records the incident and reports as necessary the Health Board. When an incident has happened, the Manager and staff set up a learning review. This allows everyone involved to review what happened and identifies changes for the future.

If you would like more information about The Links Practice, please contact us using these details.

The Links Practice

Masterton Health Centre
74 Somerville Street
Burntisland
Fife
KY3 9JD

Tel: 01592 873321

Email: Fife-UHB.F20184LinksPractice@nhs.net

Appendix 4: Valleyfield Medical Practice

Valleyfield Medical Practice

Chapel Street, High Valleyfield

Fife, KY12 8SJ

Tel: 01383 880511

Email: Fife-UHB.F20729valleyfield@nhs.net



Duty of Candour Report

Report period: 1 April 2019 to 31 March 2020

Completed by: Michelle Parker, Practice Manager

Valleyfield Medical Practice provides Health Care to patients within the High Valleyfield, Low Valleyfield, Culross, Torryburn, Newmills, Cairneyhill and Crossford. The Health Centre's aim is to provide high quality care for every person who uses our services.

How many incidents happened to which duty of candour applies?	0
---	---

Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)	Number of times this happened (between 1 April 2018 and 31 March 2019)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person's treatment increased	0
The structure of a person's body changed	0
A person's life expectancy shortened	0
A person's sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	0

<p>To what extent did Valleyfield Medical Practice follow the duty of candour procedure?</p>	<p>All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.</p> <p>Procedures to be followed:</p> <ul style="list-style-type: none"> a. to notify the person affected (or family/relative where appropriate) b. to provide an apology c. to carry out a review into the circumstances leading to the incident d. to offer and arrange a meeting with the person affected and/or their family, where appropriate e. to provide the person affected with an account of the incident f. to provide information about further steps taken g. to make available, or provide information about, support to persons affected by the incident h. to prepare and publish an annual report on the duty of candour <p>When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.</p>
<p>Information about our Policies and Procedures</p>	<p>See NHS Fife Policies and Procedures available on http://intranet.fife.scot.nhs.uk/</p>
<p>What has changed as a result?</p>	<p>N/A</p>
<p>Other Information</p>	<p>N/A</p>

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Meeting:	NHS Fife Board
Meeting date:	30 September 2020
Title:	Digital & Information Strategy
Responsible Executive:	Dr Chris McKenna
Report Author:	Lesly Donovan

1 Purpose

This is presented to the board for:

- Decision

This report relates to a:

- Emerging issue
- NHS Board Strategy
- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper summarises the robustness of the Digital & Information Strategy 2019-2024 considering the impact of the COVID-19 pandemic how and why Covid-19 has affected, both positively and negatively, the Strategy.

The Board is asked to endorse the Strategy (appendix 1) in its current form and the updated delivery plan.

2.2 Background

The Digital and Information Strategy 'Digital at the Heart of Delivery' was progressing through governance approval when the Covid-19 pandemic began to impact on NHS Fife operations. The strategy is based on the achievement of five key ambitions:

1. Modernising Patient Delivery

2. Joined Up Care
3. Informatics
4. Technical Infrastructure
5. Workforce & Business

The Digital and Information Strategy 2019-2024 has been developed over the last year within eHealth and a wide range of stakeholders including patient representatives.

The Strategy was presented to the eHealth Board in October 19 and was approved in principle subject to comments and approved for submitting to communications for typesetting.

Following comments from the Executive Directors Group and an internal Audit, the strategy was updated and represented to both the eHealth Board and Clinical Governance Committee and approved .

A further paper was requested by the Clinical Governance Committee for the meeting of 7th September 2020, to assess the positive and/or negative impact that Covid-19 has had on the strategy and the organisations ability to deliver against each of the ambitions within the Strategy, including the consequential lessons for delivery, which have been achieved.

2.3 Assessment

The Digital & Information Strategy is ambitious and forward thinking in its approach with a supporting delivery plan as a living document, to support changes in organisational priorities over the term of the strategy, as recently evidenced through the COVID-19 pandemic. The high-level delivery plan has been updated to reflect the current position and is attached in Appendix 2.

Modernising Patient Delivery

Ensuring that we provide our patients/service users with a modern/fit for purpose healthcare service.

COVID-19 Impact

Several core deliverables were expedited across this area. Near Me had a delivery timeline of mid-2019 to late 2022 and has now been pulled back to conclude mid 2021 (subject to Business Case). Prior to covid19, this was at pilot stage with only two areas considering use. Up scaled at pace by technical and project management teams with GP delivery within 5 days and other areas within the last 5 months, there are now 177 waiting areas across NHS Fife. In addition, there are receptions within all GP practices, the acute, mental health, sexual health, and community. Individual pilot projects within *optimisation of outpatients* Active Clinical Referral Triage (ACRT) and Patient Initiated Return (PIR) were also rolled out at pace and brought forward for delivery. At the beginning of September over 400 patients have been placed on the PIR pathway and only 6 patients have reengaged with the service. At present, there has been no recognised change in delivery timescales for other small projects within this deliverable.

New projects have been added to this delivery model - including Track Trace Isolate & Support (TTIS), the Vaccination Transformation Programme (VTP) and Urgent Care redesign all undertaken at pace in line with national objectives. Endoscopy redesign was

added as part of the remobilisation. We also anticipate accelerated investment within remote monitoring (Technology Enabled Care) as part of the remobilisation plans.

However, this has impacted on several other delivery timescales including *Clinical Decision/Advice*, *Consultant to Consultant*, and *Digital Hub*. Despite this, these deliveries are now being pursued at pace to assist with remobilisation.

Throughout the pandemic, clinicians have utilised the electronic record instead of paper records. This has provided us with valuable feedback, which will assist greatly with the overall delivery of *Paperlite*. There was significant impact to Health Records and the application teams with the cancellation and, in time, rebuilding of clinics. This highlights the issue with paper-based appointing, which supports the digital hub delivery in the strategy.

Joined Up Care

Joining Up Our Services to ensure all relevant information is available at point of contact.

COVID-19 Impact

The rapid mobilisation of the workforce has helped community staff to embrace technology. Several deliverables were expedited within this area, Community Pharmacy Hubs were set up in response to COVID and pharmacists were also given remote access into all GP Clinical Systems. In addition, Patientrack, the system implemented to support Bedside Risk Assessment was expedited for both Acute and Community. Additional kit was implemented within the Acute setting to support assessing patients and rollout of assessments to all community hospitals to support improvements in patient care.

There was an impact on the community solution (Morse), with delivery ceasing for 6 weeks due to staff unavailability both at operational and project level. This project has since remobilised with the impact currently being absorbed within the existing plan, meaning there is no impact on the original delivery timescale. Rollout of devices to support business continuity will have a positive impact on this project, as there will be a lessened requirement for kit involved in the delivery of the project.

Hospital Electronic Medicines Prescription Administration (HEPMA) was delayed due to procurement restrictions relating to covid-19. This has resulted in a delay on the selection of a supplier and the Final Business Case being submitted to NHS Fife Board of around 6 months. The timescale for this work will be updated following approval at Fife Board.

The Health and Social Care Portal work ceased for two months, and this has affected delivery for the same period, now scheduled to end Feb 2021. However, there have been several suggested improvements to the portal, based on clinical feedback, which may cause the scope of delivery to widen and lead to a change in overall timescales but with increased benefit from a clinical perspective.

Information and Informatics

Exploiting data to improve patient safety and quality outcomes, to support service developments.

COVID-19 Impact

A new suite of DCAQ-focussed (Demand, Capacity, Activity, Queue) dashboards have been provided to support the organisation's wider remobilisation plan. This has involved rapidly expanding the access and use of our dashboarding software, MicroStrategy, as well as providing training documentation alongside one-to-one Teams walkthroughs with Service and General Managers. This has proven the need for robust Management Information Hubs and will help pave the way for this deliverable to be achieved.

With the rapid introduction of new projects within the strategy there has been an impact to Information Governance and Security, with governance being undertaken using a risk based rapid delivery model, this means there will be a need for IG and Security for these projects to be revisited for a fuller analysis. There is no impact to the strategy for this to be undertaken, it was a consequence of the numerous rapid deliveries.

No work was undertaken on the convergence of systems. This deliverable has incurred a 5-month delay, moving to December 2021. However, Management Information Hub has a 1-month delay.

Technical Infrastructure

Ensuring the infrastructure on which digital is situated is fit for purpose, secure and meets the needs of the service.

COVID-19 Impact

Significant requirement for laptops to be delivered at pace to staff displaced by social distancing rules as well as staff who required equipment to maintain a level of business continuity. This has contributed to the deliverable of being resilient and secure by design. In addition, required improvements to firewalls and connection upgrades to support the increase in remote working have contributed to the *always within support lifecycle* deliverable.

Several sub-deliverables of *Always Within Support Lifecycle* have slipped but are still expected to be delivered by the end of 2024. Regional IT Service Management was delayed for 5 months and is only just being restarted. PACS upgrade was delayed at a national level by 3 months. In addition, there has also been significant activity for the Cyber Security team battling a rise in criminal activity as opportunists ride the wave of uncertainty. This has impacted progress on the Cyber Essentials and NIS Audit response.

There is a need to consider a revision to the support model within eHealth with over 2000 additional devices in operation across the estate.

Workforce & Business

Assisting our workforce by ensuring the systems on which they operate are effective, efficient, and complement their working practices.

COVID-19 Impact

Consolidation/refresh of GP infrastructure was completed at pace due to covid-19, this also delivered full remote access to clinical systems and will bring operational benefit to NHS Fife moving into Autumn/Winter. Staff engagement was central to the success of NHS Fife throughout the pandemic and recognition of this at an early stage saw the approval of a staff engagement application - Stafflink. This was implemented rapidly and will be utilised moving

forward as replacement of the NHS Fife intranet site. Stafflink currently has 8601 employees signed up.

The Scottish Government announcement that Boards could begin to use Teams generated a change in approach to Office 365 delivery with Teams rolled out successfully at pace to support business continuity and collaboration. However, the wider delivery of O365 has been severely hindered, with a business case only just being completed and the email migration proving extremely challenging for IT teams. Resource conflicts, time to deliver, and the ability to train and communicate with a large number of staff working from home pushed staff resource to the limit.

Summary

The positive impact, which has been achieved through rapid introduction of some of the Digital and Information Strategy deliverables, highlights the need for continued investment in technology to support the delivery of a flexible and integrated health and social care into the future. Digital enablement must continue at a rapid pace and promote resilience to global incidents, which may adversely impact the wider healthcare environment. Staff being supported to be mobile, with access to administrative and collaborative digital solutions, has proven to be a key factor in NHS Fife's resilience during COVID-19

The Digital and Information Strategy supports progression to a truly digital NHS Fife.

2.3.1 Quality/ Patient Care

Quality of care has been improved due to flexibility of appointments, increased mobility and higher resilience to critical incidents. Patient care remained at the heart of NHS Fife with increased opportunity to maintain appointments with patients, whilst still reducing footfall within the hospital setting.

2.3.2 Workforce

Flexible and dynamic working practices, along with efficiencies regarding travel time and costs / carbon footprint. Increased working from home has highlighted the potential for improved work / life balance.

2.3.3 Financial

Decrease in total refresh costs over the next 4 years, due to COVID-19 funding, but increase in costs from year 5 onwards in order to maintain estate. Need for support for Business Cases for items deployed to ensure ongoing support.

2.3.4 Risk Assessment/Management

The main risk in relation to future costs and budget levels including bids for ADEL funding.

2.3.5 Equality and Diversity, including health inequalities

N/A.

2.3.6 Other impact

All impacts described above.

2.3.7 Communication, involvement, engagement and consultation

Digital and Information have engaged with senior managers and teams in relation to all deliverables, which have been achieved. This will continue to ensure maximum benefit from change is achieved.

2.3.7 Route to the Meeting

The strategy has been reviewed by the following groups and committees.

- eHealth Board 17th October 2019 – approval to typesetting
- eHealth Board 21st January 2020
- EDG 24th February 2020
- Clinical Governance Committee 28th February 2020
- Clinical Governance Committee 8th July 2020
- Clinical Governance Committee 7th September 2020 – Impact of COVID-19 and updated delivery plan

2.4 Recommendation

- **Decision** – Reaching a conclusion after the consideration of options.

3. List of appendices

The following appendices are included with this report:

- Appendix 1. Digital and Information Strategy
- Appendix 2. Updated High level delivery plan

Report Contact

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Digital and Information

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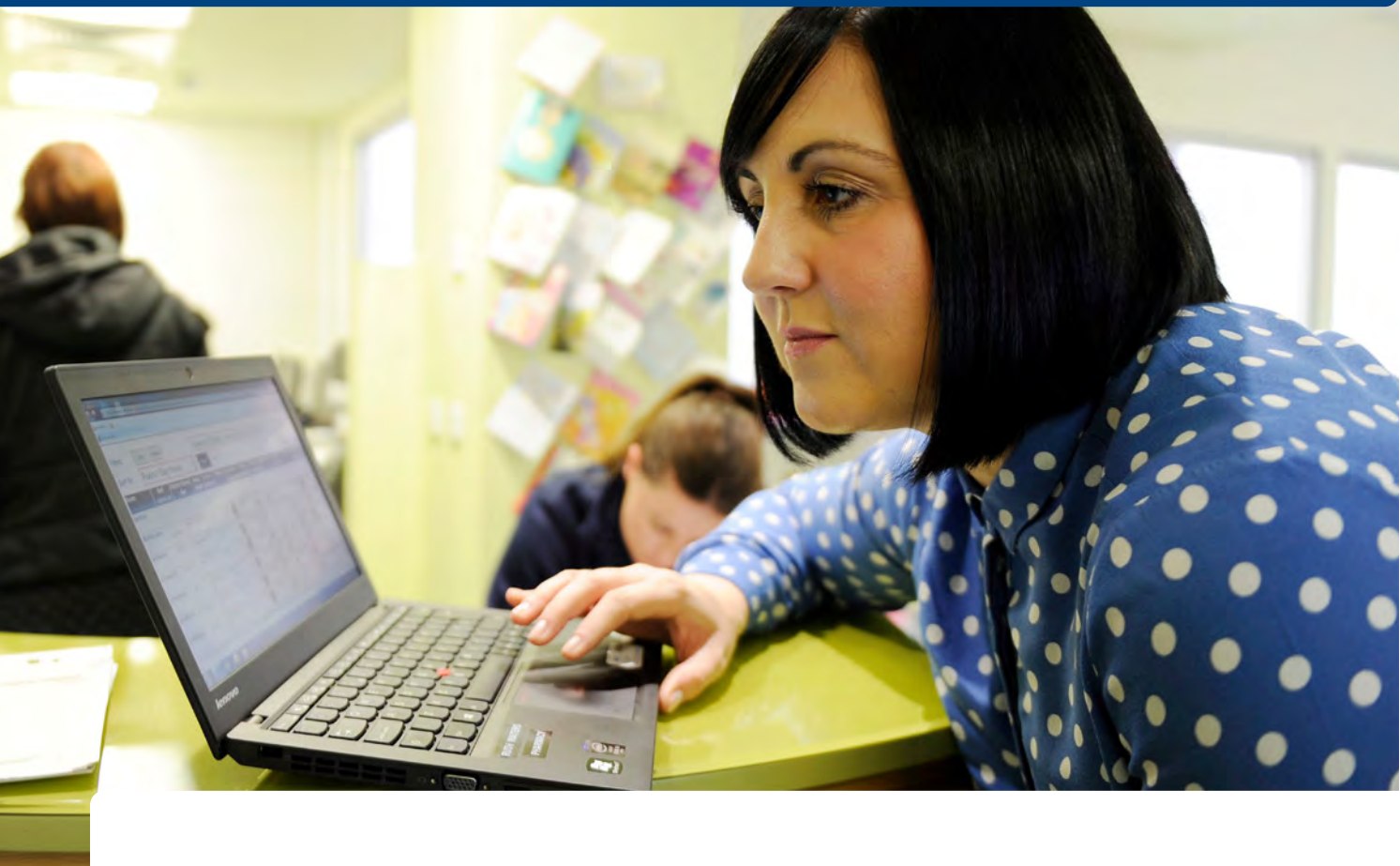


Digital at the Heart of Delivery

NHS Fife Digital and Information Strategy
2019–2024



Digital Health
& Care Scotland



Message from Head of Digital and Information	3
Introduction	4
Digital at the Heart of Delivery	5
Drivers for Change	7
Shared Vision	11
Size and Scale	13
Then, Now and Next	18
Key Ambitions for 2019–2024	22
Records Management and the Paperlite Journey	29
Keeping Us Safe and Secure	30
Strategy Delivery Plan	32
 Appendix 1 – High Level Delivery Plan	 34
Appendix 2 – Digital First Service Standard	37
Appendix 3 – Clinical Strategy Guiding Principles	39
Appendix 4 – Health and Social Care Guiding Principles	40
Appendix 5 – Deliverable Prioritisation	41

Message from Head of Digital and Information

NHS Fife's Digital and Information (eHealth) Directorate is a multi-disciplinary service with one aim – to enable. The Directorate is made up of six business areas which combine to support effective delivery of services. Our key aims are:

- Enable our staff to provide the most efficient delivery
- To positively impact patient care

This is at the heart of what we all do within our organisation. To this end we have undertaken a number of Innovations:

- TrakCare Patient Management System
- Patientrak alerting system
- New Telephony
- Primary Care Digital Transformation
- Health & Social Care Portal (aka Clinical Portal)

In addition, we have delivered a more stable and secure foundation, which will allow us to embrace expansion into new and more modern digital capabilities.

These projects would not have been possible without the support and enthusiasm of those affected by the changes. Over the coming years digital innovation and transformation is key to both NHS Scotland and NHS Fife. We have created this ambitious strategy for delivery over the next 5 years to support a truly integrated health and social care service, through provision of information & digital capability.

This strategy cannot be delivered in isolation. We are committed to working closely with staff and service users to make sure the solutions we deliver are fit for purpose and enhance delivery of health and care services within NHS Fife.

Should you wish to discuss any aspect of this strategy please do not hesitate to contact me.

Thanks,

Lesly Donovan



Introduction

The Scottish Government published the Digital Health and Care Strategy for Scotland in 2018. It covered business systems, research, enabling infrastructure and platforms. The strategy recognised: *“Digital will be central in addressing the challenges and realising the opportunities we face in health and social care, and in improving health and wellbeing, achieving tailored, person-centred care and improving outcomes.”*

NHS Fife acknowledges that digital technology is fundamental to the way we live our lives and can open up access to information and services for our service users. Digital will help us to realise the potential to fully inform and involve our service users in their health care decisions and minimise duplication and delays.

The NHS Fife strategy recognises the need for Digital Improvements. We highlight the potential benefits of the introduction of new monitoring of conditions at home. Preventing the need for hospital based care, supporting clinicians and our service users to deliver an integrated modern model of care.

To this end a strategic objective was set to: ‘Develop the Digital and Information Strategy to support strategic transformation & performance’. With the growth of technology within the home, there is an expectation that service users will use this to engage with health and social care services.

This document outlines a number of large scale changes for NHS Fife which, if taken forward, will substantially change the working practices of staff and the ways in which our service users access their services. These ambitions will be dependent on business case agreement and will require support from staff within NHS Fife and our partners.

NHS Fife has created the Digital and Information Strategy to ensure our stakeholders know the direction of travel for digital within our Board. Alongside the strategy there is a commitment that changes will be planned in a managed way to meet the needs of the Board, respective strategies and the service users of NHS Fife (Appendix 5). Whether you use digital systems or are just interested in the way in which digital and information shapes services within health and social care, we would be happy for you to actively participate. For more information about how you can get involved, please refer to the final section of this document.

Digital at the Heart of Delivery



Digital will become central to everything we do. It has the ability to:

- Power our services
- Ensure our service users are able to engage in the appointment process
- Ensure our data is secure
- Be central to delivery of care
- Deliver more efficiently
- Empower our workforce

However, digital is an enabler; alongside the changes there is a need to also change process for the transformation to be truly successful. We have started the journey and we are working to ensure we meet the needs of relevant strategies and programmes to use digital and Information to its full capacity.

For Service Users



Digital needs to be central to the care we deliver to our service users within the home, community or hospital setting. The technology in use within these services is changing and we are committed to ensuring that our teams are using the most appropriate technology to provide the best care to our service users.

For Health and Care Staff



Our staff are central to successful delivery of this strategy. Their commitment to embracing change, their ideas and their support were central to development of our ambitions. Our staff are a key enabler and are always looking to make improvements and recommending changes to support better delivery of key services to our service users.

For Our Delivery Partners



NHS Fife currently engages with a number of delivery partners to ensure the best service delivery for our service users. This strategy is our commitment to both our current and any future delivery partners that NHS Fife's is committed to Digital Transformation and to working with our partners to ensure maximum benefit for NHS Fife.

Managers



Digital is central to the provision of information which supports service delivery within NHS Fife and it can be challenging to work in this complex environment. However, there is the potential to maximise data which can increase understanding of our waiting lists, support a 'prevention before cure' ethos, support optimum delivery of service and financial planning. Managers are committed to using technology at every opportunity.

Digital and Information

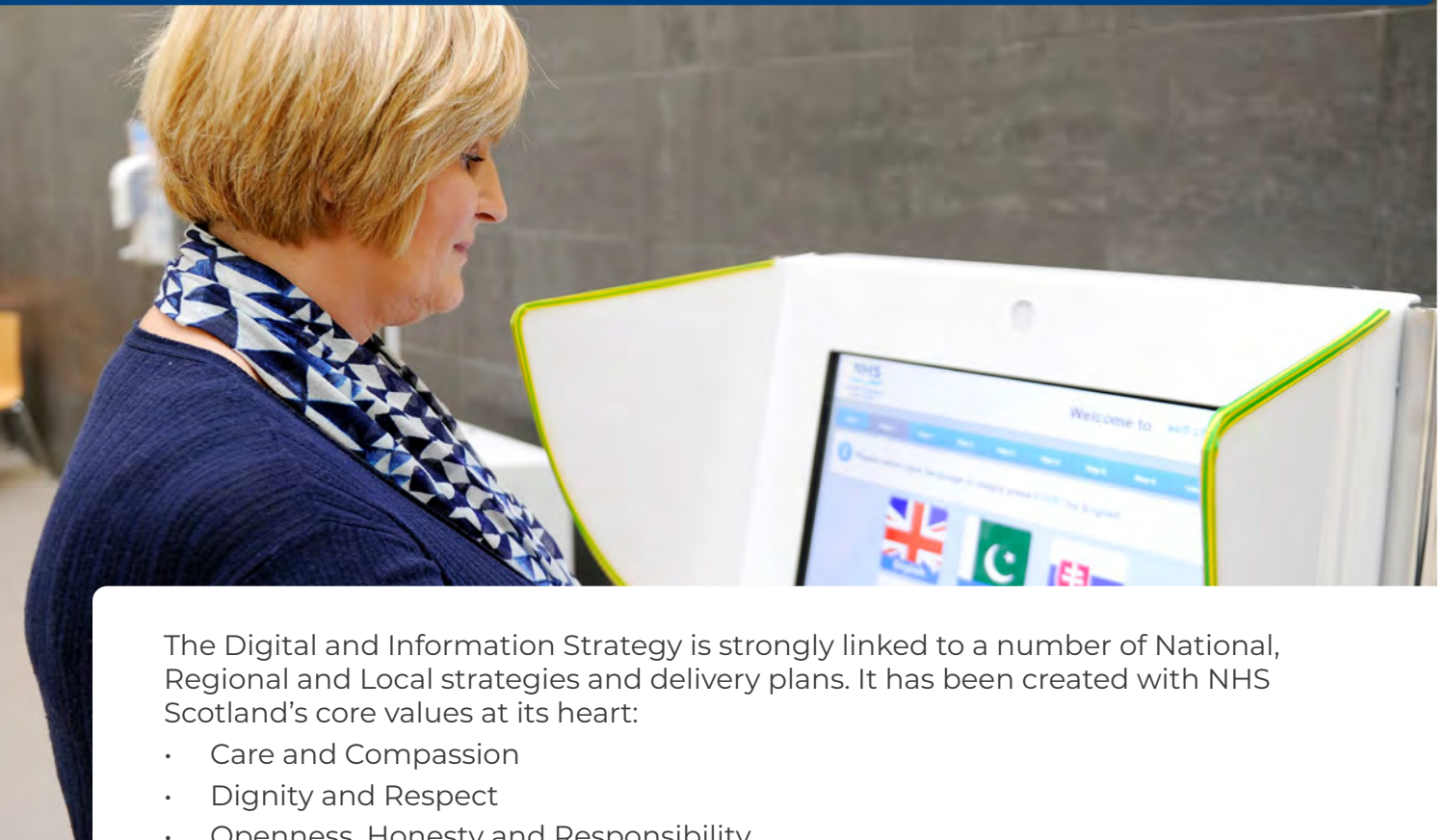


Completion of this strategy would not be possible without the extensive knowledge and commitment of our staff within the Digital and Information Directorate. They are critical to delivery of digital services. NHS Fife rely on their ongoing support to ensure the services already in use are designed for resilience and implemented to support both the organisation and the community it serves in a safe and secure way.

For Everyone



This strategy is an opportunity for everyone to understand how we deliver Digital and Information within NHS Fife. It sets the direction for the transformation and modernisation of NHS Fife for the next 5 years. The following sections highlight the drivers for change and scale of the ambition as well as the challenges faced in delivery of this strategy.



The Digital and Information Strategy is strongly linked to a number of National, Regional and Local strategies and delivery plans. It has been created with NHS Scotland's core values at its heart:

- Care and Compassion
- Dignity and Respect
- Openness, Honesty and Responsibility
- Quality and Teamwork

It also links to the quality ambitions for NHS Scotland to offer a **“Safe, Person-centred, Effective, Efficient”** service within Scotland. Three other key strategies have also contributed greatly to the design of this strategy they are:

National

“Scotland’s Digital Health & Care Strategy” was published by Digital Health and Care Scotland on behalf of the Scottish Government in 2018. The Strategy was developed with the aim:

“To empower citizens to better manage their health and wellbeing, support independent living and gain access to services through digital means”

In addition, Scottish Government recommended ensuring the flow of patient information was both simple and secure across all areas.

In order to achieve the aims 6 domains were established:

Domain A – National Direction and Leadership

Domain B – Information Governance, Assurance and Cyber Security

Domain C – Service Transformation

Domain D – Workforce Capability

Domain E – National Digital Platform

Domain F – Transition Process

Each of the core ambitions of work being carried out as part of the Digital Technology strategy will be linked to one or more of these 6 domains.

The Scottish Government (2017) published two further documents “Realising Scotland’s full potential in a digital world: a digital strategy for Scotland” (2017) and the “Health and Social Care delivery plan” (2016) which set out the vision for Scotland as a vibrant, inclusive, open and outward looking digital nation while focussing on prevention, early intervention and self-management.

The Scottish Government have also committed to the Digital First Service Standard. The standard is a set of 22 criteria which all developments within NHS Fife must meet (Appendix 2). The standard focuses on 3 key themes:

- User needs – focus on what your users want to do rather than the organisations objectives or the mechanics of delivering your service.
- Technology – How you’ve built your service.
- Business capability and capacity – Having the right team with enough time to maintain the service.

The standard is implemented across NHS Fife to ensure that services are continually improving and the users are always the focus of delivery.

Regional

The East Region Delivery Plan sets out the ambition for joint working on digital delivery between NHS Lothian, Borders and Fife. The senior digital leaders within the three boards are progressing their ‘once for the region’ agenda to deliver against the following ambitions:

- Provide digital leadership and innovation to ensure technology can act as an enabler for services across the East of Scotland.
- Ensure that health and care professionals across the East of Scotland have the information they need, where they need it and when they need it regardless of the origins of the information.
- Embrace the upcoming opportunities to collaborate together and where possible introduce standardisation.
- Deliver solutions that ensure interoperability which build upon previous investment and can contribute to increases in efficiency, quality and patient safety.
- Provide opportunities for service users to take greater responsibility for their own health, wellbeing and care

Through fostering constructive relationships with counterparts in other parts of Scotland, lessons can and will be learned to ensure the most cost effective transformational change for NHS Fife. This plan is therefore fundamental to the ambitions detailed within this strategy.

Local

NHS Fife’s Clinical Strategy emphasises the requirement for increased diversion of resources to primary and community care. 5 guiding principles (Appendix 3) formed the basis for the strategy. The Strategy focussed on 9 key themes:

1. Person-centred
2. Prevention and Health Improvement
3. Health Inequalities
4. Access

5. Ongoing Support / Follow Up
6. Community Service Development
7. Acute Service Development
8. Health and Technology
9. Workforce and Estates

A number of commitments were made in relation to Digital Health and Information Management & Technology (IM&T) and we have committed to delivery of these aims within this Digital and Information Strategy.

A track record of constructive relationships with counterparts in Fife Council will make for a more integrated approach within this area.

The Health and Social Care (H&SC) Strategic Plan (2019-2022) has a clear vision to enable the people of Fife to live independent and healthier lives. Their Vision, Mission and Values (Appendix 4) shaped their Strategic Plan which focuses on 5 strategic priorities:

1. Working with local people and communities to address inequalities and improve health and wellbeing outcomes across NHS Fife.
2. Promoting mental health and wellbeing
3. Working with communities, partners and our workforce to effectively transform, integrate and improve our services.
4. Living well with long term conditions
5. Managing resources effectively while delivering quality outcomes.

Within priority 3 Technology developments are noted as a key deliverable with a commitment that Digital solutions for Health and Care will be central to all transformation plans. As a directorate we are committed to work collaboratively with the council to support delivery of the strategic plan and this is identified within the strategy.

Local Delivery Plans and Visions

In addition, there are a number of local strategic priorities which are central to this strategy. These are:

- Acute Services Transformation Programme
- Joining Up Care - Community Redesign
- Mental Health Redesign
- Medicines Efficiencies
- Integration and Primary Care

All of these strategies are underpinned by this digital strategy. The support of these services and plans is fundamental to successful delivery of transformational change within NHS Fife. Digital and Information is an enabler for successful delivery of the ambitions detailed within these plans and will work with the respective services to ensure successful delivery.

Technology Enabled Care

Technology Enabled Care (TEC) is a national programme. It refers to the use of telehealth, telecare and telemedicine in providing care for people that is convenient, accessible and cost- effective. The programme supports test of change projects

which may prove the value of technology in supporting people to live safely and independently in their own homes.

Within Fife we have utilised and will continue to draw support from the National TEC Programme to:

- Oversee the development and delivery of TEC initiatives in Fife
- Ensure all TEC initiatives meet with the objectives of the NHS Fife Clinical Strategy and the Fife Health & Social Care Strategic Plan
- Keep abreast of initiatives and developments in TEC at a national level

Disruptive Drivers

It should be acknowledged that not all drivers for change are positive. The disruptive factors facing us are large scale trends or imperatives which represent an important background context for our digital ambitions.

Managing Expectations – Within our communities there is instant access to information through mobile technology. Fitness trackers and apps available from your ‘app’ store provide useful information and make healthcare look simple in relation to your health and diagnosis. Whilst much of this information is beneficial, the method of collection does not meet our information security standards. This can raise expectations in relation to treatment or turnaround for digital within the NHS environment.

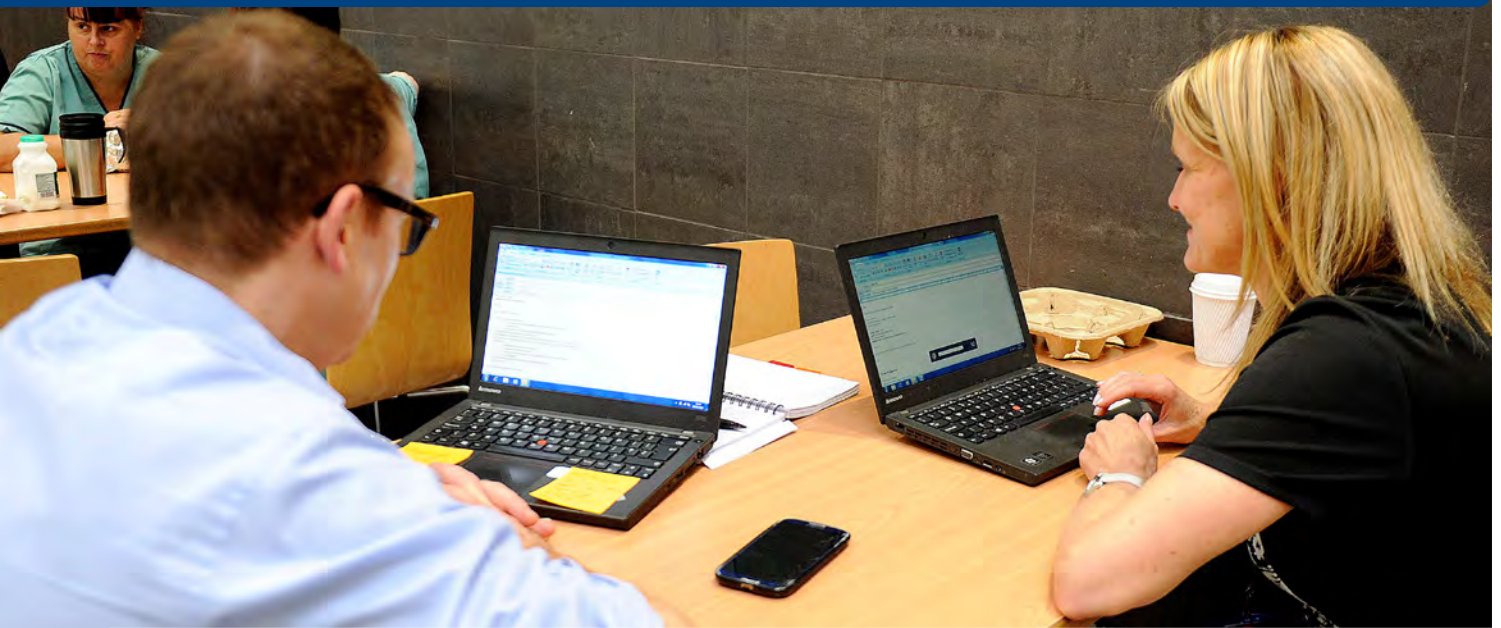
Development of digital services which are safe and secure within the NHS environment is subject to strict governance, to ensure benefit to patient care, value for money and security of information. This can often be misinterpreted as lack of delivery or progress. Therefore, we need to ensure those who are engaged in the strategy understand the time constraints of the process for delivery of clinically safe and secure services for NHS Fife.

Integrated Care – This ambition is for our service users to access total care packages across acute, community, primary and social care. However, joining up of key services is complex due to the use of multiple systems, suppliers and identifiers in use e.g. Community Health Index (CHI). It is important we are aware of barriers which can prevent delivery whilst we strive to progress this ambition for NHS Fife.

Financial and Operational – The strategy defined within this document is extremely ambitious over a relatively short timescale. Each of the ambitions identified within this strategy will require support from those operating within NHS Fife and our partners. Implementing it cannot detract from our primary aim of providing the best treatment for our service users. Funding is another challenge; delivery of our strategy is not just dependent on staffing but also delivering on the budget provided to NHS Fife from Scottish Government.

Workforce – Maintaining a digital delivery skilled workforce to support delivery of this strategy is key. Recruitment has been challenging in recent years and there is a requirement to ensure sufficient time for recruitment is built into plans. There is a need to ensure time is allocated for training within the directorate to ensure a cross population of skills and resource. In addition, how the wider workforce view Technology and Information Governance & Security can be problematic and thus presents a risk.

Shared Vision



Our Aim

Our digital remit exists to advance the delivery of integrated health and social care locally and throughout Scotland and to enable and support delivery of transformational plans within NHS Fife. We want to empower our staff and service users by supporting them through digital developments that will support positive health outcomes.

Our Objectives

1. Support delivery of a fit for purpose, safe and secure, resilient technological service.
2. Ensure Digital Health and Information continuous engagement with services and stakeholders to achieve delivery of change at a local, regional and national level.
3. Improve flexibility through understanding of user needs, convergence of currently disparate existing systems, collaboration and innovation with improved patient care being our ultimate goal.
4. Provide clinically relevant information at the right time at the point of contact.
5. Improve data quality and availability to support delivery of service.

We will measure our objectives by:

- Reporting project delivery against agreed plans in line with project governance.
- Implementing a recognised system of capturing benefits throughout the delivery of our strategy as defined in the benefits realisation of each business case.
- Reducing the number of paper based case notes within our organisation through the use of electronic health and care records in both the hospital and community setting by 85% by the end of 2022 (see section on Paperlite, page 29).
- Continuing to provide NHS Fife and partners with an integrated and comprehensive shared record.
- Committing to providing our service users, with the ability to access their personal health and care records online, as well as enabling them to make appointments electronically and engage with services using digital tools.

- Ensuring access to records and digital tools is both simple and straightforward for our staff. One of our keys aims is to ensure they have secure access to up to date clinical information at point of care.
- Achieving service engagement, robust design, appropriate governance and agreed business cases.
- Ensuring we realise the wider opportunities that technology enabled care and innovation can offer when up scaled
- Measure progress against the National Health and Social Care Digital Maturity Assessment.

Innovation

NHS Fife hosts and sponsors a large and growing number of research studies ranging from international multi-centre drug trials to short term student projects. We work with a variety of commercial and non-commercial sponsors and funders, investigators and researchers with a wide range of interests and experience, members of the public and service users and colleagues from across Scotland, the UK and further afield. In 2018, some 1944 Fife participants took part in 227 studies.

NHS Fife will work collaboratively across the East of Scotland region to improve healthcare and patient outcomes through research and innovation. NHS Fife has a clinical research facility in Victoria Hospital, Kirkcaldy and a clinical room/laboratory area within the research and development department in Queen Margaret Hospital.

Digital innovation will be central to delivering the transformational change that is necessary in order to support integrated health and care teams in delivering new models of care and is therefore at the centre of our strategy. Our strategy is to support innovation through the use of international technical standards and robust governance.

To support our work, we will continue to invite specialist clinical, medical and technology advice from inside and outside of our organisation including University representatives, in order to stay current with the latest advancements, learning lessons from elsewhere and keeping NHS Fife at the forefront of digital in healthcare.

Research using electronic health records has supported a digital approach to generate real world evidence to understand and improve patient outcomes and this is therefore at the heart of digital transformation within NHS Fife.

Where possible we will exploit the opportunities that wearable technologies and health apps provide. This will create long term benefit to the organisation through a more joined up approach to patient care.

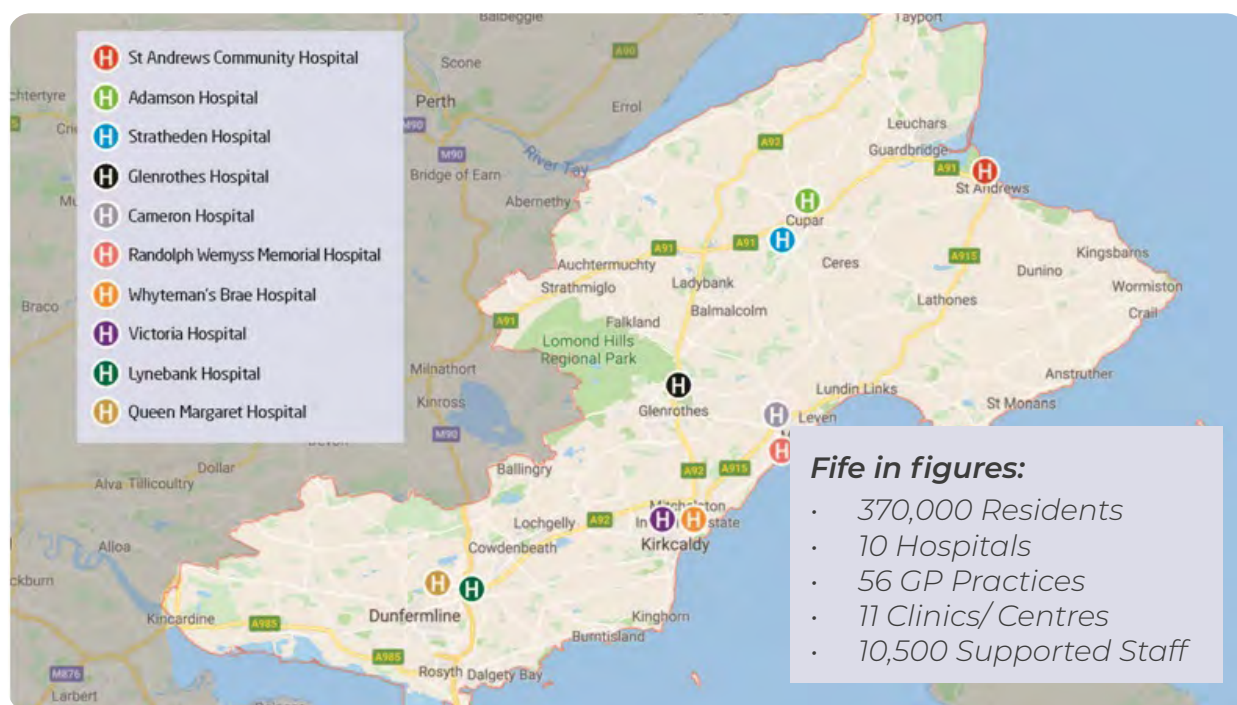
Communication

In order to ensure that our vision is truly shared, we must ensure our digital journey is communicated to stakeholders. To further this aim we are committed to keeping in touch with all concerned, to regularly share and update our progress on how we are achieving our delivery plan. We will work with colleagues using social and print media as and when appropriate to share our vision and our progress.

Size and Scale



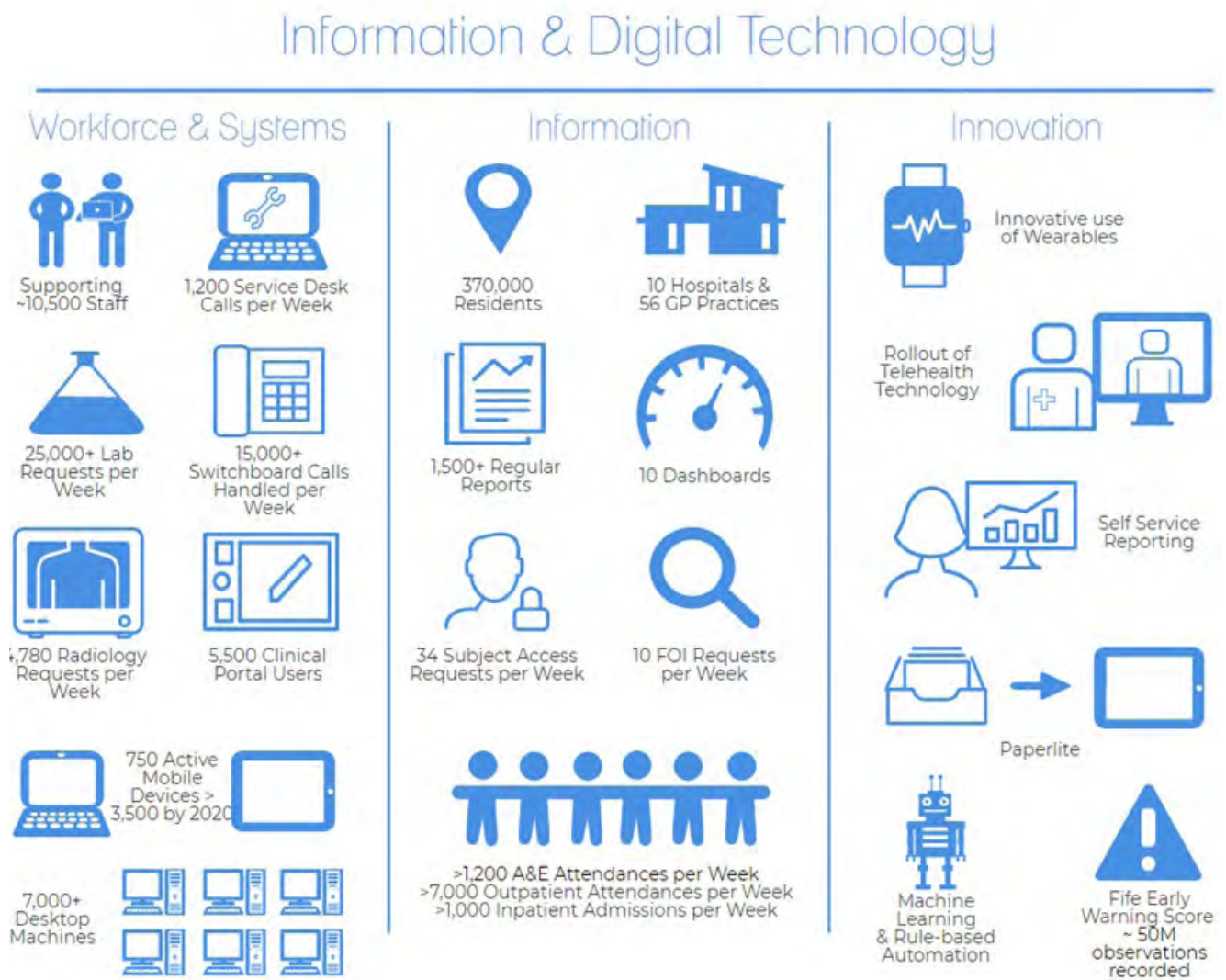
The Kingdom of Fife is a peninsula in eastern Scotland with a coastline of 170 kilometres (105 miles) bound by the Firth of Forth to the South and the Firth of Tay to the North. NHS Fife is served by Victoria Hospital in Kirkcaldy and Queen Margaret Hospital in Dunfermline alongside a variety of essential Community Health Partnership Hospitals, Day Hospitals, Primary Care Facilities and General Practitioners.



Fife in figures:

- 370,000 Residents
- 10 Hospitals
- 56 GP Practices
- 11 Clinics/ Centres
- 10,500 Supported Staff

A fuller picture of the size and scale of the challenge for Information and Digital technology in NHS Fife is provided below.



Disruptive Factors

NHS Fife must continue to be operational on a day to day basis alongside the transformation into digital and modernisation of services. We need to take everyone on this journey and require the commitment of our staff and service users.

Digital transformation and a move towards Paperlite (page 29) requires our staff to embrace change, to utilise digital systems and lead on improvements to clinical pathways. This will require support from staff who will engage with our ‘Digital Fitness’ training programme. We will work closely with staff to ensure planned digital developments are fit for purpose and championed by the staff utilising new ways of working.

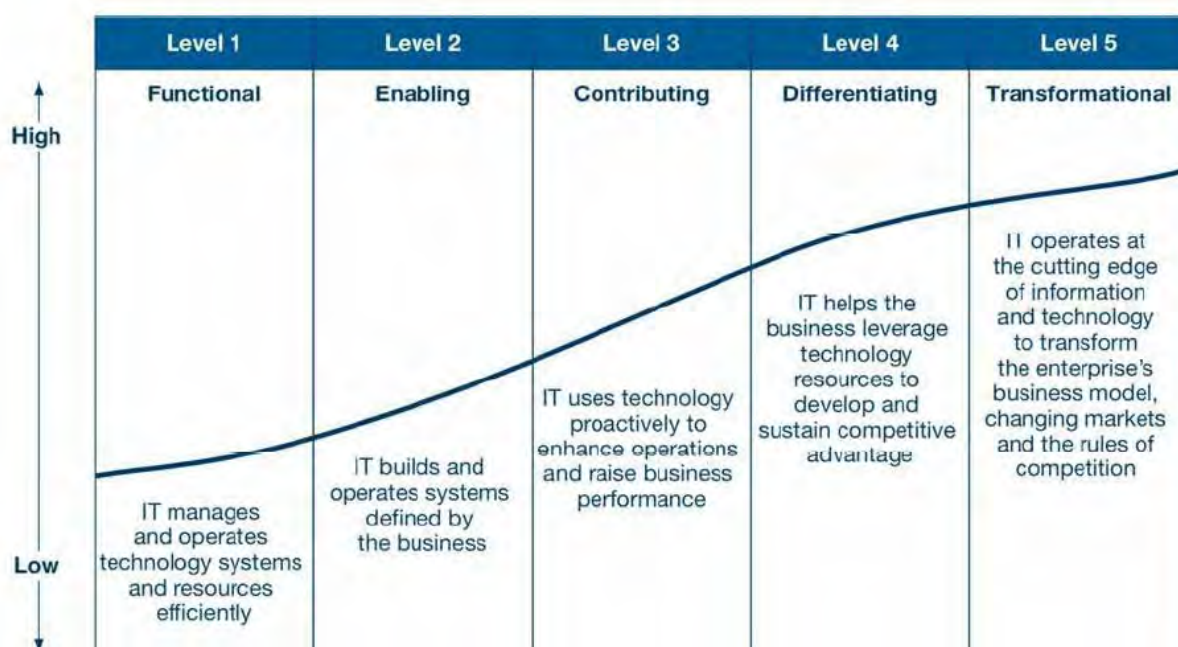
Implementing new projects, including digital raises a number of challenges:

- Information Security
- Information Governance – Privacy by design or default
- Legacy v New Systems
- Tactical v Strategic
- Making changes to systems which are currently operational within NHS Fife
- Benefits Management and Measurement
- Costs and investment required to meet the strategy
- Project and Change Management

Solid governance, design and development of delivery plans, agreed business cases, fully supported by all key stakeholders and governance groups will ensure sufficient capacity and capability within services to meet delivery needs.

Understanding the Process

The IT organisation maturity model devised by Gartner illustrates the various stages through which an organisation evolves. The base level (1) is functional where only the basic level of support is provided. NHS Fife wish to achieve transformational change (5) this will allow us to embrace change and deliver the most up to date technology for our service users.





What has been delivered?

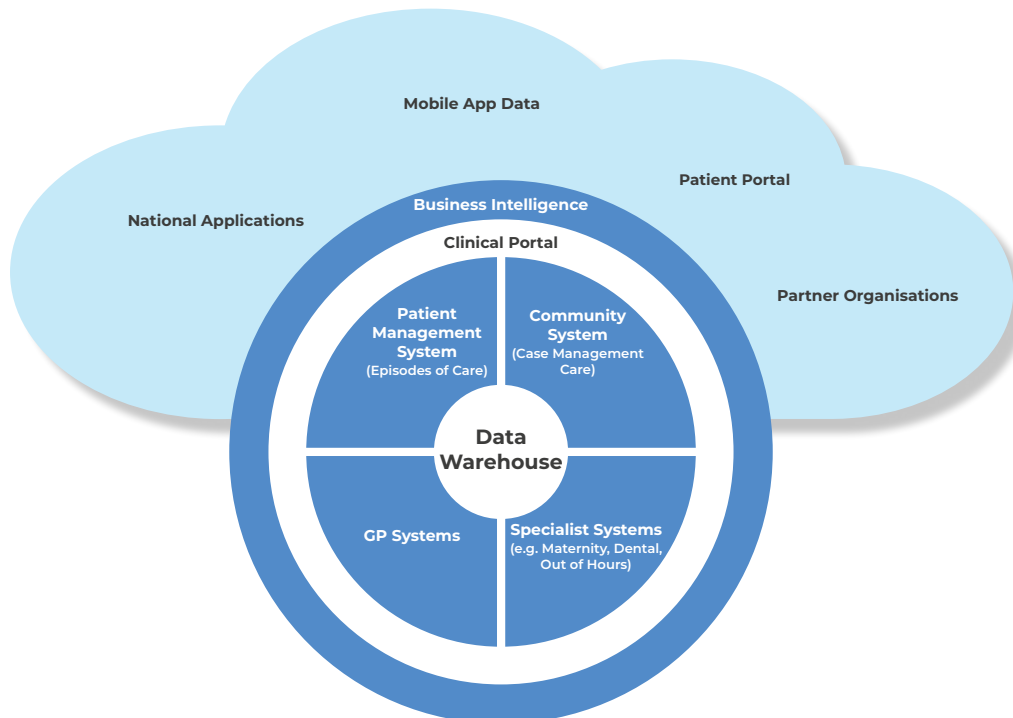
Over the last 5 years a number of new systems and innovations have been implemented within NHS Fife, as detailed below. We worked alongside respective services to bring about these changes within NHS Fife. We are continuing to make good progress towards the long term benefit for patient care.

The Journey so Far



Cornerstone Environment

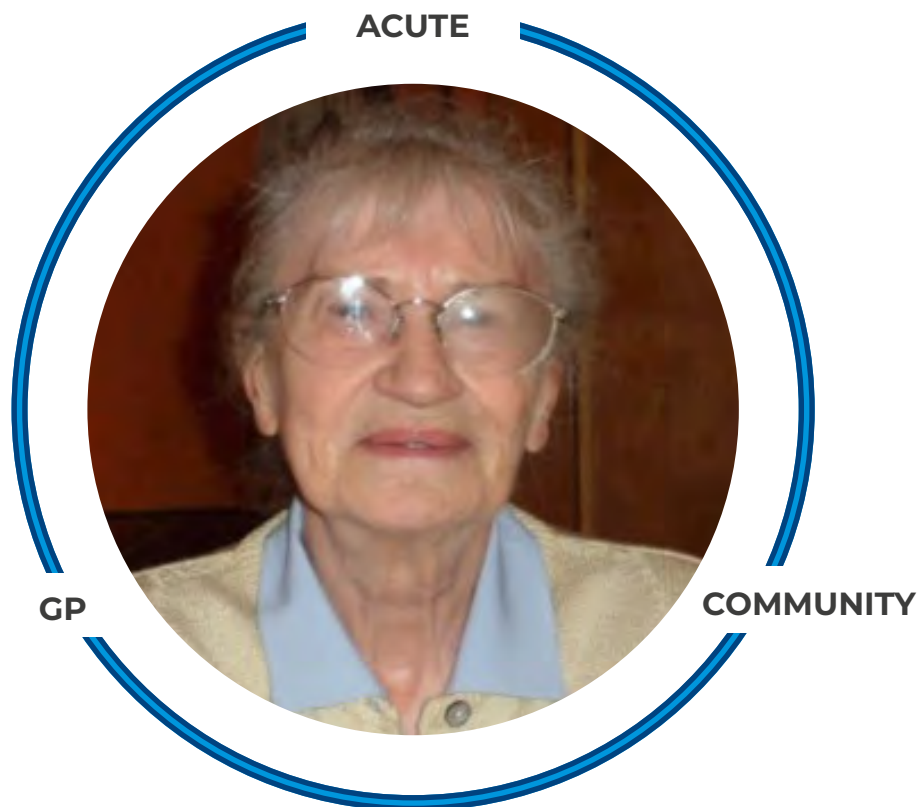
NHS Fife currently has a number of electronic systems in place which allows us to capture key information in relation to patient care. They are the foundation of our journey to digital. Without these cornerstones we cannot create a truly joined up patient experience.



Moving forward we are going to improve these systems by:

- **Health and Social Care Clinical Portal** – Information sharing with social care systems, to create a health and social care portal for NHS Fife. Improve the service users journey and Provide key information with the ambition of improved care in both health and social care environments.
- **Patient Management System (PMS)** – Patient Management - Maximise utilisation to improve clinical delivery and the service user experience and improve on how we manage our outpatient clinics.
- **Community System** – Replace the Community system for NHS Fife 2019-2021 and expand delivery to all community and mental health services in NHS Fife and improve sharing of information.
- **GP System** – New National GP IT System agreed. Join up the GP care record and the electronic health record. Development of SCI Gateway, to enable advice and clinical dialogue to be delivered. Enable the digital transfer of health records when service users change GP.
- **Specialist Systems** – Deliver ophthalmology on a once for Scotland approach.
- **Business Systems** – Modernise Core Telephony December 2021 (current support contract end). Expand SIP Trunk Network to include more sites. There are plans to move from NHS Mail to Outlook Online as part of O365. Real time collaboration using Microsoft Teams including voice and video meetings. There are plans within the strategy to move to the National Contract for Office 365 including Microsoft SharePoint. There are plans within the strategy to adopt more once for Scotland People Management suites including, eRostrering, Workforce Planning and eRecruitment.

Then, Now and Next



Evidence of the journey so far in relation to digital within health can be shown within the case studies on the subsequent pages.

ACUTE CASE STUDY

Margie Horan is an 89 year old lady admitted with abdominal pain which she has had for the last 3 days. She also has a history of chronic obstructive pulmonary disease (COPD) and hypertension. She has been off her food for the past few days and has been vomiting intermittently. On admission to the ward she is noted to be very lethargic and dehydrated.

Baseline observations are recorded and the early warning score (EWS) is calculated. Medical staff have reviewed her and completed a management plan including acceptable observation parameters. Intravenous fluids via peripheral catheter (PVC) have been commenced and laboratory and radiology requests made for further investigation. Medical and nursing admission documentation and assessments have been completed.



THEN

- Physiological observations recorded on paper and EWS added up manually. Prone to miscalculation. Chart kept at bedside per patient
- Observation parameters written in case notes and onto paper EWS chart
- Nutrition assessment completed on paper. Manual process to refer to dietetic staff. Delay in referral.

- Frailty assessment to be completed for all service users over 65yrs on paper and referral to frailty team where required. Delay in referrals.
- Documentation and monitoring of PVC insertion on paper with chart kept at bedside
- Increased EWS scores requires phone call to medical staff asking for patient review. Most junior doctor asked to review as senior busy in outpatient clinic. Nurse in charge not made aware of deteriorating patient on the ward.
- Doctor has to attend ward in order to view the paper EWS chart.
- Doctor delayed due to another emergency and patient not reviewed. Nurse aware he's busy and that he will attend when he can. No escalation to more senior staff.
- Observations not repeated till later in the day and score has increased with patient now unresponsive.
- Seen by critical care staff. Patient transferred to ICU. Poor outcome due to delay, increased stay in ICU

NOW

- Automatic calculation of EWS and 100% completeness
- Personalised observation score recorded in Patienttrack
- Visible dashboard showing observations due and current EWS for all ward based service users.
- Increased compliance with on time recording of observations.
- Automatic alerts to appropriate staff. Nurse in charge alerts in place.
- Multidisciplinary Team discussion re deteriorating service users across acute areas using Patienttrack.
- Improved outcomes for patient with early detection of deterioration. Transfer to High Dependency for closer monitoring. Recovers within 2 days and transferred back to ward for step down care.
- Visibility across all areas for viewing observation charts. Medical staff can access on any pc
- Weekly reports to SCN re compliance
- Automatic dietetic referral at point of nutrition assessment recording
- Automatic task creation for frailty assessment to be completed within 4 hours of admission.
- Task creation for monitoring of the PVC using the on demand assessment. Compliance audit for infection control weekly.

NEXT

- Connect to lab results to identify service users at risk.
- Paperlite process for tasks.
- Process to review laboratory results overnight and assigned to Hospital at Night
- Bedside assessments and removing paper processes.
- Use in the community for continuation of care and use of assessments.
- Transferred for rehabilitation to community hospital where staff can view the assessments and observation recorded in acute care. Continuation of recording.
- Expansion of use to other areas within both acute and community.

COMMUNITY CASE STUDY

Margie is ready to be discharged home but needs some additional support. The hospital makes a referral to the Integrated Community Assessment and Support Service (ICASS) via the single point of access.



THEN

- Referral noted on a spreadsheet and the paper referral faxed or sent to the necessary service.
- Service goes to visit Margie in her home with paper copies of assessments.
- Care plan also completed and left in the home.
- Any onward referrals undertaken either on paper or by telephone
- Subsequent assessments recorded on paper by each service separately.
- Statistical information completed, again separately on spreadsheets.
- Correspondence to other involved services all typed manually and posted.

NOW

- Referrals come via email or paper and are entered into MIDIS – electronic record commenced
- Referral is triaged electronically and accepted onto the caseload of the appropriate teams
- Care plans still require to be left in the home.
- Assessments undertaken within the patient's home are recorded as close to real time as possible and are shareable across other MIDIS users (it should be noted that some users can only record in MIDIS when back at base meaning records are not always contemporaneous)
- Statistics are derived from the data entered into the system albeit this can be cumbersome.
- Limited correspondence is produced from the data already recorded and transmitted electronically.

NEXT

- Referral is received and triaged electronically and accepted onto the caseload of the appropriate teams.
- Assessments undertaken within the patient's home are recorded as close to real time as possible and are shareable across users of the Health and Social Care Portal.
- No paper care plans require to be left in the home, information is accessed on electronic devices.
- Statistics are derived from the data entered into the system.
- Correspondence is produced from the data already recorded and transmitted electronically.

GP CASE STUDY

Margie is 89 and needs to see her GP regularly, Margie sees a number of clinicians within the community and takes a considerable number of prescribed medications.



THEN

- Margie would phone her GP every time an appointment was due or would book on her way out.
- Margie would see separate community clinicians with separate appointments at separate times; this would result in Margie travelling to her GP Practice 6 miles away on a bus each time.
- Margie would reorder prescriptions every time she was in and would have to come back into the practice, another 6 miles to collect the prescription and visit the pharmacy to dispense.

NOW

- Margie would either have been given an appointment or would phone or go online to make one. Although may struggle due to appointment availability.
- She may see separate clinicians for her care but these would be coordinated for chronic disease monitoring to reduce the number of visits.
- Prescriptions can be ordered by post, at the front desk or online, the latter being the easiest. Prescriptions can then be put through to a designated pharmacy for collection or delivery. There is also the option of Chronic Medication Service (CMS) where a years' worth of prescriptions are done and the pharmacy simply dispenses on a regular basis.

NEXT

- Multi Disciplinary Teams (MDT) will use remote access to link key groups together and discuss Margies' case to ensure continuity and joined up patient care.
- Refresher Appointments with the GP can be conducted via Video Conferencing to reduce Margies' travel.
- Prescriptions can be dispensed to Margies' local pharmacy to prevent trip into town.
- Community Pharmacist can review Margies' prescriptions regularly by video conferencing to ensure best patient care.

Key Ambitions for 2019–2024

5 Key Ambitions have been identified which provide a framework for planning and communicating the delivery of our goals. They have been informed by the Scottish Government digital strategy and NHS Fife’s clinical strategy they are:

Modernising Patient Delivery

Modernising Patient Delivery is about ensuring we provide our service users and staff with a modern, fit for purpose healthcare service, using digital. This incorporates ambitions which were laid out by the Scottish Government in “The Modern Outpatient: A Collaborative Approach 2017-2020”, which aimed to provide service users with timely access to advice, treatment and support with minimum disruption when clinically appropriate.

A number of initiatives are planned for the next 5 years. As outlined on the chart below alongside key strategies and benefits within NHS Fife over the 5 years.

Modernising Patient Delivery 2019/2024

Ensuring we provide our patients/service users with a modern fit for purpose health care service.

Work To Be Done

- **Clinical Decision/Advice** - Improve through joining up and improving existing systems.
- **Consultant to Consultant** – Send and receive information electronically from other HealthBoards.
- **Digital Maturity** – Assess the digital maturity of our IT, in order to identify the priority areas for improvement.
- **Digital Hub** – Changing the way we communicate with our patients and citizens.
- **GPIT Replacement** – Modernisation as part of a wider National programme.
- **LIMS replacement** – Laboratory Information management system (LIMS), support implementation of replacement hardware whilst a new regional system is procured and implemented.
- **Near Me** - Video conferencing for our service users to engage with clinicians with minimal disruption.
- **Optimisation of Outpatients Appointments** – Patient focussed/self booking, patient initiated follow up appointments and review of clinical letters.
- **Paperlight** – Reduce the reliance of paper with the ambition of 85% paperlight by 2022.
- **Technology Enabled Care** – Support projects which provide care to the patient within their home environment.
- **Theatres system replacement** – The system currently in use within Theatres requires replacement.

Digital Strategy Objectives

Domain A – National Direction and Leadership
Domain C – Service Transformation
Domain D – Workforce Capability
Domain F – Transition Process

Clinical Strategy Objectives

1. Person-centred
3. Health Inequalities
4. Access
5. Ongoing Support / Follow Up
6. Community Service Development
7. Acute Services Development
8. Health and Technology
9. Workforce and Estates

Health and Social Care Priorities

1. Working with local people and communities to address inequalities and improve health and wellbeing outcomes across NHS Fife.
3. Working with communities, partners and our workforce to effectively transform, integrate and improve services.
4. Living well with long term conditions.
5. Managing resources effectively while delivering quality outcomes.

Benefits Achieved

- Patient care is seamless both within NHS Fife and with other boards.
- Outpatient experience is improved.
- Care is provided in the right place at the right time.
- NHS Fife understand the digital challenge.
- Modern fit for purpose service delivery.
- Patient/Service User engagement is easy, fast and efficient.
- Environmental impact is reduced
- Complete electronic patient record.
- Systems remain fit for purpose.

Joined Up Care

NHS Fife continues to work on utilising digital to provide joined up services across primary, community, acute and social care to ensure all relevant information is available to those working with our service users.

The new GP Framework Contract (2018) recognised one of the most challenging aspects of being a GP was workload. The contract committed to implement the recommendations of the Improving General Practice Sustainability Advisory Group report (2016), which identified a number of broad themes including effective primary and secondary care interface working. In addition, the contract committed to Health and Social Care Partnerships and NHS Boards placing additional primary care staff in GP practices and the community to work alongside GPs and practice staff to reduce GP practice workload. Implementation of digital changes and improvements to systems supports this delivery. The areas identified within this category all support the need for a more integrated care environment.

Joined Up Care 2019/2024

Joining Up Our Services to ensure all relevant information is available at point of contact.

Work To Be Done

- **Bedside Risk Assessment** – Ensuring assessment of clinical risk is conducted at bedside.
- **CHI Replacement** – Modernisation of Community Health Index as part of a National programme.
- **Child Health Replacement** - Modernisation of the current Scottish Child Public Health and Wellbeing solution as part of a National programme.
- **Community System** – Replacing an end of life system (MiDIS) with a more integrated solution.
- **Community Pharmacy Access** – Connecting Community Pharmacy to other NHS Fife services.
- **Health and Social Care Portal** – Extending use to include more services and social care services.
- **HEPMA** – Hospital Electronic Prescribing and Medicines Administration.
- **Mental Health Pathways** – Ensuring pathways are implemented within our digital environment.
- **Neurology Electronic Referral** – Implementation of an e-Referral system for Neurology.
- **Palliative Care Plan** – Improve palliative care provision through digital.
- **Pharmacy Redesign** – Redesign pharmacy, introduction of robotics and management of falsified medicines within NHS Fife.
- **TrakCare Maximum Utilisation** – Achieve maximum benefit by implementing changes requested by practitioners.
- **Women and Children's Redesign** - Site optimisation exercise to which digital delivery of service will be fundamental.

Digital Strategy Objectives

Domain A – National Direction and Leadership
Domain C – Service Transformation
Domain D – Workforce Capability
Domain F – Transition Process

Clinical Strategy Objectives

1. Person-centred
4. Access
5. Ongoing Support / Follow Up
6. Community Service Development
7. Acute Services Development
8. Health and Technology
9. Workforce and Estates

Health and Social Care Priorities

1. Working with local people and communities to address inequalities and improve health and wellbeing outcomes across NHS Fife.
2. Promoting Mental Health and Wellbeing.
3. Working with communities, partners and our workforce to effectively transform, integrate and improve services.
4. Living well with long term conditions.
5. Managing resources effectively while delivering quality outcomes.

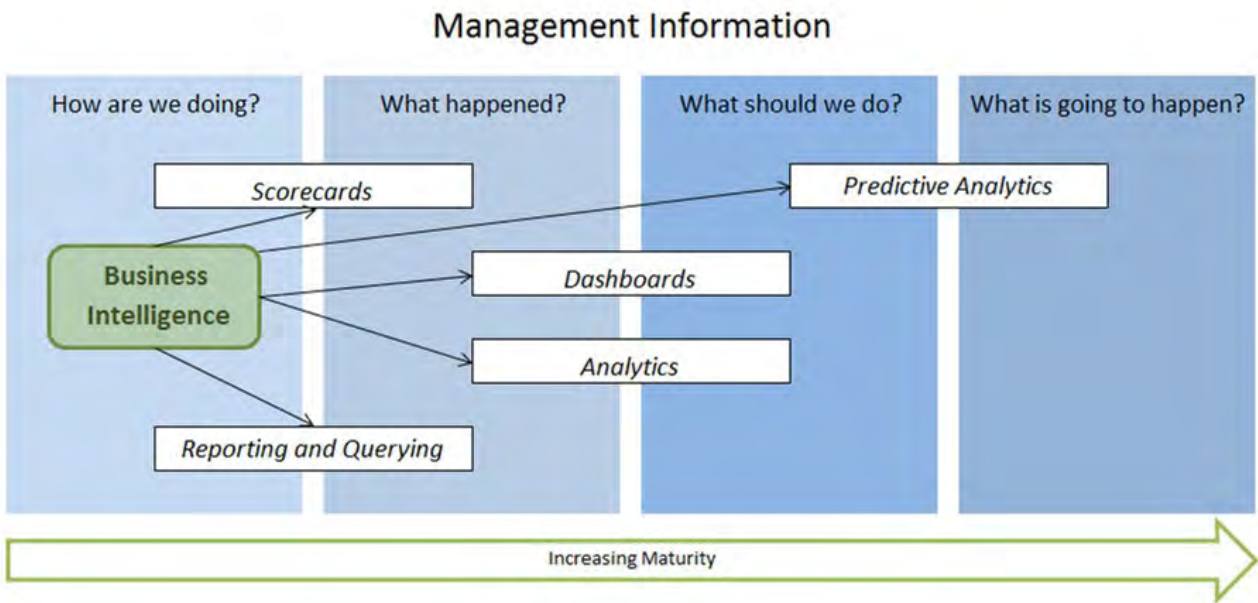
Benefits Achieved

- Time to treat patient is reduced due to point of care assessment.
- Ensures NHS Fife has the same view as other Boards in Scotland.
- Improves data quality and reporting
- Delivery of a full picture of care within Fife.
- Increases patient safety.
- Improves clinical communication and digital support.
- Improves clinical effectiveness and quality improvement.
- Improve access to clinical pathways.
- Creates a truly joined up service.
- Improves compliance with Government legislation.

Information and Informatics

Effective use of information is a key component of the Digital and Information Strategy. High quality information enables NHS Fife to plan, manage and monitor effectiveness. This ensures services are best-equipped to cater for users within Fife whilst also ensuring maximum benefit in terms of health outcomes, level of care and cost.

Management Information must be readily accessible to all those who require information at the point that they need it.



We need to provide our staff with reporting tools and reporting solutions that are accessible and intelligible. We are committed to ensuring that our digital ambitions are robustly supported by information at the centre of delivery and ensure that these deliveries are well-planned and appropriately resourced.

NHS Fife recently delivered an extremely successful informatics project - Fife Early Warning Score (FEWS) was the culmination of IT, reporting, and clinical rules-based expertise. This was a very successful collaborative approach and points a way forward for NHS Fife, combining clinical rules-based knowledge with information and technology to move services forward.

Increased use of dashboard visualisations, a focus on trigger reports, and alerts generated by our Patient Administration Systems will ensure that our collective data assets are more proactive and productive.

Information Governance and Security

Effective adherence to Information Governance and Security standards and regulations, this covers information and records management, privacy, access to information and risks relating to confidentiality, integrity and availability of information.

NHS Fife need to ensure that our employees have controlled and efficient access to the information they require to function optimally in their various roles. Improving and sharing access to information across our organisation, and beyond, is a high priority and will ensure multi - disciplinary teams have oversight of their services.



NHS Fife is committed to:

- Ensuring that data is utilised in the right way at the right time
- Accepting information governance is key to all deliveries for Digital and Information.
- Information governance being viewed as a significant enabler for the design and improvement of care:
 - Addressing information risks ensures safe sharing of patient information
 - Access to relevant key patient information supports clinical decision making
 - Approved Information improves decision making about the service design for the future
 - Approved Information improves opportunities for efficiency and timeliness of delivery

Legislation

The General Data Protection Regulation (GDPR) is the most important change in data privacy regulation in 20 years. GDPR aims to give citizens more control over their data and create uniformity of rules across the EU. There are a number of requirements that NHS Fife must meet to be compliant with this standard, they must:

- Implement Duty of Candour to support consistent responses across health and social care providers when there has been an unexpected event or incident that has resulted in death or harm.
- Ensure records are managed effectively
- We must ensure that personal data is processed securely using appropriate technical and operational measures.

In addition the Scottish Government has mandated that NHS Fife must have:

- A Senior Information Risk Owner (SIRO)
- An operational Information Security Management System that aligns to ISO-27001 standards.
- Ensure plans are made to safeguard the confidentiality, integrity and availability of information necessary for the delivery of health and care.
- Have plans which show steady incremental progress in conforming to the information security policy framework.

NHS Fife was one of the 1st boards in Scotland to achieve ISO-27001 and is carrying out extensive work packages to ensure GDPR compliance.

Information and Informatics 2019/2024

Exploiting data to improve patient safety and quality outcomes, to support service developments.

Work To Be Done

- **Business and Health Intelligence** – This is central to business as usual processes across NHS Fife.
- **Convergence of Obsolete Systems and Methods of Holding Data** – convergence of data from applications which are no longer supported or are classed as at risk from cyber security.
- **Fife Safe Haven** - An invaluable resource for researchers to tackle future healthcare provision and disease management.
- **GDPR / Data Protection Act 2018** – Ensuring NHS Fife remains compliant with GDPR, information security and any relevant governance.
- **Improving Data Quality**
 - Influence data collection standards and champion data quality as a key organisational asset.
- **Management Information Hub** – Central, accessible and intelligible resource for the organisations decision makers.
- **NIS and Cyber Essentials** – Ensuring NHS Fife complies with Information Security Legislation

Digital Strategy Objectives

Domain A – National Direction and Leadership
Domain B – Information Governance, Assurance and Cyber Security
Domain C – Service Transformation
Domain F – Transition Process

Clinical Strategy Objectives

1. Person-centred
2. Prevention and Health Improvement
4. Access
5. Ongoing Support / Follow Up
6. Community Service Development
7. Acute Services Development
8. Health and Technology

Health and Social Care Priorities

1. Working with local people and communities to address inequalities and improve health and wellbeing outcomes across NHS Fife.
3. Working with communities, partners and our workforce to effectively transform, integrate and improve services.
5. Managing resources effectively while delivering quality outcomes.

Benefits Achieved

- Treatment times are monitored effectively.
- Planning and performance management is accurate.
- Supporting research and analysis to prevent disease.
- Improved management of services allowing financial savings to be used to improve patient care.
- Patients information is used appropriately, by the right person at the right time.
- NHS Fife delivers change to their service users which are benefits led.

Technical Infrastructure

A fuller picture of the technical work that is carried out is detailed within the 'Keeping Us Safe and Secure' section which outlines the Business As Usual (BAU) work that is undertaken.

Alongside the transformational change which is outlined within this strategy there is a need to also improve the technical Infrastructure. The infrastructure ensures the changes are sustainable for NHS Fife.

Management of systems and ensuring best value for NHS Fife is critically important. Best value allows NHS Fife to maximise return on investment and generate savings which can be reallocated to delivery of patient care.

Technical Infrastructure for Acute, GP and Community 2019/2024

Ensuring the Infrastructure on which digital is situated is fit for purpose, secure and meets the needs of our service.

Work To Be Done

- **Adaptation of Revenue Based Business Model** – Suppliers are offering the best solutions and services using a revenue/ subscription based business model and we need to embrace this change.
- **Always within Support Lifecycle** – Maintain all systems and solutions (hardware & software) within a current support lifecycle and manage suppliers / contracts accordingly
- **Balanced use of public, private cloud and on premise solutions and resilience** – Adopt a balanced and risk and merit based approach to choosing public cloud, private cloud or on premise solutions
- **Cyber Essentials/NIS/GDPR and Information Security** – Protect against cyber attacks and comply with NIS regulations, ensure network is secure, risks are understood, impact of incidents are minimised and governance is followed.
- **Exit Plans for Poor Suppliers** – Maintain a flexible and versatile approach to supplier contracts. Maintain a product lifecycle which is secure and fit for purpose
- **National Digital Platform** – Relevant real time data and information from health and care records and services is available nationally.
- **PACS Upgrade** – Upgrade to Picture Archiving Communications System (PACS).
- **Resilient and Secure by Design** – Adopt best practice systems and application architectural design principles and ensure resilience, Implement solutions which have been designed with cyber security threats and vulnerabilities in mind
- **Regional IT Service Management** – Rollout of system within the Region and ongoing sharing of best practice.
- **Security Upgrades** – Undertake all security upgrades
- **Windows 10** – Ensure most up to date operating system.

Digital Strategy Objectives

Domain A – National Direction and Leadership
Domain B – Information Governance, Assurance and Cyber Security
Domain D – Workforce Capability
Domain E – National Digital Platform

Clinical Strategy Objectives

1. Person-centred
4. Access
8. Health and Technology
9. Workforce and Estates

Health and Social Care Priorities

3. Working with communities, partners and our workforce to effectively transform, integrate and improve services.
5. Managing resources effectively while delivering quality outcomes.

Benefits Achieved

- Patients are reassured Digital and Information are doing the right thing.
- We comply with all relevant guidance.
- We minimise the risk of cyber attack, are prepared to respond quickly to a cyber attack and minimise impact and damage.
- Service Users are assured we are operating on best value.
- Clinical teams are provided with a safe working environment.
- Everyone can be assured the systems implemented are resilient and secure.

Workforce and Business Systems

We need to ensure that alongside delivery of this strategy we undertake true engagement with our workforce, they are central to all we do. We will balance how we deliver our ambitions with delivery of traditional medical roles.

We can support our workforce by providing them with digital systems. This will ensure they receive maximum benefit with minimum systems.

Workforce and Business Systems 2019/2024

Assisting our workforce by ensuring the systems on which they operate are effective, efficient and compliment their working practices.

Work To Be Done

- **Consolidating GP Business Systems** – Provide the most appropriate delivery of service to primary care colleagues.
- **e-Rostering** – Regional / National e-Rostering solution to assist with staff management.
- **Framework for Attracting Youth in NHS Digital** – Invest in more apprenticeships to help address the ageing workforce problems facing the NHS in Scotland
- **Maximising Return On Investment** – Achieve maximum benefit from the systems which are in use.
- **Office 365** – National deployment of office 365, all NHS employees in Scotland to communicate and share information from a single platform.
- **Printing Capability Review** – Centralising printing, to minimise costs per specialty.
- **Virtual Workforce** – Consider modernising ways of working e.g. the use of robotics for on-boarding and off-boarding of staff.
- **Digital and Information Literacy** – Implement training tools to achieve basic Digital, Business Intelligence and Information Governance & Security skills for all staff, ensure training is appropriate on new digital systems and engage with all Scottish Government training programmes e.g. Digital Champions Development Programme and the Digital Participation Charter.

Digital Strategy Objectives

Domain A – National Direction and Leadership
Domain B – Information Governance, Assurance and Cyber Security
Domain C – Service Transformation
Domain D – Workforce Capability
Domain E – National Digital Platform
Domain F – Transition Process

Clinical Strategy Objectives

4. Access
6. Community Service Development
7. Acute Services Development
8. Health and Technology
9. Workforce and Estates

Health and Social Care Priorities

3. Working with communities, partners and our workforce to effectively transform, integrate and improve services.
5. Managing resources effectively while delivering quality outcomes..

Benefits Achieved

- Regional approach benefits both the estate and technology as they are the same within regions.
- Regional and National approaches share knowledge.
- Supports delivery for clinical staff.
- Understanding benefits against deliverables to improve delivery.
- Regional and National implementation share experiences.
- Reduces risk of system becoming out of support.
- Basic Digital Skills across NHS Fife and the Health and Social Care Partnership.

Records Management and the Paperlite Journey



Current live paper records within NHS Fife are in excess of 475,500. They include Acute and Obstetric records and on average 5,900 records are brought back into the libraries for storage on a weekly basis. The workload is considerable and therefore NHS Fife are committed to moving forwards with an integrated electronic patient record.

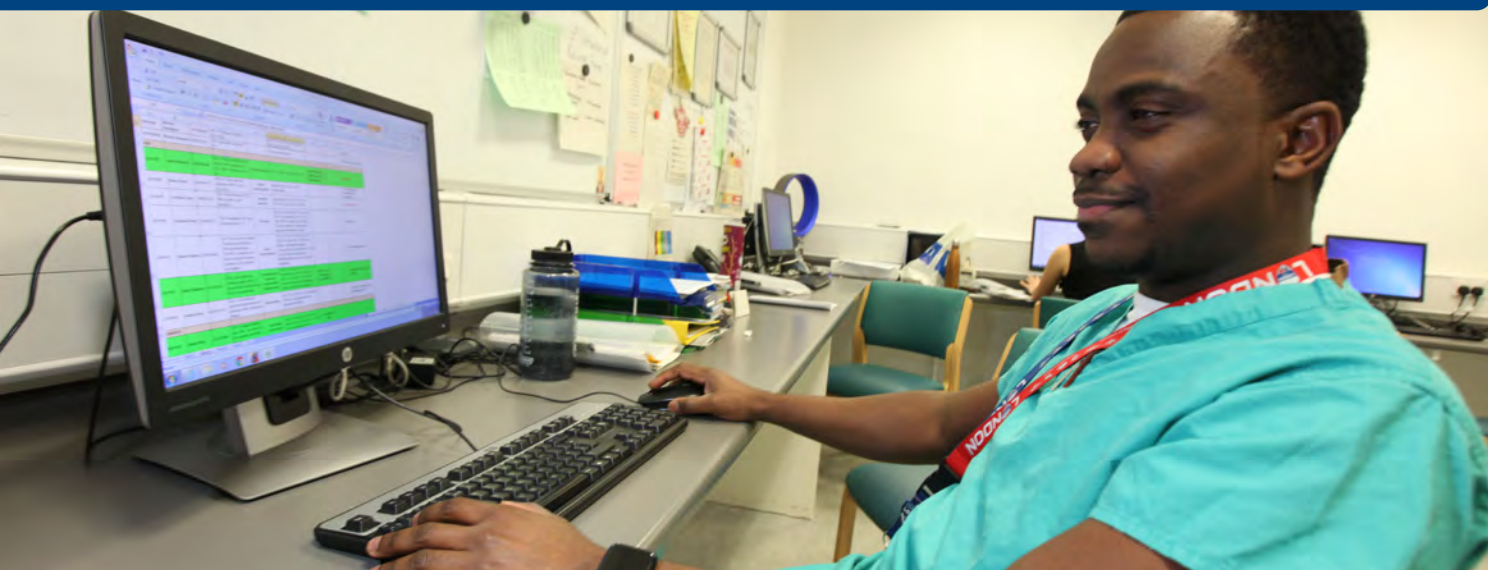
This journey is known as the journey towards Paperlite.

Paperlite

Going paperless provides opportunities to improve workflow efficiency, reduce errors, and reduce space required for storage. Digitisation of health information also provides opportunities to leverage new analytics tools and clinical decision support technologies. However, it is challenging and costly to move to an entirely paperless system and few Health Care providers achieve this in reality. This can be for a number of reasons: paper charts and tools are typically more practical for clinicians to capture patient information during consultation there is a 'fear' for technology replacing the current paper and pen method.

NHS Fife is therefore working not on a paperless system but on a Paperlite system, with the ambition of being 85% Paperlite by 2022. Paperlite will provide for the full digitisation of all internally processed patient records, coupled with an ability to accept paper files from out with NHS Fife, which will then be electronically added to the patient record. The methodology, which will assist with delivery, will be legacy patient files in hard copy with digitisation of only new or updated records. This vision does not imply that all information and services are delivered electronically, but rather that digitisation should be selectively driven in accordance with the strategic priorities that deliver the greatest benefit for service users, clinicians, and the organisation.

Keeping Us Safe and Secure



NHS Fife are committed to implementing change, however alongside this we must maintain and improve on our existing Business As Usual (BAU) processes.

Service Management

Currently we are aligned to the Information Technology Infrastructure Library (ITIL) lifecycle principles to help ensure best practice within Information Technology (IT) Service Management. However, there is a requirement to invest time and resources in a 'back to basics' approach to process control over the next 5 years.

This will involve assessing our ITIL process portfolio and establishing and benchmarking maturity levels. Then work can begin to prioritise and improve the maturity of these processes to help us to meet various legislation, frameworks and guidelines.



The diagram opposite shows the 5 Core ITIL Lifecycle Processes:

Network Information Services (NIS) Legislation

As defined by the EU, the U.K. Government requires all Public and Corporate bodies to align to the Networks and Information Systems (NIS) Directive. Scottish Government has released a Cyber Resilience Framework to compliment the requirements of NIS and GDPR.

The NIS Directive is made up of four key principles:

1. **Risk Management** – Aligns with a Risk & Governance key action within the Cyber Resilience Framework.
2. **Service Protection** – Aligns with some of the technical assurances contained within the Cyber Essentials standards along with staff awareness across our organisation.

3. **Detect and Defend** – Aligns with the rest of the technical assurances and a proactive operating model regarding Cyber Security Resilience.
4. **Impact Management** – Focus on response and recovery procedures and minimising impact on services.

This aligns with both GDPR and the Cyber Essentials Standard, which provide five technical controls designed to protect services. The maturity of the IT Service Management processes described above will have a direct and positive impact on NHS Fife's ability to demonstrate complicity with these principles.

Cyber Security

Compliance with Scottish Government Cyber Security Framework Standards is mandatory. NIS Directive and Cyber Essentials have set standards that will have a positive impact on NHS Fife's resilience. A Cyber Security Roadmap has been developed, which will drive a plan for remediation of existing risks and issues and will steer the organisation towards a position of proactive management of the cyber threat and robust IT Security.

The key deliverables of the Cyber Security Roadmap are delivered on a Discover, Stabilise, and Improve approach. As detailed below.

Discover	<ul style="list-style-type: none"> Assess and understand the organisation's level of capability and compliance with SG Cyber Resilience Framework and recognised standards e.g. Network Information Systems (NIS) Directive, Cyber Essentials and the CIS Controls. Discover and document most vulnerable platforms within NHS Fife based on un-resilient design or un-supported operating systems or applications. Discover and document any inhibitors such as people, skills, user base awareness etc. Discover enhancements and improvements to infrastructure required to support the Cyber Security roadmap and invest accordingly in IT Security tools.
Stabilise	<ul style="list-style-type: none"> Develop and improve the process, procedures and tools used by the Cyber Security Team enabling them to proactively discover, stabilise and improve the security posture of the organisation. Develop and test response plans or 'playbooks' for each of the mainstream cyber security threats. Gain control over change and stabilise our ability to transition into BAU with capability and control. Plan, consult and implement any organisational or technical changes required.
Improve	<ul style="list-style-type: none"> Produce Business Cases and secure funding to secure vulnerable platforms based on priority. Develop an ongoing architectural review roadmap to refresh/upgrade management tools and IT security infrastructure based on priority. Continuous improvement of Security Posture needs to run right alongside all deliverables. Improve and test our readiness, resilience and crisis management in order to reduce the impact of security breaches or widespread cyber-attacks.



NHS Fife are committed to ensuring digital is viewed as an enabler for the organisation and our service users. To guarantee success we must:



Ensure projects are clinically led, working closely with the dedicated project management team. Each project should have a Clinical Digital Ambassador to advocate the change.



Plan for adequate training and resource to help our service users to be digitally fit and ready to embrace the digital changes.



Establish a solid link between National and Local strategies and the Digital and Information Strategy.



Identify and secure continued engagement of key stakeholders. Take them on the journey and build support for delivery of change.



Ensure Business Cases are robust and communicate the benefits of project delivery both financial and non-financial. Ensure the business cases are clear, concise and approved before moving forward.



Standardise, don't customise, operations to allow them to be delivered effectively.



Phase projects for delivery where appropriate to reduce the impact on operational services and deliver benefit early

The current delivery plan is included within **Appendix 1**. The delivery plan is high level, each individual project will be managed in line with Prince 2 project management with strict governance and identification of the appropriate plans and strategies within the appropriate business cases.

The delivery plan is revisited regularly, as key deliverables may be added or removed based on national, regional or local priorities. Each new deliverable is assessed using the digital requests process, the deliverable is then prioritised and the agreed governance process is then followed.

Each governance committee has their own Terms of Reference detailing responsibilities/assurance levels (Appendix 5). Each project is supported by individual project documentation including plans, risks, lessons learned and benefits realisation.

Upcoming Financial Challenges

A number of challenges exist in relation to funding and sustainability.

- Modernising the estate using latest infrastructure standards and services is now the norm, this requires a recurring revenue budget rather than one off capital funding as has been the case in the past.
- Annual increases in support and maintenance contracts for RPI/CPI
- Increasing reliance on Wi-Fi and the short life of the technology. The cost of maintaining this estate is extensive as the technology is ever changing.
- We need to ensure that our end users devices (desktop/laptop/tablet etc) remain current, which means they are updated every 5 years. This is expensive and as we progress on our digital journey costs will increase alongside the increased number of devices.

We will work closely with the business to ensure the financial challenges are risk assessed and managed in accordance with the standard operating procedures of NHS Fife.

Get Involved

With the increasing impact of digital across the organisation, it is important to provide a feedback channel from customers of the Digital and Information Service – to ensure that the digital strategy continues to meet not only the strategic direction of the Board, and the Scottish Government, but also the needs of end-users.

Should you wish to discuss any aspect of the Strategy please do not hesitate to contact Marie Richmond, Head of Strategy and Programmes – Digital and Information, Marie.Richmond@nhs.net.

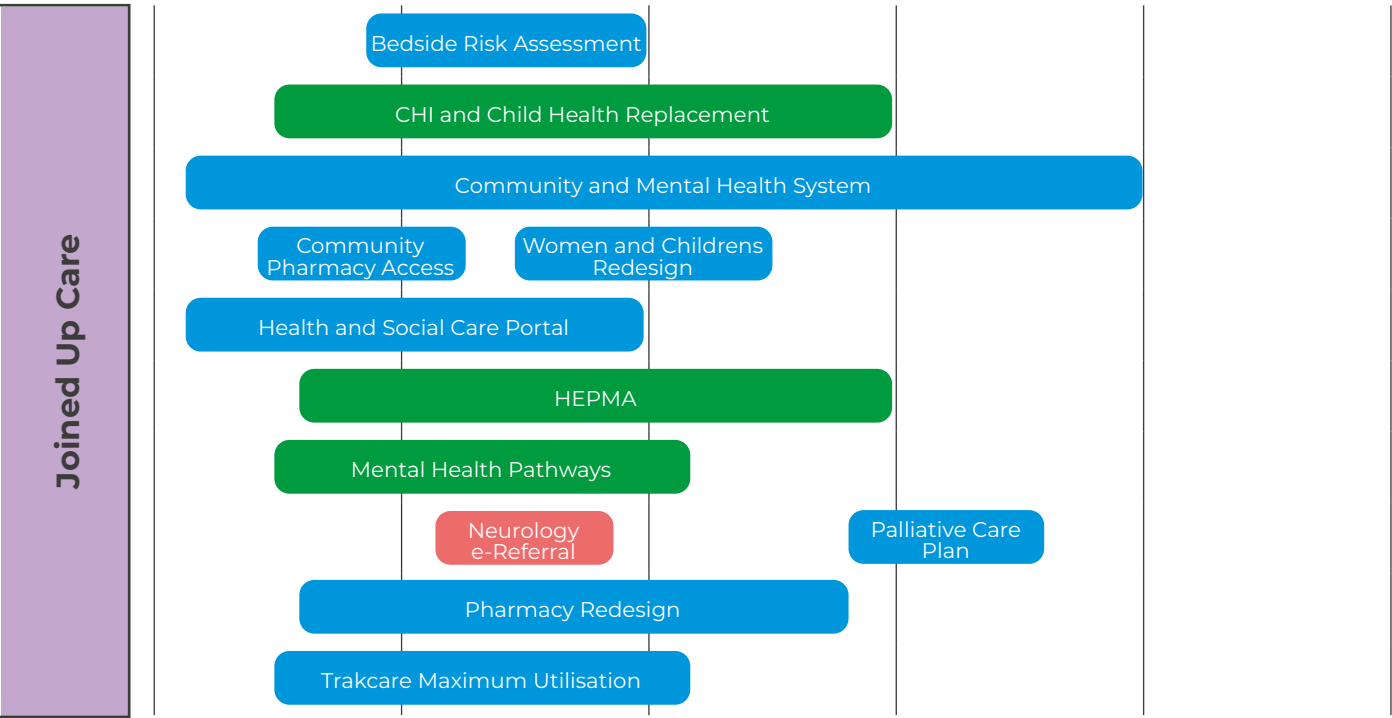
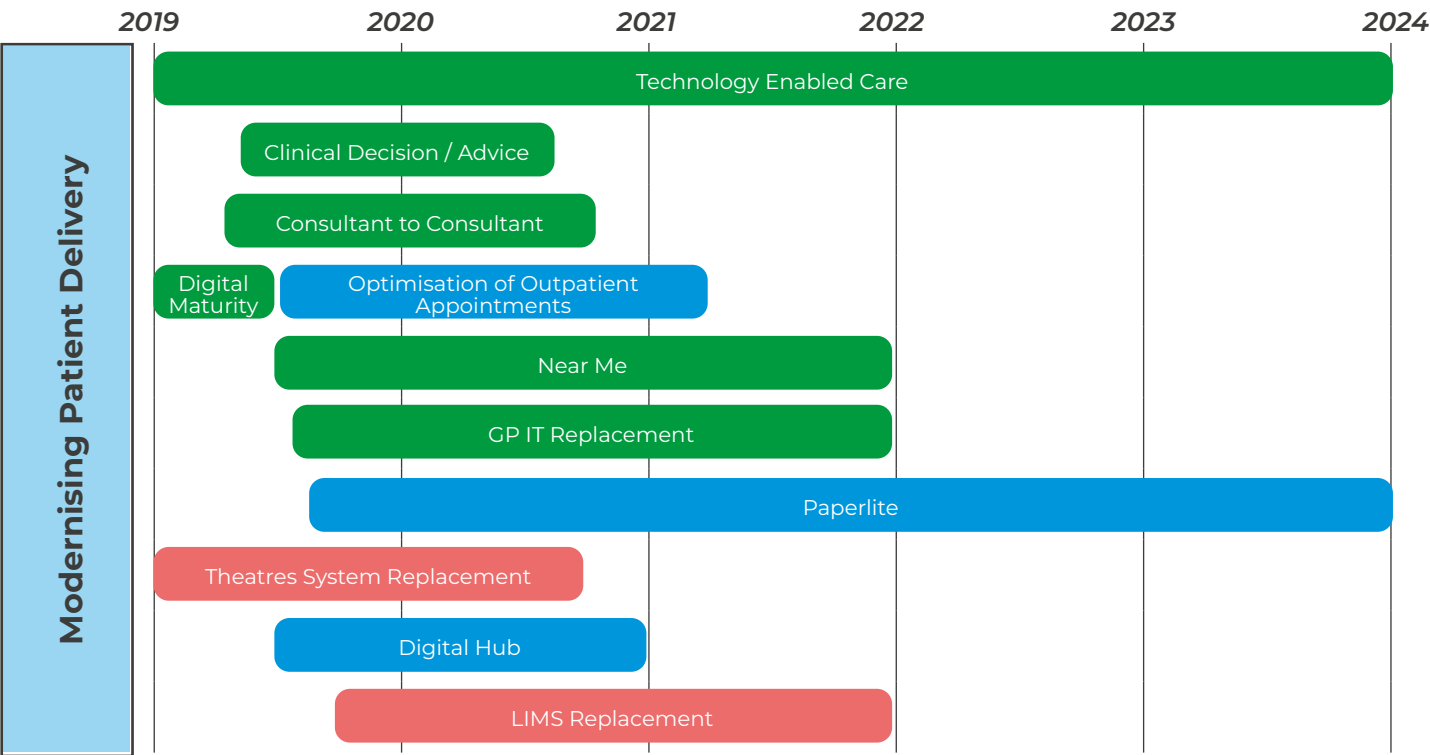
Appendix 1 – High Level Delivery Plan

Key:

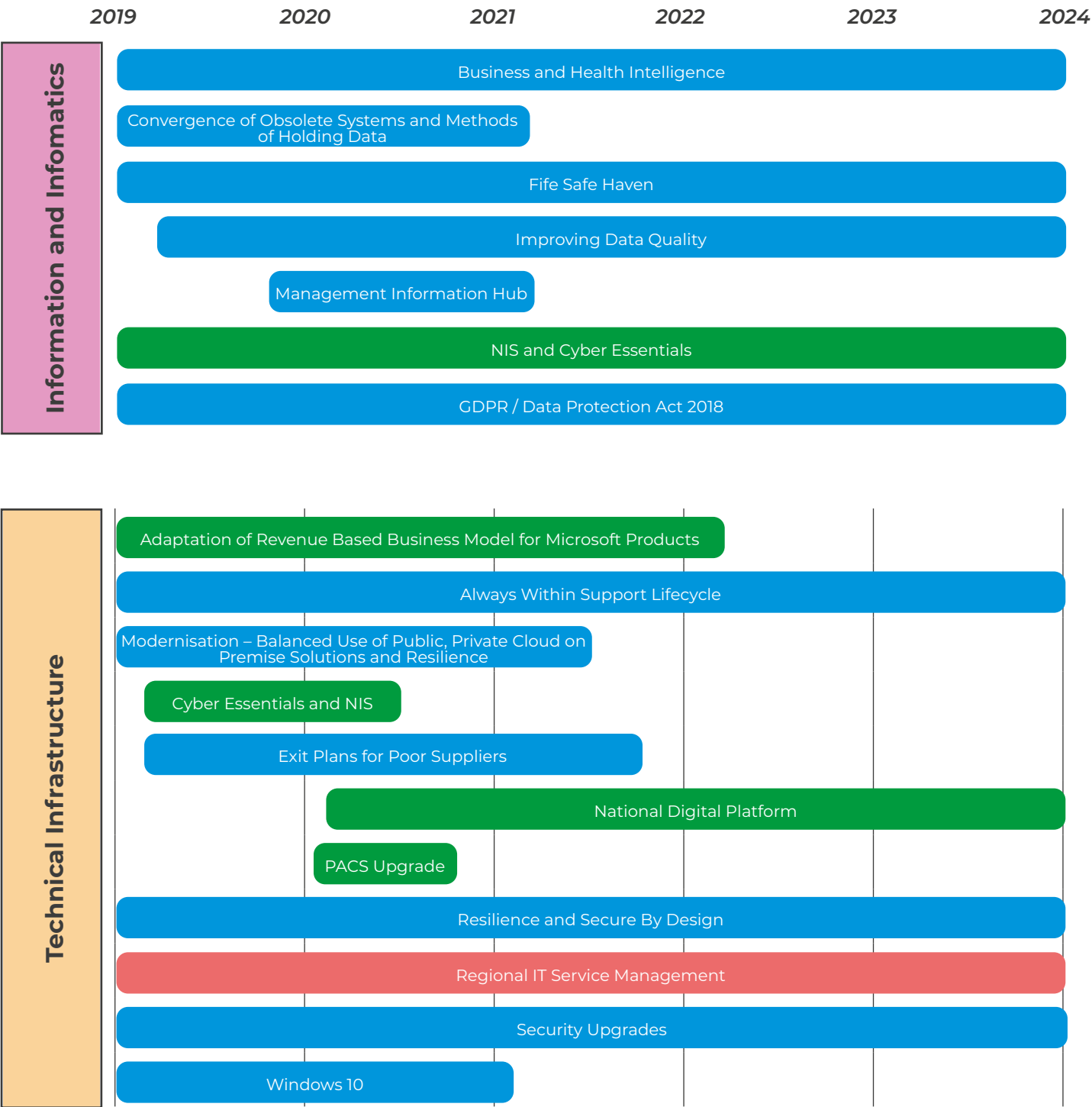
National Objective

Local Objective

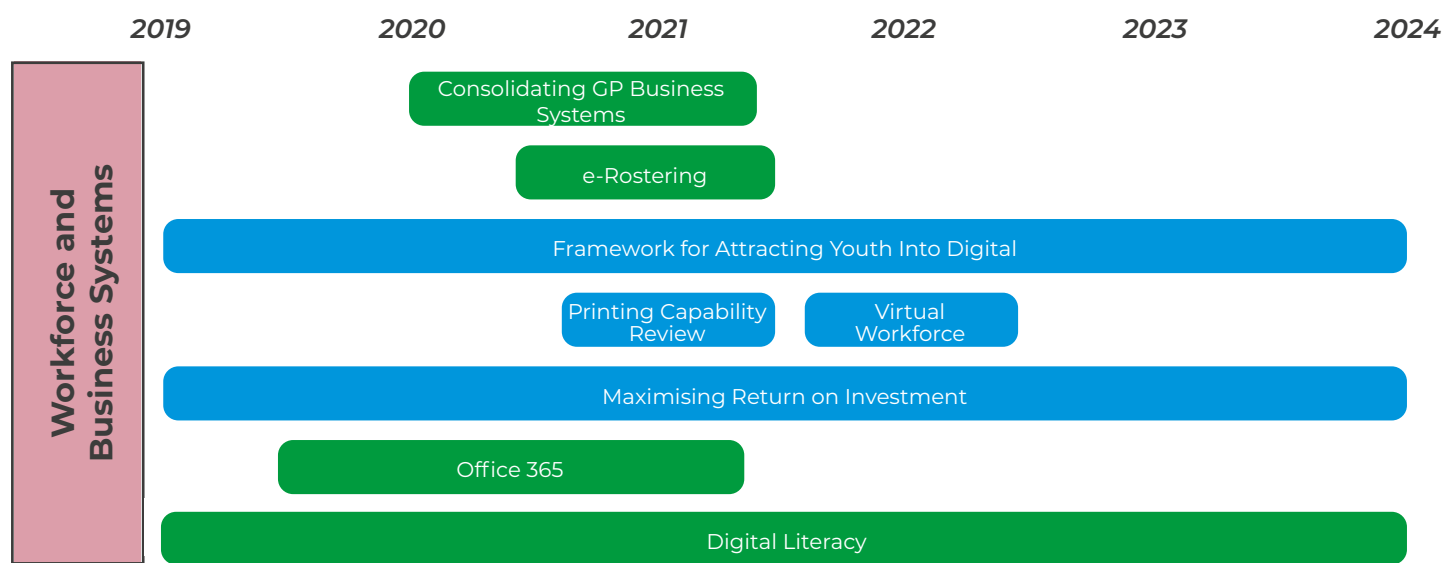
Regional Objective



Appendix 1 – High Level Delivery Plan (continued)



Appendix 1 – High Level Delivery Plan (continued)



Appendix 2 – Digital First Service Standard

There are 22 criteria for the Digital First Service Standard

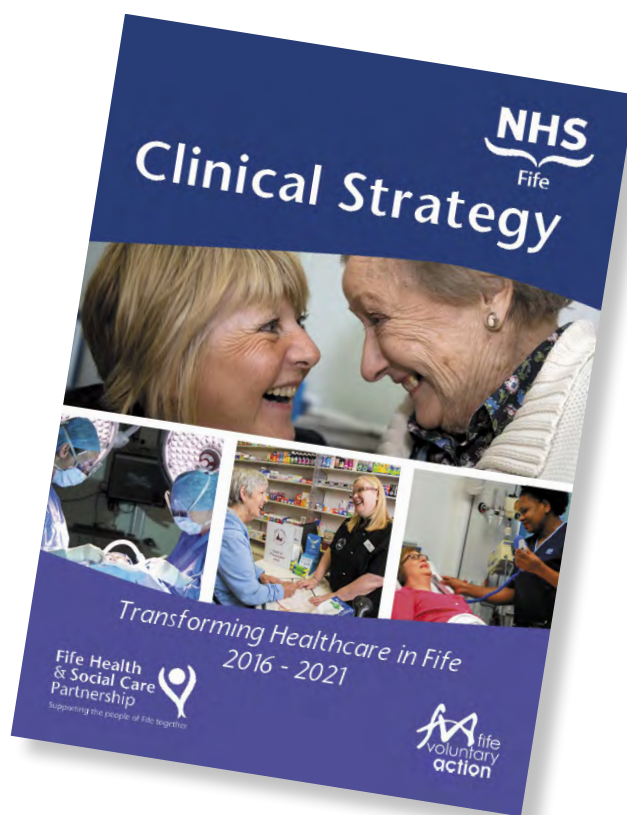
1	User Centred	Understand user needs. Research to develop a deep knowledge of who the service users are and what that means for the design of the service.
2	Usable and Accessible	Create a service that is usable, accessible and intuitive enough that users succeed first time.
3	Channel Shift	Identify and, wherever possible, remove impediments that prevent users from using the digital service, clearly establishing it as the primary channel. Plan to provide appropriate assisted digital support if necessary.
4	Consistent User Experience	Build a service consistent with the user experience of the rest of mygov.scot including using the design patterns and style guide.
5	Continuous Feedback	Put a plan in place for ongoing user research and usability testing to continuously seek feedback and input from users to improve the service.
6	Data Driven	Use tools for analysis that collect performance data. Use this data to analyse the success of the service and to translate this into features and tasks for the next phase of development.
7	Cross-Functional Team	Put in place a sustainable multidisciplinary team that can design, build and operate the service, led by a suitably skilled senior manager with decision-making responsibility.
8	Sustainability	Build a service that can be iterated and improved on a frequent basis and make sure that you have the capability, resources and technical flexibility to do so.
9	Continuous Improvement	Build the service incrementally, releasing early and often, using the iterative and user-centred methods set out in the GDS service manual.
10	Business Continuity	Define, document and regularly test a plan to handle disasters and other incidents that may cause the digital service to be taken temporarily offline.
11	Technology Appraisal	Evaluate what technology, tools and systems will be used to build, host, operate and measure the service, and how to procure them.

12 Information Governance	Evaluate what user data and information the digital service will be providing or storing, and address the security level, legal responsibilities, privacy issues and risks associated with the service (consulting with experts where appropriate).
13 Open Data	Make all non-personal, non-commercially sensitive data from the service available for re-use by others under an appropriate licence.
14 Ecosystem	Identify how your service aligns with Scotland's digital ecosystem.
15 Open Source	Make all new source code open and reusable, and publish it under appropriate licences (or provide a convincing explanation as to why this cannot be done for specific subsets of the source code).
16 Open Standards	Use open standards and common government platforms where available.
17 Green ICT	Deliver a digital service whose impact on the environment, over its whole lifecycle, is understood. Plan to reduce the environmental impact of the service over time.
18 Data Hosting and Data Centres	Adopt cloud computing or virtualisation as the preferred approaches to the delivery of data hosting for the service.
19 Performance Management	<p>Identify performance indicators for the service, including the 4 mandatory key performance indicators (KPIs) defined in the GDS service manual. Establish a benchmark for each metric and make a plan to enable improvements.</p> <p>The KPIs are:</p> <ul style="list-style-type: none"> • cost per transaction • user satisfaction • completion rate • digital take-up
20 Transparent	Publish performance data on the Digital First Performance Platform.
21 Operational Acceptance	Regularly test the end-to-end service in an environment identical to that of the live version, including on all common browsers and devices, and using dummy accounts and a representative sample of users.
22 Sponsor Acceptance	Test the service from beginning to end with the minister responsible for it.

Appendix 3 – Clinical Strategy Guiding Principles

Guiding principles formed the building blocks for the development of the Clinical Strategy's key recommendations.

1. The provision of services will be needs based, proportionate, person-centred and developed in partnership with people.
2. A whole system approach to support and services will be adopted across health and social care and other agencies.
3. Where appropriate, support and services will be delivered as close to people's home as possible in a timely manner.
4. The provision of all health care will be value based in terms of outcomes, efficiency of resources and cost effectiveness.
5. People will take responsibility for their own health with a focus on prevention and early intervention and avoidable admission into hospital.



Appendix 4 – Health and Social Care Guiding Principles

The Health and Social Care Partnership delivered their Strategic Priorities based on their:

VISION – To enable the people of Fife to live independent and healthier lives.

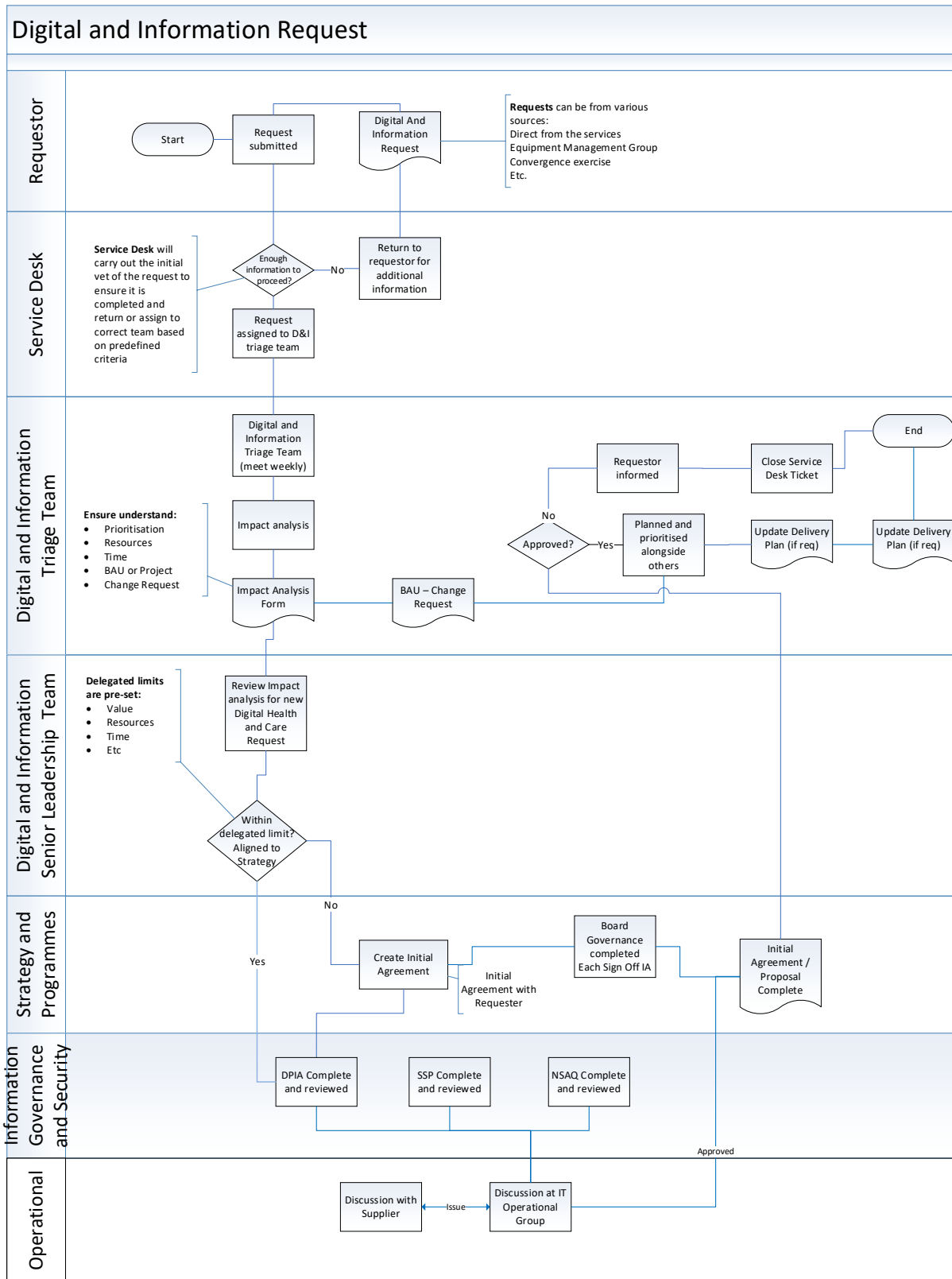
MISSION – We will deliver this by working with individuals and communities, using our collective resources effectively. We will transform how we provide services to ensure these are safe, timely, effective and high quality and based on achieving personal outcomes.

VALUES – Person Focused, Integrity, Caring, Respectful, Inclusive and Empowering.



Appendix 5 – Deliverable Prioritisation

A Digital and Information request follows the process below:



The prioritisation of the request is in two stages:

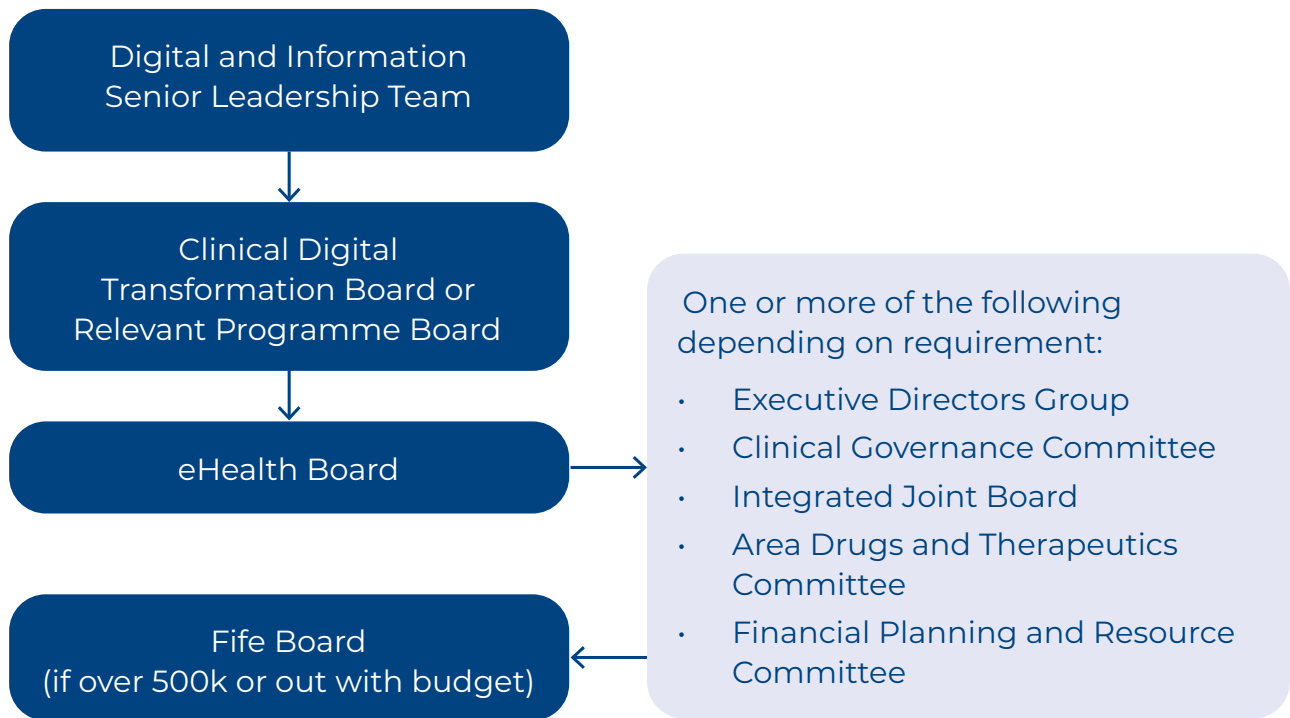
Stage one: Identify the deliverable 'type' of either a Digital Enablement Project (functional change) or Business as Usual Project (non-functional change).

Stage two: Identify National, Regional or Local status and then a level is assigned as follows:


Clinical	Technical
1 High Clinical Risk – Impact to Patient care, potential to cause harm if not implemented	1 A real imperative eg national, system 'end of life', burning platform
2 Potential to Create Interoperability	2 Less obvious imperative or where real benefit to patient care would be achieved
3 Implementation of Government Guidance to improve care	3 Aligned with strategy but less imperative though improvement to patient care would be achieved
4 Potential to create Service Efficiencies	4 Have a current solution albeit out of support/at risk, small system change with no big patient benefit
5 Nice to have	5 Needs archive or purely an admin benefit
6 Overlapping functionality with another system	

Formal Governance as noted in the process chart above is defined overleaf. If at any stage the new deliverable is not approved the document is returned to the previous stage as not approved.

Each new project will be presented a maximum of 3 times to the relevant governance groups at Initial Agreement Stage, Outline Business Case and Full Business Case depending on value of deliverable.



Once a project is in place the boards above will be regularly updated by way of a Highlight Report and at project completion an End Project Report will be presented which will include Lessons Learned, Benefits which have been achieved and plan for outstanding benefits realisation, alongside timescales for delivery.



NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who speak BSL, read Braille or use Audio formats.

NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
fife-UHB.EqualityandHumanRights@nhs.net or phone
01592 729130

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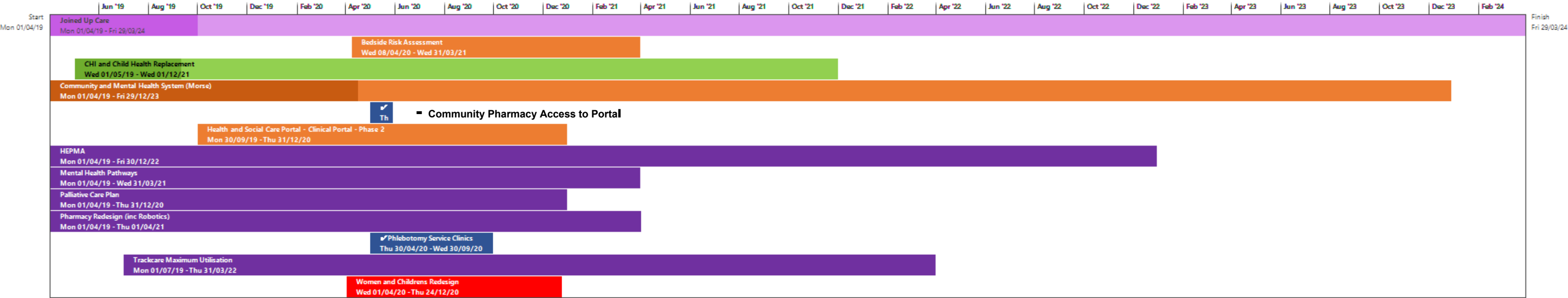
📺 youtube.com/nhsfife

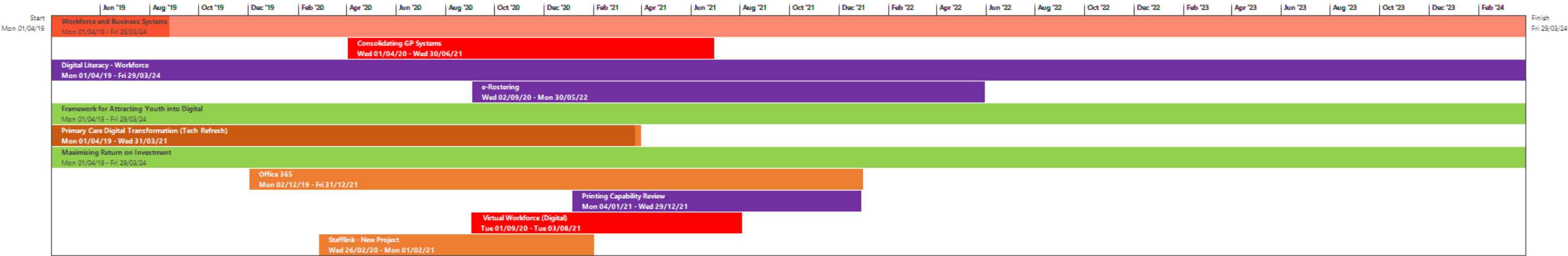
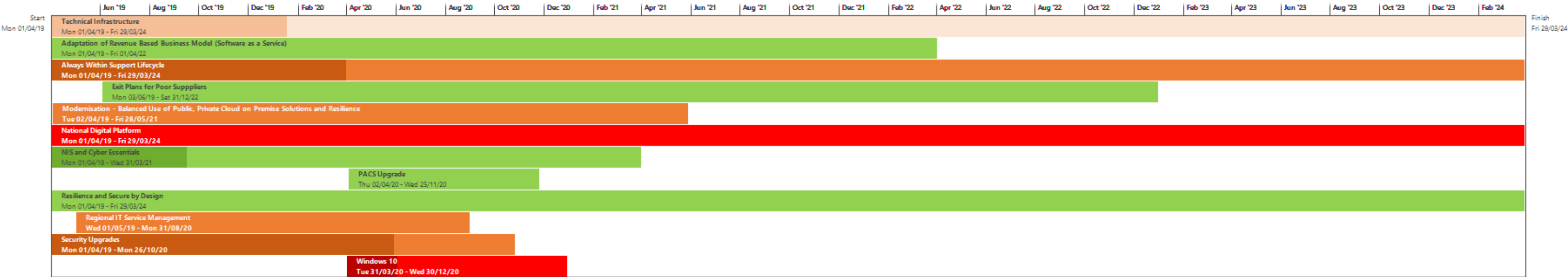
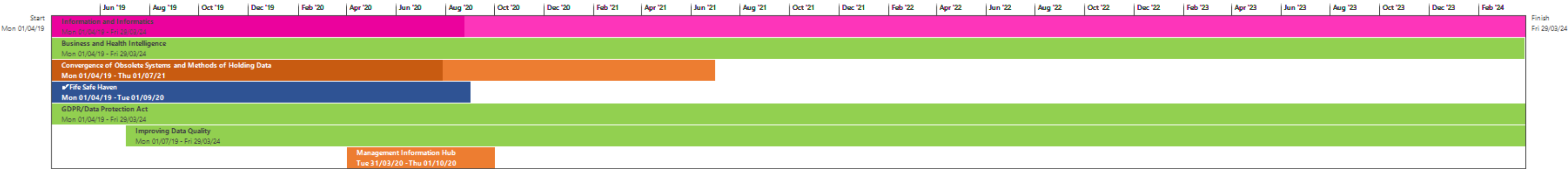
📷 [@nhsfife](https://instagram.com/nhsfife)

Appendix 2:

NHS FIFE – Digital and Information Strategy Delivery Plan as at 26/08/20 v2

In Progress
In Progress – Covid Impact
On Hold
Complete
Pending Business Case Approval





Audit & Risk Committee: Chair and Committee Comments

AUDIT & RISK COMMITTEE (Meeting on 17 September 2020)	
<p>The Audit & Risk Committee agreed that the following matters are escalated to the NHS Board from this meeting agenda.</p> <p>There were no escalations to the Board.</p>	

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON 17 SEPTEMBER 2020 AT 10AM VIA MS TEAMS

Present:

Mr M Black, Chair

Ms J Owens, Non-Executive Member

Ms S Braiden, Non-Executive Member

Ms K Miller, Non-Executive Member

In Attendance:

Mrs C Potter, Chief Executive

Mrs H Buchanan, Director of Nursing

Mrs M McGurk, Director of Finance

Mr T Gaskin, Chief Internal Auditor

Mr B Hudson, Regional Audit Manager

Dr G MacIntosh, Head of Corporate Governance & Board Secretary

Mr R Mackinnon, Associate Director of Finance

Ms P Fraser, Audit Scotland

Mr B Howarth, Audit Scotland

Ms A Clyne, Audit Scotland

1. Welcome / Apologies for Absence

The Chair welcomed Alison Clyne, Trish Fraser and Brain Howarth from Audit Scotland, who were attending the meeting.

Apologies were received from Cllr David Graham.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 13 July 2020

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

4. Action List

In reference to the outstanding action on Internal Audit Follow-Up Reporting, Mrs McGurk noted that EDG now considers the progress on outstanding internal audit actions on a quarterly basis. Directors have been reminded of the need to ensure good progress is made in clearing outstanding issues. Additionally, in reference to outstanding actions from last year's Annual Accounts Audit Recommendations, Mrs

McGurk reported that good progress is being made in relation to the outstanding actions, with all due to be complete by the end of October 2020.

The Audit & Risk Committee **noted** the update.

5. MATTERS ARISING

5.1. Clinical Governance update on Adverse Events Internal Audit report

Dr MacIntosh reported that this had been an outstanding action on the Audit & Risk Committee's rolling action list. This specific internal audit report was seen in full by the Committee in March, where the Committee had raised concern about the rating of limited assurance given therein. The Committee then agreed that they wanted further consideration of the issues by the Clinical Governance Committee. The Clinical Governance Committee reviewed the internal audit report at their meeting in July and a follow-up summary had been submitted to their meeting held last week, which outlined the detailed action points that were required by the report and progress made to address these thus far.

The Audit & Risk Committee **noted** the update and took assurance from the progress made to address the recommendations of the internal audit report.

5.2. Sharing Intelligence for Health & Care Group – Feedback letter on NHS Fife

Mrs Potter noted that the Sharing Intelligence for Health & Care Group is overseen by Healthcare Improvement Scotland and is a forum where a number of organisations come together to share information and intelligence on different aspects of the business of healthcare.

The feedback letter on NHS Fife was enclosed for the Committee's information. There were two main issues highlighted therein: the quality of the estate / buildings used to deliver care in a Mental Health setting; and the ongoing financial and governance challenges in the operation of the Health & Social Care Partnership / IJB. Positive progress was also highlighted in the letter, namely in the enhancement of medical education and training; the Board's engagement in quality improvement work; and strong partnership working in children's and young people's services. The Board's response and leadership in the context of the Covid-19 pandemic was also recognised at the recent feedback meeting. Members welcomed the useful summary.

In response to a question raised by Mr Gaskin around future reports containing information on how the actions have been taken forward, Mrs Potter advised that the report did not contain anything new, in that the Group considered data already in the public domain. In response to the original reports, all the actions are already being fully addressed through a number of individual workstreams and action plans, such as those around mental health via that stand-alone strategy.

The Audit & Risk Committee **noted** the update and the helpful feedback received from the Group.

6. ANNUAL ACCOUNTS

6.1. Annual Accounts Update

Mrs McGurk reminded the Committee that there had been significant workforce changes and capacity issues within the senior financial team, which, combined, had resulted in not achieving the 1 July completion date for the financial statements being submitted to Audit Scotland. There are ongoing regular communications with the Audit Scotland team, who have supported the Finance Department and have recognised the capacity issues.

As at the end of July, a package of data was agreed for submission the first week in August, but again delivery of the complete information could not be met. Audit Scotland therefore advised that their planned resources had to be moved to service another audit. Mrs McGurk confirmed that the full set of accounts was delivered to Audit Scotland on 17 August and their audit has now commenced. It is unlikely that the review will be finished until the end of November, with a possibility that this could be the beginning of December, which could cause a significant issue in terms of the NHS Scotland-wide consolidation of accounts. The Scottish Government have been kept up to date, along with the Chair of the Audit & Risk Committee, the Chair of the Board and Chief Executive. She added that NHS Fife has secured specialist support from finance staff in NHS Lothian, along with support from NHS Grampian, who have all been extremely helpful.

Mrs McGurk informed the Committee that good progress had been made with the audit of patients' funds accounts and, subject to a few transaction queries, these should receive a clean audit opinion. The Endowment accounts audit had also been recently completed.

Mr Howarth from Audit Scotland advised that resources within their service had all been heavily impacted by Covid; productive time is down by 16% and audits are taking longer than normal as they are relying on key staff within organisations to gather and present evidence remotely, which has led to some difficult decisions to accommodate audits within the wider timetable. NHS Fife is one of the more significant of those in terms of timing and this is having a wider effect.

Ms Fraser advised that since 17 August Audit Scotland have been working on the NHS Boards audits and in the last few weeks have been focusing particularly on NHS Fife. She was hopeful that good progress can be made over the next few weeks and a larger team will be made available to work on the accounts. It was however anticipated that the accounts would not be ready for Audit & Risk scrutiny any sooner than the beginning of December, and meetings would require to be arranged to fit within that overall timetable.

The Audit & Risk Committee **noted** the update on the Annual Accounts

7. GOVERNANCE – GENERAL

7.1. Update on Board Action Plan for the implementation of the NHS Scotland 'Blueprint for Good Governance'

Dr MacIntosh gave an update on progress with implementing the recommendations of the NHS Scotland 'Blueprint for Good Governance'. Whilst the Board has adopted a number of the various workstreams, such as the Model Standing Orders and agenda paper template, she advised that the national work on the remaining areas had been heavily impacted by the focus on Covid. It is expected that the next national survey of Board members will not be held until at least early 2021. The action plan provided outlines all of the actions that had been previously agreed with the NHS Fife Board and the paper gives a summary on progress with meeting these.

The Audit & Risk Committee **noted** the update and **recommended** that the report be submitted to the next NHS Fife Board meeting for assurance purposes.

7.2. Annual Review of Code of Corporate Governance

Dr MacIntosh advised that, as previously mentioned, in April 2020 the Board adopted the Model Standing Orders for NHS Boards in Scotland. Additionally, all the Board Committees have recently reviewed their remits, as part of the year-end process, and the revised Code of Corporate Governance reflects these textual changes. The update to the Code also consolidates any other minor changes, to areas such as job titles, which are reflected within to ensure the Code remains current. It was noted that Mr MacKinnon has also reviewed the Standing Financial Instructions section and has made some clarifying recommendations, which are tracked within. Mr MacKinnon summarised the changes made and rationale for those amendments, with reference to each.

In reference to the proposed addition to clause 8.3 (p.54) of the SFIs ('The Chief Executive shall establish a system of delegated budgetary authority within which budget holders shall be responsible for the engagement of staff within the limits of their approved budget *unless following successful grading appeals*'), it was agreed that the addition could be helpfully clarified with the addition of further text to ensure budgets were adhered to. The Committee agreed that, under delegated authority, the production of revised wording be remitted to the Chief Executive and Director of Finance, to produce a revised clause for final consideration by the Board.

Mrs Braiden referred to Section 6.2(e) of the Standing Orders, which mentions the Annual Operational Plan, and queried if the plan still exists or has been replaced by mobilisation plans re Covid. Mrs Potter reported that NHS Fife are required to submit an Annual Operational Plan to the Scottish Government for next year, and guidance is coming out in the next month or so. That terminology still remains relevant.

The Committee **recommended approval** of the revised Code to the NHS Fife Board, with the caveat that the wording within clause 8.3 of the SFIs be revised prior to final submission to the Board.

7.3. Corporate Calendar / Committee Meeting Dates to 2021/22

Dr MacIntosh reported that the proposed meeting dates to March 2022 have been provided, with clarity still awaited around the possibility of an annual accounts meeting in December, followed by an additional meeting of the Committee in January to catch up on business normally considered at a routine December meeting. Members will be advised of the new dates as soon as they are available and their patience is appreciated.

The Audit & Risk Committee **noted** the proposed 2021/22 Committee meeting dates.

8. GOVERNANCE – INTERNAL AUDIT

8.1 B25/21 – Post Transaction Monitoring

Mr Hudson advised that, under the Property Transaction Handbook (PTH) regulations, the Audit & Risk Committee is charged with oversight of the monitoring of the process of property transactions. The monitoring process is a cyclical exercise and Internal Audit were requested to review all three transactions completed in 2019/20 to ensure the requirements of the PTH were followed.

The audit report assessed each transaction at grade A, i.e. transaction is properly completed, with three recommendations each risk assessed as ‘merits attention’, which management have accepted (two of which have now been addressed). A clean property transaction return in respect of 2019/20 can therefore be submitted to the SGHSCD by the 30 October 2020 deadline.

The Audit & Risk Committee **noted** that the requirements of the PTH have been complied with, that arrangements are in place to issue the Board’s Annual Property Transactions Return to SGHSCD by the deadline of 30 October 2020, and that the return be submitted with no significant issues identified.

8.2 Draft Internal Audit Annual Report 2019/20

Mr Gaskin introduced the report, noting that there were some very important issues to be brought to the attention of the Committee. The report is currently in draft, and thus the recommendations do not have a management response at present. That allows the Committee to have the opportunity to feed into the response.

Overall, the rating of the report is that there are effective internal controls within NHS Fife. The key message of the report is that NHS Scotland as a whole is facing major issues in maintaining and planning for sustainability. Audit Scotland colleagues have produced some excellent reports on the national situation around an ageing workforce, financial sustainability and pressures on the health service as a whole, and Fife is no exception to this. In terms of recurring savings NHS Fife has not met this target in full for a number of years. As with all NHS Boards, service transformation will be an important factor in addressing this. With Covid-19 related pressures, the gradual slide in performance across Scotland has been vastly accelerated and pressures on the system have greatly increased.

It was noted that NHS Fife responded really well to the pandemic emergency and achieved in a matter of days significant areas of service transformation. Tremendous work has been delivered during this time, including improvements with the relationship with the IJB, with all parties working at pace for the population of Fife. Mr Gaskin noted further positive examples of progress with service change including the Orthopaedic Elective Centre and developing the Mental Health Strategy, and NHS Fife has shown that it can achieve transformation on a planned basis.

Mr Gaskin noted that progressing improvements in relation to Information Governance arrangements has been an issue in the Board for some time and requires continuing focus from the Clinical Governance Committee. The Information Governance programme of improvement is a priority for NHS Fife, it should be noted that without continuing progress this has the potential to be a disclosure in future years. Mr Gaskin noted he would like to thank the Chief Executive, Director of Finance and Board Secretary for their input in preparing this draft report and also to the internal audit staff who have been delivering a lot of work in difficult circumstances.

In relation to Mr Gaskin's comments on delivery of recurring efficiency savings, Mrs McGurk highlighted that the recurring gap had reduced through 2016/17-2018/19, though this had not been the case in 2019/20. In terms of achieving savings on a recurring basis, this is a major issue across all Health Boards. NHS Fife set out initial plans (pre-COVID 19) to address the delivery of efficiency savings, which linked that directly to service transformation over a realistic period of time. Mrs McGurk referenced the Board Development Session in January 2020 and February 2020 and the Finance, Performance & Resources Committee in March 2020, where a three-year medium-term financial strategy linked to the transformation was discussed. The Executive Team are focused on delivering against that medium-term strategy; however, it is unlikely that detailed planning and therefore delivery can commence this financial year given the impact of the pandemic.

Mrs Potter agreed that the planning and delivery of the Orthopaedic Elective Centre was a good example of delivering transformation. That project has been successful in getting to the current stage because the organisation understood how to put that transformation programme together, including effective clinical engagement. Mrs Potter also noted that the Mental Health Strategy has been developed and in the last month there has been the first meeting of the Mental Health Strategy Programme Board. These projects are being taken seriously by NHS Fife and there is real evidence of things beginning to progress.

More generally Mrs Potter noted that in July 2019 a workshop was held across Health & Social Care involving NHS Board Members, IJB and members from Fife Council, which featured items from all of the strands of redesign that were happening across Fife. The workshop prioritised programmes of work, and an Integrated Transformation Board was established, with Non-Executive representation and elected members from Fife Council. The Board also appointed a Programme Director to drive this forward. The most recent meeting was held in February 2020 and we consciously paused this area of work as the pandemic hit. Until February of this year, progress was being made, a supporting infrastructure was in place and the Board were supportive of the previous Chief Executive's approach with a PMO. We are now refreshing priorities and held a workshop recently to take stock of priorities going forward within NHS Fife and

the H&SCP, and to make changes to reflect the additional demands arising as a result of Covid. The roles of key directors, such as the Nurse Director, Medical Director and the Director of Finance in particular, have never been so important, also recognising the role of the Director of Public Health and the Public Health function. It was recognised that structures we have had in the past for transformation may not be fit for purpose now, but redesign will necessarily take some time, particularly if the Covid pandemic experiences a second peak.

Ms Braiden recognised that some of these issues have been apparent for some time. Her view was that this is a difficult situation; people are tired and are now preparing for a second wave of Covid. It is important to identify what have been the main blocks in the past for transformation and what can we actually do to move things forward in a realistic way.

Mr Gaskin noted that he had used the phrase 'green shoots' in reference to the work around the Orthopaedic Elective Centre and the Mental Health Strategy. These tell you the organisation does have capacity to achieve results. What it does not tell you is whether it has the capacity and capability to do the full range of things that are needed now. Internal Audit expect to see that information captured in one place. As a Board, members would also have to accept that there will be a focus on key issues and certain things may need to have less of a priority. Officers will need to be supported on that. Internal Audit is currently undertaking an audit around the remobilisation work and this will come to a meeting early in 2021.

Mr Black noted that, as a Board member, he had seen good examples of transformation work that was effective in Fife. The complexities in the relationship with the IJB and its construct remained a real challenge, which Mr Gaskin agreed was a difficult balance.

Mrs Potter highlighted to the Committee that, as Accountable Officer, she had received a letter dated last Friday confirming that the Cabinet Secretary will maintain the NHS on an emergency measures basis until 31 March 2021. As a result, the Board is being explicitly directed from the Scottish Government on what our immediate priorities are. These are Test & Trace work, the Flu Vaccination programme and preparing for Winter. In relation to the remobilisation plan, we will be linking with Scottish Government on a monthly basis, so will have input on how we respond to that.

Mr Black thanked all members and attendees for the helpful and robust discussion. The Audit & Risk Committee **considered** the draft Internal Audit annual report and noted that a final version, with formal management responses, will be considered at their next meeting.

9. RISK

9.1. Risk Management Annual Report 2020/21

Mrs Buchanan reported that the annual report provides a summary of all the developments over the last year highlighting the information provided in terms of the Risk Management Framework, Assurance Mapping, Board Assurance Framework,

Key Performance Indicators, Adverse Events Management, Duty of Candour and the Datix system.

The Audit & Risk Committee **noted** the annual report

9.2. Risk Management Framework Update

Mrs Buchanan reported that Risk Management Framework had been a work in progress for some time. The Framework has been updated to incorporate the approach to risk management within the organisation and the responsibilities for managing risks and processes for effective risk management. The Board's approach to risk appetite / tolerance is outlined, as are the appropriate structures to manage risk and also the governance structures that are in place to ensure that the relevant committees are aware of the risks that are in our system.

The Audit & Risk Committee **noted** the update and recommended the revised framework to the Board for approval.

9.3 Risk Management Key Performance Indicator Report

Mrs Buchanan gave a brief update, noting that Appendix 1 of the report highlights timescales of risks within the risk register and the length of time they have been there. It also looks at the Board Assurance Framework format.

The Audit & Risk Committee **noted** the report and that the development of the KPIs would be part of the implementation of the Framework as above.

9.4 Update on Risk Management Workplan

Mrs Buchanan reported that, as detailed in the paper, the 2019/20 workplan was complete as detailed within. She highlighted that 2020/21 workplan outlines the different areas that will be completed over that period by the risk management team.

In a response to a question raised by Ms Braiden, Mrs Buchanan advised that there were sufficient resources in place to fulfil the scope of the risk management work, noting however the continuing pressures of day-to-day business (such as adverse events management) on that service was significant. Tony Gaskin noted the benefits of allowing the Risk Manager to concentrate on strategic risk management initiatives, where at all possible.

The Audit & Risk Committee **noted** the proposed workplan.

10. ANNUAL ASSURANCES

10.1. Annual Assurance Statements for 2020/21

- **Clinical Governance Committee**
- **Finance, Performance & Resources Committee**
- **Remuneration Committee**
- **Staff Governance Committee**
- **Fife Integration Joint Board**

Dr MacIntosh advised that each of the individual committees had reviewed their statements as part of their meetings held in July and all had improved the content of the annual assurance statements. An assurance statement from the IJB's Chief Internal Auditor was also included within the pack.

The Audit & Risk Committee **noted** for assurance purposes the Annual Assurance Statements for 2020/21.

10.2 Draft Audit & Risk Committee Annual Statement of Assurance

Dr MacIntosh advised that this was a draft version of the Audit & Risk Committee Annual Statement of Assurance and was here for members' comments, before coming back to the Committee in final form at their next meeting. The report reflects the scope of business that the Committee has reviewed over the year, along with detailing the various training events that members have participated in.

Noting the content, the Audit & Risk Committee **approved** the draft Audit & Risk Committee Annual Statement of Assurance.

10.3 Significant Issues of Wider Interest / Draft Governance Statement

Mr Mackinnon advised that the paper provided the annual assurance letter that the Audit & Risk Committee is asked to submit to the Scottish Government. The report sets out key issues which could be of wider interest beyond NHS Fife; this year there were areas identified in the Directors' letter from Scottish Government Health and Social Care Directorate, as set out in the appendix, which the Board has responded to. The draft letter is provided within the document for consideration, which has been approved thus far by the Chair. The draft governance statement is also set out within the appendix.

The Audit & Risk Committee **approved** the Significant Issues of Wider Interest and draft Governance Statement as provided within.

OTHER

11. Issues for escalation to NHS Board

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

12. ANY OTHER BUSINESS

In reference to the request under Item 8.2 that the draft Internal Audit Annual report be issued to the other standing committees, Mr Gaskin noted this would be good practice. A final version might be more appropriate, however, as this would contain management comments and action deadlines. Mr Black agreed to discuss initially with the Chair of Clinical Governance, as the findings related largely to that Committee's area of remit.

In reference to Item 10.2, Mr Howarth highlighted that, given the recommendations and findings of the Internal Audit annual report, whether the Committee would wish to see these reflected in the Committee's assurance statement to the Board. Mrs McGurk suggested that, since the Audit & Risk Committee had already approved the Annual Assurance Statement under the discussion on that agenda item, when the annual accounts are presented to the Board for final approval the Audit & Risk Committee usually provide a statement in support. That would be an opportunity to reflect to the Board anything that the Audit & Risk Committee would want to escalate from either the internal or external audit annual reports (the latter still to be considered). This was agreed by the Committee as an appropriate way forward.

13. POST-MEETING TRAINING SESSION

After the Committee's meeting, members attended a training session, led by Audit Scotland, on scrutiny of the annual financial accounts.

Date of Next Meeting: TBC December 2020, location TBC.

Clinical Governance Committee: Chair and Committee Comments**CLINICAL GOVERNANCE COMMITTEE****(Meeting on Wednesday 7 September 2020)****Community Paediatric Service**

The Committee noted the risk associated with the Community Paediatric Service and the planned programme of improvement work to redesign the service across the community and acute services.

Randolph Wemyss Memorial Hospital

The Committee noted recent developments at RWMH and the agreement that all relevant parties including Communities and the Health Board will be fully involved in developing a Community Hospitals Strategy to include the future of RWMH. In addition, the subsequent Implementation Plan for that Strategy will be taken through existing agreed governance routes.

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD VIA MS TEAMS ON 7 SEPTEMBER 2020

Present:

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

In Attendance:

Nicky Connor, Director of Health & Social Care	Scott Garden, Director of Pharmacy & Medicines
Dr Rob Cargill, AMD ASD	Andy Mackay, Deputy Chief Operating Officer (Acute)
Gillian MacIntosh, Board Secretary	Helen Woodburn, Head of Quality & Clinical Governance
Susan Fraser, Associate Director of Planning & Performance	Dr Helen Hellewell, AMD H&SCP
Lesly Donovan, eHealth General Manager	
Catriona Dziech, Note Taker	

1. Apologies for Absence

Apologies were noted from Dr McKenna, Medical Director.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the Meetings held on 8 July 2020

The note of the meetings held on 8 July 2020 were formally approved.

4. Action List

All outstanding actions were discussed and will be updated on the separate rolling Action List.

5. MATTERS ARISING

5.1 Risk 1652 – Lack of Medical Capacity in Community Paediatric Service

Members reviewed the content of the agenda paper presented by Dr Cargill, which outlined challenges in the recruitment of medical staff within the service and the resultant impact on the ability to deliver a safe and timely service for patients.

Following discussion, the Committee agreed that the report was concerning and noted the recommendations as follows:

- 1 They recognised the risks associated in view of the significant vulnerabilities of the Community Paediatric Service;
- 2 Supported a programme of improvement work to progress a full system redesign in partnership with the Health and Social Care Partnership and Acute Service Division;
- 3 Noted that the improvement work will be phased on short, mid and long-term plans;
- 4 Noted that cross system leadership arrangements will be agreed to effectively support this improvement work; and
- 5 Noted that the service redesign may include invest to save opportunities.

To address the Committee's concerns and to consider whether the planned actions have effect, it was agreed a follow up report on progress would be brought to the Committee in six months' time.

5.2 Update on Review of Fife Integration Scheme

Nicky Connor advised that a joint process to review the scheme was initiated in December 2019 and five meetings have taken place, though these were paused after 11 March 2020 due to the Covid-19 Pandemic. A meeting was held on 24 August 2020 to restart discussions and progress the review. However, to conclude the process the updated Scheme will require to be submitted to both Fife Council and NHS Fife Board for agreement and then on to the Scottish Government for formal approval.

There are two key areas of the Integration Scheme that have been the subject of focussed discussions and review remains ongoing. These are Clinical and Care Governance arrangements and Risk Share split for budgeting processes.

Although the review was not concluded by the statutory deadline of 19 August 2020, the Scottish Government has been informed. It is expected that the review will be concluded by the end of 2020 and until the successor scheme is in place, the current Integration Scheme remains in force.

The Committee noted the progress on the review of the scheme and the intention to seek partners' approval of a revised version by the end of the calendar year.

5.3 Audit Report B19/20 – Adverse Events Management Progress

Helen Woodburn advised that this report was originally reported at the 8 July Clinical Governance Committee. The overall rating in audit opinion for this review is limited.

The review identifies several actions to address the weaknesses within the system which require to be addressed. The Audit and Risk Committee have requested further assurances to be provided to the NHS Fife Clinical Governance Committee on the progress made to address said weaknesses.

Four actions were identified, all of which are being managed through the Adverse Event and Duty of Candour Group which covers Partnership membership and the Acute Division. The Adverse Events Group has been unable to meet due to the Pandemic but the first meeting was re-convened for 18 August 2020 and an update was provided on all the actions identified. This paper outlines the progress to date, which is primarily around the number of reports which have been developed and the information which has been fed into the division / unit so people can monitor and begin to address overdue and action status. Some reporting mechanisms will be put in place to report to the group every two months, which is chaired by Dr McKenna.

In taking comment it was noted that there was no detail for Action Points 1 and 2 within the report and it would be helpful in the future to have this information provided.

The Committee noted the report with the actions that are being progressed and were content for the report to be taken to the Audit & Risk Committee with the inclusion of further details around Action Points 1 and 2.

Action: HW

5.4 Healthcare Improvement Scotland – Unannounced Inspection Glenrothes Hospital

Helen Buchanan advised that, following the unannounced inspection visit to Glenrothes Hospital between 7 and 9 July 2020, she had issued a note to members which set out the inspectors' first impressions of visit. Helen Buchanan said she felt it was important for members to see this report immediately as the initial feedback does not always match the final published report.

Health Improvement Scotland (HIS) have come back formally and the report will be checked for factual accuracy with an Action Plan being submitted. The final report will be issued on 15 September 2020. A preview will be available beforehand so members can be alerted to any issues.

The main issues to note from the report were about health and well-being during the Pandemic, noting that staff arrangements were responsive during the Pandemic and to Covid and infection control. The real achievements were infection prevention, the control environment and the cleanliness of the hospital, which were all examples of good practice. Training for Covid across the system was raised in the report along with engagement with families, carers and staff. The only area not fully compliant was the completion of documentation on food, fluid and nutrition. The person-centred care plans were also highlighted, which our senior leadership team are currently looking to develop, but this remains an issue across the whole of Scotland.

The Committee noted the final report will be brought to the next meeting in November 2020.

6 COVID-19 UPDATE

6.1 Shielding

Helen Woodburn advised that this report updates the Committee on the changes to Shielding initially brought in June 2020. The Board holds a list of patients identified for shielding. All these patients from 1 August 2020 have been advised they no longer need to shield and can follow the advice issued to the general population in Scotland. All Boards have been asked to maintain an active list to identify new patients and remove anyone from the list who no longer needs to shield.

The Committee noted this update until any further guidance is released from SGHD.

6.2 Testing

Andy MacKay advised it is a fluid situation across Scotland for testing and our laboratories and microbiology teams continue to react to direction issued by SGHD. The report presented to the Committee from the Scottish Microbiology and Virology Network highlights that NHS Scotland's allocation of UK Government Lighthouse Laboratory testing is changing, we are not entirely sure what this will mean at this point.

Fife normally have capacity to run 200–300 tests per day. Due to short term limitations this is currently around 100 per day due to shortage of sampling swabs. Work is ongoing nationally with National Procurement to procure an alternative source and this is expected to come online in the short term to increase our capacity back to 200-300 per day.

There has been an ask nationally to increase capacity but our restraints around this are workforce. Fife have also purchased some additional equipment in order to ensure we have sufficient resilience for Winter and Point of Care Testing for Covid and Flu.

Concern was expressed about the current situation but, as this was issued by SGHD, it was noted that there was little that could be done. Concerns were also raised about access to testing especially with the return of Universities and Colleges. This is being considered and a walk-in facility is now available at St Andrews, the first of its kind in Scotland.

Dona Milne advised there have been a number of recent changes including a new Government testing strategy and a draft business case around the Laboratories. It was agreed Dona Milne and Andy MacKay would meet to consider and prepare a short update for issue to the Committee separately.

Action: DM/ AMacK

6.3 Care Homes

Helen Buchanan advised that the situation remained stable. It is likely, although to be confirmed officially, that we will continue to work with Care Homes until May 2021.

There is a meeting on Friday 11 September 2020 with Nurse Directors and Chief Nursing Officer, Fiona McQueen to look at how we sustain this moving forward, particularly around infection prevention and control teams. A short term and medium-term model will be considered, to decide how this can be utilised through the care homes.

Helen Buchanan advised that 99% of the assurance visits have been completed, with one outstanding.

6.4 Test and Protect

Dona Milne advised that in the last week 4780 Fife residents had been tested, with 11 cases of Covid-19 confirmed.

In the last seven days there were 14 (not 11) index cases. 8 have been completely traced and there are 6 currently in progress, which has led to 123 contacts being followed up and quarantined or isolated for a period of time.

Numbers in Scotland are starting to increase but the numbers in Fife are still relatively small in terms of confirmed cases, though the volume of work around trace / contacting is increasing.

The team is working extra hours to cover this increase along with additional recruitment. It is likely a seven-day rota (8am – 8pm) will be in effect for the next six months.

Dr Bisset thanked Dona Milne for the update and passed on thanks to her and her team for all their hard work.

7 REMOBILISATION OF CLINICAL SERVICES PLAN

7.1 Situation Report for combining of key plans and programmes

Susan Fraser advised that the paper presented today sets out how all the plans fit together and how they then fit in with our strategic direction overall. The Diagram within the paper sets out a timeline and overview of all the different plans we have. 2020 has been a different year and the reports to SGHD have also been very different from previous years.

The three-year Annual Operational Plan, which includes a medium-term financial recovery plan, was submitted in March 2020 and discussions were underway with the SGHD to agree this plan when the Pandemic began. That plan remains in draft with the Government and has now been replaced by the Remobilisation Plan, which provides a plan until end of March 2021.

Performance is not as strong as it has been previously against a number of key targets and SGHD are looking for us to maximise the capacity we have based on clinical need.

The Remobilisation Plan includes high level winter planning and we are in the process of creating more detailed plans. The Winter Plan will then become part of the next

version of the Remobilisation Plan. Underpinning these plans are local strategies and the transformation programme, as well as Regional Planning.

Dr Bisset said he felt the paper was very good at setting out all the plans and how they need to tie together in terms of the overall agenda of transformation. Dr Bisset did not feel the Committee needed to see separate reports but asked if there was a view on how this would come together in terms of operational management and governance. Carol Potter advised that the write up from the recent workshop is being prepared. She advised this should be relatively straightforward in identifying our priorities and how this should be driven forward, but the complexities of that are we have a Strategic Plan for the IJB and a Clinical Strategy for the Health Board, so where does strategic planning for different services sit between the remit of the IJB and Health Board. This also needs to fit in with the change programme driven by SGHD in response to Covid alongside the Winter Plan. Carol Potter noted that the Committee should be reassured and assured that the Executive Directors have discussed the key priorities and how they will be delivered to fit in with the SGHD plan.

Dr Bisset asked that the Executives Directors' overview, when completed, be brought to the Committee to understand how things will be managed across the Health Board and H&SCP.

Action: SF

7.2 Acute Services Division Preparedness for future Covid-19 waves

Andy MacKay gave the Committee a verbal update and agreed to bring a paper back in response to the work that will need to be undertaken to address some of the queries around our Remobilisation Plan from SGHD.

In terms of the Remobilisation Plan and preparedness, we had been asked to specify a requirement to double ICU capacity and plans are in place to do this. In relation to staffing this can only be achieved by releasing staff from other areas, and the effect is to draw back on the elective programme. Some of the measures put in place by SGHD during Covid have allowed us to have clear clinical prioritisation for elective patients. Weekly meetings are held to go through the surgical programme and prioritise patients and adjust the theatre programme accordingly.

Some of the recent changes in infection prevention and control guidance gives a bit more clarity on the national position of testing patients pre surgery, and to have specified green areas for elective patients that we did not have previously. This will need to be included as part of the Remobilisation Plan.

The Committee noted a report will come back to the next meeting, which will include the work undertaken following the issue of the recent guidance.

7.3 Enhanced vaccination programme – Flu vaccine

Helen Hellewell advised that this report provides an overview of the delivery plans and governance arrangements for the enhanced flu vaccination programme across Fife in 2020/21.

The 2020/21 flu campaign is set to be more challenging than previous flu seasons. Health Boards have been instructed to plan for the unprecedented demands of a winter flu campaign within the restrictions of an ongoing pandemic, whilst simultaneously considering the requirements should a Covid-19 vaccine become available during the same period. Given the impact of Covid-19 on vulnerable groups, it is imperative that we reduce the impact of seasonal flu on those most at risk.

The CMO letter outlining the eligible groups for the adult seasonal flu vaccination programme was issued on 7 August. The Scottish Government have identified the flu programme as a Ministerial priority and immunisation preparation is a key clinical priority of Boards and Partnerships.

Dr Hellewell assured the Committee in terms of risk around the workforce that we are working closely together across the whole of the system within the Health Board, H&SCP and GP Practices to produce a population based response, with different workstreams who would look to ensure there is flexibility within the system and draw workforce from across services to give flexibility and sustainability as we go through winter.

It was noted there would be a Communications campaign, but it would be different from previous years due to the complexities of where the vaccine would be administered.

Wilma Brown expressed concern around staff who are being asked to do different things from their standard role and staff being pulled from different areas. This puts an enormous pressure on staff and it would be helpful to see what the current vacancy rates are.

The Committee noted the delivery plan and respective governance arrangements, which is extremely assuring. The Chair thanked Dr Hellewell, Esther Curnock and everyone involved in this comprehensive report.

Dr Bisset asked following Wilma Brown's comment around staff resource that a brief is brought back to the Committee in terms of whether we can sustain the staffing levels required now and in the future.

Action: DM/HH

8 QUALITY, PLANNING AND PERFORMANCE

8.1 Integrated Performance & Quality Report

Helen Buchanan advised the main issues she wished to highlight from the report were:

SABs

There had been an overall improvement in SABs and, in particular, those associated with intravenous drug users. The Team have done extremely good work over the last few months and it is looking likely they are on trajectory to meet the targets.

CDiff

Continues to do well. There is a slight increase but these are being looked at.

Complaints / Stage 2

Working through backlog from pre Covid, during Covid, and thereafter. The complaints are changing and the Team have been given targets to try and regain the ground that has been lost.

The Committee noted the IPQR.

8.2 Winter Plan 2020-21

Susan Fraser advised that the Winter Plan links to the previous discussion on Agenda Item 7.2. The current planning is different from previous years. An official Stakeholder Review Workshop has not taken place, but a questionnaire was issued to key stakeholders and the information received was fed into the Remobilisation Plan that was submitted to SGHD on 31 August 2020.

High level actions are now being put into a more detailed Winter Plan. This includes Point of Care Testing, Scheduling of Unscheduled Care, 7-day AHP cover, the use of Near Me and other digital solutions, different models of Care and whole system models. This is progressing to look at what we need to do and have in place for winter across the whole system. This plan also includes what would happen if we had a second wave of Covid. Surge capacity is being looked at along with our escalation plan and how the new models of care identified during Covid will fit in and impact on how we work through winter.

The Committee noted the update.

8.3 HAIRT Report

Helen Buchanan advised that this paper was brought to the Committee for noting and highlighted the achievements for SABs and ECBs.

In terms of challenges, infections from lower urinary tract infections and catheter associated UTIs are being looked at by the Cauti group, to try address the issues. There has been improvement on this over the last year.

The Committee noted the HAIRT report.

9 DIGITAL AND INFORMATION

9.1 Strategy Delivery Plan Update

Lesly Donovan advised that this paper summarises how and why Covid-19 has affected, both positively and negatively, the Digital and Information Strategy 2019-2024. The Committee is asked to discuss the contents of the paper and form a consensus on the robustness of the Digital & Information Strategy considering the Covid-19 Pandemic.

The Digital & Information Strategy is ambitious and forward thinking in its approach, with a supporting delivery plan as a living document, to support changes in organisational priorities over the term of the strategy, as recently evidenced through the Covid-19 pandemic. The high-level delivery plan has been updated to reflect the current position and was attached as Appendix 1.

In summary a positive impact, which has been achieved through rapid introduction of some of the Digital and Information Strategy deliverables, highlights the need for continued investment in technology to support the delivery of a flexible and integrated health and social care into the future. Digital enablement must continue at a rapid pace and promote resilience to global incidents, which may adversely impact the wider healthcare environment. Staff being supported to be mobile, with access to administrative and collaborative digital solutions, has proven to be a key factor in NHS Fife's resilience during Covid-19

The consequences of Covid-19 on the organisation, in terms of accelerating the embracing of digital delivery, have been largely positive. There has been greater collaboration regarding new technology, use of information and recognition of the benefits of digital from clinical colleagues, with new ideas and requests being made on an almost daily basis. Whilst this is welcomed by eHealth, there is concern we will not be able to maintain our rate of delivery and support all digital changes, due to an already challenging delivery plan. This is a concern as we wish to harness the goodwill and work to ensure a truly digital NHS Fife.

The Committee noted the update on the strategy's implementation.

9.2 HEPMA Implementation Update

Scott Garden advised this report is an update on the HEPMA procurement process, which was paused in March 2020. NHS Fife is now ready to recommence and this report provides an update for the Committee on next steps.

The Committee noted the progress to date, that a full Business Case will be presented to the next meeting in November, to be followed by six-monthly updates thereafter on progress.

10 PUBLIC ENGAGEMENT AND CONSULTATION

10.1 Survey Update

Helen Buchanan highlighted to the Committee two letters which will be taken forward within the Board. Cabinet Secretary Jeanne Freeman wrote to all Boards about six weeks ago regarding the limited consultation and engagement being undertaken during Covid, noting that as we move forward Boards are to give assurance we will go back to established pathways for Participation, Consultation and Engagement. Following on from this a letter from HIS / Community Engagement (Item 14.2) in relation to a survey on 'Engagement and Participation in service change and redesign in response to Covid-19' was issued. This was issued as a Survey Monkey style and we are hoping to compile our reports from SGHD or failing that nationally. Reports were requested from both H&SCP and Acute Services, which was a huge piece of work, but Helen Buchanan has agreed to pull together a report for the Committee.

Action: HB

Helen Buchanan advised a letter has been received from Michael Chalmers, Director for Children and Families, SGHD (Item 14.1), regarding the Bill to Incorporate the United Nations Convention on the Rights of the Child (UNCRC) into our domestic law in Scotland. Following this letter Helen Buchanan has asked Dianne Williamson to work with stakeholders to look at the rights of children. This is for all public bodies who will have a duty in statute to remember or take cognisance of the rights of the child in everything we do, as failure to do so may result in the child seeking to pursue action through the legal system. This is something we will need to look at in our right as a Public Body. A briefing paper will follow in due course.

Action: HB

The Committee noted the updates and will await further reports.

11 GOVERNANCE

11.1 Draft Strategic Objectives

Carol Potter that advised the Corporate Objectives 2020/21 were due to be agreed at the beginning of the financial year 2020/21 but have been delayed due to the pandemic. A different approach has been taken this year, with a workshop recently held with EDG to discuss and review the corporate objectives.

This paper details the collated output of the workshop for the purposes of allowing further refinement prior to the setting of 2020/21 objectives through appropriate governance routes.

This paper provides the Board with a review of the Corporate Objectives for 2019/20 and also looks forward to 2020/21 with proposed objectives to be approved by the Board.

The Committee noted the revision of the Corporate Objectives for 2020/21 and the changes therein.

11.2 Closure of Wellesley Unit, Randolph Wemyss Hospital

Dr Hellewell set out to the Committee the reasons and background for the decision taken at the Integrated Joint Board meeting on 28 August 2020 to close the Wellesley

Unit at Randolph Wemyss Hospital. In summary, the IJB decided to issue the following Directions:

NHS Fife is directed by the IJB to close the Wellesley Unit in response to the safety issue that has emerged as a result of the withdrawal of the Responsible Medical Officer.

NHS Fife and Fife Council, through the Director of Health and Social Care, are directed to work with partners to commission care to support the needs of older people who would have otherwise been cared for in Wellesley Unit. This includes the transfer of financial resources to support this.

NHS Fife and Fife Council, through the Director of Health and Social Care, are directed to work with partners to develop community services at Randolph Wemyss Memorial Hospital in line with the joining up care Community Hospital Strategy.

It was also noted a full impact assessment has not been completed because this unit needed to be closed as a matter of patient safety with no medical cover being secured. However, as NHS Fife and Fife Council, through the Director of Health and Social Care, work with partners to develop community services at Randolph Wemyss Memorial Hospital in line with the joining up care Community Hospital Strategy, detailed consideration of equality, diversity and health inequalities will be part of this process.

After discussion on the decision made by the IJB, Dr Bisset highlighted there was no doubt the unit needed to close on the basis of clinical safety and quality of care and was content to take the assurance from Nicky Connor, Helen Buchanan and Dr Hellewell in relation to appropriate consultation with patients and staff. Dr Bisset said it was important to note how we communicate in terms of the way forward and we are assured everyone necessary will be fully involved in the development of the community hospital strategy. This is not only for Randolph Wemyss but for all hospitals across Fife. It was noted that the strategy once developed will be taken forward through the implementation processes and governance routes already in place.

The Committee noted the decision of the IJB to direct NHS Fife to close the Wellesley Unit in response to the patient safety issue and that the transformation plans will be developed as directed and will be brought forward to the Joint Transformation Board.

The Committee noted:

- the closure of the Unit on the grounds of patient safety;
- the arrangements being put in place for the future care of the current patients and deployment of staff;
- that all relevant parties including Communities and the Health Board will be fully involved in developing a Community Hospitals Strategy for Fife, to include the future of Randolph Wemyss; and
- that subsequent to the Strategy being developed, its implementation will go through the agreed governance routes of the IJB, the Council and the Health Board.

Carol Potter highlighted the importance of looking at future plans through the lens of health inequality, the public health agenda and population health. She gave the Committee the commitment in terms of all our future strategies and the consultation around community hospitals, noting there is an opportunity to look at what the population of that area truly requires.

The Committee will receive an update on this topic at its next meeting.

Action: NC

11.3 Board Assurance Framework – Quality & Safety

Helen Buchanan advised there were no changes to associated risks.

11.4 Board Assurance Framework – Strategic Planning

Susan Fraser advised there were no changes to the associated risks.

This report was prepared prior to the Transformation workshop held last week. The output from the Workshop, which was looking at the strategies, priorities and the programmes going forward for 2020/21, along with what the governance structure will look like going forward, will be included in the next version of the BAF.

Susan Fraser advised there was also a discussion around the Integrated Transformation Board (ITB) and a new structure which will involve more of the Directors. The ITB has not met since pre-Covid so there are no minutes for this Committee to report.

Dr Bisset said the role of the ITB was important and needs to be moved forward quickly. Susan Fraser advised the output from the workshop and the options will be taken to EDG this week and hopefully a structure will be in place by the next meeting of the Committee. Dr Bisset asked that a substantial update is available for the next meeting.

Action: SF

11.5 Board Assurance Framework – eHealth

Lesly Donovan advised that, at time of writing the BAF, there were no changes to the risks. The risks have been reviewed following the migration to Office 365. The level of some of the risks have been identified from a rating of 16 to 20 and the possible introduction of more high risks are being considered due to the complexities and type of skills needed in the service.

Lesly Donovan advised the review will be completed and reported in next BAF.

11.6 Organisational Duty of Candour Annual Report 2019-20

Helen Woodburn advised that the NHS Fife summary for the period 1 April 2019 -31 March 2020 indicated that 28 events were reported as having activated organisational

duty of candour. The details of the outcome attributed to each event are detailed in the report.

Overall NHS Fife complied with the procedure well. This means the people affected were informed, apologies were given, an account of the event was provided very quickly at the time of the event, and a full review was undertaken.

The Committee noted the report.

11.7 Corporate Calendar / Committee Dates for 2021/22

The Committee noted the proposed meeting dates.

12 ANNUAL REPORTS

12.1 Prevention & Control of Infection Annual Report 2019-20

The purpose of this report was to provide information on progress against the main objectives of the *Prevention & Control of Infection Work Programme (2019-20)*. The format ensures all elements that are required by the *NHS Health Improvement Scotland (HIS) Standards (2015)* are included.

Helen Buchanan advised that this report is for 2019-2020 (prior to the Pandemic) so a lot of the items within the report will not include Covid. Areas to highlight were celebrating success as set out in Pages 3 and 4 of the report. Helen Buchanan highlighted the securing of a Consultant Microbiologist/Infection doctor to lead on the Built Environment and Water Safety, which was one of the risks highlighted in the BAF last year. Following the recent public enquiries, it is important we have staff in place to help with the built environment. The recruitment of a whole time equivalent (WTE) Infection Prevention and Control Surveillance Nurse and WTE Personal Assistant / Office Manager bring the team up to the level required.

Helen Buchanan also highlighted the nationally recognised work as set out in Pages 5 and 6 of the report, noting that NHS Fife is at the forefront on a lot of the work. The Executive Summary on page 7 sets out overall the work of the Infection Control Team.

Dr Bisset said this was an excellent report, noting the huge achievements for a high-quality Team who work well together with a genuine interest in infection control. Dr Bisset asked that congratulations be relayed to Julia Cook and her Team for all their hard work in improving performance.

Action: HB

13 LINKED COMMITTEE MINUTES AND ANNUAL REPORTS – FOR INFORMATION

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

13.1 Acute Services Division Clinical Governance Committee (22.1.2020)

13.2 Area Clinical Forum (06.08.2020)

13.3 Fife HSCP Clinical & care Governance Committee (08.08.2020)

- 13.4 NHS Fife Clinical Governance Oversight Group (16.07.2020)**
- 13.5 eHealth Board (15.07.2020)**
- 13.6 Integration Joint Board (IJB) (26.06.2020)**
- 13.7 Infection Control Committee (05.08.2020)**
- 13.8 Public Health Assurance Committee (11.08.2020)**
- 13.9 NHS Fife Resilience Forum (19.08.2020)**
- 13.10 Integrated Transformation Board (no minute as advised in 11.4)**

14 ITEMS FOR NOTING

14.1 Scottish Government Letter – Bill to incorporate United Nation Conventions on the Rights of the Child (UNCRC) into our domestic law in Scotland

Discussed under Agenda Item 10.1.

14.2 Scottish Government letter from Health Minister

Discussed under Agenda Item 10.1.

15 ISSUES TO BE ESCALATED

Standard items for escalation to the Board:

- Covid and Remobilisation (standard items)
- Wellesley Unit, Randolph Wemyss Hospital Closure
- Community Paediatrics Service Capacity

Dr Bisset to discuss with Helen Buchanan outwith the meeting any other issues for escalation.

16 AOCB

There was no other competent business.

17 DATE OF NEXT MEETING

Wednesday 4 November 2020 at 2pm via MS Teams.

Finance Performance and Resources Committee**Finance Performance and Resources Committee****(Meeting on 8 September 2020)**

The committee were advised that, as part of the Remobilisation work, there was a requirement for the creation of an integrated capacity and flow group. This group will seek to harness what has been done well across the partners during Covid to enable that to continue going forward. The group have identified 9 priorities that they will continue to develop, the committee will receive regular updates on the progress of this important work.

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING
HELD ON 8 SEPTEMBER AT 09:30AM VIA MS TEAMS**

Rona Laing
Chair

Present:

Ms R Laing, Non-Executive Director (Chair)	Mr E Clarke, Non-Executive Director
Dr L Bisset, Non-Executive Director	Ms J Owens, Non-Executive Director
Mrs M McGurk, Director of Finance	Mrs C Potter, Chief Executive
Ms H Buchanan, Director of Nursing	Mr A Morris, Non-Executive Director

In Attendance:

Mrs N Connor, Director of HSCP (part)
Mr A Fairgrieve, Director of Estates & Facilities
Mr S Garden, Director of Pharmacy & Medicines
Mr A Mackay, Deputy Chief Operating Officer
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
Mrs R Robertson, Deputy Director of Finance
Mr A Wilson, Capital Projects Director
Miss L Stewart, PA to the Director of Finance (minutes)

1. Apologies for Absence

Apologies were received from Dr Christopher McKenna, Medical Director, Mrs Dona Milne, Director of Public Health, and Mrs Wilma Brown, Employee Director.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 7 July 2020

The Committee formally **approved** the minute of the last meeting.

4. Action List

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

It was advised that for Action 113, regarding the Kincardine and Lochgelly IADs, an update will be requested later in the agenda under item 7.3 Capital Plan.

It was agreed that regarding Action 137, the Board are taking this development session forward, therefore this can be closed on the Committee's own action list.

It was advised that for Action 138, an FP&R Development Session will take place in November following the Committee's meeting. This will take forward comments raised on further training for members on national policy initiatives, funding streams etc. Mrs Margo McGurk and the Finance team are taking this forward.

5. MATTERS ARISING

5.1 Audit Checklist

Ms Rona Laing highlighted to the Committee that the Internal Audit checklist was utilised in agenda planning for this meeting, with a forward look to the next session. It has been agreed that a report will be presented to the Committee in November on the Procurement / Supply arrangements for PPE during the pandemic 'Lessons Learned', which will be useful as the Board approach the winter months. Mrs Margo McGurk added that she will be part of a national lessons learned group in relation to PPE. It is hoped that the findings and recommendations from this group can be shared with the Committee at a later date.

5.2 Stratheden IPCU

Mrs Nicky Connor presented the report to the Committee, which follows up on an action from a post-project evaluation of the site. Recognising health, wellbeing and the patients' needs, they do still aim to achieve a 'Smoke Free' environment in the facility; however, further work is required. The construction of a smoking shelter, which staff previously suggested, is not appropriate and is also not in line with NHS Fife's or Scottish Government's objectives for a smoke-free facility. The Committee are asked for support to achieving this through a different means.

The Chair agreed that the current action will be closed and a new action added, as a paper will require to come to the Committee in January 2021 detailing the new approach.

6. GOVERNANCE

6.1. Board Assurance Framework – Financial Sustainability

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

It was highlighted to members that there has been no significant change to the risk rating. The key risks remain, which includes uncertainty of funding for Covid-19 and remobilisation of services spend, and, secondly, the Board's inability to deliver the planned level of in-year savings. The risk may remain high for the remainder of this year.

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

6.2. Board Assurance Framework – Strategic Planning

In the Medical Director's absence, Mrs Carol Potter presented the report to the Committee on Strategic Planning.

It was highlighted that this report was presented in detail to the Clinical Governance Committee and is with Finance, Performance and Resources Committee for noting. There is a lot of work ongoing, which the Board needs to do at pace in terms of restructuring and finding ways to remobilise / transform services.

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

6.3. Board Assurance Framework – Environmental Sustainability

Mr Andy Fairgrieve presented the report to the Committee on Environmental Sustainability, and it was advised that there had been no significant change. Work is continuing on improvement projects.

Mr Alistair Morris highlighted to the Committee that there has been no significant change to this BAF over a period of time and questioned whether the Board were doing enough to drive forward the mitigating actions detailed within. Mr Andy Fairgrieve provided assurance to the Committee that significant work and progress has been made in this area but that there are a number of areas where the activities involved will take further work to resolve in full. Mr Andy Fairgrieve did confirm that a number of these risks sit with the contractor and that the performance management of relevant contracts is a key focus of the Estates and Facilities team.

Mrs Rona Laing emphasised that some risks may always be classified as 'high level' on the risk register but it is important the Board are assured there is mitigations in place and actions underway to reduce this.

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

6.4. Draft Corporate Objectives 2020-21

Mrs Carol Potter presented the paper to the Committee, detailing the Executive Team participation in a recent workshop to review the corporate objectives and bring forward any ideas for review and consideration. The main change this year is that clarity has been provided on the Executive Leads' areas of responsibility.

The Committee **noted** the proposed Corporate Objectives 2020-21.

6.5. Corporate Calendar

Dr Gillian MacIntosh presented the paper to the Committee. It was highlighted that the dates shown are indicative for 2021/22 for this committee and the Board will seek to approve the full corporate calendar at its meeting later in the month. Where the weight of meeting agendas allow, a Development Session for the Committee will take place after the main meeting.

The Committee **noted** the indicative dates for Finance, Performance and Resources Committee until March 2022.

7. PLANNING

7.1. Orthopaedic Elective Project

Mrs Helen Buchanan introduced the report to the Committee, which provided an update on the planning and delivery of the Orthopaedic Elective Project. It was confirmed that the Project Board have continued to meet regularly during the pandemic and progress remains good.

Mr Alan Wilson, Capital Projects Director, highlighted to the Committee that NHS Fife are currently two weeks behind schedule and have not managed to catch up over this recent period. This is partly due to companies returning from furlough, which has caused a delay to tender submissions. There has been a challenge with planning approval for the car park sites however it is hoped this will get Fife Council planning approval this week. Due to the recent episode of VHK flooding, further information was required to give assurance.

Due to the delays noted, it has been agreed that the Business Case will now be submitted in October. The four-week delay is hoped to ensure better value on the cost package for the work and allow more time for review. The Business Case will be presented to the Committee and Board in November. Work is expected to commence early December 2020.

Mr Eugene Clarke questioned what expertise and capacity is in place to support the work and to avoid the unforeseen consequences which happened in NHS Lothian's new hospital, which has been heavily documented in the press. Mr Alan Wilson assured the Committee that a national centre of excellence has been created to provide NHS Boards with access to expert knowledge in this area. All NHS Board large construction plans must be scrutinised through the centre as a further safeguard.

The Committee **noted** the progress made to date.

7.2 HEPMA Implementation Update

Mr Scott Garden presented the report to the Committee. It was highlighted that, due to Covid, the implementation of this project was paused. The procurement process recommenced in May / June 2020 and a Mini Competition took place under the supplier framework. A decision has been made but this is currently commercially sensitive, and thus further details will follow. NHS Orkney have provided Procurement support to the Board due to availability issues with capacity and expertise within NHS Fife. It was noted that both NHS Fife and NHS Orkney's support has been excellent during the process.

The Committee **noted** the report and agreed to receive a Full Business Case in November before submission to the Board.

7.3 Capital Programme 2020/21 to 2020/24

Mrs Margo McGurk presented the report to the Committee. It was highlighted that the Capital Programme should be approved prior to the start of the new financial year; however, due to

the pause in the AOP process, this was not possible. It is however important to present the capital plan to provide the opportunity for appropriate scrutiny.

The Executive Team and Fife Capital Investment Group were involved in a joint review workshop in July. There has been some impact on the plan from this review but mainly on the timelines. It remains largely the same plan from February 2020.

The Committee were referred to the background section of the report, which provided details on how capital funding has been allocated.

The Committee were guided to Section 2.3.1, it was highlighted that a Procurement Governance Programme Board has been established to ensure all procurements are supported effectively and capture the required capacity and expertise. This will help to ensure projects progress strategically, to ensure projects take place in the right sequence and opportunities are not missed.

Dr Les Bisset and Mrs Carol Potter highlighted that the spend allocated for the Mental Health Project Board will support the development work for future Mental Health Inpatient Services contained within the IJB strategy and to create new clinical pathways for the needs of patients in Fife. There is a requirement for an implementation plan for this workstream. Mrs Rona Laing advised that at an appropriate time a paper should be presented to the Committee to map out how this will be implemented.

Mrs Rona Laing highlighted that the timescale for the Kincardine and Lochgelly Health Centres projects had slipped and advised this should be kept on as an action. Mr Alan Wilson provided assurance that work is progressing on both.

A question was raised on how capital relating to Minor Works Projects is allocated. Mr Andy Fairgrieve advised that it is allocated on a risk-based methodology, where the highest risk areas are allocated funding.

The Committee **reviewed** the contents of the report and agreed to **endorse** the Plan.

8. PERFORMANCE

8.1. Integrated Performance & Quality Report

Mr Andrew Mackay was invited to provide an update on Acute Services performance. The TTG and New Patient performance have reduced in terms of delivery of pre-COVID 19 targets, revised trajectories have been submitted as part of the Remobilisation Plan on which we await feedback. The Remobilisation plan is due to be discussed with Scottish Government later this month. Many protocols for Infection Control are already in place following the response to Covid, which does mean that NHS Fife are starting in a relatively strong position heading into the winter period.

It was noted that at present there is no immediate intention within Government to revise the current targets for the Board, but there is however a helpful focus on clinical prioritisation that is standardised across all boards.

Mrs Nicky Connor was invited to present to the Committee and provide an update on the Health and Social Care Partnership performance. It was highlighted that Delayed Discharges have improved over the Covid period, but it remains to be closely monitored, especially with Winter approaching. The H&SCP are closely monitoring capacity and flow, not only within the Health Board services but also in Social Care, trying to identify areas where things can be done differently through a whole-system approach. Mr Scott Garden is leading this group.

CAHMS and PT will see increased challenges due to Covid in children and young people, and more work needs to be done to support this. Significant work is ongoing relating to the 'Our Mind Matters' framework. The team will attend the next meeting in November to provide further details to the Committee. Throughout Covid, referrals have reduced in psychological therapies; the remobilisation plan is helpful in this area and the team will attend the committee in November to give further information on this.

Mr Scott Garden highlighted that, as part of the Remobilisation work, there was a requirement for an integrated capacity and flow group. There was a need to harness what has been done well across the partners during Covid to enable that to continue going forward. The group have identified 9 priorities that they want to continue to develop.

A new system is being developed by the Scottish Health Collaborative to highlight pathways 30 days in advance, which will allow for a more proactive approach and support developing pathways through transformation.

Mrs Margo McGurk was invited to present to the Committee and provide an update on Financial Performance. The Committee were advised that the Month 4 Position at the end of July highlighted a net overspend of £7 million, which was made up of a core underspend of £1.5 million and an overspend of £8.5 million due to Covid. This highlights the significant financial impact the COVID 19 response it is having on the Board. Due to this Financial Position the Board will not achieve the planned delivery of savings in full, which is £20 million.

There is a significant projected overspend from the IJB Partnership, which is not included in the figures reported but which will be reflected in the Month 5 position.

The Committee were referred to table 3.2 - this highlight a high variance on Board Admin. This is due to Remobilisation activity, where Digital and ICT equipment has been charged. It should be noted that the Acute services budget overspend is expected to rise sharply due to remobilisation. Estates and facilities are currently underspent, however the impact on the flooding at VHK will reduce this from month 5.

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

8.2 Winter Planning and Performance Review

Mrs Nicky Connor and Mr Andrew MacKay were invited to provide an update to the Committee.

Mrs Nicky Connor highlighted the key elements of the report this year will include learning from last year. However, it is recognised that this year will involve additional challenges. It is expected that the Remobilisation Plan will allow the Board to continue to move forward, to

put in place effective systems and processes and to improve the flow and care. The plan this year will be a whole system approach.

Mr Andy MacKay emphasised that the Board has embedded several new processes and pathways, which were aspirational last year but have now become business as usual.

Mrs Carol Potter advised that there is no formal date for a submission of the Winter Plan Report but it is expected that the meeting this month with Scottish Government to discuss the Remobilisation Plan will help inform the timeline.

The Committee **noted** the verbal update.

8.3 Labs MSC Performance Report

Mr Andrew Mackay presented the report to the Committee advising that there are no concerns to flag. This paper is presented to provide assurance in line with Internal Audit recommendations.

The Committee **noted** the contents of the report.

9. ITEMS FOR NOTING

9.1. Internal Audit Report B15/20 – Follow up of Transformation Programme Governance

The Committee **noted** the findings of Internal Audit Report B15/20.

9.2. Minutes of the IJB Finance & Performance Committee, 5 March 2020

The Committee **noted** the minute of the above meeting.

10. ISSUES TO BE HIGHLIGHTED

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

The committee were advised that, as part of the Remobilisation work, there was a requirement for the creation of an integrated capacity and flow group. This group will seek to harness what has been done well across the partners during Covid to enable that to continue going forward. The group have identified 9 priorities that they will continue to develop, the committee will receive regular updates on the progress of this important work.

11. Any Other Business

11.1. Brexit

Mr Eugene Clarke questioned how the Board would manage the risk in relation to staff and medicine in the event of a No Deal Brexit.

Mr Scott Garden advised that the UK and Scotland have stockpiled medicine and now have a better understanding of the suppliers. This is an issue that is being closely monitored by the Area Drug & Therapeutics Committee.

11.2. 'Our Turn to Care' Vouchers

Mrs Carol Potter presented the paper to the Committee. It was reported that Gleneagles Hotel have allocated all Health Boards across Scotland a series of vouchers, over a period of five years, as a thank you to staff. As the Board of Trustees cannot accept vouchers, the Health Board would need to accept this gift. Scottish Government have also been contacted and they are supportive of this. The proposed process for allocation would be through a randomiser and staff can opt into this. Staff included will be all working in a healthcare setting including staff of the NHS, Fife Council, HSCP and Independent Contractors such as GPs.

The Committee approved the proposal and are supportive of accepting the vouchers, noting the benefit to staff.

Date of Next Meeting: 10 November 2020 at 9.30am in the Staff Club, Victoria Hospital, Kirkcaldy (location TBC).

Staff Governance Committee: Chair and Committee Comments**STAFF GOVERNANCE COMMITTEE****(4 September 2020)**

The Chair highlighted items to be escalated:

- Appraisal/ PDPR – the importance of embedding the process and seeking staff engagement.
- Absence rates – and to take account of the COVID-related data.

**MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON 04 SEPTEMBER 2020
AT 10AM VIA MS TEAMS**

Margaret Wells

Chair

Present:

Margaret Wells, Non-Executive Director (Chair)	Alistair Morris, Non-Executive Director
Wilma Brown, Employee Director	Carol Potter, Chief Executive
Helen Buchanan, Director of Nursing	Christina Cooper, Non-Executive Director
Simon Fevre, Co-Chair, Health & Social Care	Andy Verrecchia, Co-Chair, Acute Local
Local Partnership Forum	Partnership Forum

In Attendance:

Bruce Anderson, Head of Staff Governance
Kirsty Berchtenbreiter, Head of Workforce Development
Nicky Connor, Director of Health & Social Care
Linda Douglas, Director of Workforce
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Rhona Waugh, Head of Human Resources
Audrey Crombie, PA to Linda Douglas (Observing)
Janet Melville, PA to Bruce Anderson and Kirsty Berchtenbreiter (Minutes)

Prior to commencing the meeting, the Chair noted that Helen Bailey is absent from work unwell; extended the Committee's best wishes to her; and thanked Helen Bailey for her valuable support to the Committee. The Chair asked L Douglas to convey this message to Helen.

The Chair welcomed J Melville and thanked her for taking the notes of the meeting, and advised the echo pen was being used. The Chair also welcomed Audrey Crombie, temporary Personal Assistant to L Douglas who was observing the meeting today and would be providing secretarial support at future meetings.

The Chair welcomed members and attendees to the meeting and introductions were made.

The Chair confirmed that the NHS is still on an emergency footing across Scotland, although remobilisation is on course, back to 'business as new normal'. The Chair expressed her thanks to everyone, whose hard work had maintained services during the pandemic. The Chair also wished to record thanks, on behalf of the Committee, to Staff Side colleagues who had tirelessly supported and represented staff at the Area Partnership Forum (APF), Local Partnership Fora and the Gold, Silver and Bronze Command Groups during the pandemic situation.

01. Apologies for Absence

Apologies were received from attendee Andrew Mackay, Deputy Chief Operating Officer.

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

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

03. Minute of the Previous Meetings held on 03 July 2020

The minutes of the previous meeting were formally **approved** as an accurate record, with the amendment that no change had been made to the scheduling of APF meetings during the COVID-19 pandemic.

04. Action List

The Chair invited L Douglas to provide an update and requested that as services remobilise, 'paused due to COVID-19' is now removed from the Action List and appropriate dates are provided. L Douglas reported that work on revising the Board Assurance Framework has commenced and is progressing. B Anderson suggested that this Action, 22/20.1, could therefore be removed from the Action List. In relation to Action 24/20.1 Staff Governance Action Plan, work is being taken forward, so the Action List can be updated to reflect this.

The Committee **noted** the current status of the Action List and **agreed** to the removing of Action 22/20.1 as above.

Action: BA

05. Matters Arising

W Brown highlighted that in addition to 'Return to Work' guidance being published on StaffLink, it had been agreed to provide alternative means of accessing the information. R Waugh indicated that printed copies should have been made available within workplaces and agreed to follow this up.

Action: RW

S Fevre advised that he finds it time consuming to locate specific information on StaffLink; it is not clear where items are to be found. L Douglas recounted this had been highlighted at the recent Silver Workforce Group with a request that the matter be investigated. L Douglas suggested it might be helpful to arrange for a member of the Communications team to provide a demonstration of the app at a future APF Staff Side meeting.

06. COVID-19 UPDATE

06.1 Workforce Update

L Douglas indicated that work is ongoing to support workforce requirements for the Test & Protect team: supplementary staff are being drawn from the pools of retirees, friends and family campaign and existing bank workers. There is also a focus on staffing for the Immunisation programme: it will be more extensive this year as the cohort of eligible individuals has increased and it is envisaged there will be greater uptake than in previous years.

As remobilisation of normal services continues, together with the need to redeploy staff for ongoing COVID-19 activities, Test & Protect and seasonal flu vaccination, it was suggested it would be helpful to have an overview of the costs involved with the additional workforce requirements. C Potter advised that a paper is going to the Cabinet Secretary, on behalf of Directors of Public Health and Chief Executives across Scotland, in which the potential scale of the challenge in terms of the workforce and investment perspectives is outlined. H Buchanan advised that locally, a Gold Command Group had been stood up to prioritise the mobilisation of services and manage vaccinations, with an operational group tasked with sourcing staff.

A concern was raised regarding the number of fixed term short period contracts issued to cover e.g. Test & Protect posts and it was suggested this could lead to redeployment

challenges in the months to come. The Committee was given assurance that the situation would be closely monitored and sensitively managed.

The Committee **noted** the report.

07. QUALITY, PLANNING & PERFORMANCE – COVID-19

07.1 Integrated Performance and Quality Report

R Waugh talked to the section on Sickness Absence, which details NHS Fife's position for the past 12 months; key challenges faced; and the NHS Scotland rates on which NHS Fife's targets and improvement actions are based. Reporting has moved on from specific COVID-related information. The absence rate of 4.85% is an improved position on the equivalent period last year, but it is difficult to draw any specific conclusions given the pandemic situation. Promoting Attendance activity is being stood up as is the long term sickness absence work. It was noted that the SSTS code (99) specifying sick leave as 'unknown causes/ not specified' can't be removed from the system; however, a communication has highlighted to managers that this code should not be used in order that the correct reason is attributed to the period of absence.

M Wells queried, at 20.2, the 'awareness raising of support for staff to be concluded by April 2020'? L Douglas confirmed it has been concluded and the document will update with revised wording.

Action: LD

The Committee **noted** the report.

07.2 Staff Wellbeing Update

R Waugh presented the update which provides an overview of recent health and wellbeing activity within the Board; with additional information on the Staff Support Hubs; and the Good Conversations and Mindfulness approaches. The Bronze Health & Wellbeing Group and the NHS Fife Well at Work Group are combining efforts to take forward the Well at Work agenda, starting with a review of the Health & Wellbeing Strategy, given the rapid and many changes to work and personal life during the COVID-19 situation.

The Committee noted that the capacity to provide sustained and suitable support interventions for staff health and wellbeing, and the means to remobilise patient services, is being closely monitored; with a paper going to EDG next week. It was acknowledged that there is significant online staff support available both locally and nationally; although the consequences of COVID-19 and longer term needs may only arise over time. It was highlighted that digital resources are not always a good substitute for face-to-face contact, and it was requested that staff support by Psychology and Spiritual Care services be continued locally. C Potter indicated that there is a commitment nationally for ongoing investment in mental health support for NHS staff.

The Committee **noted** the update.

07.3 a. Core Training Update

K Berchtenbreiter reported that compliance across the nine subject areas at 76%, is a 4% improvement on last year. Some areas show 100% compliance which may be due to staff refreshing their training early, leading to double counting. Steps are being taken to more robustly monitor and address the take up and recording of core training. The appendix details the data quality and data sources, and the challenges faced in obtaining definitive figures. It was noted that the use of elearning modules has increased significantly. Figures

for core training may dip in the coming months as practical training previously delivered face-to-face is reconfigured to a suitable format within COVID-19 constraints.

The Committee **noted** the update.

b. Appraisal and Personal Development Plan Review Update

K Berchtenbreiter advised that TURAS Appraisal has been fully operational for 28 months. There was a positive improvement last summer but COVID-19 has had a detrimental impact as the pandemic was focused on and PDPR paused; compliance is currently at 43%. Although managers have been notified that they should now be undertaking PDPR meetings, facilitated via MS Teams, the Committee was disappointed that managers and staff have been unable to make time to engage in this important activity; culturally it sends out the wrong message. It was suggested that conversations are taking place; but are not yet formally recorded on the TURAS system. The Committee was assured that the approach is being reviewed and remedial action will be taken to improve the overall position and aim of achieving the 80% target.

The Committee **noted** the update.

07.4 Staff Experience - Everyone Matters Pulse Survey

B Anderson confirmed that the iMatter Employee Survey had been paused this year. However, capturing staff experience and wellbeing during COVID-19 was important and therefore a national survey was created at short notice. B Anderson acknowledged the huge contribution of Douglas Kidd, Workforce Information Officer on behalf of NHS Fife in preparing for the launch of the survey. B Anderson guided the Committee through the questionnaire which is open to all of NHS and Health & Social Care staff. The initial response has been promising. The survey reports produced will be at Board and Directorate levels only.

The Committee **noted** NHS Fife's participation in the Everyone Matters Pulse Survey 2020.

08. GOVERNANCE

08.1 Board Assurance Framework Workforce Sustainability

L Douglas presented the regular report to the Committee. There are four ongoing operational risks: continuing national shortage of Radiologists; recruitment and retention of Medical staff within Community Hospitals; workforce requirements for Test & Protect; and Mental Health workforce requirements. The Committee was assured that the risks are regularly reviewed, status updated; and mitigating actions refreshed as required.

The Committee **noted** the content of the report; and **approved** the current risk ratings and workforce sustainability elements of the Board Assurance Framework.

08.2 Staff Governance Committee Revised Annual Workplan

B Anderson recalled that at the last meeting, the Committee had agreed to pause the Workplan and review it at a later date, due to the focus on COVID-19. B Anderson talked to the revised Workplan: key issues have been reallocated to the remaining meeting dates. Following a brief discussion, it was proposed that both 'Core Training' and 'Appraisal' are brought to the January 2021 meeting. It was requested that for clarity, 'iMatter Update' be amended to 'iMatter/ Pulse Survey Update'.

The Committee **approved** the revised Staff Governance Committee Workplan for 2020/21, subject to the above amendments.

08.3 Schedule of Dates for Future Meetings

G MacIntosh presented the routine paper as part of the process of creating the Corporate Calendar. The dates largely follow the schedule of previous years; there have been some minor changes to avoid clashes with the Integrated Joint Board. G MacIntosh advised, that if the Committee were content with the dates, she would issue calendar invitations as usual.

The Committee **noted** the dates of future meetings.

08.4 NHS Fife Corporate Objectives

C Potter explained that the previous year's objectives and those for the year ahead had been considered at a recent Executive Directors Group workshop; they remain consistent but recognise where work has now concluded and new priorities have arisen. The appendix of the paper sets out details of the proposed objectives, which will be submitted to the Board to comply with governance arrangements.

The Committee **noted** the revision of NHS Fife's Corporate Objectives for 2020/21.

09. LINKED COMMITTEE MINUTES AND ANNUAL REPORTS – FOR INFORMATION

09.1 Minute of the Area Partnership Forum dated 22 July 2020 (unconfirmed)

The Committee **noted** the minutes.

09.2 Minutes of the Health & Social Care Partnership Local Partnership Forum dated 9 June 2020 (confirmed) and 21 July 2020 (unconfirmed)

The Committee **noted** the minutes.

10. ISSUES/ ITEMS TO BE ESCALATED

The Chair highlighted items to be escalated:

- Issues around Appraisal/ PDPR – the importance of embedding the process and seeking staff engagement.
- Absence rates – and to take account of the COVID-related absence rate.

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

Action: MW/LD

11. ANY OTHER BUSINESS

11.1 Our Turn to Care Vouchers

C Potter explained the background to the paper, indicating that Health Boards across Scotland, with the approval of the Scottish Government, are to receive an allocation of hospitality vouchers from Gleneagles Hotel, to thank staff for their efforts over recent months. Staff from the whole health and social care community in Fife would be eligible to be randomly picked to receive a voucher. It was agreed that the communication issued would need to clearly detail what hospitality is and isn't included so that individuals could make an informed decision to participate in the voucher scheme. A short discussion followed in relation to the appropriateness of accepting 'gifts' or 'sponsorship' from companies.

The Committee agreed to **accept** the proposal and to **participate** in the scheme.

Date of Next Meeting: 30 October 2020 at 10am via MS Teams.

Integration Joint Board

INTEGRATION JOINT BOARD
(Meeting on 26 June 2020)

No issues were raised for escalation to the Board.



MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 26 JUNE 2020 AT 10.00 AM

Present	Councillor Rosemary Liewald (RL) (Chair) Christina Cooper (CC) (Vice Chair) Fife Council, Councillors – Tim Brett (TB), Dave Dempsey (DD), David Graham (DG), Fiona Grant (FG), David J Ross (DJR) and Jan Wincott (JW) NHS Fife, Non-Executive Members – Les Bisset (LB), Martin Black (MB), Eugene Clarke (EC), Margaret Wells (MW) Chris McKenna (CM), Medical Director, NHS Fife Morna Fleming (MF), Carer Representative Kenny Murphy (KM), Third Sector Representative Paul Dundas (PD), Independent Sector Representative Debbie Thompson (DT), Joint TU Secretary Simon Fevre (SF), Staff Representative NHS Fife
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Lynn Barker (LBa), Interim Associate Nurse Director Kathy Henwood (KH), Chief Social Work Officer, Fife Council Katherine Paramore (KP), Medical Representative
Attending	Dona Milne (DM), Director of Public Health Helen Hellewell (HH), Associate Medical Director, NHS Fife Norma Aitken (NA), Head of Corporate Services Wendy Anderson (WA)(Minute)

NO	HEADING	ACTION
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1	CHAIRPERSON'S WELCOME AND OPENING REMARKS	
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The Chair welcomed everyone to the second virtual Health & Social Care Partnership (H&SCP) Integration Joint Board (IJB).

The Chair advised that there has been a lot going on since we last met four weeks ago. Our staff continue to go above and beyond to deliver care services for the people of Fife, not only on a professional basis but also personally. The Chair thanked all the staff whose community spirit has been absolutely outstanding.

Recently we celebrated our volunteers, carers and dementia friendly supporters. Normally events would have been held but due to physical distancing this has not been possible, and we have been shining a light via our social media channels. We will continue to do this to show the amazing work our staff do and the integrated working with our partners.

Members were advised that a recording pen was in use during the meeting to assist with Minute taking and the media have been invited to listen to the proceedings.

NO	HEADING	ACTION
1	CHAIRPERSON'S WELCOME AND OPENING REMARKS (Cont)	
	The Chair then handed over to Nicky Connor.	
2	CHIEF OFFICERS REPORT & PROTOCOL FOR MEETING	
	Nicky Connor thanked the Chair and covered the protocol which was similar to that used during the last meeting on 29 May 2020.	
	Questions were submitted prior to the meeting and where possible these will be covered during the presentation of papers or if they are more in-depth they would be covered outwith the meeting.	
	Nicky Connor praised all Health and Social Care staff and those of our partners for all that has been achieved since the last meeting on 29 May 2020.	
	Meetings have been held in the last two weeks for members of each of the Governance Committees. Nicky invited the Chairs to give a brief overview of these meetings.	
	David Graham advised that the Finance and Performance meeting had been a full and frank discussion on the financial position and the challenges of the Covid-19 outbreak. The meeting went well and the information presented was scrutinised. Items have been agreed for forthcoming Committee meetings. Nicky Connor advised that it had been agreed that the Finance and Performance Committee would meet more regularly for the remainder of this year, this would be discussed in more detail at a future Development Session.	
	Eugene Clarke gave an update on the meeting of Audit and Risk members, which included an overview of Covid-19 and governance. They agreed that the committee should meet on the next scheduled date which is 10 July 2020. Items to be discussed at this meeting include Risks; the Governance Review and the proposal to finalise the Annual Accounts.	
	Tim Brett updated on the Clinical and Care Governance member meeting which has been helpful. Updates were given on what has been happening during the lockdown. The Care Home update received support and positive responses. Assurance had been given that wider issues eg recording incidents are continuing. Simon Fevre had given his perspective from staff side on engagement and involvement.	
3	CONFIRMATION OF ATTENDANCE AND APOLOGIES FOR ABSENCE	
	Apologies had been received from Helen Buchanan, Steve Grimmond, Carol Potter, Eleanor Haggett and Wilma Brown.	

NO	HEADING	ACTION
4	DECLARATION OF MEMBERS' INTERESTS	
	There were no declarations of interest.	
5	MINUTES OF PREVIOUS MEETING 29 MAY 2020	
	Comments has been received prior to the meeting about amendments which were to be made and then the Minute of the meeting held on 29 May 2020 was approved as accurate.	WA
6	MATTERS ARISING	
	The Action Note from the meeting held on 29 May 2020 was agreed as accurate. Some items had been removed from the Action Note and added to the Workplan to support governance and would be brought forward for future agendas.	
7	CHANGE TO ANNUAL REPORT PUBLICATION SCHEME	
	<p>The Chair introduced Nicky Connor who presented this report which outlined the timetable for the annual performance report. This report is normally presented to and considered by the Board by the end of July each year, but in line with the Coronavirus (Scotland) Act a submission extension has been agreed to September 2020. Approval is sought from the Board to change the publication timeframe.</p> <p>Questions had been asked prior to the meeting around the National Outcomes and Principles and a link has been added to this minute and the upcoming IJB Briefing to the National Health and Wellbeing Outcomes (Outcomes) and Integration Planning and Delivery Principles (Principles) for information. We will adhere to national guidance on production of this information and if this guidance changes then the IJB would change in line with it.</p> <p>Tim Brett asked if there was scope to do a more slimmed down version of the Annual Report this year, given the current situation. Nicky Connor will explore the requirements.</p> <p>The Board approved the change to the publication timeframe for this year in cognisance of the impact of the COVID-19 pandemic.</p>	
8	FINANCIAL STRATEGY	
	The Chair introduced Audrey Valente who presented this report which is the second in a series of papers coming to the Board during this year. The previous report focussed on the Mobilisation Plan, this report looks at potential pressures on the partnership during this financial year and the likely longer terms impacts.	

8	FINANCIAL STRATEGY (Cont)	
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The Table on page 16 of the papers summarised the funding options identified to date and Audrey talked through these in more detail.

The Next Steps section laid out the early actions which will be needed to reduce costs, mitigate pressures, review all areas of expenditure, control costs within budgets and continue to identify underspends. There may be impacts on future financial years. Refined data will be brought back to a future Board meeting.

Questions had been submitted before the meeting and Audrey Valente gave a commitment to answer these offline. Tim Brett asked about the total Scottish Government funding which had been made available and how this would be shared. Audrey Valente explained that in this report she had estimated the funding available at it had not yet been clarified what funding would come to Fife. The detail of this will be worked out over the summer.

The Board:-

- noted that the current situation presents a significant risk to the financial sustainability of the Health and Social Care Partnership and that continual close monitoring of the financial situation is being carried out.
- noted the initial funding options to partly manage and mitigate increased costs over the course of the year.
- agreed to instruct the HSCP to control costs within existing budgets and within existing flexibilities agreed by the Scottish Government, and where this is not possible, then agree to delegate decisions on any additional expenditure to the Chief Officer and Chief Finance Officer, who will ensure constant and continual dialogue with both Partners.

9	TEST & PROTECT	
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The Chair introduced Dona Milne, Director of Public Health to present this report. Dona advised that this is a brief overview of Test and Protect. Detailed questions which had been received on this report are being answered by the Public Health team.

A short film has been produced for use on social media to explain how Test and Protect will work and this has received positive feedback.

Contact tracing is an activity which Public Health are trained to do and carry out regularly. Test and Protect is a nationally co-ordinated, locally delivered service.

NO	HEADING	ACTION
9	TEST & PROTECT (Cont)	
	<p>Initially there were concerns about the capacity of the Public Health and Health Promotion teams to deal with this. Additional resources have come from the use of existing members of staff who have been redeployed and also staff who are shielding. The full function has been provided from home. Dona paid tribute to the eHealth service which responded quickly to get the team up and working from home.</p> <p>People should still follow Scottish Government and Public Health advice and guidance and if they have even mild symptoms should stay at home, isolate and organise a test.</p> <p>Rosemary Liewald commended Dona's staff on the work they have achieved.</p> <p>Margaret Wells asked if the Test and Protect resource was being used to its full capacity, Dona confirmed that it was not as numbers are currently relatively low due to lockdown. This means the team are able to undertake additional training and enhance their skills for use in the future.</p> <p>There are concerns about people following the advice being given as lockdown measures are eased. Local advice could be issued to help with this.</p> <p>Tim Brett asked who is monitoring and reviewing this process? Dona advised the information was subject to high level scrutiny with information being provided to Scottish Government and Public Health Scotland. There is a Fife based Programme Oversight Group which is doing their own local evaluation. They are also looking at how we can ensure all groups are reached and prioritising inequalities.</p> <p>David J Ross asked about the ability of the team to cope as services remobilise and staff return to work. There is a plan in place for the coming months and Public Health are confident they can deliver.</p> <p>The Board noted the contents of this report.</p>	
10	CARE HOME ASSURANCE	
	<p>The Chair introduced Nicky Connor who presented this report. Nicky advised that the delivery of this report would be a team effort. She began by thanking everyone involved in the care home sector in Fife, expressing her pride in the partnership working and acknowledging the work undertaken by colleagues in this sector to support staff and residents.</p> <p>This report highlights the changes that have been put in place to support care homes and the progress that is being made in line with the Scottish Government directions and enhanced professional, clinical and care oversight of care homes, the role of the Director's Group, the Care Home Oversight Group, testing and data.</p>	

NO	HEADING	ACTION
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10 CARE HOME ASSURANCE (Cont)

Dona Milne highlighted several areas in the report including the Scottish Government Testing Policy which Fife are following and this is working well. Dona expressed her thanks to all Care Home staff for their support of this policy.

Dona also highlighted the fact that 78% of Care Homes in Fife had recorded suspected cases of Covid-19, which is testament to the low threshold for testing which is in place. Any potential symptoms in staff and residents are reported and testing takes place. Currently less than 5 Care Homes in Fife have confirmed Covid-19 cases and less than 10 have suspected cases.

Kathy Henwood paid tribute to the hard work undertaken by all teams, who have worked well together and navigated through the challenges which have presented themselves. There is good evidence of what is working.

Paul Dundas appreciated the work of colleagues in Care Homes over the last 15 or 16 weeks. Significant pressures and challenges have been overcome by staff. Daily Huddles are being held to help support Care Homes and staff.

Discussion took place around the number of tests which are being undertaken, the mechanisms used to test people and the financial aspects of this which would be captured by Audrey Valente.

The Board noted the systems in place to support care homes in Fife and provide Enhanced Assurance in line with Scottish Government Direction.

11 REMOBILISATION & STAFF REFLECTIONS

The Chair introduced Nicky Connor who presented this report, which was an update to the Board on the process for remobilisation and some initial staff reflections. Nicky began by highlighting the outstanding contribution and support from staff, the staff side and trade unions as we go forward. This is a complex process which continues to grow under Government direction. The report highlights the underpinning principles of remobilisation. The model for the 5 'R's is outlined – Rest/Reflect; Review; Re-imagine; Reset; Road to Recovery.

There are some key staff feedback themes which include the opportunity to deliver care differently, create capacity across our systems, IT solutions, supporting care and community and whole system working in care pathways.

We are fully participating in NHS Fife Remobilisation and Fife Council Incident Management Teams and regular updates will be brought to the Board.

Nicky Connor gave some examples of how new ways of working had supported the Covid-19 response, these included the use of Near Me, remote working, redesigning the care pathway and the rapid establishment of the Covid Hub and Assessment Centre amongst other.

11	REMOBILISATION & STAFF REFLECTIONS (Cont)	
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Chris McKenna reiterated that remobilisation will be a complex process which will involve careful, measured steps to ensure we can still respond to any peaks or clusters going forward. We must ensure that unscheduled care is safe, effective and socially distant as well as fit for purpose. This will be a major priority going forward.

The impact of waiting times has still not been assessed but new processes are in place to ensure those in most need will still be seen and treated.

Eugene Clarke suggested that a future Development Session be used to reflect on this period, look at lessons learned and to restart the review of the Integration Scheme.

David J Ross asked about the role of patient and carers groups who should be involved and consulted as services remobilise. Chris McKenna agreed this will be a requirement going forward.

Margaret Wells asked where we were with the remobilisation documentation required by Scottish Government by the end of July 2020. Nicky Connor advised that a document had been circulated to members prior to the meeting on remobilisation of services, taking a whole system approach with Fife Council and NHS Fife to ensure we remain connected. Chris McKenna advised there are a series of submissions to be made to Scottish Government and the most recent one was published this week. Further submissions will provide enhanced Mobilisation Plans in future.

Simon Fevre gave an update on reflections from NHS staff. Return to work guidance has been published to assist staff to return to work safely. Flexibility will be required from staff and management, accommodation will be at a premium due to social distancing, childcare may still be an issue and staff may be anxious about returning to work. Staff health and wellbeing will be supported going forward.

Nicky reminded the Board that the emergency legislation is still in place. Wwe are currently following government guidance. The transformation agenda is critical to the IJB as we move forward. Clarity will be sought on this and brought to a future Development Session with a further update at the August IJB Meeting.

The Board:

- noted the process outlined to enable the safe remobilisation of services and recovery, initial staff feedback and governance mechanisms.

NO	HEADING	ACTION
11	REMOBILISATION & STAFF REFLECTIONS (Cont)	
	<ul style="list-style-type: none"> • agreed reports on the progress of remobilisation will report to the relevant governance committees and an update will be given to Integration Joint Board members in August 2020. • a Development Session will take place during late July or early August 2020, date to be confirmed. 	
12	DATE OF NEXT MEETINGS	
	INTEGRATION JOINT BOARD – Friday 28 August 2020 – 10.00 am	
	UPCOMING DEVELOPMENT SESSIONS	
	Friday 31 July 2020 – 9.30 am	
	Friday 21 August 2020 - 10.00 am	
	Friday 9 October 2020 – 9.30 am	
	Friday 27 November 2020 – 10.00 am	

Fife Partnership Board

<p>FIFE PARTNERSHIP BOARD</p> <p>(Meeting on 18th August 2020)</p>
<p>Nothing to highlight to the Board</p>

THE FIFE COUNCIL - FIFE PARTNERSHIP BOARD – VIRTUAL MEETING

18th August, 2020

10.00 am – 11.50 am

PRESENT: Councillors David Alexander (Chair), Dave Dempsey and David Ross; Steve Grimmond, Chief Executive, Fife Council; Tricia Marwick, Chair of NHS Fife Board; Nicky Connor, Director of Health & Social Care Partnership; Dona Milne, Director of Public Health, NHS Fife; Superintendent Sandy Brodie, Police Scotland; Mark Bryce, Local Senior Officer, Scottish Fire & Rescue Service; David Crawford, Senior Operations Leader, Department of Works and Pensions; Anna Herriman, SEStran; Gordon MacDougall, Head of Operations, Skills Development Scotland; Professor Brad Mackay, Vice-Principal, St. Andrews University; Elaine Morrison, Head of Partnerships East Region, Scottish Enterprise; Kenny Murphy, Chief Executive, Fife Voluntary Action; and Sue Reekie, Chief Operating Officer, Fife College.

ATTENDING: Tim Kendrick, Community Manager (Development); William Penrice, Research Team Manager, Communities and Neighbourhoods; and Diane Barnet, Committee Officer, Legal & Democratic Services.

APOLOGY FOR ABSENCE: Carol Potter, Chief Executive, NHS Fife.

This meeting was held remotely, in accordance with the powers contained in Section 43 of the Local Government in Scotland Act 2003.

84. MINUTE

The Board considered the minute of meeting of the Fife Partnership Board of 25th February, 2020.

Decision

The Board approved the minute.

85. COVID-19 PARTNER UPDATES AND DISCUSSION

The Board considered COVID-19 updates from Fife Partnership organisations including - Fife Council; NHS Fife; Police Scotland; Department of Work and Pensions; Scottish Fire and Rescue Service; SEStran; Scottish Enterprise; Fife Voluntary Action; Skills Development Scotland; and Fife Health and Social Care Partnership.

Decision

The Board:-

(1) noted the content of the individual update reports;

(2)/

- (2) acknowledged the verbal updates on each organisation's response to the pandemic; key challenges; lessons learned; and emerging and identified recovery priorities.

86. STATE OF FIFE REPORT - FIFE STRATEGIC ASSESSMENT 2020

The Board considered a report by the Executive Director, Communities presenting, as part of the current Plan for Fife review, an updated strategic assessment - State of Fife 2020 - following on from the 2017 Strategic Assessment.

Decision

The Board:-

- (1) noted the revised strategic assessment was a discussion draft; and
- (2) acknowledged that a formal consultation on the Fife Strategic Assessment 2020 would now be undertaken the response to which would inform future direction and ways of working in delivering public services across Fife post COVID-19 and informing the Fife Partnership's reform and recovery agenda going forward.

87. PLAN FOR FIFE - REFORM AND RECOVERY PROPOSALS

The Board considered a report by the Executive Director, Communities proposing a revised approach to the three-year review of the Plan for Fife building on recovery planning work across the partnership in the context of the COVID-19 pandemic.

Decision

The Board:-

- (1) endorsed the proposed approach to the three-year Plan for Fife review;
- (2) broadly endorsed the four initial reform and recovery priorities identified by Fife Council – discussions would continue on the details of their delivery, by the Fife Partnership;
- (3) agreed that the Partnership would sustain and build on the substantial community response evident within local areas during the pandemic to inform and focus Partnership work going forward;
- (4) considered that clear prioritisation was required by the existing Partnership groups, with the Fife Partnership Board being the vehicle to progress priorities going forward and to maximise joint working and ongoing community participation and involvement around agreed, focused reform and recovery priorities; and
- (5) agreed to consider a further report to this Board as priorities were progressed by the Partnership over the next several months.

88./

88. FIFE PARTNERSHIP BOARD FORWARD WORK PROGRAMME

The Board considered the Fife Partnership Board Forward Work Programme.

Decision

The Board agreed, in light of discussion around the 'Plan for Fife - Reform and Recovery Proposals' report above, that the Forward Work Programme was amended to include progress reports to future meetings of this Board in terms of reform and recovery priorities.

89. DATE OF NEXT MEETING

Decision

The next Board meeting scheduled for 17th November, 2020 at 10.00 am would be held by virtual means, as necessary, subject to Government advice on COVID-19.

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

MARTIN BLACK

Chair

Present:

Mr M Black, Chair

Cllr D Graham, Non Executive Member

Ms J Owens, Non Executive Member

Ms S Braiden, Non Executive Member

Ms K Miller, Non Executive Member

In Attendance:

Mrs C Potter, Chief Executive

Mrs M McGurk, Director of Finance

Mr T Gaskin, Chief Internal Auditor

Mr B Hudson, Regional Audit Manager

Dr G MacIntosh, Head of Corporate Governance & Board Secretary

Ms P Fraser, Audit Scotland

Mrs P Cumming, Risk Manager (for Helen Buchanan)

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

1. Welcome / Apologies for Absence

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

2. Declaration of Members' Interests

There were no declarations of interest made by members.

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

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

4. Action List

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

5. MATTERS ARISING

5.1. Revised Committee Workplan 2020-21

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

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

5.2. Internal Audit Governance Checklist Update

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

6. GOVERNANCE – INTERNAL AUDIT

6.1. Internal Audit Progress & Summary Report

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

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

Appendix A provided detail of the work undertaken, including:

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

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

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

6.2 Internal Audit Report – B13/20 Risk Management Framework

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

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

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

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

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

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

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

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

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

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

6.4 Internal Audit – Follow-Up Report

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

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

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

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

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

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

6.5 Draft Internal Audit Operational Plan 2020/2021

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

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

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

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

7. GOVERNANCE – EXTERNAL AUDIT

7.1. NHS Fife Interim Management Report 2019/20

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

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

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

PECOS and ledger access controls (2018/19)

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

Changes to supplier details (2017/18)

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

Changes to the payroll

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

Authorisation of journals

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

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

Finance Team Capacity

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

Financial management and financial sustainability

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

Governance and Transparency

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

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

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

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

7.2. NHS Fife – Audit Timescales 2019/20

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

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

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

7.3. Audit Planning Memorandum - Endowment Funds

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

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

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

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

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

7.4. Audit Planning Memorandum - Patients Private Funds

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

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

8. RISK

8.1. Board Assurance Framework

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

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

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

8.2. Risk Management Policy & Framework Update

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

9. ISSUES TO BE HIGHLIGHTED

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

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

10. ANY OTHER BUSINESS

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

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

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

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

Present:

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

In Attendance:

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

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

1. Apologies for Absence

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

2. Declaration of Members' Interests

There were no declarations of interest made by members.

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

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

4. Action List

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

5. MATTERS ARISING

5.1 Community C. Diff Report

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

5.2 eHealth Governance Review Update

Lesly Donovan joined the meeting for consideration of this item.

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

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

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

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

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

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

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

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

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

Action: CP, RL, LB, CMcK, SF

5.3 Update on Review of Fife Integration Scheme

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

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

These are:

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

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

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

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

The Committee noted the update.

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

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

6 COVID-19 UPDATE

6.1 Testing

Esther Curnock joined the meeting for consideration of this item.

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

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

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

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

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

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

The Committee noted the contents of the paper for awareness.

6.2 Care Homes

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

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

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

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

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

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

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

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

6.3 Lessons Learned: Covid-19 hospital onset

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

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

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

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

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

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

The Committee noted the report.

7 REMOBILISATION OF CLINICAL SERVICES PLAN

7.1 Remobilisation Plan

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

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

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

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

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

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

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

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

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

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

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

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

7.2 Update from Integrated Transformation Board

Covered by Carol Potter under Section 7.1.

7.3 Clinical Strategy Update

Subsumed in the discussions around transformation above.

8 QUALITY, PLANNING AND PERFORMANCE

8.1 Integrated Performance & Quality Report

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

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

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

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

The Committee noted the report.

8.2 Annual Operational Plan Update

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

8.3 Winter Plan 2020-21

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

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

Action: Susan Fraser

8.4 HAIRT Report

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

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

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

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

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

8.5 Joint Health Protection Plan 2020-22

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

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

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

9 GOVERNANCE

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

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

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

Risk 1652 - Lack of Medical Capacity in Community Paediatric Service

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

Risk 1670 - Temperature within fluid storage room within critical care

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

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

The Committee approved the ranking of the risks.

9.2 Board Assurance Framework – Strategic Planning

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

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

9.3 Board Assurance Framework – eHealth

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

The Committee approved the ranking of the risks.

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

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

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

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

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

Action: Gillian MacIntosh

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

Action: Gillian MacIntosh

The Statements from the Sub Committees / Groups were noted.

9.5 Clinical Governance Committee Annual Statement of Assurance

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

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

Action: All

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

9.6 Internal Audit Governance Checklist

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

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

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

9.7 Committee Annual Workplan

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

The Committee approved the revised Workplan.

10 INTERNAL AUDIT REPORTS – FOR NOTING

10.1 Audit Report B19/20 - Adverse Events Management

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

The Committee noted the findings of the report.

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

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

Action: Susan Fraser

The Committee noted the findings of the report.

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

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

11 LINKED COMMITTEE MINUTES AND ANNUAL REPORTS – FOR INFORMATION

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

11.1 Update on linked Committees

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

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

11.4 Infection Control Committee 09/06/20)

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

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

12 ANNUAL REPORTS

12.1 Update on Annual Reports reporting in May and June

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

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

12.2 Clinical Advisory Panel Annual Report

The Committee noted the report.

13 Issues / Items to be Escalated

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

- Testing
- Remobilisation Planning

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

14 Any Other Business

There was no other competent business.

15 Date of Next Meeting

Monday 7 September 2020 at 2pm via MS Teams

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

Rona Laing
Chair

Present:

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

In Attendance:

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

1. Apologies for Absence

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

2. Declaration of Members' Interests

There were no declarations of interest made by members.

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

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

4. Action List

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

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

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

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

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

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

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

5. GOVERNANCE

5.1. Board Assurance Framework – Financial Sustainability

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

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

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

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

5.2. Board Assurance Framework – Strategic Planning

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

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

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

5.3. Board Assurance Framework – Environmental Sustainability

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

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

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

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

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

Action: G MacIntosh

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

5.5. Internal Audit Governance Checklist

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

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

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

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

5.6. Revised Committee Annual Workplan

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

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

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

6. PLANNING

6.1. Orthopaedic Elective Project

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

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

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

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

7. PERFORMANCE

7.1. Integrated Performance and Quality Report

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

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

An update on the current position was provided to the Committee to highlight some areas of challenge. It was advised that in the Annual Operational Plan the original trajectory for TTG waits for July was 265 patients waiting over 12 weeks. Currently, however, there are just over 3,000 patients waiting for surgery. For Outpatients, the trajectory figure was 140 patients waiting over 12 weeks; currently, there are 8,000. There is an increasing challenge and the teams are currently working to see what number of patients can be supported moving forward, with consideration being given to service redesign and how best services can

remobilise. It should be emphasised that this position is no different to other boards nationally, but NHS Fife did have a more positive starting position.

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

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

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

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

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

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

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

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

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

8. ITEMS FOR NOTING

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

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

8.2. Internal Audit Report B25/19 - Financial Management

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

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

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

9. ISSUES TO BE HIGHLIGHTED

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

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

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

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

Margaret Wells
Chair

Present:

Margaret Wells, Non-Executive Director (Chair)

Wilma Brown, Employee Director

Helen Buchanan, Director of Nursing

Christina Cooper, Non-Executive Director

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

Katy Miller, Non-Executive Director
Whistleblowing Champion

Alistair Morris, Non-Executive Director

Carol Potter, Chief Executive

Andy Verrecchia, Co-Chair, Acute Local
Partnership Forum

In Attendance:

Bruce Anderson, Head of Staff Governance

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

Jim Crichton, Interim Project Management Director

Linda Douglas, Director of Workforce

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

Andy Mackay, Deputy Chief Operating Officer

Gillian MacIntosh, Head of Corporate Governance & Board Secretary

Rhona Waugh, Head of Human Resources

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

1. Apologies for Absence

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

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

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

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

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

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

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

4. Action List

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

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

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

Action: LD

5. Matters Arising

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

6. COVID-19 UPDATE

6.1. Workplace and Workforce

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Committee **noted** the report.

Action: LD

7. MOBILISING OUR WORKFORCE

7.1. Workforce Strategy Update

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

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

8. QUALITY, PLANNING & PERFORMANCE – COVID-19

8.1. Integrated Performance & Quality Report

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

The Committee **noted** the IPQR report.

8.2. Recruitment Update

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

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

The Committee **noted** the report.

8.3. Staff Wellbeing Update

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

The Committee **noted** the report.

9. Governance

9.1. Board Assurance Framework - Workforce Sustainability

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

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

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

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

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

9.3. Staff Governance Committee Revised Annual Workplan

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

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

9.4. Internal Audit Governance Checklist

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

Margaret Wells advised that the report was very helpful.

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

10. INTERNAL AUDIT REPORTS – FOR NOTING

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

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

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

11. INTERNAL AUDIT REPORTS – FOR NOTING

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

The Committee **noted** the minute.

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

The Committee **noted** the minute.

12. ISSUES / ITEMS TO BE ESCALATED

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

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

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

Action: MW/LD

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



Fife Integrated Performance & Quality Report

Produced in July 2020



Introduction

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

The IPQR comprises of the following sections:

I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Assessment

II. Performance Assessment Reports

- a. Clinical Governance
- b. Finance, Performance & Resources
 - Operational Performance
 - Finance
- c. Staff Governance

Section II provides further detail for indicators of continual focus or those that are currently underperforming. Each 'drill-down' contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions.

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

I. Executive Summary

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

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

An alternative source for Improvement Actions in the 2020/21 IPQR, specifically for performance areas relating to Waiting Times, is the Joint Mobilisation Plan (JMP) for Fife. This has been produced at the request of the Scottish Government in order to describe the steps being taken by the Health Board and Health & Social Care Partnership to recover services which were 'paused' from the start of the COVID-19 lockdown. This issue of the IPQR includes the initial proposals for these actions.

Improvement Actions carry a '20' or '21' prefix, to identify those continuing from 2019/20 and those identified as new for this FY. They are shaded in **BLUE if they are assessed as being complete or no longer relevant.**

No Performance Improvement Trajectories are included in the run charts at this stage.

As part of the JMP, a spreadsheet showing projected activity across critical services has been created by Scottish Government and will be a 'living document' as we go forward. The latest version of this is shown in Appendix 1.

a. LDP Standards & Key Performance Indicators

The current performance status of the 28 indicators within this report is 11 (39%) classified as **GREEN**, 4 (14%) **AMBER** and 13 (47%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

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

- ECB infection rate bettering the improvement trajectory for the first time, for the 3-month period ending May
- FOI closure rate being above local target for the first time, for the 3-month period ending May
- Further reduction in % Bed Days Lost due to patients in delay, to now be less than the 5% local target
- Smoking Cessation – achieving over 95% of successful quits target after 11 months of the year

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 9 (31%) within upper quartile, 15 (52%) in mid-range and 5 (17%) in lower quartile.

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

Indicator Summary



Section	LDP Standard	Standard	Target 2020/21	Reporting Period	Year Previous		Previous		Current			Reporting Period	Fife		Scotland
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A	Month	May-19	60	Apr-20	25	May-20	22	↑	N/A			
	N/A	HSMR	N/A	Year Ending	Dec-18	N/A	Sep-19	1.02	Dec-19	1.02	↔	YE Dec-19	1.02	●	1.00
	N/A	Inpatient Falls	5.97	Month	May-19	6.90	Apr-20	7.77	May-20	7.51	↑	N/A			
	N/A	Inpatient Falls with Harm	2.16	Month	May-19	1.26	Apr-20	1.73	May-20	1.62	↑	N/A			
	N/A	Pressure Ulcers	0.42	Month	May-19	0.55	Apr-20	1.02	May-20	0.83	↑	N/A			
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Dec-18	1.7%	Sep-19	2.5%	Dec-19	2.3%	↑	QE Dec-19	2.3%	●	0.9%
	N/A	SAB - HAI/HCAI	19.5	Quarter Ending	May-19	14.4	Apr-20	10.6	May-20	9.0	↑	YE Mar-20	13.1	●	16.4
	N/A	SAB - Community	N/A	Quarter Ending	May-19	11.7	Apr-20	13.1	May-20	15.9	↓	YE Mar-20	9.1	●	9.4
	N/A	C Diff - HAI/HCAI	6.7	Quarter Ending	May-19	6.6	Apr-20	9.3	May-20	10.5	↓	YE Mar-20	9.2	●	13.6
	N/A	C Diff - Community	N/A	Quarter Ending	May-19	4.3	Apr-20	2.2	May-20	1.1	↑	YE Mar-20	2.9	●	4.6
	N/A	ECB - HAI/HCAI	36.6	Quarter Ending	May-19	49.7	Apr-20	43.9	May-20	34.4	↑	YE Mar-20	45.3	●	39.1
	N/A	ECB - Community	N/A	Quarter Ending	May-19	36.2	Apr-20	26.1	May-20	30.8	↓	YE Mar-20	36.9	●	42.0
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	May-19	75.4%	Apr-20	68.0%	May-20	71.3%	↑	2018/19	70.7%	●	81.5%
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	May-19	48.0%	Apr-20	23.8%	May-20	18.3%	↓	2018/19	49.1%	●	53.7%
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	May-19	100.0%	Apr-20	N/A	May-20	N/A	↔	N/A			
	95%	4-Hour Emergency Access		Month	May-19	94.5%	Apr-20	96.8%	May-20	96.5%	↓	May-20	96.5%	●	95.7%
	100%	Patient TTG (Ongoing Waits)		Month	May-19	90.4%	Apr-20	57.3%	May-20	26.8%	↓	Mar-20	83.2%	●	64.4%
	95%	New Outpatients Waiting Times		Month	May-19	96.4%	Apr-20	74.8%	May-20	40.9%	↓	Mar-20	95.2%	●	74.9%
	100%	Diagnostics Waiting Times		Month	May-19	99.5%	Apr-20	46.3%	May-20	31.1%	↓	Mar-20	97.9%	●	75.8%
	95%	Cancer 31-Day DTT		Month	May-19	93.3%	Apr-20	94.5%	May-20	97.6%	↑	QE Mar-20	95.7%	●	96.1%
	95%	Cancer 62-Day RTT		Month	May-19	86.6%	Apr-20	67.5%	May-20	90.2%	↑	QE Mar-20	83.5%	●	84.7%
	90%	18 Weeks RTT		Month	May-19	82.6%	Apr-20	90.1%	May-20	86.5%	↓	Dec-19	82.0%	●	78.9%
	29%	Detect Cancer Early	27%	Year Ending	Sep-18	26.9%	Jun-19	25.2%	Sep-19	24.8%	↓	2017, 2018	25.1%	●	25.5%
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	May-19		Apr-20	5.6%	May-20	4.1%	↑	QE Dec-19	7.2%	●	7.1%
	N/A	Delayed Discharge (# Standard Delays)	N/A	Month	May-19	73	Apr-20	24	May-20	24	↑	May-20	6.16	●	9.12
	80%	Antenatal Access	80%	Month	Sep-18	91.3%	Aug-19	86.6%	Sep-19	80.0%	↓	2018/19	91.3%	●	87.6%
	473	Smoking Cessation	473	YTD	Feb-19	87.8%	Jan-20	92.6%	Feb-20	95.4%	↑	YT Dec-19	87.9%	●	89.4%
	90%	CAMHS Waiting Times		Month	May-19	66.7%	Apr-20	67.0%	May-20	74.2%	↑	QE Mar-20	76.0%	●	65.1%
	90%	Psychological Therapies Waiting Times		Month	May-19	66.2%	Apr-20	62.0%	May-20	79.2%	↑	QE Mar-20	70.1%	●	77.6%
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	66.1%	Dec-19	75.7%	Mar-20	79.2%	↑	YT Dec-19	51.8%	●	83.7%
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Mar-19	95.1%	Feb-20	96.1%	Mar-20	93.7%	↓	QE Mar-20	92.1%	●	94.7%
	N/A	Dementia Post-Diagnostic Support		Annual	2016/17	87.3%	2017/18	86.8%	2018/19	92.1%	↑	2017/18	86.8%	●	72.5%
	N/A	Dementia Referrals		Annual	2016/17	60.0%	2017/18	55.3%	2018/19	60.6%	↑	2017/18	55.3%	●	42.3%
N/A	Freedom of Information Requests	85%	Quarter Ending	May-19	66.2%	Apr-20	80.3%	May-20	88.1%	↑	N/A				
Finance	N/A	Revenue Expenditure	£0	Month	Jun-19	N/A	May-20	+£2.839m	Jun-20	+£5.064m	↓	N/A			
	N/A	Capital Expenditure	£7.394m	Month	Jun-19	N/A	May-20	£1.280m	Jun-20	£1.713m	↑	N/A			
Staff Governance	4.00%	Sickness Absence		Month	May-19	5.66%	Apr-20	4.95%	May-20	4.64%	↑	YE Mar-20	5.49%	●	5.31%

d. Assessment

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

Clinical Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
HSMR	1.00	N/A	N/A	YE Dec-19	1.02	YE Dec-19	●
The annual HSMR for NHS Fife was unchanged during the final quarter of 2019, and remained slightly above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.							
Inpatient Falls (with Harm)	2.16	May-20	2.16	May-20	1.62	N/A	N/A
Reduce falls with harm by 20% by December 2020							
The changes in service delivery due to the COVID-19 pandemic have changed clinical area function and this has been dynamic in response to the need for green and red capacity. This includes a change in numbers of patients in ward areas and the use of PPE and social distancing, all of which have had an impact on the way that staff deliver care. Moving forward we will need to continue to review our approaches to continue to reduce falls with harm.							
Pressure Ulcers	0.42	Never Met	0.42	May-20	0.83	N/A	N/A
50% reduction by December 2020							
Assessing the impact of COVID-19 on performance is difficult as our response has changed the clinical area function and pathway, and this has led to a dynamic response to the need for green and red capacity. A brief deep dive exercise of data to date has is being undertaken to identified wards (HSCP) who reported pressure incidents during the pandemic to learn the reasons behind them.							
Caesarean Section SSI	N/A	QE Dec-19	2.5%	QE Dec-19	2.3%	QE Dec-19	●
We will reduce the % of post-operation surgical site infections to 2.5%							
In response to the COVID-19 pandemic and the resultant increased demand on IPCTs, the CNO issued a letter on 25th March stating that there would be a temporary pause on all Surgical Site Infection surveillance. This remains the case until further notice.							
SAB (MRSA/MSSA)	18.8	QE May-20	19.5	QE May-20	9.0	YE Mar-20	●
We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022							
Infection control surveillance has continued throughout the COVID-19 pandemic. The number of infections has fallen (as might have been expected with a much-reduced bed occupancy rate throughout the Acute and Community hospitals).							
C Diff	6.5	QE Jun-19	6.7	QE May-20	10.5	YE Mar-20	●
We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022							
Infection control surveillance has continued throughout the COVID-19 pandemic. Despite a much-reduced bed occupancy rate throughout the Acute and Community hospitals), the C Diff infection rate has remained fairly static, although infection numbers are low.							
ECB	33.0	QE May-20	36.6	QE May-20	34.4	YE Mar-20	●
We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022							
Infection control surveillance has continued throughout the COVID-19 pandemic. Prior to this, an Exception Report was received from HPS in relation to the number of ECB in the final quarter of 2019. The number of infections has fallen (as might have been expected with a much-reduced bed occupancy rate throughout the Acute and Community hospitals).							
Complaints - Stage 2	N/A	Never Met	65%	QE May-20	18.3%	FY 2018/19	●
At least 75% of Stage 2 complaints are completed within 20 working days							
During the early onset of COVID-19, Patient Relations were advised that the clinical team's priority was focused on the pandemic and that responding to complaints would not be high priority. While the clinical services aimed to respond, there have been significant delays and a reduced complaint workload. Responding to complaints in line with the timescales of the National Complaint Handling Procedure has therefore suffered.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
4-Hour Emergency Access 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	May-20	TBC	May-20	96.5%	May-20	●
Performance against the 4-Hour Emergency Access Standard has improved during the COVID-19 pandemic as a result of the significant reduction in presentations at ED. This, combined with the impact of the Urgent Care Centres, has reduced admission numbers and breaches for bed waits have become rare.							
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	TBC	May-20	26.8%	QE Mar-20	●
Performance has been hugely affected during the COVID-19 pandemic, as a result of all non-urgent elective work being paused. The drop in referrals has meant the overall waiting list has remained stable, but the number of patients already waiting more than 12 weeks for treatment has increased by a factor of 5 since March, and recovery to the pre-pandemic position will be a lengthy process.							
New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	TBC	May-20	40.9%	Mar-20	●
In response to COVID-19, Outpatient services in Fife were suspended week beginning 23rd March, with a limited service available for urgent and urgent suspicion of cancer outpatients only. Whilst the number of patients on list waiting to be seen has remained stable due to reduced referrals, the number of patients waiting over 12 weeks to be seen has increased significantly.							
Diagnostics 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)	100%	Apr-16	TBC	May-20	31.1%	Mar-20	●
The pausing of non-urgent services from late March due to COVID-19 has resulted in a significant fall in the % of patients waiting no more than 6 weeks for a diagnostics test. While the overall waiting list has remained stable due to a similar fall in referrals, the number of patients waiting more than 6 weeks (particularly for Imaging) has increased to over half of the overall figure.							
Cancer 62-Day RTT 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	TBC	May-20	90.2%	QE Mar-20	●
NHS Fife's response to COVID-19 ensured that cancer services were prioritised and maintained, although public anxiety early on in the pandemic resulted in patients choosing not to attend appointments. A full diagnostic radiology service has been maintained for urgent suspicion of cancer patients, and private sector surgical capacity has been utilised for breast, ENT and urology patients. Nevertheless, performance has fallen significantly during the period.							
FOI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	QE May-20	85%	QE May-20	88.1%	N/A	N/A
Due to the COVID-19 pandemic, any FOI requests closed between 7th April and 26th May, inclusive, have been subject to a 60-day closure allowance rather than the normal 20 days. The Information Governance & Security Team, who now manage all NHS Fife FOI requests as well as co-ordinating efforts with the Health & Social Care Partnership, have largely been able to improve closure performance during this period.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	May-20	5%	May-20	4.1%	QE Dec-19	●
Bed days lost due to patients in delay has reduced significantly during the COVID-19 pandemic, a natural result of the actual number of delayed patients reducing by half. The challenge will be to maintain this as normal working resumes.							
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT Feb-20	95.4%	YT Dec-19	●
Smoking Cessation activities have been impacted by the COVID-19 pandemic as we are unable to conduct face to face support within GP practices and hospital clinics or use the mobile unit to reach our most vulnerable communities. Changes to the service model have been introduced to address the various challenges. The specialist service has agreed to support the pharmacy stop smoking service by undertaking the outstanding follow-ups due now and for the foreseeable future. Whilst the number of clients has reduced, there is increased workload associated with arranging extended supplies of medication for clients and alternative collection and delivery options through community pharmacy. Advisors also describe long conversations with clients facing difficult personal circumstances at this time.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	TBC	May-20	74.2%	QE Mar-20	
Perfromance has not been hugely affected so far due to the COVID-19 pandemic, with a drop-off in referrals and continuing work in improved signposting by Primary Mental Health Workers resulting in a fall in waiting times. However, plans for group work will have to be reviwed to reflect new social distancing rules, and the underlying challenge of meeting demand with available capacity remains.							
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	TBC	May-20	79.2%	QE Mar-20	
While performance has not been hugely affected so far due to the COVID-19 pandemic, there has been a drop-off in referrals which is very likely to be reversed during the next few months, above current capacity. In addition, the inability to hold group sessions due to social distancing restrictions will impact on treatment plans.							

Finance, Performance & Resources Finance		Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
Revenue Expenditure		Breakeven	N/A	Breakeven	Jun-20	+ £5.064m	N/A	N/A
Work within the revenue resource limits set by the SG Health & Social Care Directorates								
Following the unprecedented challenges created by the outbreak of the Covid-19 pandemic and the resultant public health emergency, our financial reporting has been expanded to encompass: our 'business as usual' or core position; and Covid-19 additional costs. The additional Covid-19 spend has been assessed net of offsetting cost reductions (health costs that have reduced as a result of Covid-19 response). In parallel an assessment has been made re potential savings generated to ensure a continued effort to meet our efficiency savings requirements; albeit we have signposted to SG a level of expected underachievement of savings for the 2020/21 financial year as part of our Local Mobilisation Financial Template process.								
Planning work has commenced on the journey of remobilisation, recovery and redesign. Plans will be developed and informed by the clinical prioritisation of services and national guidance and policy frameworks. This will include an assessment of financial implications with a particular focus on understanding genuine net additional costs and identifying scope for offsetting savings. These spend projections will be subject to internal and external ongoing review and scrutiny.								
Capital Expenditure		£7.394m	N/A	£7.394m	Jun-20	£1.713m	N/A	N/A
Work within the capital resource limits set by the SG Health & Social Care Directorates								
The total anticipated Capital Resource Limit for 2020/21 is £7.394m. The capital position for the 3 months to June shows investment of £1.713m. equivalent to 23.17% of the total allocation.								

Staff Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	TBC	May-20	4.64%	YE Mar-20	
Sickness absence levels have fallen in the first two months of the COVID-19 pandemic. It is difficult to draw any firm conclusions around this due to the way that pandemic-related absence (either due to having the infection or requiring to self-isolate) is being handled, and the situation will be monitored as we return to 'normal' and restart various Attendance Management activities.							

II. Performance Exception Reports

Clinical Governance

Adverse Events	10
HSMR	11
Inpatient Falls (With Harm)	12
Pressure Ulcers	13
Caesarean Section SSI	14
SAB (HAI/HCAI)	15
C Diff (HAI/HCAI)	16
ECB (HAI/HCAI)	17
Complaints (Stage 2)	18

Finance, Performance & Resources – Operational Performance

4-Hour Emergency Access	19
Patient Treatment Time Guarantee (TTG)	20
New Outpatients	21
Diagnostics	22
Cancer 62-day Referral to Treatment	23
Freedom of Information (FOI) Requests	24
Delayed Discharges	25
Smoking Cessation	26
CAMHS 18 Weeks Referral to Treatment	27
Psychological Therapies 18 Weeks Referral to Treatment	28

Finance, Performance & Resources – Finance

Revenue Expenditure	29
Capital Expenditure	39

Staff Governance

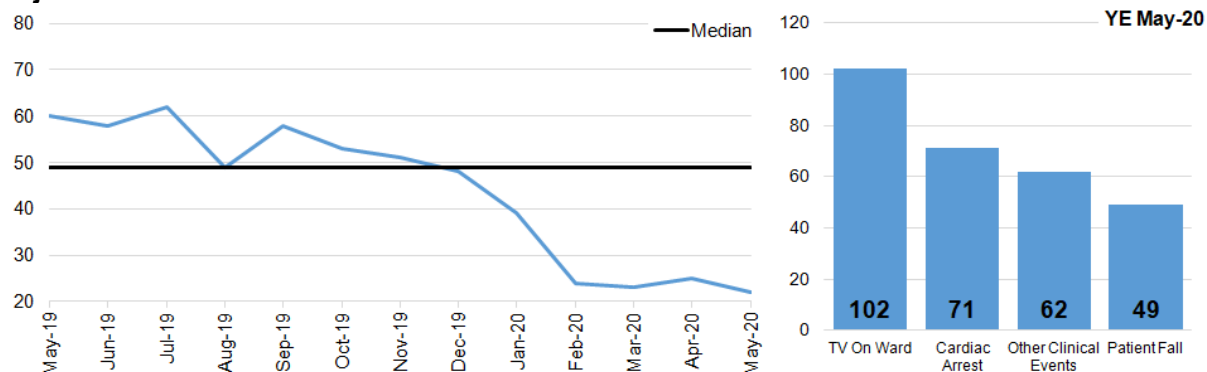
Sickness Absence	43
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Clinical Governance

Adverse Events

*An event that could have caused (a near miss), or did result in, harm to people or groups of people.
Harm is defined as an outcome with negative effect.*

Major and Extreme Adverse Events



All Adverse Events

	Month	2019/20												20/21	
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
ALL	NHS Fife	1292	1241	1406	1295	1247	1354	1356	1388	1395	1305	1109	886	1047	
	Acute Services	594	564	563	571	531	658	575	585	616	635	467	370	464	
	HSCP	626	630	800	668	670	646	732	766	743	619	618	483	550	
	Corporate	72	47	43	56	46	50	49	37	36	51	24	33	33	
CLINICAL	NHS Fife	935	832	915	831	813	938	888	929	909	921	788	605	710	
	Acute Services	551	514	520	515	485	592	534	527	556	573	435	341	423	
	HSCP	347	298	380	284	310	320	336	391	335	329	338	246	272	
	Corporate	37	20	15	32	18	26	18	11	18	19	15	18	15	

Clinical Governance

HSMR

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

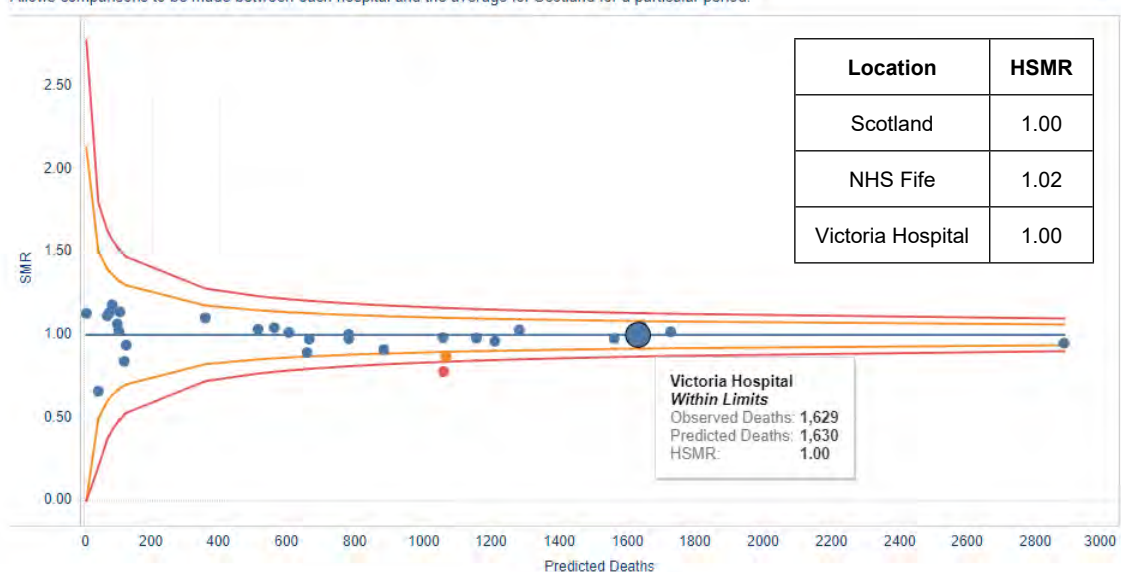
Reporting Period; January 2019 to December 2019^p

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

The rates for Scotland, NHS Fife (as a whole) and Victoria Hospital as an entity in itself are shown in the table within the Funnel Plot.

Funnel Plot by Hospital: January 2019 to December 2019

Allows comparisons to be made between each hospital and the average for Scotland for a particular period.



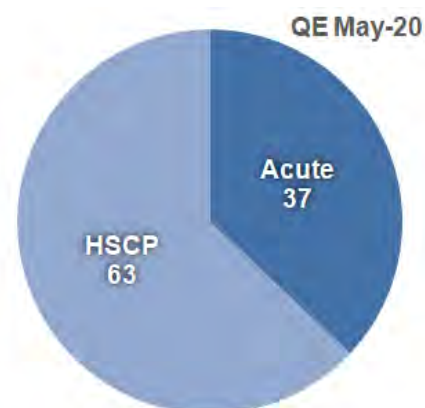
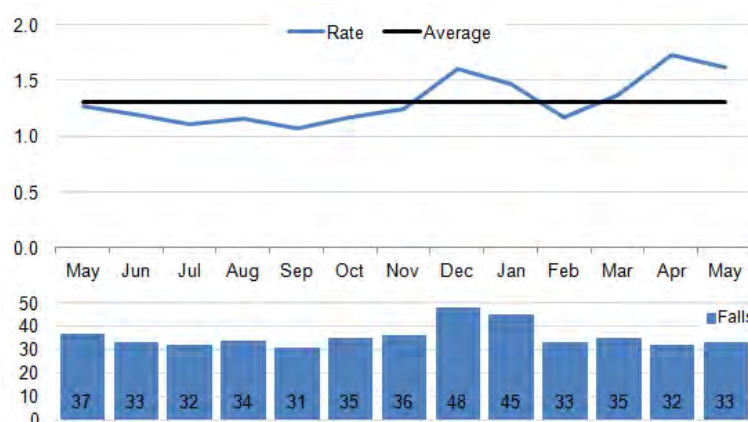
Clinical Governance

Inpatient Falls with Harm

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

Improvement Target rate (by end December 2020) = **2.16 per 1,000 OBD**

Local Performance



Service Performance

	Month	2019/20												20/21	
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
WITH HARM	NHS Fife	1.26	1.19	1.10	1.16	1.08	1.17	1.24	1.61	1.47	1.16	1.37	1.73	1.62	
	Acute Services	0.67	1.33	0.61	0.89	0.98	0.81	1.08	1.03	0.99	0.84	1.26	1.93	1.21	
	HSCP	1.77	1.07	1.51	1.38	1.16	1.48	1.37	2.10	1.89	1.44	1.44	1.61	1.95	

Key Challenges in 2020/21

The changes in service delivery due to the COVID-19 pandemic have changed clinical area function and this has been dynamic in response to the need for green and red capacity. This includes a change in numbers of patients in ward areas and the use of PPE and social distancing, all of which have had an impact on the way that staff deliver care. Moving forward we will need to continue to review our approaches to continue to reduce falls with harm.

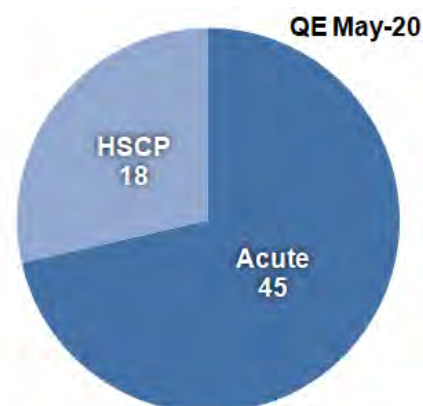
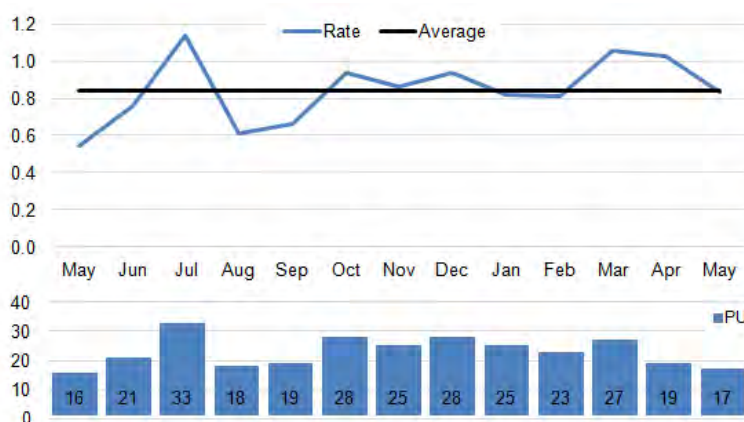
Improvement Actions	Update
20.3 Falls Audit By TBC	The audit was completed over a 5 week period, focused on 5 acute wards and showed that falls intervention reviews are poorly completed. Improvement is anticipated following the launch of the revised toolkit, and a further compliance audit (originally planned for February/March 2020) will be rescheduled later in 2020 with local work continuing to improve practice.
20.5 Improve effectiveness of Falls Champion Network By TBC	The Falls Champions Network was anticipated as a regular face to face session to support champions. Challenges in maintaining the network were being explored with some discussion regarding a Fife wide more virtual approach using technology. This discussion will be recommenced in the coming weeks with plans around developing an information/training pack to support development, shared learning and consistency. This will also consider information boards within the wards and falls related information.
21.1 Refresh of Plans By TBC	Next meeting planned for 12 th August with a view to refreshing the group workplan at that time for the coming year.

Clinical Governance

Pressure Ulcers

Achieve 50% reduction in pressure ulcers (grades 2 to 4) developed in a healthcare setting
Improvement Target rate (by end December 2020) = **0.42 per 1,000 Occupied Bed Days**

Local Performance



Service Performance

Month	2019/20												2020/21	
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
NHS Fife	0.55	0.76	1.14	0.61	0.66	0.94	0.86	0.94	0.82	0.81	1.06	1.02	0.83	
Acute Services	0.89	1.25	2.15	1.27	0.98	1.39	1.62	1.40	1.20	1.23	1.94	2.08	1.21	
HSCP	0.25	0.33	0.31	0.06	0.39	0.55	0.25	0.56	0.49	0.46	0.46	0.42	0.53	

Key Challenges in 2020/21

Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance

Improvement Actions	Update
20.4 Improve consistency of reporting	
20.5 Review TV Champion Network Effectiveness By Sep-20	Regular sessions to support the already existing TV Champions Network is challenging due to clinical commitment. We need to consider how best to support the champions to deliver their role effectively. We are utilising the Teams IT system to reach all TV champions.
20.6 Reduce PU development By Oct-20	Redesign of the Quality Improvement Model to support the clinical teams to reduce harm, led by a HoN from the HSCP and ASD. To provide senior leadership support in practice.
21.1 Improve reporting of PU By Oct-20	First initial TV Steering meeting held on 2 nd June to re-ignite the TV work stream, with next meeting scheduled for 8 th July. We are annotating the TV Report Charts to reflected the COVID 19 pandemic to better understand the reasons behind the data and support improvement measures. A "Deep Dive" exercise is being undertaken into identified wards (HSCP) who reported pressure incidents during the pandemic to learn the reasons behind them

Clinical Governance

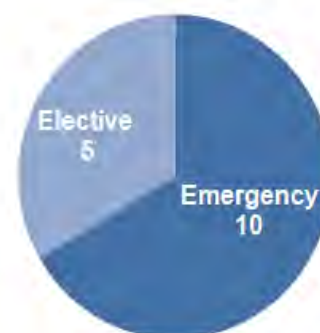
Caesarean Section SSI

To reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 to **2.5%** by March 2021

Local Performance



QE Dec-19



Service Performance

Quarter Ending	2017/18				2018/19				2019/20			
	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20
NHS Fife	3.0%	4.5%	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%	
Scotland	1.2%	1.3%	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%	

Key Challenges in 2020/21

NHS Fife SSI Caesarean Section incidence still remains higher than the Scottish incidence rate (no data for 2020 available at this stage)

Improvement Actions	Update
20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan <i>By Oct-20</i>	<p>The most recent scheduled SSI Implementation Group meetings (for April and May 2020) were cancelled due to the pandemic. The next meeting is due to take place on 2nd July, via Microsoft Teams.</p> <p>The new case ascertainment methodology was adopted from October 2019. Following the recommencement of SSI surveillance, the new methodology will continue to be applied and assessed for its effectiveness.</p>
20.2 Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	

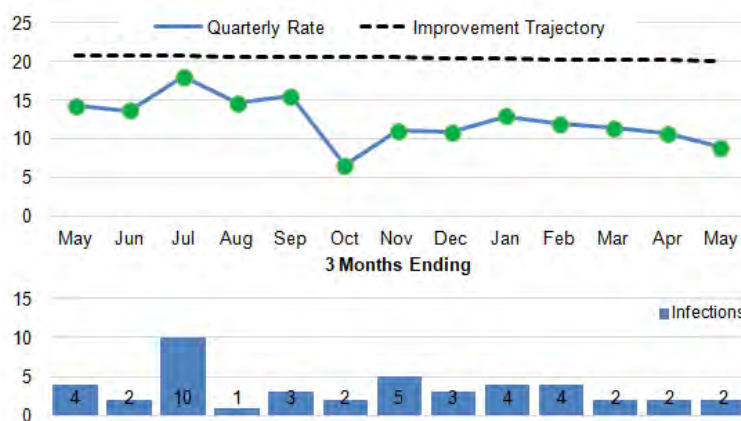
Clinical Governance

SAB (HAI/HCAI)

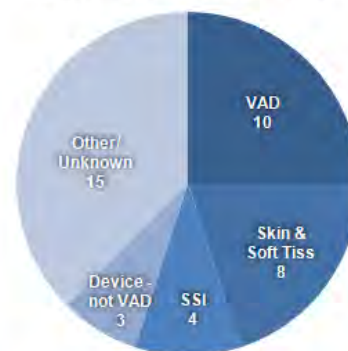
Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Note: This equates to reducing the NHS Fife rate from 20.9 to 18.8 (per 100,000 TOBD) over 3 years, or to 20.2 by March 2020, 19.5 by March 2021 and 18.8 by March 2022

Local Performance



Infection Source: YE May-20



National Benchmarking | Year Ending

Year Ending		2018/19			2019/20			
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	20.7	22.1	20.9	17.6	15.2	13.5	13.1
Scotland		17.4	17.6	16.8	16.7	16.9	16.2	16.4

Key Challenges in 2020/21

Achieving a 10% reduction of healthcare-associated SAB by March 2022

Improvement Actions	Update
20.1 Reduce the number of SAB in PWIDs <i>By Mar-21</i>	The Infection Prevention Control Team continue to support the Addiction Services with the SAB improvement project. This has been on hold by the Addictions management team until they have prioritised their ongoing working projects, however future meetings are currently being organised. A SOP for accessing antibiotics for patients identified with SSTI by Addiction Services is out for consultation with GPs.
20.2 Ongoing surveillance of all VAD-related infections <i>By Mar-21</i>	Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement. This has continued throughout the pandemic.
20.3 Ongoing surveillance of all CAUTI <i>By Mar-21</i>	Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) are taking place, to identify key issues and take appropriate corrective actions The group last met on 25 th February. The meeting on 24 th April was postponed due to the pandemic but is to meet again on 19 th June.
20.4 Optimise comms with all clinical teams in ASD & the HSCP <i>By Mar-21</i>	Monthly anonymised reporting with Microbiology comments to gain better understanding of disease process and those most at risk. This allows local resources to be focused on high risk groups/areas and improve patient outcomes. Ward Dashboard continuously updated, for clinical staff to access at ward level and also to be displayed for public assurance. This has all continued throughout the pandemic.

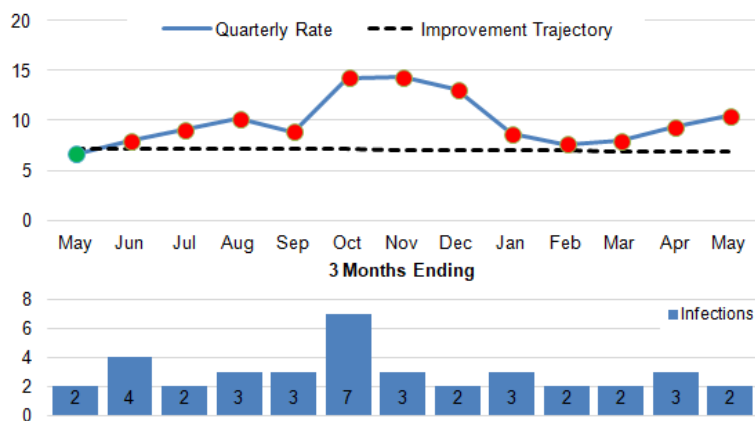
Clinical Governance

C Diff (HAI/HCAI)

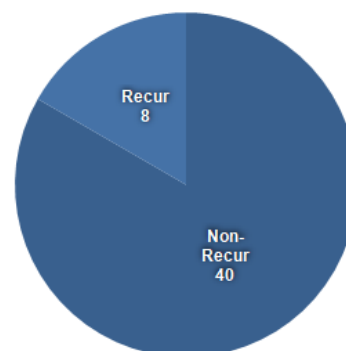
Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Note: This equates to reducing the NHS Fife rate from 7.2 to 6.5 (per 100,000 TOBD) over 3 years, or to 6.9 by March 2020, 6.7 by March 2021 and 6.5 by March 2022

Local Performance



All CDI Recurrence: YE May-20



National Benchmarking | Year Ending

Year Ending		2018/19			2019/20			
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	7.8	7.3	7.2	8.2	8.6	8.8	9.2
Scotland		15.0	15.2	14.7	13.9	13.1	13.3	13.6

Key Challenges in 2020/21

Reducing healthcare-associated CDI (including recurrent CDI) to achieve the 10% reduction target by March 2022

Improvement Actions	Update
20.1 Reducing recurrence of CDI <i>By Oct-20</i>	NHS Fife has been approved to use commercial FMT (Faecal microbiota transplantation) in the prevention of recurrence of infection, but this is currently unavailable (possibly due to the COVID-19 pandemic). Instead, Bezlotoxumab is being used, and this is also used for patients who cannot have or decline FMT. It is obtained on a named patient basis on micro/GI request and needs approval by the clinical & medical director.
20.2 Reduce overall prescribing of antibiotics <i>By Oct-20</i>	National antimicrobial prescribing targets are being utilised by NHS Fife's microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage. New empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.
20.3 Optimise communications with all clinical teams in ASD & the HSCP <i>By Oct-20</i>	Monthly CDI reports are being distributed, to enable staff to gain a clearer understanding of the disease process. ICN ward visits reinforce SICPs and contact precautions, provide education to promote optimum CDI management and daily Medical management form completion. Ward Dashboard continuously updated, for clinical staff to access CDI incidence by ward and also to be displayed for public assurance.

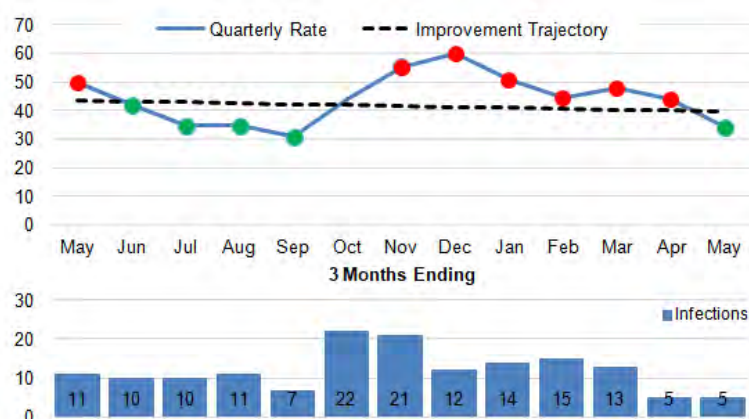
Clinical Governance

ECB (HAI/HCAI)

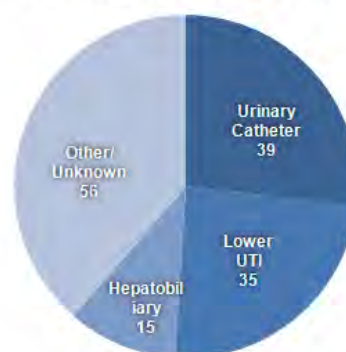
Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Note: This equates to reducing the NHS Fife rate from 44.0 to 33.0 (per 100,000 TOBD) over 3 years, or to 40.3 by March 2020, 36.6 by March 2021 and 33.0 by March 2022

Local Performance



Infection Sources: YE May-20



National Benchmarking | Year Ending

Year Ending		2018/19			2019/20			
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	39.7	44.5	44.0	42.3	40.4	43.1	45.3
Scotland		36.2	37.4	38.4	38.6	38.7	39.3	39.1

Key Challenges in 2020/21

Reducing CAUTI and UTI ECB in order to achieve overall 25% reduction in healthcare-associated ECB by March 2022

Improvement Actions	Update
20.1 Optimise communications with all clinical teams in ASD & the HSCP <i>By Mar-22</i>	Mandatory national ECB surveillance has continued throughout the pandemic, although additional voluntary enhanced surveillance (started in January) has been paused. Monthly reporting and graphs of ECB data to key clinical staff across NHS Fife (HSCP & Acute services) has continued throughout the pandemic.
20.2 Formation of ECB Strategy Group <i>By Mar-21</i>	The first meeting of the ECB Strategy Group took place on 13 th January, to address ECBs caused predominately by urinary source other than CAUTIs. The next meeting was due in April, with a wider involvement from public health but this was postponed and is yet to be re-scheduled.
20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG) <i>By Mar-21</i>	The UCIG met on 25 th February. Significant decisions: <ul style="list-style-type: none"> E-documentation bundles for catheter insertion and maintenance to be added onto Patientrak for Acute services (follows the successful introduction into MORSE for District nurses in 2019) Urinary Catheter Care passports have been added to PECOS for all patients to promote catheter care and adequate hydration Continence/hydration folders have been distributed to all care & residential homes across Fife by the Continence advisory service, to be followed up by visits to support staff. These packs include information & tools on continence assessment, sheaths, catheters, bowel health, Hydration/healthy bladder & incontinence care to assist reducing urinary infections/CAUTIs The next UCIG meeting is scheduled for 19 th June.

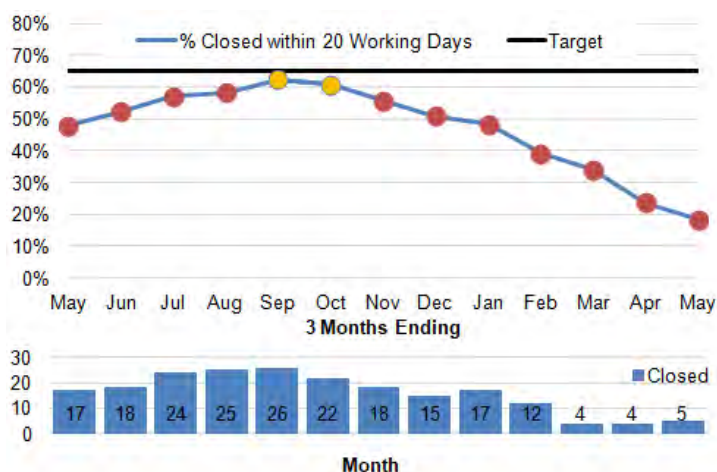
Clinical Governance

Complaints | Stage 2

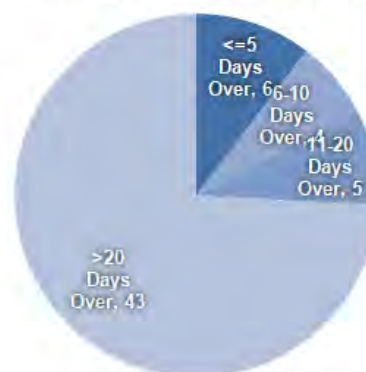
At least 75% of Stage 2 complaints are completed within 20 working days

Improvement Target for 2020/21 = 65%

Local Performance



Closure Breaches: QE May-20



Local Performance by Directorate/Division

3-Month Ending	2019/20												20/21	
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
NHS Fife	48.0%	52.3%	57.3%	58.3%	62.5%	60.8%	55.9%	50.9%	48.5%	39.3%	34.0%	23.8%	18.3%	
Ack <= 3 Days (Monthly)	100.0%	89.2%	97.4%	95.0%	92.9%	97.4%	89.5%	93.8%	93.9%	95.7%	94.1%	95.0%	97.1%	
ASD	59.6%	67.7%	71.4%	66.7%	63.8%	60.5%	60.6%	57.7%	57.1%	50.0%	56.3%	55.4%	54.5%	
HSCP	11.1%	8.7%	22.6%	33.3%	54.3%	57.6%	45.2%	33.3%	23.3%	9.7%	28.6%	28.4%	26.9%	

Key Challenges in 2020/21

Clearing the backlog of existing complaints
Increase in complaints due to treatment delays (including diagnostics)
General increase in complaints as we start to remobilise

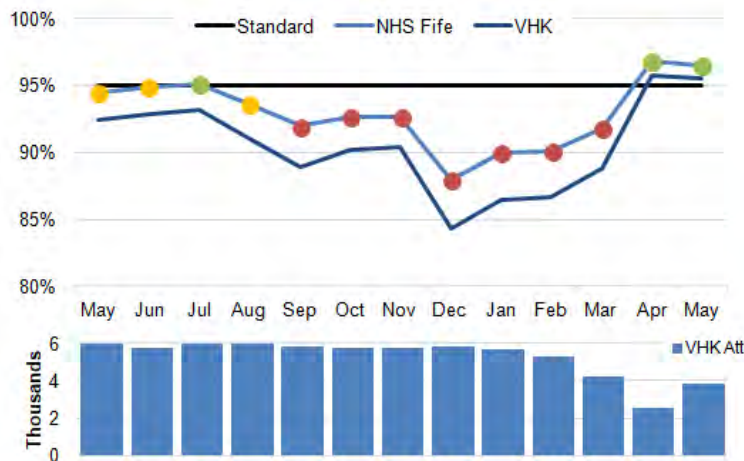
Improvement Actions	Update
20.1 Patient Relations Officers to undertake peer review	
20.2 Deliver education to service to improve quality of investigation statements	
20.3 Agree process for managing medical statements, and a consistent style for responses	
21.1 Agree process for managing complaint performance and quality of complaint responses By March-21	The PRT is changing the way we work in order to adapt to the 'new normal'. This includes changing meetings, reports and forms, with an aim of improving and sustaining consistency and quality. Part of this will be achieved via the development of the Complaints section of the new NHS Fife website.

Finance, Performance & Resources – Operational Performance

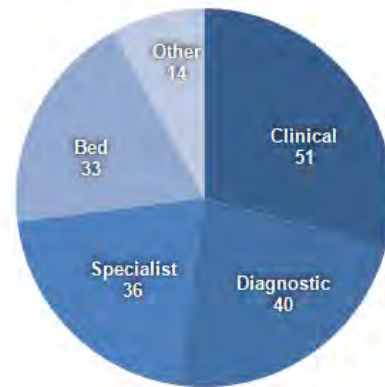
4-Hour Emergency Access

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment
Improvement Target for 2020/21 = **TBC%**

Local Performance



Breach Reason May-20



National Benchmarking

Month	2019/20										2020/21		
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
NHS Fife	94.5%	94.9%	95.1%	93.6%	92.0%	92.7%	92.7%	88.0%	90.0%	90.1%	91.8%	96.8%	96.5%
Scotland	90.7%	90.3%	91.2%	90.6%	88.7%	88.0%	85.5%	83.8%	86.1%	86.4%	89.2%	94.9%	95.7%

Key Challenges in 2020/21

Maintaining the reduction in numbers and the public using alternatives to emergency care
Managing a department with red/green split during the return to normality, when injuries related to outdoor activity are likely to increase

Improvement Actions	Update
20.1 Formation of PerformED group to analyse performance trends By TBC	Capacity challenges impact on delivery of the targets and recovery from the weekend can take a number of days. Perform ED group continuing reviews and have shifted focus to staffing within the unit and variations which could allow for further departmental improvements.
20.4 Development of services for ECAS	
20.5 Medical Assessment and AU1 Rapid Improvement Group By Aug-20	Remobilisation of core members of the group to review opportunities for change of AU1 assessment footprint. New design of flow will incorporate a short stay element and focus on frailty models and how these can be developed to prevent inpatient admission.
21.1 Remodelling of Outpatient services By Dec-20	Use of electronic services has allowed us to maintain patient contact, but a return to face to face clinics will involve significant service redesign including blending technology with hands on, social distancing within public areas and expanded working days and increased sessions.

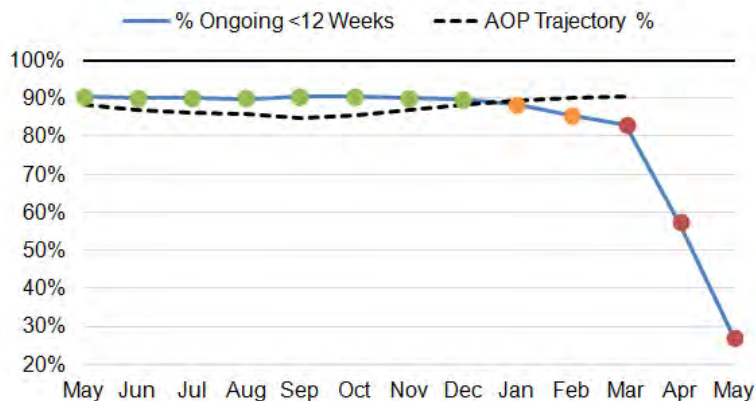
Finance, Performance & Resources – Operational Performance

Patient TTG

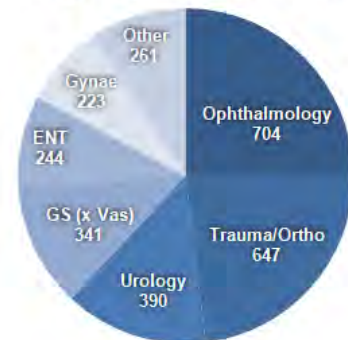
We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Improvement Target for 2020/21 = **TBC%** (Patients Waiting <= 12 Weeks at month end)

Local Performance



Ongoing Breaches May-20



National Benchmarking

	2019/20											2020/21	
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
NHS Fife	90.4%	90.1%	90.1%	89.9%	90.6%	90.5%	90.1%	89.7%	88.4%	85.4%	83.1%	57.3%	26.8%
Scotland	68.4%	67.8%	67.8%	66.8%	67.5%	69.7%	69.5%	67.0%	66.7%	66.3%	64.4%		

Key Challenges in 2020/21

Recovery from COVID-19
Reduced theatre capacity due to increased infection control procedures and response to COVID-19

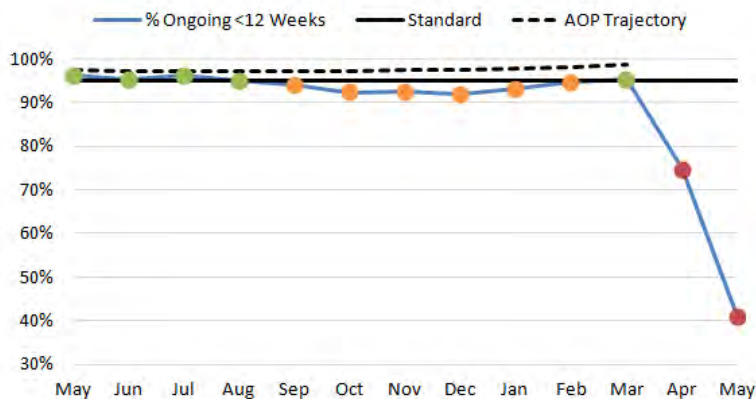
Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	
20.3 Theatre Action Group develop and deliver plan	
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	
21.1 Develop and deliver transformation plan By Mar-21	This action is related to 20.2 and 20.3, above, but seeks to sustain delivery of improvements introduced during the pandemic
21.2 Review DCAQ in relation to WT improvement plan By Aug-20	Aim of action is to develop a remobilisation plan in order to reinstate the level of capacity funded in the waiting times improvement plan for 20/21

Finance, Performance & Resources – Operational Performance

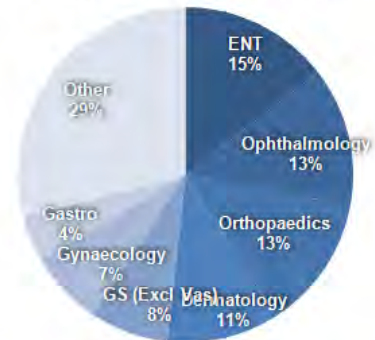
New Outpatients

95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment
Improvement Target for 2020/21 = **TBC%**

Local Performance



Ongoing Breaches May-20



National Benchmarking

	2019/20											2020/21	
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
NHS Fife	96.4%	95.4%	96.2%	95.0%	94.1%	92.4%	92.7%	91.8%	93.2%	94.7%	95.2%	74.8%	40.9%
Scotland	74.4%	73.5%	73.5%	72.2%	72.9%	73.3%	73.7%	73.2%	75.5%	75.1%	74.9%		

Key Challenges in 2020/21

Recovery from COVID 19
Reduced clinic capacity due to physical distancing
Difficulty in recruiting to specialist consultant posts

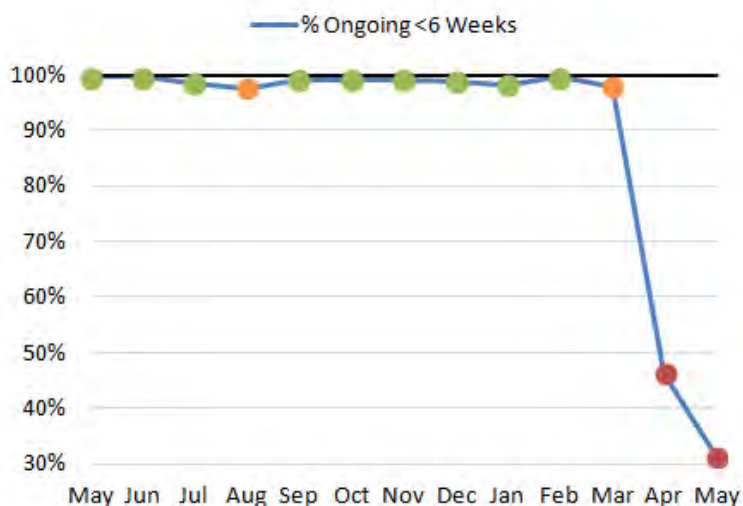
Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	
20.2 Develop OP Transformation programme.	
20.3 Improve recruitment to vacant posts By Mar-21	Action continues – includes consideration of service redesign to increase capacity
21.1 Review DCAQ in relation to WT improvement plan By Aug-20	Aim of action is to develop a remobilisation plan in order to reinstate the level of capacity funded in the waiting times improvement plan for 20/21
21.2 Refresh OP Transformation programme actions By Mar-21	This action is related to 20.2, above, but seeks to sustain delivery of improvements introduced during the pandemic
21.3 Develop clinic capacity modelling tool By Jul -20	Aim of action is to maximise the utilisation of clinic capacity under the new social distancing rules

Finance, Performance & Resources – Operational Performance

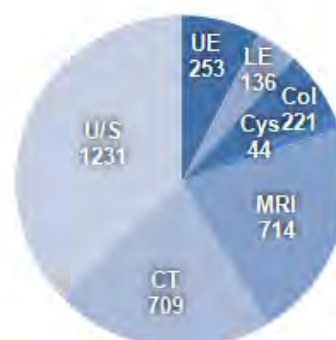
Diagnostics Waiting Times

No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment
Improvement Target for 2020/21 = **TBC%**

Local Performance



Ongoing Breaches May-20



National Benchmarking

	2019/20											2019/20	
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
NHS Fife	99.5%	99.5%	98.3%	97.6%	98.9%	99.0%	99.1%	98.6%	98.2%	99.5%	97.8%	46.3%	31.1%
Scotland	81.1%	81.6%	79.5%	80.4%	82.3%	80.8%	82.8%	79.5%	79.2%	84.7%	75.8%		

Key Challenges in 2020/21

Recovery from COVID-19
Reduced capacity due to physical distancing and infection control procedures
Difficulty in recruiting to consultant and specialist AHP/Nursing posts
Endoscopy surveillance backlog

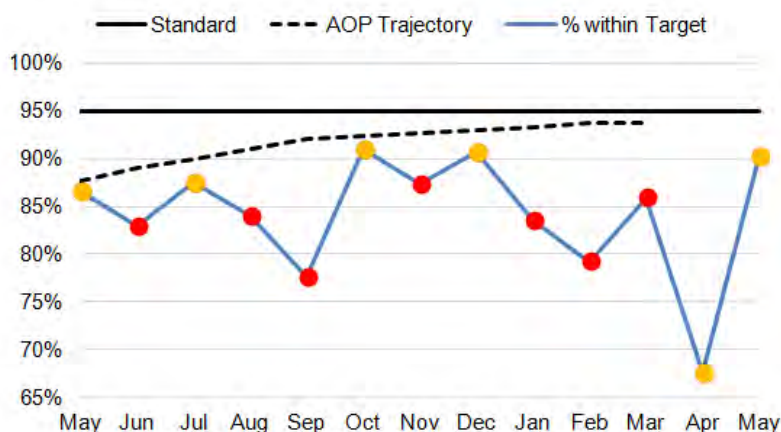
Improvement Actions	Update
21.1 Review DCAQ and develop remobilisation plans for Radiology and Endoscopy By Aug-20	Aim of action is to develop a remobilisation plan in order to reinstate the level of capacity funded in the waiting times improvement plan for 20/21. Phase 3 expansion plan for Endoscopy is being discussed, with a view to a start date in July. Full capacity is dependent on SG guidance regarding social distancing.
21.2 Undertake new and planned waiting list validation against agreed criteria By Aug-20	When the action is complete, this will be an ongoing activity
21.3 Improve recruitment to vacant posts By Mar-21	Action includes consideration of service redesign to increase capacity

Finance, Performance & Resources – Operational Performance

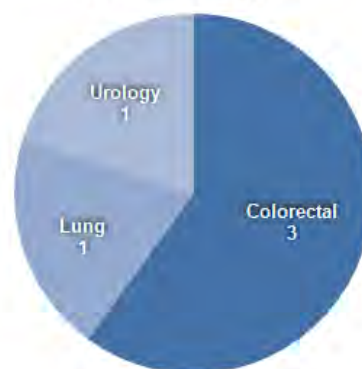
Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days
Improvement Target for 2020/21 = **TBC%**

Local Performance



Breaches May-20



National Benchmarking

Month	2019/20											2020/21	
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
NHS Fife	86.6%	82.9%	87.5%	84.0%	77.7%	91.0%	87.3%	90.7%	83.6%	79.2%	85.9%	67.5%	90.2%
Scotland	81.1%	82.6%	81.8%	82.1%	83.7%	82.7%	81.9%	84.6%	83.6%	82.7%	86.1%	82.6%	83.8%

Key Challenges in 2020/21

Recovery from COVID-19, by assessing affected components of the cancer 'journey' and reviewing capacity against expected demand.
Identification of key improvement areas in view of the pandemic response and as screening programmes restart

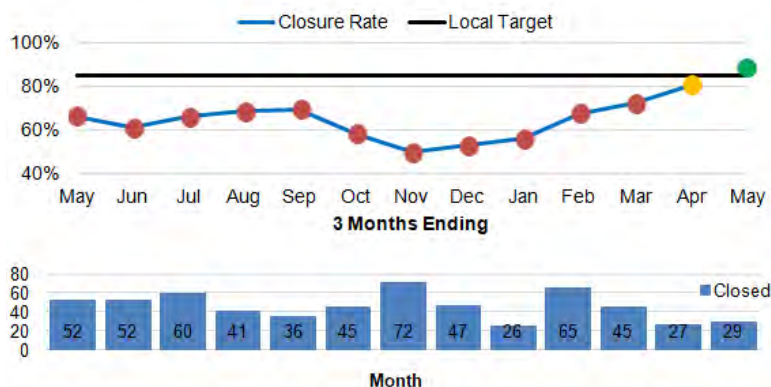
Improvement Actions	Update
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points <i>By Sep-20</i>	Progress affected by staffing pressures in cancer audit team. Detailed work is also being carried out by the Lead Cancer Nurse. This will be addressed as part of the overall recovery work described above.
20.4 Prostate Improvement Group to continue to review prostate pathway <i>By Sep-20</i>	This is ongoing work related to Action 1, with the specific aim being to minimise waits post MDT
21.1 Establishment of Cancer Structure to develop and deliver a Cancer Strategy <i>By Sep-20</i>	Work started in 2019 and now has full support from NHS Fife's Medical Director. Work is underway to ensure required leadership structures and governance structures are in place.

Finance, Performance & Resources – Operational Performance

Freedom of Information Requests

In 2020/21, we will respond to a minimum of 85% of FOI Requests within 20 working days

Local Performance



Closure Period, QE May-20



Service Performance

Monthly	2019/20											2020/21	
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Health Board	56.8%	55.6%	68.9%	73.7%	48.3%	36.1%	49.3%	75.0%	52.4%	72.9%	76.9%	95.7%	90.9%
IJB	86.7%	71.4%	86.7%	100.0%	85.7%	77.8%	66.7%	14.3%	60.0%	83.3%	100.0%	100.0%	100.0%

Key Challenges in 2020/21

Adequate resourcing to fully manage FOI
Lack of FOI expertise and awareness within the organisation

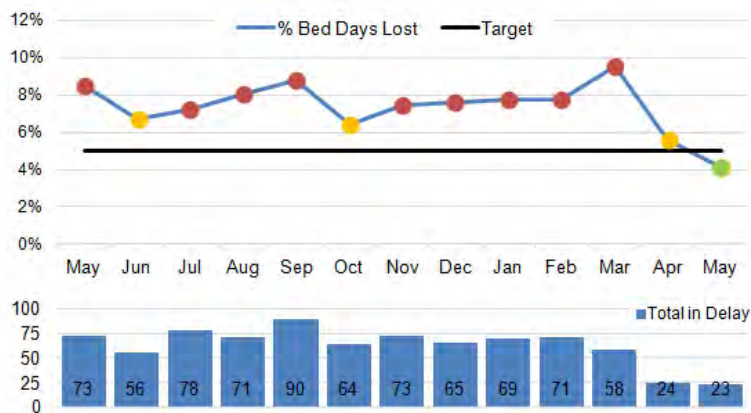
Improvement Actions	Update
20.5 Refresh process with H&SC partnership for requests received that relate to their services <i>By Sep-20</i>	The management of FOI requests which require responses from the H&SCP has improved significantly since the start of 2020. A new system (Axlr8), which is currently used by Fife Council, will be implemented in NHS Fife shortly, its introduction having been delayed by COVID-19. This will help the compilation of new / refreshed processes.
20.7 Formalise long-term resource requirements for FOI administration <i>By Sep-20</i>	The DPO is looking to implement resource to manage FOI requests and implement the new management system

Finance, Performance & Resources – Operational Performance

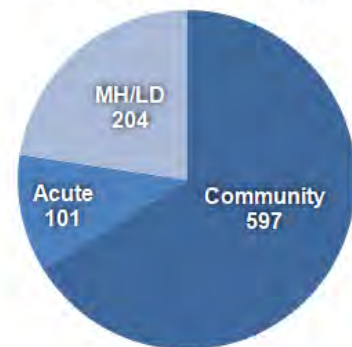
Delayed Discharges (Bed Days Lost)

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

Local Performance



Bed Days Lost | May-20



National Benchmarking

Quarter Ending		2018/19				2019/20			
		Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	TOBD	87,527	92,599	91,463	91,885	87,857	90,276	91,709	
	Bed Days Lost	3,638	4,200	6,744	8,141	6,685	7,232	6,570	
	% Bed Days Lost	4.2%	4.5%	7.4%	8.9%	7.6%	8.0%	7.2%	
Scotland	TOBD	1,552,301	1,541,821	1,551,451	1,567,162	1,532,782	1,542,731	1,566,361	
	Bed Days Lost	101,712	107,120	109,366	101,959	103,422	110,861	110,547	
	% Bed Days Lost	6.6%	6.9%	7.0%	6.5%	6.7%	7.2%	7.1%	

Key Challenges in 2020/21

Sustaining current performance as we return to 'normal' working
Applying lessons learned during the pandemic, going forward .

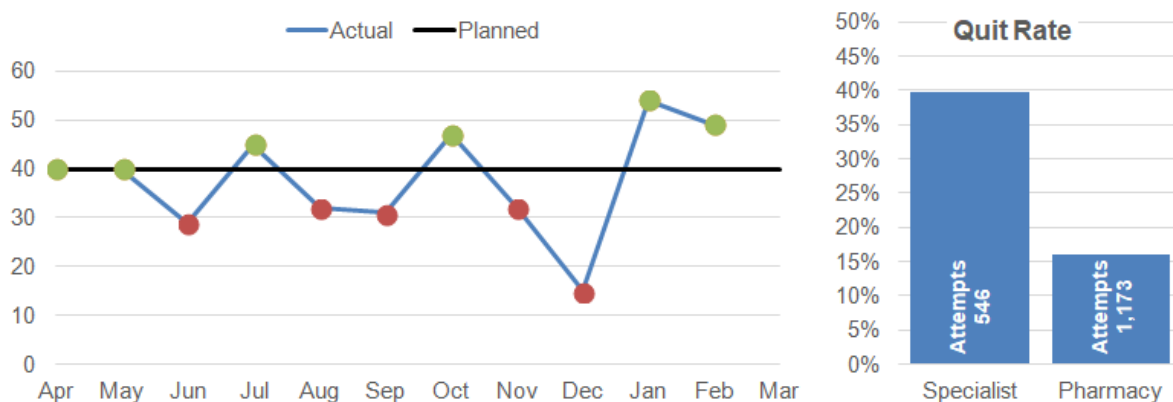
Improvement Actions	Update
20.1 Test a trusted assessors model for patients transferring to STAR/assessment beds <i>By Jul-20</i>	Framework completed during the COVID-19 pandemic. Implementation now to be finalised.
20.3 Moving On Policy to be implemented <i>By Jul-20</i>	Principles were implemented to help support capacity and flow were implemented before and during the pandemic. No issues with the principles of the policy were noted during this time, and the policy is to be signed off.
20.4 Improve flow of comms between wards and Discharge HUB	
20.5 Increase capacity within care at home	
21.1 Implementation of Daily Care Home Huddle <i>By Jul-20</i>	Admissions from care home residents are flagged daily on Trak and progress discussed with capacity team and Hub. This ensures LOS will be reduced and residents able to transfer back to their home more quickly.

Finance, Performance & Resources – Operational Performance

Smoking Cessation

In 2019/20, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Local Performance



National Benchmarking

% Achieved Against Target		2019/20											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	40	40	29	45	32	31	47	32	15	54	49	
	Actual Cumul	40	80	109	154	186	217	264	296	311	365	414	414
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	100.0%	101.3%	92.4%	97.5%	94.4%	91.9%	95.7%	94.0%	87.9%	92.6%	95.4%	
Scotland	Achieved			92.4%			91.1%						

Key Challenges in 2020/21

- Service Provision within GP practices, hospitals and community venues (paused due to COVID19)
- Staffing levels due to redeployment and maternity leave - recruiting and training new staff members will take 6 to 9 months
- Unavailability of mobile unit (re-deployed during pandemic)
- Building trust and confidence with client group to enable them to seek stop smoking support now and beyond COVID-19
- Inability to validate quits as part of an evidence based service due to COVID-19

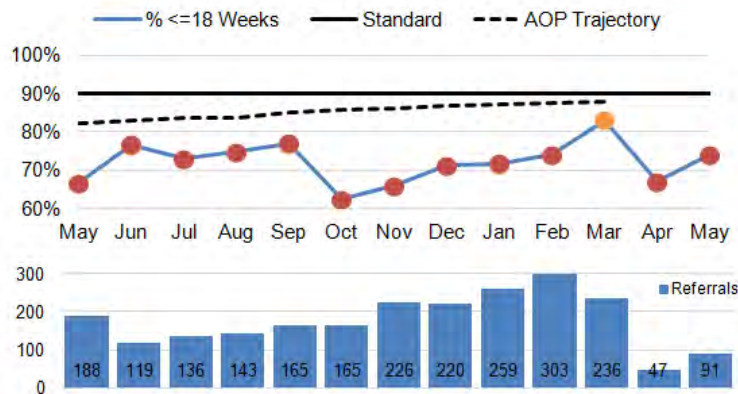
Improvement Actions	Update
20.2 Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic <i>By TBC</i>	This initiative had commenced and was in the early stages of delivery but has been paused due to COVID-19
20.3 'Better Beginnings' class for pregnant women on Saturday mornings <i>By TBC</i>	Limited progress due to COVID-19 but a couple of pregnant mums have requested support at this time
20.4 Enable staff access to medication whilst at work <i>By TBC</i>	No progress has been made due to COVID-19

Finance, Performance & Resources – Operational Performance

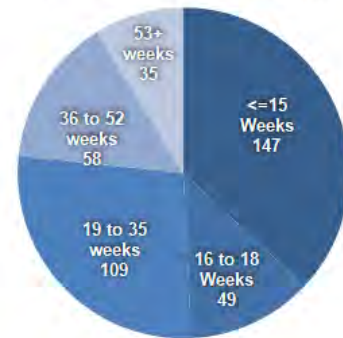
CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment
Improvement Target for 2020/21 = **TBC%**

Local Performance



Waiting List (398) May-20



National Benchmarking

Month	2019/20												2020/21	
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
NHS Fife	66.7%	76.7%	73.2%	74.8%	77.1%	62.5%	66.0%	71.3%	71.8%	74.1%	83.1%	67.0%	74.2%	
Scotland	69.1%	70.9%	62.7%	63.8%	66.9%	64.6%	64.2%	71.5%	67.5%	63.8%	63.8%			

Key Challenges in 2020/21

Available resource to meet demand
Impact of COVID-19 relaxation on referrals
Change to appointment 'models' to reflect social distancing

Improvement Actions	Update
20.1 Re-Introduction of PMHW First Contact Appointments System <i>By Dec-20</i>	The pandemic has allowed a large number of referrals to be assessed and waiting time is at 2-3 weeks Current action is to maintain this level of activity and response time to ensure that children are supported by the wide range of services available, thus reducing the impact on specialist Tier 3 CAMHS.
20.2 Waiting List Additional Staffing Resource	
20.3 Introduction of Team Leader Role	
21.1 Re-design of Group Therapy Programme <i>By Dec-20</i>	Fife CAMHS and Primary Care Psychology had combined resources to develop a comprehensive group therapy programme targeting the most common presenting issues for children and young peoples mental health. Due to COVID-19 restrictions, group-based face to face work is no longer viable and we are working to develop alternative formats and models of delivery that can deliver multiple contacts with minimal staffing.
21.2 Use Centralised Allocation Process <i>By Dec-20</i>	We are developing administrative and clinical systems to maintain the centralised allocation process that can manage increased referrals rates once normal service resumes. This will ensure that available appointments are identified and allocated quickly across clinical teams.
21.3 Build CAMHS Urgent Response Team <i>By Mar-21</i>	This team will replace the existing self-harm service, ensuring that urgent referrals from A&E and GPs receive timely, evidence based, short term intervention.

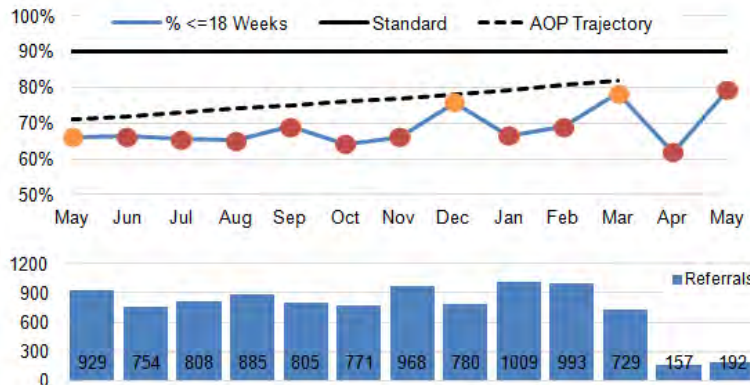
Finance, Performance & Resources – Operational Performance

Psychological Therapies 18 weeks RTT

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

Improvement Target for 2020/21 = **TBC%**

Local Performance



Waiting List (3109) May-20



National Benchmarking

Month	2019/20											2020/21	
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
NHS Fife	66.2%	66.3%	65.5%	65.2%	69.0%	64.2%	66.0%	75.8%	66.6%	69.0%	78.4%	62.0%	79.2%
Scotland	79.3%	80.0%	78.8%	79.2%	80.1%	78.5%	77.8%	81.5%	75.8%	78.5%	78.8%		

Key Challenges in 2020/21

Predicted large increase in referrals post pandemic
Identifying replacement for group therapies (no longer viable)

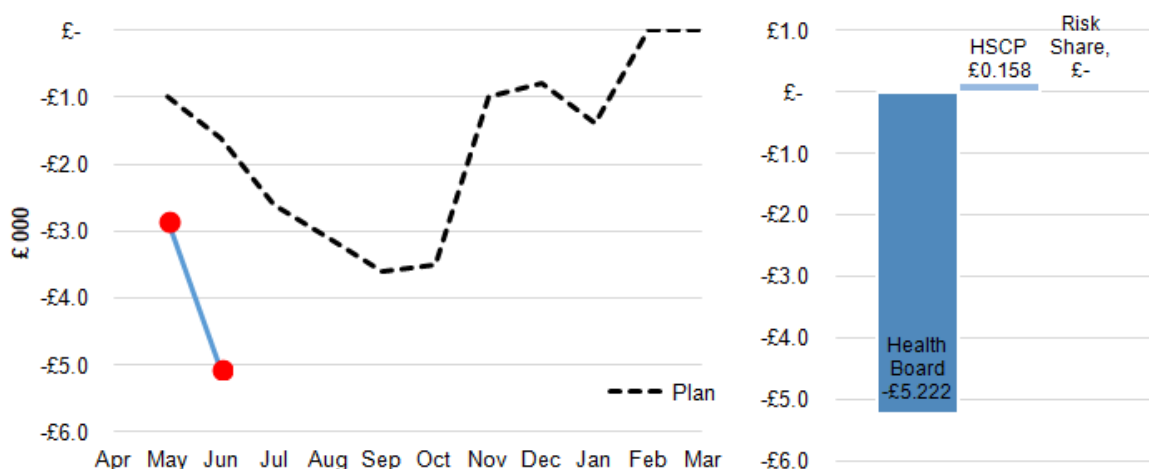
Improvement Actions	Update
20.2 Introduction of extended group programme in Primary Care	
20.3 Redesign of Day Hospital provision By Sep-20 (review)	Implementation of full re-design delayed due to revised timetable for staff engagement work. Further progress required to impact on capacity for delivery of PTs.
20.4 Implement triage nurse pilot programme in Primary Care By Dec-20	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September 2019; final evaluation due this September
20.5 Trial of new group-based PT options By Sep-20 (review)	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Specific requirements identified from audit of Psychology AMH WL. Viability of this dependent upon suitable digital platform being agreed.
21.1 Introduction of additional on-line therapy options By Sep-20	This action incorporates the digital delivery of stress management groups via Access Therapies Fife website
21.2 Development of alternative training and PT delivery methods By Dec-20	This action is to support care pathways for people with complex psychological problems within AMH Psychology and Clinical Health Psychology and for people with learning disabilities

Finance, Performance & Resources – Finance

Revenue Expenditure

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

Local Performance



Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	420,090	427,719	101,252	106,474	-5,222	-5.16%	-2,236	-2,986
Integration Joint Board (Health)	356,548	361,906	93,608	93,450	158	0.17%	346	-188
Risk Share	0	0	0	0	0	0.00%	0	0
Total	776,638	789,625	194,860	199,924	-5,064	-2.60%	-1,890	-3,174

Key Challenges in 2020/21

Availability of COVID-19 funding to match our net additional costs
 Informing a reliable and robust forecast position to the year end given the complexities of establishing the respective: core; COVID-19; remobilisation; and Test & Protect positions
 Ongoing discussions on potential risk share options with SG and respective partners - at this point there has been no IJB risk share factored into the position
 Our ability as a Board to regain traction in our savings and transformation plans set against the backdrop of the COVID-19 pandemic journey

Improvement Actions	Update
21.1 Local Mobilisation Plan Ongoing throughout FY	Partnering with the services to: <ul style="list-style-type: none"> Identify additional spend relating to COVID-19 Identify offsets against core positions Understand and quantify the financial implications of remobilisation of core services across NHSF Inform forecast outturn positions to the year end; in support of our statutory requirement to deliver a balanced RRL position
21.2 Savings By Jul-20	The total NHS Fife efficiency requirement for 2020/21 including legacy unmet savings was £20m. As part of the LMP, Boards were asked to provide an estimate of the impact of planned measures re Covid-19 on the delivery of planned Health Board savings. As an early planning assumption it was agreed that some £6m may be met across NHS Fife; with c£14m recorded in the LMP as expected underachievement of savings. The revised AOP financial plan required by the end of July will make a reassessment of the savings position.

Finance, Performance & Resources – Finance

Commentary

Anticipated costs that relate to Boards' responses to Covid 19 exceed the consequentials that have been confirmed by HM Treasury. It is anticipated that interim funding allocations will be made in the coming weeks; however a full review of Boards' financial reporting results for quarter one and beyond; along with output from the respective peer review groups, will assist SG in making informed future funding decisions across Scotland.

The revenue position for the 3 months to 30 June reflects an overspend of £5.064m; which comprises a core underspend of £1.783m; and a net additional spend on Covid-19 of £6.847m. There is a risk that the additional Covid-19 costs may not be fully funded.

At this point any potential implications of the IJB risk share have not been factored in to the position.

Planning work has commenced on the journey of remobilisation, recovery and redesign, and will be developed and informed by the clinical prioritisation of services and national guidance and policy frameworks. This will include an assessment of financial implications with a particular focus on understanding genuine net additional costs and identifying scope for offsetting savings. These spend projections will be subject to internal and external ongoing review and scrutiny.

1. Annual Operational Plan

- 1.1 As reported last month, the AOP process for the 2020/21 financial year was paused due to the timing of the Covid-19 pandemic. This month 3 report will inform our revised AOP financial plan which will reflect both the mobilisation and the remobilisation plan high level impact on the financial position by the end of July. In addition, as part of Scottish Government financial governance arrangements, a more detailed formal quarter one financial review will be submitted on 14 August.

2. Financial Allocations

Revenue Resource Limit (RRL)

- 2.1 NHS Fife received confirmation of the June core revenue amount on 1 July. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £703.109m; and anticipated allocations total £76.783m. The anticipated allocations include a sum of £1.643m for Covid-19 which relates to payments to GPs and pharmacists. In recognition of the financial cost of Covid-19, reprioritisation work is ongoing across SG to reprioritise and reprofile budget announcements and portfolios for 2020/21, which may have an impact on Boards' allocations.

Non Core Revenue Resource Limit

- 2.2 In addition NHS Fife receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The anticipated non-core RRL funding totals £9.733m.

Total RRL

- 2.3 The total current year budget at 30 June is therefore £789.625m as detailed in Appendix 1.

3. Summary Position

- 3.1 The revenue position for the 3 months to 30 June reflects an overspend of £5.064m; which comprises a core underspend of £1.783m; and a net additional spend on Covid-19 of £6.847m.
- 3.2 Table 1 below provides a summary of the position across the constituent parts of the system for the year to date and includes both the core and the Covid-19 financial

Finance, Performance & Resources – Finance

positions. An overspend of £5.222m is attributable to Health Board retained budgets; and an underspend of £0.158m is attributable to the health budgets delegated to the IJB.

Table 1: Summary Combined Financial Position for the period ended June 2020

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	420,090	427,719	101,252	106,474	-5,222	-5.16%	-2,236	-2,986
Integration Joint Board (Health)	356,548	361,906	93,608	93,450	158	0.17%	346	-188
Risk Share	0	0	0	0	0	0.00%	0	0
Total	776,638	789,625	194,860	199,924	-5,064	-2.60%	-1,890	-3,174

Combined Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	202,812	208,295	50,933	54,609	-3,676	-7.22%	-963	-2,713
IJB Non-Delegated	8,563	8,501	2,068	2,029	39	1.89%	53	-14
Estates & Facilities	74,870	74,882	18,113	18,708	-595	-3.28%	-450	-145
Board Admin & Other Services	54,107	59,735	16,291	17,862	-1,571	-9.64%	-1,457	-114
Non-Fife & Other Healthcare Providers	88,131	88,131	22,643	22,471	172	0.76%	172	0
Financial Flexibility & Allocations	17,241	18,817	745	0	745	100.00%	745	0
Health Board	445,724	458,361	110,793	115,679	-4,886	-4.41%	-1,900	-2,986
Integration Joint Board - Core	381,299	407,535	105,725	105,531	194	0.18%	382	-188
Integration Fund & Other Allocations	13,917	1,706	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	395,216	409,241	105,725	105,531	194	0.18%	382	-188
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	395,216	409,241	105,725	105,531	194	0.18%	382	-188
Total Expenditure	840,940	867,602	216,518	221,210	-4,692	-2.17%	-1,518	-3,174
IJB - Health	-38,668	-47,335	-12,117	-12,081	-36	0.30%	-36	0
Health Board	-25,634	-30,642	-9,541	-9,205	-336	3.52%	-336	0
Miscellaneous Income	-64,302	-77,977	-21,658	-21,286	-372	1.72%	-372	0
Net Position Including Income	776,638	789,625	194,860	199,924	-5,064	-2.60%	-1,890	-3,174

3.3 The combined position is further analysed by core; and Covid-19 as per tables 2 and 3 below.

Table 2: Summary Core Financial Position for the period ended June 2020

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	202,812	206,618	49,256	49,914	-658	-1.34%	-253	-405
IJB Non-Delegated	8,563	8,501	2,068	2,017	51	2.47%	53	-2
Estates & Facilities	74,870	74,822	18,053	17,847	206	1.14%	228	-22
Board Admin & Other Services	54,107	59,698	16,254	16,078	176	1.08%	193	-17
Non-Fife & Other Healthcare Providers	88,131	88,131	22,643	22,471	172	0.76%	172	0
Financial Flexibility & Allocations	17,241	18,817	745	0	745	100.00%	745	0
Health Board	445,724	456,587	109,019	108,327	692	0.63%	1,138	-446
Integration Joint Board - Core	381,299	404,395	102,585	101,519	1,066	1.04%	1,066	0
Integration Fund & Other Allocations	13,917	1,706	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	395,216	406,101	102,585	101,519	1,066	1.04%	1,066	0
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	395,216	406,101	102,585	101,519	1,066	1.04%	1,066	0
Total Expenditure	840,940	862,688	211,604	209,846	1,758	0.83%	2,204	-446
IJB - Health	-38,668	-47,305	-12,087	-12,081	-6	0.05%	-6	0
Health Board	-25,634	-30,275	-9,174	-9,205	31	-0.34%	31	0
Miscellaneous Income	-64,302	-77,580	-21,261	-21,286	25	-0.12%	25	0
Net Position Including Income	776,638	785,108	190,343	188,560	1,783	0.94%	2,229	-446

Table 3: Summary Covid-19 Financial Position for the period ended June 2020

COVID position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	0	1,677	1,677	4,695	-3,018		-710	-2,308
IJB Non-Delegated	0	0	0	12	-12		0	-12
Estates & Facilities	0	60	60	861	-801		-678	-123
Board Admin & Other Services	0	37	37	1,784	-1,747		-1,650	-97
Non-Fife & Other Healthcare Providers	0	0	0	0	0		0	0
Financial Flexibility & Allocations	0	0	0	0	0		0	0
Health Board	0	1,774	1,774	7,352	-5,578		-3,038	-2,540
Integration Joint Board - Core	0	3,140	3,140	4,012	-872		-684	-188
Integration Fund & Other Allocations	0	0	0	0	0		0	0
Sub-total Integration Joint Board Core	0	3,140	3,140	4,012	-872		-684	-188
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	0	3,140	3,140	4,012	-872		-684	-188
IJB - Health	0	-30	-30	0	-30		-30	0
Health Board	0	-367	-367	0	-367		-367	0
Miscellaneous Income	0	-397	-397	0	-397		-397	0
Total Expenditure	0	4,517	4,517	11,364	-6,847		-4,119	-2,728

3.4 The core position at month 3 is a net underspend of £1.783m; and takes in to account offsetting cost reductions. The principle established last month recognised that due to reduced activity levels, a proportion of the core underspend reported within the combined position is identified and utilised to support the Covid-19 costs incurred. For the first quarter, a total of £3.271m was identified as offset towards Covid-19 expenditure: comprising £1.774m from Health Board retained; and £1.497m from the Integrated Joint Board. The main contributing factors were: increased vacancies which did not require backfilling; a reduction in radiology requirements and GP referrals for laboratory testing; reduced reliance on private sector support; and a reduction in theatres activity. Whilst the assessment of offsetting cost reductions was largely a desktop exercise for month 2; the process for month 3 was a collegiate and inclusive process involving Directors, General and Service Managers, and Finance Business Partners. Again the results were benchmarked using an exercise to compare the 3 month position for 2020/21 with the same period in 2019/20; and a further review of ward level budgets.

3.5 The net Covid-19 additional costs after taking in to account offsets (and assuming funding for additional GP and Pharmacy costs of £1.643m) is £6.847m.

4. Operational Financial Performance for the year (section 4 narrative is based on core position – Table 2 above)

Acute Services

4.1 The Acute Services Division reports a **net overspend of £0.658m for the year to date**. This reflects an overspend in operational run rate performance of £0.253m, and unmet savings of £0.405m per Table 4 below. The overall position is mainly driven by the overspend in Emergency Care on junior doctors and clinical fellows. Additional non pay cost pressures are emerging within Emergency Care medicines and surgical sundries. Various underspends across other areas of Acute arising from vacancies in Q1 have helped to offset the level of overspend. The position shows the residual impact after transferring budget for Covid-19 offset year to date. Budget rephasing has taken place to reflect the cost impact of the additional capacity required to catch up on postponed services.

Table 4: Acute Division Financial Position for the period ended June 2020

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
Planned Care & Surgery	70,448	72,384	15,741	15,661	80	0.51%	214	-134
Emergency Care & Medicine	74,612	75,914	19,535	20,580	-1,045	-5.35%	-914	-131
Women, Children & Clinical Services	55,155	55,702	13,371	13,361	10	0.07%	148	-138
Acute Nursing	607	627	156	140	16	10.26%	16	0
Other	1,990	1,991	453	172	281	62.03%	283	-2
Total	202,812	206,618	49,256	49,914	-658	-1.34%	-253	-405

Estates & Facilities

- 4.2 The Estates and Facilities budgets report an **underspend of £0.206m** which is generally attributable to vacancies, catering, PPP and rates. These underspends are offset by an overspend in clinical waste costs.

Corporate Services

- 4.3 Within the Board's corporate services there is **an underspend of £0.176m**. 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 **underspent by £0.172m** per Appendix 3. Notwithstanding the in-year underspend, this area remains one of increasing challenge particularly given the relative higher costs of some other Boards, coupled with the unpredictability of activity levels.

Financial Plan Reserves & Allocations

- 4.5 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and cost pressure/developments and new in-year allocations are held in a central budget. At this early part of the year the process for allocating to budgets continues. The financial flexibility of £0.745m released to the M3 position is detailed in Appendix 4.

Integration Services

- 4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £1.066m for the year to date**. The underlying drivers for the run rate under spend are vacancies in community nursing, health visiting, school nursing, community and general dental services across Fife Wide Division.

Income

- 4.7 A small over recovery in income of £0.025m is shown for the year to date.

5. Pan Fife Analysis

- 5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 5 below (combined position).

Table 5: Subjective Analysis for the Period ended June 2020

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under Spend
	£'000	£'000	£'000	£'000
Pan-Fife Analysis				
Pay	388,901	96,585	98,872	-2,287
GP Prescribing	73,830	17,672	17,673	-1
Drugs	30,242	8,012	7,589	423
Other Non Pay	370,021	96,679	97,077	-398
Efficiency Savings	-15,916	-3,174	0	-3,174
Commitments	20,523	745	0	745
Income	-77,977	-21,658	-21,286	-372
Net overspend	789,625	194,860	199,924	-5,064

Pay

- 5.2 The overall pay budget reflects an overspend of £2.287m. The majority of the overspend is within medical & dental staff with small offsetting underspends across other pay heads with the exception of nursing & midwifery. Within Acute there are a number of unfunded posts including Clinical Fellows within Emergency Care.
- 5.3 Against a total funded establishment of 7,930 wte across all staff groups, there was an average 7,987 wte core staff in post in June. The additional staff in post represent staff cohort groups organised nationally to help support the Covid-19 activity.

Drugs & Prescribing

- 5.4 Across the system there is a net underspend of £0.422m on medicines. The GP prescribing position is based on 2019/20 trend analysis and March 2020 and April 2020 actual information (2 months in arrears). Across Scotland we are currently working through the Covid-19 implications on Prescribing and will update when more information becomes available.

Other Non Pay

- 5.5 Other non pay budgets across NHS Fife are collectively overspent by £0.398m. The overspends are in purchase of healthcare from other Health Boards and independent providers, equipment, property & and other supplies. These are offset by underspends across a number of areas including surgical sundries and other therapeutic supplies.

6 Financial Sustainability

- 6.1 The Financial Plan presented to Finance, Performance and Resources Committee in March highlighted the requirement for £20.015m cash efficiency savings to support financial balance in 2020/21. We have indicated an expected underachievement of savings of £14.2m via the Local Mobilisation Financial Template process. The £5.8m remains a live efficiency savings target for NHS Fife. Notwithstanding, the revised AOP financial plan required by the end of July will make a reassessment of the savings position.

Table 6: Savings 20/21

Core Position	Target	Identified & Achieved Recurring	Identified & Achieved Non-Recurring	Total Identified & Achieved To Date	Outstanding
	£'000	£'000	£'000	£'000	£'000
Health Board	4,200	125	729	854	3,346
Integration Joint Board	1,647	790	857	1,647	0
Total Savings	5,847	915	1,586	2,501	3,346

Finance, Performance & Resources – Finance

COVID Position	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved To Date £'000	Outstanding £'000
Health Board	10,668	509	0	509	10,159
Integration Joint Board	3,500	0	1,089	1,089	2,411
Total Savings	14,168	509	1,089	1,598	12,570

7 Key Messages / Risks

- 7.1 Whilst Covid-19 funding has been made available for the 2019/20 financial year; funding for the current financial year 2020/21 has not yet been allocated to Boards. It was originally thought that funding would not be made available until a full review of Boards' quarter one financial reporting results had been concluded to allow SG to make an informed funding decision across Scotland; however the latest position suggests that some allocations will be made in the coming weeks.
- 7.2 Nationally Covid-19 plans exceed the funding available; and Boards are required to ensure financial reporting reflects appropriate core positions; and only those Covid-19 costs which demonstrate additionality of cost over and above core.
- 7.3 Planning work has commenced on the journey of remobilisation, recovery and redesign. Plans will be developed and informed by the clinical prioritisation of services and national guidance and policy frameworks. This will include an assessment of financial implications with a particular focus on understanding genuine net additional costs and identifying scope for offsetting savings. These spend projections will be subject to internal and external ongoing review and scrutiny.
- 7.4 Given there is a commitment to fund additional GP and Pharmacy costs, £1.643m Covid-19 funding has been assumed in the M3 position. There is a risk that the remaining £6.847m additional Covid-19 costs may not be fully funded.
- 7.5 At this point the potential implications of the IJB risk share have not been factored in to the position.

8 Recommendation

- 8.1 Members are invited to approach the Director of Finance for any points of clarity on the position reported and are asked to:
 - **Note** the reported core underspend of £1.783m for the 3 months to date
 - **Note** the reported Covid-19 additional spend of £6.847m for the 3 months to date; of which we have assumed funding of £1.643m will be forthcoming to meet additional GP and Pharmacy costs.
 - **Note** the combined position of the core and Covid-19 positions inform an overall overspend of £5.064m prior to agreement of additional funding.

Finance, Performance & Resources – Finance

Appendix 1: Revenue Resource Limit

		Baseline Recurring £'000	Earmarked Recurring £'000	Non- Recurring £'000	Total £'000	Narrative
Apr-20	Initial Baseline Allocation	701,537			701,537	Includes 20-21 uplift
May-20	Confirmed Allocations	-1,307		3,413	2,106	
Jun-20	Scottish Living Wage			680	680	to be transferred to Council
	Covid 19 return of 19/20 prescribing pressure			-1,200	-1,200	
	Patient Advice & Support Service			-39	-39	Annual Contribution
	Neonatal Transport			25	25	Annual allocation
	Total Core RRL Allocations	700,230	0	2,879	703,109	
Anticipated	Primary Medical Services		55,281		55,281	
Anticipated	Outcomes Framework		3,585		3,585	
Anticipated	Mental Health Bundle		1,363		1,363	
Anticipated	Salaried Dental		2,091		2,091	
Anticipated	Distinction Awards		193		193	
Anticipated	Research & Development		822		822	
Anticipated	Community Pharmacy Champion		20		20	
Anticipated	NSS Discovery		-39		-39	
Anticipated	Pharmacy Global Sum Adjustments		-2,726		-2,726	
Anticipated	NDC Contribution		-842		-842	
Anticipated	Community Pharmacy Pre-Reg Training		-157		-157	
Anticipated	Family Nurse Partnership		1,276		1,276	
Anticipated	New Medicine Fund		5,386		5,386	
Anticipated	Golden Jubilee SLA		-25		-25	
Anticipated	Men C Vaccine Adjustment		-16		-16	
Anticipated	Primary Care Improvement Fund		3,768		3,768	
Anticipated	Action 15 Mental Health Strategy		884		884	
Anticipated	ADP Seek & Treat		1,159		1,159	
Anticipated	Veterans First		116		116	
Anticipated	GP pension		85		85	
Anticipated	Waiting List		6,700		6,700	
Anticipated	COVID 19		1,643		1,643	
Anticipated	eHealth Strategy Fund		1,241		1,241	
Anticipated	Top Slice NSS		-5,025		-5,025	
	Total Anticipated Core RRL Allocations	0	76,783	0	76,783	
Anticipated	IFRS			8,617	8,617	
Anticipated	Donated Asset Depreciation			116	116	
Anticipated	Impairment			500	500	
Anticipated	AME Provisions			500	500	
	Total Anticipated Non-Core RRL Allocations	0	0	9,733	9,733	
	Grand Total	700,230	76,783	12,612	789,625	

Finance, Performance & Resources – Finance

Appendix 2: Corporate Directories – Combined Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	12,023	3,032	3,075	-43
Nhs Fife Chief Executive	206	52	70	-18
Nhs Fife Finance Director	6,395	1,587	1,482	105
Nhs Fife Medical Director	7,174	1,517	1,480	37
Nhs Fife Nurse Director	3,675	880	838	42
Legal Liabilities	6,092	3,023	3,155	-132
Early Retirements & Injury Benefits	814	203	192	11
Regional Funding	251	71	54	17
Depreciation	17,766	4,565	4,565	0
Nhs Fife Public Health	2,116	509	478	31
Nhs Fife Workforce Directorate	3,186	815	786	29
COVID undelivered savings adjustment	0	0	0	97
Total	59,698	16,254	16,175	176

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	98	24	15	9
Borders	45	11	12	-1
Dumfries & Galloway	25	6	17	-11
Forth Valley	3,179	794	888	-94
Grampian	359	90	76	14
Greater Glasgow & Clyde	1,655	414	406	8
Highland	135	34	48	-14
Lanarkshire	114	29	62	-33
Lothian	31,518	7,879	7,848	31
Scottish Ambulance Service	101	25	26	-1
Tayside	40,576	10,275	10,181	94
	77,805	19,581	19,579	2
UNPACS				
Health Boards	8,305	2,573	2,501	72
Private Sector	1,245	311	389	-78
	9,550	2,884	2,890	-6
OATS				
	711	178	2	176
Grants				
	65	0	0	0
Total	88,131	22,643	22,471	172

Appendix 4 - Financial Flexibility & Allocations

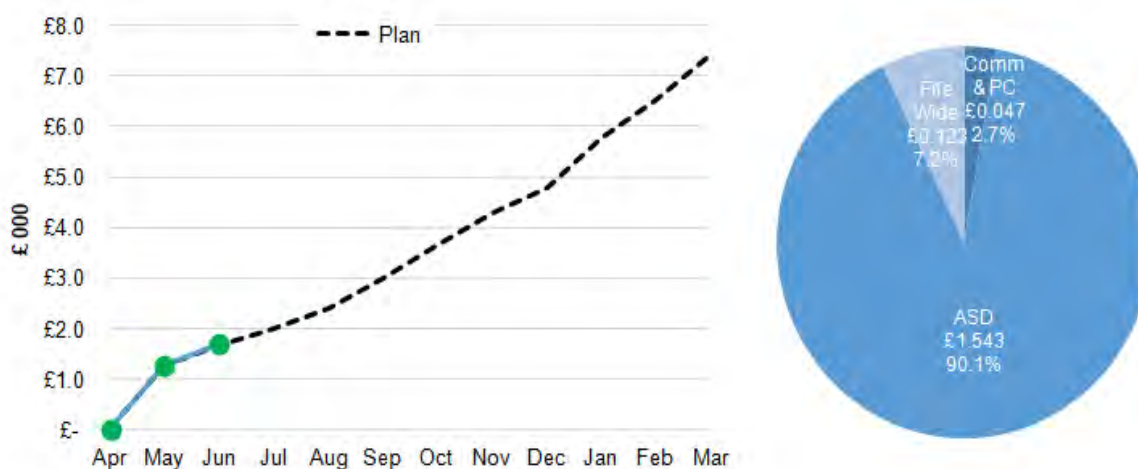
	CY Budget £'000	Flexibility Released to June-20 £'000
Financial Plan		
Drugs	4,179	0
CHAS	408	0
Unitary Charge	100	0
Junior Doctor Travel	44	3
Consultant Increments	201	0
Discretionary Points	205	0
Cost Pressures	3,884	723
Developments	6,263	19
Pay Awards	39	0
Sub Total Financial Plan	15,323	745
Allocations		
Waiting List	2,288	0
AME: Impairment	500	0
AME: Provisions	682	0
Neonatal Transport	24	0
Sub Total Allocations	3,494	0
Total	18,817	745

Finance, Performance & Resources – Finance

Capital Expenditure

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

Local Performance



Commentary

The total Capital Resource Limit for 2020/21 is £7.394m. The capital position for the 3 months to June shows investment of £1.713m, equivalent to 23.17% of the total allocation.

Key Challenges in 2020/21

Overall programme of work to address all aspects of backlog maintenance, statutory compliance, equipment replacement, and investment in technology considerably outstrips capital resource limit available

Improvement Actions	Update
21.1 Managing expenditure programme within resources available <i>By Mar-21</i>	Risk management approach adopted across all categories of spend

1. Annual Operational Plan

- 1.1 The Capital Plan for 2020/21 will be presented for approval to the NHS Board at the end of quarter 1. For information, changes to the plan pending approval are reflected in Appendix 1. NHS Fife has received a capital allocation of £7.394m in the June allocation letter. NHS Fife is also anticipating allocations of £0.179m for Covid-19 capital equipment, £10.0m for the Elective Orthopaedic Centre, HEPMA £0.5m, Mental Health Review £2.0m, Lochgelly Health Centre £1.0m and Kincardine Health Centre £1.0m.

2. Capital Receipts

- 2.1 Work continues on asset sales with a disposal planned :

- Lynebank Hospital Land (Plot 1) (North) – Under offer

Discussions with SGHSCD will be undertaken to highlight the potential risk of non delivery of the sale of land.

3. Expenditure To Date / Major Scheme Progress

- 3.1 Details of the expenditure position across all projects are set out in the dashboard summary above. Project Leads have provided an estimated spend profile against which actual expenditure is being monitored. This is based on current commitments and historic spending patterns. The expenditure to date amounts to £1.713m or 23.17% of the total allocation, in line with the plan, and as illustrated in the spend profile graph above.

- 3.2 The main areas of investment to date include:

Statutory Compliance	£0.928m
Equipment	£0.193m
E-health	£0.123m
Elective Orthopaedic Centre	£0.461m

4. Capital Expenditure Outturn

- 4.1 At this stage of the financial year it is currently estimated that the Board will spend the Capital Resource Limit in full.

5. Recommendation

- 5.1 Members are invited to approach the Director of Finance for any points of clarity on the position reported and are asked to:

note the capital expenditure position to 30 June 2020 of £1.713m and the forecast year end spend of the capital resource allocation of £7.394m

Appendix 1: Capital Expenditure Breakdown

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2020/21 £'000
COMMUNITY & PRIMARY CARE			
Capital Minor Works	214	7	214
Statutory Compliance	150	32	150
Capital Equipment	30	7	30
Condemned Equipment	0	0	0
Total Community & Primary Care	394	47	394
ACUTE SERVICES DIVISION			
Elective Orthopaedic Centre	461	461	461
Statutory Compliance	2,669	896	2,669
Capital Equipment	949	0	949
Covid Acute Equipment	179	179	179
Minor Works	159	1	159
Condemned Equipment	57	7	57
Total Acute Services Division	4,474	1,543	4,474
NHS FIFE WIDE SCHEMES			
Equipment Balance	877	0	877
Information Technology	1,041	123	1,041
Minor Works	31	0	31
Statutory Compliance	84	0	84
Contingency	100	0	100
Asbestos Management	85	0	85
Fire Safety	60	0	60
Scheme Development	60	0	60
Vehicles	60	0	60
Condemned Equipment	33	0	33
Screen & Speech Units	95	0	95
Total NHS Fife Wide Schemes	2,526	123	2,526
TOTAL ALLOCATION FOR 2020/21	7,394	1,712	7,394

Appendix 2: Capital Plan - Changes to Planned Expenditure

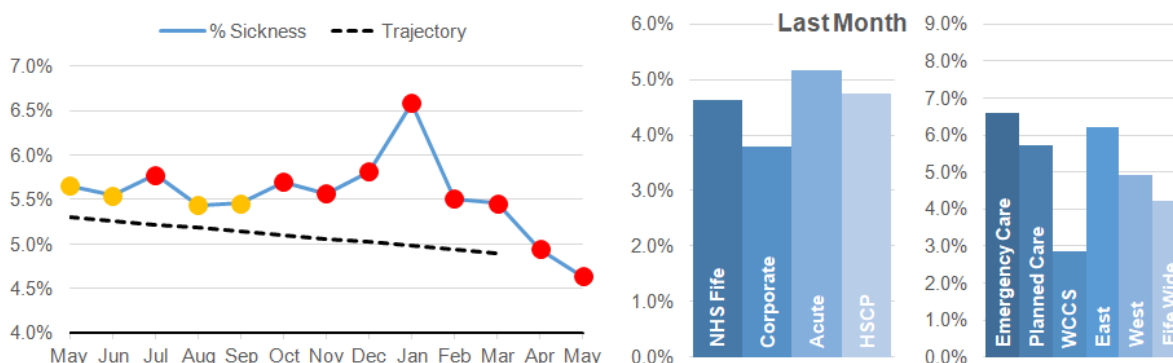
Capital Expenditure Proposals 2020/21	Pending Board Approval Qtr 1 £'000	Cumulative Adjustment to May £'000	June Adjustment £'000	Total June £'000
Routine Expenditure				
Community & Primary Care				
Capital Equipment	0	36	-6	30
Condemned Equipment	0	0	0	0
Minor Capital	0	199	15	214
Statutory Compliance	0	150	0	150
Total Community & Primary Care	0	385	8	394
Acute Services Division				
Elective Orthopaedic Centre	0	364	97	461
Capital Equipment	0	549	400	949
Condemned Equipment	0	38	19	57
Covid 19 Acute Equip	0	160	19	179
Minor Capital	0	114	45	159
Statutory Compliance	0	2,736	-67	2,669
	0	3,961	513	4,474
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,569	-3,455	-30	84
Fife Wide Equipment	2,036	-745	-414	877
Information Technology	1,041	0	0	1,041
Minor Work	498	-343	-125	31
Fife Wide Contingency Balance	100	0	0	100
Condemned Equipment	90	-39	-18	33
Scheme Development	60	0	0	60
Fife Wide Asbestos Management	0	85	0	85
Fife Wide Fire Safety	0	60	0	60
Fife Wide Screen & Speech Units	0	30	65	95
Fife Wide Vehicles	0	60	0	60
Total Fife Wide	7,394	-4,346	-522	2,526
Total	7,394	0	0	7,394

Staff Governance

Sickness Absence

To achieve a sickness absence rate of 4% or less
Improvement Target for 2020/21 = **TBC%**

Local Performance (Source: Tableau, from January 2020)



National Benchmarking

Month	2019/20											2020/21	
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
NHS Fife	5.66%	5.55%	5.78%	5.44%	5.46%	5.70%	5.57%	5.82%	6.59%	5.51%	5.46%	4.95%	4.64%
Scotland	5.23%	4.98%	5.22%	5.18%	5.24%	5.69%	5.58%	5.83%	5.99%	5.27%	5.20%	4.57%	4.54%

Key Challenges in 2020/21

Recovery from COVID-19 and repurposing Promoting Attendance activities to support business as usual

Improvement Actions	Update
20.1 Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence By Sep-20 (TBC)	<p>The Regional Workforce Dashboard (Tableau) is being rolled out. The Dashboard provides managers with timely workforce information which they can interrogate in order to identify trends and priority areas.</p> <p>Tableau will be utilised in future by Managers, HR, OH and the Well@Work group to target future interventions to the appropriate areas.</p> <p>OH drop-in sessions were undertaken in September and October 2019, and local processes have been refreshed in conjunction with Promoting Attendance Leads to standardise approach and reflect the Once for Scotland policy implementation. To refresh this once services resume to the new normal</p> <p>Business units are utilising trajectory reporting and RAG status reports.</p> <p>Further OH Drop-in Sessions will take place when COVID-19 activity allows.</p>
20.2 Early OH intervention for staff absent from work due to a Mental Health related reason By Sep-20 (TBC)	<p>This has been in place since March 2019 and is now in the process of being reviewed by OH, HR, service and staff side colleagues to check on the appropriateness and impact of this approach.</p> <p>Initial consideration of factors including how we promote general awareness of mentally healthy workplaces, support for managers to create mentally healthy and resilient workplaces and further awareness raising of support for staff to be concluded by April 2020. This has been supplemented and superseded by the additional support and inputs via Psychology and other services during the pandemic and may be included in a much broader evaluation of staff support requirements being taken forward by the Staff Support and Wellbeing Sub Group of the Silver Command Workforce Group.</p>
21.1 Once for Scotland Promoting Attendance Policy	<p>The purpose of this action is to provide training and support, in partnership, for managers and supervisors on the new policy and the standardised approaches within the new policy, which was just being implemented at the start of the pandemic. We need to ensure that staff are aware of the new</p>

Staff Governance	
<i>By Sep-20 (TBC)</i>	policy and the changes which affect them.
21.2 Review Promoting Attendance Group <i>By Sep-20 (TBC)</i>	To review the function of the NHS Fife Promoting Attendance Group and associated supporting groups, to improve the governance arrangements around the purpose of each group and how they interrelate, with the aim of providing a Promoting Attendance framework with clear lines of reporting and escalation.
21.3 Restart Promoting Attendance Panels <i>By Sep-20 (TBC)</i>	To recommence Promoting Attendance Review and Improvement Panels and supporting activities such as myth busting and training, using MS Teams to ensure that promoting attendance measures are as effective as possible.

CAROL POTTER

Chief Executive

24th July 2020

Prepared by:

SUSAN FRASER

Associate Director of Planning & Performance

Staff Governance

Appendix 1: NHS Fife Remobilisation – Projected Activity

		Week Ending									
		31-May	07-Jun	14-Jun	21-Jun	28-Jun	05-Jul	12-Jul	19-Jul	26-Jul	02-Aug
TTG Inpatient/Daycase Activity	Projected	28	31	31	51	45	54	54	104	104	104
	Actual	49	54	55	60	60	88	106	142		
TTG Inpatient/Daycase Activity (Spire and Kings Park)	Projected	18	18	18	18	18	0	0	0	0	0
	Actual	14	16	11	14	12	10	8			
Elective Scope Activity	Projected	86	86	91	91	91	91	96	96	96	96
	Actual	43	61	46	56	73	59	57	53		
OP Referrals Received	Projected	830	950	1,050	1,100	1,150	1,215	1,280	1,345	1,410	1,475
	Actual	879	918	950	1,001	1,075	1,221	1,301	1,190		
OP Activity (N&R F2F, NearMe, Telephone, Virtual)	Projected	2,020	2,120	2,220	2,320	2,420	2,460	2,500	2,550	2,600	2,650
	Actual	2,090	2,409	2,431	2,691	2,680	2,822	2,840	2,847		
A&E Attendance	Projected	1,022	941	997	1,057	1,121	1,188	1,262	1,280	1,300	1,300
	Actual	1,022	941	981	1,055	1,102	991	1,050	1,166		
Emergency Admissions	Projected	547	563	551	544	540	572	564	560	566	565
	Actual	550	573	578	611	604	602	593	634		
Urgent Suspicion of Cancer - Referrals Received	Projected	196	270	372	250	208	208	208	208	208	208
	Actual	137	145	135	156	133	149	150	167		
31 Day Cancer - First Treatment	Projected	30	30	30	30	30	30	30	30	30	30
	Actual	31	27	15	26	24	20	18			
CAMHS - First Treatment	Projected	22	22	22	22	22	18	18	18	18	18
	Actual	24	25	19	17	13	10				
PC OOH - Home Visits	Projected	240	221	206	232	213	217	200	222	216	203
	Actual	160	156	152	164	156	167	156	137		
PC OOH - Centre attendances / telephone advice calls	Projected	1,058	1,066	1,099	1,099	1,073	1,060	1,099	1,057	1,078	1,076
	Actual	827	867	802	802	897	868	840	835		



Fife Integrated Performance & Quality Report

Produced in August 2020



Introduction

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

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

The IPQR comprises of the following sections:

I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Assessment

II. Performance Assessment Reports

- a. Clinical Governance
- b. Finance, Performance & Resources
 - Operational Performance
 - Finance
- c. Staff Governance

Section II provides further detail for indicators of continual focus or those that are currently underperforming. Each 'drill-down' contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions.

I. Executive Summary

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

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

An alternative source for Improvement Actions in the 2020/21 IPQR, specifically for performance areas relating to Waiting Times, is the Joint Mobilisation Plan (JMP) for Fife. This has been produced at the request of the Scottish Government in order to describe the steps being taken by the Health Board and Health & Social Care Partnership to recover services which were 'paused' from the start of the COVID-19 lockdown.

Improvement Actions carry a '20' or '21' prefix, to identify those continuing from 2019/20 and those identified as new for this FY. They are shaded in **BLUE** if they are assessed as being complete or no longer relevant.

No Performance Improvement Trajectories are included in the run charts at this stage.

As part of the JMP, a spreadsheet showing projected activity across critical services has been created by Scottish Government and will be a 'living document' as we go forward. The latest version of this is shown in Appendix 1.

a. LDP Standards & Key Performance Indicators

The current performance status of the 28 indicators within this report is 9 (32%) classified as **GREEN**, 3 (11%) **AMBER** and 16 (57%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

There was notable improvement in the following areas during the last reporting period:

- C Diff and SAB infection rates
- Closure rate for Stage 1 complaints
- Smoking Cessation – achieving just under 93% of annual target, around 4% better than for FY 2018/19

b. National Benchmarking

































National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 9 (31%) within upper quartile, 16 (55%) in mid-range and 4 (14%) in lower quartile.

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







Indicator Summary

Section	LDP Standard	Standard	Target 2020/21
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A
	N/A	HSMR	N/A
	N/A	Inpatient Falls	5.97
	N/A	Inpatient Falls with Harm	2.16
	N/A	Pressure Ulcers	0.42
	N/A	Caesarean Section SSI	2.5%
	N/A	SAB - HAI/HCAI	19.5
	N/A	SAB - Community	N/A
	N/A	C Diff - HAI/HCAI	6.7
	N/A	C Diff - Community	N/A
	N/A	ECB - HAI/HCAI	36.6
	N/A	ECB - Community	N/A
	N/A	Complaints (Stage 1 Closure Rate)	80%
N/A	Complaints (Stage 2 Closure Rate)	65%	
Operational Performance	90%	IVF Treatment Waiting Times	90%
	95%	4-Hour Emergency Access	
	100%	Patient TTG (Ongoing Waits)	
	95%	New Outpatients Waiting Times	
	100%	Diagnostics Waiting Times	
	95%	Cancer 31-Day DTT	
	95%	Cancer 62-Day RTT	
	90%	18 Weeks RTT	
	29%	Detect Cancer Early	27%
	N/A	Delayed Discharge (% Bed Days Lost)	5%
	N/A	Delayed Discharge (# Standard Delays)	N/A
	80%	Antenatal Access	80%
	473	Smoking Cessation	473
	90%	CAMHS Waiting Times	
	90%	Psychological Therapies Waiting Times	
	80%	Alcohol Brief Interventions (Priority Settings)	80%
	90%	Drugs & Alcohol Treatment Waiting Times	90%
N/A	Dementia Post-Diagnostic Support		
N/A	Dementia Referrals		
N/A	Freedom of Information Requests	85%	
Finance	N/A	Revenue Expenditure	£0
	N/A	Capital Expenditure	£7.394m
Staff Governance	4.00%	Sickness Absence	4.39%

Performance									
meets / exceeds the required Standard / on schedule to meet its annual Target									
behind (but within 5% of) the Standard / Delivery Trajectory									
more than 5% behind the Standard / Delivery Trajectory									
Reporting Period		Year Previous		Previous		Current			
Month	Jun-19	58		May-20	25	Jun-20	26	↓	
Year Ending	Mar-19	N/A		Dec-19	1.02	Mar-20	1.01	↑	
Month	Jun-19	6.85		May-20	7.56	Jun-20	8.57	↓	
Month	Jun-19	1.19		May-20	1.62	Jun-20	1.84	↓	
Month	Jun-19	0.76		May-20	0.83	Jun-20	0.83	←	
Quarter Ending	Dec-18	1.7%		Sep-19	2.5%	Dec-19	2.3%	↑	
Quarter Ending	Jun-19	13.7		May-20	9.0	Jun-20	6.3	↑	
Quarter Ending	Jun-19	9.7		May-20	15.9	Jun-20	14.0	↑	
Quarter Ending	Jun-19	8.0		May-20	10.5	Jun-20	7.9	↑	
Quarter Ending	Jun-19	3.2		May-20	1.1	Jun-20	2.1	↓	
Quarter Ending	Jun-19	42.1		May-20	34.4	Jun-20	36.4	↓	
Quarter Ending	Jun-19	35.5		May-20	30.8	Jun-20	34.4	↓	
Quarter Ending	Jun-19	70.8%		May-20	71.6%	Jun-20	74.8%	↑	
Quarter Ending	Jun-19	52.3%		May-20	18.1%	Jun-20	18.9%	↑	
Month	Jun-19	100.0%		May-20	N/A	Jun-20	N/A	←	
Month	Jun-19	94.9%		May-20	96.5%	Jun-20	96.8%	↑	
Month	Jun-19	90.1%		May-20	26.8%	Jun-20	15.4%	↓	
Month	Jun-19	95.4%		May-20	40.9%	Jun-20	32.0%	↓	
Month	Jun-19	99.5%		May-20	31.1%	Jun-20	37.4%	↑	
Month	Jun-19	95.0%		May-20	97.6%	Jun-20	97.1%	↓	
Month	Jun-19	82.9%		May-20	90.2%	Jun-20	79.0%	↓	
Month	Jun-19	83.4%		May-20	86.5%	Jun-20	80.1%	↓	
Year Ending	Sep-18	26.9%		Jun-19	25.2%	Sep-19	24.8%	↓	
Month	Jun-19	6.8%		May-20	4.1%	Jun-20	4.3%	↓	
Month	Jun-19	56		May-20	24	Jun-20	34	↓	
Month	Oct-18	87.8%		Sep-19	80.0%	Oct-19	88.9%	↑	
YTD	Mar-19	88.6%		Feb-20	95.4%	Mar-20	92.4%	↓	
Month	Jun-19	76.7%		May-20	74.2%	Jun-20	62.2%	↓	
Month	Jun-19	66.3%		May-20	79.2%	Jun-20	73.8%	↓	
YTD	Mar-19	66.1%		Dec-19	75.7%	Mar-20	79.2%	↑	
Month	Apr-19	95.5%		Mar-20	92.6%	Apr-20	80.1%	↓	
Annual	2016/17	87.3%		2017/18	86.8%	2018/19	92.1%	↑	
Annual	2016/17	60.0%		2017/18	55.3%	2018/19	60.6%	↑	
Quarter Ending	Jun-19	61.1%		May-20	87.1%	Jun-20	82.1%	↓	
Month	Jul-19	N/A		Jun-20	+£5.064m	Jul-20	+£6.922m	↓	
Month	Jul-19	N/A		Jun-20	£1.713m	Jul-20	£2.014m	↑	
Month	Jun-19	5.55%		May-20	4.64%	Jun-20	4.96%	↓	

Benchmarking			
	Upper Quartile		
	Mid Range		
	Lower Quartile		
Reporting Period	Fife		Scotland
N/A			
YE Mar-20	1.01		1.00
N/A			
N/A			
N/A			
QE Dec-19	2.3%		0.9%
QE Mar-20	12.5		16.3
QE Mar-20	6.5		11.0
QE Mar-20	8.0		13.5
QE Mar-20	1.1		3.5
QE Mar-20	47.9		36.4
QE Mar-20	33.4		37.8
2018/19	70.7%		81.5%
2018/19	49.1%		53.7%
N/A			
Jun-20	96.8%		95.6%
Mar-20	83.2%		64.4%
Mar-20	95.2%		74.9%
Mar-20	97.9%		75.8%
QE Mar-20	95.7%		96.1%
QE Mar-20	83.5%		84.7%
Dec-19	82.0%		78.9%
2017, 2018	25.1%		25.5%
QE Dec-19	7.2%		7.1%
Jun-20	9.10		10.45
2018/19	91.3%		87.6%
YT Dec-19	87.9%		89.4%
QE Mar-20	76.0%		65.1%
QE Mar-20	70.1%		77.6%
2019/20	79.2%		83.2%
QE Mar-20	92.1%		94.7%
2017/18	86.8%		72.5%
2017/18	55.3%		42.3%
N/A			
N/A			
N/A			
YE Mar-20	5.49%		5.31%

d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
HSMR	1.00	N/A	N/A	YE Mar-20	1.01	YE Mar-20	
The HSMR for NHS Fife for the year ending March 2020 improved slightly in comparison to the year ending December 2019, but remained slightly above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.							
Inpatient Falls (with Harm)	2.16	Jun-20	2.16	Jun-20	1.84	N/A	N/A
Reduce falls with harm by 20% by December 2020							
The previous report highlighted the impact of environmental changes and changes in patient pathways in response to COVID-19. These have without doubt had an effect on how staff manage the reduction in risk of falling. This remains under review and as clinical areas embed the ways of working some adaptation of our approaches may be required. The remobilisation of services is underway and increasing capacity within inpatient settings within the context described and the refreshed work plan will capture this.							
Pressure Ulcers	0.42	Never Met	0.42	Jun-20	0.83	N/A	N/A
50% reduction by December 2020							
Assessing the impact of COVID-19 on performance has been difficult as our response has changed the clinical area function and pathway, and this has led to a dynamic response to the need for green and red capacity. Work is being undertaken to complete a brief deep dive exercise of data to date to learn the reasons behind them. Wards have been identified to take part in the Pressure Ulcer Collaborative, both within Acute and HSCP.							
Caesarean Section SSI	N/A	QE Dec-19	2.5%	QE Dec-19	2.3%	QE Dec-19	
We will reduce the % of post-operation surgical site infections to 2.5%							
Due to the COVID-19 pandemic, there remains a temporary pause on all Surgical Site Infection surveillance, until further notice from Scottish Government.							
SAB (MRSA/MSSA)	18.8	QE Jun-20	19.5	QE Jun-20	6.3	YE Mar-20	
We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022							
Infection control surveillance has continued throughout the COVID-19 pandemic. For Q1 2020 NHS Fife was below the national comparator for healthcare-associated infections. This success is continuing to be demonstrated with NHS Fife achieving the improvement trajectory for SAB.							
C Diff	6.5	QE Jun-19	6.7	QE Jun-20	7.9	YE Mar-20	
We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022							
Infection control surveillance has continued throughout the COVID-19 pandemic. For Q1 2020, NHS Fife was below the national comparator for healthcare associated infections, although slightly above the improvement trajectory, and we are continuing to focus on patients with recurrent infections.							
ECB	33.0	QE Jun-20	36.6	QE Jun-20	36.4	YE Mar-20	
We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022							
Infection control surveillance has continued throughout the COVID-19 pandemic. Following an exception report in Q4 2019, Q1 2020 saw a marked improvement in healthcare associated ECB infection rates. Continued improvements are noted with initial Q2 2020 figures.							
Complaints - Stage 2	N/A	Never Met	65%	QE Jun-20	18.9%	FY 2018/19	
At least 75% of Stage 2 complaints are completed within 20 working days							
Patient Relations were advised in March that the clinical team's priority was focused on the pandemic and that responding to complaints would not be high priority. Although the clinical services aimed to respond, performance has suffered, a common pattern across all Health Boards. We are currently working through the backlog of complaints in order to be ready to deal with an anticipated increase in complaints relating to delayed treatments and those that may arise now the Clinical Services are starting to remobilise.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
4-Hour Emergency Access 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Jun-20	TBC	Jun-20	96.8%	Jun-20	●
<p>There has been sustained performance above the target in June despite the 14% increase in attendances from May. The urgent care centre continues to support COVID presentations and the breach reasons are distributed between bed waits and clinical or specialist reasons. Flow into the hospital continues to be managed via red and green pathways with occupancy remaining below normal seasonal figures.</p>							
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	TBC	Jun-20	15.4%	QE Mar-20	●
<p>Weekly additions to the waiting list decreased from about 400 to under 100 by early April, as routine surgery (apart from cancer and urgent) was cancelled. Additions are now increasing (though still well below average), and this trend is expected to continue as routine outpatient clinics are restarted in July and August.</p> <p>The number of patients waiting greater than 12 weeks has increased hugely since lockdown, from around 600 to over 3,000 (around 80% of the waiting list), with similar increases in the % of patients now waiting more than 18 and 26 weeks.</p> <p>Activity delivered has increased as theatres have gradually been reopened., and additional activity in the Independent Sector, funded by the SG, has been extended to the end September.</p> <p>We estimate that we will be able to deliver around 76% of the previous average level of activity by December.</p> <p>Reduction in the backlog of referrals will require additional in house or in-sourced and additional funding to deliver this, and this has been requested from SG.</p>							
New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	TBC	Jun-20	32.0%	Mar-20	●
<p>Referrals have gradually increased but are still 50% below average. The number of patients waiting greater than 12 weeks has increased from just over 500 just before lockdown to over 8,000 by June, equating to 67% of the total waiting list. The number of patients waiting over 12, 18 and 26 weeks have been hugely impacted and are significantly higher as a % that they were before lockdown.</p> <p>Using a clinic capacity modelling tool, new ways of working in outpatient clinics have been introduced to make the most efficient use of clinic space. This along with repurposing other clinical areas and extending days is maximising the number of patients who can be seen face to face. This capacity is being prioritised for new, cancer and urgent review patients who need a face to face appointment. The appointment of routine new patients began in mid July in line with our initial plan.</p> <p>It is anticipated we will be able to achieve 90% of previous levels of new outpatient capacity in December to March 2021 which along with a return to previous levels of referrals by September 2020 will likely lead to an increase in waiting list size and waiting times for routine referrals. Reduction in the backlog of referrals will require additional in house or in-sourced activity in the evenings and at weekends.</p>							
Diagnostics 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)	100%	Apr-16	TBC	Jun-20	37.4%	Mar-20	●
<p>The percentage of patients waiting less than 6 weeks for a diagnostic test has increased from 31% in May to 37% in June following the gradual restart and/or increase in services in line our proposed remobilisation plan.</p> <p>Endoscopy services restarted in June, allowing the backlog of Urgent Suspicion of Cancer and Bowel Cancer Screening Patients to be cleared. Referrals are increasing and priority is being given to urgent and cancer referrals which have resulted in a backlog of routine referrals. Discussions around recovery plans have taken place with the SG, and funding has been agreed for additional capacity, including in sourcing activity.</p> <p>Radiology diagnostic services returned to all sites at the end of July, with capacity at month end in relation to previous capacity being 70% for CT, 75% for MRI and 55% for Ultrasound. It is a similar (though slightly better) situation for GP and Outpatient key diagnostic tests.</p> <p>Breaches fell by around 35% from the end of June to the end of July as a result of the reinstatement of extended days for MRI, CT and MRI Mobile Van capacity funded by SG, which will continue until December. Additional capacity is planned for Ultrasound which will lead to further improvements in September.</p> <p>Priority is being given to all urgent referrals which are being seen within 2 weeks</p>							
Cancer 62-Day RTT 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	TBC	Jun-20	79.0%	QE Mar-20	●
<p>Whilst cancer services were prioritised and maintained, the pause of endoscopy services resulted in a backlog of patients requiring investigations. The backlog has been cleared with more breaches than usual in these areas. As services remobilise across all areas, performance will continue to be variable. Many of the breaches (ranging from 1 to 176 days with an average of 40 days)were due to the impact of COVID-19.</p>							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
FoI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	QE May-20	85%	QE Jun-20	82.1%	N/A	N/A
The number of FOI requests closed increased significantly in June, as pressures from the pandemic eased. Performance against the 20-day closure timescale (reinstated from 60 days in late May) fell slightly, and is likely to be variable over the next few months as work returns to normal.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jun-20	5%	Jun-20	4.3%	QE Dec-19	●
Bed days lost due to patients in delay has continued to be less than the local target, although there was an increase in both patients in delay and bed days lost in June. The challenge will be to avoid further increases in the coming months, as all the planned remobilisation activities are implemented.							
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	FY 2019/20	92.4%	YT Dec-19	●
A number of developments have led to an increase in reach and referral to the service. These include introducing a temporary abstinence model in the VHK with rapid access to NRT for patients and on sight staff training, developing service delivery in alternative venues such as leisure centres and nurseries, direct access to support within respiratory outpatient clinic and midwife-led Saturday provision. The loss of the mobile unit for 4 months (limiting outreach work into our more vulnerable communities) and staff recruitment (limiting capacity to support community pharmacy and data collection) have been key challenges. Overall, we have recorded a 4.2% increase in performance against target compared to FY 2018/19.							
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMHS services within 18 weeks of referral	90%	Sep-16	TBC	Jun-20	62.2%	QE Mar-20	●
Referrals to CAMHS are gradually returning to normal levels, with an anticipated increase as schools resume in mid August. RTT performance has fluctuated during the pandemic as more of the longest waits have been seen whilst 'new' referrals have been low. As referrals increase, performance is projected to return to Fife CAMHS average of approx 72% from September, dependent on staff availability.							
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	TBC	Jun-20	73.6%	QE Mar-20	●
Performance figures have not been hugely impacted so far by the COVID-19 pandemic. There has been a drop off in referrals which is very likely to be reversed during the next few months, at the same time as work resumes with longest waiting patients. This will take services above current capacity. In addition, the inability to hold group sessions due to social distancing restrictions will impact both treatment and performance recovery plans.							

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Jul-20	+ £6.922m	N/A	N/A
Following the unprecedented challenges created by the outbreak of the Covid-19 pandemic and the resultant public health emergency, our financial reporting was expanded to encompass: our core position; and Covid-19 additional costs, net of offsetting cost reductions (health costs that have reduced as a result of Covid-19 response). In tandem, an assessment was made of potential savings to ensure a continued effort to meet our efficiency savings requirements; albeit we have signposted to SG a level of expected underachievement of savings for the 2020/21 financial year as part of our Covid-19 and Quarter 1 financial template returns.							
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£7.394m	N/A	£7.394m	Jul-20	£2.014m	N/A	N/A
The total Capital Resource Limit for 2020/21 is £7.394m. This excludes both the new Elective Orthopaedic Centre which has incurred £0.5m expenditure to date and Covid capital equipment of £0.179k – NHS Fife are anticipating allocations for both projects. The capital position for the 4 months to July shows investment of £2.014m.							

Staff Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.39%	Jun-20	4.96%	YE Mar-20	●
Sickness absence levels have fallen in the first three months of the COVID-19 pandemic. It is difficult to draw any firm conclusions around this due to the way that pandemic-related absence (either due to having the infection or requiring to self-isolate) is being handled, and the situation will continue to be monitored as we return to "normal" and restart various Promoting Attendance activities.							

II. Performance Exception Reports

Clinical Governance

Adverse Events	10
HSMR	11
Inpatient Falls (With Harm)	12
Pressure Ulcers	13
Caesarean Section SSI	14
SAB (HAI/HCAI)	15
C Diff (HAI/HCAI)	16
ECB (HAI/HCAI)	17
Complaints (Stage 2)	18

Finance, Performance & Resources – Operational Performance

4-Hour Emergency Access	19
Patient Treatment Time Guarantee (TTG)	20
New Outpatients	21
Diagnostics	22
Cancer 62-day Referral to Treatment	23
Freedom of Information (FOI) Requests	24
Delayed Discharges	25
Smoking Cessation	26
CAMHS 18 Weeks Referral to Treatment	27
Psychological Therapies 18 Weeks Referral to Treatment	28

Finance, Performance & Resources – Finance

Revenue Expenditure	29
Capital Expenditure	39

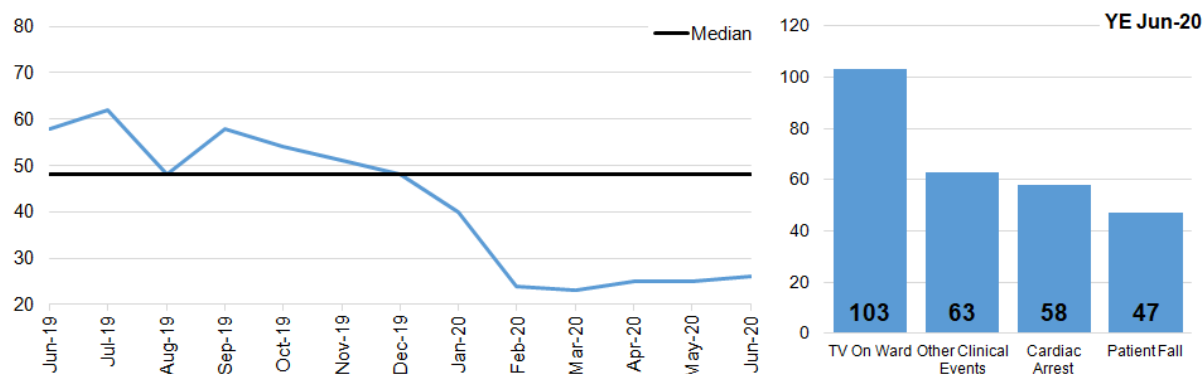
Staff Governance

Sickness Absence	43
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Clinical Governance

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2019/20										20/21		
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
ALL	NHS Fife	1241	1406	1295	1247	1354	1356	1388	1395	1305	1109	886	1047	1111
	Acute Services	564	563	571	531	658	575	585	616	635	467	372	469	461
	HSCP	630	800	668	670	647	733	766	744	620	619	483	551	618
	Corporate	47	43	56	46	50	49	37	36	51	24	33	33	32
CLINICAL	NHS Fife	832	915	831	813	938	888	929	909	921	788	605	710	732
	Acute Services	514	520	515	485	592	534	527	556	573	435	343	426	420
	HSCP	298	380	284	310	321	337	391	336	330	338	246	273	293
	Corporate	20	15	32	18	26	18	11	18	19	15	18	15	19

Commentary

In March, the configuration of services, including how services were offered and the numbers of people admitted, changed significantly in response to the COVID-19 pandemic.

Whilst staff were advised that all adverse events must continue to be reported during this time, the number reported across NHS Fife since February is less than in previous months. The number of major or extreme events reported has also dropped sharply.

The review processes for the major and extreme events was suspended during the peak months (March until the end of May), but are now re-established. There are working processes in place across the organisation to provide good oversight and monitoring of all adverse events.

Clinical Governance

HSMR

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

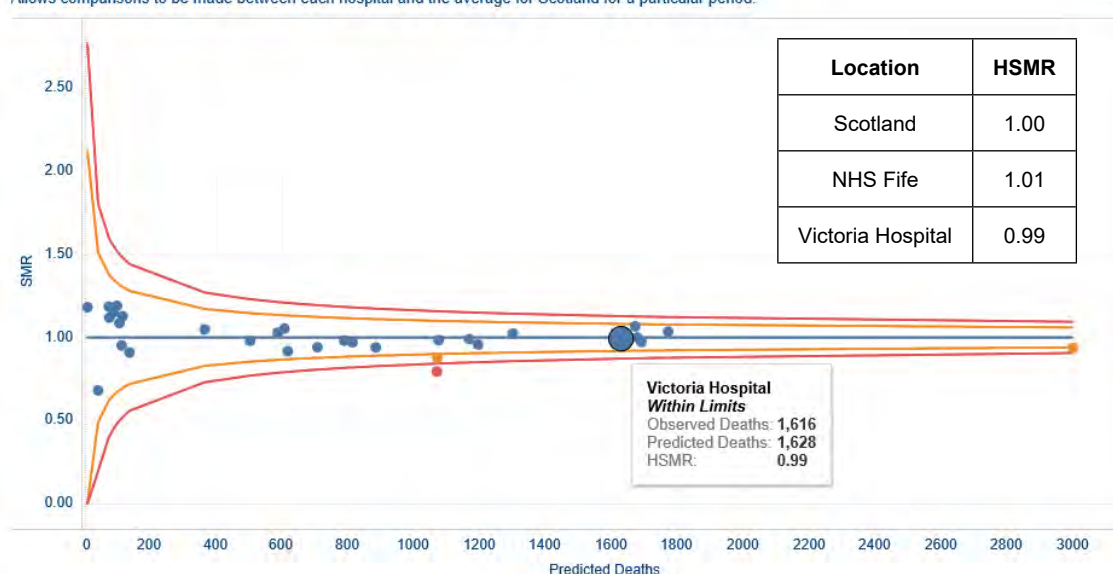
Reporting Period; April 2019 to March 2020^p

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

The rates for Scotland, NHS Fife (as a whole) and Victoria Hospital as an entity in itself are shown in the table within the Funnel Plot.

Funnel Plot by Hospital: April 2019 to March 2020

Allows comparisons to be made between each hospital and the average for Scotland for a particular period.



Commentary

The annual HSMR for NHS Fife decreased during the first quarter of 2020, with both the actual and predicted number of deaths falling slightly in comparison to the previous 12-month period. This should be seen as normal variation, but we will continue to monitor this closely.

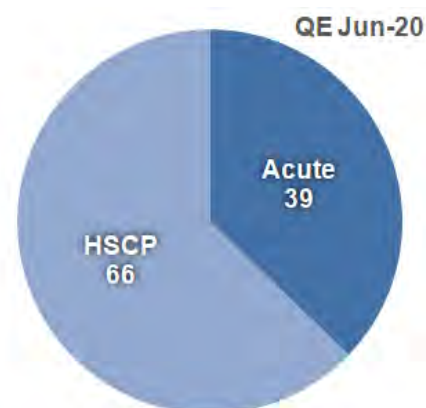
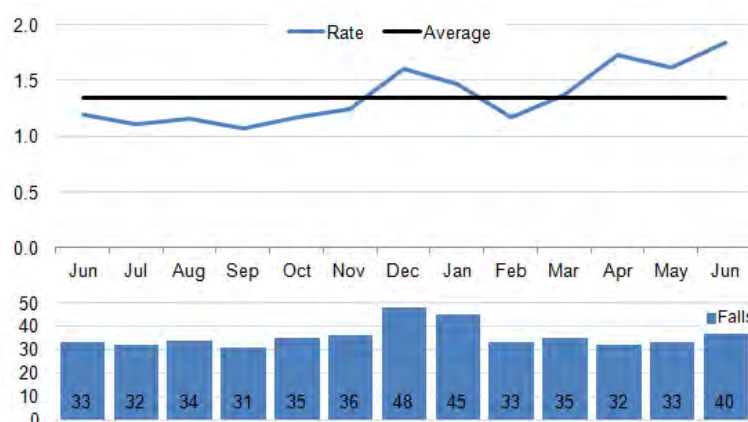
Clinical Governance

Inpatient Falls with Harm

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

Improvement Target rate (by end December 2020) = **2.16 per 1,000 OBD**

Local Performance



Service Performance

	Month	2019/20											20/21		
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
WITH HARM	NHS Fife	1.19	1.10	1.16	1.08	1.17	1.24	1.61	1.47	1.16	1.37	1.73	1.62	1.84	
	Acute Services	1.33	0.61	0.89	0.98	0.81	1.08	1.03	0.99	0.84	1.26	1.93	1.21	1.47	
	HSCP	1.07	1.51	1.38	1.16	1.48	1.37	2.10	1.89	1.44	1.44	1.61	1.95	2.17	

Key Challenges in 2020/21

The changes in service delivery due to the COVID-19 pandemic have changed clinical area function and this has been dynamic in response to the need for green and red capacity. This includes a change in numbers of patients in ward areas and the use of PPE and social distancing, all of which have had an impact on the way that staff deliver care. Moving forward we will need to continue to review our approaches to continue to reduce falls with harm.

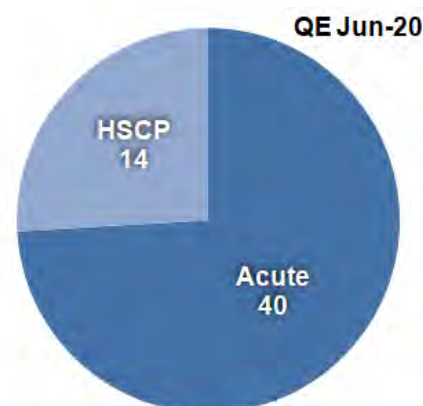
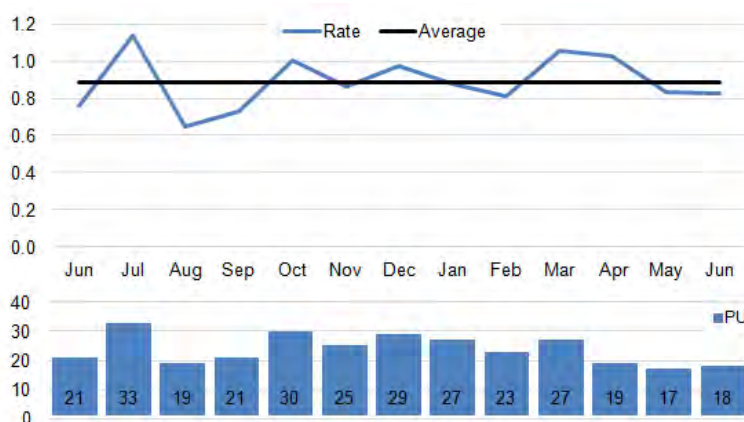
Improvement Actions	Update
20.3 Falls Audit <i>By Nov-20</i>	The audit tool has been revised to reflect more accurately the discreet elements of the falls bundle, and the plan is to re-audit again in the Autumn
20.5 Improve effectiveness of Falls Champion Network <i>By Oct-20 (Implementation Plan)</i>	Work still to be progressed to refresh the Falls Champions Network. As noted before future network plans are being explored with some discussion regarding a Fife wide, more virtual approach, using technology. This will be included in the revised work plan including a focus on developing an information/training pack to support development, shared learning and consistency. This will also consider information boards within the wards and falls related information.
21.1 Refresh of Plans <i>By Oct-20</i>	Next meeting planned for 12 th August with a view to refreshing the group work plan at that time for the coming year. This meeting is coming up and some discussion in preparation is underway.

Clinical Governance

Pressure Ulcers

Achieve 50% reduction in pressure ulcers (grades 2 to 4) developed in a healthcare setting
Improvement Target rate (by end December 2020) = **0.42 per 1,000 Occupied Bed Days**

Local Performance



Service Performance

Month	2019/20							2020/21					
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	0.76	1.14	0.65	0.73	1.00	0.86	0.97	0.88	0.81	1.06	1.02	0.83	0.83
Acute Services	1.25	2.15	1.34	1.13	1.54	1.62	1.40	1.27	1.23	1.94	2.08	1.21	1.47
HSCP	0.33	0.31	0.06	0.39	0.55	0.25	0.62	0.55	0.46	0.46	0.42	0.53	0.26

Key Challenges in 2020/21

Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance

Improvement Actions	Update
20.4 Improve consistency of reporting	
20.5 Review TV Champion Network Effectiveness By Sep-20	Regular sessions to support the already existing TV Champions Network is challenging due to clinical commitment. We need to consider how best to support the champions to deliver their role effectively. We are utilising the Teams IT system to reach all TV champions.
20.6 Reduce PU development By Oct-20	Redesign of the Quality Improvement Model to support the clinical teams to reduce harm, led by a HoN from the HSCP and ASD. To provide senior leadership support in practice.
21.1 Improve reporting of PU By Oct-20	TV work has been reignited and we are annotating the TV Report Charts to reflect the COVID-19 pandemic and better understand the reasons behind the data, and support improvement measures. A "Deep Dive" exercise is being undertaken into identified wards (HSCP) who reported pressure incidents during the pandemic to learn the reasons behind them.

Clinical Governance

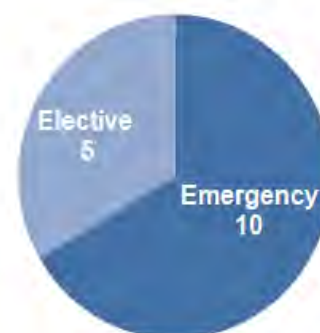
Caesarean Section SSI

To reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 to **2.5%** by March 2021

Local Performance



QE Dec-19



Service Performance

Quarter Ending	2017/18				2018/19				2019/20			
	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20
NHS Fife	3.0%	4.5%	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%	
Scotland	1.2%	1.3%	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%	

Key Challenges in 2020/21

NHS Fife SSI Caesarean Section incidence still remains higher than the Scottish incidence rate (no data for 2020 available at this stage)

Improvement Actions

Update

20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan <i>By Oct-20</i>	Regular SSI Implementation Group Meetings have resumed following the temporary pause due to the COVID-19 pandemic. The group met on 2 nd July, via Microsoft Teams, to discuss the Action Plan. The next meeting is due to take place on 20 th August. The new case ascertainment methodology was adopted from October 2019. Following the recommencement of SSI surveillance, the new methodology will continue to be applied and assessed for its effectiveness.
20.2 Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	

Clinical Governance

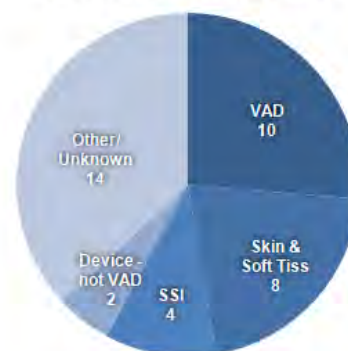
SAB (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Local Performance



Infection Source: YE Jun-20



National Benchmarking | Year Ending

Year Ending		2018/19			2019/20			
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	20.7	22.1	20.9	17.6	15.2	13.5	13.1
Scotland		17.4	17.6	16.8	16.7	16.9	16.2	16.4

Key Challenges in 2020/21

Achieving a 10% reduction of healthcare-associated SAB by March 2022

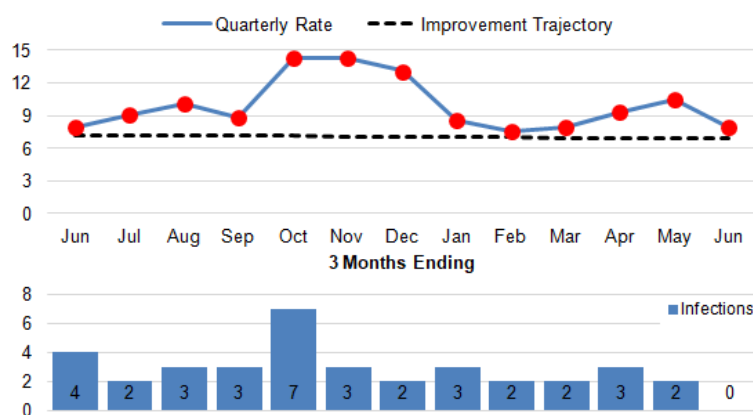
Improvement Actions	Update
20.1 Reduce the number of SAB in PWIDs <i>By Mar-21</i>	<p>The Infection Prevention Control Team continue to support Addiction Services with the SAB improvement project, last meeting in July. To date there has been only 2 confirmed cases of SAB in PWID in 2020 a marked improvement compared to the same time period in 2019.</p> <p>A SOP for accessing antibiotics for patients identified with SSTI by Addiction Services is out for consultation with GPs. There are also ongoing discussions on how to access treatment for outpatient PWID.</p>
20.2 Ongoing surveillance of all VAD-related infections <i>By Mar-21</i>	<p>Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement. This has continued throughout the pandemic.</p>
20.3 Ongoing surveillance of all CAUTI <i>By Mar-21</i>	<p>Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) are taking place, to identify key issues and take appropriate corrective actions. The group last met in June, and will meet again on 21st August.</p> <p>We are continuing to develop E-documentation bundles for catheter insertion and maintenance, to be added onto Patientrak for Acute services (follows successful introduction into MORSE for District nurses in 2019).</p>
20.4 Optimise comms with all clinical teams in ASD & the HSCP <i>By Mar-21</i>	<p>Monthly anonymised reporting with Microbiology comments to gain better understanding of disease process and those most at risk is continuing. This allows local resources to be focused on high risk groups/areas and improve patient outcomes.</p> <p>The Ward Dashboard is continuously updated, for clinical staff to access and also to be displayed for public assurance.</p> <p>Certificates for wards infection free period for SAB are to be distributed.</p>

Clinical Governance

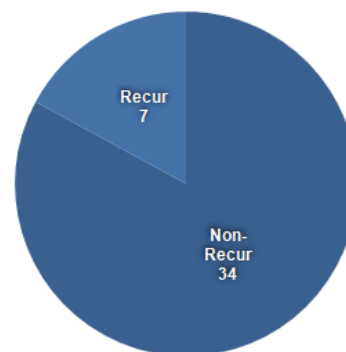
C Diff (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Local Performance



All CDI Recurrence: YE Jun-20



National Benchmarking | Year Ending

Year Ending		2018/19			2019/20			
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	7.8	7.3	7.2	8.2	8.6	8.8	9.2
Scotland		15.0	15.2	14.7	13.9	13.1	13.3	13.6

Key Challenges in 2020/21

Reducing healthcare-associated CDI (including recurrent CDI) to achieve the 10% reduction target by March 2022

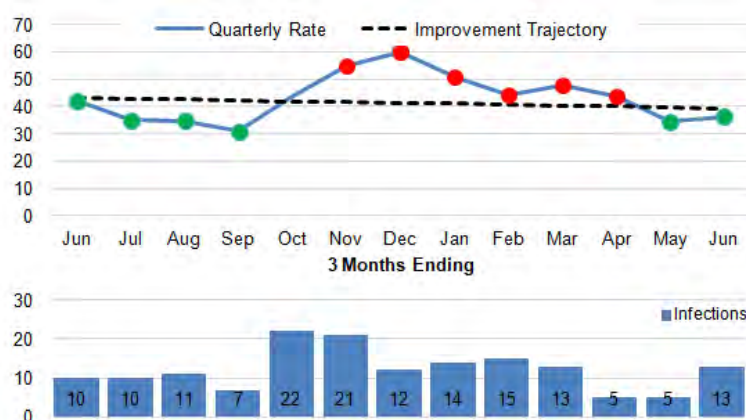
Improvement Actions	Update
20.1 Reducing recurrence of CDI <i>By Oct-20</i>	NHS Fife has been approved to use commercial FMT (Faecal microbiota transplantation) in the prevention of recurrence of infection, but this is currently unavailable (due to the COVID-19 pandemic). Approval has been passed for the use of Bezlotoxumab, which is a human monoclonal antitoxin antibody; it binds to Clostridioides difficile toxin B and neutralises its activity, preventing recurrence of CDI (BNF 2020). It is obtained on a named patient basis on micro/GI request and needs approval by the clinical and medical director. Fidaxomycin is another treatment used in NHS Fife for patients at high risk of recurrent CDI.
20.2 Reduce overall prescribing of antibiotics <i>By Oct-20</i>	National antimicrobial prescribing targets are being utilised by NHS Fife's microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage. New empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.
20.3 Optimise communications with all clinical teams in ASD & the HSCP <i>By Oct-20</i>	Monthly CDI reports are being distributed, to enable staff to gain a clearer understanding of the disease process. ICN ward visits reinforce SICPs and contact precautions, provide education to promote optimum CDI management and daily Medical management form completion. The Ward Dashboard is continuously updated, for clinical staff to access CDI incidence by ward and also to be displayed for public assurance. Certificates for wards infection free period for CDI are to be distributed

Clinical Governance

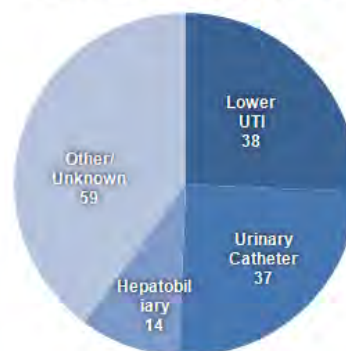
ECB (HAI/HCAI)

Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Local Performance



Infection Sources: YE Jun-20



National Benchmarking | Year Ending

Year Ending		2018/19			2019/20			
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	39.7	44.5	44.0	42.3	40.4	43.1	45.3
Scotland		36.2	37.4	38.4	38.6	38.7	39.3	39.1

Key Challenges in 2020/21

Reducing CAUTI and UTI ECB in order to achieve overall 25% reduction in healthcare-associated ECB by March 2022

Improvement Actions	Update
20.1 Optimise communications with all clinical teams in ASD & the HSCP <i>By Mar-22</i>	Mandatory national ECB surveillance has continued throughout the pandemic, although additional voluntary enhanced surveillance (started in January) has been paused. Monthly reporting and graphs of ECB data to key clinical staff across NHS Fife (HSCP & Acute services) has continued throughout the pandemic. ECB continues as a standing Agenda item in the IPCT and ICC meetings.
20.2 Formation of ECB Strategy Group <i>By Mar-21</i>	The first meeting of the ECB Strategy Group took place in January, to address ECBs caused predominately by urinary source other than CAUTIs. The next meeting was due in April, with a wider involvement from public health but this was postponed, and the date of next meeting is to be confirmed.
20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG) <i>By Mar-21</i>	The UCIG last met in June, the key points being as follows: <ul style="list-style-type: none"> E-documentation bundles for catheter insertion and maintenance to be added onto Patientrak for Acute services (follows the successful introduction into MORSE for District nurses in 2019) Urinary Catheter Care passports have been added to PECOS for all patients to promote catheter care and adequate hydration Continence/hydration folders have been distributed to all care and residential homes across Fife by the Continence advisory service, to be followed up by visits to support staff. These packs include information and tools on continence assessment, sheaths, catheters, bowel health, Hydration/healthy bladder and incontinence. The next UCIG meeting is scheduled for August.

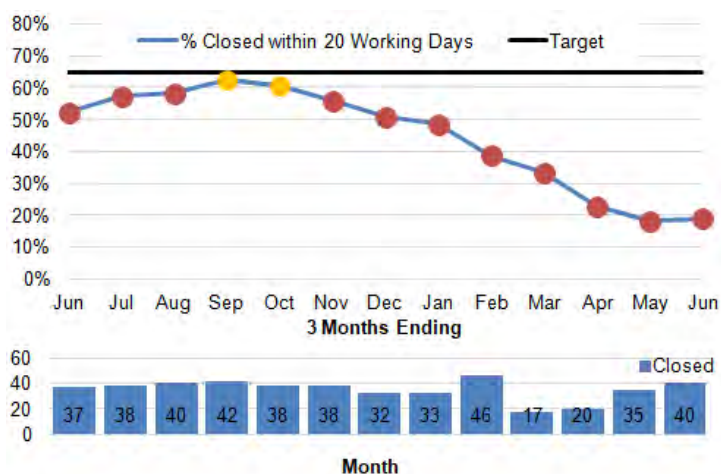
Clinical Governance

Complaints | Stage 2

At least 75% of Stage 2 complaints are completed within 20 working days

Improvement Target for 2020/21 = 65%

Local Performance



Closure Breaches: QE Jun-20



Local Performance by Directorate/Division

3-Month Ending	2019/20										20/21		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	52.3%	57.3%	58.3%	62.5%	60.8%	55.9%	50.9%	48.5%	38.7%	33.3%	22.9%	18.1%	18.9%
Ack <= 3 Days (Monthly)	89.2%	97.4%	95.0%	92.9%	97.4%	89.5%	93.8%	93.9%	95.7%	94.1%	95.0%	97.1%	87.5%
ASD	67.7%	71.4%	66.7%	63.8%	60.5%	60.6%	57.7%	57.1%	49.4%	56.2%	55.3%	54.4%	53.5%
HSCP	8.7%	22.6%	33.3%	54.3%	57.6%	45.2%	33.3%	23.3%	9.7%	28.6%	28.4%	26.8%	25.7%

Key Challenges in 2020/21

Clearing the backlog of existing complaints
Increase in complaints due to treatment delays (including diagnostics)
General increase in complaints as we start to remobilise

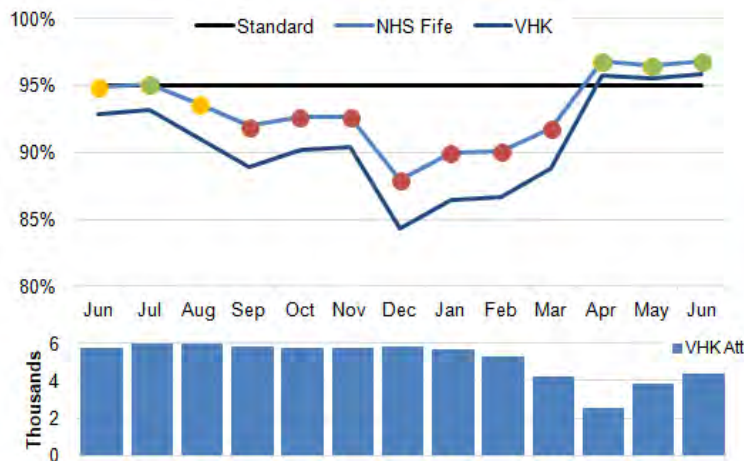
Improvement Actions	Update
20.1 Patient Relations Officers to undertake peer review	
20.2 Deliver education to service to improve quality of investigation statements	
20.3 Agree process for managing medical statements, and a consistent style for responses	
21.1 Agree process for managing complaint performance and quality of complaint responses By Mar-21	The PRT is changing the way we work in order to adapt to the 'new normal'. This includes changing meetings, reports and forms, with an aim of improving and sustaining consistency and quality. Part of this will be achieved via the development of the Complaints section of the new NHS Fife website.
21.2 Deliver virtual training on complaints handling By Dec-20	This action has been identified as a replacement for previous action 20.2, with the aim being to improve overall quality. Sessions are currently being arranged.

Finance, Performance & Resources – Operational Performance

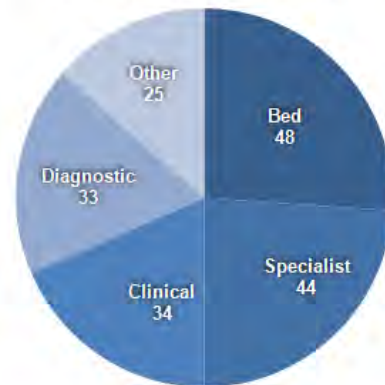
4-Hour Emergency Access

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment
*Improvement Target for 2020/21 = **TBC%***

Local Performance



Breach Reason Jun-20



National Benchmarking

Month	2019/20							2020/21					
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	94.9%	95.1%	93.6%	92.0%	92.7%	92.7%	88.0%	90.0%	90.1%	91.8%	96.8%	96.5%	96.8%
Scotland	90.3%	91.2%	90.6%	88.7%	88.0%	85.5%	83.8%	86.1%	86.4%	89.2%	94.9%	95.7%	95.6%

Key Challenges in 2020/21

Maintaining the reduction in numbers and the public using alternatives to emergency care
 Managing a department with red/green split during the return to normality, when injuries related to outdoor activity are likely to increase

Improvement Actions	Update
20.1 Formation of PerformED group to analyse performance trends <i>By Jul-20</i>	ED performance has continued to remain above average indicating that processes and improvement pathways are delivering and achievable when there is flow within the hospital. These will be monitored as remobilisation moves forward and attendances potentially increase.
20.4 Development of services for ECAS	
20.5 Medical Assessment and AU1 Rapid Improvement Group <i>By Aug-20</i>	Focus of this group will move to long term management of red and green admission pathways and continual review of combined assessment (medical and surgical) effectiveness
21.1 Remodelling of Outpatient services <i>By Dec-20</i>	Ongoing assessment of the effectiveness of electronic outpatient models for different specialities and focus on return appointment frequency and effectiveness

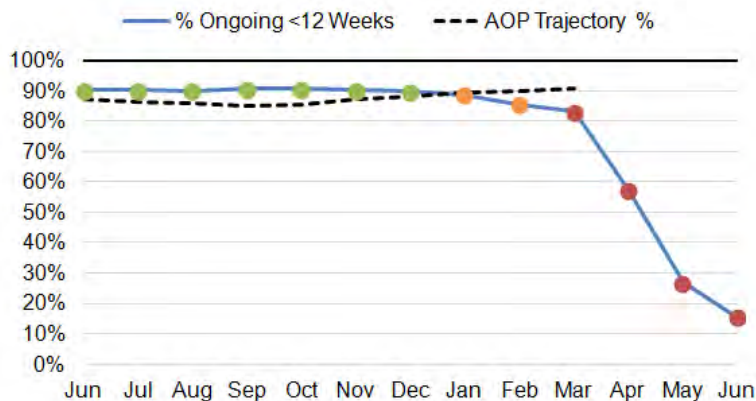
Finance, Performance & Resources – Operational Performance

Patient TTG

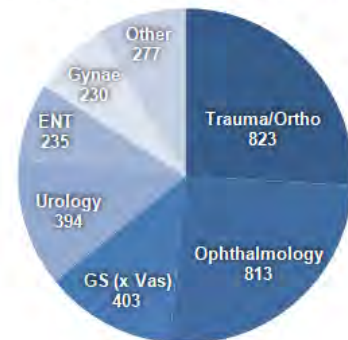
We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Improvement Target for 2020/21 = **TBC%** (Patients Waiting <= 12 Weeks at month end)

Local Performance



Ongoing Breaches Jun-20



National Benchmarking

	2019/20										2020/21		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	90.1%	90.1%	89.9%	90.6%	90.5%	90.1%	89.7%	88.4%	85.4%	83.1%	57.3%	26.8%	15.4%
Scotland	67.8%	67.8%	66.8%	67.5%	69.7%	69.5%	67.0%	66.7%	66.3%	64.4%			

Key Challenges in 2020/21

Recovery from COVID-19
Reduced theatre capacity due to increased infection control procedures and response to COVID-19

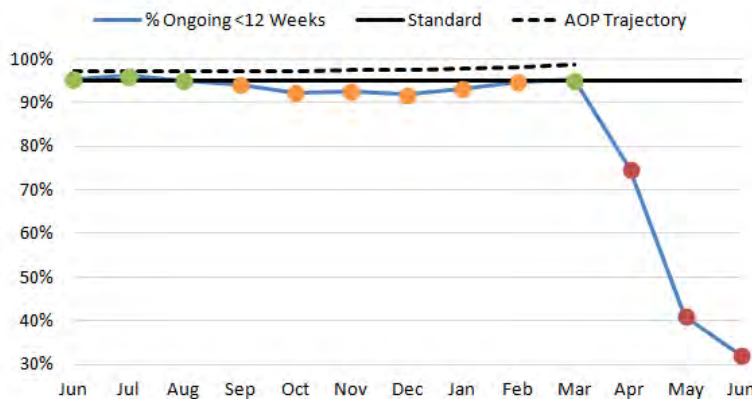
Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	
20.3 Theatre Action Group develop and deliver plan	
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	
21.1 Develop and deliver transformation plan By Mar-21	This action is related to 20.2 and 20.3, above, but seeks to sustain delivery of improvements introduced during the pandemic
21.2 Review DCAQ in relation to WT improvement plan By Aug-20	Work has informed the remobilisation plan in order to reinstate the level of capacity as close as possible to that funded in the waiting times improvement plan for 20/21 Additional funding has been requested to assist with clearing backlog. *** ACTION COMPLETE ***
21.3 Undertake waiting list validation against agreed criteria By Sep-20	When the action is complete, this will be an ongoing activity

Finance, Performance & Resources – Operational Performance

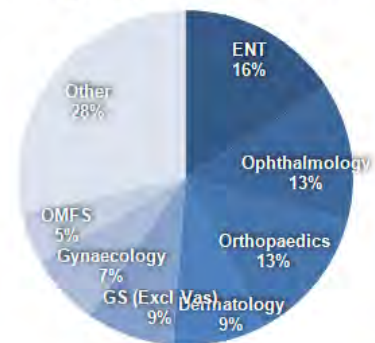
New Outpatients

95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment
Improvement Target for 2020/21 = **TBC%**

Local Performance



Ongoing Breaches Jun-20



National Benchmarking

	2019/20										2020/21		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	95.4%	96.2%	95.0%	94.1%	92.4%	92.7%	91.8%	93.2%	94.7%	95.2%	74.8%	40.9%	32.0%
Scotland	73.5%	73.5%	72.2%	72.9%	73.3%	73.7%	73.2%	75.5%	75.1%	74.9%			

Key Challenges in 2020/21

Recovery from COVID 19
Reduced clinic capacity due to physical distancing
Difficulty in recruiting to specialist consultant posts

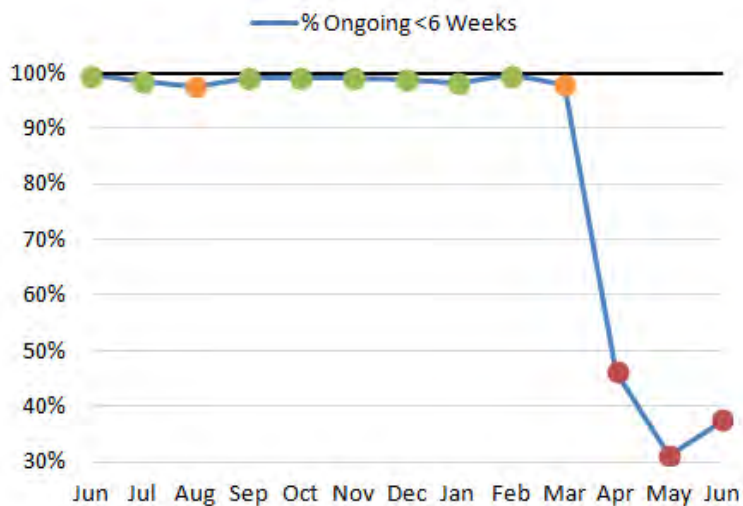
Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	
20.2 Develop OP Transformation programme.	
20.3 Improve recruitment to vacancies By Mar-21	Action continues – includes consideration of service redesign to increase capacity
21.1 Review DCAQ in relation to WT improvement plan By Aug-20	Work has informed the remobilisation plan in order to reinstate the level of capacity as close as possible to that funded in the waiting times improvement plan for 20/21. Additional funding has been requested to assist with clearing backlog. *** ACTION COMPLETE ***
21.2 Refresh OP Transformation programme actions By Mar-21	This action is related to 20.2, above, but seeks to sustain delivery of improvements introduced during the pandemic
21.3 Develop clinic capacity modelling tool By Jul -20	Tool is in use. *** ACTION COMPLETE ***
21.4 Validate new and review waiting list against agreed criteria By Sep-20	When the action is complete, this will be an ongoing activity

Finance, Performance & Resources – Operational Performance

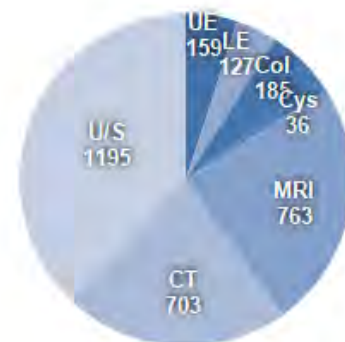
Diagnostics Waiting Times

No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment
Improvement Target for 2020/21 = **TBC%**

Local Performance



Ongoing Breaches Jun-20



National Benchmarking

	2019/20										2019/20		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	99.5%	98.3%	97.6%	98.9%	99.0%	99.1%	98.6%	98.2%	99.5%	97.8%	46.3%	31.1%	37.4%
Scotland	81.6%	79.5%	80.4%	82.3%	80.8%	82.8%	79.5%	79.2%	84.7%	75.8%			

Key Challenges in 2020/21

Recovery from COVID-19
Reduced capacity due to physical distancing and infection control procedures
Difficulty in recruiting to consultant and specialist AHP/Nursing posts
Endoscopy surveillance backlog

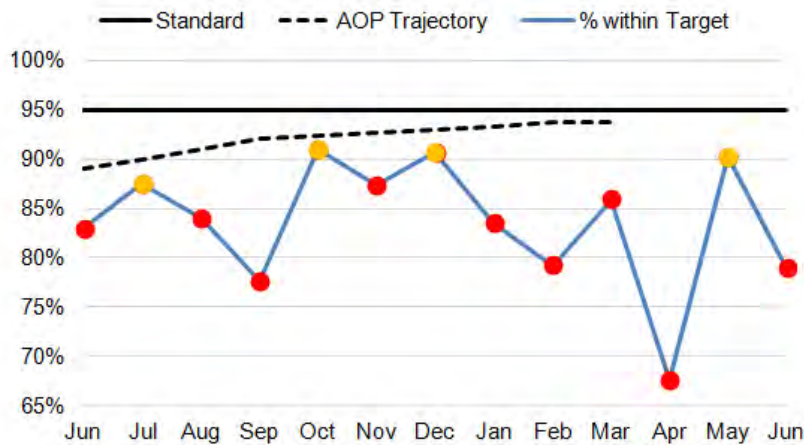
Improvement Actions	Update
21.1 Review DCAQ and develop remobilisation plans for Radiology and Endoscopy By Aug-20	Phase 3 expansion plan for Endoscopy has been agreed and implemented in July; full capacity is dependent on SG guidance regarding social distancing being amended. Work has informed the remobilisation plan submitted to SG in order to restart services as close as possible to the level of capacity funded in the waiting times improvement plan for 20/21; additional funding requested to assist in clearing backlogs. *** ACTION COMPLETE ***
21.2 Undertake new and planned waiting list validation against agreed criteria By Aug-20	When the action is complete, this will be an ongoing activity
21.3 Improve recruitment to vacant posts By Mar-21	Action includes consideration of service redesign to increase capacity

Finance, Performance & Resources – Operational Performance

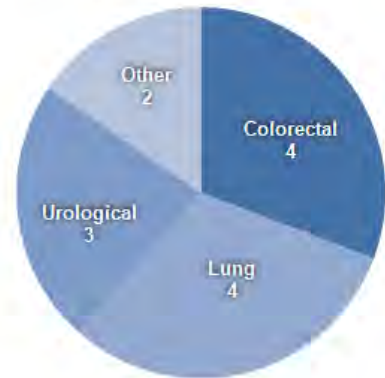
Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days
Improvement Target for 2020/21 = **TBC%**

Local Performance



Breaches Jun-20



National Benchmarking

Month	2019/20										2020/21		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	82.9%	87.5%	84.0%	77.7%	91.0%	87.3%	90.7%	83.6%	79.2%	85.9%	67.5%	90.2%	79.0%
Scotland	82.6%	81.8%	82.1%	83.7%	82.7%	81.9%	84.6%	83.6%	82.7%	86.1%	82.6%	83.8%	84.3%

Key Challenges in 2020/21

Recovery from COVID-19, by assessing affected components of the cancer 'journey' and reviewing capacity against expected demand.
Identification of key improvement areas in view of the pandemic response and as screening programmes restart

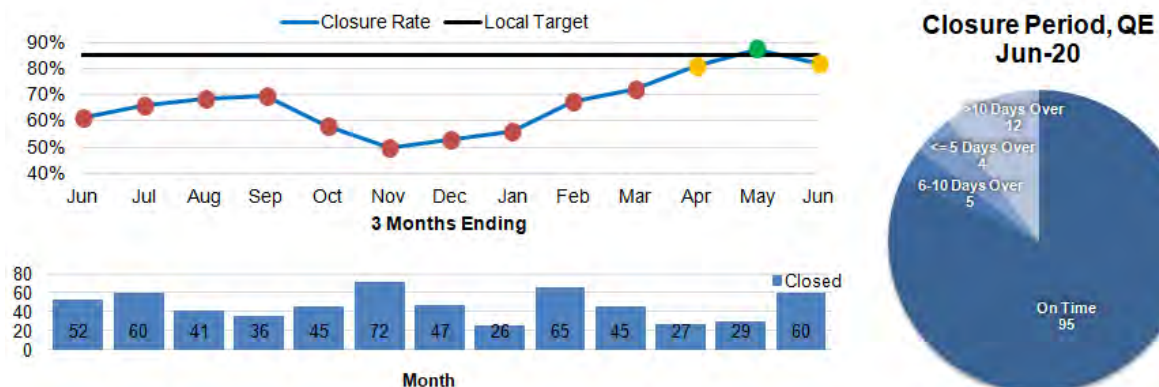
Improvement Actions	Update
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points <i>By Sep-20</i>	Progress affected by staffing pressures in cancer audit team. Detailed work is also being carried out by the Lead Cancer Nurse. This will be addressed as part of the overall recovery work described above.
20.4 Prostate Improvement Group to continue to review prostate pathway <i>By Sep-20</i>	This is ongoing work related to Action 20.3, with the specific aim being to minimise waits post MDT
21.1 Establishment of Cancer Structure to develop and deliver a Cancer Strategy <i>By Sep-20</i>	Work started in 2019 and now has full support from NHS Fife's Medical Director. Work is underway to ensure required leadership structures and governance structures are in place.

Finance, Performance & Resources – Operational Performance

Freedom of Information Requests

In 2020/21, we will respond to a minimum of 85% of FOI Requests within 20 working days

Local Performance



Service Performance

Monthly	2019/20							2020/21					
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Health Board	55.6%	68.9%	73.7%	48.3%	36.1%	49.3%	75.0%	52.4%	72.9%	76.9%	100.0%	81.8%	73.2%
IJB	71.4%	86.7%	100.0%	85.7%	77.8%	66.7%	14.3%	60.0%	83.3%	100.0%	100.0%	100.0%	60.0%

Key Challenges in 2020/21

Adequate resourcing to fully manage FOI
Lack of FOI expertise and awareness within the organisation

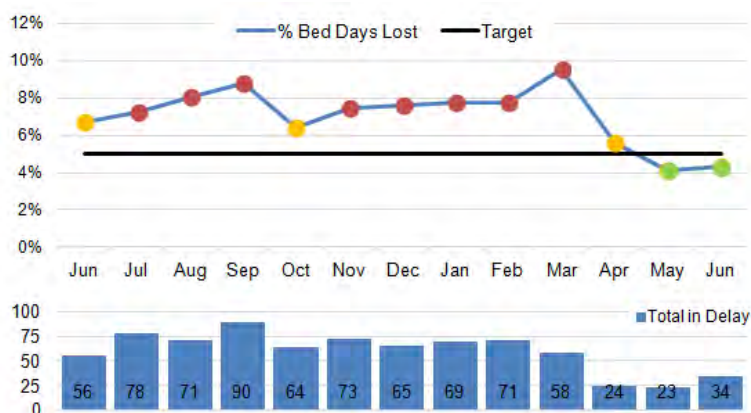
Improvement Actions	Update
20.5 Refresh process with H&SC partnership for requests received that relate to their services <i>By Sep-20</i>	The management of FOI requests which require responses from the H&SCP has improved significantly since the start of 2020. A new system (Axlr8), which is currently used by Fife Council, will be implemented in NHS Fife shortly, its introduction having been delayed by COVID-19. This will help the compilation of new / refreshed processes.
20.7 Formalise long-term resource requirements for FOI administration <i>By Sep-20</i>	An FOI Officer has been appointed within the IG Team on a 6-month contract to help implement the Axlr8 system and processes. Initial feedback from the supplier is very positive. Training, legislative requirements and operational requirements have been pulled into the IG Office to manage.

Finance, Performance & Resources – Operational Performance

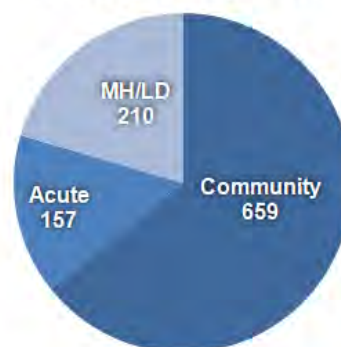
Delayed Discharges (Bed Days Lost)

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

Local Performance



Bed Days Lost | Jun-20



National Benchmarking

Quarter Ending		2018/19				2019/20			
		Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	TOBD	87,527	92,599	91,463	91,885	87,857	90,276	91,709	
	Bed Days Lost	3,638	4,200	6,744	8,141	6,685	7,232	6,570	
	% Bed Days Lost	4.2%	4.5%	7.4%	8.9%	7.6%	8.0%	7.2%	
Scotland	TOBD	1,552,301	1,541,821	1,551,451	1,567,162	1,532,782	1,542,731	1,566,361	
	Bed Days Lost	101,712	107,120	109,366	101,959	103,422	110,861	110,547	
	% Bed Days Lost	6.6%	6.9%	7.0%	6.5%	6.7%	7.2%	7.1%	

Key Challenges in 2020/21

Sustaining current performance as we return to 'normal' working
Applying lessons learned during the pandemic, going forward .

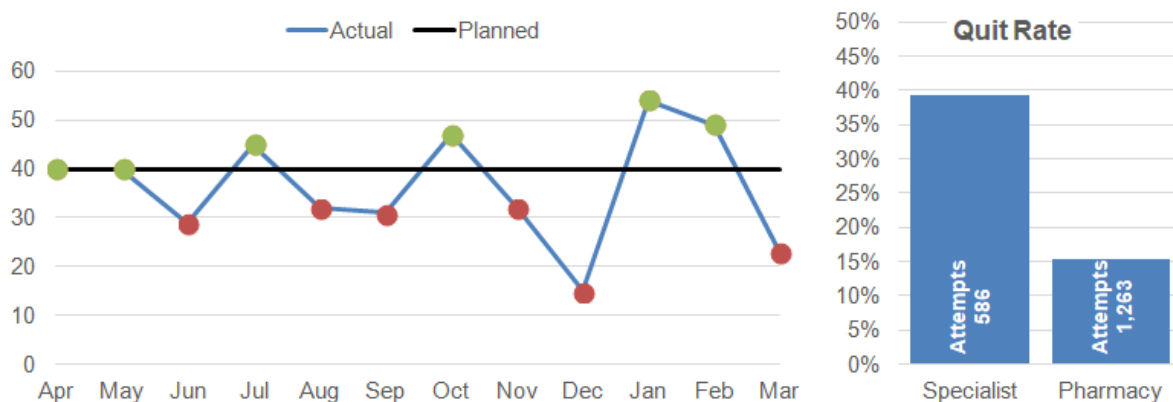
Improvement Actions	Update
20.1 Test a trusted assessors model for patients transferring to STAR/assessment beds By Aug-20	Framework completed during the COVID-19 pandemic. Implementation being finalised. *** COMPLETION DATE MOVED TO AUGUST 2020 ***
20.3 Moving On Policy to be implemented By Aug-20	The moving on policy will be approved by the HSCP Senior Leadership Team in August. This will further support new processes implemented as a result of the COVID-19 pandemic. *** COMPLETION DATE MOVED TO AUGUST 2020 ***
20.4 Improve flow of comms between wards and Discharge HUB	
20.5 Increase capacity within care at home	
21.1 Implementation of Daily Care Home Huddle By Jul-20	Daily care home huddles are in place and running well. Admissions from care home residents are flagged daily on Trak and progress discussed with capacity team and Hub. This ensures LOS will be reduced and residents are able to transfer back to their home more quickly. *** ACTION COMPLETE ***

Finance, Performance & Resources – Operational Performance

Smoking Cessation

In 2019/20, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Local Performance



National Benchmarking

% Achieved Against Target		2019/20											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	40	40	29	45	32	31	47	32	15	54	49	23
	Actual Cumul	40	80	109	154	186	217	264	296	311	365	414	437
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	100.0%	101.3%	92.4%	97.5%	94.4%	91.9%	95.7%	94.0%	87.9%	92.6%	95.4%	92.4%
Scotland	Achieved			92.4%			91.1%			89.4%			

Key Challenges in 2020/21

- Service Provision within GP practices, hospitals and community venues (paused due to COVID19)
- Staffing levels due to redeployment and maternity leave - recruiting and training new staff members will take 6 to 9 months
- Unavailability of mobile unit (re-deployed during pandemic)
- Building trust and confidence with client group to enable them to seek stop smoking support now and beyond COVID-19
- Inability to validate quits as part of an evidence based service due to COVID-19

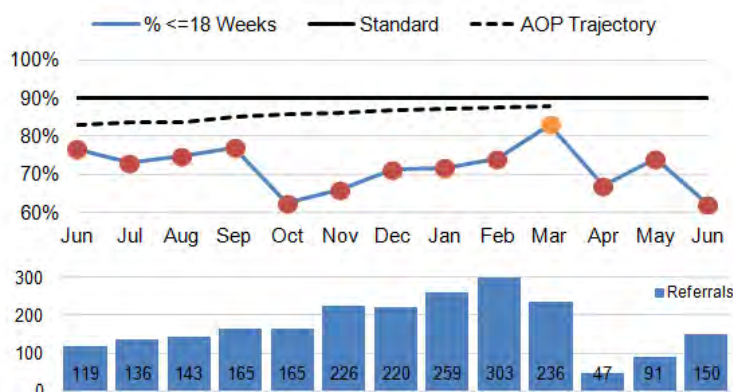
Improvement Actions	Update
20.2 Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	This initiative had commenced and was in the early stages of delivery. The aim was to test a model of delivery that allowed a smoking cessation advisor sitting within clinic to enable direct access to Champix for patients attending clinic. This has been paused due to COVID-19. *** TO BE REVIEWED WHEN 2020/21 TARGET IS ADVISED ***
20.3 'Better Beginnings' class for pregnant women on Saturday mornings	Limited progress due to COVID-19 but a couple of pregnant mums have requested support at this time. Initial outcomes (although small numbers) has shown positive outcomes to engaging with pregnant women. *** TO BE REVIEWED WHEN 2020/21 TARGET IS ADVISED ***
20.4 Enable staff access to medication whilst at work	No progress has been made due to COVID-19. *** TO BE REVIEWED WHEN 2020/21 TARGET IS ADVISED ***

Finance, Performance & Resources – Operational Performance

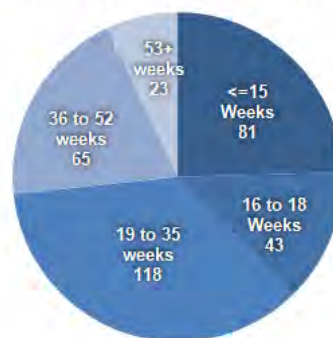
CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment
Improvement Target for 2020/21 = **TBC%**

Local Performance



Waiting List (330) Jun-20



National Benchmarking

Month	2019/20										2020/21		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	76.7%	73.2%	74.8%	77.1%	62.5%	66.0%	71.3%	71.8%	74.1%	83.1%	67.0%	74.2%	62.2%
Scotland	70.9%	62.7%	63.8%	66.9%	64.6%	64.2%	71.5%	67.5%	63.8%	63.8%			

Key Challenges in 2020/21

Available resource to meet demand
Impact of COVID-19 relaxation on referrals
Change to appointment 'models' to reflect social distancing

Improvement Actions	Update
20.1 Re-Introduction of PMHW First Contact Appointments System <i>By Dec-20</i>	The pandemic has allowed a large number of referrals to be assessed and waiting time is at 2-3 weeks Current action is to maintain this level of activity and response time to ensure that children are supported by the wide range of services available, thus reducing the impact on specialist Tier 3 CAMHS.
20.2 Waiting List Additional Staffing Resource	
20.3 Introduction of Team Leader Role	
21.1 Re-design of Group Therapy Programme <i>By Dec-20</i>	Fife CAMHS and Primary Care Psychology had combined resources to develop a comprehensive group therapy programme targeting the most common presenting issues for children and young peoples mental health. Due to COVID-19 restrictions, group-based face to face work is no longer viable and we are working to develop alternative formats and models of delivery that can deliver multiple contacts with minimal staffing.
21.2 Use Centralised Allocation Process <i>By Dec-20</i>	We are developing administrative and clinical systems to maintain the centralised allocation process that can manage increased referrals rates once normal service resumes. This will ensure that available appointments are identified and allocated quickly across clinical teams.
21.3 Build CAMHS Urgent Response Team <i>By Mar-21</i>	This team will replace the existing self-harm service, ensuring that urgent referrals from A&E and GPs receive timely, evidence based, short term intervention.

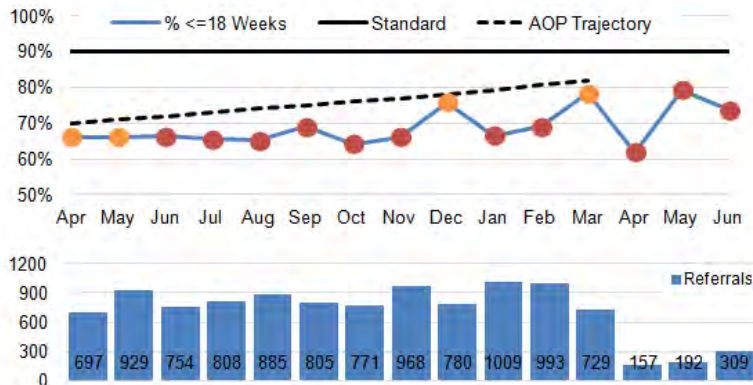
Finance, Performance & Resources – Operational Performance

Psychological Therapies 18 weeks RTT

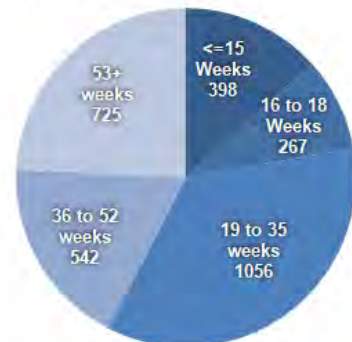
At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies

Improvement Target for 2020/21 = **TBC%**

Local Performance



Waiting List (2988) Jun-20



National Benchmarking

Month	2019/20												2020/21		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	66.1%	66.2%	66.3%	65.5%	65.2%	69.0%	64.2%	66.0%	75.8%	66.6%	69.0%	78.4%	62.0%	79.2%	73.6%
Scotland	76.7%	79.3%	80.0%	78.8%	79.2%	80.1%	78.5%	77.8%	81.5%	75.8%	78.5%	78.8%			

Key Challenges in 2020/21

Predicted large increase in referrals post pandemic
Identifying replacement for group therapies (no longer viable)

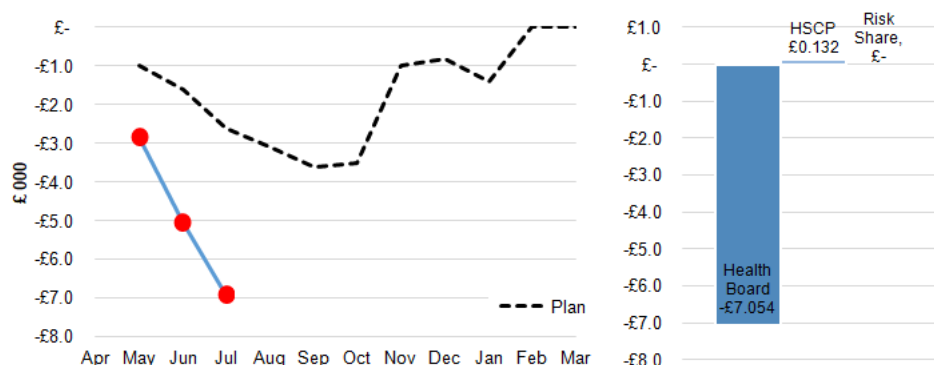
Improvement Actions	Update
20.2 Introduction of extended group programme in Primary Care	
20.3 Redesign of Day Hospital provision <i>By Sep-20 (review)</i>	Implementation of full re-design subject to further delay. Further progress required to see extent of impact on capacity for delivery of PTs.
20.4 Implement triage nurse pilot programme in Primary Care <i>By Dec-20</i>	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September 2019; final evaluation due this September
20.5 Trial of new group-based PT options <i>By Sep-20 (review)</i>	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Specific requirements identified from audit of Psychology AMH WL. Viability of this dependent upon suitable digital platform being agreed.
21.1 Introduction of additional on-line therapy options <i>By Sep-20</i>	This action incorporates the digital delivery of stress management groups via Access Therapies Fife website. These will now be delivered digitally following e-health sign off on use of a specific digital platform. Suite of Silvercloud online therapy options now available via Access Therapies Fife website.
21.2 Development of alternative training and PT delivery methods <i>By Dec-20</i>	This action is to support care pathways for people with complex psychological problems within AMH Psychology and Clinical Health Psychology and for people with learning disabilities

Finance, Performance & Resources – Finance

Revenue Expenditure

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

Local Performance



Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	420,120	428,903	135,413	142,467	-7,054	-5.21%	-3,277	-3,777
Integration Joint Board (Health)	356,518	363,234	123,414	123,282	132	0.11%	316	-184
Risk Share	0	0	0	0	0	0.00%	0	0
Total	776,638	792,137	258,827	265,749	-6,922	-2.67%	-2,961	-3,961

Key Challenges in 2020/21

- Availability of Covid-19 funding to: match our net additional costs; and costs associated with remobilisation plans
- Our ability as a Board to regain traction in our savings and transformation plans in the context of the Covid-19 pandemic journey
- Informing a reliable and robust forecast position to the year end given the complexities of establishing the respective: core; Covid-19; remobilisation; and Test & Protect position.
- Ongoing discussions on potential risk share options with SG and respective partners. At this point there has been no IJB risk share factored into the position. This is a matter which will require close attention over the coming months to determine the level and quantum of potential risk arising.

Improvement Actions	Update
21.1 Local Mobilisation Plan <i>Ongoing throughout FY</i>	Partnering with the services to: <ul style="list-style-type: none"> • Identify additional spend relating to Covid-19 • Identify offsets against core positions • Understand and quantify the financial implications of remobilisation of core services across NHSF • Inform forecast outturn positions to the year end; in support of our statutory requirement to deliver a balanced RRL position
21.2 Savings <i>By Jul-20</i>	The total NHS Fife efficiency requirement for 2020/21 including legacy unmet savings was £20m. As part of the LMP, Boards were asked to provide an estimate of the impact of planned measures re Covid-19 on the delivery of planned Health Board savings. As an early planning assumption it was agreed that some £6m may be met across NHS Fife; with c£14m recorded in the LMP as expected underachievement of savings. The Q1 return makes a reassessment of savings and SG decision on funding of unachieved savings remains a live issue.

Finance, Performance & Resources – Finance

Commentary

The revenue position for the 4 months to 31 July reflects an overspend of £6.922m; which comprises a core underspend of £1.546m; and a net additional spend on Covid-19 of £8.468m. At this point any potential implications of the IJB risk share have not been factored in to the position.

The total Capital Resource Limit for 2020/21 is £7.394m. The capital position for the 4 months to July shows investment of £2.014m.

1. Annual Operational Plan

- 1.1 As previously reported, the AOP process for the 2020/21 financial year was paused due to the timing of the Covid-19 pandemic. The revised AOP financial plan which reflects both the mobilisation and the remobilisation plan high level impact on the financial position was submitted at the end of July; and as part of Scottish Government financial governance arrangements, a detailed formal quarter one financial review was submitted on 14 August. Scottish Government funding allocations will be based on Boards' quarter one returns. Funding is expected to be confirmed by the end of September.

2. Financial Allocations

Revenue Resource Limit (RRL)

- 2.1 NHS Fife received confirmation of the July core revenue amount on 10 August. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £708.723m; and anticipated allocations total £73.681m. The anticipated allocations include a sum of £1.303m for Covid-19 which relates to payments to GPs. In recognition of the financial cost of Covid-19, a budget reprioritisation exercise is ongoing across SG to reprofile budgets for 2020/21. This may have an impact on Boards' allocations.

Non Core Revenue Resource Limit

- 2.2 In addition NHS Fife receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The anticipated non-core RRL funding totals £9.733m.

Total RRL

- 2.3 The total current year budget at 31 July is therefore £792.137m as detailed in Appendix 1.

3. Summary Position

- 3.1 The revenue position for the 4 months to 31 July reflects an overspend of £6.922m; which comprises a core underspend of £1.546m; and a net additional spend on Covid-19 of £8.468m.
- 3.2 Table 1 below provides a summary of the position across the constituent parts of the system for the year to date and includes both the core and the Covid-19 financial positions. An overspend of £7.054m is attributable to Health Board retained budgets; and an underspend of £0.132m is attributable to the health budgets delegated to the IJB.

Finance, Performance & Resources – Finance

Table 1: Summary Combined Financial Position for the period ended July 2020

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	420,120	428,903	135,413	142,467	-7,054	-5.21%	-3,277	-3,777
Integration Joint Board (Health)	356,518	363,234	123,414	123,282	132	0.11%	316	-184
Risk Share	0	0	0	0	0	0.00%	0	0
Total	776,638	792,137	258,827	265,749	-6,922	-2.67%	-2,961	-3,961

Combined Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	202,490	208,019	67,922	73,164	-5,242	-7.72%	-1,820	-3,422
IJB Non-Delegated	8,563	8,492	2,778	2,747	31	1.12%	42	-11
Estates & Facilities	74,888	75,176	24,267	24,872	-605	-2.49%	-412	-193
Board Admin & Other Services	54,107	61,481	22,278	24,214	-1,936	-8.69%	-1,785	-151
Non-Fife & Other Healthcare Providers	90,973	90,973	30,303	30,033	270	0.89%	270	0
Financial Flexibility & Allocations	14,733	16,594	790	0	790	100.00%	790	0
Health Board	445,754	460,735	148,338	155,030	-6,692	-4.51%	-2,915	-3,777
Integration Joint Board - Core	381,266	409,830	140,327	140,133	194	0.14%	378	-184
Integration Fund & Other Allocations	13,920	2,732	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	395,186	412,562	140,327	140,133	194	0.14%	378	-184
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	395,186	412,562	140,327	140,133	194	0.14%	378	-184
Total Expenditure	840,940	873,297	288,665	295,163	-6,498	-2.25%	-2,537	-3,961
IJB - Health	-38,668	-49,328	-16,913	-16,851	-62	0.37%	-62	0
Health Board	-25,634	-31,832	-12,925	-12,563	-362	2.80%	-362	0
Miscellaneous Income	-64,302	-81,160	-29,838	-29,414	-424	1.42%	-424	0
Net Position Including Income	776,638	792,137	258,827	265,749	-6,922	-2.67%	-2,961	-3,961

3.3 The combined position is further analysed by core; and Covid-19 as per tables 2 and 3 below.

Table 2: Summary Core Financial Position for the period ended July 2020

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	202,490	205,611	65,514	67,005	-1,491	-2.28%	-1,137	-354
IJB Non-Delegated	8,563	8,492	2,778	2,737	41	1.48%	42	-1
Estates & Facilities	74,888	75,062	24,153	23,808	345	1.43%	365	-20
Board Admin & Other Services	54,107	61,430	22,227	21,903	324	1.46%	340	-16
Non-Fife & Other Healthcare Providers	90,973	90,973	30,303	30,033	270	0.89%	270	0
Financial Flexibility & Allocations	14,733	16,594	790	0	790	100.00%	790	0
Health Board	445,754	458,162	145,765	145,486	279	0.19%	670	-391
Integration Joint Board - Core	381,266	406,591	137,088	135,854	1,234	0.90%	1,234	0
Integration Fund & Other Allocations	13,920	2,732	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	395,186	409,323	137,088	135,854	1,234	0.90%	1,234	0
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	395,186	409,323	137,088	135,854	1,234	0.90%	1,234	0
Total Expenditure	840,940	867,485	282,853	281,340	1,513	0.53%	1,904	-391
IJB - Health	-38,668	-49,288	-16,873	-16,851	-22	0.13%	-22	0
Health Board	-25,634	-31,415	-12,508	-12,563	55	-0.44%	55	0
Miscellaneous Income	-64,302	-80,703	-29,381	-29,414	33	-0.11%	33	0
Net Position Including Income	776,638	786,782	253,472	251,926	1,546	0.61%	1,937	-391

Finance, Performance & Resources – Finance

Table 3: Summary Covid-19 Financial Position for the period ended July 2020

COVID position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	0	2,408	2,408	6,159	-3,751		-683	-3,068
IJB Non-Delegated	0	0	0	10	-10		0	-10
Estates & Facilities	0	114	114	1,064	-950		-777	-173
Board Admin & Other Services	0	51	51	2,310	-2,259		-2,124	-135
Non-Fife & Other Healthcare Providers	0	0	0	0	0		0	0
Financial Flexibility & Allocations	0	0	0	0	0		0	0
Health Board	0	2,573	2,573	9,543	-6,970		-3,584	-3,386
Integration Joint Board - Core	0	3,239	3,239	4,280	-1,041		-857	-184
Integration Fund & Other Allocations	0	0	0	0	0		0	0
Sub-total Integration Joint Board Core	0	3,239	3,239	4,280	-1,041		-857	-184
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	0	3,239	3,239	4,280	-1,041		-857	-184
IJB - Health	0	-40	-40	0	-40		0	0
Health Board	0	-417	-417	0	-417		-457	0
Miscellaneous Income	0	-457	-457	0	-457		-457	0
Total Expenditure	0	5,355	5,355	13,823	-8,468		-4,898	-3,570

- 3.4 The core position at month 4 is a net underspend of £1.546m; and takes in to account offsetting cost reductions. The principle established in May recognised that due to reduced activity levels, a proportion of the core underspend reported within the combined position is identified and utilised to support the Covid-19 costs incurred. For the 4 months to July, a total of £4.508m was identified, in conjunction with Directors, General and Service Managers, as offset towards Covid-19 expenditure: comprising £2.573m from Health Board retained; and £1.935m from Health delegated functions. The main contributing factors were: increased vacancies which did not require backfilling; a reduction in radiology requirements and GP referrals for laboratory testing; reduced reliance on private sector support; and a reduction in theatres activity.
- 3.5 The net Covid-19 additional costs after taking in to account offsets (and assuming funding for additional GP and Pharmacy costs of £1.303m) is £8.468m.
- 4. Operational Financial Performance for the year (section 4 narrative is based on core position – Table 2 above)**

Acute Services

- 4.1 The Acute Services Division reports a **net overspend of £1.491m for the year to date**. This reflects an overspend in operational run rate performance of £1.137m, and unmet savings of £0.354m per Table 4 below. The overall position is mainly driven by pay overspend in Emergency Care on junior and senior medical staffing of £0.837m. Additional non pay cost pressures of £0.731m are emerging within Emergency Care medicines and surgical sundries. Various underspends across other areas of Acute arising from vacancies have helped to offset the level of overspend. The position shows the residual impact after transferring budget for Covid-19 offset year to date. Budget rephasing has taken place to reflect the cost impact of the additional capacity required to catch up on postponed services.

Table 4: Acute Division Financial Position for the period ended July 2020

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
Planned Care & Surgery	70,448	71,850	21,094	21,223	-129	-0.61%	-30	-99
Emergency Care & Medicine	74,612	75,895	25,980	27,629	-1,649	-6.35%	-1,523	-126
Women, Children & Clinical Services	54,833	55,246	17,653	17,798	-145	-0.82%	-18	-127
Acute Nursing	607	627	183	181	2	1.09%	2	0
Other	1,990	1,993	604	174	430	71.19%	432	-2
Total	202,490	205,611	65,514	67,005	-1,491	-2.28%	-1,137	-354

Estates & Facilities

- 4.2 The Estates and Facilities budgets report an **underspend of £0.345m** which is generally attributable to vacancies, catering, PPP and rates. These underspends are offset by an overspend in clinical waste costs.

Corporate Services

- 4.3 Within the Board's corporate services there is an **underspend of £0.324m**. 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 **underspent by £0.270m** per Appendix 3. Notwithstanding the in-year underspend, this area remains one of increasing challenge particularly given the relative higher costs of some other Boards, coupled with the unpredictability of activity levels and drug costs.

Financial Plan Reserves & Allocations

- 4.5 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and cost pressure/developments and new in-year allocations are held in a central budget. At this early part of the year the process for allocating to budgets continues. The financial flexibility of £0.790m released to the M4 position is detailed in Appendix 4.

Integration Services

- 4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £1.234m for the year to date**. The majority of 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. Additional underspends are reflected in East against vacancies in community services and admin.

Income

- 4.7 A small over recovery in income of £0.033m is shown for the year to date.

5. Pan Fife Analysis

- 5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 5 below (combined position).

Table 5: Subjective Analysis for the Period ended July 2020

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under Spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	389,109	128,773	131,775	-3,002
GP Prescribing	72,330	23,490	23,490	0
Drugs	29,702	10,533	10,449	84
Other Non Pay	376,657	129,040	129,449	-409
Efficiency Savings	-13,827	-3,961	0	-3,961
Commitments	19,326	790	0	790
Income	-81,160	-29,838	-29,414	-424
Net overspend	792,137	258,827	265,749	-6,922

Pay

- 5.2 The overall pay budget reflects an overspend of £3.002m. The majority of the overspend is within medical & dental staff with small offsetting underspends across other pay heads with the exception of nursing & midwifery. Within Acute there are a number of unfunded posts including Clinical Fellows within Emergency Care.

Finance, Performance & Resources – Finance

- 5.3 Against a total funded establishment of 7,930 wte across all staff groups, there was an average 8.030 wte core staff in post in July. The additional staff in post represent staff cohort groups organised nationally to help support the Covid-19 activity.

Drugs & Prescribing

- 5.4 Across the system there is a net underspend of £0.084m on medicines. The GP prescribing position is based on 2019/20 trend analysis and April/May 2020 actual information (2 months in arrears). Across Scotland we are currently working through the Covid-19 implications on Prescribing and will update when more information becomes available.

Other Non Pay

- 5.5 Other non pay budgets across NHS Fife are collectively overspent by £0.410m. The overspends are in purchase of healthcare from other Health Boards and independent providers, equipment, property & and other supplies. These are offset by underspends across a number of areas including surgical sundries and other therapeutic supplies.

6 Financial Sustainability

- 6.1 The Financial Plan presented to Finance, Performance and Resources Committee in March highlighted the requirement for £20.015m cash efficiency savings to support financial balance in 2020/21. We had indicated an expected underachievement of savings of £14.2 via the Local Mobilisation Financial Template process; and a £5.8m efficiency savings target for NHS Fife. Whilst the feedback from the quarter one review submission will provide clarity on any SG funding of savings and allow a further refinement of savings targets; Table 6 summarises the position for the 4 months to July.

Table 6: Savings 20/21

Total Savings	Total Savings Target £'000	Anticipated unmet savings (Covid-19) £'000	Expected Achievement (Core) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Outstanding £'000
Health Board	14,868	10,668	4,200	125	1,118	2,957
Integration Joint Board	5,147	3,500	1,647	1,647	0	0
Total Savings	20,015	14,168	5,847	1,772	1,118	2,957

7 Key Messages / Risks

- 7.1 The revenue position for the 4 months to 31 July reflects an overspend of £6.922m; which comprises a core underspend of £1.546m; and a net additional spend on Covid-19 of £8.468m. This included an assessment of remobilisation costs for which we have requested specific approval. Given there is a commitment to fund additional GP costs, £1.303m Covid-19 funding has been assumed in the M4 position. Funding allocations will be based on the Q1 returns made across NHS Scotland, and there is a risk that the remaining £8.468m additional Covid-19 costs may not be fully funded.
- 7.2 At this point the potential implications of the IJB risk share have not been factored in to the position.

8 Recommendation

- 8.1 Members are invited to approach the Director of Finance for any points of clarity on the position reported and are asked to:

Finance, Performance & Resources – Finance

- **Note** the reported core underspend of £1.546m for the 4 months to date
- **Note** the reported Covid-19 additional spend of £8.468m for the 4 months to date; of which we have assumed funding of £1.303m will be forthcoming to meet additional GP costs.
- **Note** the combined position of the core and Covid-19 positions inform an overall overspend of £6.922m prior to agreement of additional funding.

Finance, Performance & Resources – Finance

Appendix 1: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
Apr-20	Initial Baseline Allocation	701,537			701,537	Includes 20-21 uplift
May-20	Confirmed Allocations	-1,307		3,413	2,106	
Jun-20	Confirmed Allocations			-534	-534	
Jul-21	Forensic Medical Services			55	55	Annual Allocation
	Vitamins for pregnant breastfeeding women and infants			45	45	Based on submission
	Family Nurse Partnership			1,357	1,357	Annual Allocation 1st Tranche
	Cancer access funding			682	682	NRAC share of £10m
	HNC Students			40	40	Based on student numbers
	eHealth Strategic Allocation			1,179	1,179	Annual Allocation
	Integrated Primary & Community Fund			550	550	Annual Allocation
	Social Care Sustainability			1,706	1,706	Tranche 2 to transfer to Council
	Total Core RRL Allocations	700,230	0	8,493	708,723	
Anticipated	Primary Medical Services		55,281		55,281	
Anticipated	Outcomes Framework		3,585		3,585	
Anticipated	Mental Health Bundle		1,363		1,363	
Anticipated	Salaried Dental		2,091		2,091	
Anticipated	Distinction Awards		193		193	
Anticipated	Research & Development		822		822	
Anticipated	Community Pharmacy Champion		20		20	
Anticipated	NSS Discovery		-39		-39	
Anticipated	Pharmacy Global Sum Adjustments		-2,726		-2,726	
Anticipated	NDC Contribution		-842		-842	
Anticipated	Community Pharmacy Pre-Reg Training		-157		-157	
Anticipated	Family Nurse Partnership		28		28	
Anticipated	New Medicine Fund		5,386		5,386	
Anticipated	Golden Jubilee SLA		-25		-25	
Anticipated	Men C Vaccine Adjustment		-16		-16	
Anticipated	Primary Care Improvement Fund		3,495		3,495	
Anticipated	Action 15 Mental Health Strategy		884		884	
Anticipated	ADP Seek & Treat		1,159		1,159	
Anticipated	Veterans First		116		116	
Anticipated	GP pension		85		85	
Anticipated	Waiting List		6,700		6,700	
Anticipated	COVID 19		1,303		1,303	
Anticipated					0	
Anticipated	Top Slice NSS		-5,025		-5,025	
	Total Anticipated Core RRL Allocations	0	73,681	0	73,681	
Anticipated	IFRS			8,617	8,617	
Anticipated	Donated Asset Depreciation			116	116	
Anticipated	Impairment			500	500	
Anticipated	AME Provisions			500	500	
	Total Anticipated Non-Core RRL Allocations	0	0	9,733	9,733	
	Grand Total	700,230	73,681	18,226	792,137	

Finance, Performance & Resources – Finance

Appendix 2: Corporate Directories – Combined Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	12,528	4,021	4,103	-82
Nhs Fife Chief Executive	206	69	84	-15
Nhs Fife Finance Director	6,395	2,116	1,956	160
Nhs Fife Medical Director	7,229	2,125	2,064	62
Nhs Fife Nurse Director	3,675	1,181	1,131	50
Legal Liabilities	7,265	4,531	4,636	-104
Early Retirements & Injury Benefits	814	271	261	10
Regional Funding	251	87	71	16
Depreciation	17,766	6,079	6,079	0
Nhs Fife Public Health	2,116	678	639	39
Nhs Fife Workforce Directorate	3,185	1,068	1,015	53
COVID undelivered savings adjustment	0	0	-135	135
Total	61,430	22,227	21,903	324

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	98	32	20	12
Borders	45	14	16	-2
Dumfries & Galloway	25	8	22	-14
Forth Valley	3,179	1,059	1,184	-125
Grampian	359	120	102	18
Greater Glasgow & Clyde	1,655	552	542	10
Highland	135	47	65	-18
Lanarkshire	114	38	82	-44
Lothian	31,518	10,508	10,464	44
Scottish Ambulance Service	101	34	34	0
Tayside	41,096	13,698	13,574	124
	78,325	26,110	26,105	5
UNPACS				
Health Boards	10,627	3,542	3,389	153
Private Sector	1,245	415	514	-99
	11,872	3,957	3,903	54
OATS				
	711	236	25	211
Grants				
	65	0	0	0
Total	90,973	30,303	30,033	270

Appendix 4 - Financial Flexibility & Allocations

	CY Budget £'000	Flexibility Released to July-20 £'000
Financial Plan		
Drugs	4,179	0
CHAS	408	0
Unitary Charge	100	0
Junior Doctor Travel	41	3
Consultant Increments	201	0
Discretionary Points	205	0
Cost Pressures	3,125	658
Developments	4,277	129
Pay Awards	39	0
Sub Total Financial Plan	12,575	790
Allocations		
Waiting List	2,222	0
AME: Impairment	500	0
AME: Provisions	593	0
Neonatal Transport	22	0
Cancer Access	682	
Sub Total Allocations	4,019	0
Total	16,594	790

Finance, Performance & Resources – Finance

Capital Expenditure

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

Local Performance



Commentary

The total Capital Resource Limit for 2020/21 is £7.394m this excludes both the new Elective Orthopaedic Centre which has incurred £0.5m expenditure to date and Covid capital equipment of £0.179k – NHS Fife are anticipating allocations for both projects. The capital position for the 4 months to July shows investment of £2.014m.

Key Challenges in 2020/21

Overall programme of work to address all aspects of backlog maintenance, statutory compliance, equipment replacement, and investment in technology considerably outstrips capital resource limit available

Improvement Actions	Update
21.1 Managing expenditure programme within resources available <i>By Mar-21</i>	Risk management approach adopted across all categories of spend

1. Annual Operational Plan

- 1.1 The Capital Plan for 2020/21 will be presented for approval to the NHS Board at the end of quarter 1. For information, changes to the plan pending approval are reflected in Appendix 1. NHS Fife has received a capital allocation of £7.394m in the June allocation letter. NHS Fife is also anticipating allocations of £0.179m for Covid-19 capital equipment, £10.0m for the Elective Orthopaedic Centre, HEPMA £0.5m, Mental Health Review £2.0m, Lochgelly Health Centre £1.0m and Kincardine Health Centre £1.0m.

2. Capital Receipts

- 2.1 Work continues on asset sales with a disposal planned :

- Lynebank Hospital Land (Plot 1) (North) – Under offer

Discussions with SGHSCD will be undertaken to highlight the potential risk of non delivery of the sale of land.

3. Expenditure To Date / Major Scheme Progress

- 3.1 Details of the expenditure position across all projects are set out in the dashboard summary above. Project Leads have provided an estimated spend profile against which actual expenditure is being monitored. This is based on current commitments and historic spending patterns. The expenditure to date amounts to £2.014m or 24.92% of the total allocation, in line with the plan, and as illustrated in the spend profile graph above.

- 3.2 The main areas of investment to date include:

Statutory Compliance	£1.078m
Equipment	£0.222m
E-health	£0.161m
Elective Orthopaedic Centre	£0.512m

4. Capital Expenditure Outturn

- 4.1 At this stage of the financial year it is currently estimated that the Board will spend the Capital Resource Limit in full.

5. Recommendation

- 5.1 Members are invited to approach the Director of Finance for any points of clarity on the position reported and are asked to:

note the capital expenditure position to 31 July 2020 of £2.014m and the forecast year end spend of the capital resource allocation of £7.394m.

Appendix 1: Capital Expenditure Breakdown

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2020/21 £'000
COMMUNITY & PRIMARY CARE			
Capital Minor Works	214	41	214
Statutory Compliance	150	77	150
Capital Equipment	31	7	31
Condemned Equipment	0	0	0
Total Community & Primary Care	394	125	394
ACUTE SERVICES DIVISION			
Elective Orthopaedic Centre	0	511	511
Statutory Compliance	3,130	961	3,130
Capital Equipment	949	29	949
Covid Acute Equipment	0	179	179
Minor Works	159	1	159
Condemned Equipment	57	7	57
Total Acute Services Division	4,295	1,688	4,985
NHS FIFE WIDE SCHEMES			
Equipment Balance	1,056	0	1,056
Information Technology	1,041	161	1,041
Minor Works	31	0	31
Statutory Compliance	84	0	84
Contingency	100	0	100
Asbestos Management	85	0	85
Fire Safety	60	0	60
Scheme Development	60	0	60
Vehicles	60	0	60
Condemned Equipment	33	0	33
Screen & Speech Units	95	39	95
Total NHS Fife Wide Schemes	2,705	201	2,705
TOTAL ALLOCATION FOR 2020/21	7,394	2,014	8,084

Appendix 2: Capital Plan - Changes to Planned Expenditure

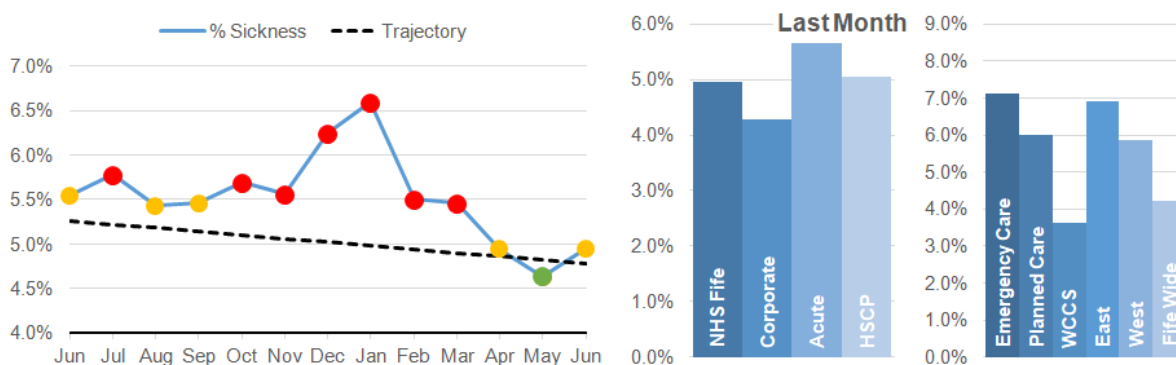
Capital Expenditure Proposals 2020/21	Pending Board Approval Qtr 1 £'000	Cumulative Adjustment to June £'000	July Adjustment £'000	Total July £'000
Routine Expenditure				
Community & Primary Care				
Capital Equipment	0	30	1	31
Condemned Equipment	0	0	0	0
Minor Capital	0	214	0	214
Statutory Compliance	0	150	0	150
Total Community & Primary Care	0	394	1	394
Acute Services Division				
Elective Orthopaedic Centre	0	461	51	511
Capital Equipment	0	949	0	949
Condemned Equipment	0	57	0	57
Covid 19 Acute Equip	0	179	0	179
Minor Capital	0	159	0	159
Statutory Compliance	0	2,669	461	3,130
	0	4,474	511	4,985
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,569	-3,485	0	84
Fife Wide Equipment	2,036	-1,159	179	1,056
Information Technology	1,041	0	0	1,041
Minor Work	498	-468	0	31
Fife Wide Contingency Balance	100	0	0	100
Condemned Equipment	90	-57	0	33
Scheme Development	60	0	0	60
Fife Wide Asbestos Management	0	85	0	85
Fife Wide Fire Safety	0	60	0	60
Fife Wide Screen & Speech Units	0	95	0	95
Fife Wide Vehicles	0	60	0	60
Total Fife Wide	7,394	-4,868	179	2,705
Total	7,394	0	691	8,084

Staff Governance

Sickness Absence

To achieve a sickness absence rate of 4% or less
Improvement Target for 2020/21 = **4.39%**

Local Performance (Source: Tableau, from December 2019)



National Benchmarking

Month	2019/20										2020/21		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	5.55%	5.78%	5.44%	5.46%	5.70%	5.57%	6.25%	6.59%	5.51%	5.46%	4.95%	4.64%	4.96%
Scotland	4.98%	5.22%	5.18%	5.24%	5.69%	5.58%	5.83%	5.99%	5.27%	5.20%	4.57%	4.54%	

Key Challenges in 2020/21

Recovery from COVID-19 and repurposing Promoting Attendance activities to support business as usual

Improvement Actions	Update
20.1 Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence By Sep-20	<p>The Regional Workforce Dashboard (Tableau) is being rolled out. The Dashboard provides managers with timely workforce information which they can interrogate in order to identify trends and priority areas.</p> <p>Tableau will be utilised in future by Managers, HR, OH and the Well@Work group to target future interventions to the appropriate areas.</p> <p>OH drop-in sessions were undertaken in September and October 2019, and local processes have been refreshed in conjunction with Promoting Attendance Leads to standardise approaches and reflect the Once for Scotland policy implementation, this will be refreshed once services resume to the new normal</p> <p>Business units are utilising trajectory reporting and RAG status reports.</p> <p>Further OH Drop-in Sessions will take place when COVID-19 activity allows.</p>
20.2 Early OH intervention for staff absent from work due to a Mental Health related reason By March-21	<p>This has been in place since March 2019 and is now in the process of being reviewed by OH, HR, service and staff side colleagues to check on the appropriateness and impact of this approach.</p> <p>Initial consideration of factors including how we promote general awareness of mentally healthy workplaces, support for managers to create mentally healthy and resilient workplaces and further awareness raising of support for staff to be concluded by April 2020. This has been supplemented and superseded by the additional support and inputs via Psychology and other services during the pandemic and may be included in a much broader evaluation of staff support requirements being taken forward by the Staff Support and Wellbeing Sub Group of the Silver Command Workforce Group.</p>
21.1 Once for Scotland Promoting Attendance Policy	<p>The purpose of this action is to provide training and support, in partnership, for managers and supervisors on the new policy and the standardised approaches within the new policy, which was just being implemented at the start of the pandemic. We need to ensure, in partnership, that staff are</p>

Staff Governance	
<i>By Sep-20</i>	aware of the new policy and the changes which affect them.
21.2 Review Promoting Attendance Group <i>By Dec-20</i>	To review the function of the NHS Fife Promoting Attendance Group and associated supporting groups, to improve the governance arrangements around the purpose of each group and how they interrelate, with the aim of providing a Promoting Attendance framework with clear lines of reporting and escalation.
21.3 Restart Promoting Attendance Panels <i>By Sep-20</i>	To recommence Promoting Attendance Review and Improvement Panels and supporting activities such as myth busting and training, using MS Teams to ensure that promoting attendance measures are as effective as possible.

CAROL POTTER

Chief Executive

19th August 2020

Prepared by:

SUSAN FRASER

Associate Director of Planning & Performance

Appendix 1: NHS Fife Remobilisation – Projected Activity

		Week Ending													
		03-May	10-May	17-May	24-May	31-May	07-Jun	14-Jun	21-Jun	28-Jun	05-Jul	12-Jul	19-Jul	26-Jul	02-Aug
TTG Inpatient/Daycase Activity	Projected					28	31	31	51	45	54	54	104	104	104
	Actual	34	34	35	44	49	54	55	60	60	88	106	142	171	186
TTG Inpatient/Daycase Activity (Spire and Kings Park)	Projected					18	18	18	18	18	0	0	0	0	0
	Actual	12	17	17	18	14	16	11	14	12	10	8	8	8	8
Elective Scope Activity	Projected					86	86	91	91	91	91	96	96	96	96
	Actual	2	26	42	40	43	61	47	56	73	59	57	52	67	68
OP Referrals Received	Projected					830	950	1,050	1,100	1,150	1,215	1,280	1,345	1,410	1,475
	Actual	564	689	891	734	879	919	950	1,001	1,078	1,227	1,309	1,216	1,334	1,452
OP Activity (N&R F2F, NearMe, Telephone, Virtual)	Projected					2,020	2,120	2,220	2,320	2,420	2,460	2,500	2,550	2,600	2,650
	Actual	2,170	1,867	2,231	2,242	2,125	2,411	2,446	2,676	2,714	2,854	2,870	2,912	2,908	3,091
A&E Attendance	Projected					1,022	941	997	1,057	1,121	1,188	1,262	1,280	1,300	1,300
	Actual	723	763	805	910	1022	941	981	1055	1102	991	1050	1166	1123	1089
Emergency Admissions	Projected					547	563	551	544	540	572	564	560	566	565
	Actual	502	480	537	572	550	569	579	608	608	600	587	627	643	622
Urgent Suspicion of Cancer - Referrals Received	Projected					196	270	372	250	208	208	208	208	208	208
	Actual	130	132	143	133	137	145	135	156	133	149	150	160	127	144
31 Day Cancer - First Treatment	Projected					30	30	30	30	30	30	30	30	30	30
	Actual	25	23	26	27	31	27	15	26	24	20	26	28	26	27
CAMHS - First Treatment	Projected					22	22	22	22	22	18	18	18	18	18
	Actual	33	26	37	30	24	26	20	18	14	17	23	16	19	16
PC OOH - Home Visits	Projected					240	221	206	232	213	217	200	222	216	203
	Actual	169	120	167	155	160	156	152	164	156	167	156	137	144	131
PC OOH - Centre attendances / telephone advice calls	Projected					1,058	1,066	1,099	1,099	1,073	1,060	1,099	1,057	1,078	1,076
	Actual	1,031	909	915	948	827	867	802	802	897	868	840	835	802	824