












# Finance, Performance and Resources Committee

08 September 2020, 09:30 to 12:00  
MS Teams

## Agenda

1. **Apologies for Absence**
2. **Declaration of Members' Interests**
3. **Minute of the last Meeting held on 8 July 2020**  
Rona Laing
-  Item 3 FPR Unconfirmed Notes 072020.pdf (6 pages)
4. **Action List**  
Rona Laing
-  Item 4 Rolling Action List Update from July 2020.pdf (1 pages)
5. **MATTERS ARISING**
- 5.1. **Internal Audit Checklist - agenda planning**  
(verbal)  
Rona Laing
- 5.2. **Stratheden IPCU - Smoking Cessation**  
Nicky Connor
-  Item 5.2 - Stratheden IPCU – Smoking Cessation.pdf (2 pages)
6. **GOVERNANCE**
- 6.1. **Board Assurance Framework – Financial Sustainability**  
Margo McGurk
-  Item 6.1 BAF Financial Sustainability - SBAR for 080920.pdf (4 pages)
-  Item 6.1 1 NHS Fife Board Assurance Framework (BAF) V22 0 310820 - Financial Sustainabilitymm (1).pdf (1 pages)
-  Item 6.1 2 BAF Risks - Financial Sustainability Linked Operational Risks as at 310820mm.pdf (4 pages)
- 6.2. **Board Assurance Framework – Strategic Planning**  
Chris McKenna
-  Item 6.2 SBAR FPR BAF 070920.pdf (3 pages)
-  Item 6.2 NHS Fife Board Assurance Framework (BAF) V22.0 070920 - Strategic Planning.pdf (1 pages)
- 6.3. **Board Assurance Framework – Environmental Sustainability**  
Andrew Fairgrieve
-  Item 6.3 SBAR (BAF) Environmental Sustainability FP&R 8-9-2020.pdf (3 pages)
-  Item 6.3 1 NHS Fife Board Assurance Framework (BAF) V24.0 040820 - Environmental Sustainability (1).pdf (1 pages)
-  Item 6.3 2 BAF Risks - Environmental Sustainability - Linked Operational Risks as at

**6.4. Draft Strategic Objectives 2020-21**

Carol Potter



Item 6.4 SBAR FPR Corporate Objectives.pdf

(5 pages)



Item 6.4 Strategic Objectives 20-21 Draft 2.0.pdf

(2 pages)

**6.5. Corporate Calendar – Dates for Future FP&R Committee Meetings**

Gillian MacIntosh



Item 6.5 FP&amp;R Schedule of Future Meeting Dates to 2022.pdf

(1 pages)

**7. PLANNING****7.1. Orthopaedic Elective Project**

Helen Buchanan/Alan Wilson



Item 7.1 FEOC FP&amp;R Paper September.pdf

(4 pages)

**7.2. HEPMA Implementation Update**

Scott Garden



Item 7.2 HEPMA implementation update - 8th September 2020.pdf

(4 pages)

**7.3. Capital Programme 2020/21 to 2024/25**

Margo McGurk



Item 7.3 FP&amp;R Capital Programme 2021 to 2425.pdf

(5 pages)

**8. PERFORMANCE****8.1. Integrated Performance & Quality Report**

Margo McGurk



Item 8.1 SBAR IPQR FPR Committee.pdf

(4 pages)



Item 8.1 IPQR Aug 2020.pdf

(45 pages)

**8.2. Winter Planning & Performance Review**

(verbal)

Nicky Connor/Andy Mackay

**8.3. Labs MSC Performance Report**

Andy Mackay



Item 8.3 Labs MSC SBAR.pdf

(2 pages)

**9. ITEMS FOR NOTING****9.1. Internal Audit Report B15-20 – Follow-Up of Transformation Programme Governance**

Item 9.1 B15-20 Follow Up of Transformation Programme Governance (B10-18).pdf

(17 pages)

**9.2. Minutes of IJB Finance & Performance Committee, 5 March 2020**

Item 9.2 Final F&amp;P Minute 05.03.2020.pdf

(9 pages)

**10. ISSUES TO BE ESCALATED****10.1. To the Board in the IPR & Chair's Comments**

Rona Laing

**11. Any Other Business****11.1. Our Turn to Care Vouchers**

Carol Potter



- 12. Date of Next Meeting: 10 November 2020 at 9:30am, in the Boardroom, Staff Club, Victoria Hospital (location TBC)**

**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 <b>(Chair)</b>	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:** 8<sup>th</sup> September 2020 at 9.30am in the Staff Club, Victoria Hospital, Kirkcaldy (location TBC).

## ACTION POINTS ARISING FROM NHS FIFE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETINGS

No.	Original Action Date	Item	Action By	Action Required / Current Status	Date Due
111	<b>27.02.18 15.01.19 10.03.20</b>	Stratheden IPCU – PPE	<b>NC</b>	Written report to be submitted in September 2020, detailing the smoking cessation activities taking place to create a smoke-free site.	<b>September 2020</b>
130	<b>14.05.19</b>	Review of General Policies & Procedures	<b>CP/GM/B AN/CM  GM/CP</b>	Consider potential software solutions for managing policy updates, seeking opinions from other Boards. Written report to be submitted in November 2020 outlining proposed changes to the approval process.	<b>November 2020</b>
133	<b>10.09.19</b>	Kincardine & Lochgelly Health & Wellbeing Centres Initial Agreements	<b>NC</b>	Include in the Outline Business Cases information on how technology and digitisation would be utilised.	<b>When the OBCs come for approval – date TBC</b>
136	<b>14.01.20</b>	Update on PT and CAMHS	<b>NC</b>	Give an update in November 2020 on performance of both services to the Committee.	<b>November 2020</b>
137	<b>14.01.20</b>	Scottish Access Collaborative	<b>CP/SF/GM</b>	A future Board Development session to be arranged to update the Board on this national workstream, to help inform local developments around enhancing waiting times / clinical pathways.	<b>Date TBC – will be organised for a future session</b>
138	<b>10.03.20</b>	FP&R Development Session	<b>MM/GM</b>	Bi-annual Committee development sessions to be arranged from May 2020.	<b>Planned July session postponed due to Covid – to be rescheduled to November 2020</b>

COMPLETED ACTIONS					
132	<b>10.09.19</b>	Update on PT and CAMHS	<b>JP</b>	Give an update on performance of both services to the Committee.	<b>Completed, January 2020</b>
135	<b>14.01.20</b>	Winter Plan Funding	<b>CP</b>	DoF to clarify if recently announced, extra SG funding for unscheduled care will be applied to Winter Plan expenditure.	<b>Completed, January 2020</b>



<b>MEETING:</b>	Finance, Performance & Resources Committee
<b>TITLE OF REPORT:</b>	Stratheden IPCU – Smoking Cessation Update
<b>DATE OF MEETING:</b>	8 September 2020

<b>Purpose of the Report</b>
For Information

## **SBAR REPORT**

### **Situation**

Hollyview, the intensive psychiatric care unit (IPCU) at Stratheden Hospital, had previously requested the provision of a smoking shelter for the use of patients during their stay in IPCU. Consideration has been given to the wider management of no-smoking policy within Stratheden in light of Scottish Government guidance and an update is provided on progress.

### **Background**

Hollyview, a purpose built unit that opened in 2015, was designed as a no smoking facility. At that time the Scottish Government's guidance on Smoke Free NHS Sites allowed for an exemption for Mental Health sites. Smoking was allowed in wards/areas on the Stratheden Site, which has proven to be very difficult to enforce a smoke free environment in and around IPCU. Scottish Government has subsequently confirmed that legislative changes will include the removal of the mental health exemption as well as introduce penalty notices for enforcement.

The majority of patients admitted to Hollyview are usually subject to detention under the Mental Health Act and often have no time out of the ward. In 2018 staff requested the erection of a smoking shelter for the use of patients who smoke, to protect them from the elements. This was costed in May 2019 but was never progressed further.

### **Assessment**

At the time of the initial request Mental Health Service had made fairly limited progress in moving towards a smoke free service model. However, with the support of Health Promotion and Mental Health Quality Improvement, the smoke free delivery group have been carrying out staff questionnaires eliciting views from staff working in mental health wards around their understanding of smoke free policy. Views were also sought on the potential challenges that will be faced when the legislation is finalised and Smoke Free Sites guidance is legally enforceable on all of our sites.

We are now in the process of following this up with additional training for staff together with the introduction of appropriate protocols and practices to address concerns and increase awareness of our Smoke Free Status. Highlighting evidence from other Mental health organisations that are already smoke free is valuable learning demonstrating the positives impact that a Smoke Free environment can make.

Scottish Government are clear that NHS Boards have certain responsibilities to prepare for, and enforce, smoke-free NHS grounds - specific actions include developing a comprehensive



smoke-free policy. Scottish Government guidance is clear that NHS Boards must implement and ensure compliance with the policy regardless of size, nature or number of sites. It is therefore incumbent on us to deliver a smoke free environment for our patients and staff in the Mental Health service by 31 March 2021, prior to the law coming into force mid 2021.

It is clear that to erect a smoking shelter anywhere on our estate is a retrograde step and would send the wrong message.

#### **Recommendation**

That the Finance, Performance and Resources Committee supports the Mental Health Service endeavours to deliver a smoke free environment by 31 March 2021.

**Sharon Rodger, Clinical Services Manager**  
**Kay Samson, Deputy Health Promotion Manager**  
**August 2020**

<b>Meeting:</b>	<b>Finance, Performance and Resources Committee</b>
<b>Meeting date:</b>	<b>8 September 2020</b>
<b>Title:</b>	<b>BAF – Financial Sustainability</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance</b>
<b>Report Author:</b>	<b>Margo McGurk, Director of Finance, Rose Robertson, Deputy Director of Finance</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness
- Discussion

**This report relates to a:**

- Annual Operational Plan
- Emerging Issue
- Government policy/directive

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of this paper is to update the Committee on the BAF for Financial Sustainability and the associated risks.

The Committee has a vital role in scrutinising the risk and where indicated, Committee chairs will seek further information from risk owners. This report provides the Committee with an update on NHS Fife BAF specifically in relation to Financial Sustainability as at end August 2020.

## 2.2 Background

As previously reported, the BAF brings together pertinent information on the above risk integrating objectives, risks, controls, assurances and additional mitigating actions.

- Identifies and describes the key controls and actions in place to reduce or manage the risk
- Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect
- Links to performance reporting to the Board and associated risks, legislation & standing orders or opportunities

The Committee is invited to consider the following :

- Does the risk score feel right?
- Do the current controls match the stated risk?
- Will the mitigating actions bring the risk down to its target level?
- If the mitigating actions are fully implemented would the outcome be achieved?
- Does the assurance provided describe how the controls are performing?
- Do the assurances come from more than one source including independent sources?
- Are limited resources being allocated appropriately i.e. on uncontrolled high risks or in otherwise well controlled areas of risk?

## 2.3 Assessment

The Committee can be assured that systems and processes are in place to monitor the financial performance and sustainability of NHS Fife, including the impact of the financial position of the Integration Joint Board.

The high level risks are set out in the BAF, together with the current risk assessment given the mitigating actions already taken. These are detailed in the attached papers. In addition, further detail is provided on the linked operational risks on the corporate risk register. Each risk has an owner who is responsible for the regular review and update of the mitigations in place to manage the risk to financial sustainability and strategic planning.

Through the Code of Corporate Governance, the Board has delegated executive responsibility to the Chief Executive and Director of Finance to ensure the appropriate systems and processes operate effectively to manage and mitigate financial risk on behalf of NHS Fife. The Finance, Performance & Resources Committee is tasked on behalf of the Board to provide appropriate oversight and scrutiny of the associated financial performance. The accountability and governance framework associated with the financial performance of the organisation are key aspects of both internal and external audit review. Individual Directors and managers, through the formal delegation of budgets, are accountable for financial management in their respective areas of responsibility, including the management of financial risks. This framework has been strengthened through the establishment of a system-wide series of Performance & Accountability Review meetings

The attached schedule reflects the position at the end of August 2020. The BAF current score has been held at High in line with the score reported during the previous year, with

the target score remaining Moderate. This recognises the ongoing financial challenges facing Acute Services in particular, as well as the pressures notable within Health & Social Care Partnership, specifically in relation to social care budgets and the impact of any move to adopt the risk share arrangement. It also reflects the level of challenge and uncertainty associated with the mobilisation and remobilisation activity in relation to Covid 19. Linked operational risks are also attached for information, with changes highlighted in red bold typeface.

Further detail on the financial position and challenges is set out in the Integrated Performance & Quality Report.

### **2.3.1 Quality/ Patient Care**

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

### **2.3.2 Workforce**

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

### **2.3.3 Financial**

Please refer to the full report at Annex 1.

### **2.3.4 Risk Assessment/Management**

Please refer to the full report at Annex 1.

### **2.3.5 Equality and Diversity, including health inequalities**

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

### **2.3.6 Other impact**

N/A.

### **2.3.7 Communication, involvement, engagement and consultation**

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

### **2.3.8 Route to the Meeting**

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

- EDG 30 July 2020

## 2.4 Recommendation

The Committee is invited to:

- **Consider** the questions set out above; and
- **Approve** the updated financial sustainability element of the Board Assurance Framework
- **Decision** – Reaching a conclusion after the consideration of options.

## 3 List of appendices

The following appendices are included with this report:

- BAF – Financial Sustainability
- BAF Risks – Financial Sustainability Linked Operational Risks

### Report Contact

Margo McGurk  
Director of Finance  
Email [margo.mcgurk@nhs.net](mailto:margo.mcgurk@nhs.net)



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Financial Sustainability

1413	Sustainable	02.03.2020	30.04.2020	There is a risk that the funding required to deliver the current and anticipated future service models will exceed the funding available. Thereafter there is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework would result in the Board being unable to deliver on its required financial targets.	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	Current financial climate across NHS/public sector. This risk must now be considered in the context of managing the financial impact of the COVID 19 pandemic.	Director of Finance Finance, Performance & Resources (F,P&R) Chair: Rona Lang	<i>Ongoing actions designed to mitigate the risk including:</i>  1. Ensure budgets are devolved to an appropriate level aligned to management responsibilities and accountabilities. This includes the allocation of any financial plan shortfall to all budget areas. This seeks to ensure all budget holders are sighted on their responsibility to contribute to the overall requirement to deliver breakeven.  2. Refreshed approach established for a system-wide Transformation programme to support redesign; reduce unwarranted variation and waste; and to implement detailed efficiency initiatives. Lessons will be learned from the successes of the medicines efficiency programme in terms of the system-wide approach and use of evidence based, data-driven analysis  3. Engage with external advisors as required (e.g. property advisors) to support specific aspects of work. In addition, appoint external support to accelerate a programme of cost improvement across Acute Services.	Nil	1. Continue a relentless pursuit of all opportunities identified through the transformation programme in the context of sustainability & value.  2. Continue to maintain an active overview of national funding streams to ensure all NHS Fife receives a share of all possible allocations.  3. Continue to scrutinise and review any potential financial flexibility.  4. Engage with H&SC / Council colleagues on the risk share methodology and in particular ensure that EDG, FP&R and the Board are appropriately advised on the options available to manage any overspend within the IJB <i>prior</i> to the application of the risk share arrangement	Director of Finance / Chief Operating Officer / Director of Health & Social Care  Ongoing	1. Produce monthly reports capturing and monitoring progress against financial targets and efficiency savings for scrutiny by all responsible managers and those charged with governance and delivery.  2. Undertake regular monitoring of expenditure levels through managers, Executive Directors' Group (EDG), Finance, Performance & Resources (F,P&R) Committee and Board. As this will be done in parallel with the wider Integrated Performance Reporting approach, this will take cognisance of activity and operational performance against the financial performance.	1. Internal audit reviews on controls and process; including Departmental reviews . 2. External audit review of year end accounts and governance framework.	1. Enhanced reporting on various metrics in relation to supplementary staffing.  2. Confirmation via the Director of Health & Social Care on the robustness of the social care forecasts and the likely outturn at year end	During Q4 2019/20 the financial plan was developed and a gap of £20m and consequent savings challenge was confirmed for 2020/21. The response to the COVID 19 pandemic required the organisation to focus all our efforts on mobilising the response plan. The current focus is now on remobilising services, the financial impact of COVID 19 will be significant. There is still a requirement to deliver a recurring balanced position over the medium term. It is inevitable that 2020/21 will be a transitional year where we consider and embrace plans for the "new normal" and how that can be delivered in a sustainable and affordable way. Within NHS Fife we will develop a 3-year financial plan which supports investment and disinvestment and which delivers prioritised and impact assessed financial arrangements. We will create financial models to present the tests of change already mobilised. This will take time and engagement to deliver robustly.	3 - Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate	Financial risks will always be prevalent within the NHS / public sector however it would be reasonable to aim for a position where these risks can be mitigated to an extent.
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Linked Operational Risk(s)			
Risk ID	Risk Title	Current Risk Rating	Risk Owner
1363	Health & Social Care Integration - Overspend	High 20	M McGurk
1364	Efficiency Savings - failure to identify level of savings to achieve financial balance	High 20	M McGurk
1513	Financial and Economic impact of Brexit	High 20	M McGurk

Previously Linked Operational Risk(s)			
Risk ID	Risk Title	Reason for unlinking from BAF	Risk Owner
522	Prescribing & Medicines Management - unable to control Prescribing Budget	No longer a high risk	Dr C McKenna
1357	Financial Planning, Management & Performance	No longer a high risk	M McGurk

ID	1363	1364	1513			
Position of Risk (Risk Register)	NHSFBD - Finance Directorate Risk Register	NHSFBD - Finance Directorate Risk Register	NHSFBD - Brexit Risk Register			
Opened	13.06.2017	13.06.2017	04.10.2018			
Title	Health and Social Care Integration	Efficiency Savings	Financial and Economic impact of Brexit			
Description	There is a risk that a proportion of any Health and Social care overspend at the year end will require to be funded by NHS Fife. The Integration Scheme for Fife states "8.2.4. Any remaining overspend will be funded by the parties based on the proportion of their current year contributions to the Integration Joint Board".	There is a risk that the organisation may not fully identify the level of savings required to achieve financial balance.	Brexit, and uncertainty over the final withdrawal agreement, has the potential to cause a large amount of uncertainty, both in respect to understanding what the Health Board's budget allocation may be (i.e. income), and on costs (i.e. expenditure). This risk has been escalated to the Finance, Performance and Resources Committee.			
Likelihood (Initial)	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur	5 - Almost Certain - Expected to occur frequently - more likely than not			
Consequence (initial)	5 - Extreme	4 - Major	5 - Extreme			
Risk level (initial)	High Risk	High Risk	High Risk			
Rating (initial)	20	16	25			
Current Management Actions	An Integration Scheme Review chaired by the Director of Health & Social Care; and a Risk Share Review chaired by the Chief Finance Officer, were established in the 2019/20 FY - this was temporarily paused due to Covid 19, conversations across the partners have recently recommenced the review. The latter allows consideration of a review of items which should be included/excluded from the respective partners' budget to inform risk share calculations. In parallel the NHSF Director of Finance and Scottish Government colleagues are in dialogue over the unique Fife Integration Scheme and risk share position.	A formal and detailed assessment of resource levels and service costs is underway including a risk assessment of the deliverability of the required level of savings required to balance in 2020/21. This will be all the more challenging given the impact on services and costs of the response required to the COVID 19 pandemic. A detailed Q1 review has been carried out which now estimates the level of savings at risk, this review was submitted to SG in August however they have requested that all Boards resubmit again by the middle of September. The latter submission will incorporate the costs associated with remobilisation of services for the remainder of this financial year.	In response to the UK withdrawal from the EU, Procurement have continued to monitor and challenge escalation in costs, and a range of services are reviewing contracts to establish possible hidden costs within the supply chain, linked to contracts with 3rd parties. Where appropriate, revised contractual arrangements or different suppliers are being progressed to mitigate costs.			
Likelihood (current)	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur	5 - Almost Certain - Expected to occur frequently - more likely than not			
Consequence (current)	5 - Extreme	5 - Extreme	4 - Major			
Risk level (current)	High Risk	High Risk	High Risk			
Rating (current)	20	20	20			
Likelihood (Target)	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	1 - Remote - Can't believe this event would happen			
Consequence (Target)	3 - Moderate	3 - Moderate	1 - Negligible			
Risk level (Target)	Moderate Risk	Moderate Risk	Very Low Risk			
Rating (Target)	9	9	1			
Risk Owner	McGurk, Margo	McGurk, Margo	McGurk, Margo			
Handler	Robertson, Rose	Robertson, Rose	Stewart, Laura			
Previous Review Date	08.06.2020	08.06.2020	02.03.2020			
Next Review	04.06.2021	30.04.2021	30.04.2020			

1363	ID
NHSFBD - Finance Directorate Risk Register	Position of Risk (Risk Register)
13.06.2017	Opened
Health and Social Care Integration	Title
There is a risk that a proportion of any Health and Social care overspend at the year end will require to be funded by NHS Fife. The Integration Scheme for Fife states "8.2.4. Any remaining overspend will be funded by the parties based on the proportion of their current year contributions to the Integration Joint Board".	Description
4 - Likely - Strong possibility this could occur	Likelihood (Initial)
5 - Extreme	Consequence (Initial)
High Risk	Risk level (Initial)
20	Rating (Initial)
An Integration Scheme Review chaired by the Director of Health & Social Care; and a Risk Share Review chaired by the Chief Finance Officer, were established in the 2019/20 FY - this has been temporarily paused due to Covid 19. The latter allows consideration of a review of items which should be included/excluded from the respective partners' budget to inform risk share calculations. In parallel the NHSF Director of Finance and Scottish Government colleagues are in dialogue over the unique Fife Integration Scheme and risk share position.	Current Management Actions
4 - Likely - Strong possibility this could occur	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
20	Rating (current)
3 - Possible - May occur occasionally - reasonable chance	Likelihood (Target)
3 - Moderate	Consequence (Target)
Moderate Risk	Risk level (Target)
9	Rating (Target)
McGurk, Margo	Risk Owner
Robertson, Rose	Handler
08.06.2020	Previous Review Date
04.06.2021	Next Review

1364	ID
NHSFBD - Finance Directorate Risk Register	Position of Risk (Risk Register)
13.06.2017	Opened
Efficiency Savings	Title
There is a risk that the organisation may not fully identify the level of savings required to achieve financial balance.	Description
4 - Likely - Strong possibility this could occur	Likelihood (Initial)
4 - Major	Consequence (Initial)
High Risk	Risk level (Initial)
16	Rating (Initial)
A formal and detailed assessment of resource levels and service costs is underway including a risk assessment of the deliverability of the required level of savings required to balance in 2020/21. This will be all the more challenging given the impact on services and costs of the response required to the COVID 19 pandemic. A detailed Q1 review has been carried out which now estimates the level of savings at risk, this review was submitted to SG in August however they have requested that all Boards resubmit again by the middle of September. The latter submission will incorporate the costs associated with remobilisation of services for the remainder of this financial year.	Current Management Actions
4 - Likely - Strong possibility this could occur	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
20	Rating (current)
3 - Possible - May occur occasionally - reasonable chance	Likelihood (Target)
	Consequence (Target)
3 - Moderate	Risk level (Target)
Moderate Risk	Rating (Target)
9	Risk Owner
McGurk, Margo	Handler
Robertson, Rose	Previous Review Date
08.06.2020	Next Review
30.04.2021	

1513	ID
NHSFBD - Brexit Risk Register	Position of Risk (Risk Register)
04.10.2018	Opened
Financial and Economic impact of Brexit	Title
Brexit, and uncertainty over the final withdrawal agreement, has the potential to cause a large amount of uncertainty, both in respect to understanding what the Health Board's budget allocation may be (i.e. income), and on costs (i.e. expenditure). This risk has been escalated to the Finance, Performance and Resources Committee.	Description
5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
25	Rating (initial)
In the lead up to the UK's withdrawal from the EU, Procurement continue to monitor and challenge escalation in costs, and a range of services are reviewing contracts to establish possible hidden costs within the supply chain, linked to contracts with 3rd parties. Where appropriate, revised contractual arrangements or different suppliers are being progressed to mitigate costs. The Scottish Government will set the budget in 2020.	Current Management Actions
5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (current)
4 - Major	Consequence (current)
High Risk	Risk level (current)
20	Rating (current)
1 - Remote - Can't believe this event would happen	Likelihood (Target)
1 - Negligible	Consequence (Target)
Very Low Risk	Risk level (Target)
1	Rating (Target)
McGurk, Margo	Risk Owner
Stewart, Laura	Handler
02.03.2020	Previous Review Date
30.04.2020	Next Review

Meeting:	Finance, Performance & Resources Committee
Meeting date:	8 September 2020
Title:	NHS Fife Board Assurance Framework (BAF) Strategic Planning
Responsible Executive:	Dr Chris McKenna, Medical Director
Report Author:	Susan Fraser, Associate Director of Planning and Performance

## 1 Purpose

**This is presented to the Board for:**

- Discussion

**This report relates to:**

- Local policy

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Board Assurance Framework (BAF) is intended to provide accurate and timely assurances to this Committee and ultimately to the Board that the organisation is delivering on its strategic objectives in line with the following:

- NHS Fife Strategic Framework
- NHS Fife Clinical Strategy
- Fife Health & Social Care Integration Strategic Plan

The Committee has a vital role in scrutinising the risk and where indicated, Committee chairs will seek further information from risk owners.

This report provides the Committee with the next version of the NHS Fife BAF.

## 2.2 Background

This BAF brings together pertinent information on the above risk, integrating objectives, risks, controls, assurances and additional mitigating actions.

- Identifies and describes the key controls and actions in place to reduce or manage the risk
- Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect
- Links to performance reporting to the Board and associated risks, legislation & standing orders or opportunities
- Provides a brief assessment of current performance. In due course, the BAF will provide detail on the progress of the risk over time - improving, moving towards or away from its target.

## 2.3 Assessment

There are five local key priorities for NHS Fife during 2020/21 aligned to the Clinical Strategy and Strategic Plan which underpin all aspects of the Health Board's strategic plan following the review of the integrated transformation programme:

1. Acute Services Transformation Programme
2. Joining Up Care - Community Redesign
3. Mental Health Redesign
4. Medicines Efficiencies
5. Integration and Primary Care

The Integrated Transformation Board (ITB) had been established in 2019 and provides strategic oversight of all of the health transformation programmes by NHS Fife, Fife IJB and Fife Council. The governance will continue to be with the 4 committees (x2 NHS and x2 IJB).

Each programme has now been agreed by the ITB against the programme management stage and gate framework. The ITB will oversee the transformation programmes and ensure objectives, outcomes and deliverables are met within timescales.

A full review of the Transformation programme and Strategic Planning is being undertaken currently in line with the Clinical Strategy and Remobilisation Plan. This will result in a new strategic planning strategy for Fife; revised strategic priorities taking into account redesign over COVID period and a revised Transformation leadership structure. A workshop is being held at the beginning of September that will help shape the future configuration of transformation in Fife.

### 2.3.1 Quality/ Patient Care

Quality of Patient Care is part of the work of the Remobilisation Oversight Group

### 2.3.2 Workforce

No change.

### 2.3.3 Financial

Financial implications are dealt with through the process to restart services and the Finance Director is a member of the Remobilisation Oversight Group.

### 2.3.4 Risk Assessment/Management

Risk Assessment is part of the restart of services process.

### 2.3.5 Equality and Diversity, including health inequalities

Equality and Diversity is part of the restart of services process.

### 2.3.6 Other impact

n/a

### 2.3.7 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

## 2.4 Recommendation

The Committee is invited to:

- **note** the current position in relation to the Strategic Planning risk

### Report Contact

Susan Fraser

Associate Director of Planning and Performance

Email [susan.fraser@nhs.net](mailto:susan.fraser@nhs.net)



1417	Person Centred, Clinically Excellent, Exemplar	Employer - Sustainable	27.08.2020	01/11/2020	There is a risk that NHS Fife will not deliver the recommendations made by the Clinical Strategy within a timeframe that supports the service transformation and redesign required to ensure service sustainability, quality and safety at lower cost.	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	Integrated Transformation Board has been in place after the review of transformation in 2019. Following period of COVID-19, transformation planning is being revised and new structure being put in place following transformation workshop planned for 3 September 2020.	New programme management approach	Chief Executive	Clinical Governance	Ongoing actions designed to mitigate the risk including:  1. Establishment of Integrated Transformation Board (ITB) in 2019 to oversee transformation programmes across NHS Fife, Fife IJB and Fife Council to drive the delivery of the H&SC Strategic Plan and the Clinical Strategy.  2. Establishment of programme management framework with a stage and gate approach.  3. 3 of the 4 key strategic priorities are being taken forward by the H&SCP/IJB. The remaining priority is being taken forward by Acute services and progress shared through regular highlight reports. Programme Boards provide oversight and	JSTG not performing role adequately and replaced by the newly formed Integrated Transformation Board. but transformation programmes being progressed.	Leadership to strategic planning coming from the Executive Directors Group.  Clinical Strategy workstream update has been produced to reflect progress against recommendations.  Establishment of ITB should provide assurance to the committees and Board that the transformation programme has strategic oversight and delivery.  Senior Leadership for Transformation is being reviewed and revised .	Chief Executive	31.12.2020	1. Minutes of meetings record attendance, agenda and outcomes.  2. New governance in place with newly formed Integrated Transformation Group meeting every 6 weeks.  3. Performance and Accountability Reviews now underway which will provide assurance to committees on performance of all	1. Internal Audit Report on Strategic Planning (no. B10/17)  2. SEAT Annual Report 2016  3. Governance committee oversight of performance assurance framework	Business cases have been developed in support of the transformation programmes which address issues such as resource implications, workforce and facilities redesign. Standardised documentation will introduce a consistent	Current challenges associated with delivery of our strategic objectives include the focus on the 4 strategic priorities (Acute Transformation, Joining Up Care, Mental Health Redesign and Medicines Efficiencies), the interdependencies of workplans (NHS Fife/H&SCP/ Region) in terms of the whole system oversight of operational plans, delivery measures and	Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate	Once governance and monitoring is in place and transformation programmes are being realised, the risk level should reduce.  WILL BE REVIEWED AFTER COVID19 PERIOD
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Risk ID	Risk Title	Current Risk Rating	Risk Owner
	Nil currently identified		

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk Owner
	NIL APPLICABLE			

Meeting:	Finance, Performance & Resources Committee
Meeting date:	8 <sup>th</sup> September 2020
Title:	Update on NHS Fife Board Assurance Framework (BAF) Environmental Sustainability
Responsible Executive:	Andy Fairgrieve Director of Estates , Facilities & Capital Services
Report Author:	Andy Fairgrieve Director of Estates , Facilities & Capital Services

## 1 Purpose

This is presented to FP&R for:

- Decision

This report relates to a:

- Board Governance & Strategic Objectives

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

- Safe

## 2 Report summary

### 2.1 Situation

The BAF is intended to provide assurances to this Committee and ultimately to the Board, that the organisation is delivering on its strategic objectives as contained in the following:

- NHS Fife Strategic Framework
- NHS Fife Clinical Strategy
- Fife Health & Social Care Integration Strategic Plan

The Committee has a key role in scrutinising the risk and where necessary, the chair should seek further information. The Committee is required to consider the following:

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

- Are limited resources being allocated appropriately i.e. on uncontrolled high risks or in otherwise well controlled areas of risk?
- Is there anything missing you would expect to see in the BAF?

This report provides EDG with an update on NHS Fife BAF in relation to BAF risks .

## **2.2 Background**

Estates &Facilities receive capital funding from Scottish Government via Fife's Capital Investment Group to address any statutory compliance or backlog maintenance issues . This is never enough and the above projects therefore need to be prioritised and the highest risks receive the funding.

## **2.3 Assessment**

Assessment of FHB's current position-

Estates &Facilities continue to work on the risks as and when funding becomes available.

Both PFI providers at St Andrews and the VHK have started the replacement program for the flexible hoses. Only when these projects been completed will we remove them from the relevant BAF and risk registers .

There has been no change to the previous BAF report .

### **2.3.1 Quality/ Patient Care**

There is no negative impact to patient care as the risks are being managed

### **2.3.2 Workforce**

There is no negative impact to the workforce.

### **2.3.3 Financial**

Capital projects are being managed as and when funding becomes available.

### **2.3.4 Risk Assessment/Management**

Please see attached risks and BAF.

### **2.3.5 Equality and Diversity, including health inequalities**

N/A

### **2.3.6 Other impact**

N/A

### **2.3.7 Communication, involvement, engagement and consultation**

External stakeholders are appointed where appropriate:

### 2.3.8 Route to the Meeting

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

EDG

## 2.4 Recommendation

- **Decision** – Note the report

## 3 List of appendices

The following appendices are included with this report:

- BAF Environmental Sustainability
- BAF Environmental Sustainability linked operational risks

### Report Contact

Andy Fairgrieve

[andrewfairgrieve@nhs.net](mailto:andrewfairgrieve@nhs.net)

[illegible]

1414	Sustainable, Clinically Excellent	18.08.2020	18.11.2020	There is a risk that Environmental & Sustainability legislation is breached which impacts negatively on the safety and health of patients, staff and the public and the organisation's reputation.	4 - Likely - Strong possibility this could occur	5 - Extreme	20	High	4 - Likely - Strong possibility this could occur	5 - Extreme	20	High	Estates currently have significant high risks on the E&F risk register; until these have been eradicated this risk will remain. Action plans have been prepared and assuming capital is available these will be reduced in the near future.	Director of Estates, Facilities & Capital Services (E,F &CS) Finance, Performance & Resources (F,P&R)  Chair: Rona Laing	Ongoing actions designed to mitigate the risk including: 1. Operational Planned Preventative Maintenance (PPM) systems in place  2. Systems in place to comply with NHS Estates  3. Action plans have been prepared for the risks on the estates & facilities risk register. These are reviewed and updated at the monthly risk management meetings. The highest risks are prioritised and allocated the appropriate capital funding.  4. The SCART (Statutory Compliance Audit & Risk Tool) and EAMS (Estates Asset Management System) systems record and track estates & facilities compliance.  5. Sustainability Group manages environmental issues and Carbon Reduction Commitment(CRC) process is audited annually.  6. Externally appointed Authorising Engineers carry out audits for all of the major services i.e. water safety, electrical systems, pressure systems, decontamination and so on.	Nil	1. Capital funding is allocated depending on the E&F risks rating	Director of Estates, Facilities & Capital Services  Ongoing as limited funding available	1. Capital Investment delivered in line with budgets  2. Sustainability Group minutes.  3. Estates & Facilities risk registers.  4. SCART & EAMS  5. Adverse Event reports	1. Internal audits  2. External audits by Authorising Engineers  3. Peer reviews	None	High risks still exist until remedial works have been undertaken, but action plans and processes are in place to mitigate these risks.	1 - Remote - Can't believe this event would happen	5 - Extreme	5	Low	All estates & facilities risk can be eradicated with the appropriate resources but there will always be a potential for failure i.e. component failure or human error hence the target figure of 5.
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Risk ID	Risk Title	Current Risk Rating	Risk Owner
1296	Emergency Evacuation - VHK- Phase 2 Tower Block	High 20	A Fairgrieve
1007	Theatre Phase 2 Remedial work	High 15	M Cross
1252	Flexible PEX hoses Phase 3 VHK - Legionella Risk	High 15	A Fairgrieve

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk Owner
735	Medical Equipment Register	Risk Closed		
749	VHK Phase 2 - Main Foul Drainage Tower Block	Risk Closed		
1083	VHK CL O2 Generator - Legionella Control	Risk Closed		
1207	Water system Contamination STACH	No longer high risk	Moderate 10	A Fairgrieve
1275	South Labs loss of service due to proximity of water main to plant room	No longer high risk	Moderate 8	D Lowe
1306	Risk of pigeon guano on VHK Ph2 Tower Windows	No longer high risk	Moderate 12	D Lowe
1312	Vertical Evacuation - VHK Phase 2 Tower Block	Risk Closed		
1314	Inadequate Compartmentation - VHK - Escape Stairs and Lift Enclosures	Risk Closed		
1315	Vertical Evacuation - VHK Phase 2 - excluding Tower Block	Risk Closed		
1316	Inadequate Compartmentation - VHK - Phase 1, Phase 2 Floors and 1st - risk of fire spread	No longer high risk	Moderate 8	A Fairgrieve
1335	Fife College of Nursing - Fire alarm potential failure	Risk Closed		
1341	Oil storage - risk of SEPA prosecution/ HSE enforcement due to potential leak/ contamination/ non compliant tanks	No longer high risk	Moderate 10	G Keatings
1342	Oil Storage - Fuel Tanks	No longer high risk	Moderate 10	J Wishart
1352	Pinpoint malfunction	Risk Closed		
1384	Microbiologist Vacancy	Risk Closed		
1473	Stratheden Hospital Fire Alarm System	Risk Closed		

ID	1296	1007	1252
Position of Risk (Risk Register)	CORPORATE RISK REGISTER, Corporate Directorate - Estates Risk Register	Acute Services - Planned Care - Theatres/Anaesthetics Risk Register	Corporate Directorate - Estates Risk Register
Opened	22.08.2016	11.02.2015	02.06.2016
Title	Emergency Evacuation, VHK Phase 2 Tower Block	Theatre Phase 2 Remedial work	Flexible PEX hoses in PHASE 3 VHK
Description	There is a risk that a second stage fire evacuation, or complete emergency evacuation, of the upper floors of Phase 2 VHK, may cause further injury to frail and elderly patients, and/or to staff members from both clinical and non-clinical floors.	Risk of increased loss of service due to deteriorating fabric of building resulting in reduced ability to reach TTG targets.	AF 2/8/16 There is a risk to patient safety due to a legionella risk in phase 3 building.  EFA DH (2010)03 stated that flexible hoses when used for the supply of potable water may have an enhanced risk of harboring Legionella bacteria and other harmful microorganisms.
Likelihood (initial)	4 - Likely - Strong possibility this could occur	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance
Consequence (initial)	5 - Extreme	5 - Extreme	5 - Extreme
Risk level (initial)	High Risk	High Risk	High Risk
Rating (initial)	20	15	15
Current Management Actions	JR/AF - 17/12/2019 - Situation is still the same, however adjustments have been made to the fire alarm system which gives a clear definition now between a full fire alarm tone for evacuation, and an intermittent tone for prepare to evacuate. Previously this fire tone was unrecognizable between the two as the gap was 250ms and is now 1.6 seconds. Feedback from ward staff is positive. This will assist clinical teams in confirming clarity on the need to evacuate or not.  Also with ward 13 only being used now as winter pressure ward.  Extra pagers have been purchased by Estates and now all clinical coordinators hold their own.	13/4/20 Risk remains unchanged and plans are being taken forward as outlined on 30/4/2019  M.C 30/04/2019 funding has been agreed and plans are well underway for a new Orthopaedic Building which will accommodate theatres, ward are and out-patient area. This will not be complete until 2022  Executive team reviewing options of undertaking surgery in alternative theatres.	JR/KD It was agreed that the flexible hose replacement would be a 2 year programme of work. The first 50% is to be rolled out this year, although this is likely to start later due to the current situation, and 50% is to be replaced in 2021.
Likelihood (current)	4 - Likely - Strong possibility this could occur	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance
Consequence (current)	5 - Extreme	5 - Extreme	5 - Extreme
Risk level (current)	High Risk	High Risk	High Risk
Rating (current)	20	15	15
Likelihood (Target)	1 - Remote - Can't believe this event would happen	1 - Remote - Can't believe this event would happen	2 - Unlikely - Not expected to happen - potential exists
Consequence (Target)	5 - Extreme	5 - Extreme	5 - Extreme
Risk level (Target)	Low Risk	Low Risk	Moderate Risk
Rating (Target)	5	5	10
Risk Owner	Fairgrieve, Andrew	Cross, Murray	Fairgrieve, Andrew
Handler	Ramsay, Jimmy	Lowe, David	Bishop, Paul
Previous Review Date	23.04.2020	14.04.2020	28.04.2020
Next Review	31.03.2021	30.04.2021	31.03.2021

<b>Meeting:</b>	<b>Finance, Performance &amp; Resources Committee</b>
<b>Meeting date:</b>	<b>8 September 2020</b>
<b>Title:</b>	<b>Draft Strategic Objectives 2020-21</b>
<b>Responsible Executive:</b>	<b>Carol Potter, Chief Executive</b>
<b>Report Author:</b>	<b>Susan Fraser, Associate Director of Planning and Performance</b>

## 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

## 2.4 Recommendation

The Finance, Performance & Resources Committee 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

Email [susan.fraser3@nhs.scot](mailto:susan.fraser3@nhs.scot)

# 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"><li>Listen to what matters to YOU</li><li>Design services in partnership with service users, carers and communities</li><li>Give YOU choices and information</li><li>Create environments that encourage caring and positive outcomes for all</li><li>Develop &amp; redesign services that put patients first supporting independent living and self management</li></ul>	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
					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"><li>Work with you to receive the best care possible</li><li>Ensure there is no avoidable harm</li><li>Achieve &amp; maintain quality standards</li><li>Ensure environment is clean, tidy, well maintained, safe and something to be proud of</li><li>Embed patient safety consistently across all aspects of healthcare provision</li></ul>	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"><li>Create time &amp; space for continuous learning</li><li>Listen to &amp; involve staff at all levels</li><li>Give staff skills, resources and equipment required for the job</li><li>Encourage staff to be ambassadors for Health and Social Care in Fife</li><li>Create high performing MDT through education &amp; development</li><li>Equip people to be the best leaders</li></ul>	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"><li>Optimise resource for health &amp; wellbeing</li><li>Ensure cost effective and within budget</li><li>Increase efficiency &amp; Reduce Waste</li><li>Service redesign will ensure cost effective, lean and minimise adverse variation</li><li>Optimise use of property &amp; assets with our partners</li></ul>	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							

# FINANCE, PERFORMANCE & RESOURCES COMMITTEE

## DATES FOR FUTURE MEETINGS

Date
10 November 2020
12 January 2021
16 March 2021
11 May 2021
13 July 2021
14 September 2021
9 November 2021
11 January 2022
15 March 2022

Please note that all meetings take place via **MS Teams** / in the **Staff Club**  
(TBC) and start at **9.30am**

A pre-meeting of Non-Executive Members is routinely held, beginning at **9am**

\* \* \* \* \*

Meeting:	NHS Fife Finance, Performance & Resources Committee
Meeting date:	8 September 2020
Title:	NHS Fife Elective Orthopaedic Centre Project
Responsible Executive:	Helen Buchanan, Director of Nursing
Report Author:	Alan Wilson, Capital Project Director

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- NHS Board Strategy

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

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

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

### 2.2 Background

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

## 2.3 Assessment

The project is currently showing 2 weeks behind on the main programme due to having to adapt ways of working during the COVID 19 pandemic however this has also had an impact on the tender returns for some of the work packages. We should have had all packages back, cleansed and approved by our Cost Advisors by the first week in September however this will not be achievable. We are currently sitting with approximately 80 % of tenders returned but only 20% have been financially cleansed by the PSCP and forwarded onto the Cost Advisor for agreement. This is since most construction companies are only returning fully after furlough and due to the impact of summer holidays.

We are also experiencing issues with the planning process for the enabling car parking works due to the demands of both Scottish Water and the Fife Council Planning team. We have had to provide attenuation in both car parking areas to a high level. This has been a timely process regarding communication of design proposals between all the relevant stakeholders and the fact that the planning department are working from home has been a challenge.

We should have had planning consent by end of July with work starting in early August but as of writing this report the planning application has now been accepted but we are awaiting written confirmation.

Due to the issues mentioned previously in the report a recommendation was taken to the project board meeting on 26<sup>th</sup> August that we delay the submission of the Full Business Case to Directorate for Health and Social Care Capital Investment Group until October for their meeting in November. This will allow for all tender packages to be returned and a target price agreed. As we will now not be able to complete the car park enabling works until early November it was agreed by the board that this was a sensible approach.

Regarding the main project we have now concluded the ADAET workshop on 17<sup>th</sup> August as per the National Design Assurance Process and issued all the documentation for support status as required for including in the Full Business Case. We have also arranged a meeting for 31<sup>st</sup> August with the newly formed Centre of Excellence team for the review of all our design information as per the new assurance requirements that have now been included in the Scottish Capital Investment Manual in light of the issues that have arisen in previous NHS projects.

In relation to all that has been reported previously the programme for starting the construction of the new facility will begin end of November pending the approval from the various governance committees of the Full Business Case.



### **2.3.1 Quality/ Patient Care**

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

### **2.3.2 Workforce**

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

### **2.3.3 Financial**

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

### **2.3.4 Risk Assessment/Management**

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

### **2.3.5 Equality and Diversity, including health inequalities**

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

An impact assessment has been completed and is available.

### **2.3.6 Other impact**

N/A

### **2.3.7 Communication, involvement, engagement and consultation**

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

### **2.3.8 Route to the Meeting**

This paper has been reviewed by the Director of Nursing as Senior Responsible Officer for the Project.

## **2.4 Recommendation**

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

### 3 List of appendices

N/A

#### **Report Contact**

Alan Wilson

Capital Projects Director

Email [alan.wilson1@nhs.net](mailto:alan.wilson1@nhs.net)

Meeting:	Finance, Performance & Resources Committee
Meeting date:	8 September 2020
Title:	HEPMA Implementation Update
Responsible Executive:	Chris McKenna – Medical Director
Report Author:	Scott Garden - Director of Pharmacy and Medicines / Debbie Black – eHealth Senior Project Manager

## 1 Purpose

**This is presented to the NHS Fife Finance, Performance & Resources Committee for:**

- Awareness

**This report relates to a:**

- 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

Due to Covid 19 pandemic the HEPMA procurement process was paused in March 2020. NHS Fife is now ready to recommence and this report provides an update to the FP&R Committee for awareness on next steps.

### 2.2 Background

The primary aim of (HEPMA) is to remove paper-based processes from prescribing and medicines administration and significantly improve patient safety and quality of care. In addition, an electronic system will improve our medicines management processes and enhance medicines optimisation. This will enable greater control over what is prescribed, how it is prescribed and how it is administered. This will enable monitoring and feedback to prescribers

and those administering medicines to address variation, minimise inefficiency and improve quality.

- The HEPMA Outline Business Case recommended:-
  - NHS Fife should undertake a mini competition under the current multi-supplier Framework agreement, which has three accredited suppliers JAC/Wellsky, EMIS and Dedalus.

The HEPMA Outline Business Case was approved at NHS Fife Board in November 2019.

NHS Fife commenced the Tender Process and an Invitation to Tender (ITT) was issued in February 2020 to three accredited suppliers, with a closing date of 13th March 2020.

On 17th March 2020 suppliers were notified that due to CoVid 19 the procurement process would be paused and they would be notified once NHS Fife was in a position to move forward.

## 2.3 Assessment

From mid May initial discussions were held to restart the HEPMA programme. Following Procurement resource being identified to support, the table below shows the process and timeline that were agreed in order to move forward with identifying a preferred supplier and onwards to contract signing.

Activity	Estimate Completion By	Responsible
Notify Suppliers that the Procurement process will restart	29 June 2020	Procurement
Suppliers confirm available to participate	3 July 2020	Suppliers/Procurement
Provide suppliers with a two week window to review, refresh and resubmit bids	8 – 22 July 2020	Procurement/Suppliers
Bids reviewed, Evaluation Pack produced and issued to Evaluation Panel	24 July 2020	Procurement
Evaluation Panel of key decision makers independently score submissions	27 July – 7 August 2020	Procurement/Evaluation Panel
Consensus meeting held and further clarification sought if required	26 August 2020	Procurement/Evaluation Panel/Suppliers
Preferred Supplier selected	Late August – Early September	Evaluation Panel
Full Business Case produced	Mid September	Programme Board
Full Business Case tabled at Governance Boards	Late November	Programme Board
All Suppliers notified of outcome (Stand Still Period commences)	Early December	Procurement
Contract Negotiation and Agreed Contract Signed by Preferred Supplier & NHS Fife	Late January 2021	Procurement/Legal/NHS Fife Board

As per procurement and green book guidance, on completion of the procurement process once a preferred supplier is selected, a Full Business Case will be presented to NHS Fife Board for approval. If signed off, NHS Fife will inform all suppliers of the outcome of selection.

It has been agreed that procurement resource from NHS Orkney will support NHS Fife procurement, due to issues in availability within NHS Fife. eHealth have agreed to meet the costs of this procurement resource and these will be reflected in the Full Business Case.

All members of the committee are asked to note the commitment to timeframes requested from all parties involved in selection of the preferred supplier.

### **2.3.1 Quality/ Patient Care**

N/A at this stage.

### **2.3.2 Workforce**

NHS Fife Procurement are being supported by resource from NHS Orkney.

### **2.3.3 Financial**

Forecasted Programme spend as per OBC v1.0 approved at NHS Fife Board Nov 2019.

eHealth have agreed to meet the costs of NHS Orkney procurement resource required to complete preferred supplier selection and these will be reflected in the Full Business Case.

A meeting is scheduled with Scottish Government 8<sup>th</sup> September 2020 to discuss funding.

### **2.3.4 Risk Assessment/Management**

Preferred Supplier Selection - In order to achieve preferred supplier selection the activities and timeline mentioned at 2.3. are being actively managed by an eHealth Project Manager.

Resource – Resource commitment and availability in order to complete activities at 2.3 is being requested in advance from all parties to note commitment and support timeframes.

The above are being managed as part of the HEPMA Programme Risks recorded on the NHS Fife DATIX system. Impacts to the preferred supplier selection and resource availability will be advised or escalated, as necessary, through the HEPMA Programme Board.

### **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment is in the process of being produced and will be completed prior to the Full Business Case being presented to NHS Fife Board.

### **2.3.6 Other impact**

N/A

### **2.3.7 Communication, involvement, engagement and consultation**

- Members of the Programme Board met 18 June 2020
- Discussions with Procurement mid May onwards

- Evaluation Panel updated 19 June 2020
- Framework Suppliers engaged 29 June 2020
- Programme Board updated 3 July 2020
- EDG Updated 27 July 2020
- Area Drug & Therapeutics Committee updated 25<sup>th</sup> August 2020
- Clinical Governance Committee updated 7<sup>th</sup> September 2020

### 2.3.8 Route to the Meeting

The following groups have previously considered a version of this paper. The groups have supported the content, or their feedback has informed the development of the content presented in this report.

- HEPMA Programme Board, paper circulated 3 July 2020
- Executive Directors Group 27 July 2020
- Area Drug & Therapeutics Committee 25 August 2020
- Clinical Governance Committee 7 September 2020

## 2.4 Recommendation

The NHS Fife Finance, Performance and Resources Committee are asked to:-

- Note progress to date
- Note that the Full Business Case will be presented to the committee in November 20
- Note that 6 monthly updates will be provided on progress.

## 3 List of appendices

The following appendices are included with this report:

- N/A

### Report Contact

Scott Garden  
 Director of Pharmacy  
 Email [scott.garden@nhs.net](mailto:scott.garden@nhs.net)

Debbie Black  
 Senior Project Manager eHealth  
 Email [debbie.black@nhs.net](mailto:debbie.black@nhs.net)

**Meeting:** Finance, Performance and Resources Committee  
**Meeting date:** 8 September 2020  
**Title:** Capital Programme 2020/21- 2024/15  
**Responsible Executive:** Margo McGurk, Director of Finance  
**Report Author:** Tracey Gardner, Capital Accountant

## 1 Purpose

This is presented to the Board for:

- Awareness
- Discussion

This report relates to a:

- Annual Operational Plan
- Emerging Issue
- Government policy/directive

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

- Safe
- Effective
- Person Centred

## 2 Report summary

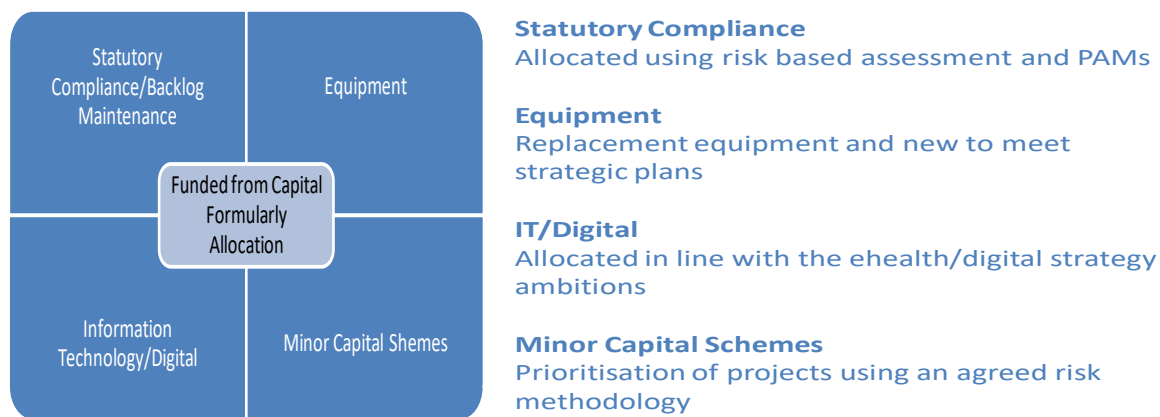
### 2.1 Situation

NHS Fife has produced a detailed 5 year capital programme for 2020/21 – 2024/25. The plan is in line with the long term strategic plans for the board. The Finance, Performance and Resources Committee is being asked to receive the proposed 5 year plan for NHS Fife for information.

### 2.2 Background

The programme reflects both regular operational requirements and the strategic plans for Health & Social Care, eHealth and Acute Services. A workshop was held with the Fife Capital Investment Group and the Executive Directors Group in attendance to review the Capital Programme and financial plan on 30 July 2020. The purpose of the workshop was to discuss the Capital Programme in detail within the context of the impact of COVID 19 and the remobilisation of clinical services.

The Capital Programme and funding streams are set out in 2 key parts, the first relates to “Capital Formulary Allocation”. This is a regular annual allocation to cover the areas set out in the diagram below.



The second area relates to specific funding allocations to support particular strategic projects such as the Elective Orthopaedic Centre. The amounts allocated are agreed annually with Scottish Government in line with approved Business Cases and the associated cash flow forecast.

2.3 Assessment

The current position within NHS Fife is that the annual formula capital allocation from Scottish Government of £7.394m has been received. Funding for the other larger projects will be allocated by Scottish Government at appropriate points in the development of each project.

The capital programme timeline has been re-profiled to take account of known delays in projects primarily occurring in relation to the impact of the COVID 19 pandemic. The full NHS Fife 5-year plan is attached at Annex 1.

2.3.1 Key Points

The Elective Orthopaedic Centre which is nearing full business case submission is part of a national initiative across Scotland and is supported by Scottish Government. This project has incurred a level of delay due to the planning consents required from Fife Council for the car parking works and the slower than anticipated return of work package information, overall however the project will still complete within the original completion date. Both of the delays arose as a consequence of processing delays in relation to the impact of the COVID 19 pandemic. The Preferred Supply Chain Partner will manage any slippage within the current programme. The construction date has moved from October 2020 to January 2021. The impact on spend in 2020/21 from this change is that £5.5m of previously planned spend in 2020/21 will now move to 2021/22 with a forecast spend of £4.5m in 2020/21. The Scottish Government are aware and will adjust the allocation across the 2 financial years to align with the revised construction date.

Lochgelly Health Centre has initiated the formal business case process with the initial agreement document now approved. Kincardine Health Centre does not require a formal business case due to the value of the project although the initial agreement document has been approved. Both health centre projects have experienced delays as a consequence of the impact of the Covid19 pandemic. These projects have slipped a year with professional



fees only this year, pre construction within the next 52 weeks then construction completion. Both projects are due to complete in 2022/23.

The Mental Health Review is a further area of strategic importance; the project Board for this initiative has been established and met for the first time on 31 August 2020. The project will be working toward initial agreement and then business case approval. The forecast completion for the project is 2024/25. The projected £40m spend is the most up to date forecast figure.

The Pharmacy Robot project is currently being developed to initial agreement document stage this process has however been delayed due to Covid19.

Hospital Electronic Prescribing and Medical Administration (HEPMA) is part of a business case submitted to Scottish Government and requires both internal funding and Scottish Government funding.

The eHealth telecoms and Physical Server Storage is based on information received from eHealth for future projects.

### **2.3.2 Workforce**

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

### **2.3.3 Financial**

Please refer to the full report at Annex 1.

### **2.3.4 Risk Assessment/Management**

Risk management of each project within the financial plan is considered at both the relevant project Board and through the Fife Capital Investment Group.

### **2.3.5 Equality and Diversity, including health inequalities**

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

### **2.3.6 Other impact**

N/A.

### **2.3.7 Communication, involvement, engagement and consultation**

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

### **2.3.8 Route to the Meeting**

The content of 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. There have been a number of updates to the projects within the report since the meeting noted below.

- Fife Capital Investment Group with Executive Director Group in attendance - 30 July 2020

## **2.4 Recommendation**

The Committee is invited to:

- **Review the report for information.**

## **3 List of appendices**

- Capital Programme 5-year Financial Plan 2020/21 – 2024/25

### **Report Contact**

Margo McGurk  
Director of Finance  
Email [margo.mcgurk@nhs.net](mailto:margo.mcgurk@nhs.net)

		2020/21	2021/22	2022/23	2023/24	2024/25
		£m	£m	£m	£m	£m
<b>Formulary Capital Allocation (Specific spend by area agreed annually)</b>						
	Backlog Maintenance/Statutory Compliance	3.669				
	Equipment	2.036				
	IT/Digital	1.041				
	Minor Works	0.498				
	Condemned Equipment	0.090				
	Scheme Development	0.060				
	<b>Total Formulary Capital</b>	<b>7.394</b>	<b>7.394</b>	<b>7.394</b>	<b>7.394</b>	<b>7.394</b>
<b>Specific Strategic Projects</b>						
	Elective Orthopaedic Centre	4.500	25.953			
	HEPMA	0.500	0.500	0.400		
	Mental Health Review	0.000	2.000	6.000	16.000	16.000
	Lochgelly Health Centre	0.025	0.975	7.500		
	Kincardin Health Centre	0.025	0.975	4.000		
	Pharmacy Robot			2.000	4.000	
	Telecomms			0.860	1.650	
	LIMS		2.150			
	Physical Server/Storage		1.700	0.600	0.330	
	<b>Total Specific Projects</b>	<b>5.050</b>	<b>34.253</b>	<b>21.360</b>	<b>21.980</b>	<b>16.000</b>
<b>Total Capital Programme</b>		<b>12.444</b>	<b>41.647</b>	<b>28.754</b>	<b>29.374</b>	<b>23.394</b>

Meeting:	Finance, Performance & Resources Committee
Meeting date:	8 September 2020
Title:	Integrated Performance & Quality Report
Responsible Executive:	Carol Potter, Chief Executive
Report Author:	Susan Fraser, Associate Director of Planning & Performance

## 1 Purpose

**This is presented to the Finance, Performance & Resources Committee for:**

- Discussion

**This report relates to the:**

- Annual Operational Plan (AOP), as impacted by the Joint Fife Mobilisation Plan (JFMP)

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

This report informs the Finance, Performance & Resources (FPR) Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is (with certain exceptions due to a lag in data availability) up to the end of June 2020.

### 2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board. It is produced monthly and made available to Board Members via Admin Control.

The report is presented at the bi-monthly meetings of the Clinical Governance, Staff Governance and Finance, Performance & Resources Committees, and an 'Executive Summary' IPQR (ESIPQR) is then produced as a formal NHS Fife Board paper.

The May meeting of the FPR Committee was cancelled due to the pandemic, but a 'virtual' meeting took place in July and this scheme will continue in September.

## 2.3 Assessment

The IPQR has been changed for FY 2020/21, to include improvement actions which reflect the challenges imposed by the COVID-19 pandemic. These reflect the spirit of the JFMP, where possible.

Performance, particularly in relation to Waiting Times across Acute Services and the Health & Social Care Partnership has been hugely affected during the pandemic, and recovery is being planned in stages. The Scottish Government have been provided with a plan which forecasts recovery trajectories in the period up to the end of the FY, and progress against this will be included in the IPQR from September onwards.

The FPR aspects of the report cover Operational Performance (in Acute Services/Corporate Services and the Health & Social Care Partnership) and Finance. All measures apart from the two associated with Dementia PDS have performance targets and/or standards, and a summary of these is provided in the tables below.

*WT = Waiting Times*

*RTT = Referral-to-Treatment*

*TTG = Treatment Time Guarantee (measured on Patient Waiting, not Patients Treated)*

*DTT = Decision-to-Treat-to-Treatment*

### Operational Performance – Acute Services / Corporate Services

Measure	Update	Target	Current Status
IVF WT <sup>1</sup>	Monthly	100%	N/A
4-Hour Emergency Access	Monthly	95%	Achieving
New Outpatients WT	Monthly	95%	Not achieving
Diagnostics WT	Monthly	100%	Not achieving
Patient TTG	Monthly	90.6%	Not achieving
18 Weeks RTT	Monthly	90%	Not achieving
Cancer 31-Day DTT	Monthly	95%	Achieving
Cancer 62-Day RTT	Monthly	95%	Not achieving
Detect Cancer Early <sup>2</sup>	Quarterly	29%	N/A
FOI Requests	Monthly	85%	Not achieving

### Operational Performance – H&SCP

Measure	Update	Target	Current Status
DD (Bed Days Lost)	Monthly	5%	Achieving
Antenatal Access	Monthly	80%	Achieving
Smoking Cessation	Monthly	100%	Not achieving
CAMHS WT	Monthly	90%	Not achieving
Psy Ther WT	Monthly	90%	Not achieving

ABI (Priority Settings) <sup>3</sup>	Quarterly	80%	Not achieving
Drugs & Alcohol WT	Monthly	90%	Achieving

## Finance

Measure	Update	Target	Current Status
Revenue Expenditure	Monthly	Break even	Not achieving
Capital Expenditure	Monthly	£7.394m	Achieving

- <sup>1</sup> IVF Treatment was paused at the start of the pandemic, as per Scottish Government instruction – the most recent data was for March 2020
- <sup>2</sup> Data collection continues to be 'paused' (as per instruction from Scottish Government) – the most recent data was for q/e September 2019
- <sup>3</sup> NHS Fife fractionally missed the target for 2019/20, but this was due to the delivery of interventions in an A&E setting being paused during the pandemic

### 2.3.1 Quality/ Patient Care

Refer to the Exec Summary for details on how the COVID-19 pandemic has affected service performance throughout NHS Fife.

### 2.3.2 Workforce

The report has been compiled by the Planning & Performance Team (PPT) with the support of Managers across the range of NHS Fife services.

### 2.3.3 Financial

Financial aspects are covered by the appropriate section of the IPQR.

### 2.3.4 Risk Assessment/Management

All current risks are related to the COVID-19 pandemic.

### 2.3.5 Equality and Diversity, including health inequalities

Not applicable.

### 2.3.6 Other impact

None.

### 2.3.7 Communication, involvement, engagement and consultation

The NHS Fife Board Members are aware of the approach to the production of the IPQR since April.

Standing Committees and Board Meetings were cancelled in May, but restarted in July, and the August IPQR will be available for discussion at each meeting in September.

### 2.3.8 Route to the Meeting

The IPQR was drafted by the PPT, ratified by the Associate Director of Planning & Performance and then considered at a meeting of the EDG on 20<sup>th</sup> August. It was then authorised for release to Board Members and Standing Committees.

## 2.4 Recommendation

The FPR Committee is requested to:

- **Discussion** – Examine and consider the NHS Fife performance, with particular reference to the measures identified in Section 2.3, above

## 3 List of appendices

None

### Report Contact

Bryan Archibald

Head of Performance

Email [barchibald@nhs.net](mailto:barchibald@nhs.net)



# Fife Integrated Performance & Quality Report

Produced in August 2020





# Introduction

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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

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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

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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	
<b>HSMR</b>	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.							
<b>Inpatient Falls (with Harm)</b>	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.							
<b>Pressure Ulcers</b>	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.							
<b>Caesarean Section SSI</b>	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.							
<b>SAB (MRSA/MSSA)</b>	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.							
<b>C Diff</b>	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.							
<b>ECB</b>	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.							
<b>Complaints - Stage 2</b>	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		
<b>4-Hour Emergency Access</b> 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.							
<b>Patient TTG (Ongoing Waits)</b> 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.							
<b>New Outpatients</b> 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.							
<b>Diagnostics</b> 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							
<b>Cancer 62-Day RTT</b> 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		
<b>FoI Requests</b> 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.							
<b>Delayed Discharge</b> 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.							
<b>Smoking Cessation</b> 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.							
<b>CAMHS Waiting Times</b> 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.							
<b>Psychological Therapies</b> 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		
<b>Revenue Expenditure</b> 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.							
<b>Capital Expenditure</b> 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	
<b>Sickness Absence</b> 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

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### Staff Governance

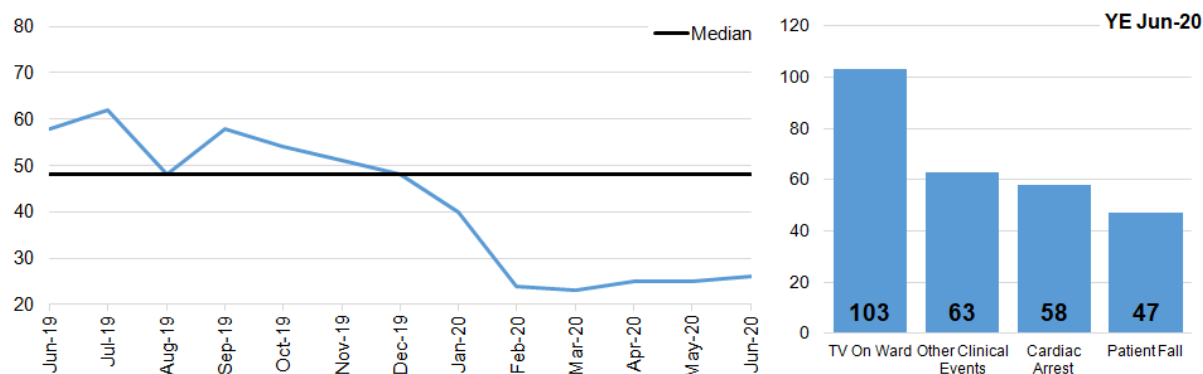
Sickness Absence	43
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## Clinical Governance

### 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.*

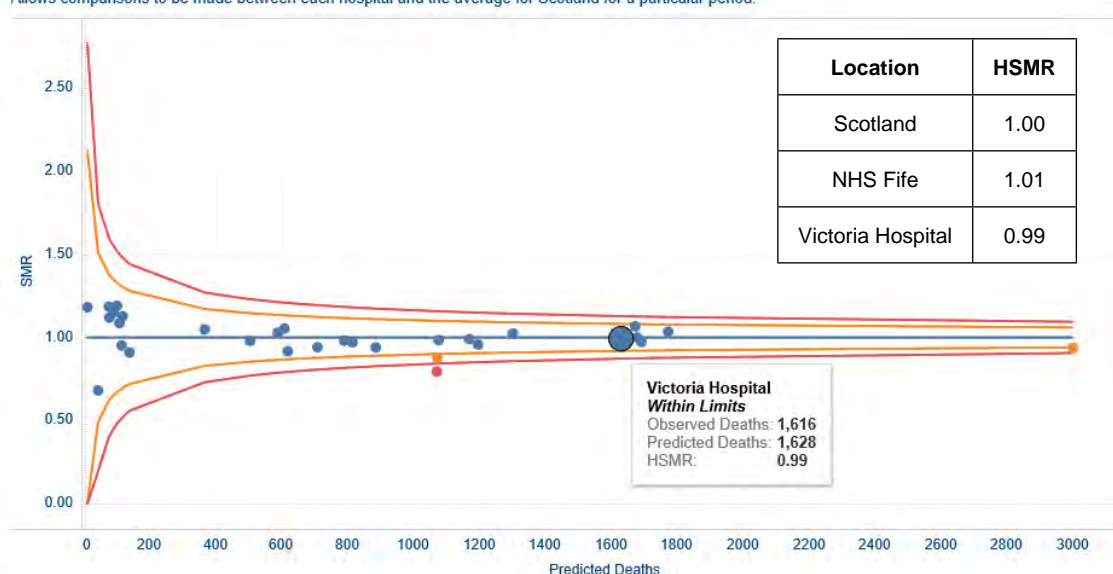
#### Reporting Period; April 2019 to March 2020<sup>P</sup>

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.

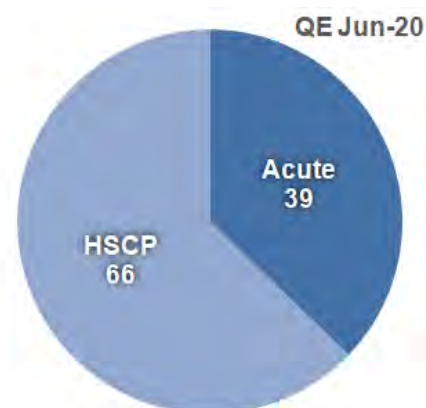
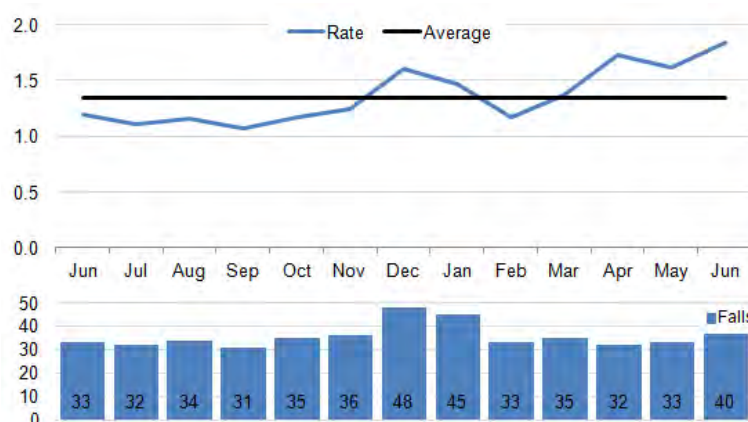
## Clinical Governance

### 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.

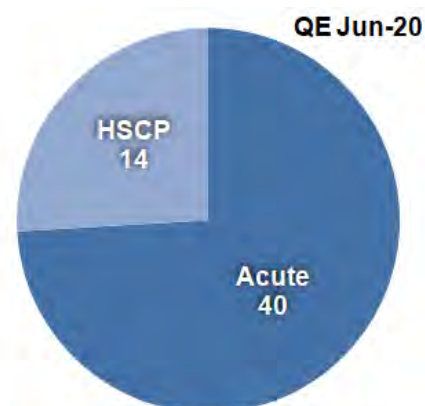
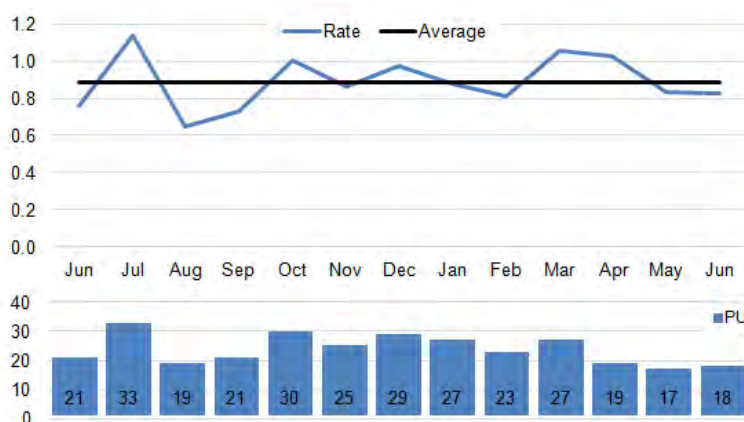
Improvement Actions	Update
<b>20.3</b> Falls Audit <i>By Nov-20</i>	The audit tool has been revised to reflect more accurately the discreet elements of the falls bundle, and the plan is to re-audit again in the Autumn
<b>20.5</b> Improve effectiveness of Falls Champion Network <i>By Oct-20 (Implementation 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.
<b>21.1</b> Refresh of Plans <i>By Oct-20</i>	Next meeting planned for 12 <sup>th</sup> 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
<b>20.4 Improve consistency of reporting</b>	
<b>20.5 Review TV Champion Network Effectiveness</b> 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.
<b>20.6 Reduce PU development</b> 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.
<b>21.1 Improve reporting of PU</b> 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

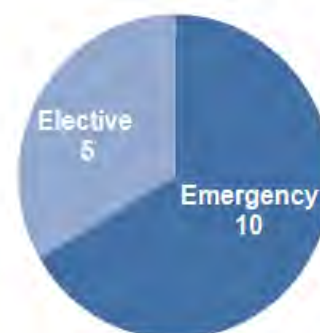
### Caesarean Section SSI

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  
By Oct-20

Regular SSI Implementation Group Meetings have resumed following the temporary pause due to the COVID-19 pandemic. The group met on 2<sup>nd</sup> July, via Microsoft Teams, to discuss the Action Plan. The next meeting is due to take place on 20<sup>th</sup> 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

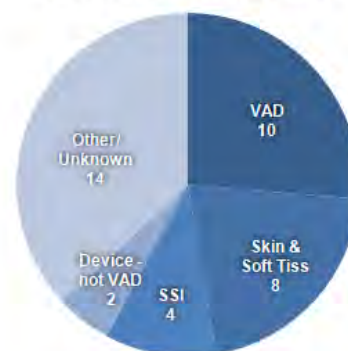
### SAB (HAI/HCAI)

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

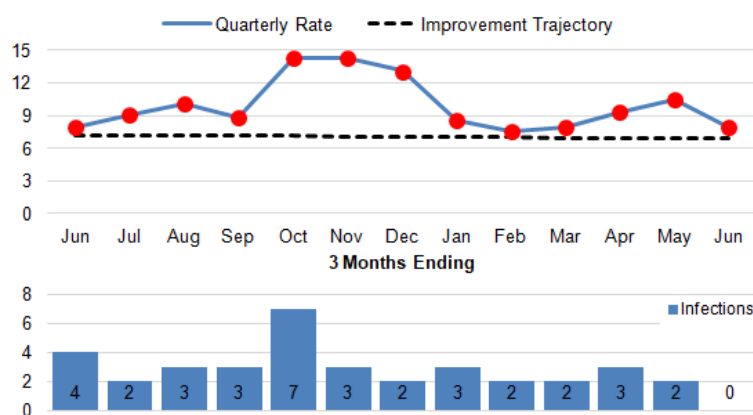
Improvement Actions	Update
<b>20.1</b> Reduce the number of SAB in PWIDs <i>By Mar-21</i>	<p>The Infection Prevention Control Team continue to support Addiction Services with the SAB improvement project, last meeting in July. To date there has been only 2 confirmed cases of SAB in PWID in 2020 a marked 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>
<b>20.2</b> 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>
<b>20.3</b> 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 21<sup>st</sup> 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>
<b>20.4</b> 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

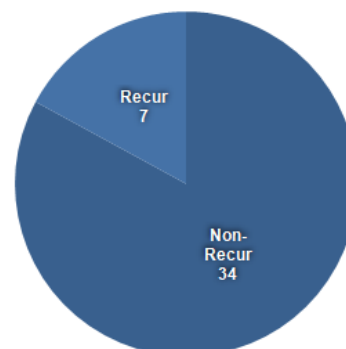
### C Diff (HAI/HCAI)

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

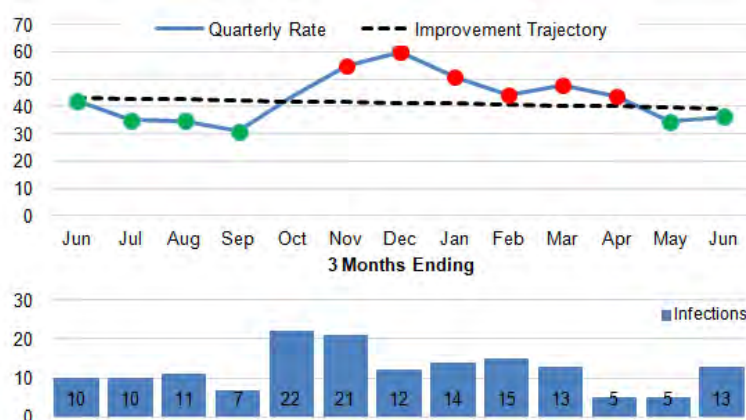
Improvement Actions	Update
<b>20.1</b> Reducing recurrence of CDI <i>By Oct-20</i>	NHS Fife has been approved to use commercial FMT (Faecal microbiota transplantation) in the prevention of recurrence of infection, but this is currently unavailable (due to the COVID-19 pandemic). Approval has been passed 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.
<b>20.2</b> 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.
<b>20.3</b> 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

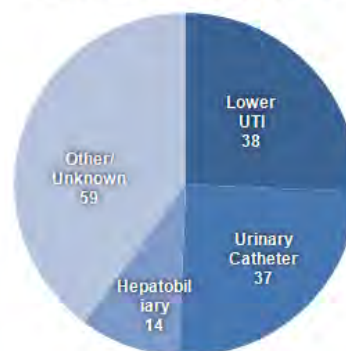
### ECB (HAI/HCAI)

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
<b>20.1</b> 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.
<b>20.2</b> 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.
<b>20.3</b> 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"> <li>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)</li> <li>Urinary Catheter Care passports have been added to PECOS for all patients to promote catheter care and adequate hydration</li> <li>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.</li> </ul> The next UCIG meeting is scheduled for August.

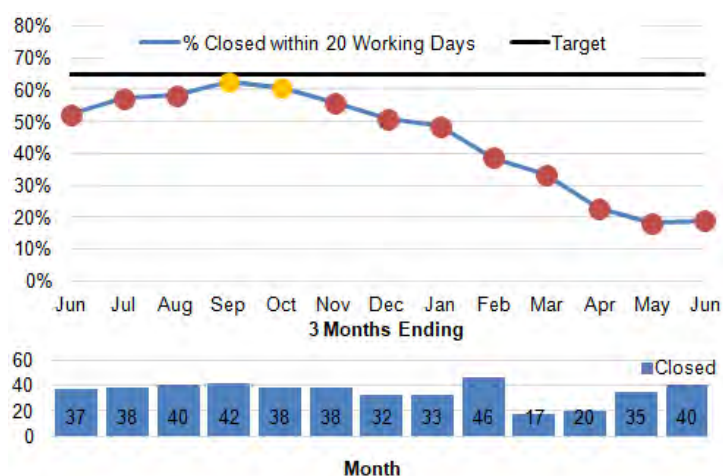


## Clinical Governance

### 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

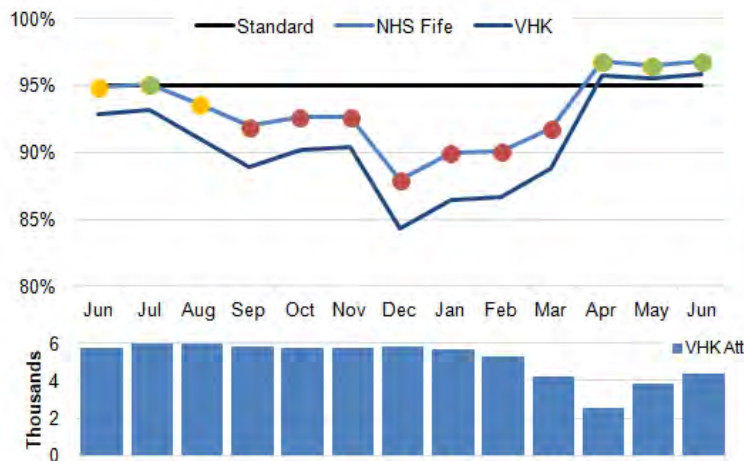
Improvement Actions	Update
<b>20.1</b> Patient Relations Officers to undertake peer review	
<b>20.2</b> Deliver education to service to improve quality of investigation statements	
<b>20.3</b> Agree process for managing medical statements, and a consistent style for responses	
<b>21.1</b> Agree process 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.
<b>21.2</b> 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
<b>20.1</b> Formation of PerformED group to analyse performance trends By Jul-20	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.
<b>20.4</b> Development of services for ECAS	
<b>20.5</b> Medical Assessment and AU1 Rapid Improvement Group By Aug-20	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
<b>21.1</b> Remodelling of Outpatient services By Dec-20	Ongoing assessment of the effectiveness of electronic outpatient models for different specialities and focus on return appointment frequency and effectiveness

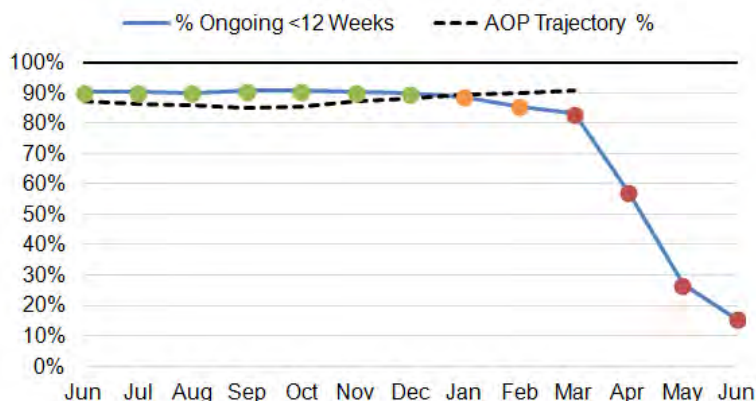
## Finance, Performance & Resources – Operational Performance

### Patient TTG

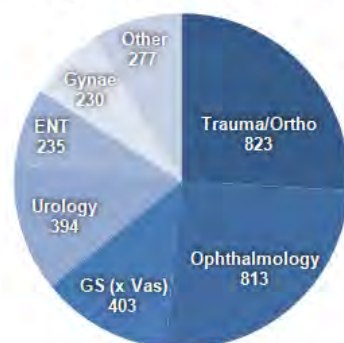
We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

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

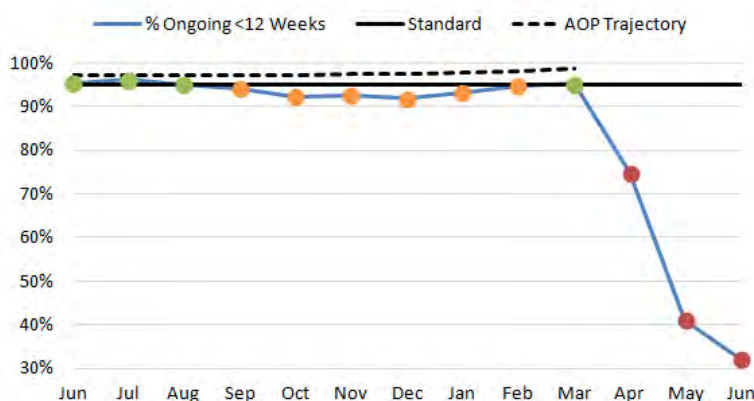
Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	
20.3 Theatre Action Group develop and deliver plan	
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	
21.1 Develop and deliver transformation plan By Mar-21	This action is related to 20.2 and 20.3, 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.  <b>*** ACTION COMPLETE ***</b>
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

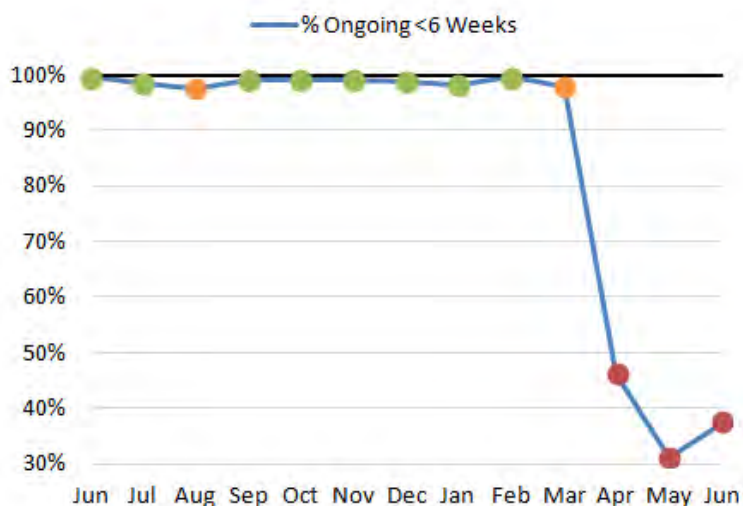
Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	
20.2 Develop OP Transformation programme.	
20.3 Improve recruitment to vacancies By Mar-21	Action continues – includes consideration of service redesign to increase capacity
21.1 Review 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

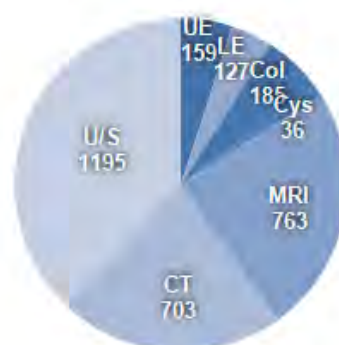
### Diagnostics Waiting Times

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
<b>21.1</b> 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.  <b>*** ACTION COMPLETE ***</b>
<b>21.2</b> Undertake new and planned waiting list validation against agreed criteria By Aug-20	When the action is complete, this will be an ongoing activity
<b>21.3</b> Improve recruitment to vacant posts By Mar-21	Action includes consideration of service redesign to increase capacity

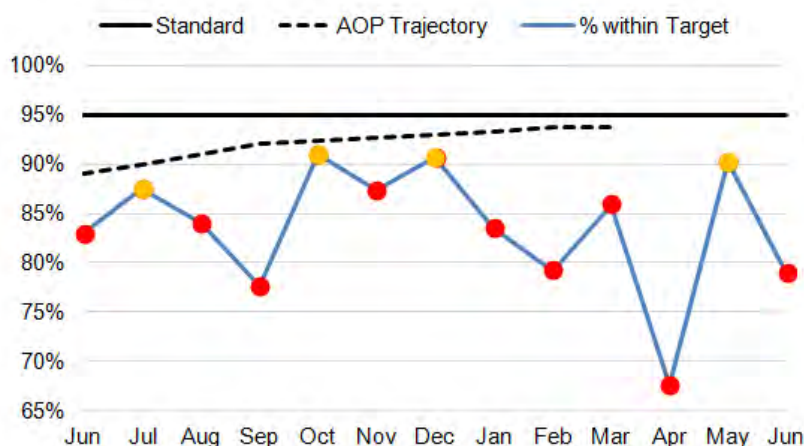


## Finance, Performance & Resources – Operational Performance

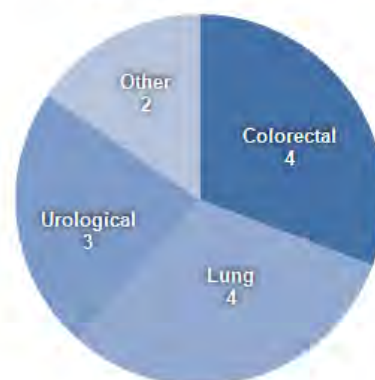
### Cancer 62-Day Referral to Treatment

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

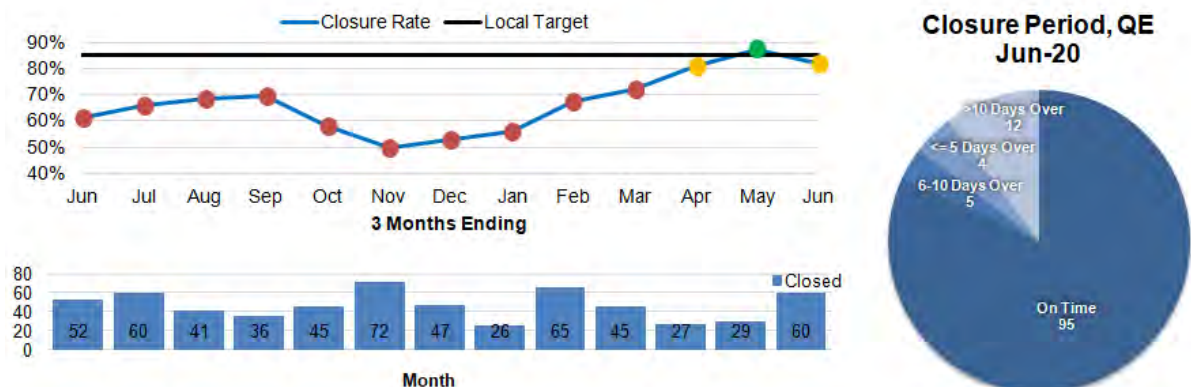
Improvement Actions	Update
<b>20.3</b> Robust review of timed cancer pathways to ensure up to date and with clear escalation points <i>By Sep-20</i>	Progress affected by staffing pressures in cancer audit team. Detailed work is also being carried out by the Lead Cancer Nurse. This will be addressed as part of the overall recovery work described above.
<b>20.4</b> 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
<b>21.1</b> 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

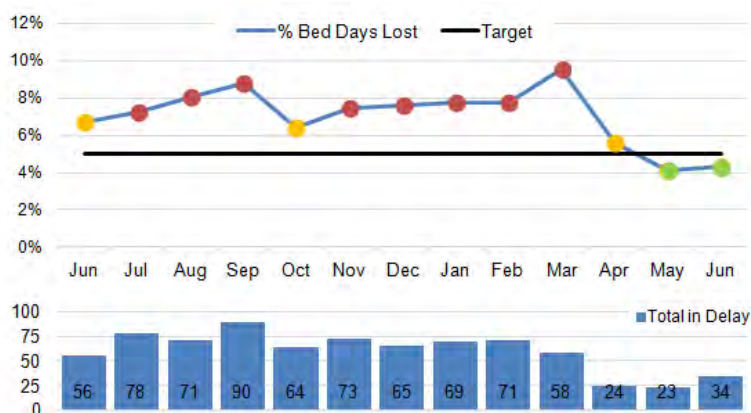
Improvement Actions	Update
<b>20.5</b> Refresh process with H&SC partnership for requests received that relate to their services <i>By Sep-20</i>	The management of FOI requests which require responses from the H&SCP has improved significantly since the start of 2020. A new system (Axlr8), which is currently 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.
<b>20.7</b> 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

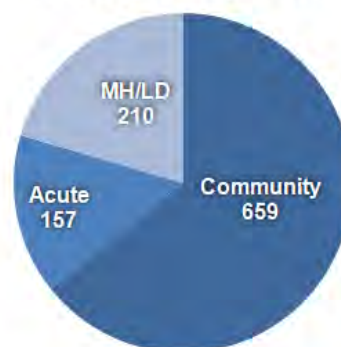
### Delayed Discharges (Bed Days Lost)

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
<b>20.1</b> 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 ***
<b>20.3</b> 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 ***
<b>20.4</b> Improve flow of comms between wards and Discharge HUB	
<b>20.5</b> Increase capacity within care at home	
<b>21.1</b> 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 ***

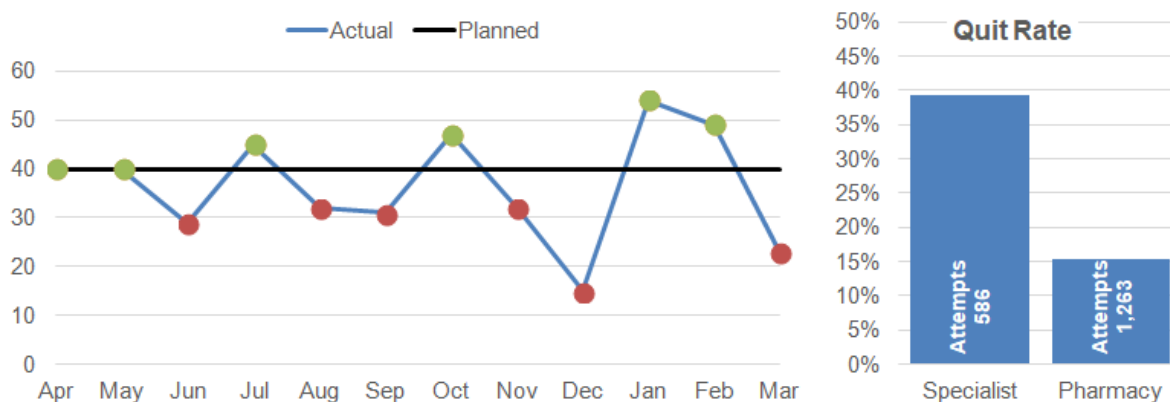


## Finance, Performance & Resources – Operational Performance

### 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

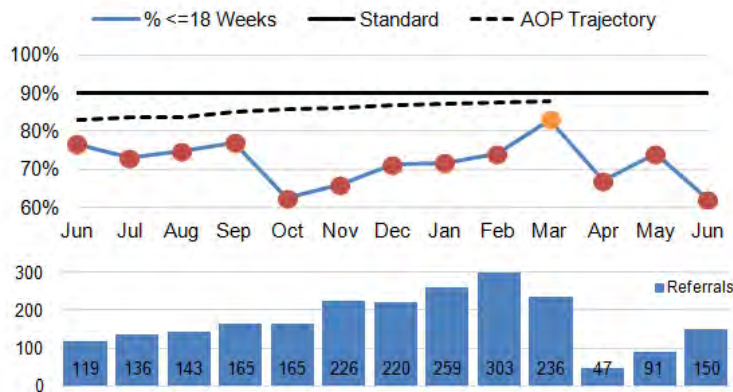
Improvement Actions	Update
<b>20.2</b> Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	This initiative had commenced and was in the early stages of delivery. The aim was to test a model of delivery that allowed a smoking cessation advisor 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 ***
<b>20.3</b> '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 ***
<b>20.4</b> 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

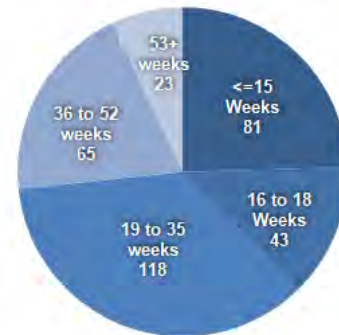
### CAMHS 18 weeks RTT

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
<b>20.1</b> 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.
<b>20.2</b> Waiting List Additional Staffing Resource	
<b>20.3</b> Introduction of Team Leader Role	
<b>21.1</b> 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.
<b>21.2</b> 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.
<b>21.3</b> 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.

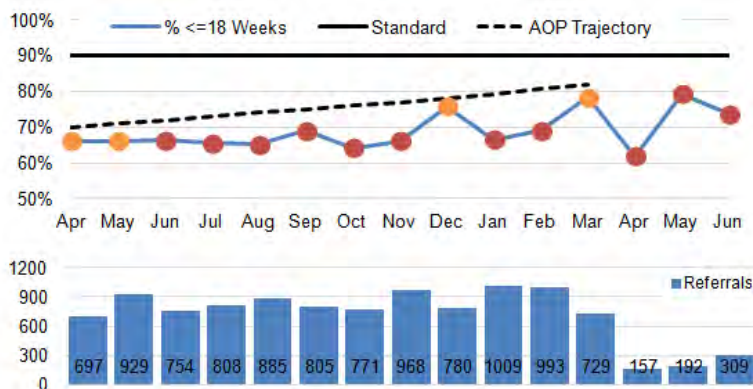
## Finance, Performance & Resources – Operational Performance

### Psychological Therapies 18 weeks RTT

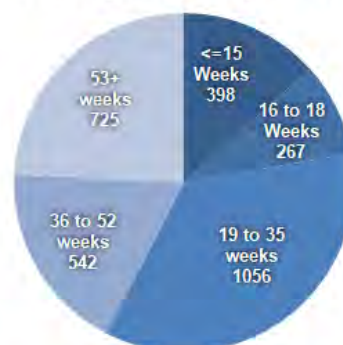
At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies

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)

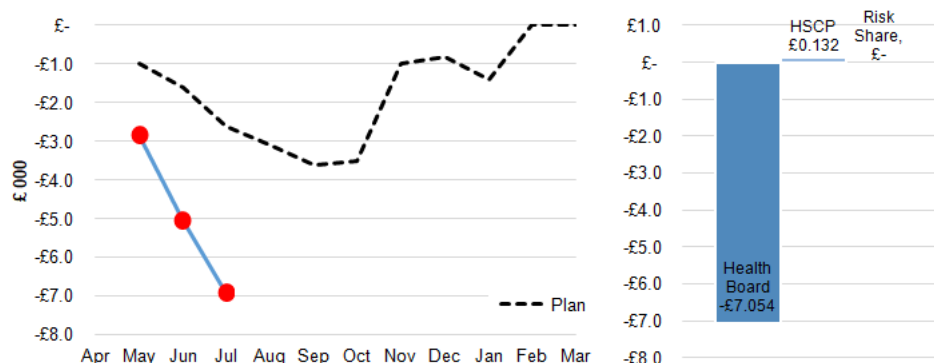
Improvement Actions	Update
<b>20.2 Introduction of extended group programme in Primary Care</b>	
<b>20.3</b> Redesign of Day Hospital provision <i>By Sep-20 (review)</i>	Implementation of full re-design subject to further delay. Further progress required to see extent of impact on capacity for delivery of PTs.
<b>20.4</b> 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
<b>20.5</b> 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.
<b>21.1</b> 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.
<b>21.2</b> 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
<b>Total</b>	<b>776,638</b>	<b>792,137</b>	<b>258,827</b>	<b>265,749</b>	<b>-6,922</b>	<b>-2.67%</b>	<b>-2,961</b>	<b>-3,961</b>

#### 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
<b>21.1 Local Mobilisation Plan</b> <i>Ongoing throughout FY</i>	Partnering with the services to: <ul style="list-style-type: none"> <li>• Identify additional spend relating to Covid-19</li> <li>• Identify offsets against core positions</li> <li>• Understand and quantify the financial implications of remobilisation of core services across NHSF</li> <li>• Inform forecast outturn positions to the year end; in support of our statutory requirement to deliver a balanced RRL position</li> </ul>
<b>21.2 Savings</b> <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
<b>Total</b>	<b>776,638</b>	<b>792,137</b>	<b>258,827</b>	<b>265,749</b>	<b>-6,922</b>	<b>-2.67%</b>	<b>-2,961</b>	<b>-3,961</b>

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
<b>Health Board</b>	<b>445,754</b>	<b>460,735</b>	<b>148,338</b>	<b>155,030</b>	<b>-6,692</b>	<b>-4.51%</b>	<b>-2,915</b>	<b>-3,777</b>
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
<b>Sub-total Integration Joint Board Core</b>	<b>395,186</b>	<b>412,562</b>	<b>140,327</b>	<b>140,133</b>	<b>194</b>	<b>0.14%</b>	<b>378</b>	<b>-184</b>
IJB Risk Share Arrangement	0	0	0	0	0		0	0
<b>Total Integration Joint Board - Health</b>	<b>395,186</b>	<b>412,562</b>	<b>140,327</b>	<b>140,133</b>	<b>194</b>	<b>0.14%</b>	<b>378</b>	<b>-184</b>
<b>Total Expenditure</b>	<b>840,940</b>	<b>873,297</b>	<b>288,665</b>	<b>295,163</b>	<b>-6,498</b>	<b>-2.25%</b>	<b>-2,537</b>	<b>-3,961</b>
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
<b>Net Position Including Income</b>	<b>776,638</b>	<b>792,137</b>	<b>258,827</b>	<b>265,749</b>	<b>-6,922</b>	<b>-2.67%</b>	<b>-2,961</b>	<b>-3,961</b>

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
<b>Health Board</b>	<b>445,754</b>	<b>458,162</b>	<b>145,765</b>	<b>145,486</b>	<b>279</b>	<b>0.19%</b>	<b>670</b>	<b>-391</b>
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
<b>Sub-total Integration Joint Board Core</b>	<b>395,186</b>	<b>409,323</b>	<b>137,088</b>	<b>135,854</b>	<b>1,234</b>	<b>0.90%</b>	<b>1,234</b>	<b>0</b>
IJB Risk Share Arrangement	0	0	0	0	0		0	0
<b>Total Integration Joint Board - Health</b>	<b>395,186</b>	<b>409,323</b>	<b>137,088</b>	<b>135,854</b>	<b>1,234</b>	<b>0.90%</b>	<b>1,234</b>	<b>0</b>
<b>Total Expenditure</b>	<b>840,940</b>	<b>867,485</b>	<b>282,853</b>	<b>281,340</b>	<b>1,513</b>	<b>0.53%</b>	<b>1,904</b>	<b>-391</b>
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
<b>Net Position Including Income</b>	<b>776,638</b>	<b>786,782</b>	<b>253,472</b>	<b>251,926</b>	<b>1,546</b>	<b>0.61%</b>	<b>1,937</b>	<b>-391</b>

## 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
<b>Health Board</b>	<b>0</b>	<b>2,573</b>	<b>2,573</b>	<b>9,543</b>	<b>-6,970</b>		<b>-3,584</b>	<b>-3,386</b>
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
<b>Sub-total Integration Joint Board Core</b>	<b>0</b>	<b>3,239</b>	<b>3,239</b>	<b>4,280</b>	<b>-1,041</b>		<b>-857</b>	<b>-184</b>
IJB Risk Share Arrangement	0	0	0	0	0		0	0
<b>Total Integration Joint Board - Health</b>	<b>0</b>	<b>3,239</b>	<b>3,239</b>	<b>4,280</b>	<b>-1,041</b>		<b>-857</b>	<b>-184</b>
IJB - Health	0	-40	-40	0	-40		0	0
<b>Health Board</b>	<b>0</b>	<b>-417</b>	<b>-417</b>	<b>0</b>	<b>-417</b>		<b>-457</b>	<b>0</b>
Miscellaneous Income	0	-457	-457	0	-457		-457	0
<b>Total Expenditure</b>	<b>0</b>	<b>5,355</b>	<b>5,355</b>	<b>13,823</b>	<b>-8,468</b>		<b>-4,898</b>	<b>-3,570</b>

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
<b>Acute Services Division</b>								
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
<b>Total</b>	<b>202,490</b>	<b>205,611</b>	<b>65,514</b>	<b>67,005</b>	<b>-1,491</b>	<b>-2.28%</b>	<b>-1,137</b>	<b>-354</b>

## 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
<b>Net overspend</b>	<b>792,137</b>	<b>258,827</b>	<b>265,749</b>	<b>-6,922</b>

## 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.



- 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
<b>Total Savings</b>	<b>20,015</b>	<b>14,168</b>	<b>5,847</b>	<b>1,772</b>	<b>1,118</b>	<b>2,957</b>

## 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
	<b>Total Core RRL Allocations</b>	<b>700,230</b>	<b>0</b>	<b>8,493</b>	<b>708,723</b>	
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	
	<b>Total Anticipated Core RRL Allocations</b>	<b>0</b>	<b>73,681</b>	<b>0</b>	<b>73,681</b>	
Anticipated	IFRS			8,617	<b>8,617</b>	
Anticipated	Donated Asset Depreciation			116	<b>116</b>	
Anticipated	Impairment			500	<b>500</b>	
Anticipated	AME Provisions			500	<b>500</b>	
	<b>Total Anticipated Non-Core RRL Allocations</b>	<b>0</b>	<b>0</b>	<b>9,733</b>	<b>9,733</b>	
	<b>Grand Total</b>	<b>700,230</b>	<b>73,681</b>	<b>18,226</b>	<b>792,137</b>	

## 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
<b>Total</b>	<b>61,430</b>	<b>22,227</b>	<b>21,903</b>	<b>324</b>

### Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
<b>Health Board</b>				
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
	<b>78,325</b>	<b>26,110</b>	<b>26,105</b>	<b>5</b>
<b>UNPACS</b>				
Health Boards	10,627	3,542	3,389	153
Private Sector	1,245	415	514	-99
	<b>11,872</b>	<b>3,957</b>	<b>3,903</b>	<b>54</b>
<b>OATS</b>				
	711	236	25	211
<b>Grants</b>				
	65	0	0	0
<b>Total</b>	<b>90,973</b>	<b>30,303</b>	<b>30,033</b>	<b>270</b>

## Appendix 4 - Financial Flexibility & Allocations

	CY Budget £'000	Flexibility Released to July-20 £'000
<b>Financial Plan</b>		
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
<b>Sub Total Financial Plan</b>	<b>12,575</b>	<b>790</b>
<b>Allocations</b>		
Waiting List	2,222	0
AME: Impairment	500	0
AME: Provisions	593	0
Neonatal Transport	22	0
Cancer Access	682	
<b>Sub Total Allocations</b>	<b>4,019</b>	<b>0</b>
<b>Total</b>	<b>16,594</b>	<b>790</b>

## 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
<b>21.1</b> 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
<b>COMMUNITY &amp; PRIMARY CARE</b>			
Capital Minor Works	214	41	214
Statutory Compliance	150	77	150
Capital Equipment	31	7	31
Condemned Equipment	0	0	0
<b>Total Community &amp; Primary Care</b>	394	125	394
<b>ACUTE SERVICES DIVISION</b>			
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
<b>Total Acute Services Division</b>	4,295	1,688	4,985
<b>NHS FIFE WIDE SCHEMES</b>			
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
<b>Total NHS Fife Wide Schemes</b>	2,705	201	2,705
<b>TOTAL ALLOCATION FOR 2020/21</b>	<b>7,394</b>	<b>2,014</b>	<b>8,084</b>



## Appendix 2: Capital Plan - Changes to Planned Expenditure

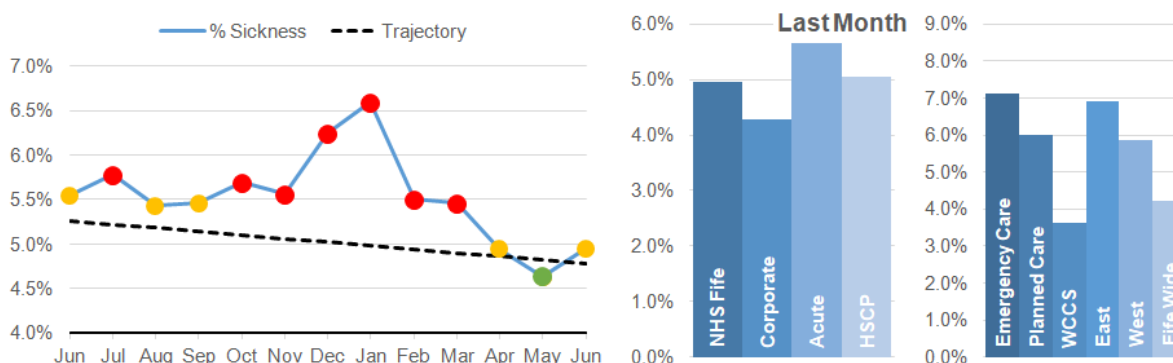
Capital Expenditure Proposals 2020/21	Pending Board Approval Qtr 1 £'000	Cumulative Adjustment to June £'000	July Adjustment £'000	Total July £'000
<b>Routine Expenditure</b>				
<b>Community &amp; Primary Care</b>				
Capital Equipment	0	30	1	31
Condemned Equipment	0	0	0	0
Minor Capital	0	214	0	214
Statutory Compliance	0	150	0	150
<b>Total Community &amp; Primary Care</b>	<b>0</b>	<b>394</b>	<b>1</b>	<b>394</b>
<b>Acute Services Division</b>				
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
	<b>0</b>	<b>4,474</b>	<b>511</b>	<b>4,985</b>
<b>Fife Wide</b>				
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
<b>Total Fife Wide</b>	<b>7,394</b>	<b>-4,868</b>	<b>179</b>	<b>2,705</b>
<b>Total</b>	<b>7,394</b>	<b>0</b>	<b>691</b>	<b>8,084</b>

## 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
<b>20.1</b> 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>
<b>20.2</b> 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>
<b>21.1</b> 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.
<b>21.2</b> 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.
<b>21.3</b> 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  
19<sup>th</sup> 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

<b>TITLE OF REPORT:</b>	Laboratories Managed Service Contract
<b>REPORTING OFFICER:</b>	Donna Galloway

Purpose of the Report (delete as appropriate)		
	For Information	

## SBAR REPORT

### Situation

An audit was carried out in August 2019 by the FTF Internal Audit Service on Service Contract Expenditure – Managed Service Agreement for Laboratory Services Report No. B29/19. The scope of the audit was to evaluate and report on controls established to manage the risks relating to the operational governance and financial monitoring of this contract. One of the recommendations made was that an annual SBAR is prepared for the Director of Finance (for discussion at the Finance, Performance and Resources Committee) with information on the performance of the contract, the variations that have been authorised, service deductions, explanations for any increase or decrease of the contract payment and any other key information.

### Background

A Managed Service Agreement for Laboratory Services between NHS Fife and Roche Diagnostics was signed in May 2014 with an agreed commencement date of 1<sup>st</sup> April 2015 for a contract term of seven years, ending in March 2022. The contract covers Blood Sciences, Microbiology and Cellular Pathology. This SBAR describes year five of the contract for 2019/20. The value of the contract for 2019/20 was £2.522m with VAT savings standing at £426k.

### Assessment

#### Performance

The Q4 report for 2019/20 detailed an underspend of £217,577

Reasons for underspend:

- Blood Glucose consumables - £64,628 (This seems to be charged to individual directorates)
- Biomerieux - £29,223
- Launch - £116,626 (Due to failure of supply of FTD kits. Alternatives not yet novated into MSC so spend will show for Qiagen in PECOS)
- Qiagen - £31,036
- Technopath – £10,488
- Thermo Oxoid - £14,607
- KPI Credits - £12,579

Partially offset by overspends:

- Sysmex - £31,163
- Sebia - £8,490
- Roche Tissue Diagnostics (RTD) - £17,964
- Roche Molecular Diagnostics - £9,677 (Point of Care Flu testing)

A credit note for the closing balance has been requested to reconcile 2019/20

#### Authorised Variations

There were 6 in-year contract change notices (CCNs):

CCN No.	Detail	CCN Value (£)
CCN 050	A/C Unit for Histopathology	2,045.29
CCN 051	Roche Accu-Chek Inform II System	57,288.00
CCN 052	Brahms PCT	18,354.60
CCN 053	Additional cobas LIAT	29,868.62
CCN 054	Blood Bank fridge	3,517.27
CCN 055	Addition of Factor Xa Cals and Controls	899.00

These are mainly equipment and consumables being moved into the contract. They do not reflect additional spend.

#### KPI Refunds (service deductions)

Period	Value (£)
Q1	2,542
Q2	5,220
Q3	1,262
Q4	3,555
<b>Total</b>	<b>12,579</b>

#### Other key information

Due to the COVID-19 pandemic, there has been a reduction in activity, mostly from General Practice for Q1 of 2020/21. Although forecasting for the current year has been completed, no payments have yet been made to Roche Diagnostics due to this fluid situation. We have requested that we are billed for the actual spend in Q1 then going forward will forecast on a quarterly basis to avoid potentially over payments to Roche Diagnostics which will not be reconciled until May/June 2021.

#### Recommendation

That this report is considered at the next Finance, Performance and Resources Committee.

Name Donna Galloway  
Title Head of Laboratory Services  
Date 15<sup>th</sup> June 2020

# FTF Internal Audit Service

## Follow-up of Transformation Programme Governance (B10/18) Report No. B15/20

**Issued To:** Carol Potter, Chief Executive  
Margo McGurk, Director of Finance

Susan Fraser, Associate Director - Planning and Performance  
Jim Crichton, Interim Programme Management Office Director

Gillian MacIntosh, Head of Corporate Governance/Board Secretary  
Robert MacKinnon, Associate Director of Finance

Audit and Risk Committee  
Clinical Governance Committee  
Finance, Performance and Resources Committee  
External Audit



# Contents

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Section 3	Detailed Findings\Information	10
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Draft Report Issued	13 May 2020
Management Responses Received	05 June 2020
Target Audit & Risk Committee Date	13 July 2020
<b>Final Report Issued</b>	<b>22 June 2020</b>

## CONTEXT AND SCOPE

1. The NHS Fife Board Strategic Framework includes the mission statement *'To Transform Health and Care in Fife to be the Best'* and includes aspirations to be *'Person Centred'*, *'Clinically Excellent'*, *'An Exemplar Employer'* and *'Sustainable'* with related objectives to *'develop and redesign services that put patients first, supporting independent living and self-management of health through the integration of health and social care'* and *'to ensure that all service redesign and development makes the most effective use of resources and avoids waste and unwarranted variation'*.
2. The NHS Fife Board Assurance Framework (BAF) describes the following risks which could threaten the achievement of these strategic objectives - 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'* and *'Governance of the JSTG remains with 4 committees – 2 from the IJB and 2 from NHS. This may impact on effectiveness of scrutiny'* 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 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'*.
3. The current actions recorded in the BAF to mitigate these risks include:
  - *'Establishment of the JSTG to drive the delivery of the H&SC Strategic Plan and the Clinical Strategy'*
  - *'Programme Boards provide oversight and strategic guidance to the programme. Collaborative oversight is provided by the JSTG'*
  - *'establishment of the Executive Board to provide strategic and operational oversight of the health boards services including the transformation programmes'*
  - *'Refreshed approach established for a system wide Transformation programme to support redesign; reduce unwarranted variation and waste; and to implement detailed efficiency initiatives. Lessons will be learned from the successes of the medicines efficiency programme in terms of the system wide approach and use of evidence based, data driven analysis'*
  - *'Engage with external advisors as required to support specific aspects of work. In addition appoint external support to accelerate a programme of cost improvement across Acute Services'*.
4. The system has been identified within the strategic audit planning process as **High**. The NHS Fife Strategic Planning BAF is also rated as **High** (16).
5. Internal Audit Report B10/18 – Transformation Programme Governance was published on 14 December 2018 concluded that the governance framework set up to oversee completion of the transformation programme was not being applied as intended and that only limited details on progress had been reported to the NHS Fife Clinical Governance Committee. Whilst recognising that steps were underway to revise the framework the report included 4 findings with an associated 6 priority 2 recommendations. Audit Scotland followed up on our report and their Management Report 2018/19 published May 2019 stated that *'none of these action points have been fully implemented'*.

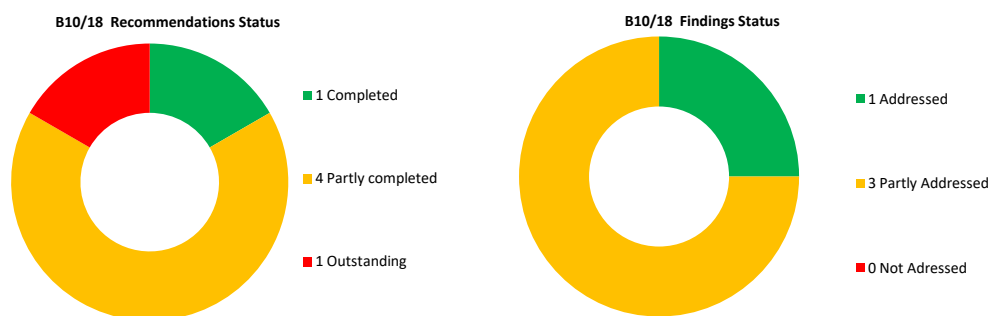
6. The September 2019 NHS Fife Clinical Governance was informed of a July 2019 Transformation Stocktake Workshop which concluded that the *'current governance structure is not suitable'* and *'the monitoring and reporting of programmes are not sufficient to provide adequate assurance'*. The SBAR invited the committee to note the workshop recommendations to *'establish a new system for Transformation with a joint meeting with H&SC and NHS Fife to establish a review of schemes both timelines and value'* and *'disband the Joint Strategic Transformation Group and establish an Integrated Strategic Transformation Board reporting to NHS Fife Board and IJB'*.
7. Our audit considered whether the important recommendations made in our previous report (B10/18) have been addressed by the changes to transformation programme governance arrangements outlined in the SBAR to the Clinical Governance Committee.
8. We also considered how risks threatening the delivery of individual transformation projects and the overall programme are identified and recorded and how the management of these risks is reported to Senior Management and Fife NHS Board.
9. In line with the NHS Fife Internal Audit Reporting Protocol approved by the Audit and Risk Committee, the Responding Officer is expected to provide the official management response to the recommendations within two weeks of the issue of the draft audit report to allow the report to be finalised in time to be issued with the Audit and Risk Committee papers a week before their meeting.

## AUDIT OPINION

10. Due to the limited nature of the scope of this audit, no audit opinion is provided. Our review was mainly a follow up to ensure appropriate implementation of the recommendations in audit report B10/18 Transformation Programme Governance.
11. This assignment was undertaken considering changes to the manner in which the Transformation Programme has been governed in 2019/20 and we acknowledge that the subsequent impact of the Covid 19 pandemic on all aspects of NHS Fife's operational and strategic planning will mean that the planning of transformational work will be extremely complex. The prioritisation and speed of implementation of this work will be driven to some extent by national decision making and policy whereas some will be influenced by more local decision making all within the context of the continued existence of the corona virus in society and the healthcare environment. Barriers to change that were not in place before the pandemic now need to be taken into account when considering transformational changes including physical distancing, self isolation, pre-admission testing prior to inpatient treatment, bed capacity and clinical prioritisation leading to less activity. The management responses to our recommendations in the action plan of this report reflect this changed environment and acknowledge that there is also a need to learn lessons from the rapid transformational changes made in relation to coping with the pandemic.

### Follow Up of B10/18

12. Our B10/18 – Transformation Programme Governance report included 4 findings with an associated 6 important priority 2 recommendations with management actions agreed to address these. The graphs below illustrate the status of the recommendations and the findings they related to:



13. The Joint Strategic Transformation Group (JSTG) has been replaced by an Integrated Transformation Board (ITB) and Stage and Gate processes have been introduced with clear milestones for each programme. The new arrangements are at an early stage of implementation and, fundamentally, the Board has not yet received assurance that the programme now has the capacity to accelerate the pace of transformational change and whether the programme is on track to deliver the necessary and urgent contribution to financial and operational sustainability in the required timescale.
14. Risk management processes for the Transformation Programme have been drafted but these are not fully in line with the NHS Fife Risk Management Framework. Significantly the draft risk register for the Integrated Transformation Board presented to the ITB on 13 February 2020 did not yet have any mitigations recorded for the risks identified.

## ACTION

15. The action plan at Section 2 of this report has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.
16. The action required in this report completely supersedes the actions required in B10/18 – Transformation Programme Governance.

## ACKNOWLEDGEMENT

17. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

**Barry Hudson BAcc CA**  
Regional Audit Manager

**Action Point Reference 1****Finding:**


Although governance arrangements for the Transformation Programme have been revised with the ITB replacing the JSTG, the CGC has still not received any assurance that the revised framework will provide sufficient capacity and capability to increase the pace of transformational change and deliver the objectives within the Clinical Strategy or on performance since the changes were introduced.

The CGC has been informed regarding the revised Transformation Programme governance arrangements but has not received assurance that the responsibilities at each level of governance are clearly delineated. The need for this was referred to in the paper on PMO Support to Transformation Programmes' provided to EDG on 2 November 2019 which stated *'While there are a number of descriptions of the programme governance and reporting arrangements, it would be worth revisiting these to ensure good fit and coherence between the various levels of activity'*.

**Audit Recommendation:**

- a. The CGC should receive assurance that the revised governance framework for Transformation Programmes will provide sufficient capacity to accelerate transformational change.
- b. The CGC should be provided with an evidence based report regarding the impact the revised Transformation Programme Governance arrangements have had on the pace of change and whether other changes are required to further accelerate change.
- c. The CGC should also receive assurance that the responsibilities at each level of governance are clearly delineated. This should include the responsibilities of Fife NHS Board, Fife Council, the Integration Joint Board, the NHS Fife CGC, Fife Council's Scrutiny Committee and the H&SCP Clinical and Care Governance Committee, the Integrated Transformation Board, the Acute Services Division Transformation Committee and the HSCP Transformation Board.

**Assessment of Risk:**

Significant		Weaknesses in control or design in some areas of established controls.  <b>Requires action to avoid exposure to significant risks in achieving the objectives for area under review.</b>
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**Management Response/Action:**

The Covid 19 pandemic has resulted to disruption to NHS Fife and Fife Health and Social Care Partnership services and administration. The Transformation Programme has not been exempt from this disruption but lessons learned regarding both the changes made as a result of Covid 19 and the speed at which these changes have been implemented will be useful when resuming the Transformation Programme.

The following action will be taken to address the recommendations made:

- a. A paper will be presented to the NHS Fife CGC including:
  - i. An assessment of the impact of Covid 19 on the Transformation Programme

<p>including any changes to programmes, priorities and targets</p> <p>ii. Lessons learned regarding the speed of change and agile decision making that were necessary in relation to Covid 19</p> <p>iii. How the remobilisation programme will impact upon the Transformation Programme going forward.</p> <p>b. As per a above</p> <p>c. The paper described in 'a' above will include reference to the responsibilities of each committee and the Terms of Reference of the Integrated Transformation Board will be reviewed in light of the changes the pandemic has necessitated. The governance structure of the Integrated Transformation Board was agreed by the co-chairs – the Chief Executives of NHS Fife and Fife Council with the chairs of the NHS Fife's Clinical Governance Committee and IJB's Clinical and Care Governance Committee as well as the Council lead of Health and Social Care. The governance structure reflects the complex organisations involved in the Integrated Transformation Board although the governance role for the Clinical Governance Committee remains unchanged.</p>	
Action by:	Date of expected completion:
Susan Fraser, Associate Director - Planning and Performance	31 August 2020



**Action Point Reference 2****Finding:**

The reporting on Transformation Programme implementation to the CGC has been incomplete and inconsistent in 2019/20. A reporting format to address this has been developed and an example presented to the CGC at its last meeting on 4 March 2020 with a request for it to decide on the format and frequency of reporting it requires in relation to the Transformation Programme. The unconfirmed minutes of this meeting state that the CGC *'agreed a reporting arrangement whereby the Committee would receive Initial Agreement documents, implementation reports by exception, with a final report at the end of a project'* and *'requested a verbal update to the next Clinical Governance Committee from the March 2020 ITB meeting'*.


The Annual Operational Plan for NHS Fife for 2019-20 includes references to the Transformation Programme and the individual programmes within it and to Efficiency Savings but it still does not state how the Transformation Programmes will contribute to achieving efficiency savings targets. The objectives of each Transformation Programme are stated in the update reports provided to the ITB along with their RAG status but their anticipated and actual contribution towards achieving efficiency savings targets is not included.

The CGC has only recently received minutes of the ITB (at its 4 March 2020 meeting) and its request for a verbal update regarding the ITB's next meeting suggests that it may not receive ITB minutes routinely.

**Audit Recommendation:**

- a. The NHS Fife Clinical Governance Committee should be provided with written, rather than verbal, reports on the Transformation Programme and these should include the stage they have reached (on the stage and gate process), assurance regarding whether the achievement of their objectives, an estimated contribution to the overall efficiency savings target for the Board are on track and how risks threatening programme delivery are being mitigated.
- b. The total anticipated contribution of Transformation Programmes to the efficiency savings target of NHS Fife should agree to a figure outlined in the NHS Fife Annual Operational Plan for 2020/21 for the contribution of Transformation Programmes to efficiency savings.

**Assessment of Risk:**

Significant		Weaknesses in control or design in some areas of established controls.  <b>Requires action to avoid exposure to significant risks in achieving the objectives for area under review.</b>
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**Management Response/Action:**

- a. **At the time of the audit, the Integrated Transformation Board had just been formed and the request for written reports had been issued and only one meeting has met where the written reports from Transformation Programme had been presented to**

the Clinical Governance Committee. There have been no meetings since the start of COVID-19 so this has not been embedded across the organisations. In line with formal programme management methodology, the highlight reports including items for escalation should be adequate reporting for the Clinical Governance Committee and these will be presented to it.

- b. Most of the Transformation work is value related rather than cash releasing efficiency savings but there are instances of this (eg the Medicines Efficiencies Transformation Programme). Work will be undertaken with the Director of Finance to reconcile the efficiency savings in the Transformation Programme to the Annual Operational Plan.

Action by:	Date of expected completion:
Susan Fraser, Associate Director - Planning and Performance	<ul style="list-style-type: none"> <li>a. 31 August 2020</li> <li>b. 30 September 2020</li> </ul>

**Action Point Reference 3****Finding:**

The Risk Management process for the Transformation Programme does not fully align to the NHS Fife Risk Management Framework in respect of risk scoring and does not include a process for the escalation of risks.

The draft Transformation Programme Risk Register records programme risks but has not identified how these will be mitigated. The key risks included on the individual Programme Update Reports are described but their likelihood and consequence scores are not recorded nor are mitigating actions.


This serious gap in control has not been reported to the CGC and was not discussed in detail at the ITB.

The current risk score for BAF 5 - Strategic Planning has remained unchanged at 16 over the period before and after publication of our previous report and Audit Scotland's Management Report 2018/19 both of which included significant adverse findings which would have warranted an increase in the risk score. The narrative in the BAF been updated to reflect the new Transformation Governance arrangements but as these processes are embedding the current risk score remains unchanged.

**Audit Recommendation:**

- a. The Risk Management process for the Transformation Programme should be revised so that it completely aligns to the NHS Fife Risk Management Framework and to include an escalation process.
- b. Mitigations should be added to the Integration Programme Risk Register along with an indication of whether these will be sufficient to reduce the risk to the target level within an acceptable timescale.
- c. The reporting of key risks included in Programme Update Reports should state the risk ratings for the risks, mitigating actions identified and an indication of whether these will be sufficient to reduce the risks to their target levels within an acceptable timescale.
- d. BAF current risk scores should be formally reconsidered following the publication of relevant internal and external audit reports.

**Assessment of Risk:**

Significant		Weaknesses in control or design in some areas of established controls.  <b>Requires action to avoid exposure to significant risks in achieving the objectives for area under review.</b>
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**Management Response/Action:**

- a. The risks paper at the last meeting of the Integrated Transformation Board were not presented as a fully formed risk register and were for discussion and should not be regarded as such. These risks were in development at the time of the meeting and will be scoped out using the NHS Fife Risk Management Framework process including mitigations for future meetings.  
The Programme Highlight Reports includes risks and will state the risk ratings for the risks, mitigating actions identified and state whether these will be sufficient to reduce

<p>the risks to their target levels within an acceptable timescale (if they can't they will be escalated).</p> <p>b. This will be covered in (a) for the next meeting of the Integrated Transformation Board as part of the Risk Management Framework</p> <p>c. This will be covered in (a) as above</p> <p>d. The BAF narrative has changed over the period referred to reflect the review of the transformation programmes and the risk score is reviewed every 2 months prior to submission to the Clinical Governance Committee albeit that it didn't change.</p>	
Action by:	Date of expected completion:
Susan Fraser, Associate Director - Planning and Performance	<p>a. 30 September 2020</p> <p>b. 30 September 2020</p> <p>c. 30 September 2020</p> <p>d. No Further Action Required</p>

## Status of Recommendations Made in B10/18 Transformation Programme Governance

B10/18 Ref.	Recommendation	Findings Regarding Current Status	Current Status Conclusion
1a	The NHS Fife Clinical Governance Committee (CGC) should be updated regarding changes to the Governance Arrangements for the Transformation Programme and provided with assurance that these revised arrangements would provide sufficient capacity to implement transformational changes on an accelerated basis compared to previously.	The governance arrangements for the Transformation Programme have been revised including the disbandment of the Joint Strategic Transformation Group and the establishment of the Integrated Transformation Board and the introduction of a Stage and Gate Process and associated standardised documentation. The ITB held its inaugural meeting on 2 October 2019 and has met on 3 subsequent occasions to date. The transformation programmes have been assessed against the stage and gate process and they will be used for any transformation programme proposals in the future. The Chair of the Clinical Governance Committee has been part of the development of the Integrated Transformation Board and the associated assurance.	Partly Implemented
1b	A report detailing progress in completing all transformation projects should be presented to each CGC meeting and this should include performance measures, including those on the financial and workforce impact.	<p>The reporting on Transformation Programme implementation to the CGC has been incomplete and inconsistent in 2019/20. A reporting format to address this has been developed and an example presented to the CGC at its last meeting on 4 March 2020 with a request for it to decide on the format and frequency of reporting it requires in relation to the Transformation Programme. The unconfirmed minutes of this meeting state that the CGC <i>'agreed a reporting arrangement whereby the Committee would receive Initial Agreement documents, implementation reports by exception, with a final report at the end of a project'</i> and <i>'requested a verbal update to the next Clinical Governance Committee from the March 2020 ITB meeting'</i>.</p> <p>The Annual Operational Plan for NHS Fife for 2019-20 includes references to the Transformation Programme and the individual programmes within it and to Efficiency</p>	Partly Implemented

		<p>Savings but it does not state how the Transformation Programmes will contribute to achieving efficiency savings targets. The objectives of each Transformation Programme are stated in the most recent update reports provided to the ITB along with their RAG status but their anticipated and actual contribution towards achieving efficiency savings targets is not included.</p> <p>In line with Programme Management methodology, the highlight reports (including items for escalation) should be adequate for the Clinical Governance Committee to give assurance of progress.</p>	
2a	The Board or nominated Standing Committee should receive a full and reflective appraisal of progress to date in order to understand the impact on finance and performance in 2018/19 and beyond and to establish realistic targets for the delivery of key milestones.	The CGC has been provided with an update on the changes made to Transformation Governance and has also been informed of the stage each programme has been assessed on the Stage and Gate Process but no evidence, comment or opinion has been provided to the CGC regarding whether the changes made have accelerated the pace of change as it is still at early stages.	Partly Implemented
2b	The review of progress to date should be considered when updating BAF 5 – Strategic Planning and that this should include consideration of whether the risk scores recorded on the BAF should change.	The current risk score for BAF 5 - Strategic Planning has remained unchanged at 16 over the period before and after publication of our previous report and Audit Scotland's Management Report 2018/19 both of which included significant adverse findings which would have warranted an increase in the risk score. The narrative in the BAF been updated to reflect the new Transformation Governance arrangements but as these processes are embedding the current risk score remains unchanged. The risk score is considered at the review date (every 2 months) but has remained the same.	Not Implemented
3	New governance arrangements for the Transformation Programme should include clear assurance lines to NHS Fife and its nominated	The revised Transformation Governance Structure includes the Acute Services Division Transformation Committee and the HSCP Transformation Board reporting to the Integrated Transformation Board which reports to NHS Fife CGC, Fife Council's Scrutiny Committee and the HSCP C&CGC. As per point 1a above the CGC were asked at their	Partly Implemented




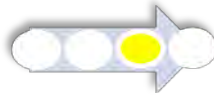


	<p>Standing Committee on progress on all transformation programmes including those currently being reported separately through the Integration Joint Board (IJB) and a full understanding of any potential risks to the Board's performance or finances.</p>	<p>meeting on 4 March 2020 to decide on the format and frequency of the reporting they required in relation to the Transformation Programme. They were provided with an example of a report which included RAG status for each of the programme's objectives, key highlights, key actions, key issues and key risks. The unconfirmed minutes of this meeting state that the CGC <i>'agreed a reporting arrangement whereby the Committee would receive Initial Agreement documents, implementation reports by exception, with a final report at the end of a project' and 'requested a verbal update to the next Clinical Governance Committee from the March 2020 ITB meeting'</i>.</p> <p>The CGC has only recently received minutes of the ITB (at its 4 March 2020 meeting) and its request for a verbal update regarding the ITB's next meeting suggests that it may not receive ITB minutes routinely.</p> <p>The Terms of Reference clearly show the assurance lines for the Integrated Transformation Board through the three organisations represented on the board. These assurance lines were agreed by the chairs of the three governance committees.</p>	
4	<p>Regular updates on progress in completing the transformation projects against set performance measures should be presented to the JSTG by each of the newly formed transformation groups. This would provide it with an oversight of the transformation programmes completion status to enable it to provide appropriate leadership for the accelerated delivery of the priority areas of work being undertaken.</p>	<p>The reporting to the ITB has only recently been established but the format of the reports should allow the ITB to monitor and review progress in completing the transformation programmes as this includes reporting on the programme's objectives, key highlights, key actions, key issues and key risks.</p>	Implemented

**Transformation Programme Risk Management**

18. The draft Integration Programme Risk Register records programme risks but mitigations for these were not yet recorded on the version presented to the ITB on 13 February 2020.
19. The key risks included on the individual Programme Update Reports are described but their likelihood and consequence scores are not recorded nor are mitigating actions.
20. A risk management process for the Integration Programme was presented to the ITB on 13 February 2020. This is broadly in line with the NHS Fife Risk Management Framework in respect of the method of rating the likelihood and consequence of each risk but it does not cross refer to it and does not include an escalation process. Cross reference to the NHS Fife Risk Management Framework would be useful to direct those scoring risks to the table which includes descriptions of Project Risks in each consequence level. The risk rating matrix included in the paper to the ITB differs slightly from the matrix included in the NHS Fife Risk Management Framework in that some combinations of likelihood and consequence result in different descriptions of the overall risk rating.




***Definition of Assurance***

To assist management in assessing the overall opinion of the area under review, we have assessed the system adequacy and control application, and categorised the opinion based on the following criteria:

Level of Assurance		System Adequacy	Controls
Comprehensive Assurance		Robust framework of key controls ensure objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.
No Assurance		High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.

***Assessment of Risk***

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Risk Assessment		Definition	Total
Fundamental		Non Compliance with key controls or evidence of material loss or error. <b>Action is imperative to ensure that the objectives for the area under review are met.</b>	None
Significant		Weaknesses in control or design in some areas of established controls. <b>Requires action to avoid exposure to significant risks in achieving the objectives for area under review.</b>	Three
Merits attention		There are generally areas of good practice. <b>Action may be advised to enhance control or improve operational efficiency.</b>	None



**MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE**  
**THURSDAY 5 MARCH 2020, 10.00AM**  
**CONFERENCE ROOM 2, GROUND FLOOR, FIFE HOUSE**

**Present:** Councillor David Alexander  
 Les Bisset, NHS Board Member  
 Martin Black, NHS Board Member  
 Councillor David Graham [Chair]  
 Councillor Rosemary Liewald  
 Margaret Wells, NHS Board Member

**Attending:** Norma Aitken, Head of Corporate Service, Fife H&SCP  
 Nicky Connor, Director of Health & Social Care  
 Claire Dobson, Divisional General Manager (West)  
 Scott Garden, Director of Pharmacy  
 Fiona McKay, Head of Strategic Planning, Performance & Commissioning  
 Audrey Valente, Chief Finance Officer

**Apologies for absence:** Lynn Barker, Interim Associate Director of Nursing  
 David Heaney, Divisional General Manager (East)  
 Dr Helen Hellewell, Associate Medical Director  
 Julie Paterson, Divisional General Manager (Fife Wide)

**In attendance:** Andrew Woodall, Project Support Secretary (Minutes)

NO	HEADING	ACTION
1.	<b>WELCOME AND APOLOGIES</b>	
	DG welcomed everyone to the meeting and informed members that an echo pen was being used to record the meeting to aid with the minutes.  Apologies were noted as above.	
2.	<b>DECLARATION OF INTEREST</b>	
	There were no declarations of interest.	
3.	<b>MINUTE OF PREVIOUS MEETING – 11 OF FEBRUARY 2020</b>	
	<p>The Committee discussed the minute of the F&amp;PC meeting of 11/02/2020 and the following point was raised:</p> <ul style="list-style-type: none"> <li>Amendment [Page 4, Item 9, Para 3]: “MW asked for further clarification as to why costs differ depending on whether you are in education or not.” Should read “MW asked whether consideration is given to the transfer of costs when the care arrangements transfer from Children’s to Adult’s Services.”</li> </ul> <p><b><u>Decision</u></b></p>	

	With this amendment the Committee agreed the minute of the Finance & Performance Committee meeting of 11/02/2020.	
<b>4.</b>	<b>MATTERS ARISING &amp; ACTION LOG FROM 11 FEBRUARY 2020</b>	
	<p>FM referred to the following actions in the Action Log:</p> <ul style="list-style-type: none"> <li>Item 7, Carers Strategy Funding – FM informed members that contact had been made with Fife Sports and Leisure Trust, however due to DH being off work an update will be brought to the next meeting in April.</li> <li>Item 9, Adult Packages – FM informed members that this is being worked towards for June 2020.</li> <li>Item 10, Performance Report – the Executive Summary will be discussed later in the meeting, as well as the request for information on Delays and Care at Home.</li> <li>Item 11 Finance Update – AV informed members that under ‘Social Care Other’ there is an approximate £22m budget for field workers and also the agreed budget deficit of £6.5m which comes in as an Income budget, giving a Net budget of £15.5m. DG asked if this could be broken down into sections so members can see what comes under each heading.</li> </ul>	<b>FM</b>
<b>5.</b>	<b>GRANTS TO VOLUNTARY ORGANISATIONS</b>	
	<p>FM spoke to the grants to the Voluntary Sector that are funded through the Health and Social Care Partnership (H&amp;SCP). The Integration Joint Board (IJB) agreed to delegate the task of the approval of these to this committee.</p> <p>FM referred to Appendix One [Page 14] informing members that there has been significant work with link officers undertaken to complete evaluations and a review of the Voluntary Sector into the new financial year is also being looked at. One of the areas that will be looked at is if any organisations are sitting with high reserves over 26 weeks to discuss, ie a payment holiday or something similar so that we can manage the budget along with their awareness of holding their reserve too high. FM stated that if members had a query regarding a specific organisation she would be able to give information outside of the committee.</p> <p>FM continued that the approval of the amount for the grant will be for one year.</p> <p>DG added that generally in the Voluntary Sector there are a lot of organisations that do very similar things and this is something that this Committee has been meaning to getting round to look at whether individual pots of money are required to go to every organisation and if it is, is there a reason for that so that we can evidence it to ourselves that all of these organisations need to get the money that they get.</p> <p>DA queried what Falkland Lunch Club do that other lunch clubs don’t do, as there a number of other church lunch clubs that don’t receive grants. FM explained that this is historical and has grown from local people setting up small lunch clubs where there are no existing facilities, such as Age Concern in Glenrothes and Abbeyview in Dunfermline. The small lunch clubs in North East Fife (NEF) have always been supported, and the money they receive is mostly</p>	

for bus fare to allow people to come in from outlying areas. The volunteers fundraise for anything they do.

RL agreed to take up FM's offer to discuss this outside of the committee.

MW stated it is good to see this report coming to this Committee. MW asked FM if it would be possible to get more information on what the difference is between last year's funding and what is recommended in this report. MW continued that it is a huge sum of money and it is good to see this level of investment in the 3<sup>rd</sup> sector but it would be good to these grouped into the amounts of funding as some are very low and don't require as much information as groups with higher funding. There may also be some exception reporting required if there have been any issues explored.

FM responded that she has a huge spreadsheet with all of that information on it. All organisations have had 3-year evaluations done this year so there is a lot of detail. FM agrees it is about getting the balance.

FM continued that all organisations that have been put forward have no issues. All organisations have a Red, Amber, Green (RAG) score based on their service delivery that was agreed on Service Level Agreement (SLA). As with previous years, there have been organisations reporting problems and we have supported them along with Fife Voluntary Action (FVA). There is no increase in funding to the organisations this year, and in fact a couple of organisations have asked for less than last year.

FM is happy to bring the level of detail that the Committee would like depending on the size of the grant to an organisation. MW agreed there should be more detail as the funding levels increase, even if this is just another column for the comparison of the current year with previous years.

DG added that it would be good to look at some of the individual organisations which are funded quite significantly to see what they are delivering. This would allow the Committee to see what is being provided and show due diligence from the Committee that what we expect them to provide is what is being provided with the money that is being given to them.

MB requested that information of the outcomes against the strategic plan be brought to give context to the money being granted. Currently the report only shows the money being given but doesn't show the desired outcome or whether this is being achieved or not. FM confirmed all the SLA are linked to the strategic plan. If there is a strategy underneath the service, ie the Carers Strategy, they are linked to these as well. Anything under £10,000 doesn't have a SLA, so these organisations self-evaluate throughout the year. These organisations still have a link in to the monitoring officers so they can contact if they have any concerns or require support. Each of these organisations have a service descriptor which details the outcomes they have to achieve. FM continued that it is about getting a balance in the report as there is a lot more information that could have been added but could have been an overload.

LB suggested that this report be grouped in areas according to the strategic plan, rather than alphabetically. LB enquired if, ie ADP are aware of the money being given to FIRST, how this is linked in, and do they approve of it? It would be helpful to know if their SLA was in line with the plans of their relevant group overseeing our strategic plan, and how this all ties together. LB continued it



would be useful to see what significant levels of funding is producing, ie over £300,000, even if this was just a one off.

DA asked FM what Fife Forum does. FM responded that Fife Forum have all the Local Area Coordinators (LACs) that support people via referrals from Social Care teams. They also have a network of service user forums which meet regularly and these give feedback on services and changes of legislation. They also provide a small advocacy service. There is a whole range of services and their focus is working with local people and getting their views, which is one of the avenues used when a public consultation is required. DA queried if there was a significant amount of people in Fife Forum if they are receiving £440,000. FM confirmed there are between 10-12 LACs across Fife, and also the staffing for the user groups. FM continued that the figures don't necessarily all come from the same pot of money and in Fife Forums case there are four different funding streams. These have just been pulled together to show the full amount in the report. DG added that Fife Forum is one of the organisations receiving more than £300,000 so will be in the list of receiving a deeper dive for the next meeting.

MB requested some clarification around duplication. MB continued there is Dunfermline Advocacy Initiative for Dunfermline of Fife wide, there is FVA and also Fife Employment Access Trust so is this duplicating work that Fife Forum are doing.

FM responded that FVA are the umbrella organisation for all voluntary organisations. They also have a volunteering arm which we fund. FM clarified that FVA does not deal directly with service users, they deal with the organisations.

LB referred to Appendix One and noted that there are a number of organisations that link together, ie RNIB and SeeScape. LB agreed that it would be helpful for these to be grouped. LB enquired whether the Mental Health organisations will be reviewed now that there is a Mental Health Strategy. LB added that since we now have their strategy the committee is a position to see if they're supporting what we see as a priority. FM confirmed that this is the case, and that this is already being looked at and will be brought back to the next meeting.

MW queried whether there are still organisations needing to go to different places within the Council to build their budget and what that funding landscape looks like. FM responded that all the funding that was in the old CHPs came into the Partnership. FM continued all of the funding for this now is one application that organisations submit for Health and Social Care. FM added that there will be organisations that will look for funding from, ie Housing, or Community Services, and they will have to go through this process as they will have a different outcome and a different strategy handle to it.

RL referred to there being no link officers for organisations receiving less than £10,000, as mentioned by FM, and noted that the sum of all such grants is over £80,000. RL asked FM if there is a mechanism where we can review what work they're doing or if there has been an occasion where this has been done as a one off. FM responded that these organisations still apply using the same application form and they have to state on it what they will deliver. FM continued that there are not enough people available to be going out to these small groups but that they are all sent a monitoring form at this time of the year that they must

	<p>complete, informing what they have done with the money. If there are any queries on these forms they are picked up with the organisations. DG suggested that an organisation is picked annually that is given less than £10,000 to check they are receiving enough funding and also if they are providing what we expect them to provide.</p> <p><b><u>Recommendation</u></b></p> <ul style="list-style-type: none"> <li>• It is recommended that a deep dive into organisations receiving grants of greater than £300,000 is brought to a future meeting.</li> <li>• It is recommended that the structure of the report is amended to show the different strategic areas, and also including the last two year's funding to compare any differences.</li> <li>• It is recommended that an organisation receiving a grant of less than £10,000 is to be selected annually for discussion.</li> </ul> <p><b><u>Decision</u></b></p> <ul style="list-style-type: none"> <li>• The Committee <b>approved</b> the levels of funding outlined in the report.</li> <li>• The Committee <b>noted</b> the content of the report.</li> </ul>	
<b>6.</b>	<b>EXECUTIVE SUMMARY – PERFORMANCE REPORT</b>	
	<p>FM spoke to the Executive summary.</p> <p>SG queried how the indicators from the Ministerial Strategic Group (MSG) link with the summary. SG continued that data is available up to yesterday but we are reporting on things from October. SG suggested that we should be trying to reflect what is available in the public domain in the report. NC clarified that this is a draft report based on the last full report that went to the IJB. NC continued that this report will not be taken to the IJB and has been brought to the meeting to look at the format of the report. FM added that this information comes from ISD and this has been produced by ISD for us. FM continued that these are the targets that are sent to ISD from NHS Fife.</p> <p>NC informed members that the IJB will be held to account on the delivery of the MSG indicators. These are national Health and Social Care outcomes that are being implemented soon and we will be required to report back to the Scottish Government in terms of our performance.</p> <p>RL referred to MSG indicator 2b.1 [page 17] and queried what GLS stood for. FM responded that she didn't know and that she would find out and inform members following the meeting.</p> <p>LB agreed with NC that this will be this Committee's responsibility so it is important that members have the opportunity to see it. LB queried whether the IJB feel this is sufficient information for them to receive as this Committee will still scrutinise the full report. NC agreed this is a helpful point and sought clarity from members if everyone was happy for the executive summary going to the IJB with the full report being available upon request, or if the full report should be included as an appendix. NC added that the executive summary is about taking less detail to the Board but with the right information to ensure it had been scrutinised by this Committee. DG responded that if the information is taken to the Board then an opportunity has to be allowed to question it therefore it is important to find out if the IJB are happy that the executive summary is sufficient. NC suggested there is an opportunity to take this to the next IJB</p>	

	<p>development session to agree that the executive summary is taken to the next IJB meeting. DG confirmed he is happy for this to be discussed at the IJB development session.</p> <p>MB stated he supports the executive summary going to the IJB as the Committee has been given the trust and opportunity to scrutinise. SG also agrees with this. SG added the challenge comes from how the discussion from this and other Committees is presented to the IJB. MW confirmed her support for the executive summary as well, as this Committee has the opportunity to escalate items to the IJB should there be concerns.</p> <p>NC suggested that adding the key points of scrutiny and discussion from the Committee to the executive summary would provide context for the IJB.</p> <p><b><u>Decision</u></b></p> <ul style="list-style-type: none"> <li>• The Committee <b>agreed</b> the format of the Executive Summary</li> <li>• The Committee <b>agreed</b> the Executive Summary included sufficient information to take to the IJB.</li> </ul>	
<b>7.</b>	<b>DELAYED DISCHARGE &amp; COMMUNITY CARE AT HOME PRESENTATIONS</b>	
	<p>CD and FM spoke to the Delayed Discharge and Community Care at Home presentations.</p> <p>DG thanked CD and FM for the presentation and noted his appreciation for having a presentation giving a visual aspect of the challenges to the service and allows for better questions and scrutiny of the service.</p> <p>MB queried if it would be easier and cheaper to employ someone to fast track guardianship rather than having people waiting in delay for four months. CD responded that the process of appointing a guardian is long and complex, and most people need to wait on legal aid. Following this there are then legal, medical and social work reports to be agreed, and this doesn't include additional time when family members disagree on some aspects. CD continued this is a complicated process which is as fast as it can be in Fife, considering the legal boundaries and frameworks. This is scrutinised each week and if there are any delays staff are asked to take action to remedy these. CD added she is unsure how this process can be made faster and the ideal scenario would be to not have to wait on the appointment of a guardian in hospital as it is not the right place for people to be waiting on such things, however this would need to be changed by Scottish Government.</p> <p>MB agreed with CD that most legal processes are long and costly, and queried if this is something we could propose to the Scottish Government and request their support to introduce this option to people. CD agreed and stated that difficult conversations need to be had, especially around the present issues of Covid-19 and our capacity to deal with this. CD confirmed that the H&amp;SCP are clear that individuals cannot be discharged without the appointment of a welfare guardian. NC added that this is a key issue that has been raised to representatives of the Scottish Government, and they have indicated they would like to understand these issues more fully. With the current process, as soon as it is started, we are unable to move somebody, however if there was some flexibility to allow them to be moved to a more homely setting while a guardian is appointed this would be better for the individual and the system.</p>	

MB asked how long are Care at Home patients staying at home, is there any evidence to show this is working, and how quickly do patients come back into the system after discharge. CD responded there is no evidence for this as there isn't a dataset to look at. Things that are related to this, ie the readmission rate within 30 days, can be looked at. CD added that less people are being placed in long term care which is a sign that more people are being supported at home.

MB queried if we, as an IJB, are directing NHS Fife to do one thing and Fife Council to do another, where are the 286 people sitting. NC responded that this is the wicked problem. NC continued that a direction has to come with direction and a budget associated with how we deliver against it and a timeframe in which to do it. There isn't just one thing that will fix the challenge of delay or supporting people to come home. This will require us to build through our strategy in line with our medium term financial strategy and our change plan. These will then require to come with direction in the future about how things are to be done differently.

MB asked when the difficult conversations are had with patients / families that their preferred Care Home is unavailable and the patient is being moved to a different Care Home, outside of extenuating circumstances. FM responded that this is part of the Care Home legislation, people get three choices and there are often difficult conversations with people who only want a particular Home. Usually these Homes are the ones that sit with no vacancies. FM continued that patients are asked if they will go to an interim move in a nearby Care Home until a vacancy becomes available in their desired Care Home.

CD informed members that a Moving On policy is in the final stages of approval. This policy clearly lays out the responsibilities of individuals, their families, staff, Fife H&SCP, NHS Fife, and who is doing what within the procedure of moving someone on from hospital. This will give a framework that staff are working against and detail what our expectations are and what our expectations are of them as well.

MW questioned why spot contracts are the preferred route, and why some providers back off. MW added if the Care Inspectorate are sitting waiting to approve Homes can they be urged to speed this up. FM informed members that all of our Care at Home provision is spot purchased, however over the Winter some blocks have been put in which has stabilised the market. Providers that are not on the contract that we continue to spot purchase from are in areas which are hard to reach places, ie the East Neuk, West Fife villages.

RL asked if we provide training for our care staff or do they have to go through the college route where they gain an SVQ or can they start from ground zero with us. FM responded that all Care at Home staff have to have, or be working towards, an SVQ2 and then SVQ3. In house, in the Council, there is a training team that links in with the colleges. FM added that a challenge for the care providers is that by next year all carers must be registered with SSSC, which is challenging because it requires a quite comprehensive training programme.

DA stated that his biggest concern is where the workforce is going to come from over the next decade. DA asked if there are any suggestions for where additional workforce will come from and if this is something that is being looked at. FM responded that a lot of Nursing Homes tend to get nurses from South East Asia, they come with a nursing qualification, get more training here and are

now all going back home. FM acknowledged that this will have an impact on Care Home places. FM added that not all Care Homes have this issue but the Care Homes that have come forward about this are worried because as a Nursing Home they must have a nurse on-site 24/7.

CD mentioned the Workforce Strategy, and within Care at Home we are looking at modern apprenticeships. The next challenge for us is looking at how we deliver in an integrated way as there are still situations where a carer will visit a patient and a Community Nurse will visit the same patient half an hour later. DA agreed but stated the problem is that the demand for services will continually increase while the supply will gradually decrease simply because of the demographics of the workforce.

NC added that there is a national Care to Care campaign which is about promoting careers within care and we are looking at how this can be driven locally. NC continued the IJB have approved a detailed action plan from the workforce strategy where there are a lot of priorities and this is one of the key areas identified, not just our statutory services but our independent and voluntary sector.

LB thanked CD and FM for the presentation but noted there was no significant discussion of money. LB queried whether money is not a problem, or if it is what is being done about it. AV responded that we are currently looking at an £8.5m overspend so we need to be realistic. AV continued that there needs to be agreement as a Committee what our priority is, there needs to be a balance between reducing the overspend and the care being given.

NC stated that part of the medium term financial strategy is looking at the bed based model and community based model, and it is critical that plans that come forward take us to a different way of working, which is “the best bed is your own bed”, and how we really put this into delivery because not only is this best for the person it’s also the most cost effective in terms of the care we need to deliver.

MW referred back to the discussion around guardianship. MW continued that the point of applying for guardianship tends to be a last resort and queried if there is another point at which this thinking could happen a bit earlier so we’re not waiting until people are stuck in hospital before they apply. CD agreed with this. CD continued that in Fife there has been a 15% increase in the appointment of a welfare guardian within the general population, however there is definitely still a cohort of people coming into hospital it is the last resort. FM added that, nationally, we should be promoting people appointing a guardian well before they require one. NC confirmed there is a national campaign that takes place every year.

AV spoke about waiting lists for Care at Home. AV added that there has to be a norm for what an acceptable waiting time is and factor this in to give a true picture of what the waiting list is. FM confirmed that this is all available. FM added that when someone is assessed for a Care Home they are expected to wait six weeks. Within Care at Home, if the assessment is critical, a place must be given within five days. FM continued that there needs to be a conversation about how this is managed.

DG thanked members for the discussion. DG stated he is happy for this presentation to be shared with members. DG requested that a similar

	<p>presentation is brought later on in the year to look at how efforts that have been made have made a difference between now and then.</p> <p><b><u>Decision</u></b></p> <ul style="list-style-type: none"> <li>The Committee <b>noted</b> the content of the update.</li> </ul>	
<b>8.</b>	<b>FINANCIAL POSITION UPDATE</b>	
	<p>AV gave a brief verbal update of the current financial position.</p> <p>AV informed members that the January position hasn't moved much since December, a slight £57,000 decrease to bring the overspend to £8.488m. AV continued that some hope that can be taken from this is the realistic projection for NHS Fife was used to calculate this rather than the pessimistic or optimistic projections.</p> <p>AV informed members that she and NC were about to meet with the Chief Executives and Directors of Finance for NHS Fife and Fife Council to discuss the budget in more detail. There is a budget gap, based on a few assumptions, which should be able to close in Year 1. AV confirmed she will bring forward a RAG status, which will include some risky decisions that need to be made as a Committee but these will be clearly outlined in the paper</p>	
<b>9.</b>	<b>ITEMS FOR ESCALATION TO IJB</b>	
	There were no items for escalation.	
<b>10.</b>	<b>A.O.C.B</b>	
	There was no other competent business.	
<b>11.</b>	<b>DATE OF NEXT MEETING</b>	
	DG informed members that the next meeting was scheduled for Tuesday the 7 April 2020, however there has been a development and the next meeting is now scheduled for Tuesday 17 March at 9:30 am. The meeting will take place in the Fife Renewable Innovation Centre, Methil.	

Meeting:	Finance, Performance & Resources Committee
Meeting date:	8 September 2020
Title:	‘Our Turn to Care’ vouchers for staff
Responsible Executive:	Carol Potter, Chief Executive
Report Author:	Gillian MacIntosh, Board Secretary

## 1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Local policy

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

- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

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. In total, Gleneagles have committed to 365 vouchers per year for the next five years and these have been allocated on a pro-rata basis across all Health Boards by the Scottish Government. NHS Fife’s annual allocation has been determined based on population size / employee numbers. This paper outlines how the Board might accept this generous offer and then allocate them appropriately to staff.

### 2.2 Background

The essence of the vouchers is to say "thanks" to colleagues within the health professions who are continuing to do so much to help at this unprecedented time. The ‘Our Turn to Care’ vouchers allow the bearer the following benefits:

- 1) They are based on two people sharing a Manor Double or Twin Room for one night including a full Scottish breakfast.
- 2) The vouchers will be valid from the 1st September 2020, until the 31st August 2021. No extensions are possible as the next batch of vouchers for 2021/22 will be sent out in



August next year and so on until 2025. They will all be subject to availability and excluding Easter and the Festive season.

- 3) Complimentary transfers will be available upon request from Gleneagles railway station to the Hotel, if travelling by rail.
- 4) There is unlimited use of the leisure facilities at The Club. These facilities will be set out in more detail on the voucher.
- 5) Additional food and beverage, outwith the offer, must be settled by each individual upon departure.
- 6) Valid NHS or occupation identification must be shown upon arrival, alongside the original voucher. No photocopies will be accepted. A unique code will be on each voucher and full details will also inform people of how to make a reservation.

The vouchers were initially offered to the Endowment Fund, as the charity, but the Fund is unable to accept vouchers for staff.

Each Board are free to create their own process for distributing the vouchers, though the following principles have been agreed nationally for distribution:

- The offer is inclusive to the whole health and social care workforce in the local area (through Integrated Joint Boards/Health & Social Care partnerships – the allocation for territorial boards has been weighted to account for extended offer to social care workforce);
- The offer is distributed fairly in a non-discriminatory way that provides an equal opportunity for staff to participate; and
- Meets local governance and risk standards

## **2.3 Assessment**

The Scottish Government is supportive of the scheme and has confirmed that the offer is not in conflict with governance arrangements as described in the Scottish Public Finance Manual. The receipt of gifts and hospitality by individual staff is regulated by an internal policy on Standards of Business Conduct. However, as has been confirmed by other Boards who have already agreed to take part, it is clear that the offer is not made to an individual but to the Board overall as a corporate body. Additionally, the offer is made in recognition of the hard work of staff and nothing is required in return.

It is therefore suggested that the Board accept the vouchers and allocate to staff accordingly, ensuring the decision to accept is considered through the governance structure and appropriate governance is put in place around their distribution, as per the principles above.

Consideration would need to be given as to how to distribute the vouchers fairly and equitably, across the full range of staff within health and social care. One Board (GG&C) has created a 'randomiser' to allocate individual vouchers to staff who email interest in participating. A small number of their allocation will also be reserved to promote the completion of two staff surveys linked to the Board's pandemic response.

### **2.3.1 Quality / Patient Care**

N/A

### **2.3.2 Workforce**

Participating in the scheme will be beneficial for the workforce overall, in that staff are the main beneficiaries, over the five-year period of the scheme.

### **2.3.3 Financial**

There is not expected to be any financial impact to the Board as a result of accepting these vouchers.

### **2.3.4 Risk Assessment / Management**

Risk Assessment of the proposed means of distributing the vouchers will need to be undertaken.

### **2.3.5 Equality and Diversity, including health inequalities**

An EQIA on the proposed means of distributing the vouchers will need to be undertaken.

### **2.3.6 Other impact**

Accepting the offer provides an opportunity to issue positive communication about the efforts of staff during the pandemic and the national recognition of that from outwith the organisation.

### **2.3.7 Communication, involvement, engagement and consultation**

Via the Charity Manager, consultation with the Scottish Government and other Boards has taken place.

### **2.3.8 Route to the Meeting**

This paper has been initially reviewed by the Chief Executive, Director of Finance, Director of Workforce, Employee Director and Charity Manager. It has also been considered by the Staff Governance Committee, at its meeting of 4 September 2020.

## **2.4 Recommendation**

The Committee is invited to reach a:

- **Decision** – on the proposed acceptance of the vouchers for staff and NHS Fife's participation in the scheme.

### **Report Contact**

Gillian MacIntosh

Board Secretary

[gillian.macintosh@nhs.scot](mailto:gillian.macintosh@nhs.scot)