

Chair - Tricia Marwick

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

TM

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


TM

10:10 - 10:10 3. APOLOGIES FOR ABSENCE
0 min

TM

10:10 - 10:10 4. MINUTES OF PREVIOUS MEETING HELD ON 25 NOVEMBER 2020
0 min

(enclosed) TM

 Item 4 - Minutes 112520.pdf (13 pages)


10:10 - 10:10 5. MATTERS ARISING
0 min

TM

5.1. Board Governance Arrangements during Pandemic Resurgence

(enclosed) TM

 Item 5.1 - Board Meetings in Pandemic Resurgence.pdf (4 pages)

 Item 5.1 - Appendix 1 - Board Governance - letter to NHS Chairs - 18 Nov 20.pdf (2 pages)

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


6.1. Chief Executive Up-date

(verbal) CP

6.2. Integrated Performance & Quality Report Executive Summary

(enclosed) CP

 Item 6.2 - SBAR ESIPQR.pdf (4 pages)

 Item 6.2 - ESIPQR Jan 2021 v1.0.pdf (9 pages)


10:30 - 10:35
5 min

7. CHAIRPERSON'S REPORT

TM

7.1. Board Development Session - 23 December 2020

(enclosed) *TM*

 Item 7.1 - Board Development Session Note 122320.pdf (1 pages)

10:35 - 10:55
20 min

8. COVID-19 PANDEMIC UPDATE

8.1. Covid-19 Vaccination - Progress Update

(enclosed) *SG*

 Item 8.1 - Covid-19 Vaccination - Final.pdf (6 pages)

8.2. Covid-19 Testing in Fife

(enclosed) *DM*


 Item 8.2 - Covid-19 Testing in Fife.pdf (4 pages)

10:55 - 11:05
10 min

9. WINTER PERFORMANCE REPORT

(enclosed) *HB*

 Item 9 - SBAR Winter Report.pdf (5 pages)

 Item 9 - Winter Planning Performance Summary Nov 2020 v1.0.pdf (17 pages)

11:05 - 11:15
10 min

10. ELECTIVE ORTHOPAEDIC CENTRE PROJECT BANK ACCOUNT

(enclosed) *MM*

 Item 10 - SBAR EOC Project Bank Account - Board.pdf (3 pages)

11:15 - 11:20
5 min

11. STATUTORY AND OTHER COMMITTEE MINUTES

11.1. Audit & Risk Committee dated 19 January 2021 (unconfirmed)

(to follow)

11.2. Clinical Governance Committee dated 14 January 2021 (unconfirmed)

(enclosed)


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

 Item 11.2 - Mins Clinical Governance Committee dated 14 January 2021 V2 unconfirmed.pdf (13 pages)

11.3. Finance, Performance & Resources Committee dated 12 January 2021 (unconfirmed)



(enclosed)

 Item 11.3 - FP&R Minute Template.pdf (1 pages)

 Item 11.3 - Mins FP&R dated 120121 GMmm unconfirmed.pdf (10 pages)


11.4. Staff Governance Committee dated 13 January 2021 (unconfirmed)

(enclosed)

-  Item 11.4 - SGC Minute Template.pdf (1 pages)
-  Item 11.4 - Mins Staff Governance Committee dated 130121 V0.2 unconfirmed.pdf (8 pages)



11.5. Brexit Assurance Group dated 12 January 2021 (unconfirmed)

(enclosed)

-  Item 11.5 - Brexit Assurance Group Minute Template.pdf (1 pages)
-  Item 11.5 - Mins Brexit Assurance Group 120121 unconfirmed.pdf (3 pages)




11.6. Communities & Wellbeing Partnership dated 1 December 2020 (unconfirmed)

(enclosed)

-  Item 11.6 - CWP Minute Template.pdf (1 pages)
-  Item 11.6 - Mins C&WP dated 20 12 01 C&WP unconfirmed.pdf (4 pages)



11.7. Fife Health & Social Care Integration Joint Board dated 25 September and 23 October 2020

(enclosed)

-  Item 11.7 - IJB Minute Template.pdf (1 pages)
-  Item 11.7 - Final IJB Minute 25.09.20.pdf (7 pages)
-  Item 11.7 - Final IJB Minute 231020.pdf (5 pages)

11.8. Fife Partnership Board dated 17 November 2020 (unconfirmed)

(enclosed)

-  Item 11.8 - FPB Minute Template November 2020.pdf (1 pages)
-  Item 11.8 - Mins Fife Partnership Board 2020-11-17 unconfirmed.pdf (4 pages)

11.9. Audit & Risk Committee dated 19 November 2020

(enclosed)

-  Item 11.9 - Mins Audit & Risk 19 November 2020 confirmed.pdf (7 pages)

11.10. Clinical Governance Committee dated 4 November 2020

(enclosed)

-  Item 11.10 - Mins CGC 4 November 2020 confirmed.pdf (13 pages)

11.11. Finance, Performance & Resources Committee dated 10 November 2020

(enclosed)

-  Item 11.11 - Mins FPR 10.11.20 confirmed.pdf (10 pages)

11.12. Staff Governance Committee dated 29 October 2020

(enclosed)

-  Item 11.12 - Mins SGC 29.10.20 confirmed.pdf (7 pages)

11:20 - 11:25
5 min

12. FOR INFORMATION:

12.1. Integrated Performance & Quality Report - November and December 2020

(enclosed)

CP

11:25 - 11:25 **13. ANY OTHER BUSINESS**
0 min

11:25 - 11:25 **14. DATE OF NEXT MEETING: Wednesday 31 March 2021 at 10.00 am in the**
0 min **Staff Club, Victoria Hospital, Kirkcaldy (tbc)**

Fife NHS Board

MINUTE OF THE FIFE NHS BOARD MEETING HELD ON WEDNESDAY 25 NOVEMBER 2020 AT 10:00 AM VIA MS TEAMS

TRICIA MARWICK

Chair

Present:

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

In Attendance:

A Clyne, Audit Scotland
N Connor, Director of Health & Social Care (H&SC)
C Dobson, Interim Director of Acute Services
L Douglas, Director of Workforce
A Fairgrieve, Director of Estates, Facilities & Capital Services
P Fraser, Audit Scotland
S Garden, Director of Pharmacy & Medicines
K MacGregor, Head of Communications
G MacIntosh, Head of Corporate Governance & Board Secretary
A Wilson, Capital Projects Director
P King, Corporate Services Manager (Minutes)

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

1. Chairperson's Welcome and Opening Remarks

The Chair welcomed everyone to the Board meeting and set out the NHS Fife MS Teams Meeting Protocol. She began her opening remarks by recording continued

thanks, on behalf of the Board, to all staff of NHS Fife, including staff working in the Health & Social Care Partnership and beyond, for their considerable ongoing efforts during the Covid-19 Pandemic.

The Chair reported that:

- in this year's Scottish Health Awards, we have finalists in several categories for the Scottish Health Awards. The Vulnerable in Pregnancy (VIP) team, who provide antenatal and postnatal care support to pregnant women, their unborn babies and their families, are finalists in the Midwife category. Paula Birks, Community Support Manager for Fife Community Support Service, which sits under Fife Health and Social Care Partnership, is a finalist in the Leader of the Year category. Helen Hagan, a well loved and long serving volunteer who supported the Children's Ward, has also been posthumously recognised for her work in the Volunteers category. The award winners will be announced at a virtual ceremony on 9 December 2020;
- St Andrews-based artist Alan Stephens has gifted NHS Fife a unique portrait, recognising the outstanding work of staff across NHS Fife during the pandemic. The painting, which features five staff from Acute, Community and Support services across Fife, was created using photographs supplied by staff. The painting will be displayed on one of our sites in the near future;
- Katy Miller, Whistleblowing Champion and Non-Executive Member, has resigned from the Board due to her ongoing work pressures. The Chair recorded thanks, on behalf of the Board, for the contribution she has made during her term.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Apologies for Absence

There were no apologies for absence.

4. Minute of the last Meeting held on 30 September 2020

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

5. Matters Arising

There were no matters arising.

6. CHIEF EXECUTIVE'S REPORT

6.1. Chief Executive Update

Carol Potter was pleased to advise that the Cabinet Secretary for Health & Sport has announced the reappointment of Tricia Marwick to the role as Chair of Fife NHS Board for a further two years, from 1 January 2021 to 31 December 2022.

It was noted that Helen Buchanan, Director of Nursing, and Andy Fairgrieve, Director of Estates, Facilities & Capital Services, have both intimated their intention to retire at the end of March 2021. The recruitment process is underway for both posts, and interviews are scheduled to take place in December. Interviews for the substantive Director of Finance post are also arranged for December.

Ben Johnston has been appointed to the role of Director of Capital Planning, replacing Alan Wilson, who will leave NHS Fife at the end of this month to take up the post of Director of Estates, Facilities & Capital Planning with NHS Highland. The Board recorded warm thanks to Alan Wilson for the work he has done over the past 23 years in NHS Fife. Ben Johnston joins NHS Fife with over 15 years' construction consultancy experience and has worked with NHS Fife on a number of projects at Stratheden Hospital and is currently helping to deliver the Fife Elective Orthopaedic Centre project.

Attention was drawn to the remobilisation of services. It was noted that NHS Fife continued to make every effort to prioritise access to urgent, emergency, maternity and cancer services and patients were encouraged to access services as and when required. Work is underway regionally, across Scotland and with colleagues in Scottish Government to prepare for next phase of the pandemic and the pressures of winter. Members will hear from Helen Buchanan on winter planning arrangements and Scott Garden on planning for the Covid-19 vaccine later in the meeting agenda.

Finally, Carol Potter recognised the incredible effort and commitment shown by staff throughout the pandemic and she recorded thanks to every member of staff for their work. The Board was assured that the Executive Team, along with staff side, recognise the impact on the resilience and mental and physical health of staff. A range of health and wellbeing support is available for staff, including the provision of staff hubs on number of sites, and she was delighted that a permanent, specifically designed facility would be developed on the Victoria Hospital site, offering psychological support, helplines and digital tools.

The Board **noted** the update provided.

6.2 Integrated Performance & Quality Report (IPQR) Executive Summary

Carol Potter introduced the Executive Summary produced in October 2020, which was previously submitted and considered through the three governance committees in November. Page 3 of the Executive Summary provided an update on areas of improvement related to complaints closures, waiting times for diagnostics and the sickness absence rate. Executive leads and Committee Chairs highlighted areas of significance within the IPQR, in particular:

Clinical Governance

NHS Fife met the target for infection rates in respect of Staphylococcus Aureus Bacteraemia (SAB), although there were a few small indications in the Acute setting over August. Performance around complaints had improved but the second wave of Covid-19 has caused some issues with clinical staff unable to consider complaints due to undertaking other duties in support of patients and public. The Patient Relations

team maintains contact with complainants even if a response cannot be made within 20 days.

The Chair of the Clinical Governance Committee noted the good performance around SABs, albeit with a few cases, and noted progress in dealing with complaints.

Finance, Performance & Resources

NHS Fife Acute Division – Performance around the key targets of 4-Hour Emergency Access, Patient Treatment Times Guarantee (TTG), New Outpatient Referrals, Diagnostics and Cancer 62-day Referral to Treatment were highlighted.

Health & Social Care Partnership (H&SCP) – Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies performance had been scrutinised in detail at the Finance, Performance & Resources Committee in November, with presentations from both services, and update reports would be provided in due course. Work continued in relation to delayed discharges and many of the actions were incorporated as part of the Winter Plan. Delayed Discharges remained a top priority for the Partnership, working with the Acute Division for a whole system approach

Financial Position – The revenue position to 30 September reflects an overspend of £1.9m. Based on planning assumptions, a year-end overspend of £2.3m was being forecast, with the potential to increase to £9.5m dependent on the risk share arrangement with the Integration Joint Board. Scottish Government has allocated a significant proportion of the additional funding for Covid-19 totalling £33.5m (split £22.5m for Health Board spend and £11m for the H&SCP).

The key risk areas were set out, namely the remaining allocation from Scottish Government in respect of Covid-19 expenditure, Scottish Government's positioning in relation to the treatment of the non-delivery of savings for the Board and the H&SCP, and any movement in the current planning assumptions in relation to winter that are subject to close scrutiny.

The issues highlighted by the Finance, Performance & Resources Committee were noted. In addition, the Chair of the Committee confirmed that detailed discussion had taken place on performance around CAMHS and Psychological Therapies, with the challenges facing both highlighted.

Staff Governance

The sickness absence rate continued to improve. The position was kept under constant review and the importance of improving staff resilience and supporting staff to maintain their wellness and health was emphasised. Review and Improvement Panels continue to manage absences from work, along with other initiatives to support staff to remain at work and be able to return to work if they had been absent.

The issues highlighted by the Staff Governance Committee were noted.

The Board **examined and considered** the NHS Fife performance in the Indicator Summary table on page 4, with particular reference to the measures identified in section 2.3.

7. CHAIRPERSON'S REPORT

It was noted that the Chair and Vice Chair hold weekly meetings with the Executive Directors to get assurance on work being undertaken during the Covid-19 pandemic, and Board Members are kept updated on those discussions.

The Chair is also meeting on a weekly basis with the Chairs of NHS Lothian, NHS Borders and the Health Minister for Public Health, Joe Fitzpatrick, to discuss any emergent issues.

7.1 Board Development Session – 28 October 2020

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

8. COMMITTEE ANNUAL ASSURANCE STATEMENTS

The Board received the Annual Assurance Statements from the five standing governance committees of the Board, which are a key component of the Board's overall annual accounts and assurance process. The reports provide the Board with assurance that there are adequate and effective governance arrangements in place. The assurance statements had all been considered and reviewed by the individual committees and the Audit & Risk Committee at its meeting on 17 September 2020. The Chair of the Audit & Risk Committee confirmed that there were no significant weaknesses to highlight in any of the reports. The Chairs of the Governance Committees confirmed they had nothing to add to the statements as presented to the Board.

The Board **noted** the Annual Statement of Assurances for each of the Board's standing committees for 2019/20.

9. ANNUAL ACCOUNTS PROCESS (papers issued to Board and EDG Members only)

NHS Fife Board Annual Accounts for the Year to 31 March 2020

The Annual Accounts for 2019/20 were presented to the Board, together with the final draft report from Audit Scotland. As is usual, NHS Fife is not permitted by Scottish Government to put the actual report of the accounts into the public domain until such time as the accounts are laid before the Scottish Parliament. However, Members had received copies of the reports in their paper pack and the Chair did not want Members to feel constrained in their discussion of the Accounts.

As soon as the Board is permitted to do so, the final report from Audit Scotland will be placed in the public domain, along with the Accounts.

Annual Accounts and Financial Statements 2019/20

Margo McGurk presented the Annual Accounts for the year ended 31 March 2020 and confirmed that all papers had been considered in significant detail at the Audit & Risk Committee on 19 November 2020. Reference was made to the Committee review of

the Annual Governance Statement from the Chief Executive, an important part of the Annual Accounts process. The Board had received an unqualified opinion on all aspects of the accounts and the figures presented confirmed that NHS Fife met all its statutory financial targets in full. It was noted that there had been no significant changes to the accounts or any unadjusted errors that needed to be reported to the Board. Section 2.1.6 reported that Audit Scotland will raise an 'Emphasis of Matter' to draw attention to the material valuation uncertainty for land and building valuations, caused by the Covid-19 pandemic, this is a point which has been raised by the District Valuer and is included in most NHS Board Accounts for 2019/20. Margo McGurk assured the Board that the key movements in income and expenditure between 2018/19 and 2019/20 outlined in the paper had been discussed in detail at the Audit & Risk Committee. Margo McGurk extended thanks to the Finance team in NHS Fife, along with colleagues in NHS Lothian and Grampian, who supported the finalisation of the accounts process.

The Chair of the Audit & Risk Committee reported that they had undertaken detailed scrutiny of the Annual Accounts plus supporting portfolio of governance and assurance matters on the Board's behalf and they recommended adoption of the Accounts.

Annual Audit Report for the Board of NHS Fife and the Auditor General for Scotland

Patricia Fraser, from Audit Scotland, gave an overview of the report, which provided a summary of the findings from the 2019/20 audit of the NHS Fife Accounts, including the findings from the audit of the Annual Report and Accounts and wider dimension work carried out on financial management, sustainability, governance, transparency and value for money. A summary of the key messages was listed at the front of the report. Two significant findings had been raised and these were noted under Exhibit 3 of the report, which related to the material uncertainty in respect of the valuation of land and buildings and the holiday pay accrual. The report had been presented to the Audit & Risk Committee on 19 November 2020.

Patricia Fraser confirmed that the accounts paperwork had been received on 17 August 2020 and, although submission of the accounts was delayed, the revised arrangements then put in place by the Director of Finance had worked well and Audit Scotland was grateful for the help and support received from everyone involved. She noted that Audit Scotland colleagues would be happy to attend any future meetings to discuss any reports of interest.

Draft Letter of Representation

This was the standard letter required from the Board to the External Auditors, for the purposes of confirming that the Board was satisfied that the financial statements gave a true and fair view of the financial position at 31 March 2020. Once Audit Scotland has received this letter, together with the signed accounts, the final audit certificate will be issued to complete the process.

The Chair thanked Patricia Fraser and colleagues in Audit Scotland for the work done and the support given to NHS Fife in the annual accounts process. She was pleased to note that the accounts were unqualified.

Annual Assurance Statement from Audit & Risk Committee

Martin Black, Chair of the Audit & Risk Committee, was pleased to present the Annual Assurance Statement to the Board that had been approved by the Audit & Risk Committee the previous week. On behalf of the Audit & Risk Committee, he confirmed that the Committee had reviewed all the relevant documentation and reports and provided assurance to the Board on these accounts. He confirmed that the Committee recommended that the Board approve and sign the Performance Report and the Accountability Report in respect of the accounts and the Letter of Representation and adopt the Annual Accounts for the year ended 31 March 2020.

The Chief Executive also took the opportunity to thank colleagues from Audit Scotland for their work throughout the year and recorded thanks to Margo McGurk in her role as Director of Finance for steering the process through to completion.

On behalf of the Board, the Chair also recorded thanks to Margo McGurk and the Finance team for their work, which had been progressed at a very difficult time.

The Board:

- **noted** the Annual Report from Audit Scotland;
- **considered, approved and adopted** the draft Annual Accounts for the year ended 31 March 2020;
- **approved** the draft Letter of Representation and **authorised** the Chief Executive to sign on behalf of the Board;
- **authorised** the Chief Executive and Director of Finance to sign the Accounts on behalf of the Board, where indicated in the document;
- **approved** the proposed arrangements for resolution of minor matters in relation to the accounts, and up to the date of submission to the Scottish Government Health & Social Care Directorate; and
- **noted** that the accounts are not in the public domain until they are laid in Parliament.

Patients' Private Funds – Annual Report and Accounts for the year ended 31 March 2020

Margo McGurk highlighted the importance of ensuring that NHS Fife has effective management reporting and control arrangements to support funds that it holds on behalf of patients. Statutory regulations require the Board to produce a Receipts and Payments Account for Patients' Private Funds relating to patients that are in our care for long stay periods of time. The process was subject to audit by Thomson Cooper Accountants and an unqualified audit certificate was indicated. The audit did highlight some minor areas of control weakness and these processes would be reviewed before the end of the current financial year.

The Audit Completion Memorandum confirmed there were no significant matters to report to management and the Letter of Representation outlined the roles and responsibilities of Board Members in respect of the financial statements of the Patients' Private Funds.

The Audit & Risk Committee had reviewed the Receipts and Payments Accounts and supporting documentation presented by Thomson Cooper at its meeting on 19 November 2020 and recommended approval to the Board.

The Board:

- **approved** the financial statements of Fife Health Board Patients' Private Funds Accounts for the year ended 31 March 2020; and
- **authorised** the Chief Executive and Director of Finance to sign, on behalf of the Board, the Patients' Private Funds Annual Accounts for the year ended 31 March 2020; NHS Fife draft Letter of Representation to the Auditors; and Thomson Cooper Audit Completion Memorandum.

The Chair, on behalf of the Board, recorded thanks to Thomson Cooper Accountants for their work on the audit.

10. COVID-19 PANDEMIC UPDATE

10.1. Covid-19 Vaccination Planning

The Chair apologised for the lateness of the circulation of the briefing paper, which was due to wanting to ensure the Board received the most up-to-date information in a fast-moving environment on the Covid-19 vaccination programme. The Chair of the Clinical Governance Committee will be kept apprised of progress in the period through to the next Board meeting and updates will be provided at the weekly meetings of the Chair and Vice Chair with the senior team, information from which will be shared with Board Members.

Scott Garden spoke to the paper, which provided an update on developments, priority areas, programme planning and additional information that has become available to NHS Fife related to planning for the mass vaccination of the population with Covid-19 vaccine. NHS Fife submitted the first draft of the Covid-19 vaccination plan to Scottish Government on 11 November 2020 and this had been discussed and scrutinised at an extraordinary meeting of the Clinical Governance Committee held on 18 November 2020.

Les Bisset, Chair of the Clinical Governance Committee, thanked Scott Garden and his team for the work being undertaken. The Committee recognised it was a fluid situation, with several points still to be clarified. However, the Committee was assured that plans were in place in relation to the delivery of phase 1 in particular. More detailed planning was required for phases 2 and 3, particularly around logistics. The workforce implications remained a concern and decisions would need to be made about prioritising roles for staff, noting the pressure staff are already under and have been throughout the pandemic.

Carol Potter stated that planning will continue as each phase of the vaccine goes forward and will be tailored to suit each specific cohort. Regular discussion takes place with colleagues on a national level and with Scottish Government and she welcomed the regular updates that would be submitted and scrutinised via the Clinical Governance Committee.

In responding to questions, Helen Buchanan outlined the local staffing plans being considered for each of the phases, which included using local vaccination teams and other registrants. The role of Health Care Support Workers was crucial going forward into phases 2 and 3 and these staff would be fully trained through National Education Scotland to administer the vaccine, under the supervision of registered practitioners. There were still variables that could impact on staffing, not least the impact of winter and other priorities that may affect how people work with competing demands. However, the planning assumptions have been carefully considered by the team. Positive discussions are also taking place with GPs to support the phase 1 programme and the use of independent contractors were a key component of the delivery model to provide a person-centred approach. The involvement of the third sector could also provide valuable assistance.

The importance of good communication with staff was emphasised and this would be done in partnership with staff side, tailored with the right level of detail. Communication for the public was also critical and it was essential to ensure the correct messages were portrayed, particularly around phasing of delivery and eligibility, so people know what to expect and when. The Head of Communications was part of a national group and it was understood that there will be a public marketing campaign to ensure that messages are consistent for directing and guiding the public.

The Chair thanked Scott Garden and Dona Milne for the considerable work undertaken to date under their leadership and for the helpful update provided.

The Board **noted** the planning and assumptions made in the development of COVID-19 vaccination plans.

10.2. WINTER PLAN 2020/21

The draft Winter Plan 2020/21 was presented to Board and this described the arrangements in place to cope with increased demand on services over the winter period and possible subsequent Covid-19 waves. A different approach had been taken in preparation for winter 2020/21, due to the continuation of emergency measures to manage the Covid-19 pandemic through to March 2021 at the earliest. The Plan was flexible in its approach, and this was key in order to be able to mobilise appropriately to support other priorities such as the enhanced seasonal flu programme, Covid-19 vaccination programme, Test and Protect, etc. A command structure is in place to look at the operational delivery and any issues that have been escalated. As noted above, the workforce is key to the successful delivery of the Winter Plan. The Plan and associated checklists were submitted to Scottish Government on 3 November 2020.

Carol Potter highlighted that the Winter Plan recognised that the challenges for winter 2020 are more significant this year, and, along with every other Board, NHS Fife may need to prepare for the possibility of having to pause some elective activity. Assurance was given that any decision in this regard would not be taken lightly. The Board is working in line with the clinical decision-making framework received from the Scottish Government, and in parallel with the national programme on the redesign urgent care, to help manage services over winter.

The Board **noted** the draft Winter Plan 2020/21.

11. FIFE ELECTIVE ORTHOPAEDIC CENTRE FULL BUSINESS CASE

The Chair was delighted to report that NHS Fife was at the stage whereby the Board was being asked to approve the Full Business Case (FBC) for the development of the Fife Elective Orthopaedic Centre, which will transform orthopaedic care for the patients of Fife and potentially patients from further afield. NHS Fife was already providing a first-class orthopaedic service, despite the less-than-satisfactory conditions staff were working in, and she was pleased to be able to give the staff the facilities they need to offer an even better service for the people in Fife.

Following an introduction by Helen Buchanan, Alan Wilson spoke to the paper, which provided an update on the process for the development of a new Elective Orthopaedic Centre, giving the Board an opportunity to comment on the Full Business Case. Attention was drawn to the key changes since approval of the Outline Business Case, mainly around the design and an increase in the overall project costs. The FBC had been developed as per the Scottish Capital Investment Manual process and submitted through all internal governance committees. A presentation was made to the Scottish Government Health & Social Care Directorates Capital Investment Group (CIG) for capital funding approval at its meeting on 11 November 2020. A verbal acknowledgement has been received that, if the project is approved by the National Design Assessment Programme, and if approved by the Board, the project is well positioned to get approval from the CIG.

The Clinical Governance Committee strongly supported the project, noting that not only will it benefit the patients of Fife, but will raise the profile of the department throughout Scotland and the UK, helping to improve recruitment, encourage research, etc. The ability to incorporate outpatients, radiology and pre-assessment into one facility was highlighted.

Rona Laing, Chair of the Finance, Performance & Resources Committee, congratulated the team for their efforts in producing the FBC. The ability to progress innovative projects at this difficult time is a considerable achievement and she had been particularly pleased with the level of scrutiny and attention to detail given to this project. Alan Wilson commended the input from staff within the service, who had fully engaged with the project.

The Board **approved** the Full Business Case.

12. HOSPITAL ELECTRONIC PRESCRIBING & MEDICINES ADMINISTRATION SYSTEM (HEPMA) FULL BUSINESS CASE

Chris McKenna thanked the Pharmacy Team for its work in producing the Full Business Case for the implementation of a Hospital Electronic Prescribing & Medicines Administration system within NHS Fife, which is an important development for NHS Fife. Improvements will extend across acute and community areas in the H&SCP, with linkages back to General Practice. 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. NHS Fife has become more technologically advanced over the year, but is one of the last Health Boards in Scotland to adopt a

safe prescribing system in its hospitals; this is the final component in terms of a digital service. It is a significant development that will take time, investment and support for staff to adapt to a new way of working, but considerable work has been undertaken to ensure this is right for Fife.

Scott Garden highlighted that HEPMA is a transformative, large-scale project. There will be a full HEPMA implementation, which will reach in-patients, out-patients and day cases to all hospitals across Fife. The functionality of support and integration across a range of clinical systems aim to make it as seamless and efficient as possible.

It was noted that NHS Fife has chosen a different supplier to all other Boards in Scotland. This has been considered in terms of the risks, but the tender process was very robust and EMIS Health has been identified as the approved supplier. There will be ongoing training and support for clinicians coming into the organisation who may have previously used other systems. The capital and revenue costs had been scrutinised in detail by the Finance, Performance & Resources Committee and Scottish Government as there was a slight difference from costs set out in the Outline Business Case, which reflected the proposed seven-year contract with EMIS.

The FBC had been submitted via both the Clinical Governance and Finance, Performance & Resources Committees for scrutiny and Scott Garden thanked both committees and the Programme Board for supporting the case and giving helpful feedback.

The Chair thanked Chris McKenna and Scott Garden for presenting the FBC to the Board and recorded thanks to all the team involved in the work to get to this stage.

The Board **supported** the FBC for implementation of Full HEPMA in NHS Fife supplied by EMIS Health.

13. SEASONAL FLU PROGRAMME REVIEW ACTION PLAN

Carol Potter spoke to the paper, which outlined the findings of the independent review into the planning and initial operation of this year's seasonal flu programme, which commenced in September 2020. The findings of the review were welcomed, and she commended everyone involved for the immediate efforts and actions taken to resolve many of the issues as soon as they came to light, noting the exercise demonstrated everyone's commitment to reflect on lessons learned and improve practice. Several recommendations had been developed, together with an action plan for Board Members' scrutiny and review. The findings had initially been reviewed by the Clinical Governance Committee and the Committee would be updated on progress in implementing the recommended actions at its January meeting. Lessons learned had also been reflected in the plan for the Covid-19 Vaccination Programme.

Carol Potter was pleased to report that NHS Fife had delivered in excess of 90,000 seasonal flu vaccinations to date and efforts were very much focused on providing the vaccine to all those who came forward and were eligible.

The Clinical Governance Committee commended the authors for the tone of the review and for the professional way it had been carried out, against tight deadlines. The

important issues were clearly highlighted, together with the lessons learned, and the Committee would continue to monitor progress to be assured that all recommendations are carried out.

The Board **noted** the actions in place to implement the recommendations of the recent review, and the Clinical Governance Committee's role in the ongoing scrutiny of those.

The Chair reiterated that she was disappointed that the seasonal flu programme did not go as well as it could have. The review was honest and straightforward and provided the necessary assurance that the seasonal flu programme is now on track and importantly that important lessons have been learned for the Covid-19 Vaccination Programme. The Chair thanked Dr Gillian MacIntosh, Board Secretary, and Barbara Anne Nelson, formerly Director of Workforce at NHS Fife until her retirement in December 2019, for the excellent report. She also noted that the Chair and Vice Chair continued to be updated on flu matters on a regular basis, and the Clinical Governance Committee will have ongoing scrutiny to ensure the recommendations are carried out in full. The full review document will be placed on the NHS Fife website at the end of the meeting, to allow for public scrutiny.

14. BOARD ASSURANCE FRAMEWORK

Helen Buchanan referred to the update report on the Board Assurance Framework, which summarised the key points from the most recent reports to the committees. The BAF currently has seven components and each of the BAF risks is aligned to an appropriate standing committee, which scrutinises the risk at its respective meeting. The main changes in relation to Finance and eHealth were noted.

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

15. STATUTORY AND OTHER COMMITTEE MINUTES

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

- 15.1. Audit & Risk Committee dated 19 November 2020 (unconfirmed)
- 15.2. Clinical Governance Committee dated 4 November 2020 (unconfirmed)
- 15.3. Finance, Performance & Resources Committee dated 10 November 2020 (unconfirmed)
- 15.4. Staff Governance Committee dated 29 October 2020 (unconfirmed)
- 15.5. Communities & Wellbeing Partnership dated 23 September 2020 (unconfirmed)
- 15.6. East Region Programme Board dated 4 September 2020
- 15.7. Fife Health & Social Care Integration Joint Board dated 28 August 2020

Approved Minutes

- 15.8. Audit & Risk Committee dated 17 September 2020
- 15.9. Clinical Governance Committee dated 7 September 2020
- 15.10. Finance, Performance & Resources Committee dated 8 September 2020
- 15.11. Staff Governance Committee dated 4 September 2020

16. FOR INFORMATION

The Board **noted** the items below:

16.1. Integrated Performance & Quality Report – September and October 2020

16.2. Corporate Calendar – Board and Committee Dates to March 2022

Noting the calendar of future dates, Members were reminded that the Fife NHS Board meeting is moving to the last Tuesday of the month effective from April 2021. It was confirmed that Board Members have received electronic calendar invites for their diary for all meetings that they attend.

17. ANY OTHER BUSINESS

None.

18. DATE OF NEXT MEETING: Wednesday 27 January 2021 at 10:00 am, location to be confirmed.

Meeting:	NHS Fife Board
Meeting date:	27 January 2021
Title:	Board Governance during the Resurgence of the Pandemic
Responsible Leads:	Tricia Marwick, Chair; Carol Potter, Chief Executive
Report Author:	Gillian MacIntosh, Board Secretary & Head of Corporate Governance

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Emerging issue
- Government policy/directive
- Legal requirement

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

- Effective

2 Report summary

2.1 Situation

This paper outlines the arrangements previously agreed last year to revise the Board's approach to governance whilst NHS Fife is dealing with the significant operational pressures caused by the Covid-19 pandemic. Due to the current resurgence of infection and extremely high level of activity being experienced in this second wave of the pandemic, it is proposed these arrangements are reinstated with immediate effect. This proposal is in line with an ask made of Board Chairs, by the Cabinet Secretary, on 18 January, to help support overall NHS resilience and allow prioritisation of workstreams linked to the Covid response.

As detailed in the previous paper to the Board in April 2020, the aims of the approach previously agreed are to ensure that the Board:

- can effectively respond to Covid-19 and appropriately discharge its governance responsibilities;
- maximises the time available for management and operational staff to deal with the significant challenges of addressing Covid-19 demand within clinical services; and

- with the continuance of virtual meetings, minimises the need for people to travel to and physically attend meetings, thus mitigating the risk of disregarding government guidance on social distancing and limiting travel outwith one's own home.

2.2 Background

Since April 2020, the Board has held all its formal meetings (both of the Board itself and its governance committees) remotely. Utilising first tele-, then video-conferencing (via Microsoft Teams), meetings have been largely able to take place according to the normal schedule of the Board calendar, apart from the period of April to May 2020 when the planned spring cycle of meetings of the five governance committees were stepped down. Each Committee subsequently reviewed its own workplan to ensure that papers usually covered at the cancelled meetings would be picked up and rescheduled.

As the activity associated with the second wave of coronavirus has increased, since October 2020 the regular weekly meeting the Chair and Vice-Chair hold with key members of the Executive Team has resumed, with a written note on these discussions shared with all Non-Executive Board members. This is to ensure the Board has the most up-to-date information on NHS Fife's ongoing response to the pandemic.

The Board should also note that arrangements are currently in place both for the media and members of the public to attend virtual Board meetings as observers, enabling NHS Fife to meet its legislative requirement for NHS Board meetings to be held in public.

2.3 Assessment

Governance meetings require significant amounts of Executive and management time to service their requirements, and thus there is a need to critically review what governance meetings are required at this time of considerable challenge to NHS Fife, as linked to the resurgence of the virus.

The Scottish Government issued guidance to NHS Chairs on 18 November 2020 highlighting that 'it remains the primary duty of all Boards to ensure an absolute focus on the response to the current situation and that they provide all necessary support to the Chief Executive and the Executive Team as they lead the health system's response to the pandemic'. Chairs were also asked to 'ensure that, for your Board, revised governance mechanisms will be both effective but proportionate to ensure the maximum focus on our response to the challenges we face' (letter from Richard McCallum, Interim Director of Health Finance and Governance - see Appendix 1).. Colleagues in the Scottish Government have formally confirmed that the proposal outlined below is both proportionate and in line with the guidance issued to Chairs in November 2020.

Board Chairs also met with the Cabinet Secretary on 18 January and were requested to ensure that the corporate ask on senior teams is as light as possible during this challenging time, whilst still ensuring the Board observes good governance. Principally, Chairs were asked to re-examine all non-essential standing Board committee meetings that require the presence of the Chief Executive and senior team members, to see what agenda items can be safely deferred or handled in a different way. The priority for Board input is requested to be focused on Covid vaccination delivery, testing programmes, support for staff and assurance around care home support, which remain the core agenda items for the weekly meetings the Chair and Vice-Chair currently hold

with key members of the Executive Team.

As was implemented last spring, it is therefore anticipated that the Board Chair and Vice-Chair will again liaise with the Executive Team to identify what business must be considered by the Board and its committees over the next few months and will consult with Committee Chairs as appropriate as regards their committee's specific business. This exercise will inform decisions as to whether it is necessary to hold any particular meeting and will determine the agendas for the meetings which do go ahead. It is likely that committee business (especially those meetings planned for March 2021) will be suspended or deferred, and the standing, routine business of governance meetings will again be significantly reduced.

In considering the time required for preparation of papers, during this period Board or Committee meetings may accept verbal reports in order to free up Directors and senior clinical leaders to deal with the demands of the Covid-19 challenges. This would be at the discretion of the Chair. Any verbal items and discussions will be correctly and accurately recorded in the minute, as a recorded reference of the issue reported to the Board.

As part of the above exercise, the Board will take account of the requirements of the Board's Standing Orders, which sets out which matters are reserved to the Board. Management will also take into account any Scottish Government national guidance to be issued to Boards on how governance structures should operate in this emergency period, in addition to any forthcoming decisions on the re-scheduling of normal business. This approach will be reviewed by the Board Chair and Chief Executive in the coming weeks to ensure that it remains effective and continues to provide good governance for the organisation. Ongoing email communication and updates prepared for Board members will continue, on at least a weekly basis, as is currently in place.

Full Board meetings (accessible to the public and the media) will continue on the current bi-monthly schedule, to approve urgent business and discuss NHS Fife's response to the pandemic. In addition, we will continue to hold regular Board development sessions (in the intervening months) to allow Board members to be kept fully abreast of ongoing key priorities, especially those linked to the Covid response.

2.3.1 Quality / Patient Care

The review of governance meetings and the conduct of business should release time for management and staff to focus on Covid-19, thus enhancing support for patient care.

2.3.2 Workforce

The review of governance meetings and the conduct of business should release time for management and staff to focus on Covid-19.

2.3.3 Financial

No anticipated financial impact.

2.3.4 Risk Assessment/Management

This issue relates to how the whole system of governance operates, and so is relevant to all risks on the corporate risk register.

2.3.5 Equality and Diversity, including health inequalities

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently, an EQIA is not required. However, the organisation will continue to publicise the change of practice for Board meetings to the public and facilitate access to those meetings.

2.3.6 Other impact

None anticipated.

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

This paper has been discussed with the Chair, Vice-Chair and Chief Executive, prior to submission to the Board.

2.4 Recommendation

The Board is invited to:

- **approve** – the proposal to reinstate the governance arrangements initially put in place in April 2020, noting the potential implications for delay to the next round of governance committee meetings.

3 List of appendices

Appendix 1 - letter from Richard McCallum, Interim Director of Health Finance and Governance, 18 November 2020

Report Contact

Dr Gillian MacIntosh

Board Secretary & Head of Corporate Governance

gillian.macintosh@nhs.scot



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NHS Board Chairs
Copy to Board Secretaries

via email

18th November, 2020

Dear Colleagues

COVID-19 AND BOARD GOVERNANCE ARRANGEMENTS

Following the recent NHS Chairs meeting on 26 October, I thought it would be helpful if I set out our ask on Boards around their governance arrangements as we continue to manage the current Covid-19 outbreak.

As incidence of the virus continues to increase, I am mindful of the other operational pressures that we must also prepare for, particularly seasonal flu and the typical impact of winter weather. It remains the primary duty of all Boards to ensure an absolute focus on the response to the current situation and that they provide all necessary support to the Chief Executive and the executive team as they lead the health system's response to the pandemic.

As I set out in my letter to you in March, effective governance will need to be maintained throughout this unprecedented period and I know that you are all taking action in this regard. You should ensure that, for your Board, the revised governance mechanisms will be both effective but proportionate to ensure the maximum focus on our response to the challenges we face. You should ensure that your Board are fully sighted on the revised model that you will adopt and you should also ensure that they are clear on the particular role that they will play in that model. As before, for good governance reasons, the Chair should not make a unilateral decision on a model unless that is unavoidable.

All Boards will have differing challenges and areas that they will want to provide additional focus on. Patient safety remains paramount but you will wish to ensure that, building on the lessons from earlier this year, the model enables agile and effective decision making, places staff and their resilience at the centre and continues to build important links with the public and community at this time.



As always, you should ensure you develop your arrangements in line with the requirements in legislation and within existing Standing Orders. Where the new arrangements don't comply, it will be important to document the reasons behind this variation and confirm that the Board was aware of this when making the changes. I am also aware that your Board Secretaries have been continuing to work on making Board papers and business open and accessible to the public through MS Teams etc. It is important that you continue to take forward your local approach to this in an effective but secure manner, so that our communities can be assured around the work that all Boards are taking forward.

If you have any queries, these should be sent to OCENHS@gov.scot.

Yours sincerely



Richard McCallum
Interim Director of Health Finance and Governance

Meeting:	NHS Fife Board
Meeting date:	27 January 2021
Title:	Executive Summary 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 NHS Fife Board 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 NHS Fife Board 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 October 2020.

2.2 Background

The Executive Summary Integrated Performance & Quality Report (ESIPQR) is the main corporate reporting tool for the NHS Fife Board. It is produced bi-monthly and is based on the previous month's Integrated Performance & Quality Report (IPQR) which was presented at the last round of Standing Committees (Clinical Governance, Staff Governance and Finance, Performance & Resources).

The ESIPQR incorporates any issues and comments which the Standing Committees feel requires to be escalated to the NHS Fife Board.

2.3 Assessment

Clinical Governance

The Clinical Governance aspects of the report cover Adverse Events, HSMR, Falls, Pressure Ulcers, Infection Control (SAB, ECB, C Diff, Caesarean Section SSI) and Complaints.

Measure	Update	Local/National Target	Current Status
HSMR	Quarterly	1.00 (Scotland average)	In line with Scottish average
Falls	Monthly	5.97 per 1,000 TOBD	Not achieving
Falls With Harm	Monthly	2.16 per 1,000 TOBD	Achieving
Pressure Ulcers	Monthly	0.42 per 1,000 TOBD	Not achieving
CS SSI ¹	Quarterly	2.5%	Achieving
SAB (HAI/HCAI)	Monthly	19.5 per 100,000 TOBD	Achieving
ECB (HAI/HCAI)	Monthly	36.6 per 100,000 TOBD	Not achieving
C Diff (HAI/HCAI)	Monthly	6.7 per 100,000 TOBD	Not achieving
Complaints (S1)	Monthly	80%	Not achieving
Complaints (S2) ²	Monthly	65%	Not achieving

¹ Formal data collection continues to be 'paused' (as per instruction from Scottish Government), but we are able to report on local data up to the end of June 2020

² Following discussion with the Nursing Director, we have agreed to work towards achieving the 65% target by March 2021, from a starting point in July 2020 of around 30%; after a challenging October, we are currently beneath the improvement trajectory

Staff Governance

The Staff Governance aspect of the report covers Sickness Absence.

Measure	Update	Local/National Target	Current Status
Sickness Absence	Monthly	4.39% for 2020/21 (4.00% is the LDP Standard)	4.93% in October 2020 (worse than the planned improvement trajectory for 2020/21 at this stage, and may be misleading in view of way that COVID-19-related absence is being reported)

Finance, Performance & Resources

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.

Operational Performance

Measure	Update	Target	Current Status
---------	--------	--------	----------------

IVF WT	Monthly	100%	Achieving
4-Hour Emergency Access	Monthly	95%	Not achieving
New Outpatients WT	Monthly	95%	Not achieving
Diagnostics WT	Monthly	100%	Not achieving
Patient TTG	Monthly	100%	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	Quarterly	29%	Not achieving
FOI Requests	Monthly	85%	Achieving
DD (Bed Days Lost)	Monthly	5%	Not 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) ¹	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	£15.471m	Achieving

¹ 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 – data collection for 2020/21 continues to be impacted, and there has been no guidance on expected achievement from the Scottish Government

2.3.1 Quality/ Patient Care

NHS Fife is continually focused on mitigating the impact of the pandemic on patient waiting times.

2.3.2 Workforce

Not applicable.

2.3.3 Financial

Financial performance is summarised in the report, and is provided in far greater detail in the monthly IPQR.

2.3.4 Risk Assessment/Management

Not applicable.

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 Standing Committees are fully involved in reviewing the IPQR which forms the basis of the ESIPQR, and there is a method by which any issues can be escalated to the NHS Fife Board.

2.3.8 Route to the Meeting

The ESIPQR was drafted by the PPT and ratified by the Associate Director of Planning & Performance. It was then authorised for presentation at the NHS Fife Board Meeting.

2.4 Recommendation

The NHS Fife Board is requested to:

- **Discussion** – Examine and consider the NHS Fife performance in the Indicator Summary table on Page 4, with particular reference to the measures identified in Section 2.3, above
- **Discussion** – Consider any issues escalated via the Standing Committees

3 List of appendices

None

Report Contact

Bryan Archibald

Head of Performance

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Fife Integrated Performance & Quality Report

Executive Summary

for the Report Produced in December 2020



Introduction

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

The ESIPQR comprises of the following sections:

I. Executive Summary

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

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

- | | |
|------------------------------------|-------------------------------|
| • Finance, Performance & Resources | 12 th January 2021 |
| • Clinical Governance | 14 th January 2021 |
| • Staff Governance | 15 th January 2021 |

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

The COVID-19 pandemic, which resulted in a lockdown and suspension of many services from 23rd March, meant that no ESIPQR was produced in May 2020. Standing Committees were cancelled that month, but restarted 'virtually' from July 2020.

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 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.

As part of the JMP, a spreadsheet showing projected activity across critical services during the final 3 quarters of FY 2020/21 has been created and is being populated with actual figures as we go forward. In order to provide as up-to-date information as possible, some of the figures are initially provisional, and will be corrected if necessary the following month. The latest version of this is shown in Appendix 1.

Improvement Actions in the drill-downs 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.

a. LDP Standards & Key Performance Indicators

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

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

- FOI – achievement of the 85% target for closure within 20 days during 3-month period ending October
- Delayed Discharges – lowest number of patients in delay and bed days % lost due to delays since June

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 7 (24%) within upper quartile, 18 (62%) 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	95%
	100%	Patient TTG (Ongoing Waits)	N/A
	95%	New Outpatients Waiting Times	N/A
	100%	Diagnostics Waiting Times	N/A
	95%	Cancer 31-Day DTT	N/A
	95%	Cancer 62-Day RTT	N/A
	90%	18 Weeks RTT	N/A
	29%	Detect Cancer Early	29%
	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	N/A
	90%	Psychological Therapies Waiting Times	N/A
	80%	Alcohol Brief Interventions (Priority Settings)	80%
	90%	Drugs & Alcohol Treatment Waiting Times	90%
	N/A	Dementia Post-Diagnostic Support	N/A
	N/A	Dementia Referrals	N/A
	N/A	Freedom of Information Requests	85%
Finance	N/A	Revenue Expenditure	£0
	N/A	Capital Expenditure	£15.471m
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	Oct-19	52	Sep-20	23	Oct-20	17	↑		
Year Ending	Jun-19	1.04	Mar-20	1.01	Jun-20	1.00	↑		
Month	Oct-19	6.76	Sep-20	9.54	Oct-20	7.94	↑		
Month	Oct-19	1.17	Sep-20	2.12	Oct-20	1.68	↑		
Month	Oct-19	1.00	Sep-20	1.44	Oct-20	1.04	↑		
Quarter Ending	Jun-19	2.0%	Mar-20	0.9%	Jun-20	2.3%	↓		
Quarter Ending	Oct-19	6.6	Sep-20	17.3	Oct-20	15.7	↑		
Quarter Ending	Oct-19	8.5	Sep-20	7.4	Oct-20	10.6	↓		
Quarter Ending	Oct-19	14.2	Sep-20	9.3	Oct-20	9.2	↑		
Quarter Ending	Oct-19	2.1	Sep-20	6.4	Oct-20	3.2	↑		
Quarter Ending	Oct-19	43.8	Sep-20	44.0	Oct-20	39.3	↑		
Quarter Ending	Oct-19	43.7	Sep-20	38.2	Oct-20	34.0	↑		
Quarter Ending	Oct-19	82.8%	Sep-20	74.8%	Oct-20	79.8%	↑		
Quarter Ending	Oct-19	60.8%	Sep-20	44.4%	Oct-20	32.5%	↓		
Month	Oct-19	100.0%	Sep-20	100.0%	Oct-20	100.0%	↔		
Month	Oct-19	92.7%	Sep-20	95.4%	Oct-20	94.1%	↓		
Month	Oct-19	90.5%	Sep-20	44.1%	Oct-20	54.9%	↑		
Month	Oct-19	92.4%	Sep-20	57.4%	Oct-20	59.3%	↑		
Month	Oct-19	99.0%	Sep-20	93.1%	Oct-20	94.3%	↑		
Month	Oct-19	98.1%	Sep-20	100.0%	Oct-20	100.0%	↔		
Month	Oct-19	91.0%	Sep-20	85.0%	Oct-20	81.7%	↓		
Month	Oct-19	79.6%	Sep-20	59.7%	Oct-20	65.1%	↑		
Year Ending	Jun-19	27.2%	Mar-20	24.6%	Jun-20	23.5%	↓		
Month	Oct-19	6.4%	Sep-20	6.4%	Oct-20	5.2%	↑		
Month	Oct-19	64	Sep-20	48	Oct-20	35	↑		
Month	Mar-19	90.2%	Feb-20	84.1%	Mar-20	88.2%	↑		
YTD	Aug-19	94.4%	Jul-20	38.6%	Aug-20	38.6%	↔		
Month	Oct-19	62.5%	Sep-20	70.4%	Oct-20	76.5%	↑		
Month	Oct-19	64.2%	Sep-20	77.0%	Oct-20	64.7%	↓		
YTD	Mar-19	66.1%	Dec-19	75.7%	Mar-20	79.2%	↑		
Month	Jul-19	97.2%	Jun-20	93.4%	Jul-20	96.8%	↑		
Annual	2017/18	86.7%	2018/19	94.0%	2019/20	95.5%	↑		
Annual	2017/18	55.4%	2018/19	60.7%	2019/20	58.1%	↓		
Quarter Ending	Oct-19	58.2%	Sep-20	81.5%	Oct-20	85.7%	↑		
Month	Oct-19	N/A	Sep-20	+£1.859m	Oct-20	+£2.822m	↓		
Month	Oct-19	N/A	Sep-20	£3.323m	Oct-20	£3.789m	↑		
Month	Oct-19	5.70%	Sep-20	5.69%	Oct-20	4.93%	↑		






Benchmarking				
<div></div>		Upper Quartile		
<div></div>		Mid Range		
<div></div>		Lower Quartile		
Reporting Period		Fife		Scotland
N/A				
YE Jun-20	1.00	<div></div>	1.00	
N/A				
N/A				
N/A				
QE Dec-19	2.3%	<div></div>	0.9%	
QE Jun-20	6.3	<div></div>	20.3	
QE Jun-20	14.0	<div></div>	9.4	
QE Jun-20	7.9	<div></div>	15.4	
QE Jun-20	1.1	<div></div>	5.9	
QE Jun-20	36.4	<div></div>	39.7	
QE Jun-20	38.8	<div></div>	35.9	
2018/19	70.7%	<div></div>	81.5%	
2018/19	49.1%	<div></div>	53.7%	
N/A				
Oct-20	94.1%	<div></div>	89.6%	
Jun-20	32.1%	<div></div>	28.5%	
Jun-20	37.4%	<div></div>	35.4%	
Sep-20	93.1%	<div></div>	53.3%	
QE Jun-20	96.3%	<div></div>	97.1%	
QE Jun-20	77.7%	<div></div>	84.1%	
QE Sep-20	63.8%	<div></div>	67.3%	
2018, 2019	26.1%	<div></div>	25.6%	
QE Jun-20	4.6%	<div></div>	3.8%	
Oct-20	9.37	<div></div>	13.20	
FY 2019/20	89.0%	<div></div>	88.3%	
FY 2019/20	92.8%	<div></div>	97.2%	
QE Sep-20	63.9%	<div></div>	60.6%	
QE Sep-20	76.6%	<div></div>	75.1%	
FY 2019/20	79.2%	<div></div>	83.2%	
QE Jun-20	87.3%	<div></div>	95.3%	
2017/18	86.8%	<div></div>	72.5%	
2017/18	55.3%	<div></div>	42.3%	
N/A				
N/A				
N/A				
YE Mar-20	5.49%	<div></div>	5.31%	

d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
HSMR	1.00	N/A	N/A	YE Jun-20	1.00	YE Jun-20	●
The HSMR for NHS Fife for the year ending June 2020 improved slightly in comparison to the year ending March 2020, and was equal to the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.							
Inpatient Falls (with Harm)	2.16	Oct-20	2.16	Oct-20	1.68	N/A	N/A
Reduce falls with harm by 20% by December 2020							
A small reduction in the falls with harm rate has been noted, and local focus continues to support consideration of practice to continue this trend. The COVID context remains the significant challenge in patient placement and e.g. PPE. Ward 41 at VHK (changed from a Stroke focus to general Medicine of the Elderly) is identified as having an upward falls trend, and work is already underway to change processes to mitigate this. Work is also underway to analyse the data from SACH, which shows a higher falls rate, albeit without a corresponding rise in the falls with harm rate.							
Pressure Ulcers	0.42	Never Met	0.42	Oct-20	1.04	N/A	N/A
50% reduction by December 2020							
FHSCP hospital acquired pressure ulcers have increased slightly in Q3 from Q2 (from 13 incidents to 16), and the current rate of 0.60 is the highest since December 2019. ASD hospital acquired pressure ulcers have decreased slightly from Q3 from Q2, the current rate of 1.54 being the lowest since July. An improvement collaborative started on 24th September in three wards in the East Division, and no hospital acquired pressure ulcers were reported in these wards in September or October.							
Caesarean Section SSI	N/A	QE Jun-20	2.5%	QE Jun-20	2.3%	QE Dec-19	●
We will reduce the % of post-operation surgical site infections to 2.5%							
Mandatory SSI surveillance has been paused since the start of the Covid-19 pandemic, although Maternity Services have continued to monitor Caesarean Section SSI cases throughout the year. The performance data provided is non-validated and does not follow the agreed NHS Fife methodology, and there is currently no national comparison available beyond the final quarter of 2019.							
SAB (MRSA/MSSA)	18.8	QE Oct-20	19.5	QE Oct-20	15.7	QE Jun-20	●
We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022							
Mandatory surveillance of SABs has continued throughout the COVID-19 pandemic. The NHS Fife HCAI rate was below National levels for Q2 2020, and also continues to be below the improvement trajectory; we are higher than the national average for community SABs. Surveillance has identified a cluster of unrelated SABs in ICU, partly related to post-COVID bacterial pneumonias. There have been just 4 PWID SABs so far in 2020, a marked improvement from 14 in 2019.							
C Diff	6.5	QE Aug-20	6.7	QE Oct-20	9.2	QE Jun-20	●
We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022							
CDI surveillance has continued throughout the COVID-19 pandemic. While NHS Fife remains below the national rates for both HCAI and CAI CDI, we are currently above the HCAI performance improvement trajectory. Recurrence of infection continues to be the ongoing challenge to address in reducing this rate to meet the reduction target by March 2022.							
ECB	33.0	QE Jun-20	36.6	QE Oct-20	39.3	QE Jun-20	●
We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022							
ECB surveillance has continued during the COVID-19 pandemic. NHS Fife achieved a rate below the national levels for Q2 2020 for Healthcare (HCAI) rates, although above for community ECBs. Whilst there has been a slight improvement in Fife's ECB rate from 2019, achieving the HCAI reduction target by March 2022 remains a challenge. Reducing urinary tract infections & CAUTIs remains the key to achieving this.							
Complaints - Stage 2	N/A	Never Met	65%	QE Oct-20	32.5%	FY 2018/19	●
At least 75% of Stage 2 complaints are completed within 20 working days							
Performance in closing complaints fell sharply during the early months of the pandemic, a common pattern across all Health Boards. We have been clearing the backlog of cases, expending particular effort on closing older complaints in October. The Patient Relations capacity to respond to complaints has been significantly impacted recently by the influx of complaints and calls relating to the Flu Vaccination Programme, while the hospital sites continue to be busy in responding to the Covid-19 pandemic, affecting the ability to respond to complaints within normal timescales.							

Clinical Governance Committee Meeting Issues and Comments

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

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile	
4-Hour Emergency Access 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Sep-20	95%	Oct-20	94.1%	Oct-20 
The decrease in performance is reflective of the increasing capacity challenges the hospital is seeing and the lack of flow, especially early in the day. Attendances remain below the projected numbers which is supporting the improved performance on last year.						
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	N/A	Oct-20	54.9%	Jun-20 
The number of patients waiting greater than 12 weeks decreased further in October (to 1,253, around 55% of the waiting list), with similar improvement in the % of patients waiting more than 18 and 26 weeks. Additions continue to increase (though still 33% below average), and this trend is expected to continue as routine outpatient clinics increase in line with plans. Activity delivered continues to increase in line with projections, however, elective theatre capacity reduced in November due to unscheduled care pressures. Additional in-house weekend activity funded by Scottish Government commenced in November and will enable a reduction in the backlog of routine procedures over the next 5 months. We are on course to deliver around 80% of the previous average level of activity by December 2020.						
New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	N/A	Oct-20	59.3%	Jun-20 
The number of patients waiting over 12, 18 and 26 weeks have been hugely impacted and are significantly higher as a % than they were before lockdown. The number of patients waiting greater than 12 weeks has improved slightly from a position of over 7,400 (50% of the waiting list) in August to just below 7000 (40% of the waiting list) in October. Referrals remain at 78% and activity remains at 74% of the average before lockdown resulting in an increase in the size of the outpatient waiting list. The activity delivered has been less than projected in some specialities due to challenges with the number of urgent review appointments and the impact of infection control measures. Unscheduled care pressures may also impact on outpatient capacity over the winter months. Efforts continue to find solutions to maximise the use of available clinical capacity. Additional in house and in-sourced activity has been delivered in November to reduce the backlog of routine referrals in a number of specialities and along with clinical validation of the waiting lists is beginning to reduce the number of patients waiting over 18 and 26 weeks.						
Diagnostics 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)	100%	Apr-16	N/A	Oct-20	94.3%	Sep-20 
The percentage of patients waiting less than 6 weeks for a diagnostic test has increased from to 78% in August to 94% in October following the increase in capacity in line with remobilisation plans. The percentage of patients waiting less than 6 weeks in endoscopy has risen from 41% in August to 59% in October. Capacity continues to be reduced by 30% due to physical distancing and infection control procedures. Capacity for routine endoscopies will be further reduced in November to accommodate the restart of Bowel Screening. Discussions around recovery plans have taken place with the SG, and funding has been agreed for some additional capacity which will be targeted at routine referrals. The percentage of patients waiting less than 6 weeks in radiology has risen from 87% in August to 100% in October due to increased activity and demand which is below that before lockdown. An increase in demand for inpatient diagnostic imaging in November will impact on performance in routine patients waiting over 6 weeks. Priority continues to be given to urgent referrals.						
Cancer 62-Day RTT 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	N/A	Oct-20	81.9%	QE Jun-20 
Performance deteriorated in October, with the majority of breaches being seen in prostate due to the challenging pathway; improvement work in this area is delayed due to COVID. Delays at the start of the colorectal, lymphoma and upper GI pathways led to breaches in those specialties, while issues with PET reporting resulted in delay to MDT within the cervical pathway. Cancer patients continue to be prioritised and no breaches were as a direct result of COVID. Breaches ranged between 2 and 48 days, with an average of 24 days.						

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
FoI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	QE Oct-20	85%	QE Oct-20	85.7%	N/A	N/A
Work has continued at a positive pace within FOI, in NHS Fife with particular attention being paid to raising the level of compliance regarding responding to requests, ensuring AXLR8 is functioning well and looking ahead to the larger and more strategic next steps in bring NHS Fife up to full compliance under the Act.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jun-20	5%	Oct-20	5.2%	QE Jun-20	●
Bed days lost due to patients in delay increased above the local target in late summer, after falling during the early months of the pandemic. However, this is now reducing and for October we are close to again achieving the 5% target. We have seen occupancy rise across our Acute and community hospitals, but LOS has been steadily reducing within our community hospitals, and this is supporting flow.							
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT Aug-20	38.6%	FY 2019/20	●
Staffing levels have been severely affected due to personnel taking up posts with Test and Protect, leaving the organisation or taking Maternity Leave. Recruitment has taken place, with new staff taking up post in December and January, and alternative arrangements put in place to support current clients has enabled continuity of care. The service has seen a drop in self referral to support over November which has allowed it to cope without having to create a waiting list. The Better Beginning work with pregnant mums has not progressed as expected as one staff member has been moved to work on other maternity priorities.							
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	N/A	Oct-20	76.5%	QE Sep-20	●
Referral rates are marginally higher than those received at the same point last year however urgent presentations direct to CAMHS and via VHK have increased significantly over the past 3 months. This has resulted in increased capacity being targeted to respond to these presentations, drawing away staff from existing waiting list and longest waits. 'DNA's' and 'Treatment not required' continues to be a factor that effects performance and is under review by the service.							
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	N/A	Oct-20	64.7%	QE Sep-20	●
As anticipated, the increase in clinical activity with the longest waiting patients has led to reduced performance on the target. The numbers waiting for PTs continues at present on a positive downward trajectory. Referrals, however, continue to rise and the demand/capacity gap remains significant in many areas of service.							

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Oct-20	+ £2.822m	N/A	N/A
The position to month 7 is an overspend of £2.8m; the forecast outturn to the year end is a potential worst case overspend of £9.5m. This assumes retention of our offsetting cost reductions (from pausing core services in the first half of the year) to contribute to our unmet savings; and recognises our current commitment to the IJB risk share as a potential cost to NHS Fife of £7.2m. The impact of Covid-19 on the financial performance is a key issue. Our initial allocation of Covid-19 funding is based on 70% of costs with a general 30% contingency retained by the Portfolio in recognition of the level of uncertainty reflected in financial assumptions. Scottish Government have indicated that a review of Boards' unachieved efficiency savings will be undertaken to inform a final allocation across Scotland. There is a level of risk in that final funding has yet to be confirmed across Scotland.							
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£15.471m	N/A	£15.471m	Oct-20	£3.789m	N/A	N/A
The total Capital Resource Limit for 2020/21 is £15.471m including anticipated allocations for specific projects. The capital position for the 7 months to October shows investment of £3.789m equivalent to 24.58% of the total allocation. The capital spend on the specific projects commences in earnest in the latter half of the financial year and as such is on track to spend in full.							

Finance, Performance & Resources Committee Meeting Issues and Comments

The Committee discussed and confirmed support for the SPRA process which will help guide


and shape the development of the medium term operational, workforce and financial plans.

The Committee considered the OBC for the proposed new Laboratory Information Management System (LIMS). Whilst there was support for this service change, the Committee noted the requirement to further develop the financial case and to be clear on funding source.

The Committee discussed and confirmed support in principle for the OBC on East Region Recruitment Transformation.

The Committee also discussed the forecast financial position for 2020/21 noting specifically the expectation that SG will confirm their position in January in relation to the treatment of offsetting costs and funding for Health Board undelivered savings which have arisen as a consequence of the pandemic.

The Committee also noted the position in relation to the IJB risk-share arrangement for 2020/21 which may be significantly reduced in the event that SG confirm funding to support social care undelivered savings associated with the pandemic.

Staff Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.39%	Oct-20 4.93%	YE Mar-20 
Sickness absence levels continue to fluctuate, however it is positive to note that the trend improved for the first seven months of the year, albeit the rates BEING above 5% in July and September. Given COVID-19 and Winter pressures, we continue to anticipate that it will be challenging to maintain the current sickness absence performance levels. Business as usual Promoting Attendance activities in terms of Promoting Attendance Review & Improvement Panels and training have recommenced.					

Staff Governance Committee Meeting Issues and Comments

The committee noted that sickness absence has been lower during this period. The figures are separate from the COVID related leave categories, several improvement actions have been completed and the updates are within the Report. Review and Improvement Panels have resumed, and thanks were given to colleagues who participate in these.

While all that is measured in terms of staff performance is staff absence, it was noted that there are many others measures that demonstrate positive performance of staff, such as care opinion. It was suggested that other measures should be considered by the Committee, and that it would be good to headline some of the positives on our agenda going forward. It was confirmed that current performance on wellbeing matters, training and performance reviews and iMatter offer the Committee additional information, and that this can be reflected in future IPQR reports from April 2021.

CAROL POTTER

Chief Executive

20th January 2021

Prepared by:

SUSAN FRASER

Associate Director of Planning and Performance

Report to the Board on 27 January 2021

BOARD DEVELOPMENT SESSION – 23 December 2020

Background

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

December Development Session

4. The most recent Board Development Session took place via MS Teams on Wednesday 23 December 2020. There were two main topics for discussion, Covid-19 Vaccination Programme and EU Exit.

Recommendation

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

TRICIA MARWICK
 Board Chairperson
 07 January 2021

Meeting:	NHS Fife Board
Meeting date:	27 January 2021
Title:	COVID-19 Vaccination – Progress Update
Responsible Executive:	Scott Garden, Director of Pharmacy & Medicines
Report Authors:	Ben Hannan, Chief Pharmacist Jason Cormack, Pharmacy Business Manager

1 Purpose

This is presented to the Board for:

- Discussion and Support

This report relates to a:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The COVID vaccination programme in Fife continues to develop apace, and at time of writing (20th January) has vaccinated over 19,000 people, completed first vaccinations in all care homes and begun vaccinating the over 80s cohort through GP Practices.

The Scottish Government has provided direction on pace of delivery which the Board is well placed to meet in a robust and safe manner, subject to available supply.

2.2 Background

There are several developments nationally which the Board is asked to note.

Delivery demands

NHS Boards were issued with a directive on Tuesday 12th January, from the national programme, regarding delivery timescales:

- JCVI Cohorts 1 and 2 (care home residents and staff, those aged over 80 and frontline health and social care workers) to be vaccinated by 5th February.

This is largely achievable locally. Care home residents and staff have been offered first doses, clinics for frontline health social care workers are in place and operating at levels which will ensure delivery on time. Vaccination of the over 80s cohort in GP practices has started, with all practices having received a share of available vaccine; the pace of national supply is likely to lead to some slippage, but this is likely to be limited to a matter of days.

- JCVI Cohorts 3 and 4 (those aged 75-80, and those aged 70-75) to be vaccinated by mid-February (approximately 32,000 people)
- JCVI cohort 5 (those aged 65-70) to be vaccinated by early March (approximately 21000 people)
- JCVI cohorts 6-9 (those at high risk aged 16-64 and those aged over 50) to receive their first vaccination by early May, with vaccinations beginning in early March

The Board is well placed to meet these demands, given the extensive work undertaken to recruit and reassign staff, the identification of robust and sizable community venues and utilisation of an appropriate scheduling system.

Vaccine supply

Supply of the Pfizer vaccine has been delivered as expected, allowing for the vaccination of staff at four clinic sites (Victoria Hospital, Queen Margaret Hospital, St Andrews Community Hospital and Randolph Wemyss Memorial Hospital).

Supply of the AZ/Oxford vaccine has been limited, but timely thus far. Most GP practices have received 200 doses of the vaccine (many have received more) to vaccinate their own staff and the over 80s cohort. The Board has made plans for allocations to practices over the coming weeks, ensuring the full cohort can be vaccinated.

To date, the Board has been receiving at most 7 days' notice of available supply, which makes planning challenging. This is expected to improve shortly, and the programme team have managed this requirement successfully thus far.

Board members may also be aware of the regulatory approval of a third vaccine product, by Moderna. We currently expect this to be available in April.

Dosing schedule

The dosing schedule for both the Pfizer and AZ/Oxford vaccines has been changed to a 12-week interval by the UK Joint Committee on Vaccination and Immunisation (JCVI), reflecting a high level of protection from the first dose and modelling suggesting reduced mortality and

hospital admissions. NHS Fife quickly complied with this guidance, in line with Scottish Government and UK Government direction. Additionally, the profile of the Pfizer vaccine has been updated, making this available to a wider range of individuals following assurance about the risk of anaphylaxis.

National Scheduling System

The approach to scheduling of patients is critical to the success of the overall programme. The direction from Scottish Government has been to engage with a national scheduling system, which will appoint people (and indeed reschedule, where required) through a national team and call centre. The local programme team has consistently engaged with this process, assisting in the design where possible. At time of writing, the team are undertaking assurance work to confirm the approach meets the equitability requirements of the people of Fife. A local 'plan B' for scheduling would be available if required and work has been put in place, in line with learning from the flu vaccination programme.

Reporting Data

There has been a delay in the flow of data from the Board led clinics and vaccination of care home staff and residents, into GP practice records. The expectation is that this will be resolved in late January. While patient records are not entirely up to date, this national issue is not expected to present significant clinical risk.

There are limitations in timely receipt of information on vaccinations delivered in GP Practices. Assurance on the solution is currently being worked on nationally, and therefore reporting in this paper is likely to be an under estimation due to this data lag. 6400 doses have been provided to practices thus far, for vaccination of the over 80s cohort and practice staff – at least 3100 people have been vaccinated at the time of writing and this is likely to be higher.

2.3 Assessment

2.3.1 Quality/ Patient Care

As at 20th January, NHS Fife has directly vaccinated over 19,000 people, with the following breakdown:

- 11,000 NHS, social care and GP Practice staff
- 2200 care home residents
- 2900 care home staff
- 2500 over 80s
- 400 other groups

Capacity in the four health and social care staff vaccination clinics is up to 735 appointments per day: this has been tailored to demand over the initial weeks.

The Board has developed and tested a robust readiness checklist for the opening of community clinics. This process will include familiarisation of the sites with vaccination staff as well as logistical and IT assurance – this represents the outcome of a lessons learned review following the opening of the St Andrews and Randolph Wemyss clinics. These visits began on week commencing 18th January.

The Board is pleased to be working with military colleagues providing support and assurance to the final stages of our community clinic establishment. The team comprises eight military personnel and can be requested on a weekly basis. The programme has worked closely with military planning officers throughout the development and would like to express its thanks for this invaluable support.

The programme has engaged closely with development of the national scheduling approach, as highlighted above. A local *Plan B* is available: infrastructure has been secured, including an expanded call centre team, telephony technology and a freephone number. Every effort will be made to align with communications from the national programme to patients.

There has been positive feedback from the voluntary sector regarding their experience of being vaccinated: work is ongoing to capture this feedback formally. Work to contact all non-NHS health and social care staff, including a wide range of private healthcare providers and members of the voluntary sector is in place.

2.3.2 Workforce

Per above, the programme is reacting to the Scottish Government demand regarding pace of vaccination. The initial plan was to employ around 160 vaccinators of various grades: the revised expectation will necessitate an increase to over 300 vaccinators. Infrastructure to recruit and train this group has been made available and the Board will follow new Scottish Government regulations on the role of the Healthcare Support Worker Vaccinator (HCSWV).

Community clinic leadership is in place, an important step towards operational readiness. A large pool of registrants has been confirmed, and interviews for HCSWV staff began during the week commencing 18th January. Work is close to completion to enable dentists and optometrists to act as vaccinators. Four training hubs have been set up to allow practice of injection technique.

2.3.3 Financial

The Board will provide information to Scottish Government regarding funding requirements on 22nd January. Funding will be provided via wider COVID LMP routes. Costs to date have been lower than expected and work will continue over the coming weeks to revise estimations as costs become clearer as we operationalise.

2.3.4 Risk Assessment/Management

The programme continues to take a risk based approach to planning with a comprehensive risk register in place with weekly review of all risks. The profile of these has reduced as programme delivery becomes established. A further step change in risk profile is expected when the community clinics open.

2.3.5 Equality and Diversity, including health inequalities

As of 20th January, the Board is asked to note 12 venues confirmed for community clinics:

- Parkgate Community Centre
- East End Park, Dunfermline
- Dunfermline East Church
- The Lochgelly Centre
- Templehall Community Centre
- Randolph Wemyss Memorial Hospital
- Rothes Halls
- Cupar Corn Exchange
- East Neuk Centre, Anstruther
- The Larick Centre, Tayport
- St Andrews Community Hospital
- Tayside Institute Community Centre, Newburgh

These venues have been selected to ensure accessibility across the area, and assurance is in place regarding public and private transport links.

The Silver Command Group reviewed the Equality Impact Assessment (EQIA) on 12th January. The actions are now being managed by the programme management office in conjunction with identified leads: it should be noted that the pace of development in the programme makes the EQIA very much a live document. The EQIA will be published on the NHS Fife website imminently.

The interactive geomapping tool is now available to the programme: this is being used to provide assurance on venue capacity, particularly in rural areas, which can be developed as the programme progresses. Review to date suggests the venues have been well planned.

2.3.6 Communication, involvement, engagement and consultation

Communications

Communications to all staff is primarily via a weekly bulletin, supplemented by relevant daily updates on Stafflink. The public facing website is seeing significant traffic, and the programme team continue to work closely with the patient relations team in fielding calls. A briefing for elected members is circulated weekly.

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.

- COVID-19 Vaccine Silver Command – Tuesday 19th January – content of report discussed with group as part of regular agenda and papers for approval.

2.4 Recommendation

The Board is asked to consider this report for **discussion**, considering the progress and updated information regarding the programme, and developments in the approach.

3 List of appendices

No appendices noted

Report Contact

Benjamin Hannan

Chief Pharmacist

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Meeting:	NHS Fife Board
Meeting date:	27 January 2021
Title:	COVID-19 Testing in Fife
Responsible Executive:	Dona Milne, Director of Public Health
Report Author:	Josie Murray, Clinical Lead of Health Protection

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Emerging issue
- Government policy/directive
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

On 27th November 2020, Scottish Government issued direction in terms of planned expansion of COVID-19 testing in both testing methods and settings.

This report provides an update to the Board on proposed and existing testing policy and activity within Fife. It provides an additional summary of proposals to augment testing carried out across Fife and summarises the main areas of risk and mitigation actions in place.

2.2 Background

On 4 May 2020, the Scottish Government published the Test, Trace, Isolate and Support (TTIS) Strategy (now known as 'Test and Protect') which set out plans to disrupt community transmission of COVID-19 in Scotland. This strategy laid out recommendations to:

- Increase testing capacity and availability
- Increase capacity to undertake high volume contact tracing
- Increase capacity to undertake complex contract tracing
- Improve support available to people who are asked to self-isolate, acknowledging that without support, self-isolation will be impossible for many people and this will result in ongoing community transmission of COVID-19

Transmission of COVID-19 between people remains the biggest drivers of direct COVID-19 harm to the population in Fife. Transmission increases cases, which increases morbidity and mortality.

While vaccination programmes are currently being rolled out, and will provide protection against disease severity and fatality, the vaccine is not evidenced to prevent transmission of the virus. Therefore, at a population level the tools available to decrease transmission continue to be testing, tracing, isolation and support.

Any COVID-19 testing intervention can only have an impact on transmission if it results in a behavioural change. Therefore, efforts to provide appropriate support (including financial and social support are important) to ensure people can isolate following a positive test result is crucial.

2.3 Assessment

A detailed paper has been provided to the NHS Fife Clinical Governance Committee, a summary of which is provided here for the Board.

Current Testing Activity

Fife currently has a mixed model of testing which has developed over time and includes testing in the community, care, healthcare and university settings. The delivery is a collaborative effort between NHS Fife, the Scottish Ambulance Service, the National Laboratory Programme and the Lighthouse Laboratory.

Testing Programme Update of sites in Fife

The current testing sites provided to the general population within Fife have been:

- St Andrews – fixed site
- Glenrothes – mobile testing unit
- Dunfermline – mobile testing unit

New developments are underway to replace the current mobile unit in Glenrothes and Dunfermline with fixed site buildings to augment testing capacity across Fife. These tests are all supported by the UK government Lighthouse programme. The new proposed sites are:

- Miners Charitable Society, Glenrothes
- Dell Farquharson Leisure Centre, Dunfermline
- Glebe Park Centre, Kirkcaldy

Community Testing

All health boards and local authorities were invited by Scottish Partnerships to form Partnerships to bid to Scottish Government for funding to develop a community testing programme. Fife was one of two health board/local authority partnerships to be successful in the initial bidding process. Developments are now underway led by Fife Council and supported by NHS Fife with support from Military planning integrated from the outset. The programme aim is to target areas of need, identified as low uptake of testing and high levels of vulnerability, and to provide testing and direct onsite access to support to enable isolation. This will provide Fife with the tools to stop chains of transmission in the community to control the pandemic.

Testing Programme approach and Governance

Since May 2020 the leadership for testing has passed between identified leads on several occasions. The development of testing strategies and capacity has been led by both availability of resource and national direction on priorities. This has led to a huge amount of work being done to set up testing processes, procedures and capacity. Whilst we have been able to expand testing activity across Fife, the method of delivery has meant that we have flows of information that aren't

yet as joined up as they could be due to the pace of development. Our short-term future ambition is to have a grasp of all testing and reporting across Fife.

In order to ensure effective governance and oversight, therefore, we have established a Silver Group as part of our overall Covid-19 Command structure, for Test and Protect, and we have taken a programme management approach to driving and delivering our work.

We have identified 8 key objectives to move work forward with dedicated leads for each.

- Objective 1 - Develop a whole system DCAQ Tool to serve as a centralised management information source for Fife
- Objective 2 - Develop a Social Care Testing strategy and delivery mechanism (Staff, Visitors, Residents, supported people)
- Objective 3 - Underserved Communities - Responsive Services & use of mobile units / satellite testing (links to Obj 6: outbreak responsiveness too).
- Objective 4 - Self-Management (info and advice) & Training for those in a test administering role.
- Objective 5 (a) – Implementation of asymptomatic staff testing programme etc
- Objective 5 (b) - Implementation of Staff Lateral Flow Device Testing in line with Scottish Government guidance and protocols
- Objective 6 - Rapid and effective response to areas of high prevalence (subject of a recently developed bid for Scottish Government funding)
- Objective 7 - Ensuring there is a robust Data Flow into Fife intelligence systems (all cohorts, all tests, all delivery mechanisms)
- Objective 8 - Expanding capacity of Labs to process tests / most effective use of current capacity

The Silver Command Group, also known as the Test and Protect Oversight Group reports into EDG Gold Command on a weekly basis via the Director of Public Health and is chaired by a consultant in public health. The group is multi professional and includes representatives from Local Authority, HSCP and NHS staff (including, HR, Acute, Public Health, Laboratories).

Laboratory Prioritisation

NHS Fife laboratory has a prioritisation list for all samples. This list has been agreed by the Medical Director, the Clinical Lead for laboratories, Public Health Consultant with testing strategy remit, and has been reviewed by the NHS Fife Scientific and Technical Advisory Cell (STAC). All groups on the list have access to testing, but where there are short-term supply issues in laboratory supplies that limit local capacity, tests taken from groups lower down the prioritisation list will be sent to NHS Lothian for testing.

2.3.1 Quality/ Patient Care

Access to timely testing for symptomatic patients is essential for clinical management and safe patient placement within the hospital. Timely and accessible testing of symptomatic individuals within the general population is essential for the success of the Test and Protect programme in order to disrupt chains of community transmission and protect public health. The over 70s programme of asymptomatic testing was introduced as a pilot programme and has shown little to no clinical benefit. Ethical aspects of asymptomatic testing have been reviewed by the Fife Ethics group and feedback given to inform the review process.

2.3.2 Workforce

The testing of asymptomatic staff and Lateral Flow testing programme will continue to be essential to support staff health and wellbeing and to protect patients.

Workforce will be required to deliver the testing programmes and current work is ongoing to work with NHS, HSCP, Council and Voluntary sector to carry out the proposed plans. Engagement with staff side representatives is in progress. The workforce requirements for the new community testing proposal are extensive but will predominantly be met by Fife Council.

2.3.3 Financial

Finance aspects of specific testing programmes will be reviewed through the appropriate management pathway.

2.3.4 Risk Assessment/Management

The more detailed areas of risk in relation to the various testing programmes in Fife are summarised in the programme risk register.

2.3.5 Equality and Diversity, including health inequalities

A differential access to testing within the general population is a concern, however specific programmes of work outlined above seek to address these inequalities. A comprehensive impact assessment has not been completed.

2.3.6 Other impact

Nil

2.3.7 Communication, involvement, engagement and consultation

Issues relating to testing are raised at the relevant silver control group or STAC meeting and escalated to GOLD as required.

2.3.8 Route to the Meeting

A written update on COVID-19 testing expansion was given at EDG on 7th December 2020.

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 – 07/01/2021
- Test and protect Oversight Group - Extraordinary Meeting – 08/01/2021
- Community Testing Programme Group – 06/01/2021

2.4 Recommendation

- NHS Fife Board is asked to **note** the contents of the paper for awareness.

Report Contact

Josie Murray

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NHS Fife

Meeting:	NHS Fife Board
Meeting date:	27 January 2021
Title:	Winter Report 2020/21
Responsible Executive:	Helen Buchanan, Director of Nursing
Report Author:	Susan Fraser, Associate Director of Planning & Performance

1 Purpose

This is presented to the NHS Fife Board for:

- Awareness

This report relates to the:

- Winter Report 2020/21 – Data to November 2020

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Winter Report is to provide assurance that the Winter Plan is being delivered in accordance with the submission to Scottish Government in November 2020.

2.2 Background

The Winter Report is produced monthly and provides update on key performance metrics and actions agreed within the Winter Plan. Weekly meetings between Acute Services, H&SC and Planning commenced in November 2020 using the Winter Planning Weekly Scorecard to discuss agreed performance metrics and escalate issues when required.

The Winter Plan aims to:

- Describe the arrangements in place to cope with increased demand on services over the winter period and subsequent COVID-19 waves
- Describe a shared responsibility to undertake joint effective planning of capacity
- Ensure that the needs of vulnerable and ill people are met in a timely and effective manner, despite increases in demand, and in accordance with national standards. (e.g. 4-hour emergency access target)
- Support a discharge model that has performance measures, a risk matrix and an escalation process
- Ensure staff and patients are well informed about arrangements for winter and COVID-19 through a robust communications plan
- Build on existing strong partnership working to deliver the plan that will be tested at times of real pressure

Planning priorities to ensure delivery of the different components of the plan are:

- Home First Model
- Near Me for Unscheduled Care
- Whole System Pathway Modelling
- Scale up direct entry to STAR units from community MDT's
- Point of Care Testing (POCT) in Paediatrics, A&E and Admissions Unit
- Restructure of medical assessment and admissions
- Scheduling of Unscheduled Care
- AHPs 7 day working

2.3 Assessment

A&E

95% Standard has not been met since Week Ending 27th September. On average, there are 369 less ED attendances per week this year (April to Nov) compared with last year. However, there are the challenges of Covid-19 as well as high acuity.

Covid-19

Since the start of the 2nd wave of Covid-19 our peak of Covid-19 Bed days was 514 with both confirmed and suspected patients, this was reached week ending 15th November. Peak for confirmed Covid-19 positive patients in hospital was 4th of November, 59 patients.

Occupancy

VHK occupancy appears to be low, continually under 90% but this does not reflect the occupancy on each of the Red, Amber and Green pathways. There are surge beds open to accommodate pressure on the amber pathway. Bed Occupancy within the community hospitals has been continuously above 90% since early September.

Delayed Discharges

In November, there was an average 15 bed days lost to Delayed Discharges per week in VHK this year compared to an average of 70 in 2019. Bed days lost in Community Hospitals are also considerably less than the year prior, 286 in November 2020 compared with 379 in 2019.

Health & Social Care Placements

H&SCP achieved an average of 92% of placements during the 4-week period. With downstream beds falling short of target a couple of weeks in the month. Social care placements have been particularly low throughout the month but especially the 2nd week in November.

There are a number of actions that are complete or on track. The following actions are ongoing, with slippage, but no concerns about impact on Winter Planning:

4.1.4 Restructure of medical assessment and admissions

4.1.12 Continue to Test change to reconfigure STAR bed pathway

4.2.1 Implementation of a sustainable 7-day OT and PT service for acute

4.2.2 Review of Paediatric nurse staff levels

4.2.8 Agree Flow & Navigation Care workforce levels and secure staffing

4.8.13 Local delivery framework for COVID-19 immunisation to be developed and implemented using outputs of national work

4.8.14 PMO to be established for COVID-19 immunisation programme and required workforce to be recruited

2.3.1 Quality/ Patient Care

The Winter Plan has been prepared prioritising patient care in the right place at the right time and by the right person.

2.3.2 Workforce

Workforce planning is key to Winter Planning

2.3.3 Financial

Financial planning is key to Winter Planning

2.3.4 Risk Assessment/Management

Options for Surge Capacity over winter have been risk assessed

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

Winter Report is produced by Planning and Performance Team, updates are provided for agreed actions in Winter Plan by relevant Services.

2.3.8 Route to the Meeting

Clinical Governance Committee dated 14 January 2021.

2.4 Recommendation

The NHS Fife Board is requested to:

- **Note** the Winter Report 2020/21

3 List of appendices

None

Report Contact

Susan Fraser

Associate Director of Planning & Performance

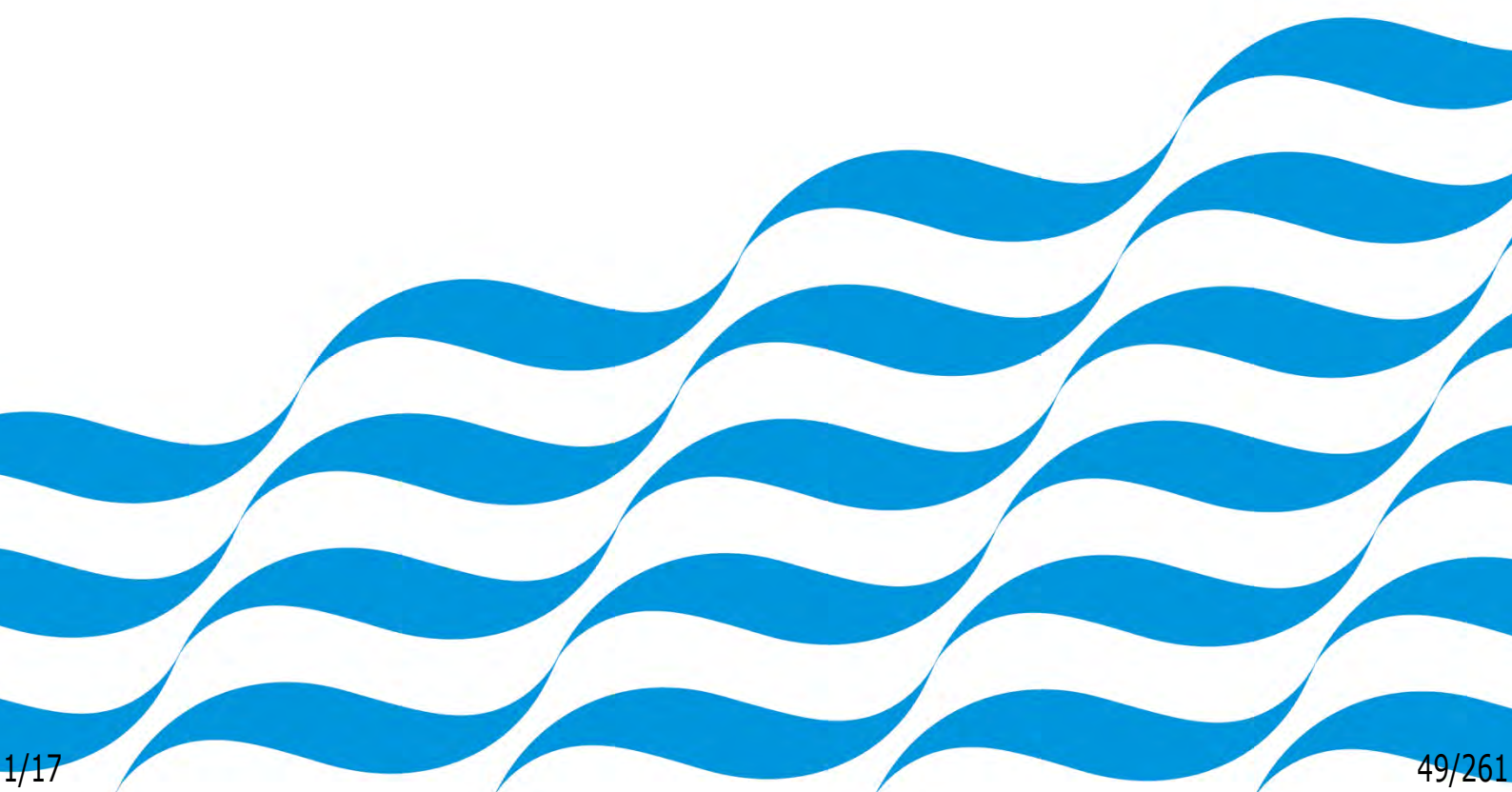
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Winter Planning

Monthly Report

Week Ending 8th November 2020 to 29th November 2020



Contents

Introduction.....	2
Section A: Executive Summary	3
Section B: Performance Summary to Week Ending 29 th Nov 2020	5
Section C: Winter Plan Monitoring of Actions	6

Introduction

The purpose of this report is to assure the Chief Executive and EDG that the Winter Plan is being delivered in accordance with the submission to Scottish Government and against agreed performance targets.

In 2020/21, the Winter Plan is closely aligned to the Remobilisation Plan and describes the actions that will be taken forward by NHS Fife and the Health and Social Care Partnership to optimise service resilience during the winter months and beyond in a COVID-19 sensitive environment. Executive leadership sits with the Director of Nursing and delivery lies with both the directors of Acute Services in NHS Fife and the Health and Social Care Partnership.

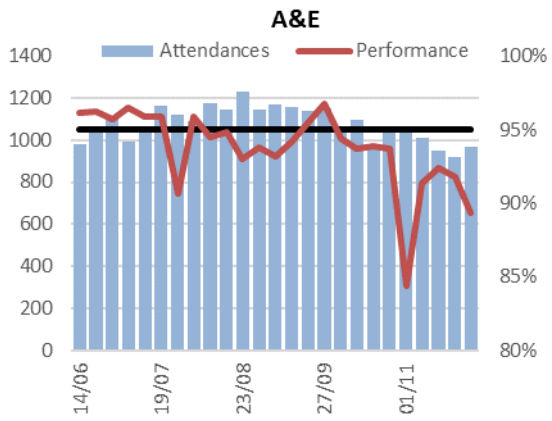
A Silver Command has been established for winter planning which meets weekly and agrees actions, supported by the Bronze Command for winter planning monitoring the dashboard weekly and escalating to Silver Command where appropriate. A monthly report is provided to the board for assurance. The weekly reporting will cease at the end of March with the monthly report going to the NHS Fife Board in May 2021. Weekly reporting has commenced in October 2020 as part of the Winter Plan 2020/21.

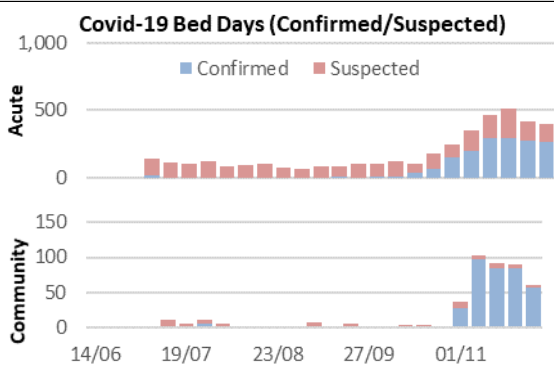
The Winter Planning Performance Review Summary will be considered by the Finance, Performance and Resources and Clinical Governance Committees.

Outlined below in Section C are the actions that were submitted to the Scottish Government at the end of October 2020 and current status of these actions.

Section A: Executive Summary

This is the First monthly report summarising performance against key indicators and actions for Winter 2020/21. The key points to note this month are as listed below.

A&E	A&E		Narrative
			<p>The 95% Standard has not been met since Week Ending 27th September. The board average has also slipped beneath the Scotland average for a 5th time this financial year during week ending 29th November, however with quick recovery, has maintained above for the most part. On average, there are 369 less ED attendances per week this year (April to Nov) compared with last year</p>
	Commentary		
	<p>ED performance has been challenged by waits for admitting beds as well the challenges of Covid-19 and high acuity across the hospital.</p>		

Covid-19 Bed Days	Covid-19 Bed Days (Confirmed/Suspected)	Narrative
		Since the start of the 2 nd wave of Covid-19 our peak of Covid-19 Bed days was 514 with both confirmed and suspected patients, this was reached week ending 15 th November. Our peak for confirmed Covid-19 positive patients in hospital was 4 th of November reaching 59 patients.
	Commentary	
	<p><u>Acute</u></p> <p>Confirmed cases of COVID-19 within the acute setting started to rise with pressure building on Critical Care necessitating the instigation of the 2nd wave escalation plan and the trebling of ICU capacity.</p> <p><u>HSCP</u></p> <p>The incidence of COVID19 within the Community Hospitals was significant. The consequence of this was that patient discharges from acute settings were delayed. This was further nuanced by the lack of transfers from community hospitals into care homes. Wards across all community hospitals were categorised amber. Two wards were closed due to outbreaks which further impacted on the patient pathways.</p>	

Acute Occupancy & Delays	VHK Occupancy & Delays	Narrative
		<p>VHK occupancy appears to be low, continually under 90%,</p> <p>In November there has been an average of 15 bed days lost to Delayed Discharges per week. This is compared to an average of 70 bed days lost in the same period 2019.</p>
	Commentary	
	<p>VHK occupancy does not reflect the occupancy on each of the Red, Amber and Green pathways. Some are under greater pressure than others. There are also surge beds currently open to accommodate pressure on the amber pathway. DD bed days had improved but still vary based on demand for support on discharge.</p>	

Community Occupancy & Delays	Community Hosp Occ & Delays	Narrative
		<p>Bed Occupancy within the community hospitals has been continuously above 90% since early September.</p> <p>There has been an average of 286 bed days lost per week in community hospitals due to delays in November. This compares to an average of 379 bed days lost per week at the same time in 2019.</p>
	Commentary	
	<p>Length of stay has reduced across our community hospital beds with an average of 32 days for November. This is less than 2019. Balcurvie ward was also closed to new admissions due to covid from 2/11 until 26/11.</p>	

H&SCP Placements	H&SC Placements	Narrative
		<p>H&SCP achieved an average of 92% of placements during the 4-week period. With downstream beds falling short of target a couple of weeks in the month.</p> <p>Social care placements have been particularly low throughout the month but especially the 2nd week in November.</p>
	Commentary	
	<p>Care at Home, including START, achieved 87 discharges against a target of 85 for the month</p> <p>For packages of care restarting with existing care at home providers, all requests (60) for a restart were progressed.</p> <p>STAR placements were restricted in November due to one care home, Ostlers House, being closed to admission, discharges, and transfers from 1st - 23rd November.</p>	

Within Fife, over the month of November, a total of 45 care homes had a restriction at some point in the month, limiting their ability to accept new residents into the care homes. (For information, the 45 care homes include some that have been closed more than once in the month, and some care homes that were already closed before November but suspension on admissions was not removed within November).

For packages of care restarting with existing care at home providers, all requests (60) for a restart were progressed.

Section B: Performance Summary to Week Ending 29th Nov 2020

Weekly Unscheduled Care Monitoring Report				08-Nov	15-Nov	22-Nov	29-Nov
Area	Indicator	Trend					
OOH Urgent Care	Contacts			1775	1810	1883	1743
	% ref to 2ndary Care			5.18%	4.36%	4.41%	6.20%
	DoT Home Visits			26	13	21	27
	COVID A&E Centre			117	118	120	113
	COVID Advice Calls			188	193	204	186
Emergency Department	Attendances			1012	947	922	969
	Performance			91.3%	92.4%	91.8%	89.4%
VHK	Admissions			665	670	668	696
	Emergency			586	585	595	626
	Discharges			644	635	673	652
Theatre Activity	Scheduled			297	247	241	237
	Cancelled			15	18	10	13
	Hospital Cancelled			1	0	1	1
VHK Bed Utilisation	Occupancy			89%	83%	89%	87%
	COVID Bed Days			470	514	419	403
	DD Bed Days			17	1	6	36
HSC Placements	% Completed			102%	85%	85%	97%
	Target			117	115	114	115
	Completed			119	98	97	112
	DSB			40	31	31	42
	SC			28	25	29	30
	ICASS/H@H			27	22	19	19
	Other			24	20	18	21
Community Hospital	Admissions			38	45	52	41
	Discharges			36	43	50	41
	Occupancy			96%	96%	94%	93%
	COVID Bed Days			102	91	89	60
	DD Bed Days			242	269	312	324
	DD Standard			135	143	174	179
	DD Code 9			107	126	138	145

Section C: Winter Plan Monitoring of Actions

Key:	Blue	Complete
	Green	On Track as expected
	Amber	Work ongoing, but slippage (with no concerns about impact on Winter Planning)
	Red	Work ongoing, but concerns about impact on Winter Planning

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
4.1.1	Scheduling of Unscheduled Care – creation of an integrated flow and navigation centre to triage, assess and manage unscheduled care	Nov-20	DOA DOHSC		DCOO GM EC	DGM West				Integrated flow and navigation hub soft launched on 1st December. Continuous monitoring of impact and pathway effectiveness underway.
4.1.2	Implement Home First Model - more timely discharges & realistic home-based assessments	Nov-20	DOHSC			DGM West				Short life working group established. Model being tested and any barriers worked through.
4.1.3	Scale up direct entry to STAR units from community MDT's	Nov-20	DOHSC			DGM West				Link social workers from STAR support locality MDT's. Early discussions ongoing regards the pathway.
4.1.4	Restructure of medical assessment and admissions	Apr-21	DOA		GM EC					The COVID 19 red pathway for admission will limit any changes that can be made to patient pathway and flow in the short term. Completion date changed to April 2021
4.1.5	Process re the use of Near Me for Unscheduled Care	Nov-20	DOA		DCOO					Near Me is being explored, however initial findings favour the use of telephone for triage.
4.1.6	Right Care – Right Place campaign to increase awareness of alternatives to the Emergency Department for minor, non-urgent illnesses and injuries and encourage local people to make use of local services	Oct-20	DON	Comms						Soft launch locally 1 December using national campaign assets. NHS Fife website updated, main banner promotion and regular social media posts. Media release and interview with Medical Director for local radio, prior to

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
										Christmas. Main national campaign will commence in January 2021 Staff Link Hub to support UC redesign created and working on the creation of a Ref Help section by end of December
4.1.7	Ensure national winter campaigns, key messages and services (including NHS 24 and NHS Inform) are promoted effectively across Fife and supported by relevant local information and advice	Nov-20	DON	Comms						Show you care prepare national campaign started on 4 December and NHS Fife communications supporting national messages and campaign, winter section updated on website and local comms via Social media, Staff Link and local media
4.1.8	New model of care for Respiratory Pathway	Nov-20	DOA DOHSC		GM EC	DGM West				A new nurse led advice line for respiratory patients that screens all referrals on the same day (GP and high health gains). This prevents deterioration and unnecessary admission. New pathway directly into hospital at home for direct step up. Another pathway has been developed for palliative care patients.
4.1.9	Ensure adequate Community Hospital capacity is available supported by community hospital and intermediate care redesign	Oct-20	DOHSC			DGM West				community hospital capacity monitored daily. Surge areas have been identified and utilised as per winter plan.
4.1.10	Review capacity planning ICASS, Homecare and Social Care resources throughout winter including 7-day access to H@H	Oct-20	DOHSC			DGM West				Capacity reviewed daily and additional recruitment underway to increase further ICAS & H@H capacity to support increased in demand.

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
4.1.11	Focus on prevention of admission with further developments into High Health Gain, locality huddles to look at alternatives to GP admissions	Oct-20	DOHSC			DGM West				Eight locality huddles in operation. Prevention of admission continues at 35% and data indicates a net reduction in admissions for VHK. Data to be interrogated further. Frailty model embedded and frailty practitioner now in post.
4.1.12	Continue to Test change to reconfigure STAR bed pathway	Nov-20	DOHSC			DGM West				Stroke pathway has been developed. Small TOC completed. Plans to scale up to ensure its success.
4.1.13	Weekly senior winter monitoring meeting to review winter planning metrics and take corrective action	Oct-20	DOA DOHSC	AD P&P	DCOO GMs	DGM West				Daily senior meeting in place to review daily metrics and corrective action taken in real time.
4.2.1	Implementation of a sustainable 7-day OT and PT service for acute being progressed through the Integrated Capacity and Flow Group- invest to save to support effective patient flow and address de-conditioning.	Dec-20	DOA		GM WCCS		1.6 Band 6 PT 1.0 Band 5 OT 1.8 Band 4 HCSW 1 Band 4 HCSW	£72.5k		No confirmation of funding available yet
4.2.2	Paediatric nurse staff levels currently being reviewed. The increased activity associated with winter combined with the requirement for managing Covid-19 pathways will require additional staff to ensure safe staffing levels	Oct-20	DOA		GM WCCS		13.3 band 5 3 band 3			Discussions underway with key stakeholders to identify a funding stream for the posts.
4.2.3	Implement flexible staffing models to utilise resources accordingly – managed by tactical workforce group, chaired by Associate Director of Nursing	Nov-20	DON		DCOO	DGM West				The workforce hub has been re-instated
4.2.4	Ensure NHS Fife staff are kept informed about preparations for winter including arrangements for	Nov-20	DON	Comms						Flu section on NHS Fife website and Staff Link Hub, Lead from the Front Staff Flu Vaccination

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
	staff flu vaccinations, local service arrangements and advice for patients									Campaign instigated. Winter hub live on NHS Fife website Regular updates on Staff Link and weekly CE update throughout December, January and February
4.2.5	Occupational Health medical and nursing support was increased temporarily to support the pandemic efforts, funding has been secured to recruit to these posts on a substantive basis	Nov-20	DOW	Workforce						Temporary x-cover provided with substantive posts being prepared for advertisement
4.2.6	Staff health and wellbeing signposting resources were provided from April 2020 and an expanded Staff Listening Service, (accessible to Health, H&SC Partnership, and care home staff), available from April 2020 to 31 March 2021	Nov-20	DOW / DON	Workforce /Nursing						Expanded listening service in place until 31/03/2021.
4.2.7	Mental Health Occupational Health nursing input in place for staff support from August 2020	Aug-20	DOW	Workforce						Completed
4.2.8	Agree Flow & Navigation Care workforce levels and secure staffing as early as possible. All rotas in place to ensure public can access OOH across the winter period	Oct-20	DOHSC			DGM West				Recruitment commenced for key posts. Contingency plans on place so that there will adequate staffing for go live date
4.2.9	Create and enact a workforce plan to staff surge capacity taking into account Fife Council Christmas shut down	Oct-20	DOHSC		DCOO GMs	DGM West				Workforce hub reinstated which will be open over xmas and new year. Social work staff involvement. Senior rota in place to cover out of hours.
4.3.1	Whole System Pathway Modelling – development & implementation of capacity tool	Nov-20	DOA		GM EC	DGM West				Capacity tool complete. Daily meetings to proactively determine red flags and take corrective actions to maximise flow.

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
4.3.2	Daily Dynamic discharge and EDD to be embedded in all wards	Nov-20	DOA		GM EC	DGM West				EDD embedded.
4.3.3	Plan for Surge Capacity (including Community Hospitals, Care Home, Home care ICASS & H@H)	Oct-20	DOA DOHSC		DCOO	DGM West	See App2	Acute HSC		Surge plan complete across Acute and HSCP. Command structures in place for escalation. Daily surge meetings to assess capacity utilising real time intelligence.
4.4.1	Implementation of rapid diagnostic outpatient appointments for inpatients to ensure that no inpatient discharges are delayed whilst waiting on diagnostics	Oct-20	DOA		GM WCCS					Complete in Radiology
4.4.2	OPAT expansion to release bed capacity	Oct-20	DOA		GM EC					Unit working at full capacity for the staffing model and successfully delivering on bed day savings.
4.4.3	Configure SSSU as amber Unit to support peaks in Orthopaedic Trauma demand	Sep-20	DOA		GM PC					SSSU open Mon-Fri to Support Trauma/Emergency Surgery
4.4.4	In line with SG guidance, configure green elective areas and pathways within DIU, Ward 52 and Day Unit (within QMH) to maintain elective activity over winter	Sep-20	DOA		GM PC					Ward 52 now includes 4 SHDU beds
4.4.5	Set-up weekly theatre meetings to review theatres lists 3 weeks in advance, including full review of patients waiting by clinical priority to determine list allocation to be escalated to Clinical Prioritisation Group	Sep-20	DOA		GM PC					Weekly meetings take place every Monday chaired by the PCD Clinical Directors
4.5.1	Corporate Business Continuity Plan has been reviewed by the NHS Fife Resilience Forum	Aug-20	DPH	Business Continuity						The Plan was submitted and accepted by the NHS Fife Resilience Forum and EDG
4.5.2	Corporate Business Continuity Policy has been reviewed by the NHS Fife Resilience Forum	Aug-20	DPH	Business Continuity						The Policy was submitted and accepted by the NHS Fife Resilience Forum and EDG

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
4.5.3	Business Continuity templates to be updated, re-issued to all departments and returned	Oct-20	DPH	Business Continuity	DCOO	DGM West				All business continuity plans updated using new template across all of the HSCP and Acute Services Division.
4.5.4	Ensure severe weather communications plan is in place and provided to NHS Fife Resilience Forum and EDG	Oct-20	DON	Comms						Adverse weather communications plan reviewed and shared with LRP and Fife Council Comms
4.5.5	Local Resilience Partnership to hold a workshop to look at how Fife would manage events/incidents over winter including Covid-19, season flu, winter weather and EU-exit	Nov-20	DPH	Public Health						First workshop held on the 18th November further workshop being planned
4.6.1	Point of Care Testing (POCT) in A&E and Admissions Unit	Dec-20	DOA		DCOO			Funded separately		POCT estimated to commence from mid-December 2020
4.6.2	Define and agree paediatric COVID pathways to stratify patient flow based on clinical urgency and IPC measures	Dec-20	DOA		GM WCCS					Complete
4.6.3	Package of education/training to support best practice in IPC in NHS Fife acute & community settings	Oct-20		IPCT						Complete
4.7.1	Deliver the staff vaccination programme to health and frontline social care staff (NHS, Fife HSCP, independent and third sector) through peer vaccinator programme, occupational health clinics, care-home based and pharmacy delivery in order to achieve 60% national target and 65% local target for uptake	Dec-20	DOHSC			DGM West				Flu staff vaccination exceeding projected targets at this point. Command structure in place for flu and covid vaccination. Mop up clinics to target staff who have been isolating or unwell being planned.
4.7.2	Implement actions required for staff and community seasonal flu vaccination delivery under the Joint Fife HSCP & NHS Fife Flu Silver Group	Dec-20	DOHSC			DGM West				As above

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
4.7.3	Ensure data collection methods enable weekly monitoring of flu vaccination uptake	Oct-20	DOHSC			DGM West				Monitoring and uptake rates collected.
4.7.4	Raise awareness of the flu campaign and encourage health and care staff and key workers in the public sector to take up the offer of a free flu vaccination and lead by example	Feb-21	DOHSC	Comms						Lead from the Front Staff Campaign and assets shared with HSCP and Fife Council campaign to end mid-December in line with roll-out of C19 vaccine
4.8.1	Produce plan for possible second Covid-19 wave in Acute and H&SC	Oct-20	DOA DOHSC		DCOO	DGM West				Escalation plan produced across Acute and HSCP Acute Second wave plan is completed, Critical care escalation commenced.
4.8.2	Refer to Business Continuity plans in event of resurgence in Covid-19 cases	Oct-20	DOA DOHSC		DCOO	DGM West				Business continuity plans and impact analysis in place for all HSCP services and Acute Services
4.8.3	Engage in regular review of care homes in collaboration with the HSCP	Oct-20	DPH	Public Health						Care Home Oversight Group established that meets regularly
4.8.4	Support weekly asymptomatic staff Covid-19 testing in care homes	Oct-20	DPH	Public Health						On Track as expected
4.8.5	Support symptomatic residents Covid-19 testing in care homes, and flu testing where there is a suspected outbreak	Oct-20	DPH	Public Health						On Track as expected
4.8.6	Carry out resident Covid-19 surveillance testing on a care homes in Fife	Oct-20	DPH	Public Health						On Track as expected
4.8.7	Increase capacity and skills with Health Protection Team for outbreak management for care homes in Fife	Nov-20	DPH	Public Health				Funded Separately		On Track as expected
4.8.8	Increase and sustain capacity to undertake all contact tracing requirements for Fife residents as	Nov-20	DPH	Public Health						On Track as expected

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
	part of the National Contact Tracing Test and Protect Programme.									
4.8.9	Maintain surge capacity to manage abrupt changes in incidence of Fife Covid-19 positive cases throughout the winter months	Oct-20	DPH	Public Health						On Track as expected
4.8.10	Develop action plans for outbreak prevention and management of high-vulnerability settings and events. The aim of identifying these settings is to minimise the outbreak risks.	Oct-20	DPH	Public Health						On Track as expected
4.8.11	Promote local and national messages associated with COVID-19 and Test and Protect	Nov-20	DPH	Comms						Arange of local campaigns have been activated via LRP Public Comms Group , these are also in line with National Campaign material and messages and have included a range of strands and themes identified by PH or community feedback, such as Car Sharing , 2 meters is, when to get tested, Self-Isolating and support
4.8.12	Review of outbreak management guidance in line with latest national guidance	Oct-20	DON	IPCT						

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
4.8.13	Local delivery framework for COVID-19 immunisation to be developed and implemented using outputs of national work	Dec-20	DOP	Pharmacy		DGM West				<p>Command structure established. Workstreams and priorities agreed. Lessons learned from flu being incorporated. Awaiting national planning tool, training documentation and job descriptions. Local plan has been submitted to Scottish Government, awaiting formal feedback. Engagement with Clinical Governance Committee and Gold command secured - review with Board 23 Nov. Risks have been identified, significant risks about workforce capacity and downstream impact, as well as scheduling system/ team identification. Storage requirements will be met. Venue identification in progress</p> <p>1) First vaccinations given to staff on 8th December. VHK and QMH sites both active from 9th December</p> <p>2) Reduction in supply of vaccine requiring prioritisation of wave 1 groups</p> <p>3) Care home residents and staff being vaccinated in care homes from 14th December. Some care home staff will attend QMH if not vaccinated on site</p> <p>4) Vaccinator workforce in place for immediate demand, recruitment progressing for medium term</p> <p>5) Complex storage requirements in place</p> <p>6) Local comms approach being</p>

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
										<p>rolled out 8 December to complement national information</p> <p>7) 7 of 11 community venues confirmed</p> <p>8) 53/54 GP practices will support vaccination of over 80s population</p> <p>9) Recording systems delivered on time</p>

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress
				Corp	Acute	H&SC				
4.8.14	PMO to be established for COVID-19 immunisation programme and required workforce to be recruited for the next 12 months which encompasses the different delivery models required at each stage of the plan	Dec-20	DOP	Pharmacy		DGM West				<p>PMO has been established, including interim programme manager and supporting team. PID, supporting governance, being reviewed by Silver command today</p> <p>1) Risk register in place and monitoring ongoing 2) EQIA at late stage development 3) DPIA in progress with data protection team 4) PID supported providing clarity on governance</p>

Meeting:	NHS Fife Board
Meeting date:	27 January 2021
Title:	Project Bank Account
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Tracy Gardiner, Project Accountant

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Legal requirement

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

- Effective

2 Report summary

2.1 Situation

The Elective Orthopaedic Centre is pending FBC approval. Once approved a project bank account has to be set up to process the PSCP payments – SG states any building project over £2m must have a separate project bank account.

The bank RBS has advised that the project bank account can either be set up within the existing NHS Fife Bank Account profile, advising that the contractor would not be able to view any of our banking information, or to set up a separate profile altogether for NHS Fife project bank accounts. This profile would only hold individual project bank accounts for the EOC and any planned projects over £2m in the future.

2.2 Background

The Review of Scottish Public Sector Procurement in Construction noted that the construction sector suffers from endemic late and extended payment terms between businesses. Scottish Government's Procurement and Property Directorate worked with the banking sector to develop Project Bank Account services, including Scottish Government's Banking Services Framework Agreement.

Project Bank Accounts (PBAs) are ring-fenced accounts which see payments made directly and simultaneously by a public sector client to members of the construction supply chain.

The purpose of a PBA is to hold money in trust for the benefit of named beneficiaries and disperse payments direct to them. The account will be opened in the joint names of the employer NHS Fife and main contractor. Both parties must also sign the trust deed and instruct the bank to authorise payment from the PBA to named beneficiaries. Both must agree the way which the account is to operate, including what they expect of each other and circumstance where action is needed to make payments.

2.3 Assessment

The project bank account is mandatory and has to be set up for the Elective Orthopaedic Centre.

The project accountant has been nominated as Project Bank Account Champion – this involves co-ordinating corporate PBA activity, including engaging with the bank, integrating SG guidance with local instructions, promoting continuous improvement and linking into Scottish Government's PBA activities.

2.3.1 Quality/ Patient Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

N/A

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

Executive Directors' Group – 19th November 2020

Finance, Performance & Resources Committee – 12th January 2021

2.4 Recommendation

The Board is asked to endorse the establishment of this account and is asked to approve the process of creating a project bank account for the Elective Orthopaedic Project to commence once FBC is approved. The Board is also asked to agree to either a combined profile or a separate profile being set up for project bank accounts.

3 List of appendices

N/A

Report Contact

Tracy Gardiner

Project Accountant

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Clinical Governance Committee: Chair and Committee Comments

NHS FIFE CLINICAL GOVERNANCE COMMITTEE

14 JANUARY 2021

Covid - substantive item

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON THURSDAY 14 JANUARY 2021 AT 2PM VIA MS TEAMS

Present:

Dr Les Bisset, Chair	Martin Black, Non-Executive Member
Sinead Braiden, Non-Executive Member	Wilma Brown, APF Representative (left 3.45pm)
Helen Buchanan, Nurse Director	Rona Laing, Non-Executive Member
Janette Owens, Incoming Nurse Director (left 3.30pm)	Dona Milne, Director of Public Health (left 4pm)
Dr Chris McKenna, Medical Director	Carol Potter, Chief Executive
John Stobbs, Patient Representative	Margaret Wells, Non-Executive Member
David Graham, Non-Executive Member	

In Attendance:

Nicky Connor, Director of Health & Social Care	Scott Garden, Director of Pharmacy & Medicines (left 3.30pm)
Dr Rob Cargill, AMD ASD (left 2.30pm)	Claire Dobson, Director of Acute Services (left 3.40pm)
Gillian MacIntosh, Board Secretary	Susan Fraser, Associate Director of Planning & Performance
Elizabeth Muir, Clinical Effectiveness Coordinator	Helen Woodburn, Head of Quality & Clinical Governance
Catriona Dziech, Note Taker	

Dr Bisset opened the meeting by noting the Committee's ongoing appreciation to staff for their resilience during the second wave of the pandemic. Although staff may be tired, they are showing perseverance and making a massive commitment, for which the Committee is very grateful.

Dr Bisset advised that, due to the current pressures the Directors were facing, the agenda only contained items that required to be considered, and it had been agreed that some of these may be verbal reports. The governance situation remains robust and the minutes would record any decisions taken. Any presentations would be issued to the Committee by email.

It was noted there was significant pressures within the Acute site at the present time and it was agreed that any members who needed to leave to address these issues could do so.

1. Apologies for Absence

Apologies were noted from Lynn Campbell and Dr Helen Hellewell.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the Meeting held on

The note of the meeting held on 4 November 2020 was formally approved.

4. Action List

All outstanding actions were discussed and will be updated on the separate rolling Action List.

5. MATTERS ARISING

5.1 Seasonal Flu Programme 2020 Action Plan - Progress Update

Dona Milne advised that this SBAR provides an update on the implementation of the action plan following the recent seasonal flu review. Progress has been made around the governance arrangements, which remained under review. As a result, there will be more frequent meetings of the Area Immunisation Steering Group and Public Health Assurance Committee. This will take account of the recommendations and also the additional work associated with Covid Vaccination Programme.

Dona Milne raised the issue of additional capacity within Public Health, which is required due to the level of activity. This continued to increase and she was working jointly with the Partnership to discuss how to share out some of the tasks and use some of their team to take forward some of that work.

There remain discussions around how to manage governance, links with public health and the delivery of the programme and clarity around the tasks that sit with the Partnership. Dona Milne, Nicky Connor and Scott Garden will meet to discuss further. Carol Potter had received an SBAR around the various responsibilities and we are now at the stage of defining the structures and delivery mechanisms going forward.

Dr Bisset thanked Dona Milne for her update and noted a number of actions have been dealt with and are now in place. There are also clear mechanisms for closing the rest. Dr Bisset asked that this item be brought back to the next meeting, to close off this item from the agenda.

Action:DM

5.2 Item 186 – Survey Update: Engagement and Participation in service change and redesign in response to Covid

Helen Buchanan advised that a questionnaire had been issued back in the Summer 2020 to all our services. Instances of participation and engagement work were entered via a Survey Monkey platform, to record what had been undertaken as a service change during the pandemic. This has been returned to the SGHD.

A further letter was received from SGHD in November 2020 as a reminder that if there was any significant service change, to make sure we engage and consult with the public as much as possible. This was circulated to all Managers and Services to highlight that if changes are being made, and there is time, we will consult and engage. This is not always possible, however, especially under current circumstances. A lot of

this work is under the direction of SGHD, who themselves have not consulted or engaged on many of the things we have had to do, as it has had to be done very quickly. As we move through the Pandemic, the commitment is that if services are staying the same, we will ensure the relevant engagement processes is implemented.

Helen Buchanan closed by confirming NHS Fife responded to SGHD with the information requested.

Dr Bisset thanked Helen Buchanan for her verbal update.

The Committee noted the update and closed this action.

5.3 Item 187 – Bill to incorporate the United Nations convention with Rights of the Child

Helen Buchanan advised that a letter was received in October 2020. Scotland is the first country in the UK to directly incorporate the Convention as part of a Scottish Parliament Bill, which went through in September 2020. This is good news, as it makes sure the Rights of Child are not incompatible with anything undertaken in legislation. The child has the right to go through legislation if they think there is anything proposed that is against the guidance. The Children and Young People's Right Impact Assessment is now an integral part of the NHS Fife EQIA process. This was established with the Human Rights Group and the Children's Services. The SGHD will publish a report annually to monitor any actions and outcomes.

Dr Bisset thanks Helen Buchanan for her verbal update.

The Committee noted the update and closed this action.

5.4 Item 190 – Risk 1652: Lack of Medical Capacity in Community Paediatric Service

Dr Cargill advised this report was being brought to the Committee two months ahead of the previously planned schedule.

The Committee noted:

1. The significant vulnerabilities of the Community Paediatric Service;
2. The risk based approach to clinical prioritisation;
3. Supported a programme of improvement to work to progress a full system redesign in partnership with the Health and Social Care Partnership and Acute Service Division;
4. Noted the requirement for CAMHS support for children and young people with ADHD; and
5. Noted that further service redesign is ongoing to develop a sustainable clinical service.

In taking comment, it was recognised that collaboration with other Board areas has been explored and proved successful with Lothian and Borders, specifically around supporting child protection issues. Attempts were made to engage with Tayside around network arrangements for a holistic Community Paediatric service but this had

not been successful at this time. These possibilities will remain live. At the moment cross-border collaboration has not been a solution to our capacity problems.

Dr Cargill highlighted that there is a statutory responsibility within community paediatrics in terms of child protection. There is collaboration between community paediatrics and hospital-based paediatrics around these responsibilities, with further appointments into the medical paediatrics services in hospital, which offers resilience around the child protection duties that are shared across these two teams. These comments were echoed by Helen Buchanan and she advised these requirements are highlighted within the Child Protection Report.

Helen Buchanan noted that, in terms of child protection work, a lot of mitigation has been put in place at the moment. The NCM they feel their service is okay at the moment, in terms of that part of the business, and assurance was given.

Dr Bisset thanked Dr Cargill for his report. The Committee noted the recommendations and supported the programme of improvement work.

5.5 Update on Integration Scheme Review

Nicky Connor advised that a revised final draft Integration Scheme has been sent to NHS Fife and Fife Council for consideration and any comments are asked to be back by 18 January 2021. Thereafter, the group will be reconvened to consider any feedback and hopefully move to conclusion. A revised Scheme would then be taken through the governance structures in line with the timeline that was outlined.

Dr Bisset thanked Nicky Connor for her verbal update.

6 COVID-19 UPDATE

6.1 Covid-19 Vaccination Programme Update

Scott Garden shared a presentation with the Committee, which set out details on:

- Progress to date
- Lessons Identified
- Vaccine Development
- Local Delivery Plan
- Challenges Ahead

Key points to note from the presentation were:

- In relation to care homes, 2,800 care home staff and 2,200 care homes residents have now been vaccinated.
- 81% of all those eligible in care homes have had their first dose of the vaccine
- Around 12,800 vaccinations have been delivered in Fife. This does not capture the over 80s who are not in a care home and are being vaccinated at their GP surgery. GPs enter their data directly into the GP IT record and are not using the vaccination app. This data will be captured in the overall figures but will take longer to come through.
- Moderna vaccine will not be available until April 2021.

- Astra Zeneca vaccine is used by GPs to vaccinate the over 80s as there are no logistical issues on storage.
- Half of GP Practices received the Astra Zeneca vaccine last week and began vaccinating practice staff. From this week, they will begin vaccinating the over 80s on the practice list. All Practices should see a delivery of vaccines by end of this week, with an anticipated completion date for the over 80s by mid February 2021.
- The four Nations have agreed the decision to extend the dosing interval to twelve weeks.
- There are currently four clinics delivering health and social care worker vaccinations in Victoria Hospital, Randolph Wemyss, Queen Margaret and St Andrews. Four thousand appointments will be delivered weekly through the four clinics. This should enable us to complete the health and social care worker vaccination first dose by around 5 February 2021.
- Flags have been raised around the proposed scheduling process but assurance was given to the Committee we have the process in place to action this at a local level.
- Working with Police Scotland to monitor security of the venues.
- Checklists are signed off by Silver Command for all venues.

The main challenges highlighted were around vaccine supply and planning assumptions; scheduling, particularly use of or linkages to the national scheduling tool, and ensuring effective communications, such as managing expectations from the public given the scale of the ask.

Dr Bisset thanked Scott Garden for his comprehensive presentation.

Carol Potter advised that she had a call with the new national Programme Director, Paul Hawkins, and had given feedback on the delivery of the programme thus far. Although nothing specific to add to the comprehensive presentation delivered to the Committee, Carol Potter wished to acknowledge the enormous effort by staff across the organisation.

In taking comments it was noted there are no shortages of batch testers and there is capacity to increase the supply of vaccine in due course. Contingency plans are in place for contacting people called for vaccination, to ensure they are appointed appropriately. Local appointments will be delivered within a 10 mile radius of an individual's home, and further information will be issued in due course on the mass programme.

Wilma Brown highlighted that, from a staff side perspective, the information and directive around the delay of the second dose of the vaccine did not go down well initially. This was in part the lack of notification given by the SGHD. However, she thanked Scott and his team, and in particular Ben Hannan, for their local communications. We were able to get on top of it, speak to staff and get explanations out to staff so people are now far more reassured. Wilma Brown asked that the minutes should note the dedication and passion of the whole Pharmacy team to get this project right.

Dr Bisset closed by asking Scott Garden to pass on the Committee's warm thanks and congratulations to the whole of his team.

The presentation was issued to the Committee (via email) on 14 January 2021 by Helen Woodburn.

6.2 Expansion of Covid-19 Testing

Dona Milne advised that, regrettably, she had not been able to produce paper due to ongoing demands and changes to national plans. A paper will however be taken to EDG on Monday 18 January 2021 and then be issued to the Committee by circulation.

Dona Milne advised that, since Christmas, there has been many letters received from SG which require action. There are new requirements for staff testing, patient testing, care home staff, care at home staff, and this has been extended to staff at work within sheltered housing and other housing situations. This is an extensive list and requires governance and follow up. The teams have been working hard to ensure measures are in place to support.

There will be two new additional asymptotic testing sites within Fife, one in Kirkcaldy and one in Levenmouth. The mobile site currently based at the Michael Woods Centre in Glenrothes will move to a static site in Glenrothes. This has been done in partnership and our colleagues at the Council have been excellent in assisting with this.

There is likely to be an announcement shortly around asymptotic community testing. A letter was received on 24 December 2020 requesting a proposal by 8 January 2021. Following submission, both Grampian and Fife were selected to take forward work and receive funding to put in place asymptomatic testing. The majority of staff will be redeployed from the Council. It is a short-term programme, running for two months initially and then possibly longer term.

A new approach is being considered around wastewater testing, whereby wastewater will be used to see if there is Covid circulating within a community. These areas will then be targeted with asymptomatic community testing within Fife. The new proposal also comes with isolation support, in particular around areas of deprivation, where individuals might find it difficult to isolate due to financial concerns.

The Committee noted the update and that a further paper will follow by circulation.

7 REMOBILISATION OF CLINICAL SERVICES

7.1 Update on Remobilisation and Clinical Prioritisation

7.2 Update on Redesign of Urgent Care

Dr McKenna advised that we are currently very much in a second wave of the pandemic, so all services across Acute and H&SCP are remobilised to respond to this. There are enhanced critical care services at VHK and enhanced Covid inpatient facilities at VHK, as well as across the Partnership. This also impacts on how we respond to routine Winter Planning.

Elective services have been stepped back to dealing only with cancer and urgent cases. The majority of routine elective work and routine outpatients have been stood

down to remobilise staff to deliver care in other parts of the system. This is being closely monitored but the impact will be significant in terms of performance in these areas, which will become apparent in due course. Remobilisation out of this will be a significant undertaking. SGHD have delayed the request for the submission of our Remobilisation Plan until February 2021 due to the pressures of the current situation.

In terms of redesign of Urgent Care, this continues as a soft launch. A hard launch was planned for January 2021 but was postponed due to concerns around the resilience of NHS24 services. Our flow navigation hub is however working successfully. There are pressures within the Emergency Department in order to respond to the senior decision-maker requests but this is being managed.

In taking comment it was noted that cancelled operations will continue to be actively managed and waiting lists reviewed in a clinically prioritised manner.

7.3 Winter Performance 2020-21

Helen Buchanan advised that this is the Winter Report for 2020/21, detailing performance to the end of November 2020. Helen Buchanan gave the Committee assurance that she currently meets regularly with Nicky Connor, Claire Dobson and Susan Fraser to discuss winter performance and any other current issues. Any issues from Bronze Command are escalated to them for resolution and, if required, these can be escalated to Gold Command. Assurance was also given that the correct pathways are in place within the community and hospitals to ensure patients are safe.

Claire Dobson advised that the position at VHK is very challenging at present and currently the critical care situation is escalating. We are currently at Stage 3 in the escalation plan and close to approaching Stage 4. We have only ever been in this position once over the course of the whole pandemic. The particular challenge is around staffing, but this is being worked through to deploy staff and support the required areas.

The number of Covid patients within the hospital has increased over the past week and other areas are being flexed to accommodate these patients. This means making wards red. Where amber surgical and medical patients were being cared for previously, these have become red to look after Covid positive patients.

The Emergency Care Department is under pressure and has seen increased trauma cases presenting with the recent icy weather.

Claire Dobson advised that, although we are in a challenging position, staff continue to work through and are grateful for the support of EDG Gold Command and Silver Winter Group.

Nicky Connor advised that there is a challenge across the whole system. There have been multiple ward closures within the community hospitals, which are being managed in line with infection control advice, IMTs and PAGs. There is a challenge around care home and care at home sectors, both in terms of closures and self isolation of staff. A strong focus is being maintained on the Home First model. This has been managed

well over winter in terms of the delay position, but this has been more challenging this week as the pressures grow across the system.

Information is fed in on a daily basis to whole system discussions through the Bronze Group and we are able to bring in partners across independent partners and the voluntary sector.

In closing, Dr Bisset asked that grateful thanks be passed on to staff during this rapidly changing and challenging situation.

The Committee noted the report.

8 GOVERNANCE

8.1 Board Assurance Framework – Quality & Safety

Dr McKenna advised that there were no significant updates or changes to the associated risks. Dr McKenna and Helen Buchanan are looking at the whole risk profile and will ensure red risks are captured and a process is in place to ensure they are on the BAF.

In taking comment, it was noted the EU Risks would remain on the BAF meantime, as the effects of Brexit might continue to become apparent for some time.

It was also noted that a risk should be added around the community paediatric service. This issue would also be raised with the Child Protection Committee.

Action: HB

The Committee approved the Quality & Safety BAF ratings.

8.2 Board Assurance Framework – Strategic Planning

Dr McKenna advised that there were no significant updates or changes to associated risks. This BAF will be reviewed as we emerge from the pandemic to look at how we combine remobilisation, transformation and strategic planning. Dr McKenna has spoken with Margo McGurk to see how we can align each of the Directors and their responsibilities with the overarching delegation of strategic planning.

The Committee approved the Strategic Planning BAF ratings.

8.3 Board Assurance Framework – eHealth (now Digital & Information)

Dr McKenna advised that a couple of risks have been removed, as they were no longer applicable. There are a number of risks on the register that the Digital & Information Team work to mitigate against the number of risks that exist within that environment.

The Committee approved the Digital & Information BAF ratings.

9 REQUESTED PAPERS

There were no requested papers for the Committee to consider at this meeting.

10 QUALITY, PLANNING AND PERFORMANCE

10.1 Integrated Performance & Quality Report

Dr McKenna advised that there are no significant concerns, although performance around completing complaints against the key deadlines remain a challenge.

Helen Buchanan advised that Keith Morris had highlighted that, for last year's performance, there was 82 SABs, the lowest on record since 2005. There has been no MRSA case for a calendar year on any of those SABs. Helen Buchanan advised that there had been many issues around workload and workforce, but we have managed to keep our SABs down.

Dr Bisset asked that thanks be passed on to Keith Morris and his team for this great achievement.

Action: HB

Dr McKenna highlighted that the reduction in Major and Extreme Adverse Events was due to the removal of tissue viability on admission from our data collection. A lot of scrutiny also goes into what is classified as major and extreme, with certain things that may have been previously over-graded now being appropriately graded. This is reviewed weekly by Dr McKenna and Helen Buchanan.

The Committee noted the report.

10.2 IRMER Final Report – Victoria Hospital 28-29 January 2020

Dr McKenna advised that this report was being presented to the Committee for assurance.

The IRMER inspection process has changed recently and HIS now undertake inspections. It was a very positive inspection, with four follow-up requirements, which have been actioned and completed by Radiology Team.

The Committee noted the report.

11 PUBLIC ENGAGEMENT AND CONSULTATION

11.1 Public Engagement and Consultation Update

Helen Buchanan advised that a paper had previously been considered in February 2020 around Public Engagement and Consultation, and a proposed new structure to be put in place to replace the Participation and Engagement Network (PEN). Following sign-off, a working model was put together for participation and engagement, which was different across Health and Social Care. An Advisory Group was put together and a process established whereby if a service development or change was being proposed, it would be taken to the Advisory Group. The Advisory Group consists of a range of individuals across health and social care and they would consider if the proposal required engagement or consultation. The Group would then support that

process. There is a large directory / database of public contacts, so this is used to consider relevant participation.

This process has been used a lot over last few months and was recently utilised for proposed changes to mental health services and to seek public input into the Fife elective orthopaedic build.

New members have engaged with the system and an advert will be going out shortly for a new Chair, who will be a member of the public.

The model developed has been to the Scottish Health Council at the SGHD, who are keen that other Boards adopt this process, as it shows good practice for health and social care sectors to follow.

The end part of the process will be completed and Helen Buchanan gave the Committee assurance the work is being taken forward. Donna Hughes will bring back a report to the Committee on the work they have undertaken in the last year.

Action: HB

Dr Bisset thanked Helen Buchanan for her verbal update, welcoming the work done thus far.

11.2 Equality Outcomes 2021-25

Helen Buchanan advised that this report sets out the proposed Equality Outcomes for the period 2021 to 2025.

Helen Buchanan said it was important that the work that has already been done in the previous equality plan is not lost and it serves as a foundation for this plan. Other areas have been looked at to consider how to take forward equalities. There include:

- Improving and protecting the health of local people
- Improving health services for local people
- Focusing clearly on health outcomes and people's experience of their local health system
- Promoting integrated health and community planning by working closely with other local organisations
- Providing a single focus of accountability for the performance of the local NHS system.

It was agreed that, before the report was taken to the Board, Helen Buchanan and Rona Laing would meet to consider and expand on the rationale behind the outcomes given therein.

Action: HB / RL

The Committee noted the report and that it would be amended and taken to the Board at its March 2021 meeting.

11.3 Mainstreaming Final Equality Report 2017-21

Helen Buchanan advised that this report sets out the information and detail of the work undertaken over the past four years to progress the agreed set of equality outcomes for the period 2017-21. The report also contains details of our mainstreaming activity across different services (although these are not exhaustive) and how we intend to continue to make progress against these actions during the next four-year period.

In taking comment, it was noted the report highlights the huge amount of work that has been carried out over the past four years and the excellent outcomes. Members welcomed the useful examples and information given therein.

The Committee noted the report.

12 DIGITAL AND INFORMATION

12.1 Information Governance and Security Group Terms of Reference

Dr McKenna advised that the Terms of Reference are still being worked on and will be brought back to the next meeting of the Committee. It has been agreed that this is the correct route for governance issues relating to Digital and Information (D&I) to be brought to the Committee. Although there is no specific update at this time, Dr McKenna advised that D&I colleagues continue to prioritise work that is Covid-related, as per Government instruction. This may however result in the timetable for the implementation plan for the Strategy falling behind from that originally planned.

Dr McKenna advised that Lesly Donovan, Head of eHealth, is retiring in March 2021. It is hoped that her replacement - Alistair Graham from NHS Tayside - will start in February 2021, to have a handover period with Lesly Donovan.

Dr Bisset asked that the Committee's thanks be passed on to Lesly Donovan and her team for all their hard work, and especially the extra work undertaken during the pandemic.

The Committee noted an update would follow in due course.

Action: CMcK

13 ANNUAL REPORTS

13.1 Fife Child Protection Annual Report 2019-20

Helen Buchanan advised that this report sets out the challenges faced in this unusual year. Helen Buchanan advised that this year a group was established underneath the Child Protection Committee. This group included Helen Buchanan, the Chief Social Worker, and had police involvement (as with the full committee, but with less stakeholder representatives). Their task has been to look at the dashboard that came forward regarding individual referrals and reviews. This was to ensure nothing was being missed during this busy time, when data might not be as robust as normal. This group continues to meet on a weekly basis.

There has been a drop in data during the pandemic but there is a National and Local campaign to report issues. Domestic violence has also been on the increase.

In taking comment, it was noted that there are issues with GP training but this is being actively worked on. Training is not mandatory for GPs and is available on LearnPro.

Medical cover has been resolved with Lothian and others to make sure, through the MCN, there is Lead cover. There is no specific Lead for Fife in terms of Child Protection to help drive it forward. There is a concern children could potentially be missed but the Child Protection Committee are very focused on this.

Concern was expressed about what is not known at the moment. It was asked how we make this as safe a service as it can be in the current times and how the clinical governance element can address this. Helen Buchanan agreed to take this back to the Child Protection Team, incorporate it into the report and bring back to the Committee. Helen Buchanan advised that we have been very clear from a health perspective that the added alerts given to Health Visitors and others is to encourage them to raise any concerns. There has been a directive from SGHD and no staff have been removed from children's services or redeployed.

Action: HB

Carol Potter advised that, as Chair of COPS, a discussion had been held at the last meeting about reissuing a joint letter, which had issued previously from the three Chief Officers in Fife for Health, Council and Police. The letter was in relation to information sharing in the context of adults and child protection and was deemed good practice and replicated in other areas.

The Committee noted the information presented within the update, in particular the significant steps being undertaken to sustain and support strong safeguarding practice within the context of the pandemic.

13.2 Medical Revalidation 2019-20

Dr McKenna advised that this report was for noting and assurance. The report will look different next year, due to the changes permitted by the GMC to move forward revalidation dates to allow doctors to deal with pandemic pressures.

The Committee noted the report.

13.3 Area Radiation Protection Annual Report

Dr McKenna advised that this report provides assurance to the Committee around the safety of Ionising Radiation and the processes and procedures in place to keep staff and patients safe. This paper also includes details on the governance and reporting arrangements when there are incidents.

The Committee noted the report.

14 LINKED COMMITTEE MINUTES AND ANNUAL REPORTS – FOR INFORMATION

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

- 14.1 Acute Services Division Clinical Governance Committee (11/11/2020)**
- 14.2 Fife Area Drugs & Therapeutics Committee (07/10/2020 & 02/12/2020)**
- 14.3 Fife HSCP Clinical & Care Governance Committee (13/11/2020)**
- 14.4 Research & Governance Group (29/10/2020)**
- 14.5 Health & Safety Sub Committee (11/12/2020)**
- 14.6 Integration Joint Board (IJB) (23/10/2020)**
- 14.7 Infection Control Committee (07/10/2020)**
- 14.8 Public Health Assurance Group (26/22/2020)**
- 14.9 NHS Fife Resilience Forum (18/11/2020)**
- 14.10 Area Radiation Protection Committee (11/12/2020)**
- 14.11 Ionising Radiation Medical Examination Regulations Board (IRMER) (20/08/2020)**

15 ITEMS FOR NOTING

15.1 HAIRT Report

The Committee noted the report.

15.2 B06/21 NHS Fife Annual Internal Audit Report

The Committee noted the findings of the report, particularly those related to its area of remit.

15.3 B25/20 Capital Management – NHS Fife Elective Orthopaedic Project

The Committee noted the report.

15.4 SPRA and Remobilisation Plan – processes January – March 2021

The Committee noted the report.

16 ISSUES TO BE ESCALATED

It was agreed Covid will be a substantive item on the Board agenda and many of the issues discussed today would feature. Dr Bisset would liaise with Dr McKenna about any further items for escalation.

17 AOCB

There was no other competent business.

18 DATE OF NEXT MEETING

Thursday 11 March 2021 at 2pm

Finance Performance and Resources Committee

Finance Performance and Resources Committee
(Meeting on 12 January 2021)

The Committee discussed and confirmed support for the SPRA process which will help guide and shape the development of the medium term operational, workforce and financial plans.

The Committee considered the OBC for the proposed new Laboratory Information Management System (LIMS). Whilst there was support for this service change, the Committee noted the requirement to further develop the financial case and to be clear on funding source.

The Committee discussed and confirmed support in principle for the OBC on East Region Recruitment Transformation.

The Committee also discussed the forecast financial position for 2020/21 noting specifically the expectation that SG will confirm their position in January in relation to the treatment of offsetting costs and funding for Health Board undelivered savings which have arisen as a consequence of the pandemic.

The Committee also noted the position in relation to the IJB risk-share arrangement for 2020/21 which may be significantly reduced in the event that SG confirm funding to support social care undelivered savings associated with the pandemic.

**Unconfirmed
MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING
HELD ON 12 JANUARY 2021 AT 09:30AM VIA MS TEAMS**

**Rona Laing
Chair**

Present:

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

In Attendance:

Mrs N Connor, Director of HSCP
Mr A Fairgrieve, Director of Estates & Facilities
Mrs L Douglas, Director of Workforce (for Item 7.5 only)
Mrs S Raynor, Senior HR Manager (for Item 7.5 only)
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
Mrs R Robertson, Deputy Director of Finance
Miss L Stewart, PA to the Director of Finance (minutes)

1. Apologies for Absence

There were no apologies received.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 10 November 2020

The Committee formally **approved** the minute of the last meeting.

4. Action List

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

It was advised that, for Action 138, today's paper on Strategic Planning and Resource Allocation Process 2021/22 to 2023/24 covers the issues which would have been discussed at the proposed Development Session. Further sessions will be organised when the immediate pressures of the pandemic have eased. This specific action will be closed.

It was advised that, for Action 141, due to continuing pressure on the service, the planned update to the Committee will be delayed until Autumn 2021.

5. MATTERS ARISING

5.1 Update on Smoke Free Environment Strategy

Mrs Nicky Connor, Director of HSCP, gave a verbal update to the Committee.

It was highlighted that a staff survey was recently undertaken to look at how to support the implementation of the legislation and policy framework. It was identified that further work was required regarding additional training on management of nicotine addiction and smoking cessation. The Health promotion department have been working closely with mental health services and have developed training that will be rolled out to support this work.

The senior manager initially leading this workstream has retired, the service is in the process of appointing a new senior manager. There should be an appointment in the coming weeks.

Scottish Government has provided an update that the legislation has been delayed due to Brexit and Covid pressures, but work will be continuing in Fife to support the implementation of training.

A further update will be provided to the Committee in Summer 2021, but if there is any significant progress in advance of this the Committee will be made aware.

The Committee **noted** the verbal update on Smoking Cessation.

6. GOVERNANCE

6.1. Board Assurance Framework – Financial Sustainability

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

It was highlighted to members that the BAF has not changed significantly since the last Committee meeting. The key issue to highlight to the Committee is that, due to a range of pressures, including the Acute Spend, the potential impact of Covid and the potential impact of the IJB risk share, the Executive team have agreed this should remain high risk at present. There is potential that the risk could be reduced to a moderate level in March 2021, in the event that the Scottish Government agree to provide support on unachieved savings, which for Fife is £8.5m. The Scottish Government have asked for a detailed return to be made by 15 January; this should also include the significant undelivered savings for the H&SCP social care budget. It is likely that some support may be provided, and it is thought that they may be able to retain some of the retained offset costs. It is expected that there will be a clearer position to report for the February 2021 Board Development session.

It was highlighted that most of the forecast overspend for the IJB is in relation to undelivered savings on Social Care. Similar to Fife Health Board, it is thought that, if the Partnership is fully funded on that aspect, then the potential risk share impact could be reduced.

Mr Eugene Clarke questioned the likelihood of an agreement on the Risk Share in the near future. Mrs Carol Potter responded, advising that it remains a live issue. Mrs Margo McGurk has been working tirelessly on this with her counterpart Mrs Eileen Rowland from Fife Council. The proposed revision to current arrangements is currently sitting with the Chief Executive of Fife Council and herself. We are not in agreement yet, but both parties are committed to reaching an agreed position on it. Until a final settlement can be reached, arrangements will remain on the existing terms.

Mr Alistair Morris highlighted that the financial position is more positive than expected. If NHS Fife is permitted to retain offsetting expenditure, he queried whether this would improve the position next financial year. Additionally, the money saved from reduced activity in elective procedures will create a backlog, which may increase costs in future. He asked how this will affect planning going forward. Mrs Margo McGurk advised that, in terms of offsetting costs, the Board can only utilise the offsetting costs this financial year and are not permitted to have a carry forward for next year. The benefit will therefore be on the 2020/21 position. The Board will face the challenge of mitigating the financial gap which will be brought forward into 2021/22. It is important that the organisation embraces the new SPRA process moving forward and works to identify savings schemes to help achieve financial balance over over the coming 3 financial years.

It was also advised that current pressures on the system have impacted on the ability to deliver elective performance, and the services are considering plans to stage the recovery of this over time. Mrs Claire Dobson highlighted that, at this time, we are only able to deliver on the cancer elective surgery programme, and many other non-urgent work has been delayed. They are challenges on the Acute site with maintaining green pathways, given capacity issues. There is no firm date at present on when we can restart normal elective activity.

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

6.2. Board Assurance Framework – Strategic Planning

Dr Chris McKenna presented the report to the Committee on Strategic Planning. It was highlighted that this report will be presented for detailed discussion to the Clinical Governance Committee and is with Finance, Performance & Resources Committee for noting. There has been no significant change following the last iteration of the BAF, as the Board are currently in a state of active response to the pandemic. There is an ongoing requirement to deliver a remobilisation plan to SG. However, the request was made to the Board prior to the current position developing, and it is likely the original submission date will be extended. Due to the changing position, it is very challenging to plan under these circumstances. As the Board emerges from that position, strategic planning will be vital and the new SPRA process will be very important in helping shape that.

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

6.3. Board Assurance Framework – Environmental Sustainability

Mr Andy Fairgrieve presented the report to the Committee on Environmental Sustainability, and it was advised that there had been no significant change to the previous version considered at the last meeting.

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

7. PLANNING

7.1. Strategic Planning and Resource Allocation Process, 2021/22 to 2023/24

Mrs Margo McGurk introduced the SPRA paper to the Committee. It was highlighted that the Executive Team have agreed a revised approach to allow consolidation across the whole organisation and all programmes, to identify key objectives and operational objectives collectively for the next three years. It is important to recognise the key objectives in 2021/22 may be significantly influenced by Scottish Government direction and the range of political priorities that Fife are being tasked to deliver, against the backdrop of the pandemic. The aim is to deliver a meaningful and structured prioritisation process through embedding the new approach.

The expectation is that the Executive Team will consider outputs from the returns in January, which will inform the update to the Board Development Session in February. The Executive Team and Governance Committees will then have a further opportunity to review in March prior to year-end. However, there is an expectation that we will be required to submit the remobilisation plan to Scottish Government at the end of February, therefore a significant level of work will require to be completed by then. It will be important that the Non-Executives and Executives are jointly involved in this process.

It was emphasised that this approach is to triangulate the outputs from operational, workforce and financial planning. These will be focused on a medium-term approach to planning.

It was noted that there has been a really encouraging start to this new process and the paper indicates significant level of returns from the respective services. A consistent directorate approach is very helpful for the organisation as a whole. Several areas, such as Acute, have provided a wealth of information, which is very helpful for planning processes moving forward.

Mr Alistair Morris welcomed the new process. It was questioned whether a 'Plan B' approach will be in place, due to the uncertainty of the impact of Covid and Scottish Government support. Mrs Margo McGurk advised that, due to the pressures of Covid, some projects may require to be delayed within the first year of the plan, but a clear strategic plan for all areas requires to be in place for the next three years. All Boards face the same uncertainty on Scottish Government financial support in relation to Covid. The Scottish Government budget will not be confirmed until the end of February, therefore, when funding is confirmed, we will review our plans against those allocations.

Mrs Rona Laing questioned whether there is any forward planning in place for remobilisation and if there will be significant additional costs to be captured for this wave of Covid. Mrs Margo McGurk advised that, in the return submitted in September, Fife planned for increased activity of Covid to March 2021. The assumption that Fife would need to double ICU capacity

was included. Scottish Government have confirmed 70% of funding to date and have indicated that the further 30% will be funded. The next step is to submit the 2021/22 Remobilisation Plan to Scottish Government. Funding will be required but there is no confirmation of the level at present.

Mrs Rona Laing questioned whether there would be an opportunity to review and realign budgets if required throughout the year to provide effective allocation of resources. It is known that Acute is under pressure, for instance. Mrs Margo McGurk confirmed that one of the key aims is to ensure the effective budget alignment to areas of priority. For example, there is recognition of significant cost pressure in Acute to cover the budget required for safe staffing. A decision was made this year to reallocate an additional £1.5 million to support this.

The Committee **noted** the update on the SPRA process and progress made on the submission to date. The Committee provided full support towards this process and welcomed the work done thus far.

7.2 Winter Performance Report

Mrs Helen Buchanan introduced the report to the Committee, advising this was the position until November 2020. It was highlighted that Claire Dobson and Nicky Connor will be invited to provide an update to the Committee, which will clarify the current position in terms of winter. The Committee was provided with assurance that the Winter Planning Group are meeting when required to discuss activity within the Acute and community services. Any issues which require escalation go through Silver and then Gold management groups, with a clear command structure. The Winter Plan is a single system approach, and Claire Dobson and Nicky Connor are working together closely to ensure this is as effective as possible. The initial focus is on care closer to home, which is at the forefront of the plan and escalation plan that has been worked through the last couple of months. This winter has been challenging, with the added complexity of Covid. Not only are the number of patients higher than usual, but it has also been a challenge to maintain pathways due to infection control measures.

Mrs Claire Dobson provided an update to the Committee on Acute Services. It was noted it is very challenging at present, but the Winter Plan and Silver Command group have been an anchor for all discussions. At present there is double red ICU capacity and an amber ICU in a recovery area, which have been challenging to staff from a workforce perspective. One ward has been turned into a red zone to support demand. Acute have been able to reinstate the green pathway for cancer patients this week. The Emergency Care department has faced significant challenge due to the recent weather conditions, which have resulted in an increased level of trauma patients, particularly with fractures. The team are working through challenges day to day and are working collaboratively to support this.

Nicky Connor provided an update for HSCP. The approach this winter was focusing on the Home First model. This approach has led to a significant increase in discharges to patients' homes, which is better for patients and their families. The whole system approach has been a success. One area which has improved is the Delay Performance, and this has been consistency lower this year compared to the previous year. A further improved area is on length of stay within community hospitals. There has been a reduction in bed day occupancy; however, this is primarily due to the reduction in bed day numbers due to physical distancing. The surge plan has been activated which has opened up additional bed capacity. Teams are working together to provide support, which has been really positive, despite the pressures.

Mr Alistair Morris asked if there has been added pressure due to care homes not being able to take on new residents. Mrs Nicky Connor confirmed this remains a challenge. At present there are circa 20-25 care homes closed to new admissions at any given time. However, there are a high number of care homes in Fife (approx. 76). The Care Home Directors' Group meets weekly and the Safety Huddle meet on a daily basis to ensure there is enough support in place. It was highlighted that collaboration with Independent Providers has been productive. There was a meeting last week to enable challenges to be discussed and look in detail at how they can be supported.

Mrs Rona Laing asked if the vaccine will have any impact on reducing the number of care homes which cannot take admissions. Mr Scott Garden highlighted that great progress has been made with the roll-out of the vaccine. Care Home residents and staff have been administered the first dose of vaccine. Those who were unwell or had Covid have not received that, but a team will be going out in the next couple of weeks to review that in advance of the 2nd dose, which will commence 12 February. The team are also looking at options and the complexity to provide a vaccination to patients on discharge from hospital prior to going into a care home. The more people vaccinated will generate less risk in the system.

Mrs Helen Buchanan highlighted that working with a full system approach has been very important this year. The SBAR highlights that there has been a significant reduction in delayed discharge figure compared to last year, which has been very positive. It has reduced from 70 down to 15 bed days.

Mrs Carol Potter commended everyone who has been involved in this work. This is the most challenging Winter ever experienced and Fife have seen amazing progress. The team have delivered system wide working very well, which is very reassuring to see. Members joined in congratulating the teams involved.

The Committee **noted** the report.

7.3 Orthopaedic Elective Programme – Programme Bank Account

Mrs Margo McGurk introduced the paper to the Committee. It was highlighted that a separate bank account is required to support the programme. The Executive Team are supportive and recommended the proposal is progressed for Board approval.

A point has been raised on whether it should be linked to the existing bank account or a completely separate one. Mrs McGurk advised her recommendation would be a completely stand-alone account.

It was noted that the Board has received a letter of comfort from Scottish Government to fund anticipated spend of £2.2 million by end of March 2021. This is required in advance of full sign-off on the business case by Scottish Government.

The Committee **endorsed** the establishment of the Project Bank Account and agreed to **recommend** the Board's approval of this. The Committee **agreed** to support a separate profile for this account.

7.4 Laboratory Information Management System (LIMS) National Outline Business Case

Mrs Claire Dobson introduced the paper to the Committee. It was highlighted that the current system will reach its end of life in 2022, and Fife is currently working with a consortium of 10 other boards to get a new system agreed. The paper advocated the consortium approach. It was agreed that the implementation of this system will be phased. The cost to NHS Fife is approx. £6.6 million over six years. There is a significant risk if the system is not replaced. The paper will also be considered by several groups to ensure everyone is aware and in agreement of the approach.

Dr Les Bisset highlighted that there will be clinical benefits of a new system. It was noted that the Evaluation User Group did not have any Fife representation and was this likely to cause any issues. It was also recommended that the paper be submitted to Clinical Governance Committee for discussion. Mrs Claire Dobson advised that she was not aware of any issues with there being no representative from Fife on the group and it was agreed the paper could be submitted to other committees.

Mrs Margo McGurk highlighted that the business case is a national piece of work and we will be required to translate it into a local business case, with local impact and outcomes. There has been significant work done by the capital accountant and Head of Digital to refine the costs, but the financials will require further review. For instance, within this business case no savings have been identified. This should be explored further. from the Committee should note that the Scottish Government have not yet confirmed funding.

The Committee **supported** the need for change and **agreed** to support in principle the national business case, subject to confirmation of Scottish Government funding. Although the Committee supported the National OBC in principle, this was subject to further clarification of local needs and impact.

7.5 East Region Recruitment Transformation

The chair invited Linda Douglas, Director of Workforce, and Sandra Raynor, Senior HR Manager, to present the paper to the Committee.

Mrs Linda Douglas highlighted that Recruitment Transformation is part of a long-standing shared services agenda at a regional level. Recruitment was seen as appropriate service as it will generate benefits from a regional approach. They have now reached the stage where seven health boards have agreed the broad principles. A single employer approach has been agreed, with multiple site locations. The benefits and implications are noted in detail in the business case. The ability of a larger group of people with a single focus will create a clear career structure for staff, which would not be in the gift of a single board. This approach will bring rationalisation and a better customer experience for the hiring managers and candidates applying.

Mr Eugene Clarke asked how confident the Board are that the system specifications for this will be adequate to support the specific needs of NHS Fife. Mrs Linda Douglas highlighted that there is a national recruitment system already in place across all Boards, and this system will not change going forward. It is hoped that further collaboration across Boards will enhance this.

Mrs Rona Laing highlighted that NHS Fife currently work closely with local colleges and universities for local recruitment initiatives, in particular for student nurses. She asked if this regional approach might impact the local process in place. Mrs Linda Douglas emphasised that they will continue all local work, and it would remain in each Board's individual gift to take forward specific recruitment campaigns such as these.

Mrs Rona Laing referred to the time to hire benefits noted in the business case. The average is presently 18 weeks, and is it expected there will there be benefits to Fife in being part of this wider system. Mrs Sandra Raynor highlighted that NHS Fife is already in a good position, sitting at an average time to hire of 16 weeks. It is felt the situation would only improve with a regional approach.

It was highlighted to the Committee that the next steps would be that they will continue to develop the proposed Regional arrangements. Staff Governance Committee and the Board will be sighted for scrutiny and decision making, in particular for TUPE Transfer confirmations.

The Committee **considered** the Business Case and **agreed** to support it in principle.

8. PERFORMANCE

8.1 Integrated Performance & Quality Report

Mrs Claire Dobson was invited to provide an update on Acute Services performance. The Committee were advised that this report shows figures for October 2020. It was noted that, for the 4-hour access figure, the performance reflects capacity challenges experienced across the hospital at that time. In comparison across Scotland, Fife are however generally in a positive position. Attendance across the Emergency Care Directorate was reduced. The TTG position in October indicated improvement. There was a reduction in the number of patients waiting more than 12 weeks. There were challenges in critical care, and the workforce had to be mobilised to support this as they doubled the Red ICU capacity. This therefore impacted on theatre capacity. Diagnostic and Radiology showed improvement. The cancer 62-day RTT reduced in performance due to six breaches in the prostate pathway.

Dr Leslie Bisset queried if there have been significant delays to patients receiving diagnostic results and if there was a way to track this. Dr Chris McKenna advised that all timescales at present are within acceptable levels, however there is not a central system currently in place which tracks this.

Mrs Nicky Connor was invited to provide an update on Health and Social Care Performance. The Committee were advised that a detailed discussion took place at the last meeting regarding CAMHS and Psychological Therapies, and these areas continue to be challenged in terms of managing both length of longest waits and referrals. Due to competing pressures, the report on this will be delayed, but work is still underway, which will be reported to the Executive Team. The position regarding delay was highlighted under item 7.2 Winter Plan. The position is improving. The smoking cessation service has been challenged as this team have been required to support other workstreams linked to Covid support.

Mrs Margo McGurk was invited to provide an update on Financial Performance. It was highlighted to the Committee that, in terms of the revenue position in October, there was a

year to date overspend of £2.8 million. This is driven by three elements; core run rate, core savings performance and COVID unmet savings. There is a significant impact from Covid on the delivery of efficiency savings as described in detail on Section 8, Table 4. The Board has only achieved the recurring savings of £3.5 million against the baseline target this financial year of £20 million. This will create a significant challenge into the next financial year.

The Committee were guided through the year-end forecast described in Section 8, Table 5.

Mrs Margo McGurk advised that the Capital Position is positive, the full allocation will be spent in line with the agreed plan by the end of the financial year. The November position draft report however notes a reduction in the anticipated spend of the elective orthopaedic centre of £2.3 million. This is a result of a delay in receiving planning consent from Fife Council for the car parking area which must be delivered before construction can start. This has resulted in construction which was planned to start in October 2020 now being deferred to January/February 2021. Scottish Government have been advised and have agreed they will re-provide the £2.3m funding in 2021/22.

Mrs Rona Laing referred to Item 5.4, drugs and prescribing. A forecast overspend of £1 million has been highlighted, one of the issues relates to the implementation of Freestyle Libre exceeding the forecast. She asked if the budget will be reconsidered if this continues to increase. Mr Scott Garden advised that clear criteria have been agreed for patients who would be eligible, but numbers have exceeded forecasting. A detailed piece of work is being undertaken to allow better understanding of why the numbers have increased. A decision may be made on whether the criteria should be more refined.

A question was raised on whether Brexit will have an impact of the cost of medicines. Mr Scott Garden advised that drug tariffs are currently in place, however the global market position cannot be guaranteed. Specialist Prescribing Advisers Group and FHS group are working to identify how they offset two drugs in particular, which have caused increased spend. It has been challenging and a lot could not have been foreseen. Brexit will impact tariffs and they are trying to anticipate this going forward. Mr Andrew Fairgrieve noted the potential implications of increased costs to catering, as a result of Brexit, should food prices increase.

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

9. ITEMS FOR NOTING

9.1 Internal Audit Annual Report 2019-20

Mrs Margo McGurk introduced the paper to the Committee. Assurance was provided to the Committee that the Executive Directors Group review progress against Internal Audit Recommendations on a quarterly basis. It is important to clear these as soon as is practicable. .

The Committee **noted** the findings of the Internal Audit Annual Report for 2019-20.

9.2. Minutes of the IJB Finance & Performance Committee, 11 November 2020

The Committee **noted** the minute of the above meeting.

9.3 Minutes of the Primary Medical Services Committee, Dated 1 December 2020

The Committee **noted** the minute of the above meeting.

9.4. Internal Audit Report B25/20 – Capital Management NHS Fife Elective Orthopaedic

The Committee **noted** the findings of Internal Audit Report B25/20.

10. ISSUES TO BE HIGHLIGHTED

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

The Committee discussed and confirmed support for the SPRA process which will help guide and shape the development of the medium term operational, workforce and financial plans.

The Committee considered the OBC for the proposed new Laboratory Information Management System (LIMS). Whilst there was support for this service change, the Committee noted the requirement to further develop the financial case and to be clear on funding source.

The Committee discussed and confirmed support in principle for the OBC on East Region Recruitment Transformation.

The Committee also discussed the forecast financial position for 2020/21 noting specifically the expectation that SG will confirm their position in January in relation to the treatment of offsetting costs and funding for Health Board undelivered savings which have arisen as a consequence of the pandemic.

The Committee also noted the position in relation to the IJB risk-share arrangement for 2020/21 which may be significantly reduced in the event that SG confirm funding to support social care undelivered savings associated with the pandemic.

11. Any Other Business

There was no other business.

Date of Next Meeting: 16 March 2021 at 9.30am in the Staff Club, Victoria Hospital, Kirkcaldy (location TBC).

Staff Governance Committee: Chair and Committee Comments

STAFF GOVERNANCE COMMITTEE

(13 January 2021)

The Chair highlighted items to be escalated:

- The progress in relation to staff absence, noting the continued level of improvement and the feedback that this has potentially attributed from a change in culture given the emphasis of the Chief Executive's weekly message and the supportive nature of the new Once for Scotland Promoting Attendance policy.
- The input of the Mental Health Triage Nursing resource within General Practices as part of the implementation of the new General Medical Services contract.
- The progress in relation to compliance with the Notice of Contravention, issued following the recent two day Health & Safety Executive visit which had a specific focus on COVID-19 compliance, to ensure safe systems of work were in place and noting that due process is being followed in relation to this Notice.
- In terms of the Workforce Sustainability element of the Board Assurance Framework: the on-going medical recruitment difficulties faced within Community Paediatrics, with a Consultant and Specialty Doctor appointment made recently and the service mitigations in place to ensure on-going service delivery.

(UNCONFIRMED) MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON WEDNESDAY 13 JANUARY 2021 AT 10AM VIA MS TEAMS

Margaret Wells

Chair

Present:

Margaret Wells, Non-Executive Director (Chair)
Wilma Brown, Employee Director
Helen Buchanan, Director of Nursing
Simon Fevre, Co-Chair, Health & Social Care
Local Partnership Forum

Christina Cooper, Non-Executive Director
Alistair Morris, Non-Executive Director
Carol Potter, Chief Executive
Andrew Verrecchia, Co-Chair, Acute Services
Local Partnership Forum

In Attendance:

Kirsty Berchtenbreiter, Head of Workforce Development
Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Linda Douglas, Director of Workforce
Andrew Fairgrieve, Director of Estates, Facilities & Capital Services (for Item 06.3 H&S Update)
Dr Helen Hellewell, Associate Medical Director, Health & Social Care (for GMS Contract Implementation presentation item)
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy
Sandra Raynor, Senior HR Manager
Kevin Reith, Deputy Director of Workforce
Rhona Waugh, Head of Human Resources
Janet Melville, PA to Kevin Reith and Kirsty Berchtenbreiter (Minutes)

01. Apologies for Absence

There were no apologies to note.

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

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

The Chair welcomed members and attendees to the meeting; especially Sandra Raynor, who has taken over aspects of Bruce Anderson's Staff Governance remit and Janet Melville, providing secretarial support for this meeting.

The Chair reminded members that the Echo pen will be used to record the meeting.

The Chair confirmed that the NHS is still on an emergency footing across Scotland; and conveyed her thanks, on behalf of the Board, to everyone for their continued efforts to maintain services throughout the pandemic, particularly given the current stage.

Presentation

The Chair invited Dr H Hellewell to present on the implementation of the new General

Medical Services Contract.

Dr H Hellewell advised that the Primary Care Improvement Plan had arisen from concerns in relation to the sustainable delivery of general medical services. Dr Hellewell outlined national priorities, the projected staffing requirements to fulfil these obligations and achievements to date. Given the challenges and impact of COVID-19, the original timeline has been reviewed and amended accordingly. Dr Hellewell highlighted the challenges/ risks and opportunities to be addressed going forward.

C Cooper enquired whether colleagues from the Third and Independent Sectors, providing integrated care in the community, would be part of future planning. Dr Hellewell confirmed it had always been the intention to involve other sectors, however, this had been paused due to the ongoing pandemic; and Scottish Government guidance is awaited.

A Morris observed that COVID-19 has actually brought some benefits, as staff have gained home working and remote contribution skills apace and asked if this would be made use of in the transformation programme. Dr Hellewell advised that workstreams have been asked to consider which consultations could be undertaken electronically using NearMe / by telephone to avoid unnecessary face-to-face contact and travel, also increasing capacity.

The Chair acknowledged the complexity and sensitivity of the work involved, notwithstanding the impact of COVID-19 and noted there will be implications for training the future workforce for the changing roles and responsibilities. Dr Hellewell assured colleagues that transition arrangements would be phased in safely and that robust governance is in place.

The Chair thanked Dr Hellewell for attending the meeting, for her succinct and informative presentation and for leading on this very important programme of work.

03. Minute of Previous Meetings held on 29 October 2020

The minutes of the previous meeting with the amendments to Item 7.1 on page 3 which should read “L Douglas presented information...” and on page 4, “M Wells commended the low level of sickness absence.” were formally **approved** as an accurate record.

04. Action List

The Chair advised there are no actions outstanding or requiring updating on the Action List that are not otherwise covered in the meeting's agenda items.

The Committee **noted** the current status of the Action List.

05. Matters Arising

There were no matters arising not otherwise covered in the meeting agenda.

Vacancy Levels

S Raynor provided high level data extracted from the national recruitment system, JobTrain. As at 5 January 2021, 51 jobs were advertised for NHS Fife, noting that there may be multiple WTE attached to posts. There are 27 'live' jobs (i.e. at various stages of the recruitment process) generating interest from around 1000 applicants. Quarterly vacancy information published through NHS Education Scotland (NES) focuses on protected occupations: Allied Health Professionals (AHP), Nurses & Midwives (N&M) and Medical & Dental (M&D). As at September 2020, there were 229 WTE registered and 45 non-registered N&M; 24 WTE M&D; 20.4 WTE registered and 2.6 WTE non-registered AHP vacancies recorded for NHS Fife. S Raynor indicated that more up-to-date information (December 2020) will be shared as soon as it is available and vacancy reporting will be

refined as work progresses.

W Brown suggested it would be interesting to identify and understand why vacancies, in particular Nursing, have escalated, given the current situation. S Fevre requested that the breakdown of vacancies within specialties is shared with the Committee. A Morris asked that the trends are analysed both locally and nationally to identify vacancy patterns. L Douglas agreed to explore with NES colleagues whether mechanisms are already in place to provide this data and if not, to enhance current systems. M Wells requested detail on the distribution of applications per staff grouping. S Raynor to provide this information along with the December 2020 vacancy data.

Action: S Raynor

06. QUALITY, PLANNING & PERFORMANCE

06.1 Integrated Performance & Quality Report

L Douglas reported that sickness absence levels within NHS Fife have been tracking the target trajectory but recently increased slightly, having been at a low level for most of the current financial year. Factors currently affecting staff absence include the time of year (winter pressures) and the impact of the ongoing pandemic, as staff health and resilience is severely tested.

Managers continue to review absence levels, to offer support and appropriate arrangements for staff to recover and return to work. A wide range of wellbeing initiatives continue to be provided and the support on offer is reviewed by the Well at Work and Staff Health & Wellbeing groups, to ensure relevant help is available for staff at this time.

The Chair commented that it is incredible that sickness absence was on a mainly downward trend during the pandemic, considering the enormous pressures staff face. The Chair was also pleased to hear of the ongoing staff wellbeing support.

The Committee **noted** the report.

06.2 Staff Wellbeing (including Promoting Attendance) Update

R Waugh drew attention to some of the current staff health and wellbeing activities:

- Mindfulness – these sessions have proved extremely popular: the current 8 week course was quickly oversubscribed, with a waiting list. Given the obvious demand, additional drop in sessions on a Tuesday evening are being held. Mindfulness videos have also been prepared and are ready to launch on StaffLink.
- Weight Management Programme – this is key to work previously highlighted to the Committee in relation to Diabetes prevention. Individuals are being invited to participate in the programme to explore their thoughts and experiences of engaging in physical activity and healthy eating behaviours.
- Practical Support for staff – light refreshments and snacks are being provided in staff rooms and the Staff Support Hubs across NHS sites, to help refresh staff during long shifts as they tackle the resurgence of the pandemic.
- New materials - a new Stress poster and Self Help card have been developed, which will be shared with the Committee as soon as they are available.
- Details of campaigns being supported and information sharing from other areas are set out in Appendix 1 of the report.

R Waugh advised that according to the latest SWISS figures, the sickness absence position from the last meeting increased to 5.69% in September 2020, reduced to 4.93% in October 2020 and was below 5% in November 2020, which is an overall reduction of 0.5% in the

year to date. The short and long-term reasons for absence are detailed in the report, with Mental Health-related causes (Anxiety/ Stress/ Depression/ Other Psychiatric illnesses) remaining the most prevalent. The figures indicate that NHS Fife is in a better position than in previous years, and to other Boards of a similar size and composition. Actions include ongoing local operational arrangements to manage sickness absence.

This led to a discussion during which the following observations were made:

- There is a lot of excellent staff health and wellbeing activity in place, in particular Going Beyond Gold. It is hoped the support activities wouldn't get 'lost' given the multiple initiatives on offer.
- The impact of the simplest and smallest of acts shouldn't be underestimated e.g. providing tea and toast for staff during 12 hour shifts. Enhanced provision is being considered.
- The health and wellbeing of staff who are shielding or working from home should not be forgotten.
- Although there is a low level of annual appraisals recorded – which could be stressful for staff if they are not clear what's expected of them/ don't know they're doing a good job – more informal and check-in conversations are happening than ever before. Time needs to be set aside to for formal recording (see also item 06.9).
- The position suggests that there has been a significant and rapid cultural change, and emphasis on the way staff are managed: from an authoritarian ('stick') approach pre-COVID-19 to a more flexible, sympathetic and supportive ('carrot') approach. This has been driven locally by the messages in the regular Chief Executives Brief, encouraging staff to look after and care for self and others; and nationally, by the Once for Scotland Workforce Policies, in particular the more supportive Attendance policy.
- There is a commitment to continue to invest in and sustain the staff wellbeing programme after the pandemic.

The Chair thanked R Waugh for the paper and for all the ongoing staff health and wellbeing work. The Chair remarked on NHS Fife's speed of response to staff needs and asked that consideration be given to analysing the impact of the successful initiatives and the key learning points to capture and build on the cultural shift.

The Committee **noted** the update.

06.3 Health & Safety Issues Update

Andy Fairgrieve, Director of Estates and Facilities was invited to attend the meeting for this item

A Fairgrieve explained that last year, the Scottish Government had directed the Health & Safety Executive (HSE) to visit all Boards, with a specific focus on COVID-19 compliance, to ensure safe systems of work were in place. Following the recent two day HSE visit, NHS Fife was issued with a Notice of Contravention for not complying with best practice (although measures are in force, NHS Fife is required to provide evidence through appropriate documentation), mainly around lack of risk assessments, competency of face fit testing trainers, and that staff should receive COVID-19 Awareness training.

A Fairgrieve advised that Craig Webster, Health & Safety Manager:

- has responded to issues within non-clinical areas which HSE has approved.
- is preparing risk assessments for clinical areas which will be submitted to the HSE this week
- is liaising with other Boards to develop suitable eLearning modules to ensure compliance.

W Brown noted that staff are extremely frustrated with HSE advice, who find that they are in close contact with patients when working only to be told to keep their distance from colleagues in the staff kitchen or changing room; a common sense and practical approach should be used, rather than a rigid application of the rules. A Fairgrieve agreed, but the safety of staff is paramount.

In answer to S Fevre's query, A Fairgrieve confirmed that the notice applies across the whole Board and that work is ongoing to ensure compliance on all NHS Fife sites, including Health & Social Care.

The Chair queried whether this matter should be escalated to the Board. A Fairgrieve advised that the issue is being taken through the usual governance routes following which an official response will be submitted to the HSE by end January 2021; most actions will be completed prior to this. C Potter confirmed that the situation will be addressed as a matter of urgency.

The Committee **noted** the on-going work and thanked A Fairgrieve for joining the meeting to provide this update.

06.4 Bi-Annual Consultant Recruitment Update

R Waugh spoke to the 6 monthly report which details Consultant recruitment and vacancies to the end of November 2020: there are 37.11 wte vacant posts with 10 new Consultants taking up post in 2021. The main areas of concern continue to be Radiology and Psychiatry, with Rheumatology also having difficulty attracting and recruiting suitable applicants. Dr Chris McKenna, the Board Medical Director, Clinical Leads and Service Managers are exploring how to make the Board more attractive to Consultants on a global basis. R Waugh highlighted that without Radiology and Mental Health vacancies, Consultant vacancies are <5%. Alternative recruitment approaches are also being considered. Two Specialty Doctors in Psychiatry and one locum Consultant Radiologist are due to commence later in 2021.

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

06.5 Medical Appraisal and Revalidation Update

R Waugh advised that Dr C McKenna's annual report gives assurance that doctors in NHS Fife are up-to-date and are practising to the appropriate professional standards; although as a result of COVID-19, appraisal and revalidation activities were temporarily paused, so that colleagues could focus on helping with the pandemic.

A Morris noted the concern regarding the availability of peer Assessors; and suggested that this, and any bias, could be alleviated by engaging assessors from other Boards. L Douglas agreed to liaise with Dr C McKenna on the viability of this reciprocal approach.

Action: L Douglas / Dr C McKenna

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

06.6 South East Payroll Services Consortia Business Case

M McGurk reported on progress since the last Staff Governance Committee meeting, and on next steps. An Option Appraisal exercise was carried out and the preferred option of a 'Single Employer and Multiple Base' was agreed. Discussions have commenced on a staged approach to fully implement the business case. M McGurk sought support from the Committee for the proposed change and feedback in relation to the benefits described in the business case (in particular, the resilience of payroll services regionally) and for the timing of such a change in the context of the current pandemic with all the ongoing challenges for

teams across the organisation; and continuing liaison with NSS.

M McGurk explained 'resilience' in terms of Payroll Services: teams across the Boards are stretched in both capacity and capability; payroll requires a specialist skill set and is not seen as an attractive career path. Challenges include: additional work in relation to eESS and the pandemic; attracting and retaining staff with the necessary expertise in Fife; and the age demographics of staff working within the service. Without adequate staffing levels, the risk is that staff aren't paid on time / correctly. Regional working would provide support, but with local ownership.

S Fevre raised a concern that payroll staff would lose their NHS Fife identity / employee status. M McGurk confirmed that staff would require to be TUPE transferred to NSS should the full Business Case be approved. A Verrecchia highlighted that staff are seeking assurance that they will still be based in Fife. M McGurk confirmed that the proposed model is for multiple locations, so there is no intention for staff to physically move base. It was agreed that further consideration is given to these issues in liaison with the staff.

Action: M McGurk

The Committee **discussed** and **supported** in principle the proposed change and **noted** the content of the paper.

06.7 Strategic Planning and Resource Allocation

M McGurk explained that the paper is being brought to the Committee for awareness at this stage. The Executive Team is creating a more consolidated approach to strategic planning for 2021/22 and the two years thereafter. There are a number of key Scottish Government priorities which will influence the planning for all Boards. The intention of the Strategic Planning and Resource Allocation process is to create a meaningful and structured prioritisation process and bring together the planning of services, finance and workforce in a more coordinated way. From the process, a risk profile will be developed by Directorate and key programmes, linked and integrated with key objectives of the Board. Further details will be provided at Staff Governance Committee meeting in March 2021.

The Committee **noted** the contents of the paper.

06.8 Core Training Update

K Berchtenbreiter reported that there is not a significant variation in the figures compared to this time last year: compliance is currently at 74%, a little below the 80% agreed target. However, recently introduced improvement measures continue to drive improvements:

- Guidance has been developed to promote the importance of core skills training and contains information relating to the staff groups who are required to complete learning for each of the 9 core skills and the defined refresh periods for each.
- Highlighting to managers the importance of core skills and a reminder to ensure that training should be up to date.
- A process has been developed where all managers will receive a detailed report of the training status of every member of their team, with the first batch of reports due to be shared with the first directorate (Corporate) during January and February.

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

06.9 Performance Development Plan and Review (PDPR) Update

K Berchtenbreiter acknowledged there is no doubt that COVID continues to have a negative impact on PDPR compliance. It was agreed that following the nationally directed pause of

the PDPR process, a more achievable recovery trajectory until the end of March 2021 would be 55%. This was about being thoughtful about the need to increase compliance but not placing unachievable targets on teams during the remainder of 2020/21.

It is recognised that appropriate conversations are taking place and what is realistically achievable in the current world we are working in has been assessed. Nevertheless, careful consideration has been given to the impact on the workforce that the lack of a PDPR has and how to get buy-in from all the stakeholders.

An action plan to drive improvement work has been prepared and this work is already underway in order to engage staff and managers in the process. A news item will be issued on StaffLink this week to draw attention to the importance of the PDPR and also raise awareness of the e-Learning. Throughout the month of January and February short virtual 'lunch and learn' training sessions (the first one was held on 11 January 2021) have been introduced. There is clearly an appetite to restart the PDPR process as all the sessions were fully booked within a couple of days; therefore, 'afternoon tea' sessions have been developed as a result.

Other actions include the communication of key messages from senior leaders within the organisation and our partnership colleagues.

The Committee **noted** the content of the paper on PDPR.

07. GOVERNANCE

07.1 Board Assurance Framework Workforce Sustainability

L Douglas presented the regular report to the Committee. L Douglas noted the reasons for an apparent variation in vacancy details for 2.2 Paediatric Service risk between the report and information presented at Clinical Governance Committee which was due to variation in the reporting time frames. In general L Douglas commented on workforce sustainability as a theme and ongoing recruitment activity to mitigate particular challenges. The work to make these documents more user friendly in conveying information was also highlighted.

The Committee **noted** the content of the report and **approved** the current risk ratings and workforce sustainability elements of the Board Assurance Framework.

07.2 Internal Audit Annual Report 2019-20

L Douglas presented the paper, advising the Committee that this annual report was being presented to all Governance Committees to provide an overview of the audit programme. L Douglas noted thanks to the Internal Audit team for their work in the past year, and highlighted the work which was continuing to ensure closure of outstanding actions.

S Fevre suggested that in relation to the Staff Governance theme, it would be helpful for the committee to have a broader discussion about the Staff Governance Action Planning approach to meet Scottish Government submission requirements. S Fevre noted the development of an Annual Report approach in Health & Social Care Partnership and wondered if there was scope to alter the previous action planning approach.

L Douglas said that this was a valid point and that particularly in the present circumstances it would be worth considering what source documents we used in light of suspension of normal monitoring arrangements.

Action: S Raynor/ S Fevre

The Committee **noted** the content of the Internal Audit Annual Report 2019/2020.

08. LINKED COMMITTEE MINUTES AND ANNUAL REPORTS

08.1 Minute of the Area Partnership Forum dated 18 November 2020 (unconfirmed).

The Committee **noted** the minutes.

08.2 Minutes of the Health & Social Care Partnership LPF dated 18 November 2020 (unconfirmed)

The Committee **noted** the minutes.

08.3 Minutes of the ASD&CD LPF dated 22 October 2020 (unconfirmed)

The Committee **noted** the minutes.

08.4 Minutes of the NHS Fife Strategic Workforce Planning Group Meeting dated 20 November 2020 (unconfirmed)

The Committee **noted** the minutes.

09. ISSUES/ ITEMS TO BE ESCALATED TO THE BOARD

The Chair highlighted items to be escalated:

- The progress in relation to staff absence, noting the continued level of improvement and the feedback that this has potentially attributed from a change in culture given the emphasis of the Chief Executive's weekly message and the supportive nature of the new Once for Scotland Promoting Attendance policy.
- The positive input of the Mental Health Triage Nursing resource within General Practices as part of the implementation of the new General Medical Services Contract
- The progress in relation to compliance with the Notice of Contravention, issued following the recent two day Health & Safety Executive visit which had a specific focus on COVID- 19 compliance, to ensure safe systems of work were in place and noting that due process is being followed in relation to this Notice.
- In terms of the Workforce Sustainability element of the Board Assurance Framework – the ongoing medical recruitment difficulties faced within Community Paediatrics, with a Consultant and Specialty doctor appointment made recently and the service mitigations in place to ensure ongoing service delivery.

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

Action: M Wells/ L Douglas

11. ANY OTHER BUSINESS

There was no other business to discuss.

Date of Next Meeting: Thursday 4 March 2021 at 10.00am via MS Teams.

Brexit Assurance Group

<p>BREXIT ASSURANCE GROUP</p> <p>held on Tuesday 12th January 2021, 15:30</p>
<p>No issues were raised for escalation to the Board.</p>

**MINUTES OF THE BREXIT ASSURANCE GROUP HELD ON TUESDAY 12TH
JANUARY 2021, 15:30, VIA TEAMS**

Present:

Dr Les Bisset (chair), Vice Chairman
Mr Martin Black, Non Executive Committee Member
Ms Gillian MacIntosh, Head of Corporate Planning and Performance
Ms Margo McGurk, Director of Finance
Mrs Margaret Wells, Non Executive Committee Member
Mr Scott Garden, Director of Pharmacy
Ms Rona Laing, Non Executive Committee Member
Ms Linda Douglas, Director of Workforce
Mr Andrew Fairgrieve, Director of Estates, Facilities & Capital Planning

Apologies:

Dr Chris McKenna, Medical Director
Ms Dona Milne, Director of Public Health

In Attendance:

Samantha Honeyman, Administration Officer, Estates

MINUTE	ACTION
REF	
1/21 WELCOME AND INTRODUCTIONS	
Dr Bisset welcomed everyone to the meeting.	
2/21 DECLARATION OF MEMBERS' INTERESTS	
There were no declarations of interest.	
3/21 APOLOGIES FOR ABSENCE	
Apologies were noted above.	
4/21 MINUTES OF PREVIOUS MEETING	
The minute of the previous meeting were accepted as an accurate record.	
5/21 MATTERS ARISING	
It was agreed that as the previous minute dated from 2019, any actions were not timely and relevant so no update was required.	
6/21 UPDATE ON CURRENT POSITION	
<ul style="list-style-type: none">• Mr Fairgrieve reported that there has been no further guidance issued from the Scottish Government, nothing further to report and no issues to escalate from the Gold or Silver Command Groups.• Ms Douglas reported that no major issues have been flagged. At a national level a briefing from the Scottish Government, 2 weeks ago, reported that preparations put in place were working well, with no risks arising	

and any issues being worked through. At a local level assistance has been provided to EU national workforce colleagues to manage the Settled Status process. No particular issues have come to light but this could change as people come to understand the deal and what it means to them. This is being kept under review.

- Mr Garden provided re-assurance that medicine shortages have not increased with clear procedures and policies in place around shortages. National procurement are leading on purchasing core stock of primary and secondary care Covid-19 critical and supportive medicines. NHS Fife have 2no. risk register entries, one on the partnership register in terms of EU exit and one on ADTC for Fife.

Ms Laing enquired as to whether there was any concern regarding the availability of PPE? AF reported that this was raised at the Scottish Government workshop prior to Brexit. We have 4 months stock with no feedback from Bronze Command or Procurement in regards to any anticipated issues.

Dr Bisset enquired as to whether people are taking up the opportunity of settled status. Ms Douglas reported that some people who have lived in Scotland for some years find it a bind and question why they have to go through such a process. There has not been an incidence of any NHS Fife employee wishing to return to their home nation.

Dr Bisset queried what alternative arrangements were required to prepare for medicine shortages in place of stockpiling. Mr Garden reported that the mitigation in place focused around the use of the existing medicines shortage policy, weekly/daily communications, involvement of specialist clinicians around looking at alternatives, linking in with National procurement and around medicine sharing across Scotland. Focus is on core work carried out around shortages and forecasting, which is carried out routinely.

The group offered opinions and agreed that the creation of a Risk Register specific to the Brexit Assurance Group is not required.

Mrs Wells queried what we need to capture and take into account about the potential risk in relation to IJB Health and Social Care staffing? Mr Fairgrieve advised that James Crichton, Interim Divisional General Manager for Health and Social Care, feeds into the Silver Command Group so any risks from this area will be fed through.

Mr Black queried whether the Erasmus withdrawal is going to have an impact on students coming in to NHS Fife? Ms

Douglas reported that any Erasmus arrangements set before 31/12/2020 are being honoured. Changes will be made to the Erasmus system and in time this will have an impact. Ms Douglas to check and confirm how many Erasmus arrangements are in place within Fife.

7/21 ISSUES ESCALATED FROM GOLD COMMAND

No issues are required to be escalated from Gold Command.

8/21 AOCB

No further business was raised.

9/21 DATE OF NEXT MEETING

A future date is to be arranged, within the next 6 weeks.

Communities and Wellbeing Partnership

COMMUNITIES AND WELLBEING PARTNERSHIP
(1 December 2020)

No issues were raised for escalation to the Board.

Communities & Wellbeing Partnership

Meeting by Teams, Tuesday 1st December 2020, 10.00am-12.00noon

Notes

Present: Judith Allison, Cllr Lesley Backhouse, Archie Campbell, Lucy Denvir, Mike Enston, Cllr Judy Hamilton (chair), Janice Laird, Dona Milne, Nina Munday, Gavin Rennie, Kay Samson, Sgt Barry Stewart, Laura Thomson, Jo-Anne Valentine, Margaret Wells

Attending: Tim Kendrick, Gill Musk, Sam Pairman, William Penrice

Apologies: Ruth Bennett, Nicky Connor, Jim Crichton, Lynn Gillies, Cllr Fiona Grant, Kenny Murphy, Tricia Spacey

1. Welcome and introductions

Judy welcomed all to the meeting. Kay Samson covering for Ruth Bennett. Laura covering for Tricia Spacey. Apologies as above.

2. Matters arising from meeting on 23rd September

Janice confirmed that the Sway summary of NEF research should be shared:

<https://sway.office.com/mQHDdgLGP9FzyfNi>.

Gill reported that work on the Community Mental Health and Wellbeing Supports and Services Framework was being taken forward through the Children in Fife Partnership. Rona Weir will update Communities & Wellbeing Partnership members as appropriate.

3. Mental Health Strategy update – Kay Samson

[See update from Kay, attached separately.]

Margaret noted that the Mental Health Strategy had been approved prior to Covid so doesn't take account of the huge impact of the pandemic. The impact on young people's mental health and wellbeing is a particular concern.

Dona highlighted funding from Scottish Government to establish local responses (the Community Mental Health and Wellbeing Supports and Services Framework work).

Kay noted work to establish hubs. She will find out more and share with the group. **ACTION: Kay**

Janice updated on work recently started in NE Fife with 100 young people across three high schools.

Mental health and social isolation has been identified by the NE Fife Place Based Leadership Team as one of three key priorities for early attention.

A challenge with the MH Strategy is to distil and drill down into what to do at community level.

Judith reported that the voluntary youth work sector was working with Clued Up and CLD staff on a Fife-wide outreach project, to identify and engage with the most vulnerable young people.

Mental health and wellbeing is a key aim for Youth 1st over the next three years. There's an extensive programme of training for key workers on how to engage with young people around this.

Judy highlighted issues around governance and involving the wider partnership, as much of the prevention work takes place in the community.

Dona agreed there should be a direct link from the Mental Health SIG into Communities & Wellbeing Partnership and a stronger approach to prevention.

Nina offered FCE's help in enabling groups to engage with the strategy. Kay noted that the Mental Health focus group is a vehicle for raising issues.

Consideration to be given to expanding membership of prevention and early intervention subgroup. Short written reports from the subgroup to be added to the C&WP schedule. **ACTION: Ruth, Gill**

4. Strategic Assessment 2020 and Plan for Fife review – William Penrice, Tim Kendrick

The Strategic Assessment and presentation had been circulated in advance. William ran through key findings and noted that the impact of Covid isn't included as we don't yet know enough.

Tim explained progress on the Plan for Fife review. Pre-Covid it had been agreed this should be wide-ranging, as we are not making the progress we need to make. Following lockdown, the Council's Policy and Coordination Committee and Fife Partnership Board agreed we should take forward reform and recovery work as a single process with the Plan for Fife review.

Five cross-cutting reform areas have been agreed: leading economic recovery, community wealth building, addressing the climate emergency, sustaining services through new ways of working, and tackling poverty and crisis prevention. Outputs, and results of community and stakeholder engagement, will feed into the review of the Plan for Fife (due by April 2021).

The focus will be on a relatively small number of priorities. Also exploring the role of the 11 strategic partnerships in delivering Plan for Fife ambitions. William taking forward a systems analysis.

[Laura left the meeting.]

Margaret noted that there is clearly a need to rethink what we focus on, to get tangible results – a smaller number of actions and some targets we can achieve in the short to medium term.

William warned against uncertainty creating a fear to act – we need to focus on what we can do.

Tim noted that we need to balance longer-term strategic planning with some of the more immediate concerns raised by the pandemic. Ambitions are to be retained. Addressing the climate emergency needs to be woven into the Plan, rather than a separate process.

Lesley raised the need to concentrate resources on empowering and educating communities. Digital connection for those in greatest need is crucial.

Nina asked how we ensure protected characteristics are addressed within the revised Plan. Tim happy to pick up/respond to any issues FCE can identify in terms of uneven service delivery and uneven outcomes across equalities groups.

Dona highlighted need to scale up and have greater impact on determinants of health and inequality. Focus on prevention is key. NHS Fife as an anchor organisation and major employer is looking at what it can do – e.g. how to diversify the workforce, how to use procurement strategy etc.

Judy noted her visit to NW England and a system of prioritising deprived wards in recruitment.

Janice updated on the Digital Participation Strategy Group's work to implement the Connecting Scotland programme, now in phase 2. Over 1600 devices and digital connectivity have been delivered to target groups. A further 300+ devices are available. Phase 1 targeted those shielding and clinically vulnerable. Phase 2 – families and care leavers. Phase 3 target groups are to be confirmed, but likely to include long-term unemployed. Some Trusts also looking at digital inclusion.

Lucy emphasised the importance of the anchor institutions work, and noted that digital inclusion is a high priority in terms of mental health, employability etc. She noted consultation currently under way on a new digital strategy for Scotland - <https://www.gov.scot/publications/renewing-scotlands-full-potential-digital-world/pages/3/>.

Further information on Trust funding: <https://www.fife.gov.uk/kb/docs/articles/council-and-democracy/community-group-support-and-funding>.

5. Tackling Poverty and Crisis Prevention priority – Mike Enston

An update had been circulated with the agenda.

Mike talked through key points and noted that the consultation exercise has been extended into 2021. Conclusions will inform the Plan for Fife review. [Details already circulated. See <https://sway.office.com/mkzEdEYT40FIFADI?ref=Link> to get involved.]

This explores how we can change the way we work – essential if we're going to do better than tracking the national average.

Dona shared a report by Inspiring Scotland: <https://www.inspiringscotland.org.uk/publication/link-up-transforming-relationships/>.

[Dona left the meeting.]

Another strand of work is exploring 36 lines of funding to support anti-poverty work and whether some of this could be directed differently.

Research has also been commissioned into contact and referral routes in areas such as social work, housing, health etc. To be revisited at a future meeting.

More work is needed on removing cost barriers – e.g. having to pay £25 for a medical assessment to get a concessionary travel pass. Partners invited to identify other examples. **ACTION: all**

Mike also noted that multiple partnership groupings create an issue of leadership around how tackle poverty and crisis prevention.

Judy asked about the role of Communities & Wellbeing Partnership around Place Leadership work.

Mike noted that the Place Leadership Group is to produce another report shortly, which he will circulate – partners invited to comment. **ACTION: Mike, all**

6. Covid and community project – Kenny Murphy, Gill Musk

Gill gave a brief update in Kenny's absence.

This is a partnership initiative led by Fife Voluntary Action, supported by Fife Council funding and by a multi-agency steering group (including some C&WP members).

Complementing the consultation exercise described in the previous item, this project will collect stories of citizens' experiences during the pandemic, their views of services and support they received (or didn't) at the time, examples of community action etc. We want to learn from the experiences of a wide range of people across Fife, to shape resilient services with people at the heart of our planning, supporting the Community Led Services theme in the Plan for Fife.

We're using a tool called SenseMaker, which enables people to tell stories in their own words and to rate experiences in various ways, so we can analyse and identify trends, gaps and successes. We'll also collect some demographic data, allowing us to spot any differences across the geography and population.

Project will go live within next two weeks and will collect stories until the end of February. Aim is to produce some analysis to feed into the refresh of the Plan for Fife.

All partners encouraged to complete the survey and share it widely with networks and contacts throughout Fife. **ACTION: all**

Archie suggested that WEA may be able to support the story collection process, working with learners on its recent Creative Writing courses. This was welcomed.

7. Any other business

No other business. Judy wished all members a very happy Christmas.

8. Date of next meeting

To be confirmed by email.

Integration Joint Board

INTEGRATION JOINT BOARD

(Meeting on 25 September and 23 October 2020)

No issues were raised for escalation to the Board.



Fife Health & Social Care Partnership

Supporting the people of Fife together

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 25 SEPTEMBER 2020 AT 10.00 AM

Present	Councillor Rosemary Liewald (RL) (Chair) Christina Cooper (CC) (Vice Chair) Fife Council, Councillors – David Alexander (DA), Tim Brett (TB), Dave Dempsey (DD), David Graham (DG), Fiona Grant (FG), David J Ross (DJR) and Jan Wincott (JW) NHS Fife, Non-Executive Members – Les Bisset (LB), Martin Black (MB), Eugene Clarke (EC), Margaret Wells (MW) Chris McKenna (CM), Medical Director, NHS Fife Wilma Brown (WB), Employee Director, NHS Fife Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative Debbie Thompson (DT), Joint TU Secretary Simon Fevre (SF), Staff Representative NHS Fife
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer
Attending	Carol Potter (CP), Interim Chief Executive, NHS Fife Dona Milne (DM), Director of Public Health, NHS Fife Norma Aitken (NA), Head of Corporate Services Lesley Gauld (LG), Compliance Officer Wendy Anderson (WA) (Minute) Tim Bridle (TB), Audit Scotland Hannah Brown, Fife Free Press – via telephone only

NO HEADING

ACTION

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership (H&SCP) Integration Joint Board (IJB).

The Chair then congratulated the following:-

- Lesley Gauld, the Partnership's Information Compliance Manager on completing the Conversion Programme to become a qualified General Data Protection Regulation (GDPR) Practitioner.
- Tara Irvin, Young People's Health Development Worker on winning the Healthcare Rights Award in the Scottish Children's Health Awards for her dedication to working with children, young people and families.
- The Children and Young People Continence Service Fife Team who picked up the award for Improving Life Experiences in the Scottish Children's Health Awards.

NO HEADING**ACTION****1 CHAIRPERSON'S WELCOME AND OPENING REMARKS (Cont)**

Members were advised that a recording pen was in use during the meeting to assist with Minute taking and the media have been invited to listen to the proceedings.

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

2 CHIEF OFFICERS REPORT & PROTOCOL FOR MEETING

Nicky Connor advised that the protocol for the meeting remained the same as that for previous virtual meetings.

Claire Dobson, Divisional General Manager (DGM) (West) has been successful in obtaining the temporary post of Interim Director of Acute Services at NHS Fife and has already taken up this post.

David Heaney, Divisional General Manager (East) is retiring on 29 November 2020.

Nicky thanked both Claire and David for their dedicated service which has contributed to the growth of the Health and Social Care Partnership and they will both be a great loss to the Senior Leadership Team (SLT).

Interim arrangements have been put in place which will see Lynne Garvey take up an Interim DGM post and Suzanne McGuinness will fill a professional Social Work role. One further interim appointment will be made to ensure stability with the SLT.

At the Development Session on Friday 9 October, Nicky will provide an update on the changes to SLT and there will be a chance to meet the new appointees at future Board meetings.

NC**3 CONFIRMATION OF ATTENDANCE AND APOLOGIES FOR ABSENCE**

Apologies had been received from Helen Buchanan (HB), Katherine Paramore (KP), Lynn Barker (LBa), Kathy Henwood (KH), Steve Grimmond (SG), David Heaney (DH) and Eleanor Haggett (EH).

4 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

5 MINUTES OF PREVIOUS MEETING 28 AUGUST 2020

The Minute of the meeting held on 28 August 2020 was approved as accurate.

6 MATTERS ARISING

The Action Note from the meeting held on 28 August 2020 was agreed as accurate.

NO HEADING**ACTION**

It had been agreed prior to the meeting to take Item 11 Remobilisation / Public Health Update next as both Dona Milne and Chris McKenna were required at other meetings later this morning.

11 REMOBILISATION / PUBLIC HEALTH UPDATE

Dona Milne, Director of Public Health gave an update on Public Health.

Test and Protect – Dona provided an update on Covid-19 cases in Fife. The team of contact tracers within Public Health are continuing to trace contacts of those who have tested positive and to identify clusters of cases. These clusters are then assessed and referred to an Incident Management Team. There is a wealth of information on the NHS Fife and Public Health Scotland websites on coronavirus and this is updated regularly. Any clusters within Fife are all being actively managed.

Discussion took place around supporting people who are asked to self-isolate and how this is monitored to support compliance.

Flu Campaign - Dona updated on the current flu campaign which began recently when letters were sent out to all Fife residents aged 65 and over. The call centre has been dealing with a very high volume of calls. The team has now got additional staff who are working 7 days a week to address the backlog of telephone calls, texts and e-mails. The process will be reviewed and lessons learned will be used in future campaigns.

Carol Potter advised that a public apology has been issued in the media from NHS Fife. The situation has caused anxiety for some members of the public and put additional pressures on healthcare staff. Carol thanked all the staff involved from Public Health, the Immunisation Team and the Health Records Team for the incredible amount of work they have achieved as part of the campaign.

Nicky Connor highlighted that it has been a contribution from Team Fife, the Partnership, NHS Fife and Fife Council to address the current issue through a whole system approach.

A report on the flu campaign will go to the NHS Fife Clinical Governance Committee in due course.

Discussion took place around the issues experienced in contacting the appropriate people about their flu vaccination, the different ways of working this year where most vaccinations will not be given in GP surgeries and the possibility of further information going out to the public to explain the process. Dona will speak to the NHS Communications Team.

It was agreed that further questions on the flu vaccination programme should be emailed to Wendy Anderson (wendy.anderson-nhs@fife.gov.uk) who would collate. Responses would be shared once received.

WA

Rosemary Liewald and Nicky Connor both thanked Dona for her update and input to today's meeting.

11 REMOBILISATION / PUBLIC HEALTH UPDATE (Cont)

Remobilisation - Chris McKenna advised that excellent progress has been made on the remobilisation of services which had been stood down at the start of the pandemic. Given the re-emergence of Covid-19 there are additional pressures being put onto the system to ensure that all aspects of healthcare can be delivered by the Partnership and Acute Services. The NHS is still working under emergency legislation and this has been extended to the end of March 2021. Key priorities will be identified and these include Test & Protect and the Flu Vaccination Programme.

Over the winter months work will be ongoing to ensure safe care for patients, the redesign of Urgent Care and joining up how we work to achieve this. Difficult decisions will have to be taken to ensure safe and efficient working over the coming months and winter planning for this year will be more complex than in previous years.

Support will be needed from the public who will need to follow the guidelines which are being issued to help suppress the virus. The public will be kept informed and updated as the situation becomes clearer.

7 FINANCE UPDATE

The Chair introduced Audrey Valente who presented this report. Nicky Connor advised that the report had undergone significant scrutiny at the Finance & Performance Committee on 11 September 2020.

The figures in the report are up to the end of July 2020 and give the projected outturn figures. Audrey outlined some of the main areas of over / underspend and updated on the current position with the funding for the Mobilisation Plan.

Discussion took place around the impact of underspends on and Audrey advised that financial and performance and quality are looked at in relation to these. The Senior Leadership Team has oversight of attendance management and complaints information.

Audrey is working with Fife Council and NHS Fife to look at areas with continuing underspends and is seeking to realign budgets to reflect realistic budget needs.

Tim Brett asked about unachieved savings in relation to Total Mobile. Fiona McKay confirmed that meetings have been held which are looking at Total Mobile and Power BI. Positive feedback has been received from two providers who have been using the system.

Members noted the financial position as reported at 30 July 2020 and noted and discussed the next steps and key actions.

8 FINANCIAL RECOVERY PLAN

The Chair introduced Audrey Valente who presented this report which will assist the Board in achieving a balanced budget.

The main actions in the report are not cash releasing but include:-

NO HEADING

ACTION

- continuing with the Grip and Control Framework that exists in an attempt to mitigate the overspend.
- instructing Officers to try to bring services back in line with budget and that action is taken to further reduce spend where reasonable.
- communicating and ensuring adherence to the new locum process and monitoring thereof.
- implementing a robust process in relation to supplementary staffing that ensures effective rostering of staff as well as robust challenge in relation to appointment of such staffing.
- introducing more robust process of authorisation of spend, where delegated powers have been exceeded, and an overspend of the budget is projected.

Audrey Valente advised that page 28 of the papers gave information on financial savings and recovery are initial areas to consider. More detail on these will be provided at future meetings.

Fiona McKay explained the upcoming changes to Direct Payments, whereby payment cards will be introduced which will make it easier for clients to pay for care and for the partnership to maintain an oversight on funds. Service users have been engaged in the process of introducing these cards. Dedicated staff will be on hand to assist when the process goes live.

Fiona also updated on issues relating to financial assessments in relation to people entering long term care. Since the pandemic started a backlog has formed which the partnership is working closely with Fife Council to address.

Eugene Clarke asked about the process of Grip and Control and what the process within the partnership was. Audrey Valente explained the process in place and gave examples in relation to vacancy management and recruitment.

The Board:

- charged the Director of Health and Social Care and Senior Officers to bring budgets back in line in year as far as reasonably possible.
- agreed the action to control costs as outlined in the recovery plan for 2020-21.
- agreed to scope further the potential savings that can be delivered and report back to the Board / Committee.
- agreed to continue to focus on implementing effective financial management, to contribute to delivering a balanced budget moving forward.
- agreed to pilot a process and protocol in relation to Adult Placements, and report progress and findings to the November meeting of the Finance and Performance Committee

NO HEADING**ACTION****9 HSCP ANNUAL REPORT 2019-2020**

The Chair introduced Fiona McKay who presented this report

Fiona McKay advised that this is the final draft of the Annual Report and some minor updates are still required. The Report was discussed at Finance & Performance Committee, Clinical & Care Governance Committee and the Voluntary Sector Forum and their feedback helped to shape the final report. Fiona thanked Morna Fleming who had proofread the report and provided feedback. The report is with the Print Unit and will be ready to submit during the next week.

There was feedback that the report was detailed, well laid out and easy to understand. Concern was raised that some of the indicators within the report were going down rather than up. Fiona acknowledged that there was still work to be done, Services are changing and the report was up to the end of March 2020.

The Report is a requirement of Scottish Government legislation and allows for review and benchmarking.

The Board considered and approved the draft HSCP Annual Report 2019-2020.

10 UPDATE ON MENTAL HEALTH STRATEGY 2020-2024 IMPLEMENTATION PLAN

The Chair introduced Nicky Connor who presented this report.

The Mental Health Strategy was approved In February 2020 and work is now progressing on the Implementation Plan for the Strategy. Some areas are still in development, but significant work has already been undertaken. The Mental Health Strategy Group will feed into the Transformational Change Board. The terms of reference and governance structure will also be refreshed. An update will be provided to the Board early in 2021.

NC

Implementation Plan has been delayed by Covid-19 and the deadline has been extended to the end of December 2020. The Implementation plan will be brought to the Board in February 2021.

Tim Brett asked about the Mental Health Estate and the fact that Capital Expenditure on this was the locus of NHS Fife, were the H&SCP represented in discussions? Nicky Connor confirmed that there is representation from the partnership on the relevant NHS Group.

More detail on the Implementation Plan will be provided going forward, but it sets the direction of travel. Further engagement with stakeholders will take place.

Nicky Connor advised that the next step would be to update partners on behalf of the Board that the extended timeline has been agreed.

The Board considered the approach to delivery outlined in the report and provided feedback and agreed the change in timeline.

NO	HEADING	ACTION
11	REMOBILISATION / PUBLIC HEALTH UPDATE	
	Covered previously.	
12	DATE OF NEXT MEETING	
	IJB DEVELOPMENT SESSION - Friday 9 October 2020 – 9.30 am	
	INTEGRATION JOINT BOARD – Friday 23 October 2020 – 10.00 am	



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 23 OCTOBER 2020 AT 10.00 AM

Present	Councillor Rosemary Liewald (RL) (Chair) Christina Cooper (CC) (Vice Chair) Fife Council, Councillors – David Alexander (DA), Tim Brett (TB), Dave Dempsey (DD), David Graham (DG), Fiona Grant (FG), David J Ross (DJR) and Jan Wincott (JW) NHS Fife, Non-Executive Members – Les Bisset (LB), Martin Black (MB), Eugene Clarke (EC), Margaret Wells (MW) Chris McKenna (CM), Medical Director, NHS Fife Helen Buchanan (HB), Nurse Director, NHS Fife Wilma Brown (WB), Employee Director, NHS Fife Debbie Thompson (DT), Joint TU Secretary Ian Dall (ID), Service User Representative Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative Simon Fevre (SF), Staff Representative NHS Fife
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Helen Hellewell, Associated Medical Director, NHS Fife Katherine Paramore, Medical Representative Kathy Henwood, Chief Social Work Officer, Fife Council Lyn Barker, Interim Associate Nurse Director, NHS Fife
Attending	Dona Milne (DM), Director of Public Health, NHS Fife Fiona McKay, Head of Strategic Planning, Performance & Commissioning Amanda Wong, Interim Associate Director, AHP's, NHS Fife Norma Aitken (NA), Head of Corporate Services Lesley Gauld (LG), Compliance Officer Wendy Anderson (WA) (Minute) Tim Bridle, Audit Scotland

NO HEADING

ACTION

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership (H&SCP) Integration Joint Board (IJB).

The Chair advised the Board that Dr Susie Mitchell is standing down from the IJB and thanked her for her contribution over the last 5 years.

The role of GP representative on the Board will now be fulfilled by Dr Helen Hellewell, Associated Medical Director.

NO HEADING**ACTION****1 CHAIRPERSON'S WELCOME AND OPENING REMARKS (Cont)**

Members were advised that a recording pen was in use during the meeting to assist with Minute taking and the media have been invited to listen to the proceedings.

2 CHIEF OFFICERS REPORT & PROTOCOL FOR MEETING

Nicky Connor covered the protocol for the meeting which is the fourth virtual Board meeting.

The key items Nicky would have updated on were all contained within the agenda for this meeting.

3 CONFIRMATION OF ATTENDANCE AND APOLOGIES FOR ABSENCE

Apologies have been received from Carol Potter, Steve Grimmond, David Heaney, Scott Garden, Jim Crichton and Eleanor Haggett.

4 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

5 MINUTES OF PREVIOUS MEETING 25 SEPTEMBER 2020

Tim Brett asked for a change to made to Item 10 – Update on Mental Health Strategy 2020-2024 Implementation Plan. Once this change has been made the Minute of the meeting held on 25 September 2020 would be approved as accurate.

6 MATTERS ARISING

The Action Note from the meeting held on 25 September 2020 was agreed as accurate.

7 PUBLIC HEALTH / REMOBILISATION UPDATE

The Chair introduced Nicky Connor who presented this update in conjunction with Dona Milne and Chris McKenna.

Dona Milne gave an update on the current situation with Test and Protect. Between 12 and 18 October 2020 there had been 136 positive cases of Covid 19 in Fife and as a result of these 335 individuals have been contacted and given advice by the Test and Protect Team. The team is being expanded to cope with anticipated increased demand.

Nicky Connor provided an update on the season flu campaign and advised that she is now the Lead in Fife and will Chair the Silver Command Group meeting.

To date over 40,000 flu vaccinations have been given and a further 52,000 appointments are booked. 2,500 – 3,000 vaccinations being administered daily. 37% of NHS staff have already been vaccinated. The programme for vaccination in Care and Nursing Home is going well.

7 PUBLIC HEALTH / REMOBILISATION UPDATE (Cont)

The team which is dealing with flu enquiries is making good progress with telephone calls, emails and texts. 87% of telephone calls were answered yesterday.

Information on the NHS website is being updated regularly. Feedback from the delivery of clinics has been excellent, which is due to the work of all of the teams involved in this process.

Chris McKenna updated on the current situation regarding Remobilisation. Restarting of services over the summer months has been very successful. The current increase in Covid-19 cases may have an impact on services. There will be a need to find a balance between managing Covid-19 and maintaining service provision.

Staff in general are ready and willing to respond to the emerging situation and know better what to expect. We now have policies and procedures in place which we did not have in March 2020 at the start of the coronavirus pandemic and are more informed about how the virus is transmitted, etc.

Ongoing support is available for staff eg wellbeing hubs, telephone lines. Staff should also be encouraged to support each other.

Thank you to all staff across Health and Social Care.

8 FINANCE UPDATE

The Chair introduced Audrey Valente who presented this report.

As at 31 August 2020 the forecast deficit is £6.362m and £6.939m relates to unachieved savings that remain at risk of non-delivery. These are currently within the local mobilisation plans

Four key areas of overspend that are contributing to the overspend –

- Risk Share
- Hospital and Long-Term Care
- Adult Placements
- Homecare Services

The projected costs in relation to Covid-19 are projected to be £26m and spend to date is £8m. It has been confirmed that Quarter 1 costs will be paid in full and a percentage of costs will be paid for the remaining three Quarters. More guidance on this is expected from Scottish Government in November 2020.

Nicky Connor advised that discussions are ongoing with the Local Partnership Forum, which comprises Senior Leadership Team members, Trade Unions and Staff Side representatives on finance as there is monitoring of vacancies, etc.

Eugene Clarke asked if reporting arrangement on financial information from the partner organisations could be aligned to allow more up to date

NO HEADING**ACTION****8 FINANCE UPDATE (Cont)**

information to be provided. Nicky Connor advised that this would be taken on board and discussed with partners.

Tim Brett questioned if the budget realignment exercise discussed at the September meeting had progressed. Audrey Valente is in dialogue with Fife Council and NHS Fife, a paper has been prepared and this will be discussed in the next few weeks.

The Board noted the financial position as reported at 31 August 2020 and noted and discussed the next steps and key actions.

9 PERFORMANCE REPORT EXECUTIVE SUMMARY

The Chair introduced Fiona McKay who presented this report. The full Performance Report was discussed in detail at the Finance and Performance Committee on 6 October 2020. The areas included in the Executive Summary are those which are higher risk. These areas are monitored regularly.

The Home First programme is a different approach for this year and will see changes in the wider work we do around care. This will support sustainability and continue to support patients in the most appropriate setting.

Eugene Clarke asked if dates could be included in the summary when there is a commitment to create a plan. Fiona McKay will look at this for the next report.

It was suggested that further discussion on these indicators should be the basis of a future Development Session.

NC

The Board noted the information contained within the Performance Report.

10 PUBLIC SECTOR CLIMATE CHANGE

The Chair introduced Fiona McKay who presented this report which had been discussed at the Finance and Performance Committee on 6 October 2020.

The Board considered and agreed the priorities for climate change governance, management and strategy for the year ahead as set out in the Assessment section of this report. The agreed priorities will form part of the submission to the Scottish Government.

11 WINTER READINESS

Nicky Connor presented this report.

The full Winter Plan, which will be a public document aligned to the Remobilisation Plan, is still a work in progress.

Winter Planning is being managed in a similar way to Covid-19 with Gold, Silver and Bronze Command groups meeting on a regular basis.

NO HEADING**ACTION****11 WINTER READINESS (Cont)**

There are interdependencies between winter planning, the enhanced flu programme, Covid-19 and the Urgent Care Review which is ongoing.

Discussion took place around the Home First model, locality huddles and point of care testing.

Helen Buchanan advised that at the moment winter planning is in a good place for the time of year. We are facing a period of uncertainty and cannot predict how things will progress. Escalation plans are in place.

The full plan will be taken to governance committees before coming to the Integration Joint Board meeting on 4 December 2020.

NC

The Board noted the progress of the Winter Plan for 2020/21.

12 PRIMARY CARE IMPROVEMENT PLAN

The Chair introduced Helen Hellewell who gave a short presentation on the Primary Care Improvement Plan.

The Plan is in place to support improvement in GP provision and their role as expert medical generalists. Covid-19 has had an impact on progress.

A meeting is due to take place in November 2020 to reflect on the new ways of working as a result of Covid-19 and to look at models of care.

No updated National Plan is required this year but Helen will bring an update to through the governance committees and to the Integration Joint Board in early 2021.

HH**13 DATE OF NEXT MEETING**

IJB DEVELOPMENT SESSION - Friday 27 November 2020 – 9.30 am

INTEGRATION JOINT BOARD – Friday 4 December 2020 – 10.00 am

Fife Partnership Board

FIFE PARTNERSHIP BOARD
(Meeting on 17th November 2020)

Nothing to highlight to the Board

FIFE PARTNERSHIP BOARD – REMOTE MEETING

17th November, 2020

10.03 a.m. – 11.34 a.m.

PRESENT: Councillors David Ross (Chair), David Alexander and Dave Dempsey; Steve Grimmond, Chief Executive, Fife Council; Tricia Marwick, Chair of NHS Fife Board; Dona Milne, Director of Public Health, NHS Fife; Fiona McKay, Head of Strategic Planning Performance and Commissioning, Health and Social Care Partnership (substitute for Nicky Connor); Mark Duffy, Group Commander, Fire Scotland (substitute for Mark Bryce); Prof Brad MacKay, Vice-Principal, St Andrews University; Lynne Cooper, Regional Engagement Partner, Scottish Enterprise, (substitute for Elaine Morrison); Anna Herriman, Senior Partnership Manager, SESTRAN (substitute for Jim Grieve) and Kenny Murphy, Chief Executive, Fife Voluntary Action.

ATTENDING: Michael Enston, Executive Director – Communities; Tim Kendrick, Community Manager (Development); Samantha Pairman, Policy Officer Communities and Neighbourhoods; Gordon Mole, Head of Business and Employability, Economy, Planning and Employability Services; and Michelle Hyslop, Committee Officer, Legal and Democratic Services.

APOLOGIES FOR ABSENCE: Carol Potter, Chief Executive, NHS Fife; Chief Superintendent Derek McEwan, Police Scotland; David Crawford, Senior Operations Leader, Department of Work and Pensions and Sue Reekie, Chief Operating Officer, Fife College.

90. MINUTE OF FIFE PARTNERSHIP BOARD MEETING OF 18TH AUGUST, 2020

The Board considered the minute of meeting of the Fife Partnership Board of 18th August, 2020.

Decision

The Board approved the minute.

91. COVID-19 VERBAL UPDATE

The Board considered COVID-19 verbal updates from Fife Partnership organisations detailing the four harms approach and current progress on mitigating harm.

Partners were reminded to continue with physical distancing measures and encouraged to remind the general public to maintain the recommended 2 -metre social distancing.

Partners noted that it is important to continue to provide key messages to the public and acknowledged there would be added pressures over the winter period and months ahead.

The/

The chair and partners extended their gratitude to all services for the hard work achieved during the pandemic and thanked services for following public health advice and guidance.

The Chair on behalf of the Lord Provost of Fife acknowledged the contribution and effort people had made to support their communities through Covid-19. It was recommended that the Fife Partnership Board arrange a special, one off, Fife Community Spirit Awards for 2020.

The awards would recognise the extraordinary contribution of individuals and organisations supporting the people of Fife through Covid-19 in 2020. Everyone in Fife would be able to nominate a member of the public or worker should they wish. Those who submit a nomination would be asked to include a short paragraph detailing why they think this person should be recognised. Everyone who was nominated and verified would receive a certificate from the Lord Lieutenant or the Provost. The window for nominations would open before Christmas and close in January, 2021. All nominations would then be assessed against a set of agreed criteria by multi-agency panel and the awards announced in February/March 2021.

92. LEADING ECONOMIC RECOVERY

The Board considered a report by the Head of Business and Employability, Fife Council outlining current progress of the Leading Economic Recovery reform workstreams associated with member working groups.

Decision

The Board:-

- (1) noted current progress in addressing economic recovery; and
- (2) considered areas where partners could contribute towards further partnership engagement set out within section 3 of the report.

93. TACKLING POVERTY AND CRISIS PREVENTION

The Board considered a report by the Executive Director of Communities, Fife Council, outlining current progress on Tackling Poverty and Crisis Prevention as part of the reform workstream.

Decision

The Board:-

- (1) considered and commented on the current work that had been carried out as part of the reform workstream in regard to the two main areas of focus; and
- (2) outlined areas that required further partnership engagement.

94./

94. REFORM AND RECOVERY UPDATE

The Board considered a report by the Community Manager (Development), Fife Council, providing partners with an update on Fife Partnership's agreed reform and recovery priorities.

Decision

The Board:-

- (1) considered and commented on current work that had been carried out in order to take forward the outlined reform areas; and
- (2) noted the opportunity for further partnership engagement.

95. PLAN FOR FIFE: PARTNERSHIP GROUPS REVIEW

The Board considered a report by the Community Manager (Development), Fife Council presenting partners with a summary of the responses from Fife Partnership Groups in regard to the current working arrangements towards the three-year review of the Plan for Fife, and the work carried out around reform and recovery. The responses would contribute to a wider review of the partnership arrangements, to consider whether the current arrangements for delivery leads, partnership groups and thematic reporting had worked effectively in advance of the Plan for Fife ambitions.

Decision

The Board: -

- (1) considered the various responses provided as part of the wider considerations and the effectiveness of the current partnership delivery and reporting arrangements in order to achieve the Plan for Fife ambitions over the past three years.;
- (2) agreed that further assessment work was required to be undertaken in order to identify:-
 - if the current approach of the delivery leads, thematic reporting and partnership groups was fit for purpose in delivering the next three-year revision of the Plan for Fife;
 - any gaps or overlaps in the current partnership arrangements; and
 - any changes required to be made to the current partnership delivery structure by ensuring that the Plan for Fife ambitions are achieved
- (3) agreed that all partnership groups would feed into the work on the five reform and recovery priorities and assist in the development of the revised Plan for Fife in April 2021.

96. PLAN FOR FIFE: PROPOSALS FOR THE THREE-YEAR PLAN FOR FIFE REVIEW

The Board considered a report by the Community Manager (Development), Fife Council outlining the proposal for the three-year review of the Plan for Fife; aimed at building on the reform and recovery planning work across the partnership regarding the Covid-19 pandemic.

Decision

The Board considered and commented on the proposed approach to the three-year Plan for Fife Review as detailed in the report.

97. DATE OF NEXT MEETING

Decision

The next Board meeting scheduled for Tuesday 23rd February, 2021 at 10.00 am shall be held remotely, as necessary, subject to Scottish Government advice on Covid-19.

**MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON 19 NOVEMBER 2020
AT 2PM VIA MS TEAMS**

Present:

Mr M Black, Chair

Ms J Owens, Non-Executive Member

Ms S Braiden, Non-Executive Member

Ms K Miller, Non-Executive Member

In Attendance:

Mrs C Potter, Chief Executive

Mrs M McGurk, Director of Finance

Mr T Gaskin, Chief Internal Auditor

Mr B Hudson, Regional Audit Manager

Dr G MacIntosh, Head of Corporate
Governance & Board Secretary

Ms F McLeary, minutes

Ms P Fraser, Audit Scotland

Ms A Clyne, Audit Scotland

Mr A Mitchell, Thomson Cooper Accountants

Mrs R Robertson, Assistant Director of
Finance

Mrs C Leitch, Financial Planning, Projects
and Costing Accountant

Ms O Notman, NHS Lothian

1. Welcome / Apologies for Absence

The Chair welcomed Trish Fraser and Alison Clyne, from Audit Scotland, and Alan Mitchell, from Thomson Cooper Accountants, who were attending the meeting to speak to various agenda items.

Apologies were received from Cllr David Graham and Helen Buchanan.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 17 September 2020

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

4. MATTERS ARISING

There were no matters arising.

5. PATIENTS' PRIVATE FUNDS – ANNUAL ACCOUNTS 2019/20

Mrs McGurk highlighted the importance of ensuring that NHS Fife has effective management reporting and control arrangements to support funds that they hold on behalf of patients. She invited Alan Mitchell, from Thomson Cooper Accountants, to take the Committee through work they have done and to give his opinion on the year-end financial statements.

Mr Mitchell presented the audit completion memorandum to the Audit & Risk Committee, which highlighted the key audit risk areas. These were the security of the patients' private funds, the assets that NHS Fife hold and the compliance with the financial operating procedures that are put in place for the receipt and payments of the funds. He reported that the audit was carried out in June 2020, and this was followed up with selected ward visits in September. The audit completion memorandum reports that there were no significant issues identified during the audit.

There were a number of minor items listed where there was non-compliance with the financial operating procedures. However, none of these were significant and will be addressed by management.

Overall, the Committee were invited to note that there were no significant issues or weaknesses identified. Mr Mitchell was happy to report that there were no restrictions in the scope of the audit and, on that basis, a clean audit report was given in respect of these accounts.

In response to a question raised by Mr Black around follow-up of the minor issues of non-compliance found in the audit, Mrs McGurk agreed to look into these and would report back to a future meeting of the Audit and Risk Committee.

Action: MM

The Audit & Risk Committee:

- **reviewed** the Patients' Private Funds Accounts; and
- **recommended** that the accounts are approved by the NHS Board.

6. ENDOWMENT FUND ANNUAL ACCOUNTS & REPORT 2019/20

Mrs McGurk reported that the Endowment Sub-Committee has reviewed the Annual Accounts of the Fife Health Board Endowment Fund on 2 October 2020 and recommended approval to the Board of Trustees, who formally approved the accounts on 28 October 2020. These accounts have been submitted to the Audit and Risk Committee for noting as part of the governance process.

The Audit & Risk Committee **noted** the approval of the Endowment Fund Accounts by the Board of Trustees at their last meeting in October 2020.

7. SERVICE AUDITOR REPORTS ON THIRD PARTY SERVICES

Mrs McGurk reminded the Committee that each year audits are undertaken on behalf of NHS Fife by auditors appointed by NHS National Services Scotland (NSS) and NHS Ayrshire & Arran, for services on behalf of all NHS Scotland Boards. There are three reports that form part of the overall assurance to support this Committee's consideration of the annual accounts.

Two out of the three audits this year received qualified opinions. The scrutiny around the findings of these reports and the assessment of management responses have been considered in full at either the NSS Audit & Risk Committee or at the same Committee within NHS Ayrshire & Arran.

NSS Practitioner Payments and CFS Service Audit

This full report has been prepared by KPMG, as Independent Service Auditors for NSS. The auditors have provided a qualified opinion, having identified weaknesses that prevented them from being satisfied that three of five control objectives set out in the report had been evidenced.

NSS IT Services

The auditors provided a qualified opinion, having identified weaknesses that prevented them from being satisfied that three of six control objectives set out in the report had been evidenced. This included a lack of documentation and evidence to corroborate that the necessary checks have been performed.

There was quite a detailed assessment completed by NSS, supported by the NSS external auditor, to understand what level of assurance NHS Fife and the other boards could take from these reports. This information has been outlined in the summary provided.

The NSS Director of Finance has advised that there were no findings related to payment transaction processing, and their external auditor has determined that there is no need for further testing. The Committee can take assurance that there is no impact upon the Board's financial statements.

It is important to note that NSS do have a piece of work to do to ensure that the necessary improvements in the control environment are progressed and evidenced, and a detailed management response has been provided for each finding. An improvement plan has been established and this will be monitored by the NSS Audit & Risk Committee. Mrs McGurk suggested that an update should be provided to the NHS Fife Audit & Risk Committee in March 2021, to give assurance that the plan is progressing. It was agreed that this request should be made by the Director of Finance for the March meeting.

Action: MM

NHS Ayrshire & Arran Financial Ledger Services

The auditors provided an unqualified opinion and reported no critical or significant risk findings.

The Committee discussed the three reports. In response to a question raised by Ms Miller around the qualified opinions and whether these were in consequence of new auditors in place, Mrs McGurk advised that these were new issues that had been picked up. She advised that the NSS Audit & Risk Committee have put significant pressure and challenge on the management team of NSS to make sure these actions are addressed and to progress the necessary improvement plan.

The Audit & Risk Committee **noted** the reports and audit opinions of the independent service auditors in 2019/20 for each of the services hosted by NSS and by NHS Ayrshire & Arran on behalf of NHS Fife.

8. INTERNAL AUDIT ANNUAL REPORT 2019/20

Mr Gaskin highlighted that this report had been to the previous Audit and Risk Committee in September, in draft form, and had now been finalised, with a completed action plan, management responses and appropriate timescales.

He reported that there had been one minor change since that the last meeting, and this was in reference to the planned audit of remobilisation activities. This has been impacted by the current pandemic and the impact on services restarting. Internal Audit is however having discussions with the Director of Finance and Chief Executive around the lessons learned from the initial remobilisation period, welcoming the fact that NHS Fife is presently revising its strategic planning and resource allocation approach.

In response to a question raised by Ms Braiden around assurances relating to Information Governance, Mr Gaskin advised that this was a complex area. He has held discussions with the Medical Director around where the improvements are needed on reporting through the governance structure, particularly to the Clinical Governance Committee. In order to avoid a potential disclosure in the next year, it would be important that this be improved.

The Audit & Risk Committee **approved** the final draft of the report, as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

9. ANNUAL ACCOUNTS

9.1 Audit & Risk Committee Annual Statement of Assurance

The Audit and Risk Committee **noted** the Chair's signed approval of the Committee's final version of its Assurance Statement.

9.2 Draft Annual Accounts for the Year Ended 31 March 2020

Rose Robertson, Caroline Leitch and Olga Notman were thanked for attending this meeting, principally for this agenda item. Mrs McGurk drew attention to the cover paper, particularly to Section 2.1, and reminded the Committee that there were three statutory financial targets that have to be met every year. She reported that NHS Fife had met these targets for 2019/20.

She highlighted that the application of IFRS16, to introduce leases onto the balance sheet, had been further deferred for one year and will now be effective from financial year 2021/22. As a consequence of the Covid-19 pandemic, the valuation of property in 2019/20 was impacted to the extent that most valuers have caveated their valuation statements. As at the valuation date, they considered that they could attach less weight to previous market evidence for comparison purposes, to inform opinions of value.

Given the unknown future impact that Covid-19 might have on the real estate market, they have recommended that valuation of property is kept under frequent review.

The Director of Finance noted that, in accordance with IAS 28 Investments in Associates and Joint Arrangements, the primary financial statements have been amended for the additional disclosures required to reflect the interest of Integration Joint Boards. None of these changes impact on the financial statements.

The key areas of focus were discussed. Section 2.1.6 reports that Audit Scotland intend to issue an unqualified opinion on the accounts with inclusion of the Emphasis of Matter to draw attention to the material uncertainty declared by NHS Fife's valuer as above. Mrs McGurk reiterated that it was highlighted to the Audit & Risk Committee at its September meeting that there were significant challenges this year in delivering the annual accounts, due to capacity issues within the Finance team. A support team was established to help with the process, and this was welcomed by Audit Scotland.

Net expenditure for the year (p.35) shows a £54m (7%) increase on 2018/19, with an increase in pay costs of £38m and increase in other health care expenditure (excluding contributions to IJB) of £18m being the main drivers of this increase. Section 2.1.12 provided more detail on the £38m pay costs. £16m was due to a 6% increase in superannuation contribution. The remaining £22m is largely due to the Agenda for Change pay award agreed in July 2018.

Section 2.2.15 related to the consolidated statement of the financial position and shows an overall increase in the value of net assets. There was a net increase in the value of Property, Plant and Equipment.

In response to questions raised by Ms Braiden around Finance capacity issues and the recurring failure to meet saving targets within Acute Services, Mrs McGurk advised that departure of key staff during 2020 led to issues in completing the annual accounts. At the point of these departures, the pandemic also hit, which impacted on the ability to recruit to address the gap. She was pleased to report that a new post for a Head of Finance and Procurement has been advertised and interviews will be held in December.

In relation to the recurring savings question, Mrs McGurk advised that she had been working with the Chief Executive and the Executive Directors' Group and had held a full session to look at the Strategic Planning and Resource Allocation process. This is a formal assessment that will be done on an annual basis and will inform a medium-term financial, organisational and workforce plan for NHS Fife. This will look at the areas that will need to be addressed through a new approach. The next step will be briefing the NHS Board and the Finance, Performance & Resources Committee. Mrs Potter added that the Deloitte report on Acute Services produced last year made a number of recommendations, some of which were being taken forward and some of which were being challenged. The impact of Covid on this work has however been significant.

In relation to a question raised by Mr Black around the potential effects of EU exit, Mrs McGurk advised that an EU Exit Group had been re-established and is being chaired by the Director of Estates & Facilities, who will work with the Scottish Government and NSS particularly around the issues of the supply chain.

9.3 Annual Audit ISA260 Report for the Board of NHS Fife and Auditor General for Scotland / draft Letter of Representation (ISA560)

Ms Fraser advised that the ISA250 report includes a summary of significant findings from the audit for Committee members to consider, prior to approving the accounts for signing. This includes a letter of representation that provides the draft audit opinion on the accounts. A copy of the letter of representation requires to be signed and returned to Audit Scotland.

The letter confirms to members of the Committee that the audit work undertaken is now substantially complete and, following final checks on the accounts, it is anticipated that Audit Scotland will be issuing the audit certificate and opinion next week after the NHS Fife Board meeting. She was hoping to issue the annual audit report in advance of the meeting next week.

She referred to papers and noted that there are two significant findings for members to consider: the first matter is the uncertainty over valuations obtained for the non-current assets. She has included an 'emphasis of matters' paragraph in our audit certificate to draw attention to it. This is not however a qualification or modification.

The second issue is around the calculation of the annual holiday pay accrual. This has been raised on previous occasions and is raised on the basis that the calculation varies each year. She reported that this year the estimate is fair and reasonable, but she would recommend that a review of the calculation process be put in place going forward.

Appendix 1 set out Audit Scotland proposed audit opinion for the annual accounts. Ms Fraser was pleased to report that there are no qualifications or modifications to be brought to attention of the Committee. Appendix 2 showed the draft letter of representation. This is a standard letter providing Audit Scotland with assurances in relation to various aspects of the accounts.

In response to a question raised by Ms Braiden around holiday pay accrual, Ms Fraser advised that more work was needed in this area. It would be helpful to have a system brought in for calculating the accrual, which would be consistently applied each year. Mrs McGurk agreed that NHS Fife would review the process. She added, for the Committee's awareness, that the holiday pay accrual is likely to be a significant issue in the Annual Accounts for 2020/21 and, because of deferred leave, that the holiday pay accrual is likely to be higher again in 2020/21. The Corporate Finance Network who support the NHS Board Directors of Finance group is considering this issue.

9.4 Annual Assurance Statement to the NHS Board

The Audit & Risk Committee approved the Annual Assurance Statement to the NHS Board as it stood, without the addition of any areas to be escalated from the internal or external annual reports.

The Audit & Risk Committee;

- **reviewed** the draft Annual Accounts for the year ended 31 March 2020, endorsing the content of the Corporate Governance Report and the Governance Statement from the Chief Executive;
- **considered** the content and assurances to be taken from the External Auditor's Annual Audit ISA 260;
- **recommended** that the Board adopt the Annual Accounts for the year ended 31 March 2020;
- **recommended** that the Board authorise the designated signatories (Chief Executive and Director of Finance) to sign the Accounts on behalf of the Board, where indicated in the document;
- **approved** the proposed arrangements for resolution of minor matters in relation to the accounts, and up to the date of submission to the Scottish Government Health and Social Care Directorate; and
- **noted** that the accounts are not placed in the public domain until they are laid in Parliament.

10. ISSUES FOR ESCALATION TO NHS BOARD

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

11. ANY OTHER BUSINESS

Mr Black thanked the Finance Team especially for all their hard work and effort in producing the annual accounts against a challenging background.

Date of Next Meeting: 19 January 2021 at 10am within The Boardroom, Staff Club, Victoria Hospital (location TBC)

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD VIA MS TEAMS ON 4 NOVEMBER 2020

Present:

Dr Les Bisset, Chair	Martin Black, Non-Executive Member
Sinead Braiden, Non-Executive Member	Wilma Brown, APF Representative
Cllr David Graham, Non-Executive Member	Rona Laing, Non-Executive Member
Dr C McKenna, Medical Director	Dona Milne, Director of Public Health
Janette Owens, ACF Representative	John Stobbs, Patient Representative
Margaret Wells, Non-Executive Member	

In Attendance:

Lynn Barker, Associate Director of Nursing, H&SCP (for Helen Buchanan)	Lynn Campbell, Associate Director of Nursing ASD
Dr Rob Cargill, AMD ASD	Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of ASD	Scott Garden, Director of Pharmacy & Medicines
Andy Ballantyne, Clinical Lead (Item 8.3)	Ben Johnston, Project Manager (Item 8.3)
Barbara Anne Nelson, Independent Reviewer (Item 8.1)	Helen Woodburn, Head of Quality & Clinical Governance
Catriona Dziech, Note Taker	Gillian MacIntosh, Board Secretary

Dr Bisset opened the meeting by noting the Committee's ongoing appreciation to staff and partners for their commitment and hard work during this period. With the increase in Covid activity, staff were being asked again to work extra hours, sometimes outwith their normal environment. It is thus important to record thanks for all the hard work and dedication and for all the work they continue to do.

Dr Bisset apologised to the Committee for the various changes to the agenda, along with the issue of a number of late papers. This was a result of the change of priorities for the Executive Directors, linked to the increase in Covid activity and clinical demands. Dr Bisset agreed to take up the issue of late papers with Dr McKenna and Carol Potter, noting that this was not satisfactory.

It was reported that the paper on the Seasonal Flu Programme Review 2020 (Item 8.1) has been issued separately, as the paper and its content are not for discussion outwith the Committee until Board members have had the opportunity to consider further at the Board meeting on 25 November 2020. The Committee were asked to respect the confidentiality of the paper and not circulate it wider.

1. Apologies for Absence

Apologies were noted from members Helen Buchanan and Carol Potter and attendees Dr Helen Hellewell and Alan Wilson.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the Meeting held on 7 September 2020

The note of the meetings held on 7 September 2020 was approved subject to the following amendment:

Item 51. Risk 1652 – Lack of Medical Capacity in Community Paediatric Service Paragraph 2

It was important to reflect appropriately in the Committee minute that assurance was given that the service would (and will) continue to meet its statutory responsibilities despite the ongoing recruitment challenges.

4. Action List

All outstanding actions were discussed and will be updated on the separate rolling Action List.

5. MATTERS ARISING

5.1 Review of Integration Scheme

Nicky Connor advised she had given a previous update on the progress with the review. It had been hoped to conclude this by the end of March 2020, but this was delayed due to the impact of the pandemic. SGHD has been informed that there will be delay in completion.

Currently significant progress is being made, as review meetings have resumed. Discussions have taken place around the clinical and care governance elements, which was one of the outstanding issues. Management of risk has also been discussed, with a way forward being found. The matter of the risk share continues to be worked on by the Directors of Finance, with the Chief Executives of both the Health Board and Council being sighted.

The timeframe for completion is end of December 2020, with this then to go through both the Health Board and Council structures for approval and onward submission to SGHD.

5.2 Acute Services Division Preparedness for Covid-19

Claire Dobson advised that this report outlines the key plans in place within the Acute Services Division in preparation for future waves of Covid-19.

The paper outlines the Care Pathways in place in the hospital in terms of managing flow of patients. The Critical Care Escalation Plan sets out how to double and treble ICU capacity as required. This gives assurance around PPE, equipment and

workforce. Workforce is a live issue and requires significant input in securing the workforce we require. The paper also highlights Scheduled Care and how care is prioritised within ASD, with weekly meetings to discuss.

Claire Dobson highlighted the hospital control arrangements are back in place over a 24 hour period as from 3 November 2020.

Claire Dobson advised the plan does not sit in isolation and is very much based around how the ASD works in partnership with H&SCP and other bodies to ensure that we are ready and prepared.

In taking comment it was noted that, although the plan was written for a second wave coming, there are now a significant number of Covid positive patients within the hospital and a large cohort of patients across ICU. Red ICU capacity has doubled and an Amber ICU has been established with a recovery area, so there are considerable pressures at this time.

Dr Cargill advised that we are currently sitting at Stage 3 of escalation, as set out in Appendix 1 of the report. This remains under daily review, with the situation changing quickly particularly in relation to ICU capacity.

A detailed plan is in place for remobilising staff. The adapted model has been agreed nationally. There are still some elective cases that are priorities 1 and 2, which will be maintained. Elective procedures are clinically prioritised.

Dr McKenna noted that it was important to understand that as an acute service we are currently where we were at the peak of the Pandemic in the spring but attempting to deliver an enhancing critical care service and in-patient services to look after Covid patients. This is in addition to a hospital which is full (at the time of the peak of Pandemic it was half empty). We continue to attempt to deliver an effective elective programme, albeit one that is clinically prioritised.

There is concern that the tier of restrictions (Level 2) Fife is sitting in may not be appropriate for the activity being seen in the hospital. This is due to be reviewed shortly by SG.

In closing, Dr Bisset noted this was a fluid situation but he was confident the report gives the Committee confidence that the situation is constantly under review and can be responded to. The Committee endorsed the report.

5.3 Update on Wellesley Unit, Randolph Wemyss Hospital

Nicky Connor advised that the previous actions given in relation to the closure of the Wellesley Unit around ensuring appropriate care for the patients within the Unit and supporting the staff have taken place. Nicky Connor gave assurance that these have both now been concluded.

The next piece of work is to look at the future of the Unit and the site as part of the wider Community Hospitals strategy. This work is in progress and will likely be challenged in terms of the timescales due to the current pressures of Covid. An update will be brought back to the Committee in due course.

6 COVID-19 UPDATE

6.1 Laboratory Testing Update

Discussed earlier in the meeting at Action List, Item 184.

6.2 Test and Protect

Dona Milne gave a verbal update on the Test & Protect overview as at 4 November 2020. The slides will be circulated to the Committee after the meeting.

Highlights from the slides were:

- Numbers in community are not presently concerning.
- Test positive rate for Fife is 4.7% compared to 7.3% for Scotland. The majority of the cases are within the Central Belt.
- Confirmed cases – cumulative total is 2551.
- The number of cases in the older age group continues to increase with a rise in Care Homes.
- EDR rate back down to 1.
- Contact Tracing – 1253 contacts identified.
- Significant number of Public Health Situations dealt with in September and October.

7 REMOBILISATION OF CLINICAL SERVICES

Dr McKenna advised that the majority of services in Fife had been successfully remobilised beyond what had been achieved in many other Health Boards. This is now being reviewed on a daily basis, to see what is achievable and how we align staffing to meet the greatest needs, particularly with the increase in Covid cases.

7.1 Redesign of Urgent Care

Dr McKenna referred to his presentation at the Board Development Session on 28 October 2020, which had members a chance to discuss in detail.

Dr McKenna gave a summary of his slides to the Committee, as follows:

Primary Concept – by scheduling attendances or offering a digital attendance we will be able to reduce footfall at our Emergency Department, hence reducing the risk of overcrowding.

Secondary Concept - by offering an enhanced professional-to-professional conversation, we will be able to ensure every patient get to the right place at the right time with the right clinician, hence reducing duplication of work.

Flow Navigation Centres – this will allow us to take the call from NHS24, remove clinical responsibility from NHS24 and manage locally.

Flow Charts for In Hours and Out of Hours – calls will be sent via Adastra to the Health Board Flow centre. A Clinical Response is required.

NHS Fife Gold Command – sets out leads for all pathways, which are being clinically led with support from managerial colleagues.

Timescale and Community – Ayrshire & Arran are currently running pilot site, with rest of Scotland to follow from 1 December. There will be an announcement by the Cabinet Secretary with SGHD leading on the communications strategy. Local participation and engagement will be important.

Local Readiness – Weekly submissions to the SGHD, with programme support from transformation and change team and digital programme support. Financial input with a significant additional monies to deliver. Workforce requirements have been assessed and plans to initiate recruitment are in place. A risk register has also been established.

Risks and Challenges – these are principally around Workforce, multiple competing demands, time to recruitment on non-trained staff. Training needs assessment being undertaken. Digital is dependent on national solution for certain aspects.

In taking comment, it was noted that getting the message out to the public would require considerable communication and engagement and this will take time.

Dr McKenna was thanked for his presentation.

8 REQUESTED PAPER

8.1 Seasonal Flu Programme 2020 Review

Barbara Anne Nelson joined the meeting for the discussion on this item.

Dr Bisset introduced the paper, noting this was an excellent report. The tone of the review and the professional way it was carried out has allowed the important issues to be highlighted in detail. The recommendations are comprehensive, with many already being actioned.

Dr McKenna advised that, in Carol Potter's absence, he would speak to the report. It was recognised that the open and honest way we handled the situation, and the rapid ability to do the lessons learned investigation in a short space of time, was important. It is a testament to the Board's willingness to be open, honest and to accept we did not get something as right as we could have. It was also important to acknowledge that what was required to be undertaken in terms of the flu this year was unparalleled. We should not lose sight that a lot of the things we are doing right now we are doing for the first time. Mistakes may happen and the culture should be one of forgiveness and learning. This report was written with that in mind.

In taking comment, it was noted that KPMG had been appointed as an independent body to review the systems and processes in place for the planning for flu. It was

questioned what the value was in this, as they provided no meaningful feedback. Drs McKenna and Bisset agreed to discuss further with Carol Potter.

Action: LB/ CMcK/CP

Dr Bisset agreed to consider the wider issue of boundaries between governance and operational issues with Carol Potter, to see if this needed to be explored in more depth in the relation to the role of Non-Executives. This could perhaps be discussed further a Development Session of the Board.

Action: LB/CP

Scott Garden advised that, in relation to the Covid-19 vaccine, all Boards are being asked to have plans in place and begin immunisation by 2 December 2020. He gave assurance that the details in the report around lessons learned is being actively applied at the moment for that programme.

It was noted that the high-level plan for vaccinating the first cohort for Covid has to be with the SGHD by 11 November 2020. Scott Garden advised that, although working on very limited information at the moment, work progresses and he gave assurance this is being carried out with the lessons learned from flu at its centre. There is not a lot of time and the action planning will be important. There is an element of programme management versus operational sustainability as we go forward with adult immunisation and there is a lot of good learning we need to apply. Dr Bisset advised the Committee would be interested to have some indication of our readiness and asked that any paperwork or plans that could be shared with the Committee was circulated in advance of the next meeting in January 2021.

Action: SG

It was noted that KPMG are also supporting with the planning for Covid and a standardised template is to be submitted to SGHD. This should be completed by next week and Scott Garden is meeting with Carol Potter this week to look at how we ensure the Governance Committees and Executive Team are sighted on this. Scott Garden agreed to bring the Plan back, once he has met with Carol Potter.

Action: SG

In closing, Dr Bisset said he would expect an Action Plan to be developed from the flu review, taking account of the recommendations, timescales and clear leadership responsibilities for the next meeting. This would give assurance that all of the recommendations have been carried out and would also give confidence for any future immunisation programmes.

The Committee noted the report, thanking Dr Gillian MacIntosh and Barbara Anne Nelson for completing the thorough report in such a short timescale and giving the Committee full assurance on the topic.

8.2 Enhanced Flu Vaccination Programme

Nicky Connor thanked all her Executive Director colleagues for the team effort in getting this programme back on track. Thanks too were offered for all those involved in the wider organisation in terms of the support for the command structure, generation of the workforce and all of the operations that have been required to support delivery.

Nicky Connor advised that this report builds on the detailed report and presentation provided to the Board Development Session the previous week, which outlined the background of what the challenge was and the actions taken forward to support delivery.

Fife are now in a good position, with 67,000 vaccinations booked, 66,000 people have received a vaccination, which includes the childhood programme (14,000 children, 13,000 of which have been delivered by community pharmacy). Significant progress has also been made with delivery of the staff vaccination programme, with over 4,400 staff vaccinated, which is around 50% of our workforce in a matter of weeks. This exceeds the progress made last year.

Contained within the report there is an overview of the delivery model and an update of the command structure. This covers the challenges around workforce and all the other issues. We are now in a position where we have caught up with appointment enquiries, with significant capacity within the phone lines and only a small number of emails and text messages to follow up. The next phase is to be pro-active in relation to promotion, to ensure anyone who has missed the opportunity for a vaccine can be captured.

The Committee noted the report and the progress made.

8.3 Orthopaedic Elective Centre Full Business Case

In Alan Wilson's absence, noting that he was due to shortly leave the organisation to take up a post at NHS Highland, Dr Bisset thanked him for all his hard work in leading various projects in Fife. The fact we have reached this stage with this project is testament to Alan's contribution and he will be sadly missed.

Dr Bisset welcomed to the meeting Andy Ballantyne, Clinical Lead, and Ben Johnston, Project Manager and Alan Wilson's replacement as Director of Capital Planning in NHS Fife.

Dr McKenna advised that the Committee would have seen previous iterations of this Business Case, which acknowledges the importance of this project for NHS Fife. The Full Business Case has been submitted to the Scottish Government Health & Social Care Directorate Capital Investment for approval at their meeting in November 2020.

Dr McKenna noted it was important to recognise from a clinical perspective that our current facility is out-of-date and the new facility is world class in terms of design, technology and equipment. It is an exciting prospect for Orthopaedics in Fife, for recruitment, research and development and raising the already high profile of our Orthopaedics department at a national level. There has been some slippage in regard to timescales because of the Pandemic, but if the finance is approved by the SGHD building work will begin early next year.

It was noted that the FP&R Committee will consider the slippages in relation to finance at their next meeting.

Andy Ballantyne reiterated Alan Wilson's personal contribution to this massive piece of work and the development of the Full Business Case, which was multi-disciplinary, involving all specialties.

In opening up for comments, it was noted that water safety in the new build was being considered through a local Water Safety Group, who had been involved with the project from the start. There is also an NSS Quality Assurance Group, who are external consultants, and have been brought in to review all of the external design and provide an extra layer of review to satisfy the SGHD and Board. The risk of flooding has been incorporated and discussed with Scottish Water regarding drainage at the site.

The impact of Covid would not delay the start of the project and it is planned to proceed in January 2021, with completion by mid-2022. The layout of the building can be flexed to accommodate Covid-related requirements, such as physical distancing etc.

No other services had been compromised, with the deviation of the introduction of out-patients in pre-assessment in Radiology.

In closing, Dr Bisset acknowledged the excellence of the business case, which will make a huge difference to provision of services to the people of Fife. The Committee strongly supported the approval of the Business Case by the Board.

9 QUALITY, PLANNING AND PERFORMANCE

9.1 Integrated Performance & Quality Report

Dr McKenna advised there were no significant red flags from a quality perspective to raise. Complaints performance is improving.

In relation to SABs, there were no concerns. Regarding CDiff, the previous issue highlighted has settled down. It was felt the issue had been an anomaly around a couple of individuals with recurrent episodes rather than new cases.

It was noted the issue around HSMR figure for QMH had been actioned by Dr Hellewell. Dr McKenna agreed to check this.

Action: CMcK

The Committee noted the data within the IPQR.

9.2 Winter Plan 2020-21

Claire Dobson gave the Committee a verbal update, building on the detailed presentation given at the Board Development Session the previous week.

The Plan describes the arrangements in place to cope with increased demands over the winter period. This year this also includes the challenges around Covid. Planning priorities had been spoken to at the Development Session and these are contained within the SBAR and also within the plan. There is also detail of what all the priorities are. Claire Dobson emphasised joint planning is critical to this and there is a commitment from both Acute Services and the H&SCP to work together for the

creation of the plan and delivery. The patient care element is also critical and needs to ensure the patient gets the right care, at the right place and time.

Nicky Connor and Claire Dobson have discussed the Escalation and Preparedness Plan and there is no doubt the workforce requirements are significant and remain a live issue. There is a command structure in place around this and Helen Buchanan chairs a weekly Silver Command along with Nicky Connor, Susan Fraser and Claire Dobson to look at the operational delivery and any issues that have been escalated.

Nicky Connor added that workforce elements are being looked at again to support and address whole system working, recognising that many of the actions are in the community to support a home-first approach to support the sustainability of acute services. There is an absolute commitment to work together on this.

In taking comment, it was noted that the staffing and financial implications of the Test and Protect, Seasonal Flu and Covid 19 Vaccination Programmes are not included in this plan and will potentially be on the same staff cohort and system. Could assurance be given that while dealing with this it is brought together and dealt with as a whole system? Nicky Connor confirmed this would be considered by a whole system hub to understand the pressures have them escalated, identify if they can be responded to, and then escalate to Gold to look at prioritisation across the organisation.

It was noted that the impact on health inequalities and those with poor digital access should be considered. These needed to be mitigated, monitored and built into local equality impact assessments. Nicky Connor advised that this is work in progress and recognised that while we may have the technology to do things differently, it may not always meet the needs of the people we serve.

Dr Bisset noted this is a complicated situation, but it is evident there is close partnership working being carried out to support and help consider the issues that arise.

The Committee noted the report.

10 PUBLIC ENGAGEMENT AND CONSULTATION

A paper had not been provided for the meeting. Dr Bisset will ask Helen Buchanan to provide an update at the next meeting.

Action: LB/HB

11 DIGITAL AND INFORMATION

11.1 HEPMA Business Case

In November 2019, the Fife NHS Board approved the Outline Business Case and progression to Full Business Case for the implementation of Hospital Electronic Prescribing and Medicines Administration System (HEPMA) for NHS Fife. The Clinical Governance Committee are asked to support the FBC for implementation of full HEPMA in NHS Fife, to be supplied by EMIS Health.

Scott Garden highlighted that HEPMA is a transformative piece of work that will touch all clinicians and patients across Fife as they come through our hospital system. There will be a full HEPMA implementation, which will reach in-patients, out-patients and day cases. The functionality of support and integration across a range of clinical systems aim to make it as seamless and efficient as possible.

It was noted that NHS Fife have chosen a different supplier to all other Boards in Scotland. This has been considered in terms of the risks but the tender process was very robust. There will be ongoing training and support for clinicians coming into the organisation who may have previously used other systems. Prepping will begin now, with fully implementation in April 2021.

In taking comment it was highlighted there was currently no opportunity to add either Mental Health or Women's Services to the system and was this something that could be added later. It was noted this was in relation to the current immediate Discharge Letter (eIDL) system we have in place, which will be replaced by the HEPMA System. Currently this is not available through Mental Health and in Women's Services and is a risk but will be addressed.

It was noted that view only rights would be available to those working in the community. This was important as the new GP contract allows a wider team of people to deal with individual patients such as AHPs. EMIS has the advantage that it is currently the main provider of GP system in Fife, so the opportunity for integration and one single product is available. All clinicians who require access to deliver care will have it regardless of setting.

The Committee noted the report, recommended the implementation of full HEPMA provided by EMIS Health and supported progression of the FBC through FP&R and NHS Fife Board.

12 GOVERNANCE

12.1 Board Assurance Framework – Quality & Safety

Dr McKenna advised that there were no significant updates or changes to associated risks. Dr McKenna and Helen Buchanan would look further at a couple of high-level risks and update the BAF for the next meeting.

Action: CMcK/HB

The Committee approved the Quality and Safety BAF ratings.

12.2 Board Assurance Framework – Strategic Planning

Dr McKenna advised that there were no significant changes to associated risks.

The Committee approved the Strategic Planning BAF ratings.

12.3 Board Assurance Framework – eHealth

Dr McKenna advised that the main significant risk the Committee need to be aware of

is around the risk to the infrastructure, due to the increased burden of use on the network with the increase of remote working and digital solutions. The Digital team have put the necessary improvements in place, but there remains unprecedented demand.

Following a query from Dr Bisset, Dr McKenna agreed to check if the Assurance Mapping Exercise being carried out by the Risk Manager and Internal Audit should be brought back to the Committee.

Action: CMcK

The Committee noted the comments on the above risk and approved the eHealth BAF.

13 ANNUAL REPORTS

13.1 R&D Annual Report 2019 - 2020

Dr McKenna advised that the Research & Development Strategy sets out the activities with the R&D Department and the relationships with the Universities of St Andrews, Edinburgh, Dundee, Napier, Queen Margaret and Abertay. The key priorities this year had mainly been around Covid and Covid-related studies. There has also been a lot of activity around our Research Nurses contributing to the recruitment of patients for the Recovery trial, which has changed the management of patients significantly, with the use of Dexamethasone and Remdesivir.

Frances Quirk has been appointed as the new Associate Director for R&D, who replaces Amanda Wood. Frances Quirk is exceptionally qualified and has come from Australia to take up post.

Dr McKenna advised that he has been in discussion with Frances Quirk to see how we can change these reports going forward to make them more business-like and more accessible, to sell the concepts of the Annual Report and Strategy.

Dr Bisset highlighted the good amount of work being carried out by the R&D Department, both internally and with the Universities / Primary Care under the leadership of Alex Baldacchino. It was also important to note Amanda Woods's retiral and to thank her personally for all the good work she has carried out over the years to build up the Department and help make it what it is. This also includes the present support to Covid research.

In taking comment, it was noted that partnership working with staff has had a lesser uptake in training available during the Pandemic and, as a result, some of the actions from last year have not changed much. This is a challenge - as a smaller Board getting staff involved due to their clinical burdens can be difficult. It is hoped the new Associate Director will bring a fresh set of ideas on how to do things differently and engage staff.

The relationship with St Andrews University and the potential status of the Board as a teaching health board is changing. Hopefully, within the next six months, this will lead to a different place in terms of research in Fife. Dr McKenna will update the Committee in due course.

Action: CMcK

There are also opportunities with the new Elective Orthopaedic Centre, with the orthopaedic surgeons being very interested in developing research further within their Department.

There has been a decrease in commercially funded projects and the number of research publications but this is not a cause for concern. Covid research has been good this year, but it means other research projects have been put on hold and that does have an impact on the commercial aspect and the income this brings. This will impact on the budget for this year.

Dr McKenna highlighted that there had been an MHRA inspection last year and outcome had been very positive. The R&D Team had put in a huge amount of effort and work in to preparing for the Inspection. The fact there were only minor recommendations is testament to quality of work in the R&D Team.

The Committee noted the reports.

13.2 R&D Strategy Review 2019 - 2020

Covered in discussion of 13.1 above.

14 LINKED COMMITTEE MINUTES AND ANNUAL REPORTS – FOR INFORMATION

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

14.1 Acute Services Division Clinical Governance Committee

14.2 Fife Area Drugs & Therapeutics Committee

14.3 Fife HSCP Clinical & Care Governance Committee

14.4 Digital & Information Board

14.5 Health & Safety Sub Committee

14.6 Integration Joint Board

15 ITEMS FOR NOTING

15.1 Letter from CNO – Covid-19 Mobilisation Plans Reducing Risk of Nosocomial Covid-19

Noted.

15.2 HAIRT Report

Noted.

16 ISSUES TO BE ESCALATED

There were no issues for escalation to the Board from this meeting's agenda items.

17 AOCB

There was no other competent business.

In closing, Dr Bisset took the opportunity to advise Members this was Helen Woodburn's last meeting of the Committee, as she leaves the organisation. He warmly thanked her for all the work she has done for NHS Fife over the years and members joined in wishing her well for her future in Australia.

18 DATE OF NEXT MEETING

Thursday 14 January 2021 at 2pm via MS Teams.

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING
HELD ON 10 NOVEMBER 2020 AT 09:30AM VIA MS TEAMS**

Rona Laing
Chair

Present:

Ms R Laing, Non-Executive Director (Chair)	Mr E Clarke, Non-Executive Director
Dr L Bisset, Non-Executive Director	Ms J Owens, Non-Executive Director
Mrs M McGurk, Director of Finance	Mrs C Potter, Chief Executive
Dr Christopher McKenna, Medical Director	Mr A Morris, Non-Executive Director

In Attendance:

Mrs N Connor, Director of HSCP
Mr A Fairgrieve, Director of Estates & Facilities
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
Mrs R Robertson, Deputy Director of Finance
Mr J Crichton, Interim Divisional General Manager, HSCP (Item 5)
Dr F Baty, Consultant Clinical Psychologist (Item 5)
Mr L Cowie, Clinical Services Manager, CAMHS (Item 5)
Ms D Black, Project Manager, eHealth (Item 7.3)
Mr B Johnston, Project Manager (Item 7.4)
Miss L Stewart, PA to the Director of Finance (minutes)

1. Apologies for Absence

Apologies were received from Mrs Dona Milne, Director of Public Health, Mrs Helen Buchanan, Director of Nursing, and Mr Alan Wilson, Capital Projects Director.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 8 September 2020

The Committee formally **approved** the minute of the last meeting.

4. Action List

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

It was advised that for Action 133, a date for further consideration is to be confirmed.

It was advised that for Action 138, given the rise in Covid-19 cases, the current demand for services, and the impact on EDG time, the planned Committee Development Session was agreed to be postponed until the January Meeting, and this will remain under review.

It was advised that for Action 140, a date is to be confirmed when a paper will be submitted to the Committee.

5. MATTERS ARISING

5.1 Psychological Therapies Update

Mrs Nicky Connor, Director of HSCP, introduced the report to the Committee. Jim Crichton and Frances Baty were invited to provide an update to members.

Jim Crichton highlighted that there were three elements to this update, which include a pre-Covid trajectory until March 2020, the significant and complex impact of Covid in the months following, and the potential future impact on the service.

Dr Frances Baty advised that the paper details in depth the modelling work that was due to be undertaken earlier this year. The team were working alongside the Scottish Government Mental Health Directorate Performance & Improvement Unit. Following that, detailed modelling work was completed to understand the demand and capacity, the nature of the queue and the resource and the work which was required to meet the target. It was found that it would not be possible to meet the target by December 2020, but the work done to date allowed them to model different scenarios.

It was noted that the performance target had improved significantly during the lockdown period, however there was reduced referral activity during this time.

Future modelling shows that in order to meet the target, the service need to tackle the queue and address the needs of those who have been waiting longest, to create capacity. Waiting list work has commenced, with a significant change of direction. The team are working closely with colleagues in Adult Mental Health for patients with complex needs to find alternative routes of treatment. It is hard to quantify the impact digital therapy at this early stage. Referral rates are returning to what they were pre-Covid, and it is also hard to quantify the impact of the pandemic at this point.

The Chair queried the reduction in the number of staff available to support the waiting list. Dr Baty advised that, since remobilisation, they have worked closely with Mental Health colleagues and CMHT to look at patient pathways and have organised a training programme on how to increase skills and capacity of nursing staff to develop an alternative patient pathway. A lot of resources have been created in a digital format; this is at implementation stage but will help support the work.

It was advised that it is difficult at present to know the impact this work will have but they are optimistic the work undertaken will have a positive impact on patient care and will reduce the rates of patients coming into the service.

The Committee **noted** the update on psychological therapies performance.

5.2 CAMHS Update

Mrs Nicky Connor presented the paper to the Committee on CAHMS. Jim Crichton and Lee Cowie were invited to provide an update on this report.

Mr Jim Crichton advised that this paper shows a similar picture to psychological therapies. A lot of work has been undertaken to address how this workload is delivered throughout the pandemic period.

Mr Lee Cowie advised that Fife CAHMS has worked alongside the Scottish Government Mental Health Improvement Teams to support the workforce to work towards the targets. The focus for the last few months has been to embed a revised system to continue to provide a responsive service. The Committee were referred to section 2.1 of the report, which detailed the referral to treatment target - the chart on page 4 on referrals shows how they compare. The recovery period came over September and this is now at 71% capacity. The number of DNAs did increase significantly over the last period, perhaps due to the availability of online consultations.

There have been a number of challenges over the Covid period. Within 3-4 days of the usual service closing, the team were able to resume contact and establish a digital programme. A concerted effort was made to reduce the longest waits. Going into the Covid period 80 people were waiting over a year; this has now been reduced to 8. It has been apparent through the DNA rate that virtual appointments were however not as successful at engaging with young people as originally anticipated.

The current demand has returned to levels pre-Covid. The urgent contacts are seen on average within 7 weeks however, those who are not seen as urgent are put on a waiting list. There remain issues with the resource to support that waiting list. To address this staff have been given an opportunity to start evening and weekend clinics, but uptake of this has been limited as staff are already working at capacity. Two additional mental health workers have been introduced and a consultant psychiatrist position established. Group work has been challenging to introduce. These sessions were historically very successful, but it is hard to measure the impact given the current circumstances. During Covid, the number of low-level referrals i.e. first level anxiety, which would have been picked up by School Councillors, has flowed into specialist services.

Ms Nicky Connor advised that the HSCP senior leadership team are actively considering the recommendations made from the Scottish Government and decisions will be fed back to the Committee in March 2021 on what is possible.

The Committee **noted** the update on CAMHS performance.

6. GOVERNANCE

6.1. Board Assurance Framework – Financial Sustainability

Mrs Margo McGurk presented the report to the Committee on Financial Sustainability. It was highlighted to members that the key change is NHS Fife have now received funding allocations for Covid. Full costs have been funded for Q1 and an indicative NRAC share/or 70% funding allocation for Q2-Q4. This does not include funding for unachieved savings. Further detail will be provided to the Committee under agenda item 8.2, IPQR. The level of risk remains high.

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

6.2. Board Assurance Framework – Strategic Planning

Dr Chris McKenna presented the report to the Committee on Strategic Planning. It was highlighted that this report was presented in detail to the Clinical Governance Committee and is with Finance, Performance & Resources Committee for noting. There has been no significant change following the last iteration of the BAF, since, due to the second peak of Covid-19, work has been paused on the transformation agenda. However, this will be a focus and priority when the Board emerges from this challenging period.

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

6.3. Board Assurance Framework – Environmental Sustainability

Mr Andy Fairgrieve presented the report to the Committee on Environmental Sustainability, and it was advised that there had been no significant change to the previous version considered at the last meeting.

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

6.4. Review of General Policies and Procedures

Dr Gillian MacIntosh presented the bi-annual report to the Committee on the ongoing review and updating of General Policies and Procedures.

It was advised that, due to the impact of Covid across services, policy review had been paused. However, 15 policies are now currently out for review, which will make an impact on the backlog of out-of-date documents. Discussions had taken place at previous committee meetings on introducing a digital system for policy management. .

Mr Eugene Clarke asked if national systems were in place, to introduce national policies i.e. on a Once for Scotland basis. Some of this work is underway for HR policies. However, it was clarified that at present each Board utilise their own system and manage their review in many different ways, with no one solution being used consistently.

It was highlighted that the current process of policy review and follow-up is very labour intensive. It is important to consider the financial impact of introducing an electronic system

alongside the productivity improvement. Availability of up-to-date policies for staff was also vital. Therefore, all options should be considered, especially an organisation-wide approach.

Mrs Carol Potter advised that this conversation will be taken back to EDG to progress further.

The Committee **noted** the update on the review of General Policies and Procedures. A further update will be provided to the Committee in six months.

7. PLANNING

7.1. Winter Plan

Mrs Claire Dobson introduced the Winter Plan to the Committee. It was highlighted that this was discussed in detail at the Board Development Session the previous week.

The Winter Plan describes the actions which are in place going into the winter period. It considers Covid pressures alongside usual Winter pressures. It is important that each patient gets the right care in the right place this Winter. It will be very challenging with the ongoing programmes, including Seasonal Flu Vaccine, Covid Vaccine and the Test and Protect work. There is a Bronze and Silver Command structure in place to ensure decisions are made efficiently.

Mrs Rona Laing advised that Appendix 7 was a helpful addition to the plan, as it will be helpful to monitor performance. The Committee were guided to Appendix 5. The Committee questioned the financial information, as in previous years the figure was significantly higher to compared to the funding received. Mrs Margo McGurk confirmed that this year it is more complex due to the plans in place for Covid. It is important to understand that the worst-case scenario costs have been shown in this plan. The Scottish Government are currently reviewing the funding to cover Winter spend alongside Covid.

Mrs Wilma Brown highlighted that there is a lack of detail around the Staffing Plan. It may be challenging to recruit the number of staff required, which will cause shortages and pressures in key areas. Mrs Nicky Connor emphasised that the position will be carefully monitored. If it is required, they plan to reprioritise staff, as the support from Bank and Agency staff may not be enough. This will be undertaken with full clinical advice.

The Committee **noted** the update on the Winter Plan.

7.2 Payroll Consortium Outline Business Case

Mrs Margo McGurk introduced the Outline Business Case. It was advised that it was discussed at Staff Governance Committee earlier in the month and will be considered again by that committee in January 2021, with the SBAR presented today.

Chief Executives decided to introduce a Programme Board several years ago, to identify how to support development and the resilience of payroll on a regional basis. The proposal is to build a single employer, with multiple bases, to ensure the service is fit for the future. Staff are engaged and are fully aware of this. Staff within NHS Fife do have an emotional concern around no longer working for NHS Fife, as staff would go through a TUPE process and will be recognised as employees of NSS. It may be worth proposing to the Consortium to implement this in a more phased approach as the timing of this may not be most appropriate.

Mrs Wilma Brown emphasised that staff are fully aware of the direction of travel, and this has gone through a huge consultation process. Staff do feel they have loyalty towards NHS Fife and are anxious about being transferred to NSS. However, staff would still fall under the same NHS Scotland terms and conditions.

Mr Eugene Clark questioned whether the consortium would experience the same challenges of recruitment nationally as NHS Fife do locally. It was advised that Payroll and financial services roles are generally easier to recruit to in the central belt and larger cities. A key benefit of the proposal is there will be more staff around to ensure the service is efficient and sustainable.

Mrs Margo McGurk highlighted that, at present, the NHS Fife payroll team are very stretched and regularly work weekends to meet the demand. The Head of Payroll has returned for 18 months, following initial retirement, to continue to support the service.

Mrs Carol Potter advised that this is a critical service within the Health Board. Staff do need to be paid on time, therefore it is very important to ensure we have a resilient service.

The Committee **considered** the recommendations and **agreed** to support the key benefits, recognising the importance of this project moving forward. The Committee also **considered** the timing of this proposal and supported the Director of Finance initiating a discussion with NSS on a more phased approach.

7.3 HEPMA Full Business Case

The Chair highlighted that it is positive that this paper is getting to this stage where the Full Business Case can be considered. The clinical aspects of this report were discussed in detail at Clinical Governance the previous week.

Mr Scott Garden, Director of Pharmacy introduced the Business Case to the committee. Debbie Black, Project Manager, joined the meeting for the discussion.

It was highlighted that the Outline Business Case was approved in September 2020. Following that, a mini competition took place. Following a robust evaluation process, a preferred supplier was identified.

The Committee discussed the capital and revenue consequences of the Full Business Case in detail. This also included a discussion on the change to the revenue charging model and the extended length of contract.

A key risk to note is that NHS Fife has taken a different approach compared to other boards. NHS Fife is the only Board in Scotland who has appointed this company. However, we are confident that that we have selected the most appropriate supplier for Fife.

Mr Les Bisset questioned why NHS Fife have gone for a 7-year contract compared to 5 years. Mrs Margo McGurk highlighted that this investment would be unlikely to cease after 5 years whether it was with the preferred supplier or an alternative one.

Mrs Margo McGurk advised that the capital and revenue consequences of the FBC would require to be considered as part of the medium-term financial plan.

The Committee **endorsed** the Full Business case.

7.4 Orthopaedic Elective Project Full Business Case

The Chair highlighted that it is positive to see the Full Business Case being presented. A significant amount of work has been undertaken to get the Business Case to this stage. Mr Alan Wilson was thanked for his hard work on this project and wished well in his new role at NHS Highland. Ben Johnston was congratulated on his new appointment as Director of Capital Planning.

Margo McGurk was invited to present the report to the Committee. It was noted that the Committee has been close to this business case as it has progressed through the programme board. It was noted that, in terms of a financial overview, there has been an increase in the capital costs, which equate to just over £1m. A proposal will be made that the Scottish Government fund this additional cost, as NHS Fife would not be able to support this from their formal capital allocation. Tracey Gardiner, Capital Accountant, is working with Alan Wilson to examine the costs profile in detail. The additional revenue costs are not expected to impact Fife until 2025. The last year of the medium-term financial plan will require a level of provision for the Elective Centre, but the exact level will depend on the progress of the build. There will therefore be an additional revenue consequence associated with this. This will be prioritised in the financial plan moving forward. The Fife Orthopaedic Centre has progressed well, and Scottish Government are keen this project continues to move forward.

NHS Fife members are being asked to present the Business Case at the Scottish Government Capital Investment Group meeting on 11 November. The group provided Fife with a detailed list of questions, and a response has been issued. Mrs Margo McGurk highlighted that it will be important to explore the wider use of digital within this project. This could release productive opportunities and could potentially support future developments.

Dr Chris McKenna emphasised the initial project was ambitious due to future proofing. The impact of Covid on the ability to deliver the current elective programme will take several years to recover. This project will expand the capacity to deliver orthopaedic care, which will be significant for Fife, but it may also be efficient for the region to deliver a modern orthopaedic centre. How NHS Fife brings in research, development and digital innovation to enhance the service will be key.

Mrs Carol Potter advised that this project will bring a very positive reputational impact for NHS Fife both locally and regionally. The ongoing work and development put into this project so far has been tremendous so far.

The Committee **endorsed** the Business Case for onward submission to the Board.

8. PERFORMANCE

8.1 Procurement Lessons Learned Report – PPE / Supplies

Mrs Margo McGurk presented the report to the Committee. It was advised that this report was identified as a suitable agenda item following on from consideration of the Internal Audit Governance Checklist.

The Committee discussed the report and took assurance from the learning during the initial stages of the pandemic which will be critical in supporting the supply of PPE as we go into winter.

The Committee **noted** the findings in the Lessons Learned report and took assurance from that.

8.2 Integrated Performance & Quality Report

Mrs Claire Dobson was invited to provide an update on Acute Services performance. The Committee were advised that this report shows figures for August, but the situation does feel different in Acute now it is November. The 4-hour access performance was positive and above the Scottish average. There was some improvement in Patient TTG but there are still a significant number of patients who are waiting. However, actions are in place to address this. There was improvement in new outpatients in August. Work was done to improve face to face contact and how to manage the outpatient flows. There was increased activity in diagnostics to improve waiting lists. Cancer services is a priority - there were a few breaches in August, but work is being undertaken to address that as a priority.

Mrs Claire Dobson was asked if it would be possible for a performance figure to be introduced to track the length of time for the diagnostic work to be reported back to the patient. It was confirmed that it would be a good performance indicator; however, as most follow ups with patients are done through conversations, this is not monitored. An indicator could be provided on when the report is provided to the clinician, which would be considered.

Mrs Nicky Connor was invited to provide an update on Health and Social Care Performance. The Committee were advised that the delayed discharge position was important to highlight - this continues to reduce and stabilise. This will become more challenging as we move into winter. Smoking cessation activity has been a challenge during the pandemic and alternatives are being explored, such as digital technology, to provide support. A number of vacancies have arisen due to staff applying to support Test and Protect, but there is active recruitment to engage additional staff.

Mrs Margo McGurk was invited to provide an update on Financial Performance. It was highlighted to the Committee that, in terms of the revenue position, funding for the first six months now has greater certainty; however, there are risks in relation to the second half of the year. NHS Fife have received an allocation for £33.5m to support Covid. This allocation represents either an NRAC share or 70% of the costs of Q2-4 and 100% of the costs for Q1. The Scottish Government continue to hold a level of contingency. NHS Fife's requirement may also require to be adjusted as we move into winter and if cases increase. The additional funding covers the expansion of our ICU capacity, test and protect, digital and information technology support for remobilisation of staff, public health expansion, laboratory expansion, seasonal flu and redesigning of urgent care.

The Finance team were thanked for their hard work in managing and reporting both the core and Covid financial impact which has been very challenging.

Mrs Margo McGurk took the Committee through a detailed review of the financial position to September 2020 and also the current forecast year-end position. For the first 6 months NHS Fife are reporting an overspend of £1.9m, which is made up of three aspects which include the run rate on core spend, core unmet savings and Covid related unmet savings.

Specific discussion was held in relation to the performance with the level of deliverable in-year savings, the treatment of offsetting costs and the remaining challenge in relation to the level of savings now deemed undeliverable in-year as a consequence of the pandemic. Mrs Margo McGurk advised that Scottish Government will not confirm their position on the funding available to support the undeliverable savings in-year until January 2021. Assuming no further funding is received for the latter and that the offsetting costs can remain with NHS Fife, a forecast year-end overspend is projected of £2.3m. Additionally however NHS Fife will require to recognise the current risk share agreement with the IJB, which could be an additional £7.2m, this would take the total forecast overspend to £9.5m. Mrs Carol Potter emphasised that the IJB share is a risk, but discussions are taking place between NHS Fife and Fife Council and they are hoping to reach an agreement which can be feedback to the Committee in January 2021.

Mrs Margo McGurk advised that the Capital Position is positive, the full allocation will be spent in line with the agreed plan by the end of the financial year. NHS Fife have also received confirmation of additional funding for MRI / Mammography equipment.

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

9. ITEMS FOR NOTING

9.1. Internal Audit Report B17/20 – Operational Performance Management

The Committee **noted** the findings of Internal Audit Report B17/20.

9.2. Minutes of the IJB Finance & Performance Committee, 11 September 2020

The Committee **noted** the minute of the above meeting.

10. ISSUES TO BE HIGHLIGHTED

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

The Committee endorsed both the EOC and HEPMA full business cases for onward approval by the Board, noting that the revenue and capital consequences for both required detailed consideration and agreement on prioritisation as part of the medium-term strategic planning and resource allocation process.

The Committee had a full discussion on the projected year-end position for NHS Fife and the significant impact of both COVID 19 and the level of financial risk associated with the

projected year-end outturn for the IJB. The Committee advised that it is imperative that the NHS Fife position in relation to the IJB Risk Share agreement is confirmed and agreed no later than the end of the calendar year. The latter to be concluded as part of the current review of the IJB Integration Scheme.

11. Any Other Business

There was no other business.

Date of Next Meeting: 12 January 2020 at 9.30am in the Staff Club, Victoria Hospital, Kirkcaldy (location TBC).

**MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON 29 OCTOBER 2020
AT 10AM VIA MS TEAMS**

Margaret Wells

Chair

Present:

Margaret Wells, Non-Executive Director (Chair)
Wilma Brown, Employee Director
Helen Buchanan, Director of Nursing
Simon Fevre, Co-Chair, Health & Social Care
Local Partnership Forum

Alistair Morris, Non-Executive Director
Carol Potter, Chief Executive
Christina Cooper, Non-Executive Director
Andy Verrecchia, Co-Chair, Acute Local
Partnership Forum

In Attendance:

Bruce Anderson, Head of Staff Governance
Kirsty Berchtenbreiter, Head of Workforce Development
Nicky Connor, Director of Health & Social Care
Linda Douglas, Director of Workforce
Rhona Waugh, Head of Human Resources
Audrey Crombie, PA to Linda Douglas
Kevin Reith (SAS)

The Chair welcomed members and attendees to the meeting and introductions were made. The Chair welcomed A Crombie and thanked her for taking the notes of the meeting and advised the echo pen was being used. The Chair also welcomed Kevin Reith of Scottish Ambulance Service who has been appointed Deputy Director of Workforce for NHS Fife commencing 30th November 2020.

The Chair confirmed that the NHS is still on an emergency footing across Scotland and thanked all staff for maintaining their efforts.

01. Apologies for Absence

Apologies were received from attendee Gillian Macintosh, Head of Corporate Governance & Board Secretary, and Katy Miller, Non Executive.

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

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

03. Minute of the Previous Meetings held on 03 July 2020

The minutes of the previous meeting were formally **approved** as an accurate record.

04. Action List

Nothing to report, noted as it stands.

05. Matters Arising

W Brown raised the point S Fevre made last meeting on the difficulty locating information on Staff Link and asked if there was an answer to that? Kirsty McGregor from communications team had agreed to speak with S Fevre offline and Communications is a standing item on the APF agenda. S Fevre advised that he has since had help but recommended that we put a simple message on Staff Link to advise people how to access information on StaffLink.

Action: LD/KM

R Waugh advised that hard copies of the Return to Work Guidance tool were distributed by the workforce directorate. W Brown asked where they had been sent to as some enquiries have come to her on where to find the guidance. R Waugh advised that hard copies were sent to all areas using the managerial distribution list.

06. COVID-19 UPDATE

06.1 Workforce Update

L Douglas provided the workforce update under 4 priority headings:

- Test & Protect
- Flu Vaccination
- Redesign of Urgent Care
- Winter Planning

Test & Protect

The workforce requirement in Test and Protect has grown significantly over a short period. This demand is being met through a number of actions (redeployment of current staff, successful external advertising – 45 successful applicants and the first group currently in training. The recruitment processes used during the COVID Friends and Family campaign have been utilised again to good effect. We will continue to increase recruitment activity until we meet our full complement. The immense effort made by Public Health and the HR/Recruitment team was noted and their effort recognised.

Flu Vaccination/Preparing for COVID

The flu vaccination programme this year is greater than programmes previously undertaken, covering an extended cohort of recipients. The consequential challenges of a larger programme than in previous years have been met by the H&SC team, with the programme lead by Nicky Connor. Again, the workforce requirement has in the main been met by reassigning existing staff and recruits of the Friends and Family campaign from earlier this year.

Scheduling of Unscheduled Care

This project currently designing the workforce plan and considering issues including skill mix and a numbers and types of role to deliver the outcome. The workforce impacts are likely to be met from our existing workforce, but this will be kept under review.

Winter Plan

The Winter Plan has an associated workforce plan attached to it. This year is a different proposition and we are paying particular attention to testing and ensuring that we have all the right plans in place. Plans reflect recruitment, redeployment and training requirements.

Staff Wellbeing will be a continuing focus of attention. We have received confirmation of funding for the work that the Occupational Health Team undertake to support staff and, it was noted that a request is being considered by the Endowments Fund for staff wellbeing support.

M Wells thanked L Douglas for the comprehensive outline that is taking place and asked that the slides be sent round to the committee after the meeting.

Action: LD/BA

W Brown acknowledge all the actions being taken and noted increased concern around wellbeing of staff over the winter. Staff dealt well with 1st wave of COVID as the hospital was emptied to allow to deal with it, however they don't have that luxury this time round. We don't have a contingency in the system for staff.

A Morris asked, on staff numbers, where we were on compliment, what percentage of vacancies do we have, and what percentage are critical? H Buchannan advised that numbers are starting to increase into the organisation as we are recruiting in a way we have never done before. Agreed we don't have the availability we had in the 1st wave in that we were able to employ e.g. 204 student nurses were available earlier in the year. L Douglas advised there is work being undertaken to ensure we have the workforce available to us, e.g. the Nurse Bank has been recruiting regularly.

M Wells acknowledged that some areas are flagged within the Board Assurance Framework but there may be others that emerge and asked for clarification on what the mechanism that connects these? L Douglas described the regularly review of workforce risks as part of the overall risk management approach taken. The mechanisms are there, and we continue to review risks and workforce plans within our workforce planning groups.

S Fevre discussed that NHS Fife coped with COVID due to the ability to redeploy staff and that as things eased, we were able to deploy those staff back to their posts. We also have staff redeployed to Test & Protect, potentially to the COVID Vaccine and the natural winter surge. It would be helpful to pull together some workforce statistics and to communicate to staff that we have additional staffing being recruited via the briefings that we send out.

The Committee **noted** the presentation.

Action: LD/SR

07. QUALITY, PLANNING & PERFORMANCE – COVID-19

07.1 Integrated Performance and Quality Report

L Douglas presented information relating to Sickness Absence and noted absence has been lower during this period. The figures are separate from the COVID related leave categories. Several improvement actions have been completed and the updates are within

the Report. Review and Improvement Panels have resumed, and she thanked colleagues who participate in the panels.

W Brown was disappointed that all that is measured in terms of staff performance is staff absence and highlighted that there are many others measures that highlight positive performance of staff, such as care opinion. She advocated that other measures should be considered by the Committee. M Wells agreed that it would be good to headline some of the positives on our agenda going forward and asked L Douglas to respond. L Douglas highlighted the routine reporting on wellbeing matters, on training and performance reviews, and iMatter which offer the Committee additional information. This can be reflected in future reports to the Committee.

M Wells commended the low level of sickness absence.

The Committee **noted** the report and proposed to escalate this point to the Board.

Action: BA

07.2 Staff Health & Wellbeing (incl. Promoting Attendance) Update

R Waugh presented the report and highlighted that the review of the Health and Wellbeing Strategy has commenced with a workshop with representation from the NHS Fife Well at Work Group and COVID Staff Health and Wellbeing support group. The workshop was positive, and the contributions will be taken forward to inform our future strategy.

S Fevre highlighted the absence figures and the fact that the figures are going in the right direction we should be satisfied that the extra Health and Wellbeing support we are offering staff is making a difference, it should be seen as a good news story and not dismissed.

The Committee **noted** the update.

The Chair agreed to consider agenda item 7.4 next

07.4 South East Payroll Services Consortia Business Case

M McGurk presented the report, describing the history since 2016 when the Boards Chief Executives group established a Payroll Services Programme Board. The main driver in the case is to develop a more sustainable service, 7 boards are participating in this proposal. No decision has been made by NHS Fife the ask of this committee is to give consideration around whether there is a case to support the Consortia Programme Board decision. The main benefit is the long-term resilience that a consortium arrangement would deliver. The proposal is to create a single employer, multiple base arrangement. C Potter advised that this project has been ongoing for a number of years to look at all services to identify what can be done at a Regional or on Once for Scotland basis.

The Committee **asked** for a further report setting out the benefits and considerations of the proposal, the governance route and the recommendations.

Action: MM

07.3 Youth Employment Update

B Anderson presented the report highlighting the progress made last year and advised that in the current climate a number of initiatives on youth employment activities have been paused. M Wells welcomed the report noting that opportunity's for young people could not come at a better time.

The Committee **noted** and welcomed the content of the Youth Employment section of the Workforce Strategy.

07.5 Workforce Planning Guidance Update

L Douglas introduced the item and referred to the letter appended to the report setting out the revised workforce planning guidance. Section 2.3 sets out the new time frame for the next iteration of the Workforce Strategy which will cover period 2022 to 2025. This document being published by 31 March 2022. Initial scoping work to update the Workforce Strategy has been initiated. Regular updates on the strategy's development will be provided to the Committee.

The Committee **noted** the content of the paper and also noted the revised timescales for completion and publication of the next edition of the Workforce Strategy.

07.6 East Region Recruitment Transformation

L Douglas presented the paper. The Recruitment Transformation project focusses on service enhancement/resilience and career structure rather than financial savings. The paper appraises the Committee of the business case. W Brown asked for clarification on interest in being the host Board and L Douglas confirmed that NHS Lothian has express an interest.

The Committee **noted** the contents of the Business Case

07.7 Winter Plan

H Buchanan provided a verbal update on the Winter Plan explaining that the plan will follow as soon as it is finalised. The update confirmed that a Silver Command Group had been established which will oversee the plan and its implementation. There are a number of items within the plan which are slightly different this year, the first is COVID 19 Pathway Plan, we also have a surge capacity plan, the redesign of Urgent Care. Staffing has been escalated to Scottish Government given the challenges faced not only across Fife. A Verrecchia asked if there is a winter staffing plan and H Buchanan confirmed that staffing has been highlighted in the winter plan. When asked about staff side representation on this group H Buchanan invited a staff side representative onto the Silver Command group.

Committee **noted** the discussion and looked forward to receiving the plan

Action: HB

08. GOVERNANCE

08.1 Board Assurance Framework Workforce Sustainability

L Douglas presented the regular report to the Committee. The ongoing operational risks are unchanged in terms of workforce sustainability and we have recorded the mitigations that we have so far. A more thorough review of the risks is planned in discussion with Pauline Cummings. The risks are presented for Committees' approval.

M Wells asked about the community paediatric service and the workforce sustainability risks and asked why not reflected in the BAF?

A review of the risk associated with community paediatrics will be undertaken and the workforce risk register updated accordingly.

The Committee **noted** the content of the report; and **approved** the current risk ratings and workforce sustainability elements of the Board Assurance Framework.

Action: LD

08.2 HR Policies Monitoring Update

B Anderson presented the 6-monthly update on the monitoring of HR policies in line with the requirements set out to staff governance standards. All our policies continue to be reviewed and are updated accordingly. W Brown asked about moving to the digital platform noting that generally people have adapted well but that has not been the case in all instances and sought assurance that there is direct communication to managers when things change. B Anderson agreed to review how we currently provide communications to managers and make improvements as and where necessary.

The Committee **noted** the work undertaken by the HR Policies Group in developing and maintaining HR policies and noting that the work nationally will continue from 2021.

08.3 Whistleblowing Standards Update

B Anderson highlighted the main points of the paper; the implementation date for the new Whistleblowing Standards will be 1 April 2021; and the Once for Scotland Policy will accompany the Standards; the advice phoneline will be hosted by the Scottish Public Services Ombudsman from the 1st November 2020. The DATIX system is being considered as the national recording system for NHS Scotland.

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

08.4 EU Withdrawal (Brexit) Update

L Douglas referred the Committee to the paper and drew attention to the work that has been successfully completed by the Board including; the early renewal of our sponsor licence for UK VI certificates for employment related visas, ongoing communication with affected staff who are progressing settled status application(s) and promotional campaigns e.g. Stay in Scotland

The Committee **noted** the update and the work that is taking place

09. LINKED COMMITTEE MINUTES AND ANNUAL REPORTS – FOR INFORMATION

09.1 Minute of the Area Partnership Forum dated 24 September 2020 (unconfirmed)

Noting the level of apologies, C Cooper queried if this was impacting on any of the decisions being made at these meetings. It was confirmed that this was not the case and the issue had been identified and action taken to address this.

The Committee **noted** the minutes.

09.2 Minutes of the Health & Social Care Partnership LPF dated 15 September 2020 (unconfirmed)

The Committee **noted** the minutes

09.3 Minutes of the NHS Fife Strategic Workforce Group Meeting dated 16 June 2020 and 20 August 2020 (unconfirmed)

The Committee **noted** the minutes

10. ISSUES/ ITEMS TO BE ESCALATED

The Chair highlighted items to be escalated:

- The progress in relation to staff absence, noting the current level of improvement.
- The investment in Occupational Health including Mental Health Nursing to add to measures taken to address mental health and anxiety as a key reason for staff absence.
- On Whistleblowing Standards, the implementation date for new standard is 1st April 2021 and that the Scottish Public Services Ombudsman will host the national helpline from 1st November 2020.
- On EU Withdrawal, to note that arrangements are in place to provide workplace information and support to staff who are EU citizens, e.g. gaining settled status.
- The Committee encourages attendance at partnership forum meetings, recognising the challenge of demanding jobs but the importance of participation at these meetings.

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

Action: MW/LD

11. ANY OTHER BUSINESS

W Wells highlighted that this was Bruce Andersons last meeting prior to his retiral on the 27th November 2020 and thanked him for his work and support to this Committee and the enormous contribution taking forward the Agenda. The Committee wished him a long and happy retirement.

Date of Next Meeting: 13 January 2021 at 10am via MS Teams.



Fife Integrated Performance & Quality Report

Produced in November 2020



Introduction

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

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

The IPQR comprises of the following sections:

I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Assessment

II. Performance Assessment Reports

- a. Clinical Governance
- b. Finance, Performance & Resources
 - Operational Performance
 - Finance
- c. Staff Governance

Section II provides further detail for indicators of continual focus or those that are currently underperforming. Each 'drill-down' contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions.

I. Executive Summary

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

The 2020/21 Annual Operational Plan (AOP) was produced before the COVID-19 Pandemic, and its content, both in terms of planned improvement work and performance improvement trajectories, was being discussed with the Scottish Government when the lockdown started. The suspension of many services means that the AOP 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.

As part of the JMP, a spreadsheet showing projected activity across critical services during the final 3 quarters of FY 2020/21 has been created and is being populated with actual figures as we go forward. In order to provide as up-to-date information as possible, some of the figures are initially provisional, and will be corrected if necessary the following month. The latest version of this is shown in Appendix 1.

Improvement Actions in the drill-downs 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.

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 11 (38%) classified as **GREEN**, 4 (14%) **AMBER** and 14 (48%) **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:

- 4-Hour Emergency Access – NHS Fife was the best performing Mainland Health Board for the second successive month
- Diagnostics Waiting Times (continuing significant progress towards recovery of pre-pandemic position)
- Cancer 31-Day DTT – no breaches in the 96 patients starting treatment in September

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 6 (21%) within upper quartile, 19 (65%) in mid-range and 4 (14%) in lower quartile.

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

Indicator Summary

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	95%
	100%	Patient TTG (Ongoing Waits)	N/A
	95%	New Outpatients Waiting Times	N/A
	100%	Diagnostics Waiting Times	N/A
	95%	Cancer 31-Day DTT	N/A
	95%	Cancer 62-Day RTT	N/A
	90%	18 Weeks RTT	N/A
	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	N/A
	90%	Psychological Therapies Waiting Times	N/A
80%	Alcohol Brief Interventions (Priority Settings)	80%	
90%	Drugs & Alcohol Treatment Waiting Times	90%	
N/A	Dementia Post-Diagnostic Support	N/A	
N/A	Dementia Referrals	N/A	
N/A	Freedom of Information Requests	85%	

Finance	N/A	Revenue Expenditure	£0
	N/A	Capital Expenditure	£12.968m

Staff Governance	4.00%	Sickness Absence	4.39%
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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	Sep-19	57	Aug-20	33	Sep-20	23	↑
Year Ending	Mar-19	N/A	Dec-19	1.02	Mar-20	1.01	↑
Month	Sep-19	6.25	Aug-20	7.26	Sep-20	9.58	↓
Month	Sep-19	1.08	Aug-20	1.63	Sep-20	2.15	↓
Month	Sep-19	0.73	Aug-20	1.10	Sep-20	1.48	↓
Quarter Ending	Jun-19	2.0%	Mar-20	0.9%	Jun-20	2.3%	↓
Quarter Ending	Sep-19	15.5	Aug-20	15.1	Sep-20	17.3	↓
Quarter Ending	Sep-19	11.7	Aug-20	6.4	Sep-20	7.4	↓
Quarter Ending	Sep-19	8.9	Aug-20	5.5	Sep-20	9.3	↓
Quarter Ending	Sep-19	2.1	Aug-20	6.4	Sep-20	6.4	↔
Quarter Ending	Sep-19	31.0	Aug-20	52.1	Sep-20	44.0	↑
Quarter Ending	Sep-19	42.6	Aug-20	39.3	Sep-20	38.2	↑
Quarter Ending	Sep-19	81.0%	Aug-20	75.7%	Sep-20	75.4%	↓
Quarter Ending	Sep-19	62.5%	Aug-20	36.4%	Sep-20	44.4%	↑



















Month	Sep-19	100.0%	Aug-20	100.0%	Sep-20	100.0%	↔
Month	Sep-19	92.0%	Aug-20	95.4%	Sep-20	96.4%	↑
Month	Sep-19	90.6%	Aug-20	30.0%	Sep-20	44.1%	↑
Month	Sep-19	94.1%	Aug-20	50.0%	Sep-20	57.4%	↑
Month	Sep-19	98.9%	Aug-20	78.3%	Sep-20	93.1%	↑
Month	Sep-19	97.4%	Aug-20	96.1%	Sep-20	100.0%	↑
Month	Sep-19	77.7%	Aug-20	84.3%	Sep-20	85.0%	↑
Month	Sep-19	79.8%	Aug-20	64.0%	Sep-20	59.7%	↓
Year Ending	Sep-18	26.9%	Jun-19	25.2%	Sep-19	24.8%	↓
Month	Sep-19	8.8%	Aug-20	7.8%	Sep-20	6.4%	↑
Month	Sep-19	90	Aug-20	54	Sep-20	48	↑
Month	Jan-19	93.7%	Dec-19	83.8%	Jan-20	89.5%	↑
YTD	May-19	101.3%	Apr-20	15.0%	May-20	24.1%	↓
Month	Sep-19	77.1%	Aug-20	57.8%	Sep-20	70.4%	↑
Month	Sep-19	69.0%	Aug-20	77.9%	Sep-20	77.0%	↓
YTD	Mar-19	66.1%	Dec-19	75.7%	Mar-20	79.2%	↑
Month	Jul-19	97.2%	Jun-20	93.4%	Jul-20	96.8%	↑
Annual	2017/18	86.7%	2018/19	93.9%	2019/20	91.6%	↓
Annual	2017/18	55.4%	2018/19	60.7%	2019/20	57.6%	↓
Quarter Ending	Sep-19	69.3%	Aug-20	77.8%	Sep-20	80.1%	↑

Month	Sep-19	N/A	Aug-20	+£7.748m	Sep-20	+£1.859m	↑
Month	Sep-19	N/A	Aug-20	£2.751m	Sep-20	£3.323m	↑


Month	Sep-19	5.46%	Aug-20	4.58%	Sep-20	5.69%	↓
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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 Jun-20	6.3		20.3
QE Jun-20	14.0		9.4
QE Jun-20	7.9		15.4
QE Jun-20	1.1		5.9
QE Jun-20	36.4		39.7
QE Jun-20	38.8		35.9
2018/19	70.7%		81.5%
2018/19	49.1%		53.7%




N/A			
Sep-20	96.4%		92.1%
Jun-20	15.5%		17.3%
Jun-20	32.1%		28.5%
Jun-20	37.4%		35.4%
QE Jun-20	96.3%		97.1%
QE Jun-20	77.7%		84.1%
Jun-20	84.8%		79.6%
2017, 2018	25.1%		25.5%
QE Dec-19	7.2%		7.1%
Sep-20	12.85		15.10
2018/19	91.3%		87.6%
FY 2019/20	92.8%		97.2%
QE Jun-20	68.6%		59.3%
QE Jun-20	69.7%		74.3%
2019/20	79.2%		83.2%
QE Jun-20	87.3%		95.3%
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%
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d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile
HSMR	1.00	N/A	N/A	YE Mar-20	1.01 YE Mar-20
The HSMR for NHS Fife for the year ending March 2020 improved slightly in comparison to the year ending December 2019, but remained slightly above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.					
Inpatient Falls (with Harm) Reduce falls with harm by 20% by December 2020	2.16	Sep-20	2.16	Sep-20	2.15 N/A N/A
An increase in the fall trajectory has been noted over the COVID-19 period. The previous report highlighted changes in the environment and patients pathways as a result of COVID and this remains under review. It is likely that there are a number of factors that have contributed to this including; the change in occupancy and patient placement (i.e. red and green side rooms). In addition staff were relocated to other areas to work during this period. Work continues to monitor and support areas as identified with the most recent report noting improvement.					
Pressure Ulcers 50% reduction by December 2020	0.42	Never Met	0.42	Sep-20	1.48 N/A N/A
The collaborative is underway within the Acute Services with 3 wards taking part. One the 12-week periods is over, and another 3 wards within Acute Services will commence. A holistic approach is being taken in respect of the collaborative within HSCP. The Quality Improvement Collaborative - the main features are to reduce falls, reduce pressure ulcers and to increase quality of care rounding and measure compliance.					
Caesarean Section SSI We will reduce the % of post-operation surgical site infections to 2.5%	N/A	QE Jun-20	2.5%	QE Jun-20	2.3% QE Dec-19
SSI surveillance has been paused due to the ongoing global pandemic. Maternity services have continued to monitor C-section SSI rates from January 2020 onwards. This data is reported in the IPQR; however, please note that it is unverified with no National comparison and does not follow the agreed methodology.					
SAB (MRSA/MSSA) We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022	18.8	QE Sep-20	19.5	QE Sep-20	17.3 QE Jun-20
Surveillance for SABs has continued throughout the COVID-19 pandemic. For Q2 2020 NHS Fife was below the national comparator for HCAI SABs, although above for Community SABs. Although the rate remains below the target trajectory for HCAI SABs, August was a disappointing month with 7 HCAI SABs including 4 renal unit VAD SABs and 1 PVC-related infection. There have been 3 PWID SABs so far in 2020.					
C Diff We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022	6.5	QE Aug-20	6.7	QE Sep-20	9.3 QE Jun-20
CDI surveillance has continued throughout the COVID-19 pandemic. For Q2 2020, NHS Fife was below the national comparator for HCAI & CAI CDIs, and we have been below the reduction improvement trajectory since July. Recurrence of infection has been the continued focus with pioneering treatment to sustain reduction of rates.					
ECB We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022	33.0	QE Jun-20	36.6	QE Sep-20	44.0 QE Jun-20
Surveillance for ECBs has continued throughout the COVID-19 pandemic. For Q2 2020, NHS Fife was below the national comparator for healthcare associated (HCAI) ECBs, although above for community acquired ECBs. Reducing HCAI ECBs remains an ongoing challenge for Fife and the rate was above the reduction improvement trajectory in July and August. UTIs and CAUTIs remain the ongoing challenge to address.					
Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Sep-20	44.4% FY 2018/19
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. While we are clearing the backlog of older complaints, we have seen a steady increase in overall complaints as services have remobilised. These include complaints relating to delays in treatment as a result of COVID-19.					

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile	
4-Hour Emergency Access 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Sep-20	95%	Sep-20	96.4%	Sep-20 
Performance remained above the Scottish Government 95% target for the 5th consecutive month, with attendances approximately 13% lower than in the previous year. Capacity within the hospital has not impacted on performance and NHS Fife recorded the best 4-Hour Performance of all the Mainland Health Boards in August.						
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	N/A	Sep-20	44.1%	Jun-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 continue to increase (though still 30% below average), and this trend is expected to continue as routine outpatient clinics increase in line with plans. The number of patients waiting greater than 12 weeks increased hugely during lockdown, from around 600 to over 3,000 (around 80% of the waiting list) however this is now improving (at around 70% of the waiting list), with similar improvement in the % of patients waiting more than 18 and 26 weeks. Activity delivered continues to increase in line with projections as theatres have gradually been reopened and additional activity in the Independent Sector, funded by the SG, delivered to the end September. Additional funding has been received from the Scottish Government to deliver additional in-house activity which will enable a reduction in the backlog of procedures over the next 5 months. We are on course to deliver around 76% of the previous average level of activity by December 2020.						
New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	N/A	Sep-20	57.4%	Jun-20 
Referrals have continued to increase and are now 78% of the average before lockdown. The number of patients waiting over 12, 18 and 26 weeks have been hugely impacted and are significantly higher as a % than they were before lockdown. The number of patients waiting greater than 12 weeks has now begun to fall from a position of over 8,000 (67% of the waiting list) in June to 7,400 (50% of the waiting list) in August. The plan to restart routine face to face outpatient clinics is being gradually implemented. The activity delivered has been less than projected in some specialities and more than projected in others. This is being reviewed on a regular basis to understand the challenges and implement solutions to make the maximum use of clinical capacity available. Funding has been received from the Scottish Government to deliver additional in house or in-sourced activity in the evenings and at weekend to reduce the backlog of referrals in a number of specialities. It is anticipated that this will enable us to achieve 90% of previous levels of new outpatient capacity in December to March 2021 and along with clinical validation of the waiting lists will lead to continued reduction in the number of patients waiting over 12, 18 and 26 weeks.						
Diagnostics 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)	100%	Apr-16	N/A	Sep-20	93.1%	Jun-20 
The percentage of patients waiting less than 6 weeks for a diagnostic test has increased from to 37% in June to 78% in August following the increase in capacity in line with remobilisation plans. Endoscopy services restarted in June and all lists have been reinstated, although capacity is reduced by 30% due to physical distancing and infection control procedures. Referrals are increasing which along with reduced capacity has resulted in a backlog of routine referrals. Priority is being given to urgent and cancer referrals. Capacity for routine endoscopies will be further reduced in November to accommodate the restart of Bowel Screening. Discussions around recovery plans have taken place with the SG, and funding has been agreed for some additional capacity which will be targeted at routine referrals. The number of patients waiting over 6 weeks for a radiology diagnostic test has improved significantly due to increased activity and demand which is below that before lockdown. The increase in activity is due to a mix of additional extended day/weekend working across NHS Fife and the support of the MRI mobile van that we are currently sharing with NHS Tayside as part of the SG recovery plan. Additional capacity is planned for Ultrasound which will lead to further improvements. Priority continues to be given to urgent referrals.						
Cancer 62-Day RTT 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	N/A	Sep-20	85.0%	QE Jun-20 
Performance continues to be variable with breaches (mainly small) occurring in a number of specialties. There were various breach reasons, including issues with CT guided and PET and continued challenges with the length of the prostate pathway, but none could be attributed to COVID-19. NHS Fife has committed to continuation of the weekly PTL meeting as we enter a second phase of the pandemic.						

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
FoI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	QE May-20	85%	QE Sep-20	80.2%	N/A	N/A
The number of FOI requests since June has remained steady, but overall compliance with meeting the 20 working day response time has not yet improved to any great degree. An FOI Officer has now been employed to manage the FOI process, and this is expected to greatly assist with NHS Fife's overall FOI compliance and reporting.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jun-20	5%	Sep-20	6.4%	QE Dec-19	●
Bed days lost due to patients in delay has risen above the local target after falling during the early months of the pandemic. The number of patients in delay has also increased to pre-pandemic levels. We are now entering the winter period, when the hospital occupancy is likely to increase. This, and any impact of a second wave of the pandemic, will put additional stress on the patient discharge system.							
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT May-20	24.1%	FY 2019/20	●
Changes to the service model were enacted at the end of March, to enable services to continue to be delivered whilst meeting relevant social distancing guidelines to protect staff and clients. Clients can access services through direct referral via a central freephone number, a generic email address or via the national Quityourway.scot website. Clients accessing the service have been increasing but not to pre-pandemic levels. Whilst the number of clients has reduced, there is increased workload associated with arranging extended supplies of medication for clients and alternative collection and delivery options through community pharmacy. Clients facing difficult personal circumstances are finding the weekly support beneficial at this time.							
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	N/A	Sep-20	70.4%	QE Jun-20	●
Referral rates have returned to normal levels, as predicted following the return of schools. Ongoing work against the longest waits, high rates of DNA and discharges with 'no treatment required' have impacted on the RTT despite staff activity being maintained at normal levels.							
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	N/A	Sep-20	77.0%	QE Jun-20	●
Current improved performance is associated with reduced activity with longest waiting patients during the COVID-19 response period. It is anticipated that the impact of resumption of clinical activity with longest waiting patients will negatively impact performance over coming months. As anticipated, referrals have increased significantly since last month (up by 57%) as services remobilise.							

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Sep-20	+ £1.859m	N/A	N/A
<p>NHS Fife put in place expanded financial reporting arrangements to ensure sound financial governance and tight cost control in our response to the Covid-19 pandemic. Our reporting was expanded to encompass: core position; additional Covid-19 costs; offsetting cost reductions; and an assessment of our expected underachievement of savings.</p> <p>The impact of Covid-19 on the financial performance is a key issue. Whilst funding of our initial allocation has been confirmed (SG letter of 29 September), the funding allocation has been made on either actual costs or NRAC share. At this stage SG have allocated 70% of total funding with a general contingency of 30% retained by the Portfolio in recognition of the level of uncertainty reflected in financial assumptions. In addition, the following have been excluded from our (and all Boards') allocations:</p> <ul style="list-style-type: none"> • Unachieved efficiency savings • Offsets (health costs that have reduced as a result of Covid-19 response) <p>SG have indicated that the exclusions to allocations at this point are necessary due to wide variation in Boards' returns; and a follow up will be undertaken in the coming months to inform a final allocation across Scotland, to be made in January.</p>							
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£12.968m	N/A	£12.968m	Sep-20	£3.323m	N/A	N/A
The total Capital Resource Limit for 2020/21 is £12.968m including anticipated allocations for specific projects. The capital position for the 6 months to September shows investment of £3.323m equivalent to 25.62% of the total allocation. The capital spend on the specific projects commences in earnest in the latter half of the financial year and as such is on track to spend in full.							

Staff Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.39%	Sep-20	5.69%
Sickness absence levels continue to fluctuate, however, it is positive to note that the trend improved for the first five months of the year, albeit that the rate increased in September. Given COVID-19 and Winter pressures, there will be a challenge in maintaining the current sickness absence performance levels. All absences continue to be monitored with the increased prevalence of Covid-19 in the population, and the intention to return to a level of normality by restarting various Promoting Attendance activities.					

II. Performance Exception Reports

Clinical Governance

Adverse Events	10
HSMR	11
Inpatient Falls (With Harm)	12
Pressure Ulcers	13
Caesarean Section SSI	14
SAB (HAI/HCAI)	15
C Diff (HAI/HCAI)	16
ECB (HAI/HCAI)	17
Complaints (Stage 2)	18

Finance, Performance & Resources – Operational Performance

4-Hour Emergency Access	19
Patient Treatment Time Guarantee (TTG)	20
New Outpatients	21
Diagnostics	22
Cancer 62-day Referral to Treatment	23
Freedom of Information (FOI) Requests	24
Delayed Discharges	25
Smoking Cessation	26
CAMHS 18 Weeks Referral to Treatment	27
Psychological Therapies 18 Weeks Referral to Treatment	28

Finance, Performance & Resources – Finance

Revenue Expenditure	29
Capital Expenditure	40

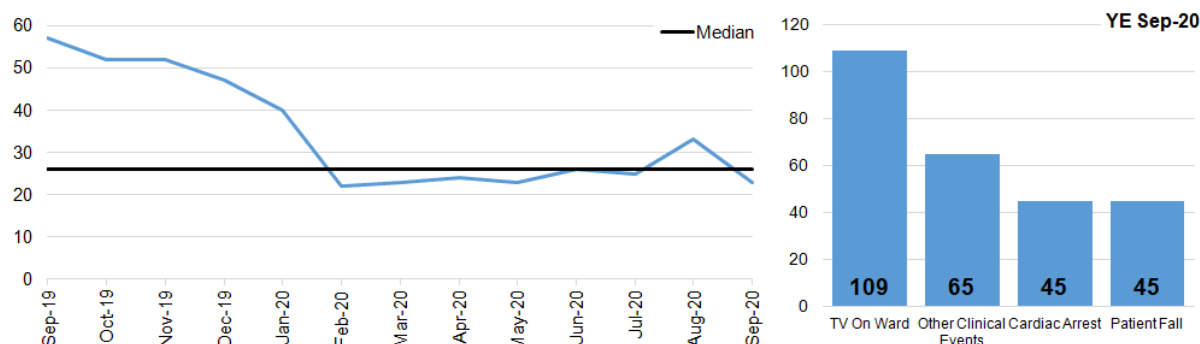
Staff Governance

Sickness Absence	44
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Clinical Governance

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2019/20							20/21					
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
ALL	NHS Fife	1248	1355	1359	1388	1397	1306	1117	891	1063	1119	1324	1231	1270
	Acute Services	531	658	575	585	616	634	468	372	474	461	558	500	602
	HSCP	671	647	735	766	745	622	625	486	556	625	726	691	627
	Corporate	46	50	49	37	36	50	24	33	33	33	40	40	41
CLINICAL	NHS Fife	814	939	891	930	911	923	795	609	723	736	905	826	909
	Acute Services	485	592	534	527	556	572	436	343	431	419	512	463	555
	HSCP	311	321	339	392	337	333	344	248	277	297	371	348	337
	Corporate	18	26	18	11	18	18	15	18	15	20	22	15	17

Commentary

In January 2020, the reporting of tissue viability (on admission) adverse events changed, and this accounts for the reduction in major and extreme events as illustrated above.

In March 2020, the configuration of services, including how services were offered and the numbers of people attending, changed significantly in response to the COVID-19 pandemic. It is noticeable that the number of events reported across NHS Fife in March to June is less than in previous months, however reporting generally continued.

During this time staff were reminded and advised that all adverse events must continue to be reported, and now as services have started to resume the number of events has risen to be more in line with previous months.

Clinical Governance

HSMR

Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.

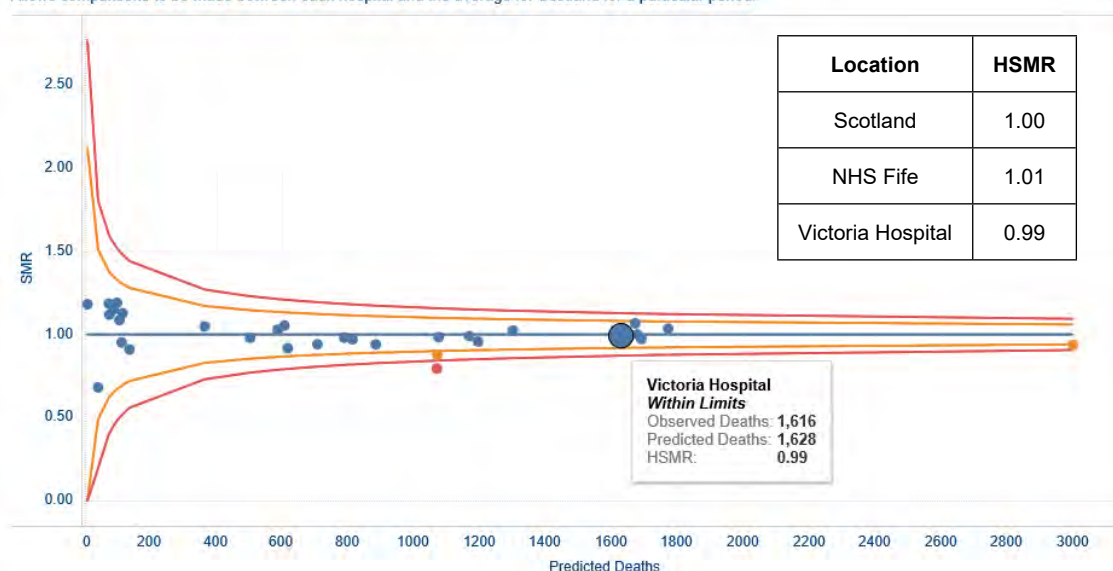
Reporting Period; April 2019 to March 2020^P

Please note that as of August 2019, HSMR is presented using a 12-month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

The rates for Scotland, NHS Fife (as a whole) and Victoria Hospital as an entity in itself are shown in the table within the Funnel Plot.

Funnel Plot by Hospital: April 2019 to March 2020

Allows comparisons to be made between each hospital and the average for Scotland for a particular period.



Commentary

The annual HSMR for NHS Fife decreased during the first quarter of 2020, with both the actual and predicted number of deaths falling slightly in comparison to the previous 12-month period. This should be seen as normal variation, but we will continue to monitor this closely.

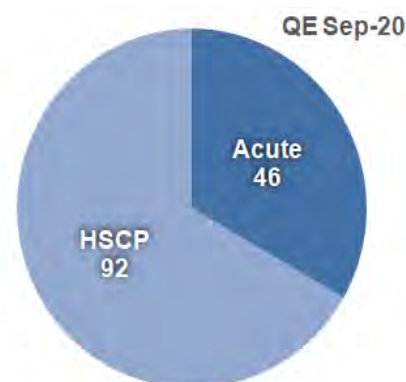
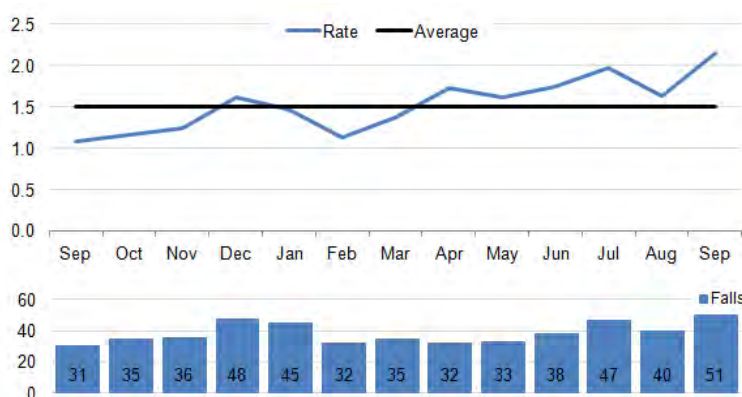
Clinical Governance

Inpatient Falls with Harm

Reduce Inpatient Falls With Harm rate per 1,000 Occupied Bed Days (OBD)

Improvement Target rate (by end December 2020) = **2.16 per 1,000 OBD**

Local Performance



Service Performance

	Month	2019/20							20/21					
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
WITH HARM	NHS Fife	1.08	1.17	1.24	1.61	1.47	1.13	1.37	1.73	1.62	1.75	1.97	1.63	2.15
	Acute Services	0.98	0.81	1.08	1.03	0.99	0.84	1.26	1.93	1.21	1.38	1.26	1.25	1.63
	HSCP	1.16	1.48	1.37	2.10	1.89	1.37	1.44	1.61	1.95	2.08	2.59	1.95	2.61

Key Challenges in 2020/21

The changes in service delivery due to the COVID-19 pandemic have changed clinical area function and this has been dynamic in response to the need for green and red capacity. This includes a change in numbers of patients in ward areas and the use of PPE and social distancing, all of which have had an impact on the way that staff delivers care. Moving forward we will need to continue to review our approaches to continue to reduce falls with harm.

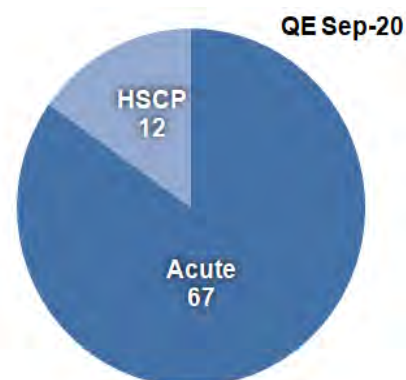
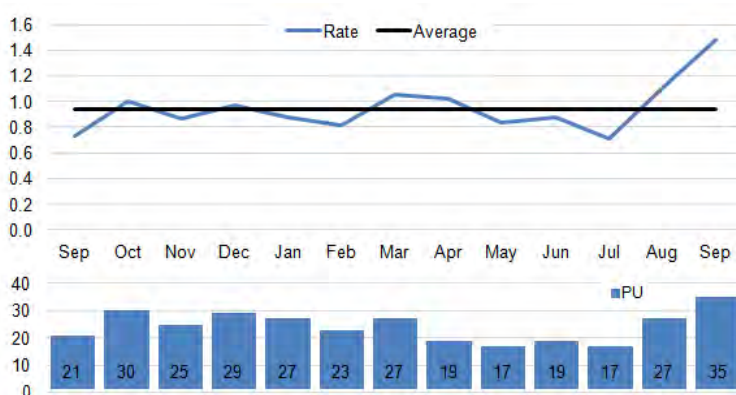
Improvement Actions	Update
20.3 Falls Audit By Nov-20	The audit tool has been revised to reflect more accurately the discreet elements of the falls bundle, and the plan is to re-audit again in the Autumn
20.5 Improve effectiveness of Falls Champion Network By Nov 2020 (Implementation Plan)	Work still to be progressed to refresh the Falls Champions Network. As noted before, future network plans are being explored with some discussion regarding a Fife wide, more virtual approach, using technology. This will be included in the revised work plan including a focus on developing an information/training pack to support development, shared learning and consistency. This will also consider information boards within the wards and falls related information.
21.1 Refresh of Plans By Oct-20	Previous Workplan in line with the Fife Falls strategy completed and the first meeting post COVID has commenced the work to refresh the group workplan. Links strengthened with the Fracture Liaison service, and discussion planned to consider the new MANAGEMENT OF OSTEOPOROSIS AND THE PREVENTION OF FRAGILITY FRACTURES , particularly the bone health component of the falls bundle.

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					
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
NHS Fife	0.73	1.00	0.86	0.97	0.88	0.81	1.06	1.02	0.83	0.88	0.71	1.10	1.48
Acute Services	1.13	1.54	1.62	1.40	1.27	1.23	1.94	2.08	1.21	1.57	1.17	2.06	2.80
HSCP	0.39	0.55	0.25	0.62	0.55	0.46	0.46	0.42	0.53	0.26	0.31	0.30	0.32

Key Challenges in 2020/21

Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance

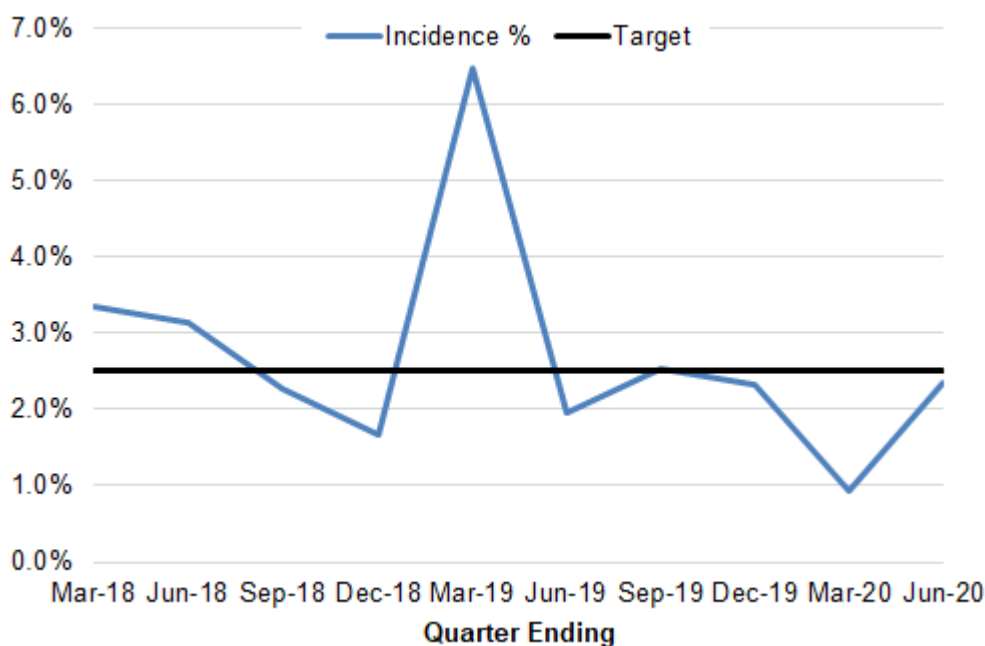
Improvement Actions	Update
20.4 Improve consistency of reporting	
20.5 Review TV Champion Network Effectiveness By Dec-20	Regular sessions to support the already existing TV Champions Network is challenging due to clinical commitment. We need to consider how best to support the champions to deliver their role effectively. We are utilising the Teams IT system to reach all TV champions.
20.6 Reduce PU development (initially by redesign of Quality Improvement model)	
21.1 Improve reporting of PU By Dec-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



Service Performance

Quarter Ending	2017/18	2018/19				2019/20				2020/21			
	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20	Sep-20	Dec-20	Mar-21
NHS Fife	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%	0.9%	2.3%			
Scotland	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%					

Key Challenges in 2020/21

NHS Fife SSI Caesarean Section incidence still remains higher than the Scottish incidence rate (no data for 2020 available at this stage)

Improvement Actions	Update
20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan <i>By Mar-21</i>	<p>SSI implementation meetings have now restarted via Microsoft Teams.</p> <p>When the C-section SSI surveillance programme restarts, we will again adopt the new methodology in assessing SSI and type - this was working well prior to the pause of all surveillance in March 2020.</p> <p>SSI incidence in the last two quarters has been calculated using raw data available from maternity services. This data is unverified with no National comparison.</p>
20.2 Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	

Clinical Governance

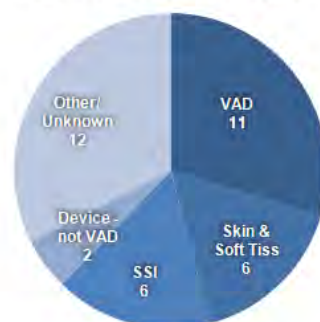
SAB (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Local Performance



Infection Source: YE Sep-20



National Benchmarking

Quarter Ending		2018/19		2019/20				2020/21
		Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	17.8	14.1	13.7	15.5	10.9	12.5	6.3
Scotland		17.7	15.6	16.7	17.5	15.2	16.3	20.3

Key Challenges in 2020/21

Achieving a 10% reduction of healthcare-associated SAB by March 2022

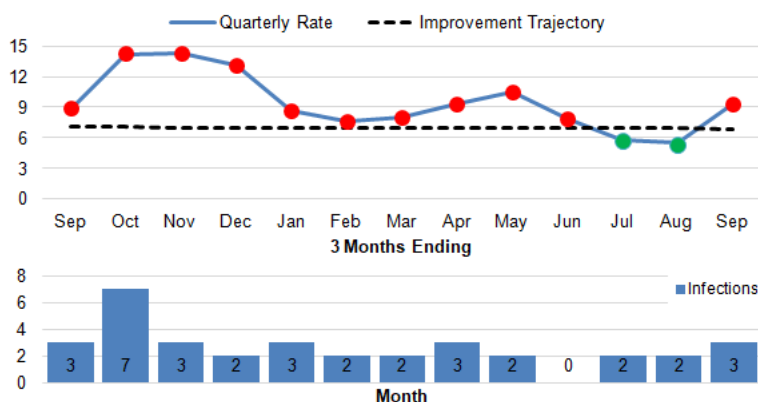
Improvement Actions	Update
20.1 Reduce the number of SAB in PWIDs <i>By Mar-21</i>	<p>There have only been 3 PWID SABs so far in 2020, a marked improvement compared to the same period in 2019.</p> <p>Addiction services continue to be supported by the IPCT with the SAB improvement project, last meeting in September.</p> <p>The driver diagram sits with the Addiction team and is almost complete.</p> <p>Nurse prescribing of antibiotics by ANPs is being explored.</p> <p>The pandemic has made it especially challenging to see clients, with physical distancing reducing capacity in clinics. Despite an increased number of home visits, the total number of clients seen has reduced.</p>
20.2 Ongoing surveillance of all VAD-related infections <i>By Mar-21</i>	<p>Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement as well as raising triggers & areas of concern.</p> <p>There was a cluster of 4 renal unit VAD SABs in August, and while a PAG concluded that there were no links between cases, an SAER has been scheduled for November.</p>
20.3 Ongoing surveillance of all CAUTI <i>By Mar-21</i>	<p>Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) are taking place, to identify key issues and take appropriate corrective actions. The group last met in August, and will meet again on 23rd October.</p> <p>E-documentation bundles for catheter insertion and maintenance, to be added to Patienttrack for Acute services, are still awaited.</p>
20.4 Optimise comms with all clinical teams in ASD & the HSCP <i>By Mar-21</i>	<p>Monthly SAB reports distributed 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 SABs are to be distributed.</p>

Clinical Governance

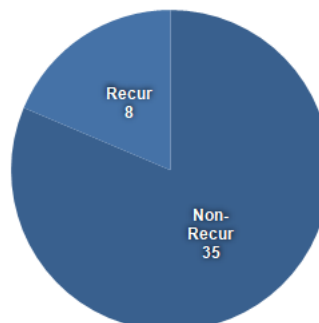
C Diff (HAI/HCAI)

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 Sep-20



National Benchmarking

Quarter Ending		2018/19		2019/20			2020/21
		Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	10.0	5.4	8.0	8.9	13.1	8.0
Scotland		13.8	11.8	12.3	13.7	15.1	13.6
							7.9
							15.4

Key Challenges in 2020/21

Reducing healthcare-associated CDI (including recurrent CDI) to achieve the 10% reduction target by March 2022

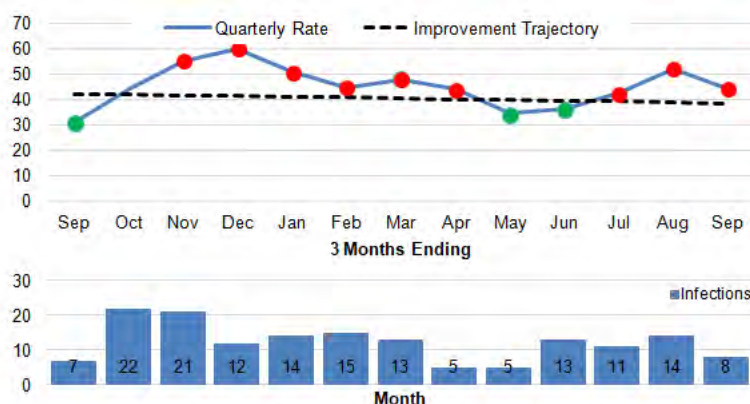
Improvement Actions	Update
20.1 Reducing recurrence of CDI <i>By Oct-20</i>	Fidaxomicin is the treatment used in NHS Fife for patients at high risk of recurrent CDI. Bezlotoxumab is also used to prevent recurrence, whilst FMT (Faecal microbiota transplantation) is unavailable during the pandemic. It is obtained on a named patient basis on micro/GI request and needs approval by the clinical and medical director. [Bezlotoxumab is a human monoclonal antitoxin antibody that binds to Clostridioides difficile toxin B and neutralises its activity, preventing recurrence of CDI (BNF 2020).]
20.2 Reduce overall prescribing of antibiotics <i>By Oct-20</i>	National antimicrobial prescribing targets are being utilised by NHS Fife microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage. Empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.
20.3 Optimise communications with all clinical teams in ASD & the HSCP <i>By Oct-20</i>	Monthly CDI reports are being distributed, to enable staff to gain a clearer understanding of the disease process. ICN ward visits reinforce SICPs and contact precautions, provide education to promote optimum CDI management and daily Medical management form completion. The Ward Dashboard is continuously updated, for clinical staff to access CDI incidence by ward and also to be displayed for public assurance. Certificates for wards infection free period for CDI are to be distributed.

Clinical Governance

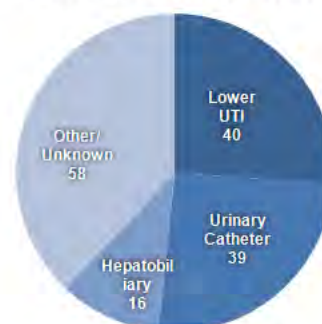
ECB (HAI/HCAI)

Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Local Performance



Infection Sources: YE Sep-20



National Benchmarking

Quarter Ending		2018/19		2019/20				2020/21
		Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	49.2	39.2	42.1	31.0	60.0	47.9	36.4
Scotland		38.3	37.3	38.9	40.3	40.8	36.4	39.7

Key Challenges in 2020/21

Reducing CAUTI and UTI ECB in order to achieve overall 25% reduction in healthcare-associated ECB by March 2022

Improvement Actions	Update
20.1 Optimise communications with all clinical teams in ASD & the HSCP <i>By Mar-22</i>	Mandatory national ECB surveillance has continued throughout the pandemic, although additional voluntary enhanced surveillance (started in January) has been paused. Monthly reports and graphs of ECB data distributed to key clinical staff across NHS Fife (HSCP & Acute services) ECB continues as a standing Agenda item in the IPCT and ICC meetings.
20.2 Formation of ECB Strategy Group <i>By Mar-21</i>	The ECB Strategy Group, initially looking at infections caused predominantly by urinary sources other than CAUTI, has been formed, but meetings have not taken place during the pandemic. The key issues identified by this group of addressing promotion of hydration and prevention of UTIs within the elderly population have now been incorporated within the UCIG by the Continence services. Further improvement work from the group will be reviewed in 2021.
20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG) <i>By Mar-21</i>	The UCIG will next meet in October, to review the following topics: <ul style="list-style-type: none"> A CAUTI QI programme which has started at a Cowdenbeath GP practice E-documentation bundles for catheter insertion and maintenance (to be added onto Patientrak for Acute Services) Urinary Catheter Care passports issued to ALL patients within every Fife care/residential homes to promote catheter care and adequate hydration Continence/hydration folders in use at all care and residential homes across Fife 'Top tips' education videos published on Blink, most recently on catheter choices

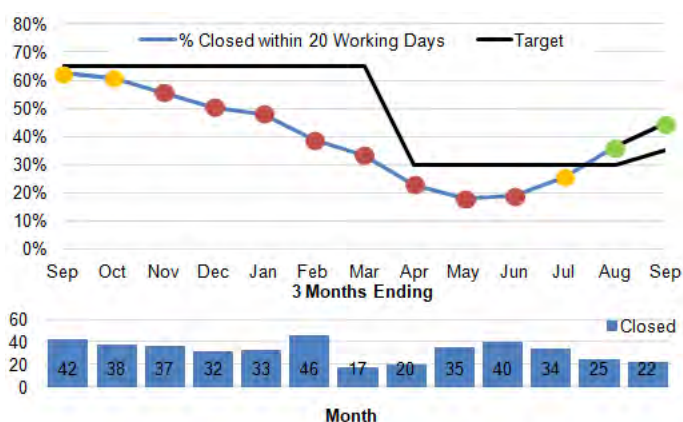
Clinical Governance

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 Sep-20



Local Performance by Directorate/Division

3-Month Ending	2019/20							20/21					
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
NHS Fife	62.5%	60.8%	55.6%	50.5%	48.0%	38.7%	33.3%	22.9%	18.1%	18.9%	25.7%	36.4%	44.4%
Ack <= 3 Days (Monthly)	92.9%	97.4%	89.2%	93.8%	93.9%	95.7%	94.1%	95.0%	97.1%	87.5%	97.1%	100.0%	95.5%
ASD	63.8%	60.5%	60.0%	57.1%	56.5%	49.4%	56.2%	55.2%	54.3%	53.5%	54.7%	55.3%	55.9%
HSCP	54.3%	57.6%	45.2%	33.3%	23.3%	9.7%	28.6%	28.4%	26.8%	25.7%	25.5%	26.9%	27.7%

Key Challenges in 2020/21

Clearing the backlog of existing complaints
Increase in complaints due to treatment delays (including diagnostics)
General increase in complaints as we start to remobilise

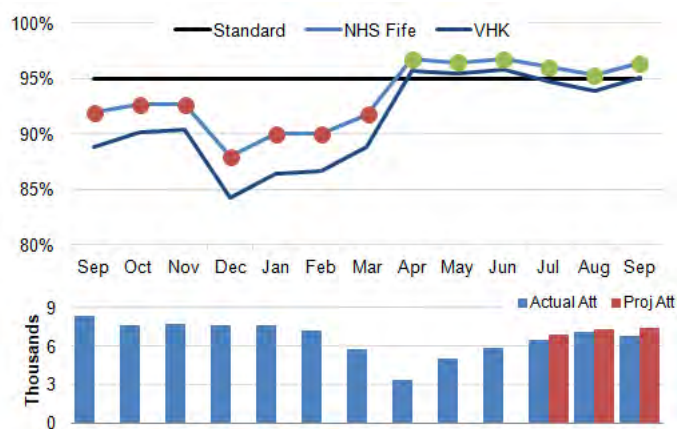
Improvement Actions	Update
20.1 Patient Relations Officers to undertake peer review	
20.2 Deliver education to service to improve quality of investigation statements	
20.3 Agree process for managing medical statements, and a consistent style for responses	
21.1 Agree process for managing complaint performance and quality of complaint responses By Mar-21	The PRT has changed the way they 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 has been achieved via the development of the Complaints section of the new NHS Fife website.
21.2 Deliver virtual training on complaints handling By Dec-20	This action has been identified as a replacement for previous action 20.2, with the aim being to improve overall quality. Sessions are currently being arranged.

Finance, Performance & Resources – Operational Performance

4-Hour Emergency Access

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

Local Performance



Breach Reason Sep-20



National Benchmarking

Month	2019/20							2020/21					
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
NHS Fife	92.0%	92.7%	92.7%	88.0%	90.0%	90.1%	91.8%	96.8%	96.5%	96.8%	96.1%	95.4%	96.4%
Scotland	88.7%	88.0%	85.5%	83.8%	86.1%	86.4%	89.2%	94.9%	95.7%	95.6%	95.1%	92.9%	92.1%

Key Challenges in 2020/21

Maintaining the reduction in numbers and the public using alternatives to emergency care
Managing a department with red/green split during the return to normality, when injuries related to outdoor activity are likely to increase

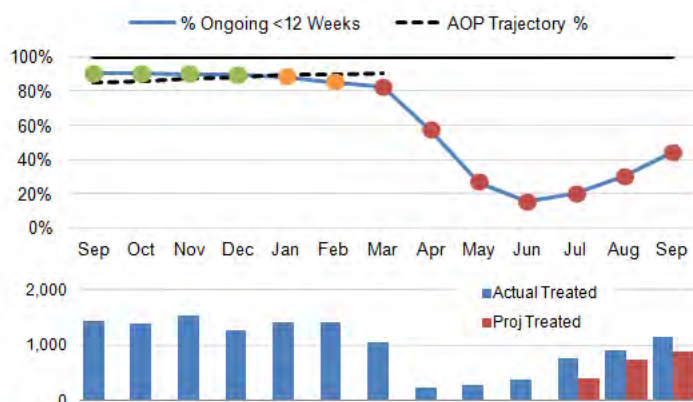
Improvement Actions	Update
20.1 Formation of PerformED group to analyse performance trends	
20.4 Development of services for ECAS	
20.5 Medical Assessment and AU1 Rapid Improvement Group	
21.1 Remodelling of Outpatient services By Dec-20	Electronic methods remain the principle mode of outpatient assessment, but remobilisation has enabled further face to face appointments for urgent cases

Finance, Performance & Resources – Operational Performance

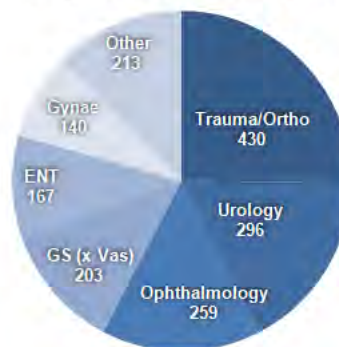
Patient TTG

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

Local Performance



Ongoing Breaches Sep-20



National Benchmarking

	2019/20							2020/21					
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
NHS Fife	90.6%	90.5%	90.1%	89.7%	88.4%	85.4%	83.1%	57.3%	26.8%	15.4%	20.2%	30.0%	44.1%
Scotland	67.5%	69.7%	69.5%	67.0%	66.7%	66.3%	64.4%	46.6%	24.8%	17.3%			

Key Challenges in 2020/21

Recovery from COVID-19
Reduced theatre capacity due to increased infection control procedures and response to COVID-19

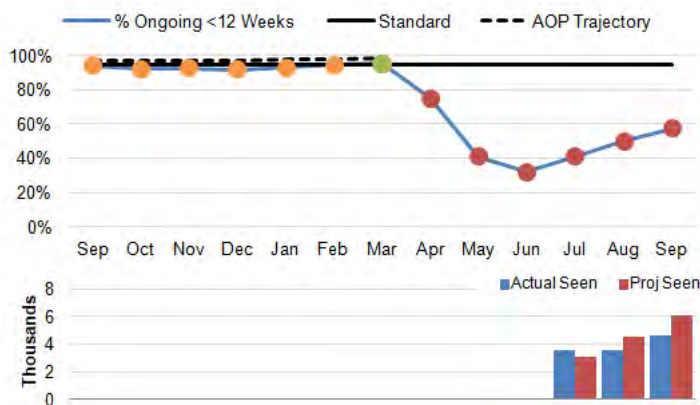
Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	
20.3 Theatre Action Group develop and deliver plan	
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	
21.1 Develop and deliver transformation plan By Mar-21	This action is related to 20.2 and 20.3, above, but seeks to sustain delivery of improvements introduced during the pandemic
21.2 Review DCAQ in relation to WT improvement plan	
21.3 Undertake waiting list validation against agreed criteria By Nov-20	Validation continues; when the action is complete, this will be an ongoing activity

Finance, Performance & Resources – Operational Performance

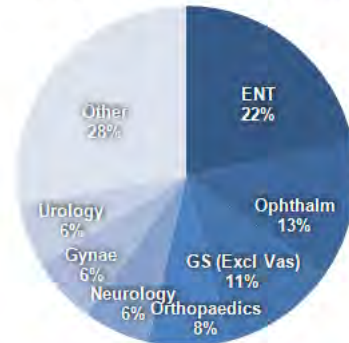
New Outpatients

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

Local Performance



Ongoing Breaches Sep-20



National Benchmarking

	2019/20							2020/21					
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
NHS Fife	94.1%	92.4%	92.7%	91.8%	93.2%	94.7%	95.2%	74.8%	40.9%	32.0%	41.1%	50.0%	57.4%
Scotland	72.9%	73.3%	73.7%	73.2%	75.5%	75.1%	74.9%	57.8%	34.9%	28.5%			

Key Challenges in 2020/21

Recovery from COVID 19
Reduced clinic capacity due to physical distancing
Difficulty in recruiting to specialist consultant posts

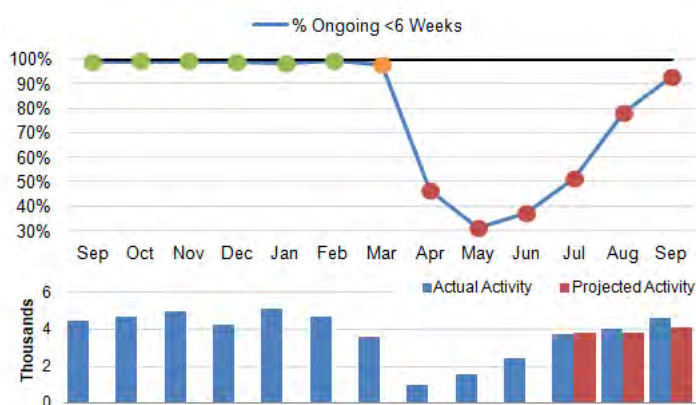
Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	
20.2 Develop OP Transformation programme.	
20.3 Improve recruitment to vacant posts By Mar-21	Action continues – includes consideration of service redesign to increase capacity
21.1 Review DCAQ in relation to WT improvement plan	
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	
21.4 Validate new and review waiting list against agreed criteria By Nov-20	When the action is complete, this will be an ongoing activity

Finance, Performance & Resources – Operational Performance

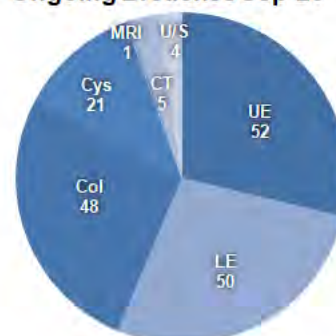
Diagnostics Waiting Times

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

Local Performance



Ongoing Breaches Sep-20



National Benchmarking

	2019/20							2019/20						
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
NHS Fife	98.9%	99.0%	99.1%	98.6%	98.2%	99.5%	97.8%	46.3%	31.1%	37.4%	51.4%	78.3%	93.1%	
Scotland	82.3%	80.8%	82.8%	79.5%	79.2%	84.7%	75.8%	28.4%	27.9%	35.4%				

Key Challenges in 2020/21

Recovery from COVID-19
 Reduced capacity due to physical distancing and infection control procedures
 Difficulty in recruiting to consultant and specialist AHP/Nursing posts
 Endoscopy surveillance backlog

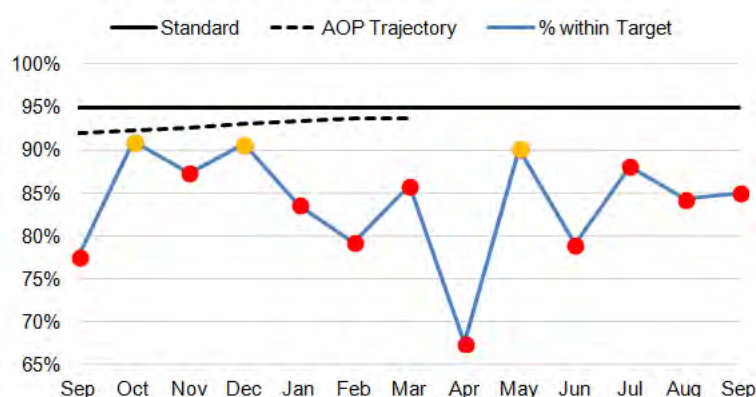
Improvement Actions	Update
21.1 Review DCAQ and develop remobilisation plans for Radiology and Endoscopy	
21.2 Undertake new and planned waiting list validation against agreed criteria By Mar-21	Complete for radiology and complete for new referrals for Endoscopy. Planned waiting list validation for Endoscopy is underway. When the action is complete, this will be an ongoing activity.
21.3 Improve recruitment to vacant posts By Mar-21	Action includes consideration of service redesign to increase capacity

Finance, Performance & Resources – Operational Performance

Cancer 62-Day Referral to Treatment

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

Local Performance



Breaches Sep-20



National Benchmarking

Month	2019/20							2020/21					
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
NHS Fife	77.7%	91.0%	87.3%	90.7%	83.6%	79.2%	85.9%	67.5%	90.2%	79.0%	88.2%	84.3%	85.0%
Scotland	83.7%	82.7%	81.9%	84.6%	83.6%	82.7%	86.1%	82.6%	83.8%	84.3%	87.1%	86.6%	86.5%

Key Challenges in 2020/21

Recovery from COVID-19, by assessing affected components of the cancer 'journey' and reviewing capacity against expected demand.
Identification of key improvement areas in view of the pandemic response and as screening programmes restart

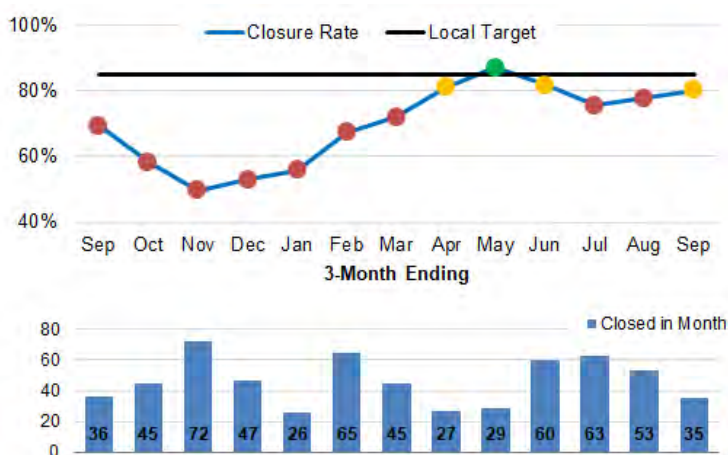
Improvement Actions	Update
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points <i>By Mar-21</i>	This will be addressed as part of the overall recovery work and in line with priorities set by the leadership team. DCAQ of cancer pathways delayed due to pandemic, but work is to restart. The target completion date has been adjusted accordingly.
20.4 Prostate Improvement Group to continue to review prostate pathway <i>By Mar-21</i>	This is ongoing work related to Action 20.3, with the specific aim being to minimise waits post MDT. Funding from Scottish Government has been secured to clinically review MDT and outcomes, and the target completion date has been adjusted accordingly.
21.1 Establishment of Cancer Structure to develop and deliver a Cancer Strategy	

Finance, Performance & Resources – Operational Performance

Freedom of Information Requests

In 2020/21, we will respond to a minimum of 85% of FOI Requests within 20 working days

Local Performance



Closure Period, QE Sep-20



Service Performance

Monthly	2019/20							2020/21					
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Health Board	48.3%	36.1%	49.3%	75.0%	52.4%	72.9%	76.9%	100.0%	81.8%	72.7%	72.0%	93.2%	77.4%
IJB	85.7%	77.8%	66.7%	14.3%	60.0%	83.3%	100.0%	100.0%	100.0%	60.0%	84.6%	66.7%	75.0%

Key Challenges in 2020/21

Adequate resourcing to fully manage FOI
Lack of FOI expertise and awareness within the organisation

Improvement Actions

Update

20.5 Refresh process with H&SC partnership for requests received that relate to their services

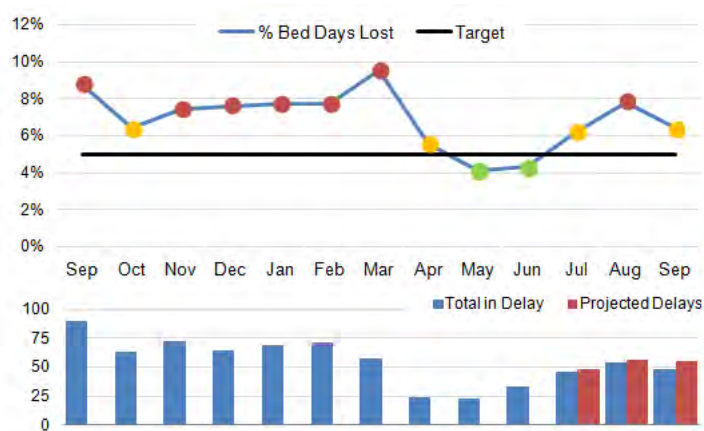
20.7 Formalise long-term resource requirements for FOI administration

Finance, Performance & Resources – Operational Performance

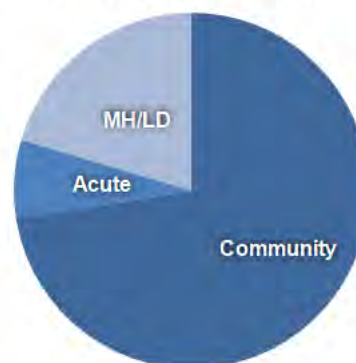
Delayed Discharges (Bed Days Lost)

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 | Sep-20



National Benchmarking

Quarter Ending		2018/19				2019/20			
		Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	TOBD	87,527	92,599	91,463	91,885	87,857	90,276	91,709	
	Bed Days Lost	3,638	4,200	6,744	8,141	6,685	7,232	6,570	
	% Bed Days Lost	4.2%	4.5%	7.4%	8.9%	7.6%	8.0%	7.2%	
Scotland	TOBD	1,552,301	1,541,821	1,551,451	1,567,162	1,532,782	1,542,731	1,566,361	
	Bed Days Lost	101,712	107,120	109,366	101,959	103,422	110,861	110,547	
	% Bed Days Lost	6.6%	6.9%	7.0%	6.5%	6.7%	7.2%	7.1%	

Key Challenges in 2020/21

Sustaining current performance as we return to 'normal' working
Applying lessons learned during the pandemic, going forward

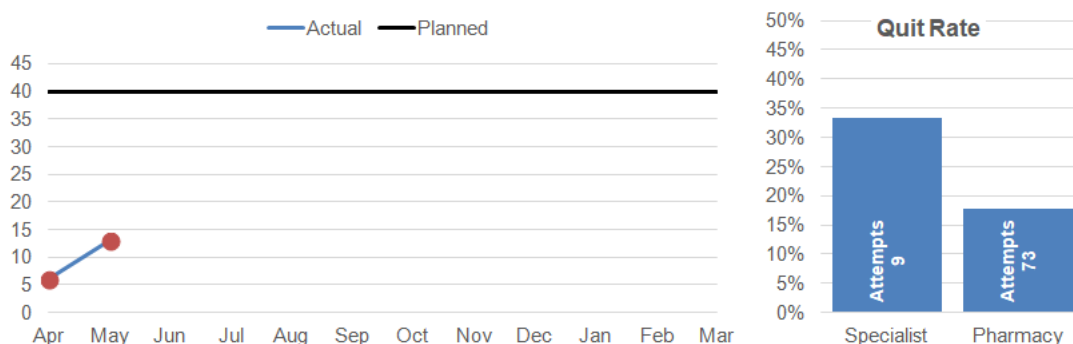
Improvement Actions	Update
20.1 Test a trusted assessors model for patients transferring to STAR/assessment beds	
20.3 Moving On Policy to be implemented By Nov-20	The moving on policy will be reviewed by the HSCP Senior Leadership Team in October. This will further support new processes implemented as a result of the COVID-19 pandemic.
20.4 Improve flow of comms between wards and Discharge HUB	
20.5 Increase capacity within care at home	
21.1 Progress HomeFirst model By Mar-21	Identification of stages is required – first stage is to ensure 95% of all discharges occur safely and before 2pm to ensure homecare/ICASS can progress same day assessments at home. Cross sector short life working group established.

Finance, Performance & Resources – Operational Performance

Smoking Cessation

In 2020/21, 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		2020/21											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	6	13										
	Actual Cumul	6	19	19	19	19	19	19	19	19	19	19	19
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	15.0%	24.1%	16.1%	12.0%	9.6%	8.1%	6.9%	6.0%	5.4%	4.8%	4.4%	4.0%
Scotland	Achieved												

Key Challenges in 2020/21

- Service Provision within GP practices, hospitals and community venues
- 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

Improvement Actions	Update
20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	The aim of this action is to test a model of delivery that allows 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.
20.3 'Better Beginnings' class for pregnant women	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.
20.4 Enable staff access to medication whilst at work	No progress has been made due to COVID-19
20.5 Assess viability of using Near Me to train staff	Near Me has the functionality to allow a few people to dial into a session, providing staff training which would previously have been done via 'shadowing' experience staff. We are currently asking patients if they have the technology and would be receptive to this option.

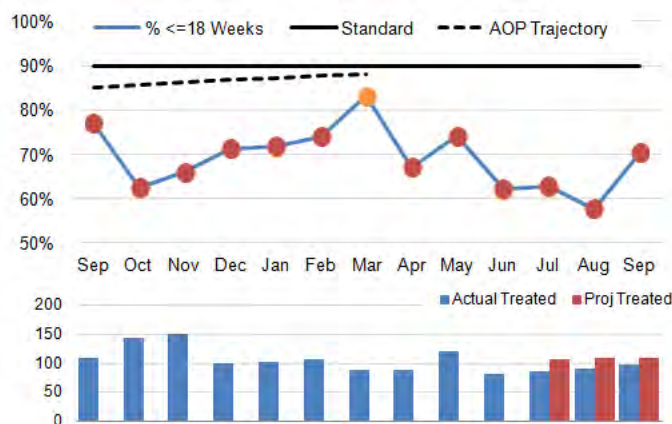
*****THE SCOTTISH GOVERNMENT HAVE ADVISED THAT NO NEW TARGETS WILL BE SET FOR 2020-21, AND THAT HEALTH BOARDS SHOULD STRIVE TO ACHIEVE THEIR 2019-20 TARGET. ALL OF THE ABOVE ACTIONS WILL CONTINUE TO BE FOLLOWED THROUGHOUT THE YEAR *****

Finance, Performance & Resources – Operational Performance

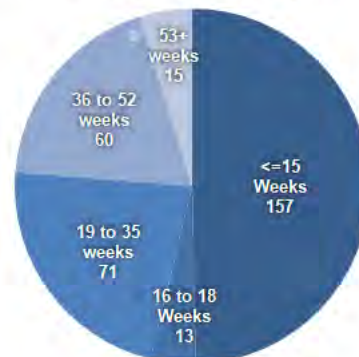
CAMHS 18 weeks RTT

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

Local Performance



Waiting List (316) Sep-20



National Benchmarking

Month	2019/20							2020/21					
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
NHS Fife	77.1%	62.5%	66.0%	71.3%	71.8%	74.1%	83.1%	67.0%	74.2%	62.2%	62.8%	57.8%	70.4%
Scotland	66.9%	64.6%	64.2%	71.5%	67.5%	63.8%	64.3%	74.0%	58.2%	50.5%			

Key Challenges in 2020/21

Available resource to meet demand
Impact of COVID-19 relaxation on referrals
Change to appointment 'models' to reflect social distancing

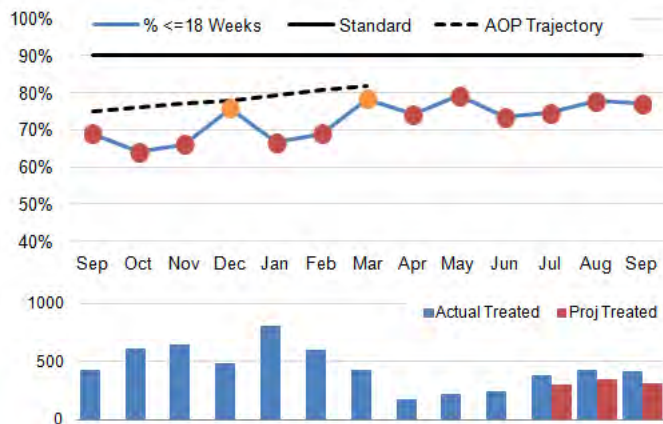
Improvement Actions	Update
20.1 Re-Introduction of PMHW First Contact Appointments System <i>By Dec-20</i>	Staff activity to reduce the waiting list during the lockdown period allowed children and young people to be seen within 2 or 3 weeks of referral. The resignation of two staff to take up permanent positions impacts the level of activity and response that will ensure children are supported by the wider range of services available. This will create a challenge in achieving our overall aim of lessening referrals to specialist Tier 3 CAMHS.
20.2 Waiting List Additional Staffing Resource	
20.3 Introduction of Team Leader Role	
21.1 Re-design of Group Therapy Programme <i>By Dec-20</i>	Due to COVID-19 restrictions, group-based face to face therapy work is not viable. We are investigating alternatives to enable delivery of multiple contacts with minimal staffing. Challenges around identifying appropriate and safe digital platforms has slowed this development.
21.2 Use Centralised Allocation Process <i>By Dec-20</i>	Revised administrative processes and clinical systems are in place to facilitate centralised screening and allocation of referrals. This will ensure that appointments are identified and allocated quickly across clinical teams.
21.3 Build CAMHS Urgent Response Team <i>By Mar-21</i>	The plan to develop a CAMHS URT has been postponed due to the absence of key staff. The existing Self Harm Service has been maintained and supported to continue to deliver urgent assessments and interventions for children and young people who present with suicidal or self harming behaviour, both through the urgent referral process and within acute hospital settings. The opportunity to redesign the service will be reviewed again in 3 months, giving consideration to staffing and the COVID-19 position.

Finance, Performance & Resources – Operational Performance

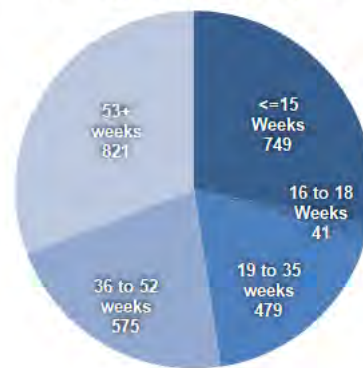
Psychological Therapies 18 weeks RTT

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

Local Performance



Waiting List (2665) Sep-20



National Benchmarking

Month	2019/20							2020/21					
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
NHS Fife	69.0%	64.2%	66.0%	75.8%	66.6%	69.0%	78.4%	74.2%	79.2%	73.6%	74.5%	77.9%	77.0%
Scotland	80.1%	78.5%	77.8%	81.5%	75.8%	78.5%	78.8%	74.0%	76.5%	72.7%			

Key Challenges in 2020/21

Predicted large increase in referrals post pandemic
Identifying replacement for group therapies (no longer viable)

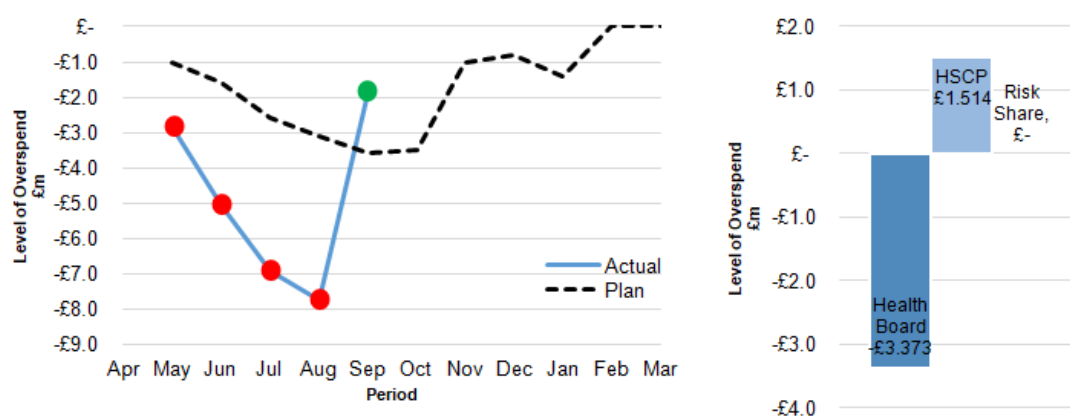
Improvement Actions	Update
20.2 Introduction of extended group programme in Primary Care	
20.3 Redesign of Day Hospital provision <i>By Dec-20</i>	Implementation of full re-design is currently suspended, and the target completion date has been adjusted accordingly
20.4 Implement triage nurse pilot programme in Primary Care <i>By Dec-20</i>	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September 2019; final evaluation due this September
20.5 Trial of new group-based PT options <i>By Dec-20</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. Use of suitable digital platform now agreed, and target completion date adjusted to reflect ongoing work.
21.1 Introduction of additional on-line therapy options	
21.2 Development of alternative training and PT delivery methods <i>By Dec-20</i>	This action is to support care pathways for people with complex psychological problems within AMH Psychology and Clinical Health Psychology and for people with learning disabilities

Finance, Performance & Resources – Finance

Revenue Expenditure

NHS Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)

Local Performance



Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By		
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Core Unmet Savings £'000	Covid Unmet Savings £'000
Health Board	420,383	445,762	210,157	213,530	-3,373	-1.60%	2,202	-494	-5,081
Integration Joint Board (Health)	358,477	377,827	186,689	185,175	1,514	0.81%	1,767	0	-253
Risk Share	0	0	0	0	0	0.00%	0	0	0
Total	778,860	823,589	396,846	398,705	-1,859	-0.47%	3,969	-494	-5,334

Key Challenges in 2020/21

- Availability of Covid-19 funding (initial allocation received in September): to match our net additional costs; and costs associated with remobilisation plans – final funding allocation to be made in January
- Our ability as a Board to regain traction in our savings and transformation plans in the context of the Covid-19 pandemic journey; and the implications of the funding decision yet to be made by SG on Boards' unmet savings as a consequence of diversion of resources to deal with the Covid-19 pandemic
- Informing a reliable and robust forecast position to the year end given the complexities of establishing the respective: core; Covid-19; remobilisation; and Test & Protect positions; and assessing the impact of the Winter flu campaign and the Redesign of Urgent Care Scotland-wide
- Ongoing discussions on potential risk share options with SG and respective partners – no IJB risk share has been built in to the in-year position, however £7.2m potential risk share cost (at September) has been reflected in our forecast outturn

Improvement Actions	Update
21.1 Local mobilisation plan <i>Ongoing throughout FY</i>	Partnering with the services to: <ul style="list-style-type: none"> • Identify additional spend relating to Covid-19 • Identify offsets against core positions • Understand and quantify the financial implications of remobilisation of core services across NHSF • Inform forecast outturn positions to the year end; in support of our statutory requirement to deliver a balanced RRL position.
21.2 Savings <i>By Jan-21</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. Whilst our early planning assumption indicated some £6m may be met across NHS Fife; with c£14m recorded in the LMP as expected underachievement of savings; this has

Finance, Performance & Resources – Finance

	since been updated to reflect £11m expected achievement; and £9m anticipated underachievement of savings.
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Commentary

The revenue position for the 6 months to 30 September reflects initial Covid-19 funding received from SG; and match funds additional Covid-19 expenditure to September, with the exception at this time, of unmet efficiency targets; and offsetting cost reductions due to wide variation across Scotland.

The month 6 position reflects an overspend of £1.859m; which comprises a core underspend of £3.475m; and unmet savings of £5.334m as a consequence of diversion of resources to deal with the Covid-19 pandemic. All other additional Covid-19 costs for quarters 1 and 2 have been match funded from the initial SG allocation received in September. At this point any potential implications of the IJB risk share have not been factored in to the half year position; albeit the potential full year cost is highlighted in our forecast outturn position.

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 reflects both the mobilisation and the remobilisation plan high level impact on the financial position submitted at the end of July. As part of Scottish Government financial governance arrangements, a detailed formal quarter one financial review was submitted on 14 August, with a final submission made, and discussed on a scheduled call with Scottish Government colleagues, on 18 September. Initial funding allocations have been confirmed, based on Boards' quarter one returns, in a letter from SG of 29 September 2020; and received in our September allocation.

2. Financial Allocations

Revenue Resource Limit (RRL)

- 2.1 NHS Fife received confirmation of the September core revenue amount on 1 October. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £809.189m - this includes an initial allocation of £33.545m to meet Covid-19 expenditure. Anticipated allocations total £4.667m and includes an expected £1.550m for Covid-19 which relates to payments to primary care. This primarily covers payments to General Practice to meet their additional costs of dealing with the pandemic.

Non Core Revenue Resource Limit

- 2.2 In addition, NHS Fife receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The anticipated non-core RRL funding totals £9.733m.

Total RRL

- 2.3 The total current year budget at 30 September is therefore £823.589m as detailed in Appendix 1.

3. Summary Position

- 3.1 The revenue position for the 6 months to 30 September reflects an overspend of £1.859m.
- 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 savings positions. An overspend of £3.373m is attributable to Health Board retained budgets; and an underspend of £1.514m is attributable to the health budgets delegated to the IJB.

Finance, Performance & Resources – Finance

Table 1: Summary Financial Position for the period ended September 2020

Memorandum	Budget		Variance	Variance	Variance Split By			
	CY	Variance			Run Rate	Core Unmet Savings	Net Core Position	Covid Unmet Savings
	£'000	£'000	%		£'000	£'000	£'000	£'000
Health Board	445,762	-3,373	-1.60%		2,202	-494	1,708	-5,081
Integration Joint Board (Health)	377,827	1,514	0.81%		1,767	0	1,767	-253
Risk Share	0	0	0.00%		0	0	0	0
Total	823,589	-1,859	-0.47%		3,969	-494	3,475	-5,334

	Budget		Variance	Variance	Variance Split By			
	CY	Variance			Run Rate	Core Unmet Savings	Net Core Position	Covid Unmet Savings
	£'000	£'000	%		£'000	£'000	£'000	£'000
Acute Services Division	210,405	-7,055	-6.79%		-1,868	-460	-2,328	-4,727
IJB Non-Delegated	8,687	68	1.59%		84	-1	83	-15
Estates & Facilities	76,124	492	1.32%		637	-13	624	-132
Board Admin & Other Services	64,441	397	1.14%		624	-20	604	-207
Non-Fife & Other Healthcare Providers	90,973	1,034	2.27%		1,034	0	1,034	0
Financial Flexibility & Allocations	23,718	1,681	100.00%		1,681	0	1,681	0
HB Offsets	2,977	0	0.00%		0	0	0	0
Health Board	477,325	-3,383	-1.49%		2,192	-494	1,698	-5,081
Integration Joint Board - Core	416,347	1,424	0.67%		1,677	0	1,677	-253
IJB Offsets	2,724	0			0	0	0	0
Integration Fund & Other Allocations	8,940	50	0.00%		50	0	50	0
Sub-total Integration Joint Board Core	428,011	1,474	0.69%		1,727	0	1,727	-253
IJB Risk Share Arrangement	0	0			0	0	0	0
Total Integration Joint Board - Health	428,011	1,474	0.69%		1,727	0	1,727	-253
Total Expenditure	905,336	-1,909	-0.43%		3,919	-494	3,425	-5,334
IJB - Health	-50,184	40	-0.16%		40	0	40	0
Health Board	-31,563	10	-0.06%		10	0	10	0
Miscellaneous Income	-81,747	50	-0.12%		50	0	50	0
Net Position Including Income	823,589	-1,859	-0.47%		3,969	-494	3,475	-5,334

3.3 The core position at month 6 is a net underspend of £3.475m, and unmet savings of £5.334m as a consequence of diversion of resources to deal with the Covid-19 pandemic.

3.4 Funding allocations of £8.131m and £3.439m have been allocated to HB and HSCP respectively to match Q1 and Q2 Covid-19 costs incurred. Further detail is provided in section 6 and later in Appendix 5. The net Covid-19 unmet costs after the funding allocation is £5.334m and represents unmet savings.

4. Operational Financial Performance for the year

Acute Services

4.1 The Acute Services Division reports a **net overspend of £2.328m for the year to date**. This reflects an overspend in operational run rate performance of £1.868m, and unmet savings of £0.460m per Table 2 below. The overall position is mainly driven by pay overspend in junior medical and dental staffing of £1.266m. Additional non pay cost pressures of £0.751m relate to medicines within Emergency Care. Various underspends across other areas of Acute arising from vacancies have helped to offset the level of overspend. Budget rephasing has taken place to reflect the cost impact of the additional capacity required to catch up on postponed services due to resume in October.

Table 2: Acute Division Financial Position for the period ended September 2020

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
Planned Care & Surgery	70,451	71,689	32,702	32,805	-103	-0.31%	30	-133
Emergency Care & Medicine	74,614	77,344	39,407	41,877	-2,470	-6.27%	-2,306	-164
Women, Children & Clinical Services	54,615	55,063	26,928	27,141	-213	-0.79%	-50	-163
Acute Nursing	607	627	283	269	14	4.95%	14	0
Other	1,990	2,001	910	466	444	48.79%	444	0
Total	202,277	206,724	100,230	102,558	-2,328	-2.32%	-1,868	-460

Estates & Facilities

- 4.2 The Estates and Facilities budgets report an **underspend of £0.624m** 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 £0.604m**. Included within this position is a cost pressure of £0.066m relating to unfunded costs in connection with the significant flooding to the hospital and specific car parks in August. 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 £1.034m** 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; with allocations continued to be released on a monthly basis. The financial flexibility of £1.681m released to the M6 position is detailed in Appendix 4.

Integration Services

- 4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £1.727m for the year to date**. The majority of underlying drivers for the run rate under spend are vacancies in sexual health and rheumatology, 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 administrative posts.

Income

- 4.7 A small over recovery in income of £0.050m is shown for the year to date.

5. Pan Fife Analysis

- 5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 3 below (combined position).

Table 3: Subjective Analysis for the Period ended September 2020

Finance, Performance & Resources – Finance

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under Spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	396,429	197,775	198,072	-298
GP Prescribing	72,330	35,781	35,781	0
Drugs	31,605	16,104	16,488	-384
Other Non Pay	385,413	194,261	191,392	2,869
Efficiency Savings	-13,099	-5,829	0	-5,829
Commitments	32,658	1,731	0	1,731
Income	-81,747	-42,978	-43,028	50
Net overspend	823,589	396,846	398,705	-1,859

Pay

- 5.2 The overall pay budget reflects an overspend of £0.298m. The majority of the overspend is within medical & dental staff with small offsetting underspends across other pay heads with the exception of personal and social care. Within Acute there are a number of unfunded posts including Clinical Fellows within Emergency Care.
- 5.3 Against a total funded establishment of 7,938 wte across all staff groups, there was an average 8,026 wte core staff in post in September. 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 overspend of £0.384m on medicines. The GP prescribing position is based on 2019/20 trend analysis and June/July 2020 actual information (2 months in arrears). Across Scotland we continue to work 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 underspent by £2.869m. The in month change in the position is as a result of a number of factors. Equipment spend has now been funded as a result of the allocation received for Covid 19. An updated position on the 2020/21 spend associated with the Royal Hospital for Sick Children is significantly less than had been anticipated. A further analysis of financial flexibility has also taken place.

6 Covid-19 Initial Funding Allocation

- 6.1 Our initial Covid-19 funding allocation was confirmed on 29 September. The funding allocation has been made across Scotland on either actual costs or NRAC share, and excludes unachieved efficiency savings; and offsetting cost reductions. NHS Fife's additional Covid-19 costs (excluding unmet savings) have been fully match funded for the 6 months to September. At this stage SG have allocated 70% of total funding with a general contingency of 30% retained by the Portfolio in recognition of the level of uncertainty reflected in financial assumptions. A summary of initial funding and anticipated funding is attached at Appendix 5.
- 6.2 The funding received confirms £7.7m funding for elective/planned care activity which we had already anticipated and reflected in our financial reporting to date.
- 6.3 It has been confirmed that a separate allocation will follow of £1.5m which relates to payments to primary care for additional costs in responding to the pandemic.
- 6.4 Whilst a SG decision has yet to be made on the treatment of unachieved savings; and offsetting cost reductions; there remains a risk that funding may be insufficient to cover

Finance, Performance & Resources – Finance

additional costs which materialise as the year unfolds. This position will be kept under close review and highlighted in our regular SG reporting.

7 Financial Sustainability

- 7.1 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. Whilst we had initially 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; this has since been updated to reflect £11.2m expected achievement; and £8.8m anticipated underachievement of savings. SG plan to conduct a review of Boards' unmet savings to inform their decision on potential funding over the coming weeks to inform the January final Covid-19 allocation. Table 4 summaries the position for the 6 months to September. Given our commitment to achieving savings as reported to SG, arrangements are being made to remove from/top-slice budgets the full expected achievement £11.2m target in the month of October.

Table 4: Savings 20/21

Total Savings	Total Savings Target £'000	Forecast Achievement (Core) £'000	Forecast unmet savings (Covid-19) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to Sept £'000	Forecast / Unidentified to March £'000
Health Board	14,868	6,571	8,297	972	1,485	2,457	4,114
Integration Joint Board	5,147	4,675	472	2,520	1,939	4,459	216
Total Savings	20,015	11,246	8,769	3,492	3,424	6,916	4,330

8 Forecast

- 8.1 Based on the year to date position, and a number of high level planning assumptions as agreed by delegated budget holders, the year end run rate forecast is an underspend of £0.782m underspend. Whilst we await SG decision on the treatment of offsetting cost reductions, there is a potential benefit of £5.701m if we can retain offsets. We would plan to use these offsetting cost reductions to mitigate some of the anticipated unachieved savings of £8.768m. If the aforementioned assumptions crystallise, the NHS Fife forecast RRL position would be an overspend of £2.285m. Further detailed review work will be undertaken to identify any further financial flexibility in an effort to deliver an improved position with a target balanced position.
- 8.2 There is however very limited assurance that NHS Fife can remain within the overall revenue resource limit if we are additionally required to cover the impact of the IJB risk share position of £7.2m. This therefore raises a concern that the Board cannot deliver on its statutory requirement to break even without additional funding. NHS Fife and Fife Council are currently reviewing the Integration Scheme and in particular the risk share agreement. The £7.2m is based on current arrangements.
- 8.3 The component parts which inform the forecast outturn are detailed in Table 5.
- 8.4 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have included the value of the risk share impact in the forecast; and are signposting a potential overspend of £9.492m.

Table 5 – Forecast (modelling based on actual position at 30 September 2020)

Forecast Outturn	Run Rate £'000	Offsets £'000	Savings £'000	Risk Share £'000
Acute Services Division	-7,768	2,692	-8,264	0
IJB Non-Delegated	89	0	-33	0
Estates & Facilities	535	234	0	0
Board Admin & Other Services	965	51	0	0
Non-Fife & Other Healthcare F	465	0	0	0
Financial Flexibility	3,362	0	0	0
Miscellaneous Income	100	0	0	0
Health Board Retained Budg	-2,252	2,977	-8,297	0
IJB Delegated Health Budgets	3,035	2,724	-472	0
Integration Fund & Other Alloc	0	0	0	0
Total IJB Delegated Health E	3,035	2,724	-472	0
Risk share	0	0	0	-7,207
Total Forecast Outturn	783	5,701	-8,769	-7,207

9 Key Messages / Risks

- 9.1 The month 6 position reflects an overspend of £1.859m; which comprises a core underspend of £3.475m; and unmet savings of £5.334m as a consequence of diversion of resources to deal with the Covid-19 pandemic. All other additional Covid-19 costs for quarters 1 and 2 have been match funded from the initial SG allocation received in September. There is the potential risk exposure if the Covid-19 contingency (second tranche funding) held by the Portfolio is insufficient to meet costs which materialise in the second half of the year.
- 9.2 At this point any potential implications of the IJB risk share have not been factored in to the half year position; however the potential risk share cost assuming no change to the Integration Scheme would mean a full year cost of £7.2m, which has been factored in to the forecast outturn position.

10 Recommendation

- 10.1 Members are invited to approach the Director of Finance for any points of clarity on the position reported and are asked to:
- **Note** the reported core underspend of £3.475m for the 6 months to date
 - **Note** that initial funding allocations for Covid-19 reflected in the month 6 position match fund additional costs to month 6
 - **Note** the potential year-end outturn position of £9.492m overspend (includes a forecast risk share cost of £7.2m); with the caveat that this position assumes NHS Fife are allowed to retain offsetting cost reductions to meet unachieved savings.

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	Confirmed Allocations			5,614	5,614	
Aug-20	Hospital Eye Services		9,474	1,547	11,021	
Sep-20	Advanced Breast Practitioner in Radiology			31	31	Pilot Project
	MPP ARISE			68	68	Project within Planned Care
	NSS Top slice Adjustments	-69		-258	-327	Annual Adjustments agreed through Chief Executives Gr
	NSS Risk Share			-3,733	-3,733	Annual Adjustment
	PfG Local Improvement Fund			1,159	1,159	Alcohol and Drugs
	ADP Funding Drug Deaths			136	136	New for 20/21 part of national strategy
	Pre-Registration Pharmacist top slice		-159		-159	Annual Adjustment
	National Cancer Strategy			140	140	In line with previous years allocation
	GP Premises Funding			102	102	20/21 Allocation
	Implementation of Excellence for Care			90	90	Annual Allocation
	Implementation of Health Staffing Act			65	65	Annual Allocation
	Primary Medical Services		56,909		56,909	20/21 Allocation
	Perinatal Funding			342	342	New Allocation 20/21
	NHS Research Scotland Infrastructure			579	579	Annual Allocation
	Sla Children's Hospices Across Scotland			-409	-409	Annual Contribution
	COVID 19 Q1-Q4			33,545	33,545	In line with Submission and letter of 29 Sept 2020
	Test & Protect			-239	-239	Reversal
	Mental Health Strategy Acton 15			1,146	1,146	Annual Allocation
	Total Core RRL Allocations	700,161	66,224	42,804	809,189	
Anticipated	Mental Health Bundle		1,363		1,363	
Anticipated	Distinction Awards		193		193	
Anticipated	Research & Development		243		243	
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	Family Nurse Partnership		28		28	
Anticipated	New Medicine Fund		5,386		5,386	
Anticipated	Golden Jubilee SLA		-25		-25	
Anticipated	Primary Care Improvement Fund		277		277	
Anticipated	Veterans First		116		116	
Anticipated	GP pension		85		85	
Anticipated	COVID 19		1,550		1,550	
Anticipated	Top Slice NSS		-962		-962	
	Total Anticipated Core RRL Allocations	0	4,667	0	4,667	
Anticipated	IFRS			8,617	8,617	
Anticipated	Donated Asset Depreciation			116	116	
Anticipated	Impairment			500	500	
	AME Provisions			500	500	
	Total Anticipated Non-Core RRL Allocations	0	0	9,733	9,733	
	Grand Total	700,161	70,891	52,537	823,589	

Finance, Performance & Resources – Finance

Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	12,545	6,293	6,326	-34
Nhs Fife Chief Executive	206	103	146	-43
Nhs Fife Finance Director	6,403	3,178	2,929	249
Nhs Fife Medical Director	7,310	3,130	3,035	95
Nhs Fife Nurse Director	3,858	1,871	1,759	112
Legal Liabilities	7,282	5,220	5,286	-67
Early Retirements & Injury Benefits	814	407	385	22
Regional Funding	251	140	124	16
Depreciation	17,766	9,116	9,116	0
Nhs Fife Public Health	2,120	1,018	974	45
Nhs Fife Workforce Directorate	3,146	1,602	1,533	69
Nhs Fife Major Incident - Flooding			66	-66
COVID undelivered savings adjustment			-207	207
Total	61,699	32,077	31,473	604

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	98	49	47	2
Borders	45	22	24	-2
Dumfries & Galloway	25	12	28	-16
Forth Valley	3,179	1,590	1,776	-186
Grampian	359	180	152	28
Greater Glasgow & Clyde	1,655	827	813	14
Highland	135	68	99	-31
Lanarkshire	114	57	123	-66
Lothian	31,518	15,760	14,689	1,071
Scottish Ambulance Service	101	51	51	0
Tayside	41,096	20,547	20,321	226
	78,325	39,163	38,123	1,040
UNPACS				
Health Boards	10,627	5,313	5,434	-121
Private Sector	1,245	623	786	-163
	11,872	5,936	6,220	-284
OATS				
	711	355	79	276
Grants				
	65	65	63	2
Total	90,973	45,519	44,485	1,034

Appendix 4 - Financial Flexibility & Allocations

	CY Budget £'000	Flexibility Released to Sept-20 £'000
Financial Plan		
Drugs	2,869	0
CHAS	0	0
Unitary Charge	100	0
Junior Doctor Travel	37	8
Consultant Increments	198	0
Discretionary Points	205	0
Cost Pressures	3,342	987
Developments	4,232	535
Pay Awards	39	0
Sub Total Financial Plan	11,022	1,530
Allocations		
Waiting List	3,017	0
AME: Impairment	500	0
AME: Provisions	670	0
Neonatal Transport	15	2
Cancer Access	682	149
Hospital Eye	193	0
Endoscopy	695	0
Advance Breast Practitioner	31	0
ARISE	68	0
National Cancer Strategy	140	
Covid 19	6,685	
Sub Total Allocations	12,696	151
Total	23,718	1,681

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 £12.968m including anticipated allocations for specific projects. The capital position for the 6 months to September shows investment of £3.323m equivalent to 25.62% of the total allocation. The capital spend on the specific projects commences in earnest in the latter half of the financial year and as such is on track to spend in full.

Key Challenges in 2020/21

Overall programme of work to address all aspects of backlog maintenance, statutory compliance, equipment replacement, and investment in technology considerably outstrips capital resource limit available

Improvement Actions	Update
21.1 Managing expenditure programme within resources available <i>By Mar-21</i>	Risk management approach adopted across all categories of spend

1. Annual Operational Plan

- 1.1 The capital plan for 2020/21 has been approved by the FP&R Committee and is pending NHS Fife Board approval. NHS Fife received a capital allocation of £7.394m in the August allocation letter; NHS Fife received an allocation of £0.999k for Covid equipment in the September allocation letter; and is anticipating allocations of £4.5m for the Elective Orthopaedic Centre, HEPMA £0.025m, Lochgelly Health Centre £0.025m and Kincardine Health Centre £0.025m. The total capital plan is therefore £12.968m.

2. Capital Receipts

- 2.1 Work continues on asset sales with a disposal planned :

- Lynebank Hospital Land (Plot 1) (North) – Under offer – however the sale of this land will not complete in the current financial year.

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 £3.323m or 25.62% 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	£1.532m
Equipment	£0.601m
E-health	£0.575m
Elective Orthopaedic Centre	£0.554m

4. Capital Expenditure Outturn

- 4.1 At this stage of the financial year it is currently estimated that the Board will spend the Capital Resource Limit in full.

5. Recommendation

- 5.1 Members are invited to approach the Director of Finance for any points of clarity on the position reported and are asked to:

note the capital expenditure position to 30 September 2020 of £3.323m and the forecast year end spend of the total capital resource allocation of £12.968m.

Finance, Performance & Resources – Finance

Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2020/21 £'000
COMMUNITY & PRIMARY CARE			
Capital Minor Works	207	43	207
Statutory Compliance	150	91	150
Capital Equipment	31	31	31
Covid Community Equipment	26	0	26
Condemned Equipment	0	0	0
Total Community & Primary Care	413	164	413
ACUTE SERVICES DIVISION			
Statutory Compliance	3,089	1,356	3,089
Capital Equipment	549	108	549
Covid Acute Equipment	973	385	973
Minor Works	160	18	160
Condemned Equipment	90	77	90
Total Acute Services Division	4,861	1,944	4,861
NHS FIFE WIDE SCHEMES			
Equipment Balance	236	0	236
Information Technology	1,041	575	1,041
Minor Works	131	0	131
Statutory Compliance	100	0	100
Contingency	100	0	100
Asbestos Management	85	0	85
Fire Safety	85	85	85
Scheme Development	60	0	60
Vehicles	60	0	60
Capital In Year Contingency (EDG)	1,220	0	1,220
Total NHS Fife Wide Schemes	3,118	660	3,118
TOTAL CONFIRMED ALLOCATION FOR 2020/21	8,393	2,769	8,393
ANTICIPATED ALLOCATIONS 2020/21			
Elective Orthopaedic Centre	4,500	554	4,500
HEPMA	25	0	25
Lochgelly Health Centre	25	0	25
Kincardine Health Centre	25	0	25
Anticipated Allocation for 2020/21	4,575	554	4,575
Total Anticipated Allocation for 2020/21	12,968	3,323	12,968

Appendix 2: Capital Plan - Changes to Planned Expenditure

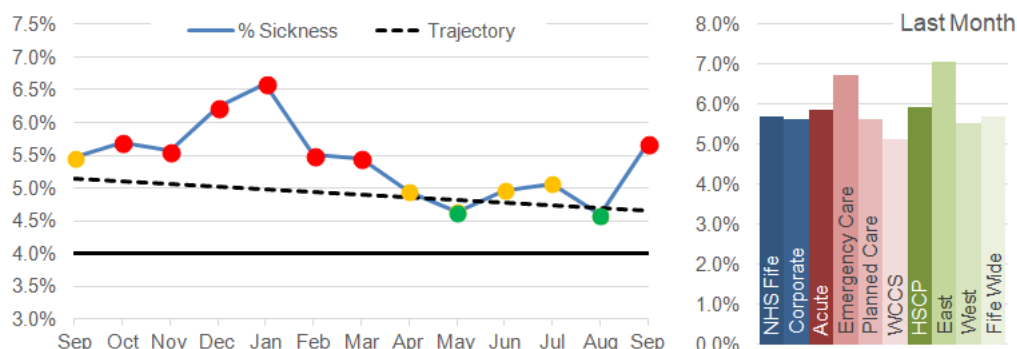
Capital Expenditure Proposals 2020/21	Pending Board Approval	Cumulative Adjustment to August	September Adjustment	Total September
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	31	0	31
Condemned Equipment	0	0	0	0
Minor Capital	0	208	0	207
Covid Equipment	0	0	26	26
Statutory Compliance	0	150	0	150
Total Community & Primary Care	0	388	26	413
Acute Services Division				
Capital Equipment	0	969	-420	549
Condemned Equipment	0	57	33	90
Minor Capital	0	159	1	160
Covid 19 Acute Equip	0	0	973	973
Statutory Compliance	0	3,105	-16	3,089
	0	4,290	571	4,861
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,569	-3,485	16	100
Fife Wide Equipment	2,036	-980	-820	236
Information Technology	1,041	0	0	1,041
Minor Work	498	-462	94	131
Fife Wide Contingency Balance	100	0	0	100
Condemned Equipment	90	-77	-13	0
Scheme Development	60	0	0	60
Fife Wide Asbestos Management	0	85	0	85
Fife Wide Fire Safety	0	85	0	85
Fife Wide Screen & Speech Units	0	95	-95	0
Fife Wide Vehicles	0	60	0	60
Capital In Year Contingency		0	1,220	1,220
Total Fife Wide	7,394	-4,678	402	3,118
Total	7,394	0	999	8,393
ANTICIPATED ALLOCATIONS 2020/21				
Elective Orthopaedic Centre	4,500	0	0	4,500
HEPMA	25	0	0	25
Lochgelly Health Centre	25	0	0	25
Kincardine Health Centre	25	0	0	25
Anticipated Allocation for 2020/21	4,575	0	0	4,575
Total Planned Expenditure for 2020/21	11,969	0	999	12,968

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					
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
NHS Fife	5.46%	5.70%	5.57%	6.25%	6.59%	5.51%	5.46%	4.95%	4.64%	4.96%	5.06%	4.58%	5.69%
Scotland	5.24%	5.69%	5.58%	5.83%	5.99%	5.27%	5.20%	4.57%	4.54%	4.49%	4.57%	4.64%	4.96%

Key Challenges in 2020/21

Recovery from COVID-19 and repurposing Promoting Attendance activities to support business as usual

Improvement Actions	Update
20.1 Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence <i>By Dec-20</i>	<p>The Regional Workforce Dashboard (Tableau) is being rolled out. This provides managers with timely workforce information which they can interrogate in order to identify trends and priority areas. Tableau training to line managers is being undertaken for local Promoting Attendance Groups. Tableau will be utilised in future by Line Managers, Human Resources, and Occupational Health staff, Promoting Attendance and Well@Work groups and Review and Improvement Panels, 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. Further OH Drop-in Sessions will take place when COVID-19 activity allows.</p>
20.2 Early OH intervention for staff absent from work due to a Mental Health related reason <i>By Mar-21</i>	<p>This has been in place since March 2019 and given the current COVID-19 pandemic situation, an additional Mental Health Nursing resource has been secured within Occupational Health (OH) to provide support to staff who may be struggling with their mental health during the pandemic. This will provide OH clinicians the option of referring employees for interventions which will help support them in the workplace. Funding has been secured to enhance the current OH staffing provision and will enable this to continue on an on-going basis.</p> <p>Initial consideration of factors including general awareness raising of mentally healthy workplaces, support for managers to create mentally healthy and resilient workplaces and further awareness raising of support for staff was concluded by April 2020 and is an ongoing feature of the Promoting Attendance training.</p> <p>This has been supplemented and superseded by the additional support</p>

Staff Governance	
	and inputs via Psychology and other services during the pandemic and may be included in a much broader consideration and evaluation of staff support requirements being taken forward by the Staff Support and Wellbeing Sub Group of the Silver Command Workforce Group and their successors.
21.1 Once for Scotland Promoting Attendance Policy <i>By Dec-20</i>	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 it, which was just being implemented at the start of the pandemic. We need to ensure, in partnership, that staff are aware of the new policy and the changes which affect them. Short additional sessions are to be offered from December 2020 to March 2021, via MS Teams, to support implementation of the new policy.
21.2 Review the function of the Promoting Attendance Group <i>By Dec-20</i>	To review the function of the NHS Fife Promoting Attendance Group and associated supporting groups, to improve the governance arrangements around the purpose of each group and how they interrelate, with the aim of providing a Promoting Attendance framework with clear lines of reporting and escalation.
21.3 Restart Promoting Attendance Panels	
21.4 Each Service to provide a summary of their actions to provide context for the IPQR <i>By Mar-21</i>	New action – each service to contribute on a rotational basis, initially to the end of the FY

CAROL POTTER
Chief Executive
18th November 2020

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

Appendix 1: NHS Fife Remobilisation Activity to end of Oct 2020

Higher than Projected
Lower than Projected

		Quarter End Sep-20	Month End			Quarter End Dec-20	Quarter End Mar-21
			Oct-20	Nov-20	Dec-20		
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected Actual Variance	2,040 2,589 549	974 1,064 90	1,066 0 0	1,004 0 0	3,044	3,220
OP Referrals Accepted (Definitions as per Waiting Times Datamart)	Projected Actual Variance	14,042 15,607 1,565	7,386 6,010 -1,376	7,520	7,659	22,565	21,906
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected Actual Variance	13,602 11,817 -1,785	6,466 4,362 -2,104	6,997	7,166	20,630	22,208
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected Actual Variance	1,648 1,108 -540	848 422 -426	848	600	2,296	2,544
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected Actual Variance	10,074 11,264 1,190	4,000 3,735 -265	4,000	3,450	11,450	10,850
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected Actual Variance	21,495 20,303 -1,192	7,190 6,133 -1,057	7,180	7,335	21,705	21,810
Number of A&E 4-Hour Breaches (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected Actual Variance	775 815 40	280 363 83	300	420	1,000	985
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected Actual Variance	9,225 8,760 -465	3,225 2,950 -275	3,375	3,500	10,100	9,970
Admissions via A&E (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected Actual Variance	4,354 4,467 113	1,450 1,492 42	1,430	1,470	4,350	4,160
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected Actual Variance	2,195 2,094 -101	690 775 85	700	750	2,140	2,320
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected Actual Variance	309 291 -18	103 103 0	103	103	309	309
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected Actual Variance	325 274 -51	132 102 -30	135	89	356	295
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected Actual Variance	970 1,233 263	702 702 0	715	539	1,956	1,985
		Month End Sep-20	Month End Oct-20	Month End Nov-20	Month End Dec-20	Month End Dec-20	Month End Mar-21
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) ¹		79 75 -4	80 65 -15	90	79	79	74

¹ The data required is the estimated number of people delayed at each census point (the snapshot figure). Baseline figures used are the census point figures as at the end of each month;



Fife Integrated Performance & Quality Report

Produced in December 2020



Introduction

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

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

The IPQR comprises of the following sections:

I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Assessment

II. Performance Assessment Reports

- a. Clinical Governance
- b. Finance, Performance & Resources
 - Operational Performance
 - Finance
- c. Staff Governance

Section II provides further detail for indicators of continual focus or those that are currently underperforming. Each 'drill-down' contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions.

I. Executive Summary

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

The 2020/21 Annual Operational Plan (AOP) was produced before the COVID-19 Pandemic, and its content, both in terms of planned improvement work and performance improvement trajectories, was being discussed with the Scottish Government when the lockdown started. The suspension of many services means that the AOP 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.

As part of the JMP, a spreadsheet showing projected activity across critical services during the final 3 quarters of FY 2020/21 has been created and is being populated with actual figures as we go forward. In order to provide as up-to-date information as possible, some of the figures are initially provisional, and will be corrected if necessary the following month. The latest version of this is shown in Appendix 1.

Improvement Actions in the drill-downs 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.

a. LDP Standards & Key Performance Indicators

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

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

- FOI – achievement of the 85% target for closure within 20 days during 3-month period ending October
- Delayed Discharges – lowest number of patients in delay and bed days % lost due to delays since June

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 7 (24%) within upper quartile, 18 (62%) 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	95%
	100%	Patient TTG (Ongoing Waits)	N/A
	95%	New Outpatients Waiting Times	N/A
	100%	Diagnostics Waiting Times	N/A
	95%	Cancer 31-Day DTT	N/A
	95%	Cancer 62-Day RTT	N/A
	90%	18 Weeks RTT	N/A
	29%	Detect Cancer Early	29%
	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	N/A
	90%	Psychological Therapies Waiting Times	N/A
	80%	Alcohol Brief Interventions (Priority Settings)	80%
	90%	Drugs & Alcohol Treatment Waiting Times	90%
	N/A	Dementia Post-Diagnostic Support	N/A
	N/A	Dementia Referrals	N/A
	N/A	Freedom of Information Requests	85%
Finance	N/A	Revenue Expenditure	£0
	N/A	Capital Expenditure	£15.471m
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	Oct-19	52	Sep-20	23	Oct-20	17	↑
Year Ending	Jun-19	1.04	Mar-20	1.01	Jun-20	1.00	↑
Month	Oct-19	6.76	Sep-20	9.54	Oct-20	7.94	↑
Month	Oct-19	1.17	Sep-20	2.12	Oct-20	1.68	↑
Month	Oct-19	1.00	Sep-20	1.44	Oct-20	1.04	↑
Quarter Ending	Jun-19	2.0%	Mar-20	0.9%	Jun-20	2.3%	↓
Quarter Ending	Oct-19	6.6	Sep-20	17.3	Oct-20	15.7	↑
Quarter Ending	Oct-19	8.5	Sep-20	7.4	Oct-20	10.6	↓
Quarter Ending	Oct-19	14.2	Sep-20	9.3	Oct-20	9.2	↑
Quarter Ending	Oct-19	2.1	Sep-20	6.4	Oct-20	3.2	↑
Quarter Ending	Oct-19	43.8	Sep-20	44.0	Oct-20	39.3	↑
Quarter Ending	Oct-19	43.7	Sep-20	38.2	Oct-20	34.0	↑
Quarter Ending	Oct-19	82.8%	Sep-20	74.8%	Oct-20	79.8%	↑
Quarter Ending	Oct-19	60.8%	Sep-20	44.4%	Oct-20	32.5%	↓
Month	Oct-19	100.0%	Sep-20	100.0%	Oct-20	100.0%	↔
Month	Oct-19	92.7%	Sep-20	95.4%	Oct-20	94.1%	↓
Month	Oct-19	90.5%	Sep-20	44.1%	Oct-20	54.9%	↑
Month	Oct-19	92.4%	Sep-20	57.4%	Oct-20	59.3%	↑
Month	Oct-19	99.0%	Sep-20	93.1%	Oct-20	94.3%	↑
Month	Oct-19	98.1%	Sep-20	100.0%	Oct-20	100.0%	↔
Month	Oct-19	91.0%	Sep-20	85.0%	Oct-20	81.7%	↓
Month	Oct-19	79.6%	Sep-20	59.7%	Oct-20	65.1%	↑
Year Ending	Jun-19	27.2%	Mar-20	24.6%	Jun-20	23.5%	↓
Month	Oct-19	6.4%	Sep-20	6.4%	Oct-20	5.2%	↑
Month	Oct-19	64	Sep-20	48	Oct-20	35	↑
Month	Mar-19	90.2%	Feb-20	84.1%	Mar-20	88.2%	↑
YTD	Aug-19	94.4%	Jul-20	38.6%	Aug-20	38.6%	↔
Month	Oct-19	62.5%	Sep-20	70.4%	Oct-20	76.5%	↑
Month	Oct-19	64.2%	Sep-20	77.0%	Oct-20	64.7%	↓
YTD	Mar-19	66.1%	Dec-19	75.7%	Mar-20	79.2%	↑
Month	Jul-19	97.2%	Jun-20	93.4%	Jul-20	96.8%	↑
Annual	2017/18	86.7%	2018/19	94.0%	2019/20	95.5%	↑
Annual	2017/18	55.4%	2018/19	60.7%	2019/20	58.1%	↓
Quarter Ending	Oct-19	58.2%	Sep-20	81.5%	Oct-20	85.7%	↑
Month	Oct-19	N/A	Sep-20	+£1.859m	Oct-20	+£2.822m	↓
Month	Oct-19	N/A	Sep-20	£3.323m	Oct-20	£3.789m	↑
Month	Oct-19	5.70%	Sep-20	5.69%	Oct-20	4.93%	↑

Benchmarking			
	Upper Quartile		
	Mid Range		
	Lower Quartile		
Reporting Period	Fife		Scotland
N/A			
YE Jun-20	1.00		1.00
N/A			
N/A			
N/A			
QE Dec-19	2.3%		0.9%
QE Jun-20	6.3		20.3
QE Jun-20	14.0		9.4
QE Jun-20	7.9		15.4
QE Jun-20	1.1		5.9
QE Jun-20	36.4		39.7
QE Jun-20	38.8		35.9
2018/19	70.7%		81.5%
2018/19	49.1%		53.7%
N/A			
Oct-20	94.1%		89.6%
Jun-20	32.1%		28.5%
Jun-20	37.4%		35.4%
Sep-20	93.1%		53.3%
QE Jun-20	96.3%		97.1%
QE Jun-20	77.7%		84.1%
QE Sep-20	63.8%		67.3%
2018, 2019	26.1%		25.6%
QE Jun-20	4.6%		3.8%
Oct-20	9.37		13.20
FY 2019/20	89.0%		88.3%
FY 2019/20	92.8%		97.2%
QE Sep-20	63.9%		60.6%
QE Sep-20	76.6%		75.1%
FY 2019/20	79.2%		83.2%
QE Jun-20	87.3%		95.3%
2017/18	86.8%		72.5%
2017/18	55.3%		42.3%
N/A			
N/A			
N/A			
YE Mar-20	5.49%		5.31%


d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile
HSMR	1.00	N/A	N/A	YE Jun-20	1.00 YE Jun-20
<p>The HSMR for NHS Fife for the year ending June 2020 improved slightly in comparison to the year ending March 2020, and was equal to the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.</p>					
Inpatient Falls (with Harm)	2.16	Oct-20	2.16	Oct-20	1.68 N/A N/A
<p>A small reduction in the falls with harm rate has been noted, and local focus continues to support consideration of practice to continue this trend. The COVID context remains the significant challenge in patient placement and e.g. PPE. Ward 41 at VHK (changed from a Stroke focus to general Medicine of the Elderly) is identified as having an upward falls trend, and work is already underway to change processes to mitigate this. Work is also underway to analyse the data from SACH, which shows a higher falls rate, albeit without a corresponding rise in the falls with harm rate.</p>					
Pressure Ulcers	0.42	Never Met	0.42	Oct-20	1.04 N/A N/A
<p>FHSCP hospital acquired pressure ulcers have increased slightly in Q3 from Q2 (from 13 incidents to 16), and the current rate of 0.60 is the highest since December 2019. ASD hospital acquired pressure ulcers have decreased slightly from Q3 from Q2, the current rate of 1.54 being the lowest since July. An improvement collaborative started on 24th September in three wards in the East Division, and no hospital acquired pressure ulcers were reported in these wards in September or October.</p>					
Caesarean Section SSI	N/A	QE Jun-20	2.5%	QE Jun-20	2.3% QE Dec-19
<p>Mandatory SSI surveillance has been paused since the start of the Covid-19 pandemic, although Maternity Services have continued to monitor Caesarean Section SSI cases throughout the year. The performance data provided is non-validated and does not follow the agreed NHS Fife methodology, and there is currently no national comparison available beyond the final quarter of 2019.</p>					
SAB (MRSA/MSSA)	18.8	QE Oct-20	19.5	QE Oct-20	15.7 QE Jun-20
<p>Mandatory surveillance of SABs has continued throughout the COVID-19 pandemic. The NHS Fife HCAI rate was below National levels for Q2 2020, and also continues to be below the improvement trajectory; we are higher than the national average for community SABs. Surveillance has identified a cluster of unrelated SABs in ICU, partly related to post-COVID bacterial pneumonias. There have been just 4 PWID SABs so far in 2020, a marked improvement from 14 in 2019.</p>					
C Diff	6.5	QE Aug-20	6.7	QE Oct-20	9.2 QE Jun-20
<p>CDI surveillance has continued throughout the COVID-19 pandemic. While NHS Fife remains below the national rates for both HCAI and CAI CDI, we are currently above the HCAI performance improvement trajectory. Recurrence of infection continues to be the ongoing challenge to address in reducing this rate to meet the reduction target by March 2022.</p>					
ECB	33.0	QE Jun-20	36.6	QE Oct-20	39.3 QE Jun-20
<p>ECB surveillance has continued during the COVID-19 pandemic. NHS Fife achieved a rate below the national levels for Q2 2020 for Healthcare (HCAI) rates, although above for community ECBs. Whilst there has been a slight improvement in Fife's ECB rate from 2019, achieving the HCAI reduction target by March 2022 remains a challenge. Reducing urinary tract infections & CAUTIs remains the key to achieving this.</p>					
Complaints - Stage 2	N/A	Never Met	65%	QE Oct-20	32.5% FY 2018/19
<p>Performance in closing complaints fell sharply during the early months of the pandemic, a common pattern across all Health Boards. We have been clearing the backlog of cases, expending particular effort on closing older complaints in October. The Patient Relations capacity to respond to complaints has been significantly impacted recently by the influx of complaints and calls relating to the Flu Vaccination Programme, while the hospital sites continue to be busy in responding to the Covid-19 pandemic, affecting the ability to respond to complaints within normal timescales.</p>					

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile	
4-Hour Emergency Access 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Sep-20	95%	Oct-20	94.1%	Oct-20 
The decrease in performance is reflective of the increasing capacity challenges the hospital is seeing and the lack of flow, especially early in the day. Attendances remain below the projected numbers which is supporting the improved performance on last year.						
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	N/A	Oct-20	54.9%	Jun-20 
The number of patients waiting greater than 12 weeks decreased further in October (to 1,253, around 55% of the waiting list), with similar improvement in the % of patients waiting more than 18 and 26 weeks. Additions continue to increase (though still 33% below average), and this trend is expected to continue as routine outpatient clinics increase in line with plans. Activity delivered continues to increase in line with projections, however, elective theatre capacity reduced in November due to unscheduled care pressures. Additional in-house weekend activity funded by Scottish Government commenced in November and will enable a reduction in the backlog of routine procedures over the next 5 months. We are on course to deliver around 80% of the previous average level of activity by December 2020.						
New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	N/A	Oct-20	59.3%	Jun-20 
The number of patients waiting over 12, 18 and 26 weeks have been hugely impacted and are significantly higher as a % than they were before lockdown. The number of patients waiting greater than 12 weeks has improved slightly from a position of over 7,400 (50% of the waiting list) in August to just below 7000 (40% of the waiting list) in October. Referrals remain at 78% and activity remains at 74% of the average before lockdown resulting in an increase in the size of the outpatient waiting list. The activity delivered has been less than projected in some specialities due to challenges with the number of urgent review appointments and the impact of infection control measures. Unscheduled care pressures may also impact on outpatient capacity over the winter months. Efforts continue to find solutions to maximise the use of available clinical capacity. Additional in house and in-sourced activity has been delivered in November to reduce the backlog of routine referrals in a number of specialities and along with clinical validation of the waiting lists is beginning to reduce the number of patients waiting over 18 and 26 weeks.						
Diagnostics 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)	100%	Apr-16	N/A	Oct-20	94.3%	Sep-20 
The percentage of patients waiting less than 6 weeks for a diagnostic test has increased from to 78% in August to 94% in October following the increase in capacity in line with remobilisation plans. The percentage of patients waiting less than 6 weeks in endoscopy has risen from 41% in August to 59% in October. Capacity continues to be reduced by 30% due to physical distancing and infection control procedures. Capacity for routine endoscopies will be further reduced in November to accommodate the restart of Bowel Screening. Discussions around recovery plans have taken place with the SG, and funding has been agreed for some additional capacity which will be targeted at routine referrals. The percentage of patients waiting less than 6 weeks in radiology has risen from 87% in August to 100% in October due to increased activity and demand which is below that before lockdown. An increase in demand for inpatient diagnostic imaging in November will impact on performance in routine patients waiting over 6 weeks. Priority continues to be given to urgent referrals.						
Cancer 62-Day RTT 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	N/A	Oct-20	81.9%	QE Jun-20 
Performance deteriorated in October, with the majority of breaches being seen in prostate due to the challenging pathway; improvement work in this area is delayed due to COVID. Delays at the start of the colorectal, lymphoma and upper GI pathways led to breaches in those specialties, while issues with PET reporting resulted in delay to MDT within the cervical pathway. Cancer patients continue to be prioritised and no breaches were as a direct result of COVID. Breaches ranged between 2 and 48 days, with an average of 24 days.						

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
FoI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	QE Oct-20	85%	QE Oct-20	85.7%	N/A	N/A
Work has continued at a positive pace within FOI, in NHS Fife with particular attention being paid to raising the level of compliance regarding responding to requests, ensuring AXLR8 is functioning well and looking ahead to the larger and more strategic next steps in bring NHS Fife up to full compliance under the Act.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jun-20	5%	Oct-20	5.2%	QE Jun-20	●
Bed days lost due to patients in delay increased above the local target in late summer, after falling during the early months of the pandemic. However, this is now reducing and for October we are close to again achieving the 5% target. We have seen occupancy rise across our Acute and community hospitals, but LOS has been steadily reducing within our community hospitals, and this is supporting flow.							
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT Aug-20	38.6%	FY 2019/20	●
Staffing levels have been severely affected due to personnel taking up posts with Test and Protect, leaving the organisation or taking Maternity Leave. Recruitment has taken place, with new staff taking up post in December and January, and alternative arrangements put in place to support current clients has enabled continuity of care. The service has seen a drop in self referral to support over November which has allowed it to cope without having to create a waiting list. The Better Beginning work with pregnant mums has not progressed as expected as one staff member has been moved to work on other maternity priorities.							
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	N/A	Oct-20	76.5%	QE Sep-20	●
Referral rates are marginally higher than those received at the same point last year however urgent presentations direct to CAMHS and via VHK have increased significantly over the past 3 months. This has resulted in increased capacity being targeted to respond to these presentations, drawing away staff from existing waiting list and longest waits. 'DNA's' and 'Treatment not required' continues to be a factor that effects performance and is under review by the service.							
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	N/A	Oct-20	64.7%	QE Sep-20	●
As anticipated, the increase in clinical activity with the longest waiting patients has led to reduced performance on the target. The numbers waiting for PTs continues at present on a positive downward trajectory. Referrals, however, continue to rise and the demand/capacity gap remains significant in many areas of service.							

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Oct-20	+ £2.822m	N/A	N/A
The position to month 7 is an overspend of £2.8m; the forecast outturn to the year end is a potential worst case overspend of £9.5m. This assumes retention of our offsetting cost reductions (from pausing core services in the first half of the year) to contribute to our unmet savings; and recognises our current commitment to the IJB risk share as a potential cost to NHS Fife of £7.2m. The impact of Covid-19 on the financial performance is a key issue. Our initial allocation of Covid-19 funding is based on 70% of costs with a general 30% contingency retained by the Portfolio in recognition of the level of uncertainty reflected in financial assumptions. Scottish Government have indicated that a review of Boards' unachieved efficiency savings will be undertaken to inform a final allocation across Scotland. There is a level of risk in that final funding has yet to be confirmed across Scotland.							
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£15.471m	N/A	£15.471m	Oct-20	£3.789m	N/A	N/A
The total Capital Resource Limit for 2020/21 is £15.471m including anticipated allocations for specific projects. The capital position for the 7 months to October shows investment of £3.789m equivalent to 24.58% of the total allocation. The capital spend on the specific projects commences in earnest in the latter half of the financial year and as such is on track to spend in full.							

Staff Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.39%	Oct-20 4.93%	YE Mar-20 
Sickness absence levels continue to fluctuate, however it is positive to note that the trend improved for the first seven months of the year, albeit the rates BEING above 5% in July and September. Given COVID-19 and Winter pressures, we continue to anticipate that it will be challenging to maintain the current sickness absence performance levels. Business as usual Promoting Attendance activities in terms of Promoting Attendance Review & Improvement Panels and training have recommenced.					

II. Performance Exception Reports

Clinical Governance

Adverse Events	10
HSMR	11
Inpatient Falls (With Harm)	12
Pressure Ulcers	13
Caesarean Section SSI	14
SAB (HAI/HCAI)	15
C Diff (HAI/HCAI)	16
ECB (HAI/HCAI)	17
Complaints (Stage 2)	18

Finance, Performance & Resources – Operational Performance

4-Hour Emergency Access	19
Patient Treatment Time Guarantee (TTG)	20
New Outpatients	21
Diagnostics	22
Cancer 62-day Referral to Treatment	23
Freedom of Information (FOI) Requests	24
Delayed Discharges	25
Smoking Cessation	26
CAMHS 18 Weeks Referral to Treatment	27
Psychological Therapies 18 Weeks Referral to Treatment	28

Finance, Performance & Resources – Finance

Revenue Expenditure	29
Capital Expenditure	42

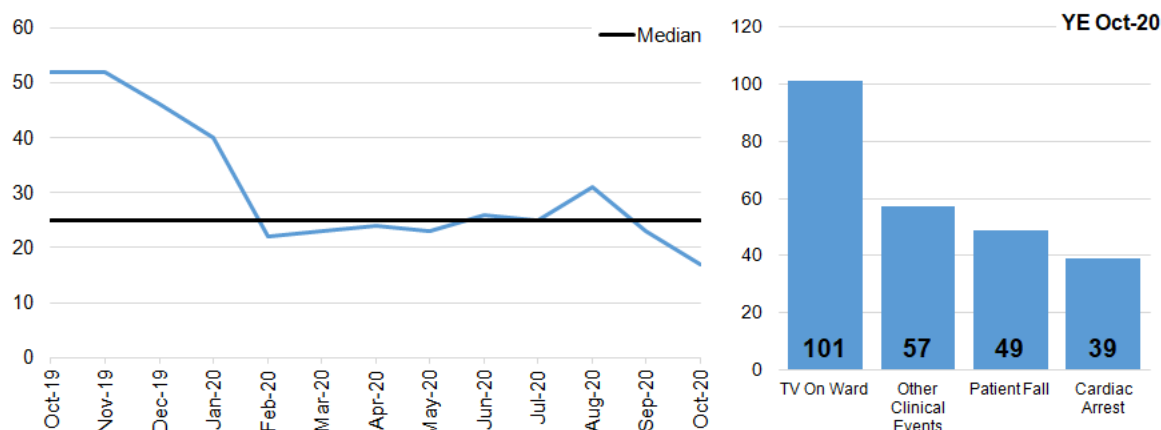
Staff Governance

Sickness Absence	46
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Clinical Governance

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2019/20						20/21						
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
ALL	NHS Fife	1355	1358	1389	1397	1307	1119	891	1064	1122	1325	1238	1279	1322
	Acute Services	658	575	585	616	634	470	372	474	463	559	502	602	553
	HSCP	647	735	767	745	623	625	486	557	626	727	694	633	739
	Corporate	50	48	37	36	50	24	33	33	33	39	42	44	30
CLINICAL	NHS Fife	939	890	931	911	923	797	609	724	739	905	832	914	887
	Acute Services	592	534	527	556	572	438	343	431	421	513	465	554	504
	HSCP	321	339	393	337	333	344	248	278	298	371	351	341	371
	Corporate	26	17	11	18	18	15	18	15	20	21	16	19	12

Commentary

In January 2020, the reporting of tissue viability (on admission) adverse events changed, and this accounts for the reduction in major and extreme events as illustrated above.

In addition to this change, there have been changes and improvements made to the reporting pathway of unexpected death, specifically those within mental health and addiction services. These changes have become noticeable within the system from July onwards. This, along with natural variation in a system would explain some of the change evidenced in the reported numbers of major and extreme adverse events.

In March 2020, the configuration of services, including how services were offered and the numbers of people attending, changed significantly in response to the COVID-19 pandemic. This led to a reduction in the number of events reported across NHS Fife in Q2 of 2020. From July onwards, as services have resumed, the numbers of reported events has increased and is now in line with previous months.

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.

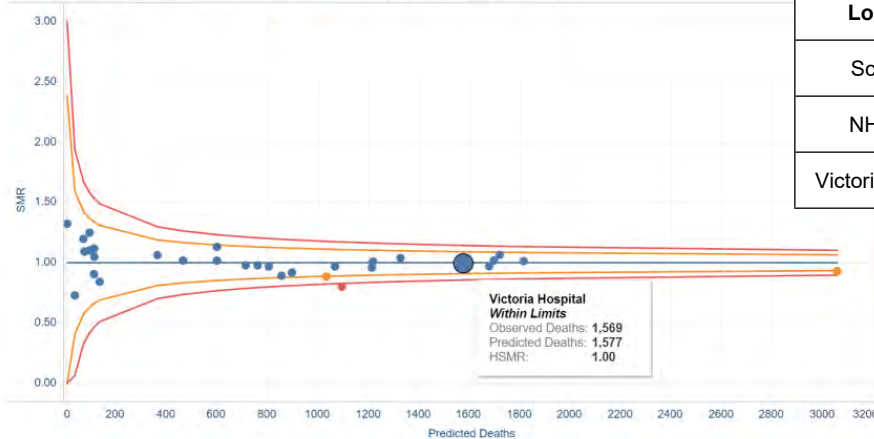
Reporting Period; July 2019 to June 2020^p

Please note that as of August 2019, HSMR is presented using a 12-month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

The rates for Scotland, NHS Fife (as a whole) and Victoria Hospital as an entity in itself, are shown in the table within the Funnel Plot.

Funnel Plot by Hospital: July 2019 to June 2020

Allows comparisons to be made between each hospital and the average for Scotland for a particular period.



Location	HSMR
Scotland	1.00
NHS Fife	1.00
Victoria Hospital	1.00

Commentary

The annual HSMR for NHS Fife decreased during the second 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.

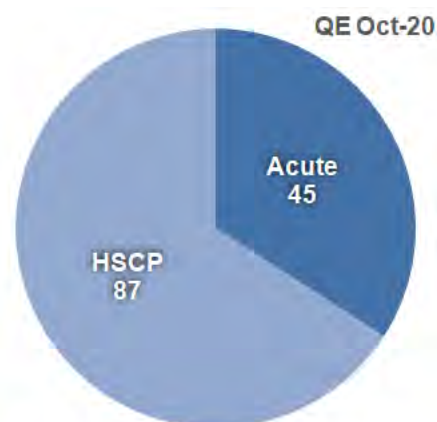
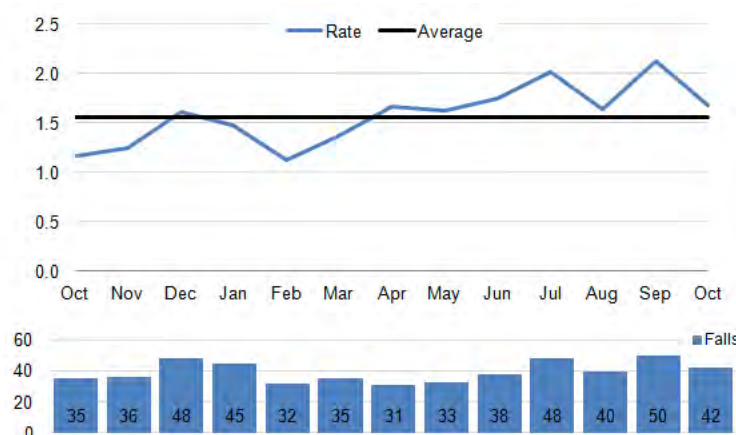
Clinical Governance

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

WITH HARM	Month	2019/20						2020/21						
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
	NHS Fife	1.17	1.24	1.61	1.47	1.13	1.37	1.67	1.62	1.75	2.01	1.64	2.12	1.68
	Acute Services	0.81	1.08	1.03	0.99	0.84	1.26	1.93	1.21	1.38	1.26	1.26	1.55	1.20
	HSCP	1.48	1.37	2.10	1.89	1.37	1.44	1.53	1.95	2.08	2.66	1.96	2.62	2.10

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 remains the same and in addition a number of key staff who support improvement activity are unable to commit the same focus in the current context.

As previously noted a change in numbers of patients in ward footprints, the use of PPE and social distancing, and the resultant impact on the way that staff deliver care will be a focus of the revised workplan.

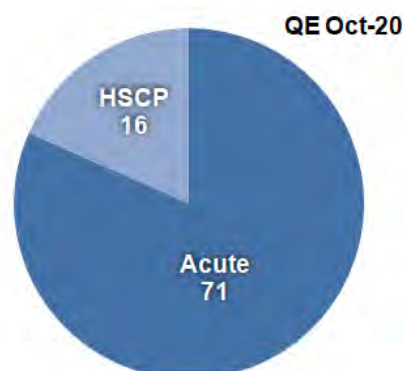
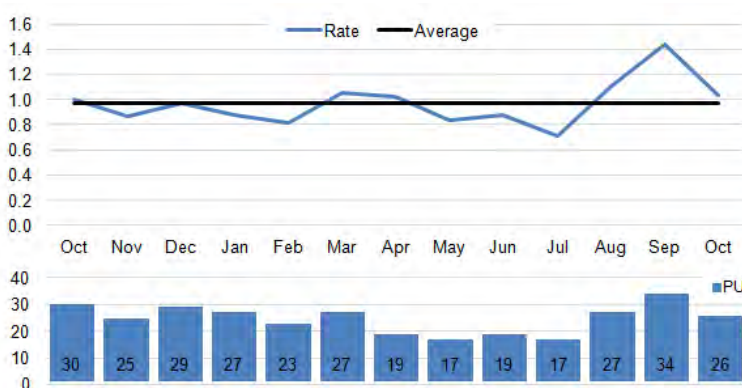
Improvement Actions	Update
20.3 Falls Audit <i>By Jan-21 (was Nov-20)</i>	Plans to complete the Falls audit have been delayed as a result of the ongoing situation but an adapted format is being developed and will be done as per audit. This is planned to begin before the end of 2020, recognising that a significant number of wards have changed function over this year.
20.5 Improve effectiveness of Falls Champion Network <i>By Feb-21 (was Nov-20)</i>	This work has been significantly delayed and is part of the draft refreshed work plan to consider. At initial consideration, there were only three wards noted not to have falls champions across in-patients settings. We require to review this in light of wards changing function and staff being redeployed to respond to COVID. There will be a reviewed focus on this in early 2021.
21.1 Refresh of Plans <i>By Jan-21 (was Oct-20)</i>	The refreshed workplan has been redrafted and is with the group members as part of a virtual discussion to finalise. This will be agreed in January.

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						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	1.00	0.86	0.97	0.88	0.81	1.06	1.02	0.83	0.88	0.71	1.11	1.44	1.04
Acute Services	1.54	1.62	1.40	1.27	1.23	1.94	2.08	1.21	1.57	1.17	2.07	2.73	1.54
HSCP	0.55	0.25	0.62	0.55	0.46	0.46	0.42	0.53	0.26	0.31	0.30	0.32	0.60

Key Challenges in 2020/21

Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance – this continues to require an agile response

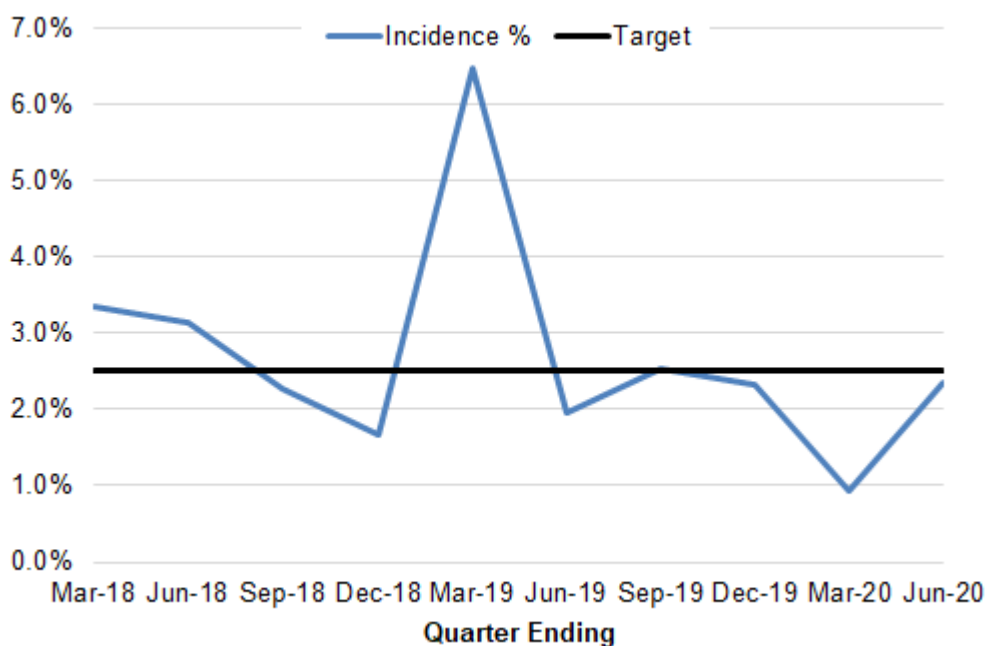
Improvement Actions	Update
20.4 Improve consistency of reporting	
20.5 Review TV Champion Network Effectiveness	Action closed – effectively superseded by new Action 21.2, below
20.6 Reduce PU development (initially by redesign of Quality Improvement model)	
21.1 Improve reporting of PU	Action closed – effectively superseded by new Action 21.3, below
21.2 Integrated Improvement Collaborative By Feb-21	An integrated improvement collaborative started in September, with three wards in the East Division participating. The collaborative aims to enhance comfort rounding and person-centred approaches in reducing patient falls and pressure ulcers, whilst also increasing knowledge and confidence in applying improvement methodology to measure outcome. ASD continue to progress quality improvement with specific wards for improvement, supported by ongoing QI education.
21.3 Implementation of robust audit programme for audit of documentation By Jan-21	A rolling programme of documentation audit is in development. This will be carried out by the Senior Charges Nurses within each ward area, supported by the senior nursing team. This will also incorporate assessment documentation for the prevention and management of pressure ulcers.

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



Service Performance

Quarter Ending	2017/18	2018/19				2019/20				2020/21			
	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20	Sep-20	Dec-20	Mar-21
NHS Fife	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%	0.9%	2.3%			
Scotland	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%					

Key Challenges in 2020/21

NHS Fife SSI Caesarean Section incidence still remains higher than the Scottish incidence rate (no data for 2020 available at this stage)

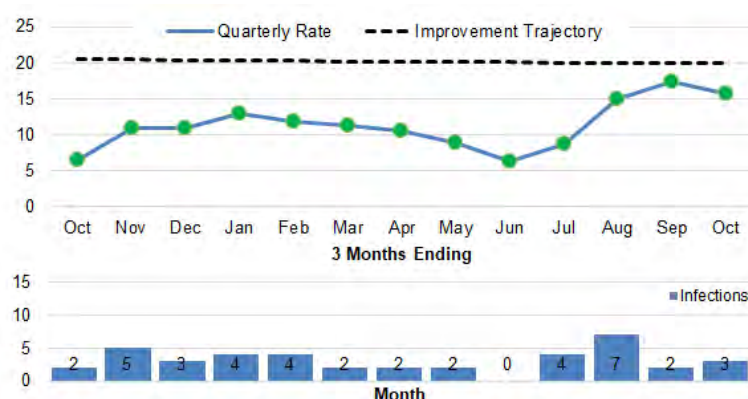
Improvement Actions	Update
20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan <i>By Mar-21</i>	<p>The SSI Implementation Group de-mobilised in early August as there were no outstanding actions, infection rates had improved and a robust system was in place for any major SSI review. If there are any further concerns, the group will re-establish.</p> <p>On resumption of the C-section SSI surveillance programme, we will continue to adopt the new methodology, which worked well previously in assessing SSI and type. Refresher training will be provided to staff to ensure awareness and understanding of the process.</p> <p>SSI incidence in the last three quarters has been calculated using raw data available from maternity services. This data is unverified with no National comparison, and should be interpreted with caution.</p>
20.2 Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	

Clinical Governance

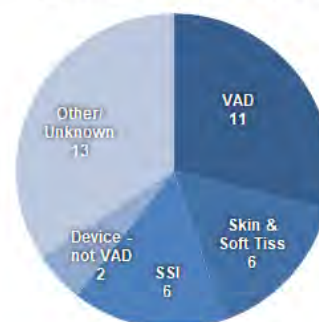
SAB (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Local Performance



Infection Source: YE Oct-20



National Benchmarking

Quarter Ending		2018/19		2019/20				2020/21
		Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	17.8	14.1	13.7	15.5	10.9	12.5	6.3
Scotland		17.7	15.6	16.7	17.5	15.2	16.3	20.3

Key Challenges in 2020/21

Achieving a 10% reduction of healthcare-associated SAB by March 2022

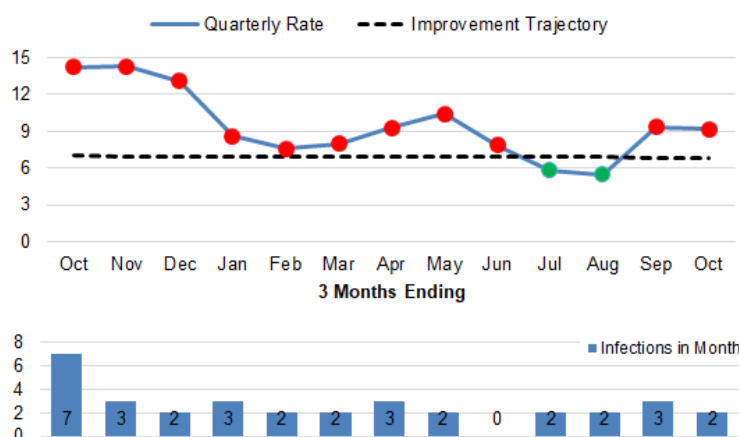
Improvement Actions	Update
20.1 Reduce the number of SAB in PWIDs <i>By Mar-21</i>	There have only been 4 PWID SABs so far in 2020, a marked improvement compared to the same period in 2019. Addiction services continue to be supported by the IPCT with the SAB improvement project, last meeting in September. Nurse prescribing of antibiotics by ANPs is being explored. The pandemic has made it especially challenging to see clients, with physical distancing reducing capacity in clinics. Despite an increased number of home visits, the total number of clients seen has reduced.
20.2 Ongoing surveillance of all VAD-related infections <i>By Mar-21</i>	Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement as well as raising triggers & areas of concern. There have been no further SABs associated with the renal unit following a cluster in August.
20.3 Ongoing surveillance of all CAUTI <i>By Mar-21</i>	Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) identify key issues and initiate appropriate corrective actions regarding catheter & urinary care. The group last met in October, and will meet again on 18 th December. E-documentation bundles for catheter insertion and maintenance, to be added to Patientrack for Acute services, are still awaited.
20.4 Optimise comms with all clinical teams in ASD & the HSCP <i>By Mar-21</i>	Monthly SAB reports distributed 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. The Ward Dashboard is continuously updated, for clinical staff to access and also to be displayed for public assurance. Certificates for wards infection free period for SABs were distributed in October.

Clinical Governance

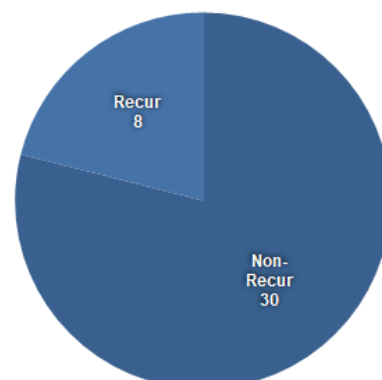
C Diff (HAI/HCAI)

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 Oct-20



National Benchmarking

Quarter Ending		2018/19		2019/20			2020/21
		Dec	Mar	Jun	Sep	Dec	Jun
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	10.0	5.4	8.0	8.9	13.1	7.9
Scotland		13.8	11.8	12.3	13.7	15.1	15.4

Key Challenges in 2020/21

Reducing healthcare-associated CDI (including recurrent CDI) to achieve the 10% reduction target by March 2022

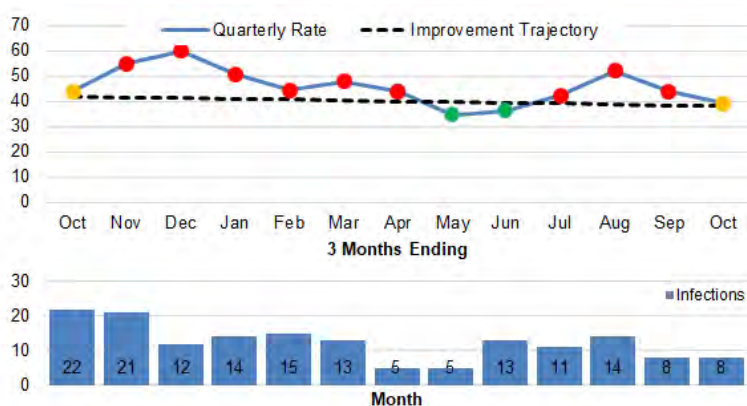
Improvement Actions	Update
20.1 Reducing recurrence of CDI <i>By Mar-22 (was Oct-20)</i>	<p>To reduce recurrence of CDI Infection, 2 treatments are utilized in Fife:</p> <ol style="list-style-type: none"> 1) Fidaxomicin is used for patients at high risk of recurrent CDI. 2) Bezlotoxumab is also used to prevent recurrence, whilst FMT (Faecal microbiota transplantation) is unavailable during the pandemic. <p>It is obtained on a named patient basis on micro/GI request and needs approval by the clinical and medical director.</p> <p>[Bezlotoxumab is a human monoclonal antitoxin antibody that binds to Clostridioides difficile toxin B and neutralises its activity, preventing recurrence of CDI (BNF 2020).]</p>
20.2 Reduce overall prescribing of antibiotics <i>By Mar-22 (was Oct-20)</i>	<p>NHS Fife utilises National antimicrobial prescribing targets by NHS Fife microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage.</p> <p>Empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.</p>
20.3 Optimise communications with all clinical teams in ASD & the HSCP <i>By Mar-22 (was Oct-20)</i>	<p>Monthly CDI reports are distributed, to enable staff to gain a clearer understanding of the disease process.</p> <p>ICN ward visits reinforce SICPs and contact precautions, provide education to promote optimum CDI management and daily Medical management form completion. This has continued throughout the pandemic.</p> <p>The Ward Dashboard is continuously updated, for clinical staff to access CDI incidence by ward and also to be displayed for public assurance.</p> <p>Certificates for wards infection free period for CDI were distributed to all wards within the Acute services in October.</p>

Clinical Governance

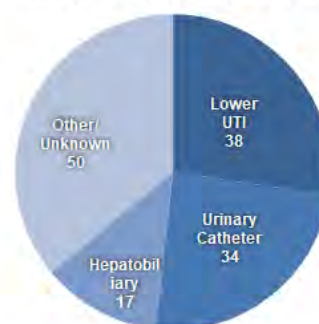
ECB (HAI/HCAI)

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 Oct-20



National Benchmarking

Quarter Ending		2018/19		2019/20			2020/21
		Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	49.2	39.2	42.1	31.0	60.0	47.9
Scotland		38.3	37.3	38.9	40.3	40.8	36.4

Key Challenges in 2020/21

Reducing CAUTI and UTI ECB in order to achieve overall 25% reduction in healthcare-associated ECB by March 2022

Improvement Actions	Update
20.1 Optimise communications with all clinical teams in ASD & the HSCP <i>By Mar-22</i>	<p>Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. These demonstrate the underlying source of each ECB to raise awareness to clinical staff. Each CAUTI associated ECB is investigated in detail to better understand how the infection might have occurred, and any issues are raised with appropriate clinical teams. All CAUTI ECBs associated with traumatic insertion, removal or self removal are submitted to DATIX.</p> <p>There have been 3 trauma associated CAUTIs in 2020 - learning from these DATIX will be fed back to the Urinary Catheter Improvement Group.</p>
20.2 Formation of ECB Strategy Group <i>By Mar-22 (was Mar-21)</i>	<p>The ECB Strategy Group, initially looking at infections caused predominantly by urinary sources other than CAUTI, had been formed, but meetings have not taken place during the pandemic.</p> <p>The key issues identified by this group of addressing promotion of hydration and prevention of UTIs within the elderly population have now been incorporated within the UCIG by the Continence services.</p> <p>Further improvement work from the group will be reviewed in 2021.</p>
20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG) <i>By Mar-22 (was Mar-21)</i>	<p>The UCIG last met in October, to review the following topics:</p> <ul style="list-style-type: none"> • A CAUTI QI programme which started at Cowdenbeath GP practice • E-documentation bundles for catheter insertion and maintenance • Continence services continue to support all care/nursing homes across Fife to promote catheter care and adequate hydration • Continence/hydration folders in use at all care and residential homes • Education 'Top Tips' videos and newsletters published on BLINK <p>Guidance on catheter maintenance solutions and Pathways for the management of difficult insertions have been completed.</p>

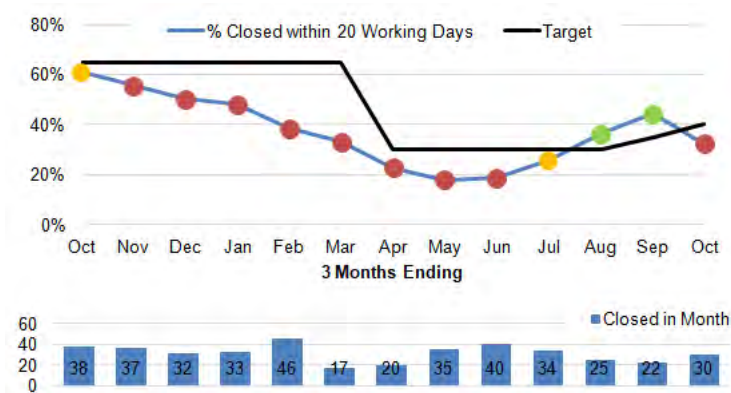
Clinical Governance

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 Oct-20



Local Performance by Directorate/Division

3-Month Ending	2019/20						20/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	60.8%	55.6%	50.5%	48.0%	38.7%	33.3%	22.9%	18.1%	18.9%	25.7%	36.4%	44.4%	32.5%
Ack <= 3 Days (Monthly)	97.4%	89.2%	93.8%	93.9%	95.7%	94.1%	95.0%	97.1%	87.5%	97.1%	100.0%	95.5%	93.3%
ASD	60.5%	60.0%	57.1%	56.5%	49.4%	56.2%	55.2%	54.3%	53.5%	54.7%	55.3%	56.0%	55.1%
HSCP	57.6%	45.2%	33.3%	23.3%	9.7%	28.6%	28.4%	26.8%	25.7%	25.5%	26.9%	27.7%	26.5%

Key Challenges in 2020/21

Clearing the backlog of existing complaints
Increase in complaints due to treatment delays (including diagnostics)
General increase in complaints as we start to remobilise

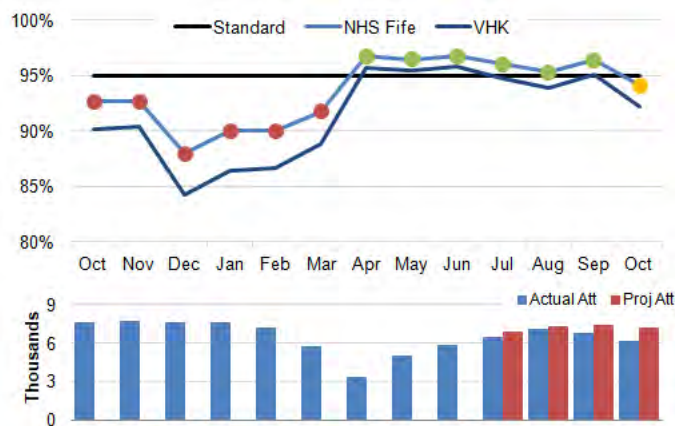
Improvement Actions	Update
20.1 Patient Relations Officers to undertake peer review	
20.2 Deliver education to service to improve quality of investigation statements	
20.3 Agree process for managing medical statements, and a consistent style for responses	
21.1 Agree process for managing complaint performance and quality of complaint responses By Mar-21	The PRT has changed the way they 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 has been achieved via the development of the Complaints section of the new NHS Fife website.
21.2 Deliver virtual training on complaints handling By Mar-21 (was 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. While some training has been delivered virtually, this is currently on hold due to the increase in the response to COVID-19.

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

Local Performance



Breach Reason Oct-20



National Benchmarking

Month	2019/20						2020/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	92.7%	92.7%	88.0%	90.0%	90.1%	91.8%	96.8%	96.5%	96.8%	96.1%	95.4%	96.4%	94.1%
Scotland	88.0%	85.5%	83.8%	86.1%	86.4%	89.2%	94.9%	95.7%	95.6%	95.1%	92.9%	92.1%	89.6%

Key Challenges in 2020/21

Maintaining the reduction in numbers and the public using alternatives to emergency care
Managing a department with red/green split during the return to normality, when injuries related to outdoor activity are likely to increase

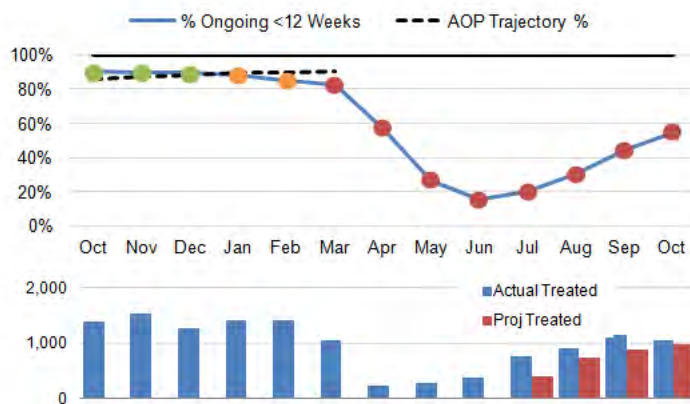
Improvement Actions	Update
20.1 Formation of PerformED group to analyse performance trends	
20.4 Development of services for ECAS	
20.5 Medical Assessment and AU1 Rapid Improvement Group	
21.1 Remodelling of Outpatient services By Dec-20	Outpatient activity continues on a limited face to face function and is balanced against the ongoing demands of the inpatient focus.

Finance, Performance & Resources – Operational Performance

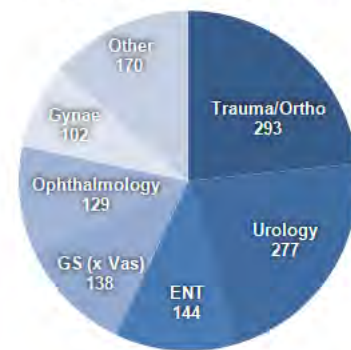
Patient TTG

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

Local Performance



Ongoing Breaches Oct-20



National Benchmarking

	2019/20						2020/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	90.5%	90.1%	89.7%	88.4%	85.4%	83.1%	57.3%	26.8%	15.4%	20.2%	30.0%	44.1%	54.9%
Scotland	69.7%	69.5%	67.0%	66.7%	66.3%	64.4%	46.6%	24.8%	17.3%				

Key Challenges in 2020/21

Recovery from COVID-19
Reduced theatre capacity due to increased infection control procedures and response to COVID-19

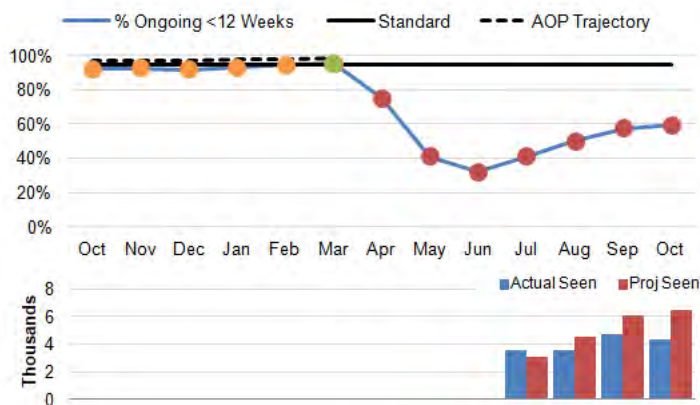
Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	
20.3 Theatre Action Group develop and deliver plan	
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	
21.1 Develop and deliver transformation plan By Mar-21	This action is related to 20.2 and 20.3, above, but seeks to sustain delivery of improvements introduced during the pandemic
21.2 Review DCAQ in relation to WT improvement plan	
21.3 Undertake waiting list validation against agreed criteria	Action is complete, this is now an ongoing activity

Finance, Performance & Resources – Operational Performance

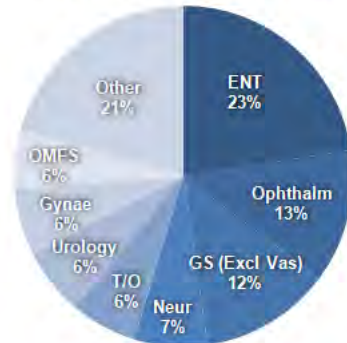
New Outpatients

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

Local Performance



Ongoing Breaches Oct-20



National Benchmarking

	2019/20						2020/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	92.4%	92.7%	91.8%	93.2%	94.7%	95.2%	74.8%	40.9%	32.0%	41.1%	50.0%	57.4%	59.3%
Scotland	73.3%	73.7%	73.2%	75.5%	75.1%	74.9%	57.8%	34.9%	28.5%				

Key Challenges in 2020/21

Recovery from COVID 19
Reduced clinic capacity due to physical distancing
Difficulty in recruiting to specialist consultant posts

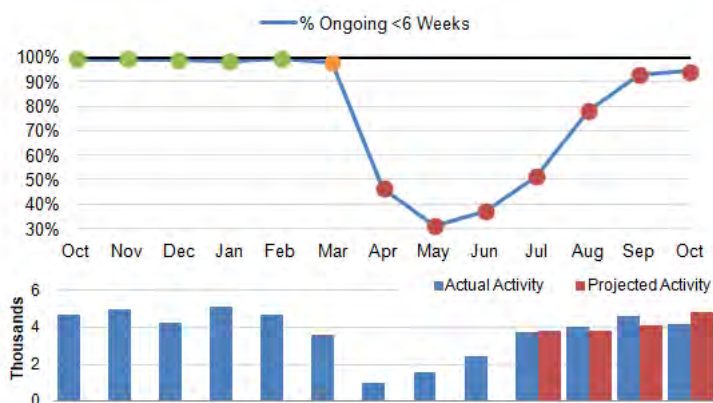
Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	
20.2 Develop OP Transformation programme.	
20.3 Improve recruitment to vacant posts By Mar-21	Action continues – includes consideration of service redesign to increase capacity
21.1 Review DCAQ in relation to WT improvement plan	
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	
21.4 Validate new and review waiting list against agreed criteria By Jan-21 (was Nov-20)	When the action is complete, this will be an ongoing activity

Finance, Performance & Resources – Operational Performance

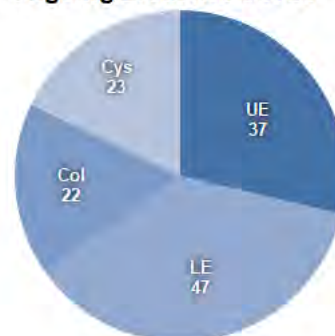
Diagnostics Waiting Times

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

Local Performance



Ongoing Breaches Oct-20



National Benchmarking

	2019/20						2020/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	99.0%	99.1%	98.6%	98.2%	99.5%	97.8%	46.3%	31.1%	37.4%	51.4%	78.3%	93.1%	94.3%
Scotland	80.8%	82.8%	79.5%	79.2%	84.7%	75.8%	28.4%	27.9%	35.4%	42.9%	49.3%	53.3%	

Key Challenges in 2020/21

Recovery from COVID-19
 Reduced capacity due to physical distancing and infection control procedures
 Difficulty in recruiting to consultant and specialist AHP/Nursing posts
 Endoscopy surveillance backlog

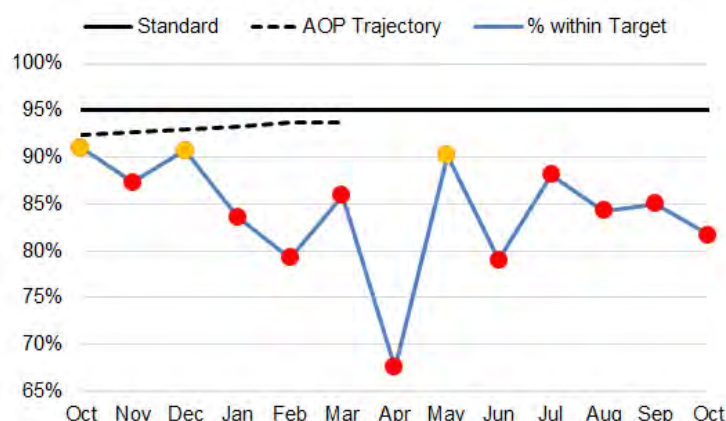
Improvement Actions	Update
21.1 Review DCAQ and develop remobilisation plans for Radiology and Endoscopy	
21.2 Undertake new and planned waiting list validation against agreed criteria By Mar-21	Complete for radiology and complete for new referrals for Endoscopy. Planned waiting list validation for Endoscopy is underway. When the action is complete, this will be an ongoing activity.
21.3 Improve recruitment to vacant posts By Mar-21	Action includes consideration of service redesign to increase capacity

Finance, Performance & Resources – Operational Performance

Cancer 62-Day Referral to Treatment

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

Local Performance



Breaches Oct-20



National Benchmarking

Month	2019/20						2020/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	91.0%	87.3%	90.7%	83.6%	79.2%	85.9%	67.5%	90.2%	79.0%	88.2%	84.3%	85.0%	81.7%
Scotland	82.7%	81.9%	84.6%	83.6%	82.7%	86.1%	82.6%	83.8%	84.3%	87.1%	86.6%	86.5%	84.9%

Key Challenges in 2020/21

Recovery from COVID-19, by assessing affected components of the cancer 'journey' and reviewing capacity against expected demand.
Identification of key improvement areas in view of the pandemic response and as screening programmes restart

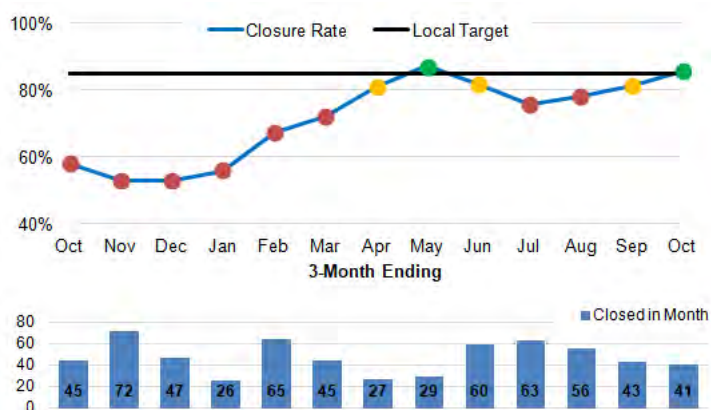
Improvement Actions	Update
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points <i>By Mar-21</i>	This will be addressed as part of the overall recovery work and in line with priorities set by the leadership team. DCAQ of cancer pathways delayed due to pandemic, but work is to restart.
20.4 Prostate Improvement Group to continue to review prostate pathway <i>By Mar-21</i>	This is ongoing work related to Action 20.3, with the specific aim being to minimise waits post MDT. Funding from Scottish Government has been secured to clinically review MDT and outcomes.
21.1 Establishment of Cancer Structure to develop and deliver a Cancer Strategy	
21.2 Cancer Strategy Group to take forward the National Cancer Recovery Plan <i>By Jun-21</i>	The National Cancer Recovery Plan is due to be published. The group have agreed to build on this to develop and take forward a NHS Fife Cancer Strategy.

Finance, Performance & Resources – Operational Performance

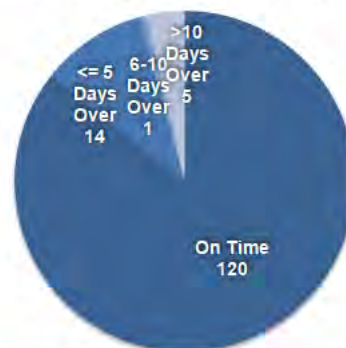
Freedom of Information Requests

In 2020/21, we will respond to a minimum of 85% of FOI Requests within 20 working days

Local Performance



Closure Period, QE Oct-20



Service Performance

Monthly	2019/20						2020/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Health Board	36.1%	49.3%	75.0%	52.4%	72.9%	76.9%	100.0%	81.8%	72.7%	72.0%	93.6%	82.1%	96.8%
IJB	77.8%	66.7%	14.3%	60.0%	83.3%	100.0%	100.0%	100.0%	60.0%	84.6%	66.7%	75.0%	50.0%

Key Challenges in 2020/21

Adequate resourcing to fully manage FOI
Lack of FOI expertise and awareness within the organisation

Improvement Actions

Update

20.5 Refresh process with H&SC partnership for requests received that relate to their services

20.7 Formalise long-term resource requirements for FOI administration

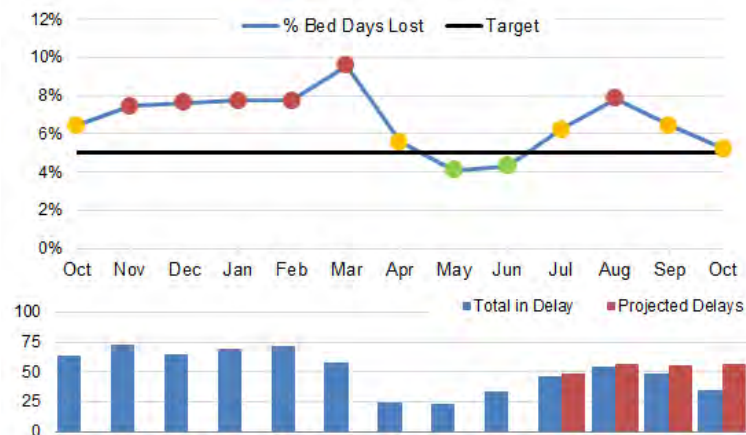
THERE ARE NO CURRENT SPECIFIC IMPROVEMENT ACTIONS. PERFORMANCE HAS IMPROVED SIGNIFICANTLY OVER THE LAST 3 MONTHS, AND THE AIM IS TO CONTINUE TO ACHIEVE THE 85% TARGET FOR CLOSURE WITHIN 20 DAYS OF RECEIPT

Finance, Performance & Resources – Operational Performance

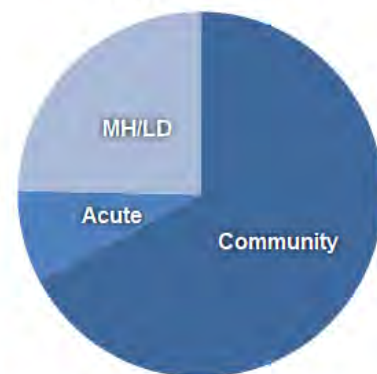
Delayed Discharges (Bed Days Lost)

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 | Oct-20



National Benchmarking

Quarter Ending		2018/19				2019/20				2020/21
		Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	TOBD	87,527	92,599	91,463	91,885	87,857	90,276	91,709	87,695	63,241
	Bed Days Lost	3,638	4,200	6,744	8,141	6,685	7,232	6,570	7,276	2,931
	% Bed Days Lost	4.2%	4.5%	7.4%	8.9%	7.6%	8.0%	7.2%	8.3%	4.6%
Scotland	TOBD	1,552,301	1,541,821	1,551,451	1,567,162	1,532,782	1,542,731	1,566,361	1,505,172	1,105,676
	Bed Days Lost	101,712	107,120	109,366	101,959	103,422	110,861	110,547	110,003	41,729
	% Bed Days Lost	6.6%	6.9%	7.0%	6.5%	6.7%	7.2%	7.1%	7.3%	3.8%

Key Challenges in 2020/21

Sustaining current performance as we return to 'normal' working
Applying lessons learned during the pandemic, going forward

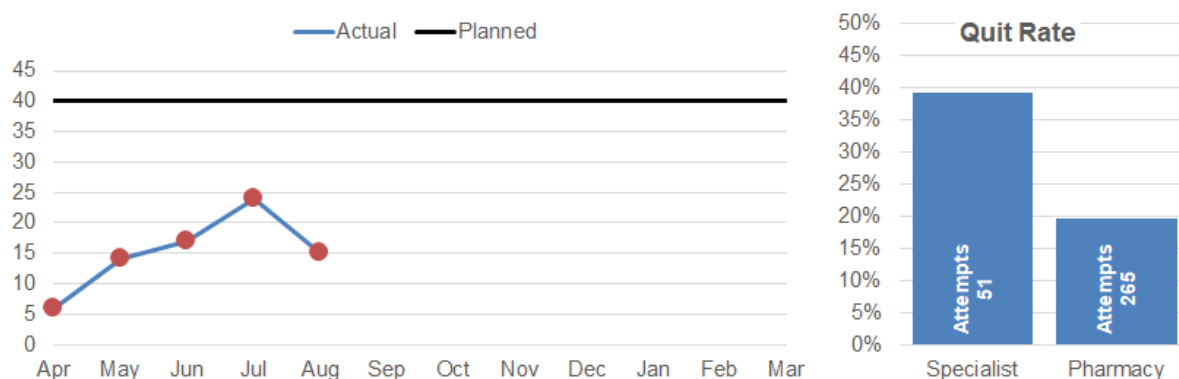
Improvement Actions	Update
20.1 Test a trusted assessors model for patients transferring to STAR/assessment beds	
20.3 Moving On Policy to be implemented <i>By Jan-21 (was Nov-20)</i>	The moving on policy will be reviewed by the HSCP Senior Leadership Team in December. This will further support new processes implemented as a result of the COVID-19 pandemic.
20.4 Improve flow of comms between wards and Discharge HUB	
20.5 Increase capacity within care at home	
21.1 Progress HomeFirst model <i>By Mar-21</i>	The working group continue to progress the actions to ensure 95% of all discharges occur safely and before 2 p.m. and to ensure assessments for LTC are not carried out within an Acute setting.

Finance, Performance & Resources – Operational Performance

Smoking Cessation

In 2020/21, 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		2020/21											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	6	14	17	24	15							
	Actual Cumul	6	20	37	61	76	76	76	76	76	76	76	76
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	15.0%	25.3%	31.4%	38.6%	38.6%	32.2%	27.5%	24.1%	21.5%	19.3%	17.5%	16.1%
Scotland	Achieved												

Key Challenges in 2020/21

- Service Provision within GP practices, hospitals and community venues
- Staffing levels
- Unavailability of mobile unit (re-deployed during pandemic)
- Inability to validate quits as part of an evidence based service

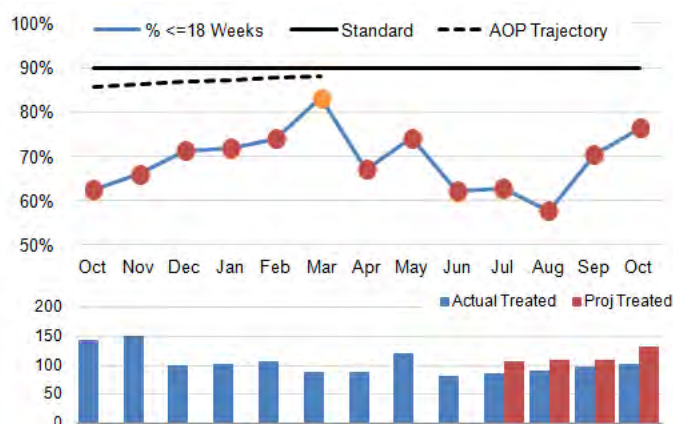
Improvement Actions	Update
20.2 Test Champix prescribing at point of contact within hospital respiratory clinic <i>By Mar-21</i>	The aim of this action is to test a model of delivery that allows a smoking cessation advisor sitting within clinic to enable direct access to Champix for patients attending clinic. This has been paused due to COVID-19.
20.3 'Better Beginnings' class for pregnant women <i>By Mar-21</i>	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.
20.4 Enable staff access to medication whilst at work <i>By Mar-21</i>	No progress has been made due to COVID-19
21.1 Assess viability of using Near Me to train staff <i>By Mar-21</i>	Near Me has the functionality to allow a few people to dial into a session, providing staff training which would previously have been done via 'shadowing' experience staff. We are currently asking patients if they have the technology and would be receptive to this option.
21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative <i>By Mar-21</i>	Prehabilitation is a multimodal approach, which will minimise the risk of surgery being cancelled or SACT being delayed. Rehabilitation ensures patients are actively managed against the pathway, and this delivery model also improves quality outcomes for patients. Patients identified as smokers and interested in quitting will have rapid access to support.

Finance, Performance & Resources – Operational Performance

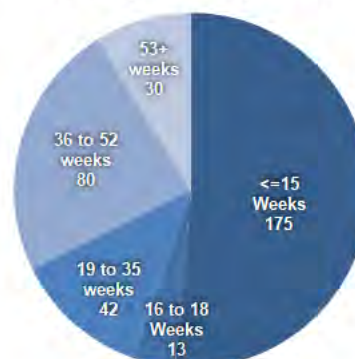
CAMHS 18 weeks RTT

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

Local Performance



Waiting List (340) Oct-20



National Benchmarking

Month	2019/20						2020/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	62.5%	66.0%	71.3%	71.8%	74.1%	83.1%	67.0%	74.2%	62.2%	62.8%	57.8%	70.4%	76.5%
Scotland	64.6%	64.2%	71.5%	67.5%	63.8%	64.3%	74.0%	58.2%	50.5%	57.9%	57.2%	65.9%	

Key Challenges in 2020/21

Available resource to meet demand
Impact of COVID-19 relaxation on referrals
Change to appointment 'models' to reflect social distancing

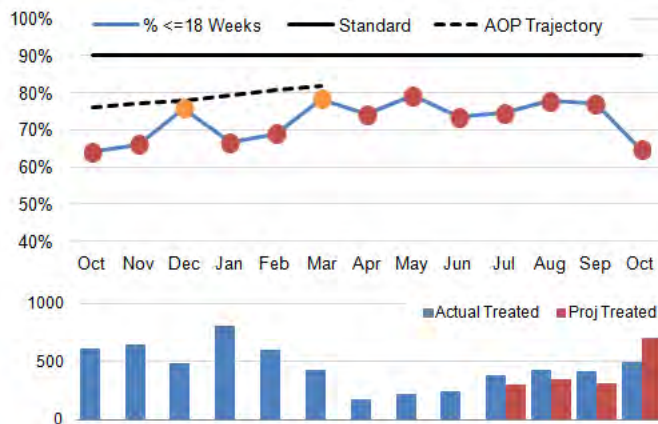
Improvement Actions	Update
20.1 Re-Introduction of PMHW First Contact Appointments System By Dec-20	Recruitment is underway to appoint to two existing vacancies, which occurred due to staff leaving to take up permanent positions. This impacts on the level of activity and ability to maintain a 2-4 week response time, which had been achieved during the third quarter of the year.
20.2 Waiting List Additional Staffing Resource	
20.3 Introduction of Team Leader Role	
21.1 Re-design of Group Therapy Programme By Dec-20	Due to COVID-19 restrictions, group-based face to face therapy work is not viable. Alternative delivery models of group therapy have been designed and will be rolled out from January 2021, focusing initially on Decider Skills Training and Anxiety Management.
21.2 Use Centralised Allocation Process By Dec-20	Revised administrative processes and clinical systems are in place to facilitate centralised screening and allocation of referrals. This ensures that appointments are identified and allocated quickly and equitably across clinical teams.
21.3 Build CAMHS Urgent Response Team By Mar-21	The plan to develop a CAMHS URT has been postponed due to the absence of key staff. The existing Self Harm Service has been maintained and supported to continue to deliver urgent assessments and interventions for children and young people who present with suicidal or self-harming behaviour, both through the urgent referral process and within acute hospital settings. The opportunity to redesign the service will be reviewed again in March 2021, giving consideration to staffing and the COVID-19 position.

Finance, Performance & Resources – Operational Performance

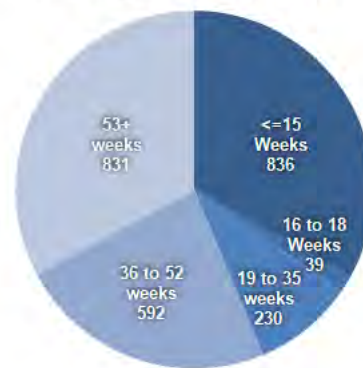
Psychological Therapies 18 weeks RTT

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

Local Performance



Waiting List (2528) Oct-20



National Benchmarking

Month	2019/20						2020/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	64.2%	66.0%	75.8%	66.6%	69.0%	78.4%	74.2%	79.2%	73.6%	74.5%	77.9%	77.0%	64.7%
Scotland	78.5%	77.8%	81.5%	75.8%	78.5%	78.8%	74.0%	76.5%	72.7%	74.1%	75.2%	75.8%	

Key Challenges in 2020/21

Predicted large increase in referrals post pandemic
Identifying replacement for group therapies (no longer viable)

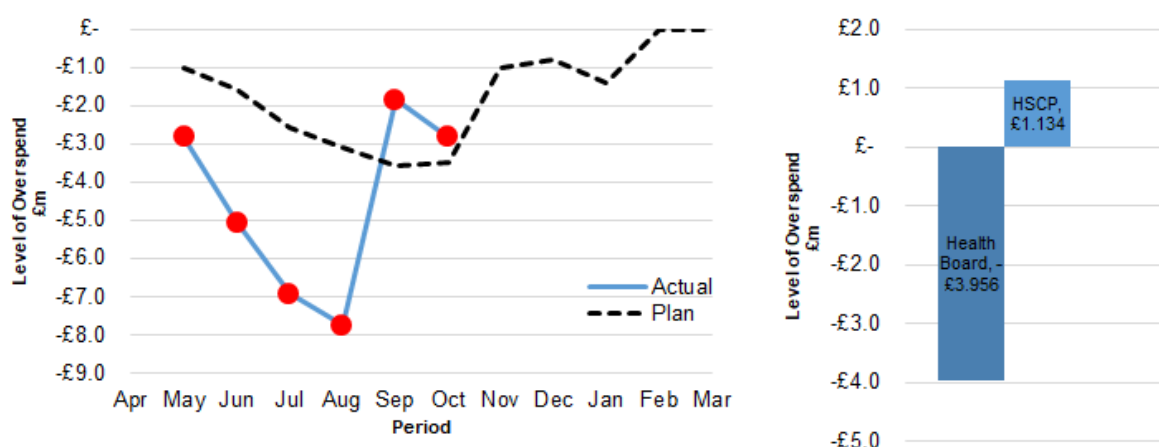
Improvement Actions	Update
20.2 Introduction of extended group programme in Primary Care	
20.3 Redesign of Day Hospital provision	Redesign has been implemented and developments are underway relating to therapeutic provision – action complete
20.4 Implement triage nurse pilot programme in Primary Care <i>By Jan-21 (was 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 was due this September, but has been delayed due to impact of COVID on data collection.
20.5 Trial of new group-based PT options <i>By Mar-21 (was Dec-20)</i>	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Pilot of Schema therapy group underway. Very good participant retention rate to date. Very high intensity service; service capacity to run this specific group likely to be less than first anticipated. On-going development of Compassion Focused therapy group; anticipate pilot in New Year.
21.1 Introduction of additional on-line therapy options	
21.2 Development of alternative training and PT delivery methods	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. Work to enable digital delivery of range of group programmes complete or nearing completion. Clinical delivery underway or planned for early 2021. Training programme to further develop capacity in MDT's underway. Action complete

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	Core Unmet Savings £'000	Net Core Position £'000	Covid Unmet Savings £'000
Health Board	420,887	448,120	247,275	251,231	-3,956	-1.60%	1,956	-1,073	883	-4,839
Integration Joint Board (Health)	357,254	376,583	216,845	215,711	1,134	0.52%	1,452	-43	1,409	-275
Risk Share	0	0	0	0	0	0.00%	0	0	0	0
Total	778,141	824,703	464,120	466,942	-2,822	-0.61%	3,408	-1,116	2,292	-5,114

Key Challenges in 2020/21

- Availability of Covid-19 funding (initial allocation received in September): to match our net additional costs; and costs associated with remobilisation plans – final funding allocation to be confirmed in January.
- Our ability as a Board to regain traction in our savings and strategic plans in the context of the Covid-19 pandemic journey; and the implications of the funding decision yet to be made by SG on Boards' unmet savings
- Informing a reliable and robust forecast position to the year end given the complexities of establishing the respective: core; Covid-19; remobilisation; and Test & Protect positions; and assessing the impact of the Winter flu campaign, the Redesign of Urgent Care Scotland-wide, the Covid-19 vaccination programme; and the identification of further financial flexibility mitigating opportunities
- Ongoing discussions on potential risk share options with SG and respective partners – no IJB risk share has been built in to the in-year position, however £7.2m potential risk share cost (at October) has been reflected in our forecast outturn

Improvement Actions	Update
21.1 Local mobilisation plan <i>Ongoing throughout FY</i>	Partnering with the services to: <ul style="list-style-type: none"> • Identify additional spend relating to Covid-19 • Identify offsets against core positions • Understand and quantify the financial implications of remobilisation of core services across NHSF • Inform forecast outturn positions to the year end; in support of our statutory requirement to deliver a balanced RRL position • Capture the overarching Board-wide workforce plan and additional costs of the immediate significant additional resource for: Test and Protect; Urgent Care redesign; extended flu immunisation; and the Covid-19 vaccination programme
21.2 Savings	The total NHS Fife efficiency requirement for 2020/21 including legacy

Finance, Performance & Resources – Finance

By Jan-21

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. We anticipate achieving £11m of the target resulting in £9m underachievement of savings.

Commentary

The position to month 7 is an overspend of £2.822m. This comprises a run rate underspend position of £3.408m; unmet core savings of £1.116m (to be delivered over the remaining months of the year); and anticipated underachievement of savings of £5.114m due to our focus on the Covid-19 pandemic.

The impact of Covid-19 on financial performance is a key issue. The revenue position for the 7 months to 31 October reflects the initial Covid-19 funding received from SG; and match funds additional Covid-19 expenditure to October, with the exception at this time, of unmet efficiency targets; and offsetting cost reductions. These have been excluded from SG funding assumptions due to wide variation across Scotland and will be reviewed over the coming months. Our initial allocation of Covid-19 funding covers: Test and Protect; significant investment in equipment and digital; labs expansion; seasonal flu; Urgent Care redesign; staff health and wellbeing; and staff occupational health requirements. The allocation is based on 70% of costs with a general 30% contingency retained by the Portfolio in recognition of the level of uncertainty reflected in financial assumptions. Scottish Government have indicated that a review of Boards' unachieved efficiency savings will be undertaken to inform a final allocation across Scotland.

The forecast outturn to the year end is a potential worst case overspend of £9.492m. This assumes retention of our offsetting cost reductions (from standing down of core services in the first half of the year) to contribute to our unmet savings; and recognises our current commitment to the IJB risk share as a potential cost to NHS Fife of £7.229m.

The total Capital Resource Limit for 2020/21 is £15.417m including anticipated allocations for specific projects. The capital position for the 7 months to October records spend of £3.789m. The capital spend on the specific projects commences in earnest in the latter half of the financial year and as such is on track to spend in full.

1. Annual Operational Plan

- 1.1 As previously reported, the AOP process for the 2020/21 financial year was paused earlier in the year as Boards and Scottish Government prepared to respond to the Covid-19 pandemic. The revised AOP financial plan reflects both the mobilisation and the remobilisation plan high level impact on the financial position submitted at the end of July. As previously reported the initial Covid-19 funding allocation was made in the September allocation letter.

2. Financial Allocations

Revenue Resource Limit (RRL)

- 2.1 NHS Fife received confirmation of the October core revenue amount on 3 November. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £815.385m. Anticipated allocations total -£0.016m.

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 £9.334m.

Total RRL

- 2.3 The total current year budget at 31 October is therefore £824.703m as detailed in Appendix 1.

3. Summary Position

- 3.1 The revenue position for the 7 months to 31 October reflects an overspend of £2.822m.
- 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 savings positions. An overspend of £3.956m is attributable to Health Board retained budgets; and an underspend of £1.134m is attributable to the health budgets delegated to the IJB.

Table 1: Summary Financial Position for the period ended October 2020

Memorandum	Budget			Variance Split By			
	CY	Variance	Variance	Run Rate	Core Unmet Savings	Net Core Position	Covid Unmet Savings
	£'000	£'000	%	£'000	£'000	£'000	£'000
Health Board	448,120	-3,956	-1.60%	1,956	-1,073	883	-4,839
Integration Joint Board (Health)	376,583	1,134	0.52%	1,452	-43	1,409	-275
Risk Share	0	0	0.00%	0	0	0	0
Total	824,703	-2,822	-0.61%	3,408	-1,116	2,292	-5,114

Combined Position				Variance Split By			
	CY	Variance	Variance	Run Rate	Core Unmet Savings	Net Core Position	Covid Unmet Savings
	£'000	£'000	%	£'000	£'000	£'000	£'000
Acute Services Division	211,139	-8,090	-6.59%	-2,464	-803	-3,267	-4,823
IJB Non-Delegated	8,673	67	1.34%	86	-3	83	-16
Estates & Facilities	76,153	640	1.46%	644	-4	640	0
Board Admin & Other Services	65,961	416	1.01%	679	-263	416	0
Non-Fife & Other Healthcare Providers	90,973	1,030	1.94%	1,030	0	1,030	0
Financial Flexibility & Allocations	24,258	1,966	100.00%	1,966	0	1,966	0
HB Offsets	3,172	0	0.00%	0	0	0	0
Health Board	480,329	-3,971	-1.48%	1,941	-1,073	868	-4,839
Integration Joint Board - Core	417,410	1,041	0.42%	1,359	-43	1,316	-275
IJB Offsets	3,022	0		0	0	0	0
Integration Fund & Other Allocations	7,783	58	0.00%	58	0	58	0
Sub-total Integration Joint Board Core	428,215	1,099	0.69%	1,417	-43	1,374	-275
IJB Risk Share Arrangement	0	0		0	0	0	0
Total Integration Joint Board - Health	428,215	1,099	0.69%	1,417	-43	1,374	-275
Total Expenditure	908,544	-2,872	-0.43%	3,358	-1,116	2,242	-5,114
IJB - Health	-51,632	35	-0.11%	35	0	35	0
Health Board	-32,209	15	-0.07%	15	0	15	0
Miscellaneous Income	-83,841	50	-0.10%	50	0	50	0
Net Position Including Income	824,703	-2,822	-0.61%	3,408	-1,116	2,292	-5,114

3.3 The position at month 7 is a core net underspend of £2.292m; and unmet savings of £5.114m as a consequence of diversion of resources to deal with the Covid-19 pandemic.

3.4 Funding allocations of £8.972m and £4.506m have been allocated to HB and HSCP respectively to match April to October Covid-19 costs incurred. Further detail is provided in section 6 and later in Appendix 5.

4. Operational Financial Performance for the year

Acute Services

4.1 The Acute Services Division reports a **net overspend of £3.267m for the year to date**. This reflects an overspend in operational run rate performance of £2.464m, and unmet savings of £0.803m per Table 2 below. The overall position is mainly driven by pay overspend in junior medical and dental staffing of £1.342m. Additional non pay cost pressures of £0.816m relate to medicines within Emergency Care. Various underspends across other areas of Acute arising from vacancies have helped to offset the level of overspend. Budget rephasing has taken place to reflect the cost impact of the additional capacity required to catch up on postponed services which started to resume in October.

Table 2: Acute Division Financial Position for the period ended October 2020

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Core Unmet Savings £'000
Acute Services Division								
Planned Care & Surgery	70,359	72,017	39,105	39,455	-350	-0.90%	-167	-183
Emergency Care & Medicine	74,482	77,490	46,589	49,573	-2,984	-6.40%	-2,631	-353
Women, Children & Clinical Services	54,723	55,112	31,761	32,290	-529	-1.67%	-214	-315
Acute Nursing	607	627	367	342	25	6.81%	25	0
Other	1,990	1,982	1,062	491	571	53.77%	523	48
Total	202,161	207,228	118,884	122,151	-3,267	-2.75%	-2,464	-803

Estates & Facilities

- 4.2 The Estates and Facilities budgets report an **underspend of £0.640m** which is generally attributable to vacancies, catering, PPP and rates. These underspends are partly offset by an overspend in clinical waste costs.

Corporate Services

- 4.3 Within the Board's corporate services there is an **underspend of £0.416m**. Included within this position is a cost pressure of £0.069m relating to unfunded costs in connection with the significant flooding to the hospital and specific car parks in August. 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 £1.030m** 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; with allocations continued to be released on a monthly basis. The financial flexibility of £1.966m released to the month 7 position is detailed in Appendix 4.

Integration Services

- 4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £1.374m for the year to date**. The majority of underlying drivers for the run rate under spend are vacancies in sexual health and rheumatology, community nursing, health visiting, school nursing, community and general dental services across Fife Wide Division. Additional underspends are reflected in East following service redesign, and also against vacancies in community services and administrative posts.

Income

- 4.7 A small over recovery in income of £0.050m is shown for the year to date.

5. Pan Fife Analysis

- 5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 3 below (combined position).

Table 3: Subjective Analysis for the Period ended October 2020

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under Spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	397,727	231,561	232,267	-706
GP Prescribing	70,607	40,918	41,454	-536
Drugs	31,475	19,056	19,404	-347
Other Non Pay	388,900	227,768	224,844	2,924
Efficiency Savings	-12,205	-6,230	0	-6,230
Commitments	32,041	2,024	0	2,024
Income	-83,841	-50,976	-51,026	50
Net overspend	824,703	464,120	466,942	-2,822

Pay

- 5.2 The overall pay budget reflects an overspend of £0.706m. The majority of the overspend is within medical & dental staff with small offsetting underspends across other pay heads with the exception of personal and social care. Within Acute there are a number of unfunded posts including Clinical Fellows within Emergency Care.
- 5.3 Against a total funded establishment of 7,952 wte across all staff groups, there was an average 8,036 wte core staff in post in October. 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 overspend of £0.883m on medicines. The GP prescribing budget is overspend in-year by £0.536m with a forecast overspend of £1m. The change from previous reporting is due to the retraction of budget in respect of Tariff reductions effective from April. Significantly higher drug prices are being experienced, likely exacerbated by the impact of Covid on supply and demand, raw material availability, transportation, and production. Opportunity to realise planned saving schemes have been lost as workforce is focused on Covid services and patient care. Implementation of Freestyle Libre (flash glucose monitoring system) continues to exceed original forecast and funding provided. £0.875m has been recharged to Covid whilst local and national work continues to establish the true Covid-19 impact on prescribing. An update will be provided when more information becomes available.

Other Non Pay

- 5.5 Other non pay budgets across NHS Fife are collectively underspent by £2.924m. This includes underspends across the system within sterile and diagnostics supplies, and travel and subsistence; and an updated position on the 2020/21 spend associated with the Royal Hospital for Sick Children which is significantly less than had been anticipated. As in every month, a detailed review of financial flexibility has been conducted.

6 Covid-19 Initial Funding Allocation

- 6.1 As previously reported, initial Covid-19 funding allocation was confirmed in September. The funding allocation has been made across Scotland on either actual costs or NRAC share, and excludes unachieved efficiency savings; and offsetting cost reductions. From this allocation we have fully match funded NHS Fife's additional Covid-19 costs (excluding unmet savings) for the 7 months to October. As previously reported SG have allocated 70% of total funding with a general contingency of 30% retained by the Portfolio in recognition of the level of uncertainty reflected in financial assumptions.

Finance, Performance & Resources – Finance

This carries a level of risk in that final funding has yet to be confirmed across Scotland. A summary of Covid-19 funding is attached at Appendix 5.

- 6.2 The funding received confirms £7.7m funding for elective/planned care activity which we had already anticipated and reflected in our financial reporting to date.
- 6.3 A separate allocation of £1.3m relating to payments to primary care for additional costs in responding to the pandemic has been received in the October allocation letter.
- 6.4 Whilst a SG decision has yet to be made on the treatment of unachieved savings; and offsetting cost reductions; there remains a risk that funding may be insufficient to cover additional costs which materialise as the year unfolds. This position will be kept under close review and highlighted in our regular SG reporting.

7 Financial Sustainability

- 7.1 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. Whilst we had initially 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; this has since been updated to reflect £11.2m expected achievement; and £8.8m anticipated underachievement of savings. SG plan to conduct a review of Boards' unmet savings to inform their decision on potential funding over the coming weeks to inform the final Covid-19 allocation. Table 4 summaries the position for the 7 months to October.

Table 4: Savings 20/21

Total Savings	Total Savings Target £'000	Forecast Achievement (Core) £'000	Forecast unmet savings (Covid-19) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to Oct £'000	Forecast / Unidentified to March £'000
Health Board	14,868	6,571	8,297	1,024	2,298	3,322	3,249
Integration Joint Board	5,147	4,675	472	2,520	1,969	4,489	186
Total Savings	20,015	11,246	8,769	3,544	4,267	7,811	3,435

8 Forecast

- 8.1 Based on the year to date position, and a number of high level planning assumptions as agreed by delegated budget holders, the year end run rate forecast is an underspend of £0.312m. Whilst we await SG decision on the treatment of offsetting cost reductions, there is a potential benefit of £6.194m if we can retain offsets. We would plan to use these offsetting cost reductions to mitigate some of the anticipated unachieved savings of £8.769m. If the aforementioned assumptions crystallise, the NHS Fife forecast RRL position would be an overspend of £2.263m. Further detailed review work will be undertaken to identify any further options and financial flexibility in an effort to deliver an improved position with a target balanced position.
- 8.2 There is however very limited assurance that NHS Fife can remain within the overall revenue resource limit if we are additionally required to cover the impact of the IJB risk share position of £7.2m. This therefore raises a concern that the Board cannot deliver on its statutory requirement to break even without additional funding. NHS Fife and Fife Council are currently reviewing the Integration Scheme and in particular the risk share agreement. The £7.2m is based on current arrangements.

Finance, Performance & Resources – Finance

- 8.3 The forecast outturn to the year end is a potential worst case overspend of £9.492m. The component parts which inform the forecast outturn are detailed in Table 5 and assumes retention of our offsetting cost reductions, to contribute to our unmet savings; and recognises our current commitment to the IJB risk share as a potential cost to NHS Fife of £7.229m.
- 8.4 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have included the value of the risk share impact in the forecast; and are signposting a potential overspend of £9.492m. Dialogue is ongoing with Scottish Government colleagues to highlight the position and to discuss potential mitigating actions.

Table 5 – Forecast (modelling based on actual position at 31 October 2020)

Forecast Outturn	Run Rate £'000	Offsets £'000	Savings £'000	Risk Share £'000
Acute Services Division	-8,337	2,809	-8,264	0
IJB Non-Delegated	88	0	-33	0
Estates & Facilities	700	312	0	0
Board Admin & Other Services	1,007	51	0	0
Non-Fife & Other Healthcare Providers	604	0	0	0
Financial Flexibility	3,886	0	0	0
Miscellaneous Income	100	0	0	0
Health Board Retained Budgets	-1,952	3,172	-8,297	0
IJB Delegated Health Budgets	2,264	3,022	-472	0
Integration Fund & Other Allocations	0	0	0	0
Total IJB Delegated Health Budgets	2,264	3,022	-472	0
Risk share	0	0	0	-7,229
Total Forecast Outturn	312	6,194	-8,769	-7,229

9 Key Messages / Risks

- 9.1 The month 7 position reflects an overspend of £2.822m; which comprises a core underspend of £2.292m; and unmet savings of £5.114m as a consequence of diversion of resources to deal with the Covid-19 pandemic. All other additional Covid-19 costs for April to October have been match funded from the initial SG allocation received in September. There is the potential risk exposure if the Covid-19 contingency (second tranche funding) held by the Portfolio is insufficient to meet costs which materialise in the second half of the year.
- 9.2 At this point any potential implications of the IJB risk share have not been factored in to the in-year position; however the potential risk share cost assuming no change to the Integration Scheme would mean a full year forecast cost of £7.2m,.
- 9.3 Further work continues to identify any financial flexibility opportunities (further slippage on key projects/initiatives; review of revenue and balance sheet) which may improve the forecast overspend position.

10 Recommendation

10.1 Members are invited to approach the Director of Finance for any points of clarity on the position reported and are asked to:

- **Note** the reported core underspend of £2.292m for the 7 months to October
- **Note** that initial funding allocations for Covid-19 reflected in the month 7 position match fund additional costs to month 7
- **Note** the forecast outturn to the year end is a potential worst case overspend of £9.5m. This assumes retention of our offsetting cost reductions to contribute to our unachieved savings; and recognises our current commitment to the IJB risk share as a potential cost to NHS Fife of £7.2m.

Finance, Performance & Resources – Finance

Appendix 1: Revenue Resource Limit

		Baseline Recurring £'000	Earmarked Recurring £'000	Non- Recurring £'000	Total £'000	Narrative
	Apr-20 Initial Baseline Allocation	701,537			701,537	Includes 20-21 uplift
	May-20 Confirmed Allocations	-1,307		3,413	2,106	
	Jun-20 Confirmed Allocations			-534	-534	
	Jul-21 Confirmed Allocations			5,614	5,614	
	Aug-20 Confirmed Allocations		9,474	1,547	11,021	
	Sep-20 Confirmed Allocations	-69	56,750	32,764	89,445	
	Oct-20 MPPPP Respiratory projects 2			29	29	Specific Project
	Primary Care out of hours funding			340	340	Annual Allocation
	Preparing for Winter			661	661	Share of £10m
	Community Pharmacy Champions		20		20	Annual Allocation
	Mental Health Outcomes Framework		1,363		1,363	Annual Allocation
	Veterans First Point			116	116	Annual Allocation
	PfG School Nursing Service 2nd Tranche			69	69	Specific Project
	Covid-19 additional funding for GPs			1,325	1,325	Payments made to GP as per circular
	£20m (2018-19) tariff reduction to global sum		-1,142		-1,142	As per allocation letter
	£20m (2019-20) tariff reduction to global sum		-1,380		-1,380	As per allocation letter
	£20m (2020-21) tariff reduction to global sum		-1,723		-1,723	As per allocation letter
	6 Essential Actions			457	457	As per letter
	Redesign of Urgent Care			671	671	Share of £10m
	New Medicines Fund		5,390		5,390	Annual Allocation
	Total Core RRL Allocations	700,161	68,752	46,472	815,385	
Anticipated	Distinction Awards		193		193	
Anticipated	Research & Development		243		243	
Anticipated	NSS Discovery		-39		-39	
Anticipated	Pharmacy Global Sum Calculation		-204		-204	
Anticipated	NDC Contribution		-840		-840	
Anticipated	Family Nurse Partnership		28		28	
Anticipated	Golden Jubilee SLA		-25		-25	
Anticipated	Primary Care Improvement Fund		277		277	
Anticipated	GP pension		85		85	
Anticipated	COVID 19- GP Payments			233	233	
Anticipated	COVID 19 - 30%			1,370	1,370	
Anticipated	Top Slice NSS		-962		-962	
Anticipated	Cancer Strategy			-381	-381	
Anticipated	Capital to Revenue			6	6	
	Total Anticipated Core RRL Allocations	0	-1,244	1,228	-16	
Anticipated	IFRS			8,874	8,874	
Anticipated	Donated Asset Depreciation			132	132	
Anticipated	Impairment			500	500	
Anticipated	AME Provisions			-172	-172	
	Total Anticipated Non-Core RRL Allocations	0	0	9,334	9,334	
	Grand Total	700,161	67,508	57,034	824,703	

Finance, Performance & Resources – Finance

Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	12,561	7,374	7,462	-88
Nhs Fife Chief Executive	206	120	163	-42
Nhs Fife Finance Director	6,420	3,734	3,421	313
Nhs Fife Medical Director	7,310	3,652	3,577	76
Nhs Fife Nurse Director	4,105	2,323	2,168	156
Legal Liabilities	8,093	6,367	6,415	-49
Early Retirements & Injury Benefits	814	475	448	27
Regional Funding	272	164	140	25
Depreciation	17,774	10,642	10,642	0
Nhs Fife Public Health	2,119	1,189	1,171	18
Nhs Fife Workforce Directorate	3,146	1,857	1,806	51
Nhs Fife Major Incident - Flooding			69	-69
Total	62,820	37,898	37,482	416

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	98	57	55	2
Borders	45	26	32	-6
Dumfries & Galloway	25	14	32	-18
Forth Valley	3,179	1,855	2,072	-217
Grampian	359	210	178	32
Greater Glasgow & Clyde	1,655	966	948	18
Highland	135	79	116	-37
Lanarkshire	114	67	144	-77
Lothian	31,518	18,386	17,136	1,250
Scottish Ambulance Service	101	59	60	-1
Tayside	41,096	23,971	23,707	264
	78,325	45,690	44,480	1,210
UNPACS				
Health Boards	10,627	6,199	6,528	-329
Private Sector	1,245	726	917	-191
	11,872	6,925	7,445	-520
OATS				
	711	415	77	338
Grants				
	65	65	63	2
Total	90,973	53,095	52,065	1,030

Appendix 4 - Financial Flexibility & Allocations

	CY Budget £'000	Flexibility Released to Oct-20 £'000
Financial Plan		
Drugs	2,869	0
CHAS	0	0
Unitary Charge	100	29
Junior Doctor Travel	35	12
Consultant Increments	23	13
Discretionary Points	205	0
Cost Pressures	3,342	1,152
Developments	4,498	758
Pay Awards	26	0
Sub Total Financial Plan	11,098	1,964
Allocations		
Waiting List	2,927	0
AME: Impairment	500	0
AME: Provisions	-130	0
Neonatal Transport	12	2
Cancer Access	301	0
Hospital Eye	193	0
Endoscopy	178	0
Advanced Breast Practitioner	31	0
ARISE	68	0
National Cancer Strategy	41	0
Covid 19	7,215	0
MPPP Respiratory Projects	29	0
Winter Funding	661	0
6 essential actions	457	0
Redesign urgent care	671	0
Capital to revenue	6	0
Sub Total Allocations	13,160	2
Total	24,258	1,966

Finance, Performance & Resources – Finance

Appendix 5 – Initial Covid-19 funding

COVID funding	Health Board	Health delegated	Social Care delegated	Total	Capital	Primary Care Funding
	£000's	£000's	£000's	£000's	£000's	£000's
Allocation Q1 to Q4	22,540	6,546	4,458	33,544	999	1,559
Anticipated allocation	1,580		5,287	6,867		
Total funding	24,120	6,546	9,745	40,411	999	1,559
Allocations made for Apr to Oct						
Planned Care & Surgery	1,082			1,082		
Emergency Care & Medicine	1,952			1,952		
Women, Children & Clinical Services	860			860		
Acute Nursing	17			17		
Estates & Facilities	1,277			1,277		
Board Admin & Other Services	2,914			2,914		
Income	642			642		
Test and Protect	228			228		
West Division		1,560		1,560		
Pharmacy Division		65		65		
Fife Wide Division		1,202		1,202		
East Division		757		757		
Primary Care		922		922		1,559
Total allocations made to M6	8,972	4,506	0	13,478	0	1,559
Elective / Planned Care	7,724			7,724		
Capital					999	
Total	16,696	4,506	0	21,202	999	1,559
Balance In Reserves	5,844	2,040	4,458	12,342	0	0

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 £15.417m including anticipated allocations for specific projects. The capital position for the 7 months to October shows investment of £3.789m equivalent to 24.58% of the total allocation. The capital spend on the specific projects commences in earnest in the latter half of the financial year and as such is on track to spend in full.

Key Challenges in 2020/21

Overall programme of work to address all aspects of backlog maintenance, statutory compliance, equipment replacement, and investment in technology considerably outstrips capital resource limit available

Improvement Actions	Update
21.1 Managing expenditure programme within resources available <i>By Mar-21</i>	Risk management approach adopted across all categories of spend

1. Annual Operational Plan

- 1.1 The capital plan for 2020/21 has been approved by the FP&R Committee and is pending NHS Fife Board approval. NHS Fife received a capital allocation of £7.394m in the August allocation letter; an allocation of £0.999k for Covid equipment in the September allocation letter; an allocation of £0.381m for Cancer Waiting Times Equipment and is anticipating allocations of £4.5m for the Elective Orthopaedic Centre, HEPMA £0.025m, Lochgelly Health Centre £0.025m, Kincardine Health Centre £0.025m and Radiology funding of £2.068m. The total capital plan is therefore £15.417m.

2. Capital Receipts

- 2.1 Work continues on asset sales with a disposal planned :

- Lynebank Hospital Land (Plot 1) (North) – Under offer – however the sale of this land will not complete in the current financial year.

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 £3.789m or 24.58% 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	£1.671m
Equipment	£0.780m
E-health	£0.642m
Elective Orthopaedic Centre	£0.582m

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 October 2020 of £3.789m and the forecast year end spend of the total capital resource allocation of £15.417m.

Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2020/21 £'000
COMMUNITY & PRIMARY CARE			
Capital Minor Works	272	52	272
Statutory Compliance	150	102	150
Capital Equipment	31	31	31
Covid Community Equipment	26	26	26
Condemned Equipment	0	0	0
Total Community & Primary Care	479	212	479
ACUTE SERVICES DIVISION			
Statutory Compliance	3,189	1,509	3,189
Capital Equipment	549	108	549
Covid Acute Equipment	973	524	973
Minor Works	193	40	193
Cancer Waiting Times Equipment	381	0	381
Condemned Equipment	91	91	91
Total Acute Services Division	5,376	2,272	5,376
NHS FIFE WIDE SCHEMES			
Equipment Balance	235	0	235
Information Technology	1,041	642	1,041
Minor Works	33	0	33
Statutory Compliance	100	0	100
Contingency	0	0	0
Asbestos Management	85	0	85
Fire Safety	85	60	85
Scheme Development	60	8	60
Vehicles	60	9	60
Capital In Year Contingency (EDG)	1,220	0	1,220
Total NHS Fife Wide Schemes	2,919	719	2,919
TOTAL CONFIRMED ALLOCATION FOR 2020/21	8,774	3,202	8,774
ANTICIPATED ALLOCATIONS 2020/21			
Elective Orthopaedic Centre	4,500	582	4,500
Radiology Funding	2,068	0	2,068
HEPMA	25	2	25
Lochgelly Health Centre	25	2	25
Kincardine Health Centre	25	0	25
Anticipated Allocation for 2020/21	6,643	586	6,643
Total Anticipated Allocation for 2020/21	15,417	3,789	15,417

Finance, Performance & Resources – Finance

Appendix 2: Capital Plan - Changes to Planned Expenditure

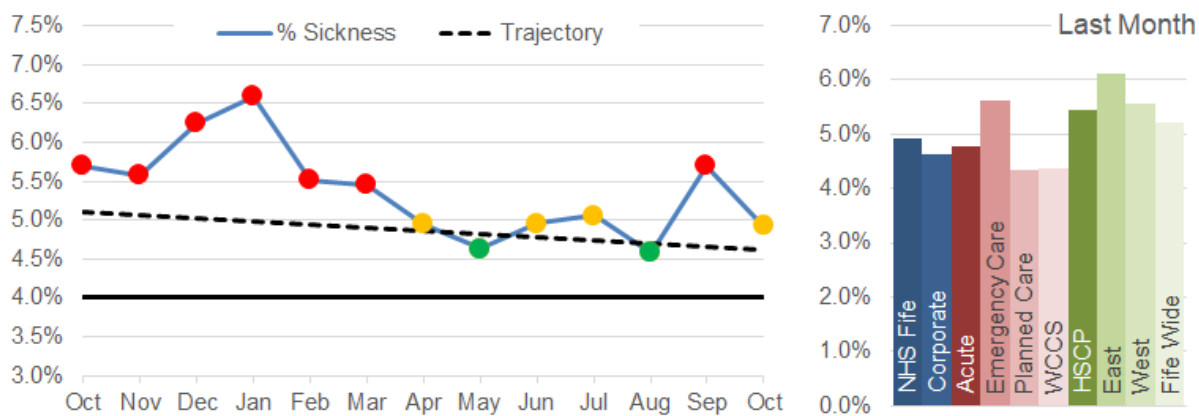
Capital Expenditure Proposals 2020/21	Pending Board Approval	Cumulative Adjustment to September	October Adjustment	Total October
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	31	0	31
Condemned Equipment	0	0	0	0
Minor Capital	0	208	64	272
Covid Equipment	0	26	0	26
Statutory Compliance	0	150	0	150
Total Community & Primary Care	0	414	64	479
Acute Services Division				
Capital Equipment	0	549	0	549
Condemned Equipment	0	90	1	91
Cancer Waiting Times Equipment	0	0	381	381
Minor Capital	0	160	34	193
Covid 19 Acute Equip	0	973	0	973
Statutory Compliance	0	3,089	100	3,189
	0	4,861	515	5,376
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,569	-3,469	0	100
Fife Wide Equipment	2,036	-1,800	-1	235
Information Technology	1,041	0	0	1,041
Minor Work	498	-367	-98	33
Fife Wide Contingency Balance	100	0	-100	0
Condemned Equipment	90	-90	0	0
Scheme Development	60	0	0	60
Fife Wide Asbestos Management	0	85	0	85
Fife Wide Fire Safety	0	85	0	85
Fife Wide Screen & Speech Units	0	0	0	0
Fife Wide Vehicles	0	60	0	60
Capital In Year Contingency	0	1,220	0	1,220
Total Fife Wide	7,394	-4,276	-199	2,919
Total	7,394	999	381	8,774
ANTICIPATED ALLOCATIONS 2020/21				
Elective Orthopaedic Centre	4,500	0	0	4,500
Radiology Funding	2,068	0	0	2,068
HEPMA	25	0	0	25
Lochgelly Health Centre	25	0	0	25
Kincardine Health Centre	25	0	0	25
Anticipated Allocation for 2020/21	6,643	0	0	6,643
Total Planned Expenditure for 2020/21	14,037	999	381	15,417

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						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	5.70%	5.57%	6.25%	6.59%	5.51%	5.46%	4.95%	4.64%	4.96%	5.06%	4.58%	5.69%	4.93%
Scotland	5.69%	5.58%	5.83%	5.99%	5.27%	5.20%	4.57%	4.54%	4.49%	4.57%	4.64%	4.96%	4.93%

Key Challenges in 2020/21

Recovery from COVID-19 and repurposing Promoting Attendance activities to support business as usual

Improvement Actions	Update
20.1 Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence <i>By Dec-20</i>	<p>The Workforce Dashboard (delivered via Tableau) has been rolled out to circa 100 users within NHS Fife to date and roll out will continue on a planned basis. This provides Line Managers, Human Resources and Occupational Health staff with timely workforce information, which can be interrogated and drilled down in order to identify trends and priority areas. The Dashboards provide an additional resource to Promoting Attendance and Well@Work Groups, with Review and Improvement Panels utilising trend and priority indicators to target future interventions.</p> <p>Business Units are continuing to utilise trajectory reporting and RAG status reports. Bespoke training on the new Once for Scotland Promoting Attendance policy was offered in November, and will continue with short focussed sessions.</p>
20.2 Early OH intervention for staff absent from work due to a Mental Health related reason <i>By Mar-21</i>	<p>This has been in place since March 2019 and given the current COVID-19 pandemic situation, an additional Mental Health Nursing resource was secured within Occupational Health (OH) to provide support to staff who may be struggling with their mental health during the pandemic. This provides OH clinicians the option of referring employees for interventions which will help support them in the workplace.</p> <p>High level feedback is that all staff who have received support to date found it beneficial and some have found it helpful for them to return to work earlier and for others to remain at work. This is based on the number of staff who have completed the full journey. Funding has been secured to enhance the current OH staffing provision and will enable this service to continue on an on-going basis.</p> <p>Initial consideration of factors including general awareness raising of mentally healthy workplaces, support for managers to create mentally healthy and resilient workplaces and further awareness raising of support for staff was concluded in April 2020 and is an ongoing feature of the</p>

Staff Governance	
	<p>Promoting Attendance training and a foundation of the COVID-19 resources.</p> <p>This has been supplemented and complemented by the additional support and inputs via Psychology and other services during the pandemic and may be included in a much broader consideration and evaluation of staff support requirements being taken forward by the Staff Support and Wellbeing Sub Group of the Silver Command Workforce Group and their successors.</p>
<p>21.1 Once for Scotland Promoting Attendance Policy <i>By Mar-21 (was Dec-20)</i></p>	<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 it, which was just being implemented at the start of the pandemic. Sessions were delivered across Fife when the policy was launched.</p> <p><u>Note</u> - Having completed the action as initially set out, we can confirm that additional focussed sessions have been offered since November, via MS Teams, to support implementation of the policy. These will conclude in March 2021.</p>
<p>21.2 Review the function of the Promoting Attendance Group <i>By Dec-20</i></p>	<p>The review of the function of the NHS Fife Promoting Attendance Group and associated supporting groups, to improve the governance arrangements of each group and how they interrelate, has commenced. The aim is to provide a Promoting Attendance framework with clear lines of reporting and escalation.</p>
21.3 Restart Promoting Attendance Panels	

CAROL POTTER
Chief Executive
16th December 2020

Prepared by:
SUSAN FRASER

Staff Governance

Associate Director of Planning & Performance

Appendix 1: NHS Fife Remobilisation Activity to end of Nov 2020

Higher than Projected
Lower than Projected

		Quarter End	Month End			Quarter End	Quarter End
		Sep-20	Oct-20	Nov-20	Dec-20	Dec-20	Mar-21
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,040	974	1,066	1,004	3,044	3,220
	Actual	2,589	1,056	1,007	0		
	Variance	549	82	-59			
OP Referrals Accepted (Definitions as per Waiting Times Datamart)	Projected	14,042	7,386	7,520	7,659	22,565	21,906
	Actual	15,881	6,058	6,111			
	Variance	1,839	-1,328	-1,409			
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	13,602	6,466	6,997	7,166	20,630	22,208
	Actual	11,844	4,402	5,427			
	Variance	-1,758	-2,064	-1,570			
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,648	848	848	600	2,296	2,544
	Actual	1,110	420	462			
	Variance	-538	-428	-386			
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,074	4,000	4,000	3,450	11,450	10,850
	Actual	11,264	3,735	3,634			
	Variance	1,190	-265	-366			
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	21,495	7,190	7,180	7,335	21,705	21,810
	Actual	20,303	6,133	6,005			
	Variance	-1,192	-1,057	-1,175			
Number of A&E 4-Hour Breaches (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	775	280	300	420	1,000	985
	Actual	815	363	426			
	Variance	40	83	126			
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	9,225	3,225	3,375	3,500	10,100	9,970
	Actual	8,755	2,931	2,875			
	Variance	-470	-294	-500			
Admissions via A&E (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	4,354	1,450	1,430	1,470	4,350	4,160
	Actual	4,467	1,492	1,364			
	Variance	113	42	-66			
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,195	690	700	750	2,140	2,320
	Actual	2,097	773	856			
	Variance	-98	83	156			
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	309	103	103	103	309	309
	Actual	291	91				
	Variance	-18	-12				
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	325	132	135	89	356	295
	Actual	274	102				
	Variance	-51	-30				
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	970	702	715	539	1,956	1,985
	Actual	1,233	499				
	Variance	263	-203				

		Month End	Month End			Month End	Month End
		Sep-20	Oct-20	Nov-20	Dec-20	Dec-20	Mar-21
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) ¹	Projected	79	80	90	79	79	74
	Actual	75	65	98			
	Variance	-4	-15	8			

¹ The data required is the estimated number of people delayed at each census point (the snapshot figure). Baseline figures used are the census point figures as at the end of each month