

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 27 JANUARY 2021**
0 min

(enclosed) *TM*

 Item 4 - Minutes 012721.pdf (9 pages)

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

TM

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 IPQR Board Final.pdf (4 pages)

 Item 6.2 ESIPQR Mar 2021 v2.pdf (8 pages)

10:30 - 10:35 **7. CHAIRPERSON'S REPORT**
5 min

TM

7.1. Board Development Session - 24 February 2021

(enclosed) TM

 Item 7.1 Board Development Session Note 022421.pdf (1 pages)

10:35 - 10:55 8. COVID-19 PANDEMIC UPDATE 20 min

8.1. Covid-19 Pandemic Update

(verbal) DM

8.2. Covid-19 Vaccination Programme

(enclosed) SG

 Item 8.2 - COVID-19 Vaccination - NHS Fife Board v1.0.pdf (6 pages)

8.3. Covid-19 Testing in Fife

(enclosed) DM

 Item 8.3 - SBAR Covid-19 Testing.pdf (6 pages)

10:55 - 11:05 9. NATIONAL WHISTLEBLOWING STANDARDS' 10 min

(enclosed) LD

 Item 9 - Whistleblowing Standards 31.3.21.pdf (4 pages)

11:05 - 11:15 10. EQUALITY AND HUMAN RIGHTS 10 min

10.1. Equality and Human Rights Mainstreaming Report 2017-21

(enclosed) JO

 Item 10 - SBAR Equality and Human Rights final mainstreaming plan2.pdf (4 pages)

 Item 10.1 - NHS Fife Equality Mainstreaming Final Report 2021.pdf (40 pages)

10.2. NHS Fife Equality Outcomes for Period 2021-25


(enclosed) JO

 Item 10.2 NHS Fife Equality Outcomes 2021 - 2025.pdf (17 pages)

11:15 - 11:15 11. INTERIM PROPERTY AND ASSET MANAGEMENT STRATEGY 2020 0 min

(enclosed) NM

 Item 11 - SBAR PAMS 2020 NHS Board.pdf (3 pages)

 Item 11 - 2020 Interim PAMS (Final) NHS Board.pdf (22 pages)

11:15 - 11:15 12. UPDATE ON REVIEW OF THE HEALTH & SOCIAL CARE INTEGRATION 0 min SCHEME



(enclosed) NC

11:15 - 11:20
5 min

13. STATUTORY AND OTHER COMMITTEE MINUTES



13.1. Audit & Risk Committee dated 18 March 2021 (unconfirmed)

(enclosed)

-  Item 13.1 - A&R Minute Template.pdf (1 pages)
-  Item 13.1 - Mins Audit & Risk 031821 unconfirmed.pdf (6 pages)

13.2. Clinical Governance Committee dated 11 March 2021 (unconfirmed)

(enclosed)

-  Item 13.2 - CGC Minute Template.pdf (1 pages)
-  Item 13.2 - Mins CGC dated 11 March 2021 V2 unconfirmed.pdf (8 pages)





13.3. Finance, Performance & Resources Committee dated 16 March 2021 (unconfirmed)

(enclosed)

-  Item 13.3 - FPR Minute Template.pdf (1 pages)
-  Item 13.3 - Mins FPR dated 16.03.21 Final unconfirmed.pdf (7 pages)



13.4. Staff Governance Committee dated 4 March 2021 (unconfirmed) and Reconvened dated 9 March 2021 (unconfirmed)

(enclosed)

-  Item 13.4 - SGC Minute Template - March 2021.pdf (1 pages)
-  Item 13.4 - Mins SGC dated 04.03.21 Unconfirmed.pdf (8 pages)
-  Item 13.4 - SGC Reconvened Minute Template 09.03.21.pdf (1 pages)
-  Item 13.4 - Mins SGC Reconvened Meeting dated 09.03.21 Unconfirmed.pdf (4 pages)

13.5. Communities & Wellbeing Partnership dated 1 March 2021 (unconfirmed)

(enclosed)

-  Item 13.5 - C&WP Minute Template.pdf (1 pages)
-  Item 13.5 - Mins CWP 21 03 01 note_draft unconfirmed.pdf (4 pages)

13.6. East Region Programme Board dated 6 November 2020

(enclosed)

-  Item 13.6 - Final RCAG ERPB minutes_061120.pdf (5 pages)

13.7. Fife Health & Social Care Integration Joint Board dated 4 December 2021

(enclosed)

-  Item 13.7 - Mins Final IJB 4 December 2020.pdf (7 pages)

13.8. Fife Partnership Board dated 23 February 2021 (unconfirmed)

(enclosed)

-  Item 13.8 - FPB Minute Template.pdf (1 pages)
-  Item 13.8 - Mins FPB 2021-02-23 unconfirmed.pdf (3 pages)


13.9. Audit & Risk Committee dated 19 January 2021

(enclosed)

 Item 13.9 - Mins Audit & Risk 19 January 2021 FINAL confirmed.pdf (8 pages)

13.10. Clinical Governance Committee dated 14 January 2021

(enclosed)

 Item 13.10 - Mins Clinical Governance Committee dated 14 January 2021 V2 confirmed.pdf (13 pages)

13.11. Finance, Performance & Resources Committee dated 12 January 2021

(enclosed)

 Item 13.11 - Mins FP&R dated 120121 GMmm confirmed.pdf (10 pages)

13.12. Staff Governance Committee dated 13 January 2021

(enclosed)


 Item 13.12 - Mins Staff Governance Committee dated 130121 V0.2 confirmed.pdf (8 pages)

11:20 - 11:25 14. FOR INFORMATION: 5 min

14.1. Integrated Performance & Quality Report - January and February 2021

(enclosed) MM

 Item 14.1 - IPQR Jan 2021 1.0.pdf (48 pages)

 Item 14.1 - IPQR Feb 2021.pdf (47 pages)

11:25 - 11:25 15. ANY OTHER BUSINESS 0 min

11:25 - 11:25 16. DATE OF NEXT MEETING: Tuesday 25 May 2021 at 10.00 am in the Staff Club, Victoria Hospital, Kirkcaldy (tbc) 0 min

Fife NHS Board

MINUTE OF THE FIFE NHS BOARD MEETING HELD ON WEDNESDAY 27 JANUARY 2021 AT 10:00 AM VIA MS TEAMS

TRICIA MARWICK

Chair

Present:

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

In Attendance:

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
S Garden, Director of Pharmacy & Medicines
K MacGregor, Head of Communications
G MacIntosh, Head of Corporate Governance & Board Secretary
K Reith, Deputy Director of Workforce
P King, Corporate Services Manager (Minutes)

1. Chairperson's Welcome and Opening Remarks

The Chair welcomed everyone to the Board, in particular Janette Owens, incoming Director of Nursing, who is shadowing Helen Buchanan at today's meeting, Margo McGurk, recently formally appointed as Director of Finance & Strategy, and Kevin Reith, Deputy Director of Workforce, who is in attendance as part of his induction. The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes. These recordings are also kept on file for any possible future reference.

The Chair began her opening remarks by recording grateful 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. This was a particularly testing time for NHS Fife, with staff under considerable pressure as pandemic activity has increased in tandem with routine winter pressures, and the Board was extremely grateful for the work being undertaken in all areas.

The Chair congratulated:

Dr Sean Ainsworth, Consultant Paediatrician, who has been awarded an honorary membership of the Resuscitation Council of the UK. Dr Ainsworth has been recognised for his enormous contribution and influence in the world of clinical education, particularly in the development and delivery of the Newborn Life Support education course and his ground-breaking research on heart murmurs at birth; and

The Vulnerable in Pregnancy team, who were winners in the Midwife of the Year category in this year's Scottish Health Awards. Community Pharmacy teams across Scotland were also deservedly recognised, winning Team of the Year.

The Chair recorded thanks, both personally and on behalf of the Board, to Helen Buchanan, Director of Nursing, and Andy Fairgrieve, Director of Estates, Facilities & Capital Services, who are both attending their last Board meeting before retiring in March 2021.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Apologies for Absence

Apologies for absence were received from Cllr David Graham, Non-Executive Director.

4. Minute of the last Meeting held on 25 November 2020

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

5. Matters Arising

5.1. Board Governance Arrangements during Pandemic Resurgence

The Chair spoke to the paper, which outlined 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. In potentially standing down the March 2021 Committee meetings, any urgent issues will be directed to the Board. If it is subsequently decided that Committees will meet (such as Audit & Risk), these will be asked to focus on priority agenda items

only. It was noted that the Chair and Vice-Chair continue to hold weekly meetings with the Executive Directors and Board Members are kept updated on those discussions.

Recognising the work being undertaken by the Executive Team at the current time, Margaret Wells also paid tribute to the input at the Staff Governance Committee from the Staff Side Local Partnership Forum representatives and Employee Director, which is crucial in providing the staff viewpoint and would continue in the arrangements described.

The Board **approved** 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 scheduled for March 2021.

6. CHIEF EXECUTIVE'S REPORT

6.1. Chief Executive Update

Carol Potter was pleased to announce the following appointments:

Director of Nursing – Janette Owens, who took up post on 4 January 2021, previously serving as NHS Fife's Associate Director of Nursing and, as a Board Non-Executive, as Chair of the Area Clinical Forum;

Director of Finance & Strategy – Margo McGurk who took up the substantive post on 1 January 2021, and

Director of Property and Asset Management – Neil McCormick, who will take up post on 1 February 2021.

It was noted that Dona Milne, Director of Public Health, will be leaving NHS Fife to take up the post of Director of Public Health at NHS Lothian. Congratulations were given to Dona on her new role. Dona will continue to serve as NHS Fife Director of Public Health until 31 May and the recruitment process has commenced to identify her replacement.

The Chief Executive recorded her own thanks to both Helen Buchanan, Director of Nursing, and Andy Fairgrieve, Director of Estates, Facilities & Capital Services, on their impending retirement. The Chief Executive paid tribute to the tremendous progress made in each of their respective areas of responsibility, noting in particular the focus of keeping staff and patients safe through best practice in infection prevention / control and health and safety matters and she thanked them sincerely for their incredible contribution to NHS Fife. Tributes were also paid from a number of Board Members, who joined with the Chair in thanking both individuals and wishing them well for their respective retirements.

Finally, with updates later on the agenda covering the winter planning arrangements, Covid-19 testing and progress on the roll-out of the Covid-19 vaccination, Carol Potter acknowledged that the second wave of the Pandemic has had a significant impact on staff, at what is already a busy time of the year for the NHS with an increase in Covid-19 cases and hospital admissions across Fife. She recorded thanks to every member

of staff for their incredible effort and commitment to do the utmost for the people of Fife.

The Board **noted** the update provided.

6.2 Integrated Performance & Quality Report (IPQR) Executive Summary

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

Clinical Governance

Changes in performance related to falls and pressure ulcers had been noted over November/December and the position continued to be monitored closely. Helen Buchanan was delighted to advise that she had been informed by Keith Morris, Consultant Microbiologist, that infection rates in respect of Staphylococcus Aureus Bacteraemia (SAB) were at the lowest rate in the last five years and NHS Fife had exceeded the target. All staff were commended, particularly for maintaining this level of performance during the pandemic.

The Chair of the Clinical Governance Committee emphasised the performance in relation to SABs, with only 82 incidences last year, which is an incredible achievement. The rate of community SABs related to patients who inject drugs had also dropped by circa 70%.

Finance, Performance & Resources

NHS Fife Acute Division – Performance shown is for October 2020 and reflects capacity challenges around the key targets of 4-Hour Emergency Access, Patient Treatment Times Guarantee (TTG), New Outpatient Referrals and Diagnostics. There had been a deterioration in performance related to Cancer 62-day Referral to Treatment due to breaches in a specific pathway, but Members were assured that cancer care remains a priority for the Acute Services Division and NHS Fife.

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, and update reports would be provided this year. Considerable work was ongoing to support the mental health and wellbeing of the workforce and the population of Fife and these continued to be a priority for the Partnership. Attention was drawn to the position around delayed discharge, which had improved, particularly in relation to length of stay, and the Partnership continued to champion Home First and working on prevention through Hospital at Home, Integrated Community Assessment and Support Services (ICASS) and high health gain.

The Chief Executive acknowledged the excellent work being undertaken around delayed discharges and emphasised that both cancer and mental health remained priority areas. Discussions would continue through Clinical Governance and the Finance, Performance & Resources Committees in due course to plan for next year and beyond for these particular services.

Financial Position – The financial position to the end of October 2020 continued to be challenging as we address and manage the impact of Covid-19. Positive discussion is taking place with Scottish Government about confirmation of final allocation support and an announcement is expected in early February to clarify how all public sector organisations will be helped to manage their in-year position as a result of Covid-19.

The revenue position to 31 October 2020 reflects an overspend of £2.8m. This is driven by three elements: core run rate, core savings performance and Covid unmet savings. The forecast outturn to the year end is a potential worst case overspend of £9.5m. This assumes retention of offsetting cost reductions (from standing down of core services in the first half of the year) to contribute to the unmet savings; and recognises the current commitment to the Integration Joint Board risk share as a potential cost to NHS Fife of £7.229m.

Assurance was provided to Members that discussion with Scottish Government will primarily be around support for the undeliverable savings, which could help alleviate the position for the Board and the H&SCP. The budget announcement taking place tomorrow (28 January 2021) was awaited and a call has been arranged with the Board Directors of Finance with Scottish Government to confirm allocations for next financial year.

It was highlighted that the Finance, Performance & Resources Committee endorsed and supported the introduction of a new Strategic Planning and Resource Allocation Process to support the medium-term approach to planning, not just financial but workforce and operational, and this could be further discussed at a Board Development Session.

The issues highlighted by the Finance, Performance & Resources Committee were noted.

Staff Governance

The sickness absence level fluctuated over the last period but, over the seven months, was on a general downward trend, with current performance at 4.93%, similar to the Scottish average. Work continued towards reducing the rate and supporting staff who due to illness are absent from work in order that they can return.

The issues highlighted by the Staff Governance Committee were noted. Attention was drawn to feedback from the staff side around a positive change in culture and greater support for staff, which was a tremendous achievement particularly bearing in mind the difficulties of the last year.

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 continued to meet on a fortnightly basis with Ministers in Scottish Government and on a monthly basis with the NHS Scotland Board Chairs and

the Cabinet Secretary. A separate meeting took place on 25 January 2021 with the Board Chairs and Chief Executives with the Cabinet Secretary to consider the current position and plan for forthcoming challenges.

7.1 Board Development Session – 23 December 2020

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

8. COVID-19 PANDEMIC UPDATE

8.1. Covid-19 Vaccination Progress Update

Scott Garden thanked the programme team involved in the planning and delivery of the vaccination programme to date in Fife. It was a fast moving, complex, national programme delivered locally, and considerable efforts had been made to ensure as smooth a delivery as possible, learning lessons from the delivery of the seasonal flu vaccination programme.

The paper provided a comprehensive update on progress with the Covid-19 Vaccination Programme in Fife. Attention was drawn to the number of vaccinations that had already been given, circa 25,000 as of today, and the timescales from the national programme for each priority cohort, noting that Fife was on track to meet the timescale of 5 February for completing cohort 1. Four clinics had been set up for staff to attend by appointment and GP practices were in the process of vaccinating the over 80 age group based on when supply is available; supply of the vaccine is phased due to batch authorisation and, as the programme gathers pace, the volume of the vaccine is expected to be greater.

Planning for other cohorts had commenced and letters have begun to be issued to cohorts 3 and 4 from 25 January as part of the national scheduling tool, which Fife had opted into to ensure synergy to the Scotland-wide programme. Recruitment and training of the workforce to deliver the programme was in place and extensive work had been undertaken with assistance from Police Scotland and the Military to ensure venues were fit for purpose and accessible. This information has been published in the media. Overall Fife was in a good place to deliver the vaccination programme across Fife in accordance with advice from the Joint Committee on Vaccination and Immunisation (JCVI) and in line with timescales set by Scottish Government.

In responding to questions, Scott Garden detailed the benefits of the national scheduling tool, which will appoint people and reschedule, where required, through a national team and call centre. In helping to shape the tool in terms of the testing undertaken, an Equality Impact Assessment (EQIA) was developed to consider person-centred issues, with contingencies in place to ensure that if appointments were missed, follow up mechanisms are in place. Arrangements are also in place for anyone that needs assistance to get to and from venues using Fife Council and local voluntary organisations. Extensive work has also been undertaken, led by Public Health working with the H&SCP, to link in areas such as commissioned services, taking a pro-active approach to ensure that people get vaccinated.

It was noted that supply of the vaccine was the limiting factor, with this being distributed on a phased basis, but assurance has been received about the volume of the vaccine for Scotland. Good intelligence is being received from the national procurement team around when vaccine arrives and this allows us to plan appointments and use of venues, etc. Information just received has allowed a step up of opening times and days of the week with effect from 15 February 2021.

The Chair thanked Scott Garden for the detailed update provided.

The Board **noted** the progress and updated information regarding the programme, and developments in its roll-out.

8.2. Covid-19 Testing in Fife

Dona Milne referred to the report, which provided an update on proposed and existing testing policy and activity within Fife. It provided an additional summary of proposals to augment testing carried out across Fife and summarised the main areas of risk and mitigation actions in place. A more detailed paper had been provided to the Clinical Governance Committee.

It was emphasised that whilst the vaccination programme is being rolled out and will provide some degree of protection against disease severity and fatality, the vaccine is not yet evidenced to prevent transmission of the virus and there is still a need, therefore, for people to continue to follow other public health advice around social distancing and test, trace, isolate and support. Testing continued to be a key part of the strategy and work is underway to maximise the use of testing facility and look at where additional testing could be targeted in communities.

Attention was drawn to the update of testing sites in Fife for people who are symptomatic and the community testing arrangements being put in place following a successful bid to Scottish Government to take forward asymptomatic community testing, which is being led by Fife Council with support from NHS Fife and military colleagues and will be ready to start next week. The programme aims 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. Supporting people to isolate, by assisting with food supply, collection of medicines, etc, can lead to higher compliance and ultimately reduce transmission.

Regular updates will be provided to the Clinical Governance Committee on an ongoing basis.

The Board **noted** the contents of the paper for awareness.

The Chair thanked both Dona Milne and Scott Garden for the sterling work they are doing and asked them to pass on thanks and gratitude, on behalf of the Board, to their teams for the incredible efforts being undertaken in respect of tackling Covid-19 challenges.

9. WINTER PERFORMANCE REPORT

The Winter Performance Report for November 2020 was presented to the Board to provide assurance that the Winter Plan is being delivered in accordance with the submission to Scottish Government and against agreed performance targets.

Helen Buchanan reported that, through November, there had been some challenges within the normal winter provision (mainly around capacity and flow) due to the pandemic and the additional infection control precautions in place with the red, amber and green pathways across all healthcare systems. Whilst it was important to maintain these pathways to manage Covid risks, it did limit the number of patients in those areas and affected the configuration in acute hospital and community settings. The position in relation to delayed discharges had improved significantly. The second wave of the pandemic had been particularly challenging with an increased number of in-patients in acute and community settings and with outbreaks in care homes and the resulting impact of closing care homes throughout this period. The Board was assured that an operational command structure is in place, with weekly meetings held with the Directors of Nursing, Health & Social Care and Acute and the Associate Director of Strategic Planning, 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.

In responding to questions, Nicky Connor explained the discharge process for individuals into care homes or care at home, which encompassed a whole system approach, working within national guidance and with families and individuals. Another key area was the work to reduce unplanned admissions, which involved Hospital at Home, ICASS, high health gain and community teams wrapping around people in the community to support a person-centred approach and deliver safe care.

The Chair recorded warm thanks to all involved in this work.

The Board noted the Winter Report 2020/21.

10. ELECTIVE ORTHOPAEDIC CENTRE PROJECT BANK ACCOUNT

The Chair was pleased to advise that Fife Council had recently approved the planning permission for the new Elective Orthopaedic Centre.

Margo McGurk spoke to the paper, which set out a requirement by Scottish Government to establish a separate bank account for the Elective Orthopaedic Centre project. This is required for projects over £2m to ensure the payment process to suppliers is as efficient as possible. The Executive Directors' Group and Finance, Performance & Resources Committee are supportive and endorsed the proposal. Reference was made to para 2.1, which noted that the project bank account can either be linked to the existing bank account or can be established as a separate one. Margo McGurk advised her recommendation would be a completely separate bank account to ensure the integrity of the core bank account.

The Board **endorsed** the establishment of this account and approved the process of creating a project bank account for the Elective Orthopaedic Project to commence once Full Business Case is approved. The Board **agreed** to support a separate profile for this account.

Andy Fairgrieve was pleased to report that Fife Council had given planning consent for the Orthopaedic Centre and he advised that approval had also been given for the replacement car parking spaces. Ben Johnston had now taken over as Project Director.

Planning consent had also been received for an additional 135 (approx.) car parking spaces as an extension to car park L.

Andy Fairgrieve took the opportunity to thank colleagues for their kind words on the occasion of his retirement. He recorded thanks to his team and wished the organisation all the best for the future.

11. STATUTORY AND OTHER COMMITTEE MINUTES

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

- 11.1. Audit & Risk Committee dated 19 January 2021 (unconfirmed)
- 11.2. Clinical Governance Committee dated 14 January 2021 (unconfirmed)
- 11.3. Finance, Performance & Resources Committee dated 12 January 2021 (unconfirmed)
- 11.4. Staff Governance Committee dated 13 January 2021 (unconfirmed)
- 11.5. Brexit Assurance Group dated 12 January 2021 (unconfirmed)
- 11.6. Communities & Wellbeing Partnership dated 1 December 2020 (unconfirmed)
- 11.7. Fife Health & Social Care Integration Joint Board dated 25 September and 23 October 2020
- 11.8. Fife Partnership Board dated 17 November 2020 (unconfirmed)

Approved Minutes

- 11.9. Audit & Risk Committee dated 19 November 2020 (unconfirmed)
- 11.10. Clinical Governance Committee dated 4 November 2020 (unconfirmed)
- 11.11. Finance, Performance & Resources Committee dated 10 November 2020 (unconfirmed)
- 11.12. Staff Governance Committee dated 29 October 2020 (unconfirmed)

12. FOR INFORMATION

The Board **noted** the items below:

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

13. ANY OTHER BUSINESS

None.

14. DATE OF NEXT MEETING: Wednesday 31 March 2021 at 10:00 am, location to be confirmed.

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

Meeting:	NHS Fife Board
Meeting date:	31 March 2021
Title:	Executive Summary Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Performance
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 Remobilisation Plan (RMP2)

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 December 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)	Just above Scottish average
Falls	Monthly	5.97 per 1,000 TOBD	Not achieving
Falls With Harm	Monthly	2.16 per 1,000 TOBD	Not 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	Not achieving
ECB (HAI/HCAI)	Monthly	36.6 per 100,000 TOBD	Not achieving
C Diff (HAI/HCAI)	Monthly	6.7 per 100,000 TOBD	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 December 2020

² Following discussion with the Nursing Director, we agreed to work towards achieving the 65% target by March 2021, from a starting point in July 2020 of around 30%; mainly as a result of continuing COVID pressures, performance is significantly beneath the improvement trajectory, and a revised target will be introduced for FY 2021-22

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)	5.87% in December 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	£13.348m	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

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Fife Integrated Performance & Quality Report

Executive Summary

for the Report Produced in February 2021



Introduction

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

The ESIPQR comprises of the following sections:

I. Executive Summary

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

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

- Staff Governance 4th March 2021
- Clinical Governance 11th March 2021
- Finance, Performance & Resources 16th March 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 2020, 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 Remobilisation Plan (RMP2) 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 RMP2, 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 8 (28%) classified as **GREEN**, 7 (25%) **AMBER** and 14 (47%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

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

- C Diff – infection rate fell below improvement trajectory following a low number of infections in the last quarter of 2020
- Cancer 31-day DTT – continued to exceed the 95% Standard, for the 8th month in succession
- Psychological Therapies Waiting Times - % of patients treated within 18 weeks of referral the highest monthly figure recorded

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 (25%) within upper quartile, 17 (58%) in mid-range and 5 (17%) in lower quartile.

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

Indicator Summary

Section	LDP Standard	Standard	Target 2020/21
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	Freedom of Information Requests	85%
	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	
Finance	N/A	Revenue Expenditure	£0
	N/A	Capital Expenditure	£13.348m
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	Dec-19	45	Nov-20	22	Dec-20	25
Year Ending	Jun-19	1.04	Mar-20	1.01	Jun-20	1.00
Month	Dec-19	6.95	Nov-20	9.56	Dec-20	8.98
Month	Dec-19	1.61	Nov-20	2.16	Dec-20	2.42
Month	Dec-19	0.97	Nov-20	1.55	Dec-20	0.87
Quarter Ending	Dec-19	2.3%	Sep-20	2.2%	Dec-20	2.4%
Quarter Ending	Dec-19	10.9	Nov-20	11.8	Dec-20	20.6
Quarter Ending	Dec-19	8.5	Nov-20	12.9	Dec-20	11.7
Quarter Ending	Dec-19	13.1	Nov-20	9.2	Dec-20	6.5
Quarter Ending	Dec-19	4.3	Nov-20	2.1	Dec-20	2.1
Quarter Ending	Dec-19	60.0	Nov-20	45.9	Dec-20	50.3
Quarter Ending	Dec-19	36.2	Nov-20	29.0	Dec-20	24.4
Quarter Ending	Dec-19	75.7%	Nov-20	74.2%	Dec-20	76.8%
Quarter Ending	Dec-19	50.5%	Nov-20	26.8%	Dec-20	21.6%
Month	Dec-19	100.0%	Nov-20	100.0%	Dec-20	100.0%
Month	Dec-19	88.0%	Nov-20	92.9%	Dec-20	89.4%
Month	Dec-19	89.7%	Nov-20	62.3%	Dec-20	62.3%
Month	Dec-19	91.8%	Nov-20	60.3%	Dec-20	57.5%
Month	Dec-19	98.6%	Nov-20	96.5%	Dec-20	95.9%
Month	Dec-19	96.3%	Nov-20	98.1%	Dec-20	98.8%
Month	Dec-19	87.3%	Nov-20	88.0%	Dec-20	91.3%
Month	Dec-19	82.0%	Nov-20	67.0%	Dec-20	70.9%
Year Ending	Jun-19	27.2%	Mar-20	24.6%	Jun-20	23.5%
Quarter Ending	Dec-19	53.0%	Nov-20	85.1%	Dec-20	85.4%
Month	Dec-19	7.6%	Nov-20	5.9%	Dec-20	5.3%
Month	Dec-19	73	Nov-20	60	Dec-20	25
Month	Jun-20	88.2%	May-21	85.7%	Jun-21	91.4%
YTD	Oct-19	95.7%	Sep-20	49.6%	Oct-20	50.4%
Month	Dec-19	71.3%	Nov-20	85.8%	Dec-20	85.8%
Month	Dec-19	75.8%	Nov-20	76.3%	Dec-20	80.8%
YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%
Month	Oct-19	95.2%	Sep-20	93.8%	Oct-20	90.9%
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%
Month	Dec-19	N/A	Nov-20	+£2.693m	Dec-20	+£2.829m
Month	Dec-19	N/A	Nov-20	£3.789m	Dec-20	£4.817m
Month	Dec-19	6.25%	Nov-20	5.35%	Dec-20	5.87%

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 Sep-20	20.0		17.3
QE Sep-20	6.4		10.8
QE Sep-20	9.3		17.4
QE Sep-20	6.4		6.6
QE Sep-20	45.3		42.0
QE Sep-20	46.9		44.7
2019/20	71.5%		79.9%
2019/20	35.7%		51.8%
N/A			
Dec-20	89.4%		86.4%
Sep-20	46.1%		30.0%
Sep-20	56.2%		46.5%
Sep-20	93.1%		53.3%
QE Sep-20	98.6%		98.4%
QE Sep-20	86.2%		87.3%
QE Sep-20	63.8%		67.3%
2018, 2019	26.1%		25.6%
N/A			
QE Jun-20	4.6%		3.8%
Dec-20	6.69		13.34
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 Sep-20	95.5%		97.2%
2017/18	86.8%		72.5%
2017/18	55.3%		42.3%
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	●
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) Reduce falls with harm by 20% by December 2020	2.16	Oct-20	2.16	Dec-20	2.42	N/A	N/A
A small increase in overall falls with harm was recorded in December and focus on supporting areas where this has been highlighted continues. There are continued challenges as previously described in relation to the fluid landscape of in-patient areas as a result of COVID but local review and support processes continue. Confirmation at an In-Patient Falls meeting of the workplan for the year ahead aims to refocus activity.							
Pressure Ulcers 50% reduction by December 2020	0.42	Never Met	0.42	Dec-20	0.87	N/A	N/A
The rate of hospital acquired pressure ulcers in the Community hospitals setting decreased slightly in December, although the actual number in Q4 doubled in comparison to Q3 (24, from 12). For the Acute hospital, there was also a slight drop in the rate, and this was accompanied by a small fall in the quarterly number (66 to 62). The overall Fife rate at the end of 2020 remained significantly above the improvement target, although slightly lower than at the end of 2019.							
Caesarean Section SSI We will reduce the % of post-operation surgical site infections to 2.5%	N/A	QE Dec-20	2.5%	QE Dec-20	2.4%	QE Dec-19	●
All mandatory SSI surveillance remains paused, as per the start of the Covid-19 pandemic. However, Maternity Services have continued to monitor Caesarean Section SSI cases throughout the year, and where appropriate (in the case of Deep or Organ Space SSIs) carry out SSI Clinical Reviews. It is important to note that the performance data provided is non-validated and does not follow the agreed NHS Fife Methodology. No national comparison is available beyond Q4 2019.							
SAB (MRSA/MSSA) We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022	18.8	QE Nov-20	19.5	QE Dec-20	20.6	QE Sep-20	●
Surveillance of SABs has continued during the COVID-19 pandemic. Fife had the lowest annual number of SABs on record in 2020, with no recorded MRSA SABs since January 2019. However, for Q3 of 2020, Fife was above the national comparator for HCAI SABs, although still on track to achieve its reduction of HCAI SABs by March 2022. Q3 of 2020 also saw a raised incidence of ventilator associated pneumonia SABs in patients who are COVID-19 positive.							
C Diff We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022	6.5	QE Dec-20	6.7	QE Dec-20	6.5	QE Sep-20	●
CDI surveillance has continued throughout the COVID-19 pandemic. NHS Fife remains below the national rate for HCAI & CAI CDIs and achieved its lowest CDI rate on record in 2020 (34 infections, a 28% reduction compared to 2019). However, a reduction in HCAs and recurrence of CDIs is still required to achieve the reduction target by March 2022.							
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 Dec-20	50.3	QE Sep-20	●
ECB surveillance has continued throughout the pandemic. NHS Fife saw a decrease in combined HCAI and CAI ECBs in 2020, compared to 2019 (254 against 264 infections), but remains above the national comparator for both HCAI and CAI ECBs and must continue to reduce its HCAI ECB rate further to achieve its 25% reduction by March 2022. Reducing UTI and CAUTI ECBs will be the key infections to address to achieve this target.							
Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Dec-20	21.6%	FY 2019/20	●
Performance in closing complaints continues to be a challenge due to the ongoing pressures on clinical services created by the pandemic, a common pattern across Health Boards. Capacity to investigate and respond to complaints within the normal timescales has reduced, although complaints received by PRT are increasing towards pre Covid-19 numbers. A number of complaints relate to delayed treatment as a result of the suspension of services, and we are also still seeing complaints relating to the flu vaccination, which is affecting our ability to respond to complaints within normal timescales. The latter are starting to reduce.							

Clinical Governance Committee Meeting Issues and Comments

It was noted that the management of complaints remains an issue and a review taking into account the complexity of complaints would be taking place. An in-depth report will be brought back to the committee.


The Committee was pleased to note the report of the effective elimination of MRSA blood stream infections in Fife in 2020.

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%	Dec-20	89.4%	Dec-20	●
Capacity challenges continued in December affecting flow through ED. Attendances decreased across the festive period allowing for a better performance than previous year and overall attendances are well below projected for the period.							
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	Dec-20	62.3%	Sep-20	●
Waiting times performance recovery slowed during December (a traditionally quiet month) as the Acute Hospital had to contend with the second wave of the COVID-19 pandemic and cancelled non-urgent elective surgery. Nevertheless, at the end of December, the waiting list was 5% lower than at the end of September. Efforts are continuing to mitigate the situation, with particular attention focusing on urgent waits, but activity is less than forecast and is likely to continue to affect performance for the remainder of FY 2020/21.							
New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	N/A	Dec-20	57.5%	Sep-20	●
Waiting times performance recovery slowed during December (a traditionally quiet month) as the Acute Hospital had to contend with the second wave of the COVID-19 pandemic. At the end of the month, the waiting list was 5% higher than at the end of September, with a similar increase in the % of patients waiting more than 12 weeks. Efforts are continuing to mitigate the situation, with particular attention focusing on urgent referrals, but activity is less than forecast and is likely to continue to affect performance for the remainder of FY 2020/21.							
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	Dec-20	95.9%	Sep-20	●
Despite the onset of the second wave of the COVID-19 pandemic, the recovery in performance against Diagnostics Waiting Times continued in December, and over 95% of patients had waited no more than 6 weeks at month end. Just under 70% of the breaches were for Endoscopy tests, while there were no Imaging breaches in each of October and November. It will be a major challenge to maintain this performance level in the remainder of the FY, with activity being slightly less than forecast.							
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	Dec-20	91.3%	QE Sep-20	●
December was a challenging month with the majority of breaches being seen in Urology. Delays to PET outwith Fife contributed to the Upper GI and Lung specialty breaches, while cancellations in surgery due to clinical priorities and lack of availability of equipment were the main reasons for the Urology and Breast breaches. Breaches ranged between 5 and 50 days in duration, with an average of 27 days. Cancer patients remain a priority.							
FOI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	QE Dec-20	85%	QE Dec-20	85.4%	N/A	N/A
NHS Fife has now completed four months under the new process for responding to requests and with additional FOI staff resource managing. Stakeholder engagement throughout NHS Fife continues and renewed training will soon be delivered by FOI staff resource to further assist departments and teams with their interaction with FOI duties and obligations. FOI role expected to go to advert within the next two months.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jun-20	5%	Dec-20	5.3%	QE Jun-20	●
The number of bed days lost continues to reduce and 5.3% of occupied bed days lost were as a result of delay in December. Occupancy across our Acute and community hospitals remains high with an increased bed footprint to accommodate red and amber pathways and a continued number of outbreak wards closed.							
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT Oct-20	50.4%	FY 2019/20	●
The service has been severely affected by staff shortages in the second and third quarter of the FY. New staff are now in place, and will start training in February, with support from Near Me to make up for the lack of national training. Stop Smoking Service promotion was included on Stafflink before the festive period to raise awareness of service with staff. We are currently planning to promote No Smoking Day 2021 via a variety of mediums. Clients currently accessing the service have more complex needs, particularly around mental health and expressing fears of COVID19 with potentially experiencing more severe symptoms once infected. The Specialist Service has been asked to support pregnant mums due to staff absence and redeployed staff member.							
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMHS services within 18 weeks of referral	90%	Sep-16	N/A	Dec-20	85.8%	QE Sep-20	●
Referrals to Fife CAMHS reflect similar levels of demand to 2019 and 2020. The ongoing high number of presentations of children and young people requiring urgent and priority appointments has resulted in the majority of clinical staff working to meet this need. The result of this activity is demonstrated through a higher % RTT in the last 2 months of 2020; however, as a consequence, the longest waits have increased as staff are drawn away from this area of work.							
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	N/A	Dec-20	80.8%	QE Sep-20	●
Performance improved in December as a smaller number of longest waiting patients started treatment due to the festive break. Of most relevance to the RTT trajectory is the Waiting List profile, with the % of patients waiting over 52 weeks continuing to grow. This in part reflects the positive impact of improvement actions for services relevant to the majority of patients, but also highlights the limits of service provision/capacity for the most complex patients.							

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	Dec-20	+ £2.829m N/A N/A
<p>Following discussion with Scottish Government on 15 January, we have reflected changes in our key assumptions to inform the year end outturn forecast position. Whilst the position to month 9 is an overspend of £2.8m; the forecast outturn to the year end is a balanced position. This assumes the return of our offsetting cost reductions (from the pausing of aspects of core services in the first half of the financial year); and full funding of both Health and Social Care unmet savings. The confirmation of full funding of unachieved savings also allow a budget realignment exercise to take place from Health Delegated to Social Care and eliminates the previously reported risk share cost.</p> <p>We have submitted our balance of funding request re Covid-19 to Scottish Government and, assuming approval, it is expected that the impact on the financial position will be cost neutral on the financial performance.</p> <p>The impact of Covid-19 on the financial performance remains 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.</p>					
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£13.348m	N/A	£13.348m	Dec-20	£4.817m N/A N/A
<p>The total Capital Resource Limit for 2020/21 is £13.348m including anticipated allocations for specific projects. The capital position for the 9 months to December records spend of £4.817m equivalent to 36.09% of the total allocation. The capital spend on the specific projects is on track to spend in full.</p>					

Finance, Performance & Resources Committee Meeting Issues and Comments

There are no items for escalation from the IPQR. The Committee had a full and detailed discussion on the PAMS report and recommend approval to the Board, the Committee also had a detailed and helpful discussion on the SPRA and Strategic Planning process. In private session the Committee endorsed support to progress the procurement of a robot to enable the development of robotic assisted surgery (RAS) in NHS Fife, this was endorsed separately with both the Chair and Vice-Chair of NHS Fife who approved a formal application to Scottish Government for capital funding on 12 March 2021. A revised business case to support the delivery and implementation of RAS will be presented to the governance committees and the NHS Fife Board in MAY 2021. The Committee also endorsed the Consort commercial offer to support the delivery of a replacement medium temperature hot water distribution system for Phase at the VKH. The Consort commercial offer will be considered for Board approval on 31 March 2021.

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%	Dec-20	5.87% YE Mar-20 
<p>Sickness absence levels continue to fluctuate, however, it is positive to note that the sickness absence rates have improved for the first nine months of the year when compared with the same period during 2019/20, with a reduction of 0.54% in the year to date. Given the COVID-19 pandemic and continued Winter pressures, we anticipate that it will be challenging to maintain the current sickness absence performance levels.</p>					

Staff Governance Committee Meeting Issues and Comments

The Committee discussed and noted progress in relation to staff absence during the year to date, with a reduction of 0.54% in the year to date, despite the increase in the rates over the past three months, in line with the seasonal trend which has been seen in previous years.

The Committee also noted that COVID-19 related absence affected approximately 3% (1% Shielding and 2% COVID-19 absence) of the NHS Fife workforce.

MARGO McGURK

Director of Finance & Performance

24th March 2021

Prepared by:

SUSAN FRASER

Associate Director of Planning and Performance



Report to the Board on 31 March 2021

BOARD DEVELOPMENT SESSION – 24 February 2021

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.

February Development Session

4. The most recent Board Development Session took place via MS Teams on Wednesday 24 February 2021. There were two main topics for discussion, Covid-19 Update including Vaccination Programme and Strategic/Remobilisation Planning.

Recommendation

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

TRICIA MARWICK
Board Chairperson
25 February 2021

Meeting:	NHS Fife Board
Meeting date:	31 March 2021
Title:	COVID-19 Vaccination
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

This report relates to a:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

Please note – this paper was written on 18th March. Data and information within it is accurate at that date and subject to change given the nature of this fast moving programme.

2.1 Situation

Mass vaccination of the population for COVID-19 vaccine is progressing at pace. At time of writing (18th March 2021), approximately 150,000 people have received their first dose of vaccination, while a further 6,500 have now completed their course. The Board has offered an appointment to everyone aged over 65, all frontline health and social care staff, and all those classed as clinically extremely vulnerable and at risk.

This paper provides the Board with an update on developments, priority areas, programme planning and additional information which has become available to NHS Fife.

2.2 Background

There is a range of information which applies nationally, which members should be aware of.

Availability of Vaccine

Vaccine supply has been variable over the course of the programme to date. Members will remember that the Pfizer product was the first to be available: this has been used to vaccinate health and social care staff, those who live and work in care homes, and for a proportion of those vaccinated in community clinics. The AstraZeneca (AZ) product became available in January and has been used by GPs to vaccinate the over 80 population, and in community clinics.

The Board has put in place robust strategies which have ensured sufficient stock of vaccines to provide second doses to those to those already vaccinated, in line with Government direction. There is no local concern about supply for this purpose and the Board will continue to provide first doses to priority cohorts. We continue to work with the national team on advanced modelling and are well placed to meet Scottish Government delivery targets.

Vaccine Approval

The Moderna vaccine, which is due to be available in the UK in April, will not be provided to NHS Fife in the immediate future and is being made available to NHS GGC, NHS Lothian and NHS Grampian only. This is due to the constrained initial supply levels, and logistical requirements.

There has been widespread media coverage of decisions by neighbouring countries to pause use of the AZ product, based on perceived concerns regarding blood clotting. The MHRA has provided robust assurance on the safety of the vaccine and is clear that *the available evidence does not suggest that blood clots in veins (venous thromboembolism) are caused by COVID-19 Vaccine AstraZeneca. This follows a detailed review of report cases as well as data from hospital admissions and GP records.*

Prioritisation of Cohorts

The Board continues to follow Scottish and UK Government direction on prioritisation of cohorts. This is in line with the Joint Committee on Vaccination and Immunisation. At time of writing (18th March), the Board is currently vaccinating cohort 7 (those aged 60-64), and providing second doses those who live and work in care homes, as well as frontline health and social care staff. From this point onwards, eligibility will be by declining age bands until the population has been vaccinated. The AZ product is currently recommended for those aged over 18, the Pfizer product to those aged over 16. We await further developments regarding vaccination of under 16s.

2.3 Assessment

As at 18th March over 154,000 doses have been given in Fife, including the following:

- 21,000 NHS, social care and GP Practice staff have received a first dose
 - 3000 of these have completed courses
- 2400 care home residents have received a first dose
 - 1200 of these have now completed courses
- 3200 care home staff have received a first dose
 - 1300 of these have now completed courses
- 17,000 over 80s have received a first dose
- 13,500 aged 75-79 have received a first dose
- 19,500 aged 70-74 have received a first dose
- 19,000 aged 65-70 have received a first dose
- 12,000 aged 60-64 have received a first dose
- 39,000 others, including the clinically extremely vulnerable and at-risk cohorts, have received a first dose

The first phase of the programme has been delivered through a Gold/ Silver/ Bronze governance structure. As we move into a recovery phase, arrangements will be reconsidered in line with a wider review of Immunisation structures in the Board, which is expected to be concluded in late April. Consideration will also be given to reflecting regional and national structures, particularly Scottish Government Flu and COVID vaccination programmes and alignment with strategic planning and operational delivery structures. The outcome of this review will be considered by the NHS Fife Clinical Governance committee in May 21.

Programme Management Office

The PMO has established a full risk register for the programme, and continue to manage this with escalation through Gold Command. As well as providing programme support to each of the three work streams, the team has also delivered a robust Equality Impact Assessment and continues to work with service leaders to deliver actions from this. The PMO is also responding to enquiries from elected officials on behalf of local citizens.

The programme has established robust links with NHS Fife's Military Liaison Officers who have provided support to the NHS Fife programme team. Support has included geomapping of proposed sites providing assurance on their suitability for the population, and more recently two teams of military vaccinators providing direct support which is due to finish at the end of April. The support from military colleagues has been invaluable.

Logistics

The Board is operating a mixed model for vaccinations. Local GP Practices are offering vaccination to those aged over 80, and those who are housebound. Those who live or work in care homes are being offered their vaccination on site in care homes. Long-stay hospital inpatients are being offered their vaccination in the hospital, and processes are in place or under development for a range of other groups, including those who are pregnant, those with learning difficulties, those at risk of anaphylaxis and a number of others. To date, everyone else has been, or will be, offered their vaccination in one of our thirteen community vaccination clinics.

These community clinics are spread throughout Fife and the geomapping work noted above has provided assurance of their accessibility.

Work to finalise larger scale vaccination venues as we move beyond cohort 9 continues to progress. The project team is currently considering options in large retail units in Kirkcaldy and Glenrothes, as well as venues in Dunfermline and Levenmouth. These four large scale venues will be used alongside a subset of the existing community clinics in remote areas. The project team are cognisant of the balance of accessibility and operational delivery required. Existing venues will be used for second doses for cohorts 1-9 to ensure continuity for citizens in these cohorts.

Scheduling

The Board is engaged in the national scheduling system. This brought several challenges including the well-publicised over-booking issues in early February. Appointments to public clinics are managed nationally, and we continue to direct the small number of residents who have not received a letter to the available national systems to ensure they are scheduled for vaccination in line with the JCVI guidance.

2.3.1 Quality/ Patient Care

The Board has met Scottish Government demands on pace and is currently above average nationally for rate of vaccinations. Person centred solutions are in place to ensure inclusivity, building on the EQIA, for identified groups, including eligible pregnant individuals, long stay in-patients, those being discharged to a care home and those with learning disabilities.

As noted in the EQIA, those who may face health inequalities and harder to reach populations may require a specialised approach to scheduling, transport and vaccination – it is important to ensure these groups are reached. Silver command has directed the creation of a working group focussing on this, making appropriate links across the wider programme and led by Public Health.

2.3.2 Workforce

The team continue to work to deliver a robust substantive workforce. The Board has recruited significant numbers of healthcare support worker vaccinators and is progressing with further recruitment of this new staff group. This supplements the registrant workforce in place, and supports the ongoing sustainability of the programme. The programme is grateful to a wide range of NHS and contractor staff who made themselves available during some particularly challenging weeks in February to support vaccination of the population.

2.3.3 Financial

Silver command continues to review and submit costs to Scottish Government. A bid has been submitted to Scottish Government for the coming financial year – a response is expected in April.

2.3.4 Risk Assessment/Management

The PMO manage risks on behalf of the programme and report to the Programme Director on a fortnightly basis as part of a wider risk based approach to delivery.

2.3.5 Equality and Diversity, including health inequalities

An Equality Impact Assessment has been developed and approved by the Silver command: it is hosted on the public facing website. As the programme moves through the cohorts, the EQIA is being reviewed and updated to ensure provision is made for those who face health inequalities.

2.3.7 Communication, involvement, engagement and consultation

The programme has taken a proactive approach to communications with regular briefings to elected representatives and a wide range of public information and statements.

2.3.8 Route to the Meeting

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

- Clinical Governance Committee, 11 March 2021
- EDG weekly update

2.4 Recommendation

The Board is asked to consider this paper for **discussion**, closely scrutinising plans and assumptions made in the development COVID-19 vaccination plans.

3 List of appendices

No appendices provided

Report Contact

Benjamin Hannan

Chief Pharmacist

benjamin.hannan2@nhs.scot

Meeting:	NHS Fife Board
Meeting date:	31 March 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 Committee 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 prevention 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.

2.3.1 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.

2.3.2 Testing Programme Update of sites in Fife

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

- St Andrews – fixed walk through site
- Glenrothes – mobile testing unit
- Dunfermline – mobile testing unit
- Leven – 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
- Overton Community Centre, Kirkcaldy

A Regional testing site located at the Fife Council Bankhead site has recently opened. This is a 6 lane drive through facility, akin to what is offered at Dundee and Edinburgh Airports.

Additionally, due to signals of increased levels of SARS-CoV-2 in waste water data, we have deployed a mobile testing unit in Kincardine.

2.3.3 Community Testing

All health boards and local authorities were invited 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 operationally led by Fife Council and strategically supported by NHS Fife with support from Military planning integrated from the outset. Further offers of support from Fife Voluntary Action are being explored. . 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 additional tools to stop chains of transmission in the community to control the pandemic.

The model Fife has adopted uses Lateral Flow devices to identify individuals who may be at high risk of carrying and infecting others with COVID-19. If an individual is positive, they are subsequently testing with PCR test, offered initial contact tracing, and offered further welfare advice, and subsistence in the form of food packages. This is in order to provide the support required to isolate.

So far Fife has opened the following Sites:

- Maxwell Community Centre, Cowdenbeath
- Glebe Neighbourhood centre, Kirkcaldy
- Savoy Centre, Methil

The bid for Fife's community testing included a proposal for two mobile units which could be deployed at short notice, to provide an agile and flexible response to testing need, as a means of rapidly identifying and preventing transmission of COVID-19.

Plans of further expansion must be considered in light of Scottish Governments further commitment to fund this programme until September 2021.

2.3.4 Laboratory Prioritisation

Appendix 1 outlines the NHS Fife laboratory prioritisation list. 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.

2.3.5 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.

2.3.6 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. Additional military support has been sought and provided through the MACA process, with three teams of 6 staff provided until the first week of April.

2.3.7 Financial

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

2.3.8 Risk Assessment/Management

A programme risk register has been produced.

2.3.9 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.

2.3.10 Other impact

Nil

2.3.11 Communication, involvement, engagement and consultation

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

2.3.12 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.

- CGG – 11/03/2021
- EDG – 01/03/2021

2.4 Recommendation

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

3 List of appendices

Appendix 1: NHS Fife Laboratory Prioritisation

Report Contact

Josie Murray

Consultant in Public Health / Clinical Lead of Health Protection

Email josie.murray2@nhs.scot

APPENDIX 1: NHS FIFE LABORATORY PRIORITISATION

i) NHS Lothian have been approached and have agreed to test 200 samples / day if required.
ii) The laboratory has introduced triage criteria in order to manage capacity. Priority for testing in NHS Fife will be given as follows; from high **(1)** to low **(13)**. When capacity is reached, the lowest priority samples will be referred to NHS Lothian for testing in the first instance: highlighted in red; starting from (9). Once NHS Lothian capacity is also reached, testing of lower priority test groups will need to be suspended:

- (1) Symptomatic hospital admissions / in patients and care home residents**
- (2) Asymptomatic ICU / SHDU, Pre-surgical and in-patient Endoscopy testing**
- (3) Hospital Patients waiting discharge to care homes**
- (4) Drive thru testing – health care staff / their family members**
- (5) Testing asymptomatic staff with positive lateral flow tests**
- (6) Testing babies born to COVID positive mothers at day 3 and day 5.**
- (7) Asymptomatic care home residents in outbreak settings**
- (8) Asymptomatic staff in ward outbreak settings**
- (9) Weekly screening of asymptomatic babies requiring aerosol generating procedures or ventilation**
- (10) Admission screening of asymptomatic mental health patients**
- (11) Admission screening of asymptomatic emergency care / maternity patients**
- (12) Admission screening of asymptomatic planned care patients**
- (13) Day 5 screening of asymptomatic hospital patients**

iii) NHS Fife Microbiology is in regular contact with our commercial suppliers regarding consumables and is actively engaged in procuring alternative testing solutions (e.g. NumoDx platform).

Meeting:	Fife NHS Board
Meeting Date:	Wednesday 31 March 2021
Title:	Whistleblowing Standards Update
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Sandra Raynor, Senior HR Manager

1. Purpose

This is presented to Fife NHS Board for:

- Awareness

This report relates to a:

- Government policy / directive

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

- Effective

2. Report Summary

2.1 Situation

This new role of Independent National Whistleblowing Officer (INWO), the first of its kind in the UK, provides a mechanism for external review of how a Health Board, primary care or independent provider handles a whistleblowing case. The role of the INWO and the Whistleblowing Standards go live from 1 April 2021.

The key elements of the Standards include:

- Providing a supportive environment for raising concerns.
- Access to a clear, timely two-stage procedure for raising concerns.
- Signposting to the INWO for independent review as the final stage in the process.
- Systems in place for recording, reporting and learning from concerns.

NHS Fife along with all other Health Boards, primary care or independent providers are required to adopt these standards and be prepared for implementation.

2.2 Background

The Cabinet Secretary for Health and Sport has advised that the role of the Independent INWO and the National Whistleblowing Principles and Standards will be implemented with effect from 1 April 2021.

The original implementation date for the Whistleblowing Principles and Standards had been Summer 2020, however, was revised in view of the current pandemic, therefore, the rescheduled date of 1 April 2021 is in recognition of the risk of pressures on Health Boards over the current period. Although this has been kept under review as we continue through the national state of emergency, the Scottish Government has encouraged Boards to prepare for 1 April 2021 implementation.

The Standards and INWO

The Standards have been in development for a number of years and together with the appointment of the INWO and the appointment of Board Whistleblowing Champions set out the expectations on all NHS service providers to handle concerns that are raised with them which meet the definition of a 'whistleblowing concern'.

From 1 April 2021, the INWO will be able to investigate concerns that have been through the local whistleblowing process. Anyone raising concerns about the NHS in Fife will be covered by the new National Whistleblowing Standards. Whistleblowers will also have the option of raising a concern with the INWO, who will be able to consider whistleblowing complaints from the same date.

To assist with implementation, and to ensure those wanting to raise concerns have access to all the information they need in relation to the Standards, the INWO now provides an advice line for all NHS providers, staff and members of the public and this can be found on the INWO website.

2.3 Assessment

The Whistleblowing Standards are currently available to view on the website and will be formally published on the same date as the INWO goes live. When the standards come into force, they will form the 'Once for Scotland' Whistleblowing Policy for NHSScotland.

Preparing for Implementation

This offers a preparatory period when the Workforce Directorate, working with Staff side colleagues, will incorporate the Standards into policy, training, and procedural arrangements for both directly employed staff and independent contractors. Allowing a period of time for both staff and managers to take up the training and raise their awareness of the Standards in readiness for the go live date.

Existing NHS Fife whistleblowing arrangements and current NHS Fife Whistleblowing Policy will continue to apply up to 1 April 2021 until the new national policy is live.

In the reporting year 1st April 2020 to 31st March 2021, at the date of writing this paper, NHS Fife have had no claims of this nature.

Learning and Training

Staff and manager training will be vital to ensuring the success of the Standards. Two learning programmes are available to managers and staff to help the transition to the new standards. One for staff who need an overview of the Standards, which takes around an hour to complete and the other for managers, which takes two to three hours to complete.

The learning programme for managers is longer and more in-depth. This reflects their extra responsibilities for responding to concerns raised under the Standards for managers.

All managers and staff are encouraged now to access this learning programme on the TURAS platform, it is expected this will be added to their personal development plan. A certificate of completion is available for each learning programme to evidence learning and understanding of this across the Board.

NHS Fife's Workforce Directorate, have recently publicised these materials on StaffLink and will continue to promote this learning for all managers and staff to undertake this training, at a suitably convenient time during the soft launch period in advance of the go live date and beyond.

Recording and Using Datix

The Standards require NHS Fife to have an appropriate recording system in place for recording and reporting of Whistleblowing concerns. Datix has been developed nationally as the system to meet the recording requirements set out in the Standards and is a familiar system to staff and managers.

The Workforce Directorate are currently working with the Risk Manager to undertake user testing locally to ensure its readiness for the roll out of the Standards and Policy from 1 April 2021.

Whistleblowing Champion

Following the resignation of our Whistleblowing Champion, there is an ongoing recruitment process for someone to join the Board as a non-executive Whistleblowing Champion, and we await further update from the Scottish Government Public Appointments team on the selection process. The Whistleblowing Champion will seek and provide assurance that their Health Board is complying with the Whistleblowing Standards. In the absence of a Whistleblowing Champion we will continue to ensure the provisions of the Standards are met and that our arrangements for handling Whistleblowing complaints continue to be robust.

Primary Care or Independent Contractors

All primary care providers and contracted services are required to have a procedure that meets with the requirements of these Standards. This means that any organisation delivering NHS services, whether it is a private company, a third sector organisation or a primary care provider, has the same requirement to ensure access to a procedure in line with these Standards. This includes third sectors organisations providing services on behalf of NHS Fife and private companies under contract with NHS Scotland, including maintenance and domiciliary services.

2.3.1 Quality / Patient Care

Ensuring effective governance oversight is applied across the organisation in terms of any issue of whistleblowing is supportive of enhanced patient care and quality standards.

2.3.2 Workforce

The monitoring of whistleblowing across the organisation ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Handbook.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

Dealing appropriately with whistleblowing claims is an important factor in the identification and management of risk, and providing appropriate assurance to the Fife NHS Board.

2.3.5 Equality and Diversity, including Health Inequalities

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

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Over the course of 2020 regular updates on the introduction of the INWO and the Whistleblowing Standards have been made presented to LPFs, APFs and Staff Governance Committee as part of the preparation for NHS Fife's readiness to implement from 1 April 2021.

2.3.8 Route to the Meeting

The Whistleblowing Standards have previously been considered through standard governance routes.

2.4 Recommendation

The Fife NHS Board is asked to **note** the content of the Whistleblowing Standards update and NHS Fife's readiness for adoption of these standards.

Report Contact:

Sandra Raynor
Senior HR Manager
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Meeting:	Fife NHS Board
Meeting date:	31 March 2021
Title:	Equality and Human Rights Mainstreaming final report for period 2017-2021, NHS Fife Equality Outcomes for period 2021-2025
Responsible Executive:	Helen Buchanan
Report Author:	Dianne Williamson Equality and Human Rights Officer

1 Purpose

This is presented to the Board for:

- Information and Decision

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The NHS is founded in equality, it involves every staff member, patient, contractor, visitor, volunteer ,etc and applies to every area of NHS Fife's day-to-day activities; shaping its policies, delivering its services and implementing its employee practices and, assists in developing its workforce.

The Equality Act (2010) and the public sector duty (2011) legally require NHS Fife to devise, monitor and publish a set of equality outcomes and mainstreaming activities every four years. NHS Fife is also required to publish a final progress report at the end of each four year period. Both papers are attached and are legally required to be published prior to end of March 2021.

The Commission for Equality and Human Rights regularly monitors authorities' including Health Boards compliance with the Equality Act 2010.

The attached documents provide;

1. A report giving information and detail of the work taken over the past four years to progress the agreed set of equality outcomes for the period 2017-2021. This report also contains details of our mainstreaming activity across different services (although not exhaustive) and how we intend to continue to make progress against these actions during the next four year period.
2. Our Equality Outcome plan for the next four year period, 2021-2025.

NHS Fife is asked to agree these documents in anticipation of these being published prior to end of March 2021, so we are able to publish these in line with the requirements of the Equality Act 2010.

2.2 Background

The Public Sector General Duty 2011 (PSED) of the Equality Act 2010 requires NHS Fife to:

1. Eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited under this Act.
2. Advance equality of opportunity between people who share a protected characteristic and those who do not.
3. Foster good relations between people who share a relevant protected characteristic and those who do not share it.

The core areas of The Equality Act 2010 (Specific Duties) (Scotland) Regulations (2012) requires NHS Fife to:

- Report on progress on mainstreaming the equality duty
- Publish equality outcomes and report on progress
- Gather and use employee information
- Publish gender pay gap information
- Publish statements on equal pay including occupational segregation information

Actions the requirements of the Fairer Scotland duty (2018). We have taken steps to ensure that the Fairer Scotland Duty (2018) is embedded into our Equality Impact Assessments however we are duty led to pay attention to addressing the effects of poverty in our business

across all functions. Further actions to coordinate this activity and report on the range of work undertaken to reduce health inequalities and address poverty requires further consideration. A decision as to how this is reported on will support the return to the Scottish Government in our two yearly progress report and final subsequent reporting at the end of the four year period, against the Fairer Scotland duty (2018).

Scotland is set to become the first country in the UK to directly incorporate the UNCRC into domestic law. The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill was introduced to the Scottish Parliament on 1 September 2020. The UNCRC (Incorporation) (Scotland) Bill will make it unlawful for public authorities to act incompatibly with the incorporated UNCRC requirements, giving children, young people and their representatives the power to go to court to enforce their rights.

Children's and Young People Rights Impact Assessment is now an integral part of NHS Fife Equality Impact Assessments (EQIA) and a process for publishing is established between Equality and Human Rights and Children's Services.

2.3 Assessment

2.3.1 Quality/ Patient Care

As detailed in the documents

2.3.2 Workforce

As detailed in the documents

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

If both reports are not published by end of March 2021 NHS Fife will not meet its legal duty, with the risk of legal action being taken by Scottish Equality and Human Rights Commission

2.3.5 Equality and Diversity, including health inequalities

An Impact Assessment is not required on this report.

2.3.6 Other impact

2.3.7 Communication, involvement, engagement and consultation

NHS Fife recognise the value and contribution that our service users, patients (either representing them or others in their communities) and staff bring in helping to shape and inform our services, functions and policies.

Learning from local and national organisations, reflecting on the known evidence bases, learning from local complaints, comments and feedback have enabled the new setoff

outcomes to be established. Referencing local needs assessments along with the information and knowledge we have at this current time, including public health data, led to the identification of these outcomes (2017-2021). All outcomes must be evidence based. NHS Fife acknowledges that outcomes must also be achievable and at this time, the outcomes are not set to pose onerous tasks, especially at this time of uncertain health service demands.

Public engagement and consultation has taken place using the NHS Fife structure for participation and engagement including the NHS Fife participation and engagement directory. This has helped to reach a wide range of individuals and groups.

2.3.8 Route to the Meeting

Equality and Human Rights strategic group,
Person Centred Care steering group and
Clinical Governance groups.

2.4 Recommendation

- **Decision** – Reaching a conclusion after the consideration of options.

3 List of appendices

The following appendices are included with this report:

Equality and mainstreaming report for period 2017-2021

Equality and mainstreaming outcomes for 2021-2025

Report Contact

Dianne Williamson

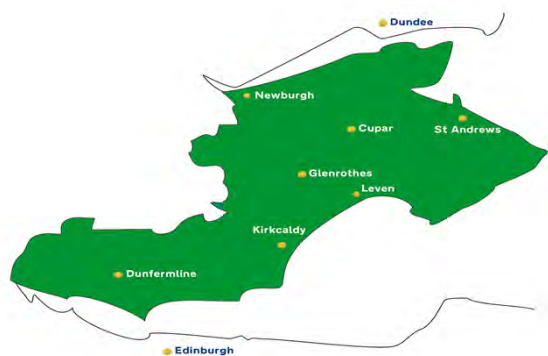
Equality and Human Rights Officer

Email Dianne.williamson@nhs.net

NHS Fife Equality Mainstreaming

Final Report

2017-2021



NHS Fife's Corporate Equality and Human Rights Statement

NHS Fife is committed to making health and care accessible by eliminating discrimination, promoting inclusion and ensuring a Human Rights based approach underpins all our functions and services.

Aithris Chorporra NHS Fhìobha air Cò-ionannachd agus Còraichean Daonna

Is e rùn NHS Fhìobha cothroman cùram-slàinte fhosgladh le bhith a' cur às do leth-bhreith, a' brosnachadh in-ghabhail agus a' dèanamh cinnteach gu bheil còraichean daonna mar bhun-stèidh nar n-uile gnìomh agus seirbheis.

If you require this information in a community language or alternative format e.g. Braille, audio, large print, Easy Read please contact the Equality and Human Rights Team at email: fife.EqualityandHumanRights@nhs.scot or phone 01592 729130.

If you have a hearing or speech impairment please contact NHS Fife via SMS text service number **07805800005**

If you would like assistance to access this plan or with help please also contact our partner agencies at:

Deaf Communication service

Townhouse

2 Wemyssfield

Kirkcaldy, KY1 1XW

Phone: 03451 551503

Email: swinfo.deafcommunications@fife.gov.uk

Internet : [Deaf Communication Service](#)

The Fife Centre for Equalities

New Volunteer House

16 East Fergus Place

Kirkcaldy, KY1 1XT

Phone: 01592 645310

Email: info@centreforequalities.org.uk

Internet: [Fife Centre for Equalities](#)

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Welcome

Helen Buchanan, Director of Nursing, Equality and Human Rights Executive Lead, NHS Fife

Hello, I am the Executive Lead for Equality and Human Rights for NHS Fife.



It is my responsibility to ensure that we comply with The General Equality Duty 2011 and the Specific Duties (Scotland) Regulations 2012 of the Equality Act 2010 are met and published as required. I welcome you to read this report, and reflect on the work achieved so far, not forgetting that this is only a reflection of the breadth of work undertaken across the whole of NHS Fife, that shows you how we have made advances to eliminate discrimination, foster good relations and advance equality of opportunity.

One of the most important areas of work that underpins NHS Fife equalities work is public and staff involvement. Enabling people, public and staff to have a say and contribute, realises and exercises their human rights to participate in decision making about how services are organised and developed. NHS Fife wanted to refresh and create a new structure which we intended to be flexible, supportive and welcoming to the public, so they could feel confident at participating and actively being involved in the redesign of services etc. NHS Fife produced a public engagement and involvement strategy with a new process for attracting further public participation and involvement. A directory was created that services can use to reach out to our wider community, seeking comment and requesting involvement. The directory has strong representation from many equality groups and individuals keen to be part of our ongoing business. Our directory is always 'open' and we actively seek more public inclusion. We aim to provide support for our public involved via our volunteer coordinators who will and can give support to be included. We recognised that public and staff involvement can help us to greatly improve our quality of care, as their experiences are ones we can learn from.

Supporting our listening and learning from staff and communities, NHS Fife regularly conducts full integrated Equality Impact Assessments (EQIA). The EQIA's are conducted with public and staff representation, drawn from the directory of engagement and across our third sector

partners. We publish these on the NHS Fife Equality and Human rights web pages. The impact assessments require us to think carefully about our actions, and whether they may cause inequality or discrimination. We value this duty and respect the purpose of this approach and action.

I hope you enjoy reading more about our journey over the past four years.

The future brings more opportunity to improve our equality and human rights work.

Helen Buchanan

1. Summary

NHS Fife has a population of 368,080 (approx) with a diverse mix of communities of interest and socio-economic groups.

There is one Health Board and one Local Authority, Fife Council. Fife's Health and Social Care Partnership (including Primary Care) sits between the two parent organisations.

In March 2017, NHS Fife published their second set of Equality outcomes along with details of how we intended to embed equality and human rights into practice. This report provided an update on the progress made towards NHS Fife Equality mainstreaming plan set of outcomes and work undertaken to improve and expand our efforts to achieve equality in health, during this period. This report summarizes actions taken to meet our equality and public sector duties for the period 2017-2021. The following outcomes were set during this period;

Equality Outcome 1

Patients living with a disability are supported to effectively manage their own health.

Equality Outcome 2

Spiritual needs of patients are met.

Equality Outcome 3

Health of the Gypsy Traveller Community is improved.

Equality Outcome 5

The workforce reflects the diversity of the local population.

Equality Outcome 6

LGBTi + people experience improved services.

Summaries of Key Improvement Areas

- Interpreting and Translation Services
- Equality Plan – Embedding Equality Practice in our Daily Work; Violence, Aggression and Hate Crimes, Violence against women, Training and Development
- Improving Access and Information for British Sign Language (BSL) Speakers to Eliminate Unlawful Discrimination
- Promoting Health of Looked after Children to Ensure Improved Health Outcomes, by Advancing Equality of Opportunity and Eliminating Discrimination.
- Improving Patient and Community Relations; Fostering Good Relations; including work with the third sector; Advocacy and Carers
- Reducing Stigma of Mental Illness to Eliminate Unlawful Discrimination
- Improving Access to Services for People Experiencing Discrimination on the Grounds of Poverty
- Providing Ethically Sourced Goods and Services.
- Equality Impact Assessments

2. Interpreting and Translation services

2.1 Interpretation

NHS Fife recognises the need for good communication for everyone. This ensures that our patients, public and staff alike are able to understand and express themselves clearly. Providing support to communicate is a legal and ethical obligation of NHS Fife and is enforced by legislation in the form of the Equality Act 2010 and Public Sector Duties Act 2011.

NHS Fife is committed to providing the most appropriate and effective communication method for the patient, which enables the workforce to deliver services that are person-centred, safe, effective, timely, responsive and equitable. Provision of a range of communication supports are available including interpreting and translation.

NHS Fife provides a range of interpreting services, including face to face interpreting; along with telephone, audio and visual via an online APP.

We have recorded and responded to any interpreting related complaint, working with our providers to ensure and improve the services offered. We monitor interpreting complaints and take action to address patient feedback.

Example; A patient asked that in future his communication could be better supported by offering him a 'boogie board' which he would use to write down his questions etc. These were purchased and one placed in the department in question.

We have increased our joint work with local agencies such as our local Deaf Communication Service to support patients who need additional help to get to appointments, we worked with them to review our loop systems and improve signage and we actively engage with a public participation group, listening to concerns and comments raised by our deaf / Deaf community.

To support patients across all our services, NHS Fife purchased 80 iPads, which we added our service providers interpreting APP onto, thereby providing instant access to interpreting in both visual and audio formats between



patient and staff. Staff are encouraged to use the iPads and the interpreting APP for general conversations during their ward stay, making them feel less isolated and more included in ward life and during their hospital stay. These have also supported people to remain connected with their families whilst visiting times have been limited.

An increased amount of 'Interpreter on wheels' devices has been made available. A review of interpreting by service was carried out and devices were purchased to support the high demand in some areas for interpreting such as dental and physiotherapy. More recently, these have enabled the continuation of interpreting to be provided during more restricted times and have ensured particular services established for the purpose of COVID 19 have access to interpreting. The devices minimise the need for face to face interpreting, in circumstances where a face to face is not always necessary.

Near me is an online appointment and consultation platform. A full local Equality Impact Assessment and localised trials have resulted in staff and public guides being produced which detail how to use interpreting as part of this online service. The staff guide informs our teams of the appropriate use of on line interpreting and a patient guide supports patients to use Near Me when they have an appointment. These guides are available from NHS Fife website, and are also provided in a British Sign Language version. The guides have also been shared with partners to help patients find the support they need to use Near me.

2.2 Translation

NHS Fife provides translation for the following type of documents:

- Consent Form
- Immunisation Record

- Inpatient Resource
- Leaflet
- Letter
- Patient Record (Medical Record)
- Police Check (HR)
- Poster
- PowerPoint Slides
- Questionnaire
- Reference (HR)
- Report
- Social Story Board

The top 3 languages frequently requested are: Arabic, Polish and Romanian.

And of course many documents are translated back into English for patients having moved here or returning from travelling abroad.

Overall, for the period between July 2016 and July 2020, we accommodated over 435 requests.

3. Embedding Equality Practice in our Daily Work Hate Crimes and incidents, Violence against Women

3.1 Violence, Aggression and Hate Crimes

Violence and Aggression; Zero Tolerance

Following lengthy discussions and consultation with staff about the continued use of the national campaign and strap line 'Zero tolerance', feedback suggested that staff and patients understood this to refer primarily to violence and aggression caused or related to drugs, domestic abuse, anti social behaviour. As a result the general feedback led to a decision that in more recent time this statement had become somewhat diluted.

NHS Fife continues to use the following pledge;

- To treat patients with dignity and respect
- That all staff have the right to be treated with dignity and respect and to work in a safe and non hostile environment
- That physical or verbal abuse or disruptive behaviour in any form will not be tolerated
- That any such incident will be treated seriously
- That support will be given to staff who wish to pursue legal action where appropriate

NHS Fife wished to retain this 'Pledge' but that it be supported by clear terms of reference for the future action. Furthermore, 'Zero' is impossible to attain, so for monitoring and improvement of such an outcome a new measureable statement was put in place. The forming of a strategic group, ' **Violence and Aggression Management Forum** to effectively manage, monitor and minimise acts of Violence and Aggression towards Staff, including 'hate incidents' within NHS Fife which will ensure that patients, staff and the general public feel safe and secure.

3.2 Hate Crimes

NHS Fife has seen an improvement in recording of racially motivated Incidents.

Specific provision has been made within the DATIX recording system, through a range of drop down options, which enable staff to highlight their perception that the incident is motivated by hatred. These incidents are flagged for the NHS Fife Lead Officer for Community Safety and

the Equality and Human Rights Officer, who can advise staff and managers and where necessary signpost them to Occupational Health services or referral to external support agencies or the NHS Fife staff listening service. This information is then fed back to the Violence and Aggression Forum and Equality and Human Rights Strategy Group for discussion and recommendations.

Violence and Aggression Management Forum Constitution & Terms of Reference

Pledge against Violence and Aggression towards Staff

3.3 Violence against Women

NHS Fife works closely in partnership with various local and national organizations. Fife Violence against Woman (VAW) Committee steers the agenda to eliminate violence against women and girls across all partners in Fife. The aim is to provide a “Scotland where all individuals are equally safe and respected, and where women and girls live free from all forms of violence and abuse-and the attitudes help perpetrate it”. NHS Fife has and will continue to support delivery of the local VAW actions plan by providing training and advice to staff predominately within the NHS and other 3rd sector agencies through the MARAC training, Female Genital Mutilation (FMG) and Zero Tolerance training and also participating in Multiagency Risk Assessment Conferencing (MARAC) by supporting joint working where the individual requires ongoing care or treatment. We have also commenced and aim to establish action planning within our present roles to promote equality across Fife so all agencies are working and establishing the same outcomes. The Gender Based Violence Nurse Advisor Specialist also provides a holistic support service for any individual who has sustained a rape or sexual assault. This is completed with Police, Forensics Services and also FRASAC (Fife Rape and Sexual Assault Centre) to provide a continuum of care.

NHS Fife has and will continue to promote positive gender roles in appropriate project work and seek to early identify any patient or staff domestic abuse throughout services, by focusing on particular settings such as mental health, addictions, women’s services and at Accident and Emergency. At present NHS Fife have 3 trained members within our GBVNAS (Gender Based Violence Nurse Advisory Service) who have

completed the necessary trauma informed training within our colleagues within the partnership for response to any individual or member of staff who have sustained any form of inequality and abuse. NHS Fife has and will continue to conduct campaigns in accordance with all the Fife Violence against Women Partnership agencies and work to achieve transparent networking and social campaigning.

3.4 Training and Development

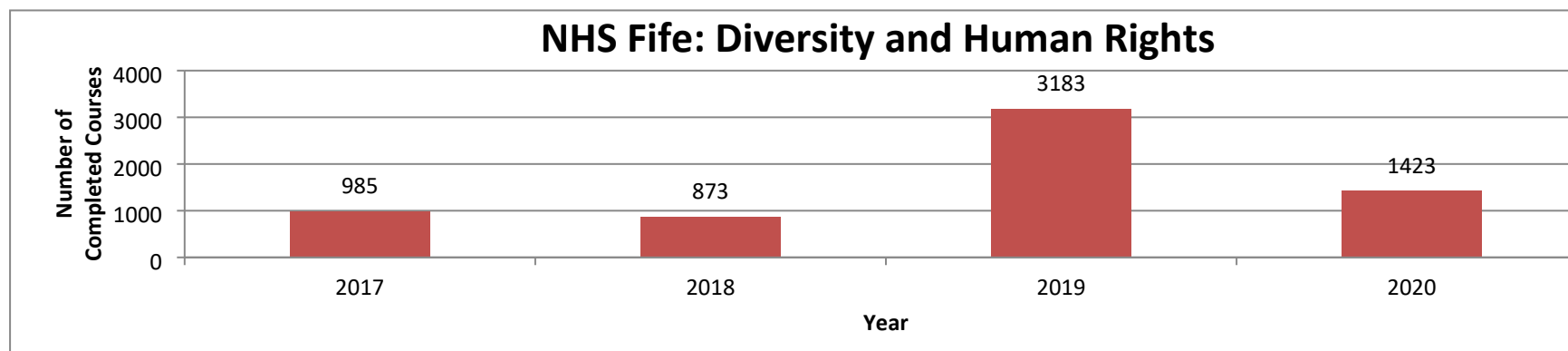
NHS Fife continues to develop a suite of learning and training opportunities on various aspects of Equality and Human Rights for all disciplines and professions and at all grades. NHS Fife provided 25 Deaf awareness sessions.

The sessions included a mixture of sessions, bespoke to department needs and ranging from between 30 minutes to 60 minutes, with over 128 staff members attended the sessions across various NHS sites.

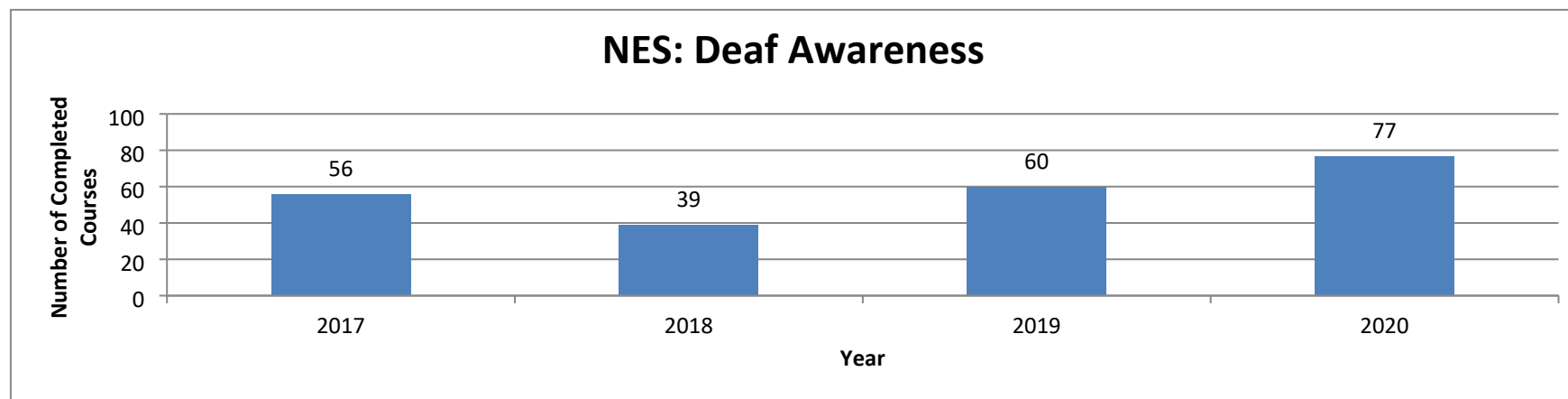
[Report on Pilot Deaf Awareness Sessions for Staff 2017](#)

NHS Fife also hosts the following e learning modules with the following completed over the past 4 years. A noticeable difference in those completing these modules is demonstrating staff awareness of equality and human rights and learning needs on these subjects.

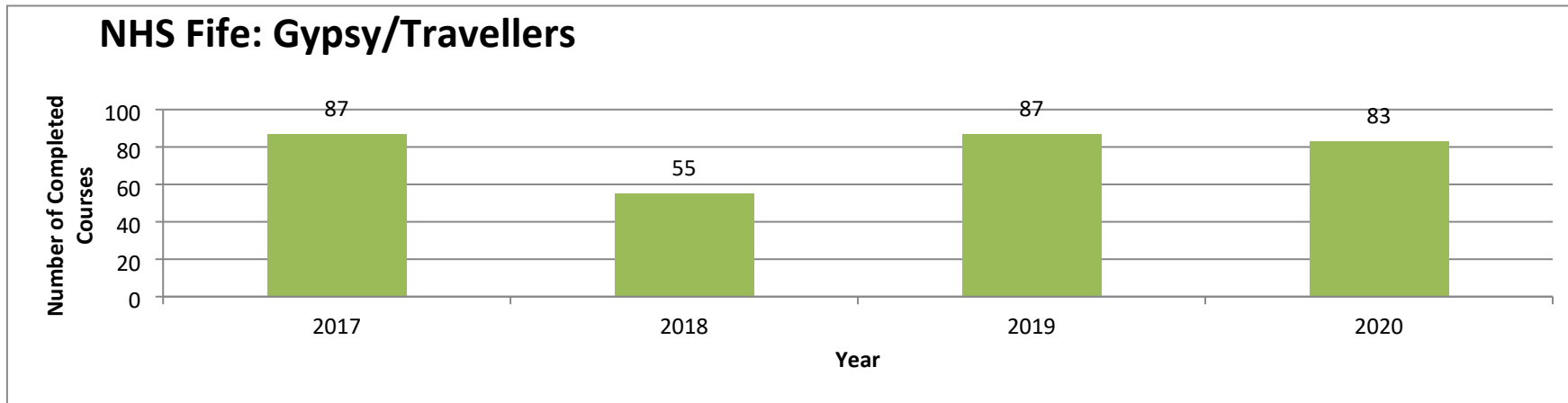
Course: NHS Fife: Foundation Equality, and Human Rights Course



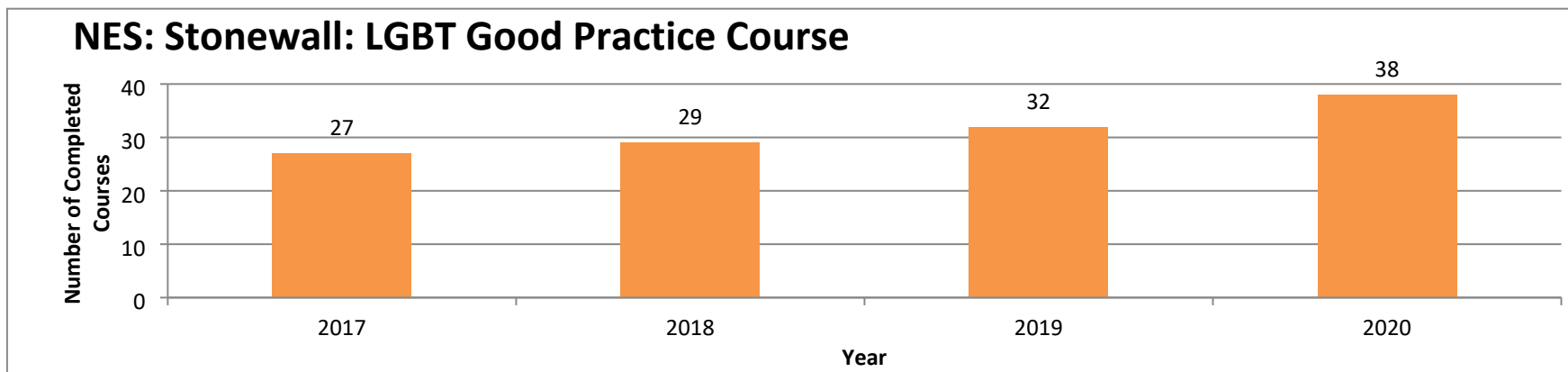
Course: NES: Deaf Awareness Course



Course: NHS Fife: Gypsy / Travellers Course



Stonewall LGBT Good Practice Course



3.5 Health Promotion Training Programme

The 2019-2020 edition of the Health Promotion Training Programme features a wide range of free training courses aimed at helping people working in Fife to contribute towards preventing ill-health, improving health and wellbeing and reducing inequalities in health across Fife.

Focusing on prevention and tackling inequalities is a key strategic priority for Fife Community Planning Partners. The training opportunities offered through the program directly support many of the ambitions and priority themes set out in Fife Local Outcome Improvement Plan 2017 - 2027 'Plan4Fife'. NHS Fife is pleased to support this agenda on behalf of the Fife Communities and Wellbeing Partnership.

This programme is produced by the Health Promotion Service, part of Fife's Health & Social Care Partnership. NHS Fife is delighted that many of our colleagues from various different organisations in Fife continue to work with us to share their expertise and ideas through the delivery of this program. Programs also receive funding and support from Fife's Health and Wellbeing Alliance.

NHS Fife offers an extensive suite of Mental Health Training courses which directly support delivering the priorities in Fife's Mental Health Strategy 2019-2023 "Lets Really Raise the Bar".

Some of the courses such as safeTALK, Reducing Health Inequalities and Steps for Stress can be delivered in-house to meet the needs of specific services.

4. Improving Access and Information for British Sign Language (BSL) Speakers to Eliminate Unlawful Discrimination

- We will continue to learn from and understand the needs of the British Sign Language (BSL) community by regularly meeting with BSL speakers and involving them in the work of the Participation and Engagement network and forum.
- We will draft and monitor the BSL patient experience, presenting these to services and corporate functions with the aim to raise awareness and make service improvements.
- We aim to improve the range of materials available to our BSL community, ensuring they have equal access to health information.

Following the British Sign language Act of 2015, NHS Fife has had a BSL operational action plan (2018-2024) in place and worked closely with partners including our BSL interpreting provider and our local Deaf Communication Service to do the following;

- deliver more information in an accessible format – information translated into BSL,
- to engage in a group forum to allow us to have direct communication with Deaf and hard of hearing individuals,
- to continue to improve access to services by improving our communication routes such as making improvements to our text messaging system.
- Monitor feedback and complaints and take action to address these

An example; a forum member raised a concern about the use of online BSL interpreting via a technological device (interpreter on wheels), for a visit to the hospital. NHS Fife reviewed the guidance for the use of the on line devices for BSL interpreting and by working with the group forum and the individual we redrafted the guidance and criteria for use.

NHS Fife provides a public/patient drop in session once a month, which helps our BSL speakers and hard of hearing patients to talk with us directly, raise any issues, provide a comment and give us feedback and tell us about their experiences. See further actions undertaken in the attached health section of the action plan.

[Outcome 6: Health, Mental Health and Wellbeing](#)



5. Promoting Health of Looked after Children to Ensure Improved Health Outcomes, by Advancing Equality of Opportunity and Eliminating Discrimination.

NHS Fife key actions listed in the Mainstreaming plan were as follows;

- NHS Fife will provide a Looked After Child (LAC) Health Assessment for all LAC children, supporting access to adult services and addressing immediate health needs.
- NHS Fife will ensure a competency framework is in place for all nursing provision for LAC, to ensure the best standard of care is provided for the most vulnerable children.

The school nurse service offers a Health Needs Assessment for all those individuals newly received into care, within the recommended 4 weeks. Many of the health needs identified by School Nurses remain an issue for children and young people as they move into adult services. NHS Fife recommends the provision of an advocate for all Looked After Children. We will continue to highlight the need for all Looked After Children to have an advocate to support them in their choices, reducing disadvantage and discrimination in access to services, support and health. We will continue action to address these issues, with further actions detailed in the children's plan.

Advocacy provision is managed by Fife Council Social work, NHS Fife recommends advocacy be provided for all young people, if consenting at the Health Needs Assessment. The summary of the Health Needs Assessment is provided to Fife Council Social Work. NHS Fife has put in place a competency framework for undertaking Health Needs Assessments for the school nurses.

6. **Improving Patient and Community Relations; Fostering Good Relations**

NHS Fife stated they would;

- Establish a forum to take responsibility for driving the participation and engagement agenda and ensuring alignment and coordination across all work streams, really embedding the patient and public viewpoint.
- We will ensure that the new forum will include a wide range of stakeholders.
- We will source ‘Ambassadors’ from our planning areas across Fife to ensure that many different views are heard.
- And we will have structures which enable those voices to be heard.
- NHS Fife will ensure that services become aware of the role of the ‘Local Area Coordinators’ and that health services are able to sign post appropriately.

6.1 A revised model for public participation and engagement

NHS Fife has established a working model for participation and engagement. The model supports services to involve, consult, engage and participate at the right level. Partners come together with NHS Fife to provide an advisory group which helps services to engage effectively, and supports their participation work to be more inclusive. The advisory group works to service public interests across both NHS Fife and Fife Health and Social Care Partnership. A large directory of public contacts has been established with individual’s interests and lived experience recorded. An advisory group guides the process and provides an inclusion focus for any service requesting participation or engagement with those involved in the directory. We work in partnership with local agencies to also seek views and experiences. A fairer and more representative participation and involvement approach is also supported by participant forums and network meetings.

6.2 Advocacy

NHS Fife continues to be a joint partner in the development and delivery of Fife Advocacy Strategy. NHS Fife participated in joint advocacy development sessions with local providers aimed at establishing a joint working statement and to set the future plans for the drafting of a new Advocacy strategy. Ipads held on each ward have also provided the patient with access to their advocate, thereby continuing the advocacy support for the individuals and helping to maintain that important relationship, whilst in hospital.

Advocacy continues to support patients to effectively make comments, complaints and raise concerns.

A series of pop ups were held across NHS Fife premises during 2018. Patients, staff and public were offered information and details of how to access advocacy services. For more details click on [Fife Advocacy Strategy 2018-2021](#)

6.3 Children's Services



Children's Services has made a commitment to ensure that its responsibility of the United Nation Convention on the Rights of the Child (UNCRC) requirements to the Scottish Government is undertaken effectively and have developed a number of steps to ensure that they are embedded into day to day practice.

Children's Services has prioritised promoting the needs and rights of children, young people and their parents and carers, recognising that they should be central to all assessments, interventions and planning.

Children, young people and families' views are listened to, valued and respected. Best practice recognises and values the importance of working with children and young people and their families in a manner that supports them to feel empowered and meaningfully engaged in any assessments and planning for them.

The following developments have been undertaken:

- Development of Children and Young People's Engagement and Participation Framework' to support services to consider how they can engage children and young people in decision making processes
- Implementation of Children's Rights & Wellbeing Impact assessment
- Development of Wellbeing / Rights Wheel
- E-learning module and 7 minute briefing to increase awareness of all staff across services.
- Undertaken consultation with children , and young people to inform new priorities for Children's Services Plan
- Undertaken further engagement with young people and families to review services delivery during COVID 19

- Use of digital platforms to share accessible information
- School Nursing, Health Visiting and Family Nurse Partnership undertook test of change to support Excellence in Care developments.

Excellence in care leaflet

The Rights Wheel



Children's services have paid particular focus to participation of children young people and families, using the 'What Matters to you' program to further engage and listen to individuals and groups. This opportunity helps develop closer working relationships with families in order for children's services to learn more about how they can provide better care and support.

These person centred care approaches aim to improve outcomes for patients. Here is a copy of the report from NHS Fife Children's services 'What matters to you?' work.

[Community Children's Health Services](#)

7. Reducing Stigma of Mental Illness to Eliminate Unlawful Discrimination

7.1 Walk a Mile 2019

One of the main purposes of Walk a Mile is to bring together professionals, carers and people with lived experience so they can get to know each other and walk a mile in each other's shoes. It's an activity that aims to tackle stigma that stops people speaking about their mental health.

2019's Walk A Mile was on the 25th of June across 3 venues in Fife - Silverburn Park, Stratheden Hospital and Queen Margaret Hospital with over 150 participants taking part. During the walk participants were asked to discuss questions from the Conversation Cards that were given out. "What difference can it make if someone asks if you're okay and really listens?" and "How do you care for your own mental health?"

At the end the walkers were asked to fill out the back of the Conversation Cards, which asked if they had been inspired by the day and if so, what they were going to do. Some of the comments returned were:

- More exercise. Speak to son more about mental health, Once monthly walk a mile would be great.
- On the walk I couldn't tell who was 'ill' and who wasn't. The gap is not so big. I need to remember that.
- Talk about mental health more. Not just at work but personally too.
- It inspired me to reflect on current mental health services and how they can be improved.
- How good walking is for mental health as well as physical health!
- Keep challenging stigma at every opportunity



- Try to not be afraid to discuss when things aren't going well and foster environments where people feel comfortable to discuss their mental health.

[Walk a mile](#)

8. **Improving Access to Services for People Experiencing Discrimination on the Grounds of Poverty**

8.1 Poverty

In practice, NHS Fife said they would;

- Focus efforts which enable staff to recognise the combined negative impact and nature of both the characteristic of the individual and situation in generating inequalities and strategies for them to adopt to address this.

Poverty affects a significant proportion of the Fife population and can have a big impact on many areas of peoples' lives. This can include their mental health and wellbeing, their ability to develop skills and learn, find or maintain employment and can threaten basic needs such as access to health, food and housing.

The Fairer Scotland Duty 2018, Part 1 of the Equality Act 2010, came into force. This duty requires us to pay 'due regard' as to how we reduce health inequalities and negative outcomes arising from any social or economic disadvantage, when making decisions. This duty is now an integral element to the Equality Impact Assessment process for NHS Fife, and, as such the impact of poverty and financial exclusion is considered with any potential impacts recognised and a reasonable adjustment made. This area of work is embedded into many areas across the whole system, including training, joint work between health and community planning, locally provided community support and developments, and food and heating provision.

Across some NHS Fife services there are Citizens Advice and Rights Fife (CARF) staff that are located on site in the departments, such as in Midwifery, to support individuals with financial concerns. This model offers direct and inclusive access to financial help. Alongside this way of working and in addition to this model of direct access, NHS Fife addresses social and economic disadvantage by training staff to identify financial poverty. A range of courses, gives staff the confidence and communication skills to sign post and support individuals to local financial services.

The Poverty Awareness Training Programme 2019/20 offered free training to support all public and voluntary sector workers in Fife. Courses were suitable for people who had little experience of supporting service users with these issues and/or those who wished to update their knowledge and skills in these areas.

This training programme is funded by Fife Partnership, through the Plan 4 Fife to tackle inequality and work towards a fairer Fife.

Fife Health & Social Care Health Promotion Training Team carried out the operational organisation and coordination of the programme while Fife Council, Child Poverty Action Group (CPAG) Scotland, Citizens Advice and Rights Fife (CARF), Education Scotland, Fife Gingerbread and Health Promotion were involved in the delivery and facilitation of each course.

The following courses were available:

- Introduction to understanding Households in Financial Crisis
- In-work Poverty Training for Managers
- Supporting Low-Income Households to Manage Benefit Changes
- Steps for Stress Workshop
- Hey Girl - Period Poverty
- Universal Debit

- Pimp my Purse
- Do your bit – help to reduce Child Poverty
- Supporting Hard Up Households (eLearning)
- Welfare Reform: What you need to know (eLearning)

A total of 15 face to face courses were offered. A total of 125 participants were in attendance.

Poverty Awareness Training Programme 2019-2020

[Poverty Awareness Training Report 2019/20](#)

- We will continue to develop our partnerships across community planning and within the ‘locality’ arrangements, providing support for public health initiatives and efforts to improve the local infrastructure which is in the spirit of sustaining and optimising health and wellbeing.

Locality planning; established across the 7 committee areas in Fife, have a core group and a wider stakeholders group, which meet twice a year. The locality groups meet to address locally identified priorities and establish new joint ways of working.

- It is envisaged that many partnerships between services will develop in the ‘community hub’ setting. These ‘hubs’ will aim to address social disadvantage for the patient (NHS Fife Clinical Strategy, 2016-2021).

Community health and wellbeing hubs are now open and running across Fife in different locations. These provide a source of contact for the public with housing, social work and health. The ‘hubs’ have supported many people to access further help and support.

The NHS Fife 'Carers and Patients Information Point' will support signposting thereby advancing equality of opportunity.

The Health Promoting Healthcare Services framework supports the patient's right to health information and support for social aspects of their care whilst in Hospital.

The Carers and Patients Information Point (CPIP) has supported many patients, relatives, visitors and staff to source information, help with referrals to partner organisations and find a local community support group. The CPIP is manned by organisations such as the Carers Centre, Fife Young Carers, MS Society, Fife Disability Housing Association, etc, A rota is in place and operated with each organisation hosting their service on a monthly basis. The main information requested is for dementia and mental health.

9. Providing Ethically Sourced Goods and Services

9.1 NHS Fife procurement is committed to comply with the Equality Act 2010 and will ensure procurement services are delivered in a non-discriminatory manner that ensures fairness and equality to all stakeholders. NHS Fife procurement will work towards preventing and eliminating discrimination between people on grounds of race, disability, gender, sexual orientation, age and faith or religion by making sure that we build equality and diversity into all our working practices.

NHS Fife procurement will:

- Make sure that we purchase goods, services and facilities in line with our equalities and diversity commitments.
- Not use suppliers or organisations who do not share our values on equality of opportunity and diversity.
- Ensure all businesses from diverse communities have an equal opportunity of competing for NHS Fife procurement contracts.
- Ensure SMEs have an equal opportunity of competing for NHS Fife procurement contracts.

NHS Fife pledged to purchase goods and services from ethical providers, continuing to build on our original outcome from our Equality Mainstreaming plan of 2013-2017. This outcome is now embedded, as ethical procurement must be an integral element of the operational partnerships and agreements with providers. All documentation has a requirement to request a copy of the providers' equality policy or statement of such equivalent with regard to the Equality Act (2010). Fairness Matters, The Fairer Fife Commission, November 2015 supports the need for NHS Fife to further embed its ethical practice to reduce health inequalities at a local level by increasing local procurement from local sources. Our intention to commission and procure local services by NHS Fife also enables us to contribute to addressing inequalities for local population by securing employment and local economic growth for all.

NHS Fife continues to work within given NHS Services Scotland National Procurement Policy.

10. **Equality Impact Assessments**

10.1 A full review of the EQIA toolkit was undertaken during the period between 2017 and 2021. The revised documentation ensured that the Public Sector Duty (2018) to address social and economic impacts was included. The Children and Young People's Rights Impact assessment is in place and has also been embedded into the Equality Impact Assessment toolkit. All Equality Impact Assessments will prompt staff to consider the rights of children and young people in the policy or plan that they are assessing.

The Children and Young People's Rights impact assessment includes reference and structure to enable NHS Fife to engage and involve young people, as referenced under 'Improving Patient and Community Relations; Fostering Good Relations'. An appointed children's participation officer is in post to support services to include young people and children and a joint participation and engagement structure and process is in place with Fife Council. This provides us with the assurances that children and young people are included in the Equality Impact Assessment process and that we implement, consider and address as identified any impact of service change upon young people, with young people.

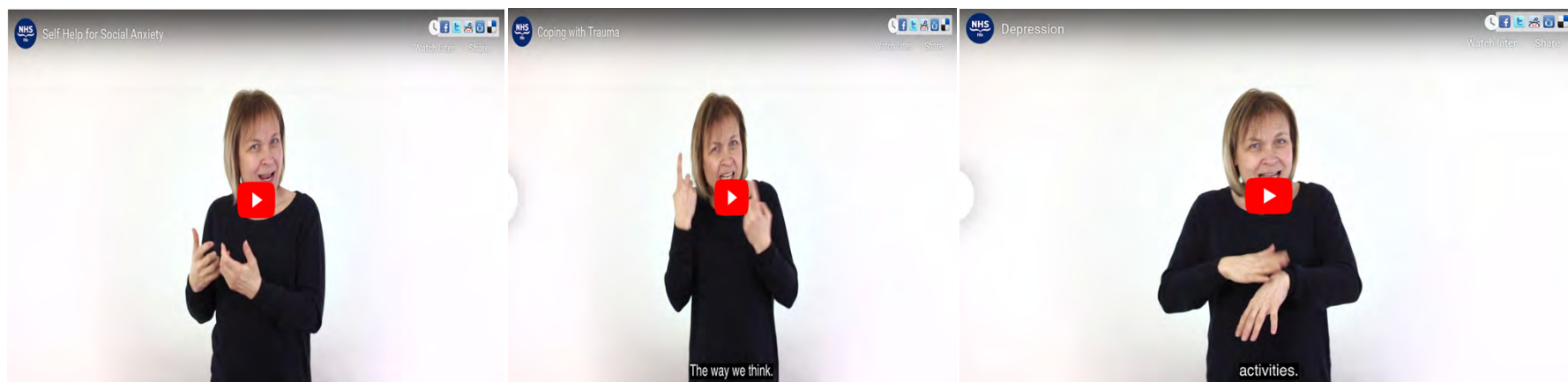
Attached is a copy of the revised NHS Fife Equality Impact Assessment toolkit.

11. Equality Outcomes 2017-2021

11.1 Equality Outcome 1 *Patients living with a disability are supported to effectively manage their own health.*

NHS Fife have increased the range of information in British Sign Language (BSL) and promoted access to these films via our local BSL interpreting provider, including on their websites, our websites and YouTube availability. Availability of mental health information has increased over a range of subjects including expanding the resources available to support mental health and these are now hosted onto a new NHS Fife website called Access Therapies Fife. NHS Fife will continue to prioritise BSL health information in video formats.

Self help for social anxiety, coping with trauma and depressions, are three of the recently published resources supporting mental health.



A test and trial location for the use of a ‘coaster’ system which helps hard of hearing patients to know their appointment is being called is ready to take forward. This work will take place in an audiology clinic where waiting times can be lengthy. The coaster system will offer the patient the security of moving about, going for a rest break etc whilst waiting. This service improvement has been led by patient feedback, complaints and involvement from local hard of hearing groups.

Not all disabilities are visible

For ‘What Matters to You Day’ in 2018, NHS Fife worked with the Fife Branch of the National Ileostomy (Fife IA) and Internal Pouch Association to help raise awareness of the condition.

Person Centred Care; NHS Fife brought the issue of a ‘hidden disability’ to the staff and public attention. The awareness work centred on an experience that the Chair of the Fife National Ileostomy association group shared at a public participation network meeting. The Chair talked

about someone with a hidden disability being challenged after using a ‘disabled toilet’ (the toilet had a wheelchair symbol on it). The person using the disabled toilet had been verbally abused and felt very distressed after the experience.

The Fife IA support group and the Equality and Human Rights team worked together and in conjunction with Grace Warnock (Scots Young Person of the Year 2018) to promote ‘Grace’s Sign’, the sign promotes accessible toilet signage in public areas. We linked the planning and activity for this work to ‘What Matters to You Day’ for 2018. Fife IA designed a questionnaire and a poster for their pop-up session, NHS Fife helped with the design and the content of the various communications.



NHS Fife continues to work closely with the local support group, to ensure adaptations and signage improves throughout all NHS Fife locations. Recent patient information stands have highlighted the campaign to improve awareness about hidden disabilities.



11.2 Equality Outcome 2 *Spiritual needs of patients are met.*

The Department of Spiritual Care set out to complete two major developments in 2018. One was the completion and launch of NHS Fife's first Fife-wide Spiritual Care Policy.

The policy promotes person-centred Spiritual Care that is safe, accessible, caring and compassionate. The policy also affirms the importance of spiritual care and outlines the responsibilities of all staff.

This ensures that staff has awareness of: the religious and cultural needs of patients should be adhered to; personal beliefs and faith of the patient are respected; and highlights the importance of spiritual care as a core dimension of Person Centred Care; integral to a patient's journey and quality experience.

Following the publication of NHS Fife Spiritual Care Policy, there have been requests from a number of Health Boards in Scotland and two Health Trusts in England requesting permission to include the Policy as part of the revision of their own policy.

Over the past 12 months, the UK Board of Healthcare Chaplaincy has been undertaking a revision of its Professional Standards for Healthcare Chaplains. NHS Fife's Head of Spiritual Care has participated fully in these discussions and the development of Professional Standards for Scotland (Spiritual Care). Many of the key principles contained within NHS Fife's Policy are reflected in these recently approved standards.

The second major development was the launch of a set of Bereavement Resources, including the provision of the national information pack to support those who experience bereavement. The pack contains a booklet highlighting the practical steps the bereaved are required to undertake following a death, as well as information about support groups and other useful resources. The Bereavement resources support the delivery of sensitive care of the deceased, the bereaved and staff. As a result of the work in this area, the Department was asked to make a presentation to NHS Scotland's first ever National Bereavement Conference in November 2019. Subsequently, the Department was invited to participate and

contribute to the development of Scotland's new national "Bereavement Charter for Adults and Children" which was published in June 2020. This has been translated into the main languages used within Fife.

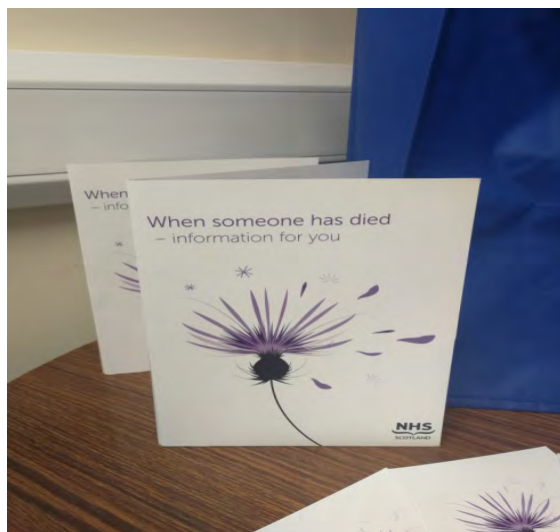
The Respect Resources can help those who are bereaved to start that process of grieving, and as a resource to help focus and open up a conversation about bereavement and loss which is part of the grieving process. 'Respect Resources' including 'Respect Cards' have been created as a visual indicator to 'visiting staff' that a death has occurred on the ward. 'Respect Bags' for the deceased's possessions have also been produced and range from a small pocket sized bag for personal items such as jewellery, to larger bags for items such as clothing. These Resources have made a positive impact in clinical areas and have been well received by both staff and the bereaved. Following a generous grant from Fife Health Board Endowment Fund, we have been able to secure a further stock of these resources. The resources were also well received nationally and a number of Health Boards have developed their own resources based on those used within Fife.

The Department of Spiritual Care developed a number of additional resources, during 2020, to support staff working with the bereaved. Due to changes in the way that Boards were required to issue Medical Certificates of Cause of Death and the way in which the bereaved are required to register the death, work was undertaken with the Patient Relations Team to develop a central team to support clinical staff and the bereaved during these unprecedented times. As a result, those experiencing bereavement continue to receive a national information pack and information about local support groups based in Fife, as well as being signposted (where appropriate) to other sources of support.

What difference is it making?

The Spiritual Care Policy raises awareness to all NHS Fife staff of the importance of Spiritual Care for patients, service users and staff. Spirituality is an important part of a person's journey and can impact a person's wellbeing. As such the policy and procedures explain why Spiritual Care is essential, and why staff should recognise and support appropriate spiritual care. This is keenly seen when there is a wide

recognition about the importance of spiritual care and that despite restrictions that NHS Fife has had in place, NHS Fife has continued to meet the religious and cultural needs of patients.



The Department of Spiritual Care works closely with local belief communities to identify specific needs, especially around end of life care. Regular joint meeting and consultations with representatives of the main belief communities takes place and is hosted by NHS Fife.

11.3 **Equality Outcome 3** *Health of the Gypsy Traveller Community is improved.*

NHS Fife Gypsy Travellers Steering group is a partnership which continues to make progress to reduce inequalities for Gypsy Travellers living and travelling through Fife, by working together.

Following successful locally held national meetings with various health boards and wider organisations, Fife supported the drafting of the national Gypsy Travellers Delivery plan. The local steering group action plan is reflective of the national plan. As a result of this national leading role and significant local partnership work NHS Fife secured funding for one of the national test of change projects. The project was a one year funded test of change called 'Mums matter'.

The project aimed at addressing disadvantage caused by financial and social inequality. Mums matter was fully evaluated and has been able to demonstrate a development of trust and mutual respect between NHS Fife and our local Gypsy Travellers mums. In particular for the first time in Scotland, NHS Fife has seen mums being part of the Family Nurse Partnership.

NHS Fife continues to have good links with the community with the aim to continue to improve our engagement with them and reduce health inequalities.

See [Mums Matter Report](#)

11.4 **Equality Outcome 4** *LGBTi + people experience improved services.*

The establishment of the Fife LGBTI network has provided much opportunity to engage further with the community and involve them more in the patient centred care. Working with the LGBTI network has given NHS Fife opportunity to engage further and explore the needs of those who are Transgender. A group involving participants from the local transgender community, has enabled NHS Fife to listen more effectively to their experiences and understand inequalities for this community.

Using ‘The Voice’ tool kit and working with Healthcare Improvement Scotland, Participation and Engagement Team, NHS Fife Sexual Health Services and LGBTI network coordinator were able to draft a project plan which would take forward enquiry into the health inequalities experienced by Transgender community.

The aims of the work include;

- To find out more about the needs of the transgender population to inform future developments
- To find out more about what works well and where service improvements are required
- To increase our engagement practices with key stakeholders



- To increase our knowledge, practice and skills and confidence as a workforce

A patient forum will be created that will support the focus of this work, bringing key experiences and points to NHS Fife which will improve person centred care outcomes.

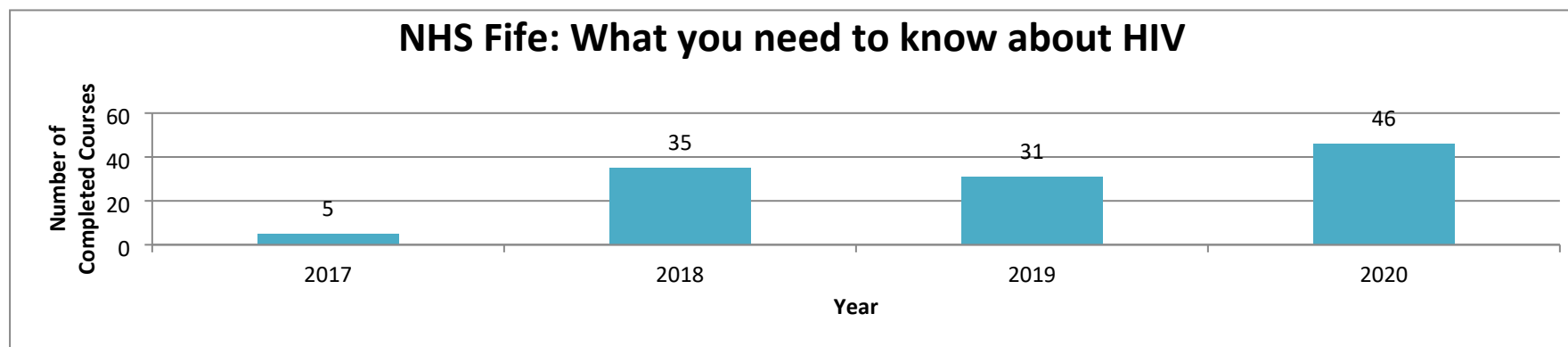
Sexual Health Fife commissioned a survey of LGBTI people in Fife. This explored the sexual health needs and experiences of LGBTI community when using sexual health services. This was carried out by our partners, The Terrence Higgins Trust and was due to be disseminated as lockdown restrictions were implemented. A short life working group is now being set up to look at the implications of the survey for service delivery in the future. Attached is the final report, a partnership working group is now established to take forward recommendations.

[Fife LGBT Community Needs Assessment Report](#)

NHS Fife has increased its LGBTI training opportunities, providing the online training Course: NES: Stonewall: LGBT Good Practice.

Over 149 members of staff across all disciplines have completed this module to date.

And ‘what you need to know about HIV’ e learning module has had 117 completed modules.



- Increased the number of engagement and consultation opportunities taken up by Transgender Fife Group.
- Continue to review information available for Transgender referrals detailed on the NHS Fife website.

Example of participation and engagement; working to be more inclusive NHS Fife has increased LGBTI engagement. The local LGBTI network are now part of the directory of public interest, included in participation and engagement structure, and receives requests via the processes for participation and engagement, on a range of health subjects and topics. Surveys are shared via our networks and lead partners.

11.5 Equality Outcome 5 *The workforce reflects the diversity of the local population.*

- To improve access to work for those members of the local population who are distant from the labour market as a consequence of factors including age or health status.

- *Active member of Fife's Developing Young Workforce Board, work with key partners to identify opportunities to support Youth Employment within Fife.*
- *Youth Employment Strategy agreed within NHS Fife, with commitment to 16 Modern Apprenticeships (MA) by 2020.*
- *Deliver NHS Career Events for S2, S4 and prospective MA's in Schools across Fife*
- *Strengthen the employment experience of minority groups represented in the workplace*
- *Communication strategy developed and implemented to support EU27 nationals throughout NHS Fife.*
- *External specialised support offered to EU27 national employees through Citizens Advice and Rights Fife. Ongoing review of Brexit transitional arrangements during ongoing negotiations between UK Government and other 27 EU Nations.*
- *Foster a culture which improves the understanding and relations between people who share a protected characteristic(s) and those who do not*

Monitor and scrutinise Violence and Aggression plus Dignity at Work complaints relating to Protected Characteristics via Violence and Aggression Management Forum.

Scrutinise results of annual Staff Survey and iMatter reports to ensure incidents of bullying and harassment are identified and corrective measures are embedded.

Expand training and support offered to (Dignity at Work) Confidential Contacts, ensuring their training covers Equality and Diversity agenda.

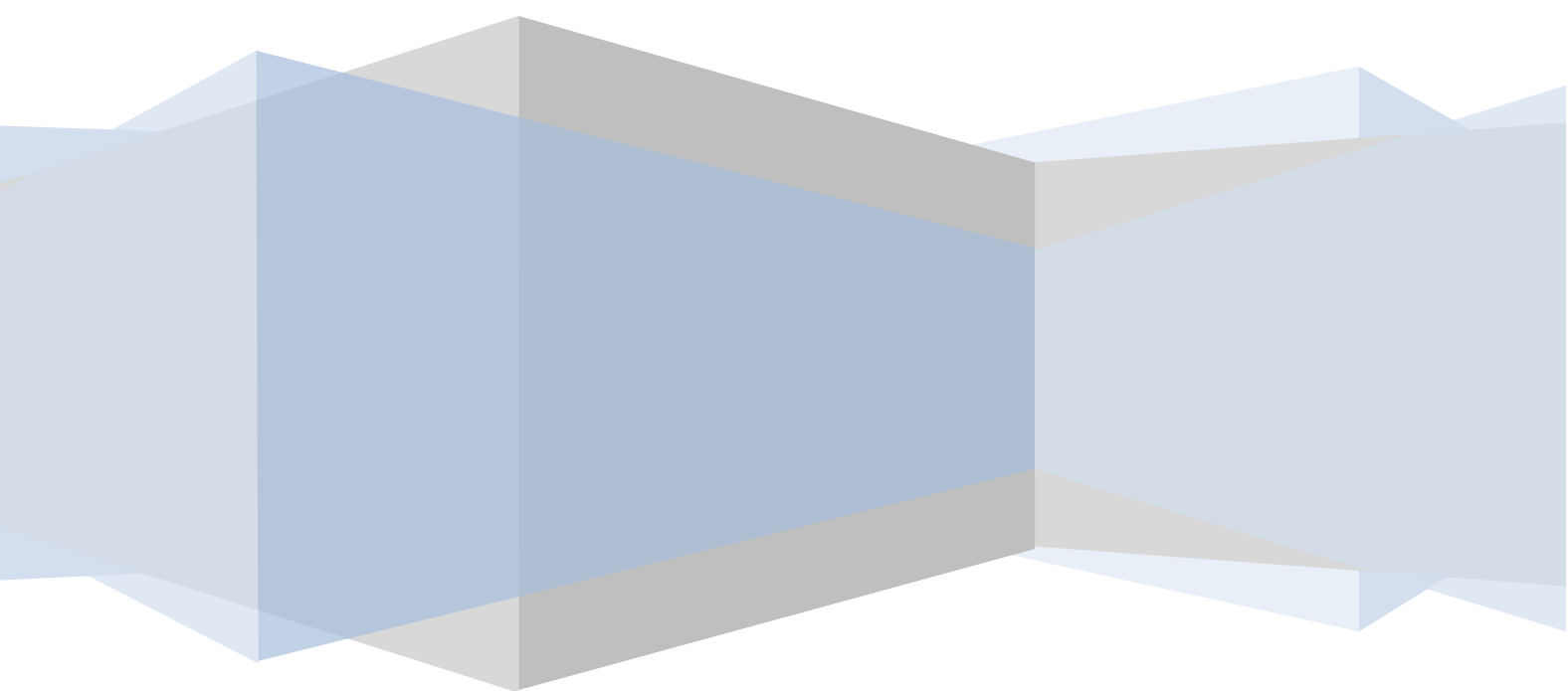
A concerted effort has been made to support youth employment within NHS Fife. Supported by our Workforce Strategy 2019-2022, a commitment was made to appointing 16 Modern Apprenticeships as part of the Youth Employment Strategy. A number of these Apprentices have been appointed however our ability to appoint to all posts has been curtailed as a consequence of the Covid-19 Pandemic. This work will be progressed in the remainder of 2020 and will form the basis of additional initiatives to support other under-represented groups in our workforce such as those with underlying medical conditions, and those distant from the labour market due to other social or economic reasons.

The outcome of the Referendum on the UK's membership of the European Union has meant that the majority of our efforts to strengthen the employment experience of minority groups have focused on our non UK EU workforce. Working with the Scottish Government, a communication strategy was delivered during 2018/19 to recognise and reinforce the valuable contribution they and other employees make to the NHS in Scotland, and prepare them for the likely changes to their rights to remain in the UK from January 2021. This strategy included a series of road shows involving the EU Settlement Support Service Worker employed by Citizens Advice and Rights Fife to ensure the provision of expert advice to our employees and their families. This work will be reviewed as the UK approaches the scheduled date of departure from the EU. Supporting the employment experience of other minority groups within the workforce will be a focus of our activities during 2020 and 2021.

The positive work of the Violence and Aggression Management Form in scrutinising recorded incidents of inappropriate behaviour towards employees continues. This group play an important role in analysing the effectiveness of the application of policy, identifying areas for improvement and in ensuring staff that are subject to inappropriate behaviours are provided with support. This work is supplemented with the provision of wider support to our employees which focuses on enhancing our organisational culture through initiatives such as iMatter surveys and the Dignity at Work Policy.

NHS Fife is committed to improving outcomes for patients. Equality and Human Rights practice underpins much of what we do that achieves improvement and outcome.

NHS Fife Equality Outcomes 2021-2025





If you require this information in a community language or alternative format e.g. Braille, audio, large print, BSL, Easy Read please contact the Equality and Human Rights Team at: email: fife.EqualityandHumanRights@nhs.scot or phone 01592 729130.

If you have a hearing or speech impairment please contact NHS Fife via SMS text service number 07805800005

If you would like assistance to access this plan or with help please also contact our partner agencies at:

Deaf Communication Service

Townhouse

2 Wemyssfield

Kirkcaldy, KY1 1XW

Phone: 03451 551503

Email: swinfo.deafcommunications@fife.gov.uk

Internet : [Deaf Communication Service | Fife Council](#)

The Fife Centre for Equalities

New Volunteer House

16 East Fergus Place

Kirkcaldy, KY1 1XT

Phone: 01592 645310

Email: info@centreforequalities.org.uk

Internet: [Fife Centre for Equalities](#)

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NHS Fife is committed to making health and care accessible by eliminating discrimination, promoting inclusion and ensuring human rights based approaches underpin all our functions and services.

Aithris Chorporra NHS Fhìobha air Cò-ionannachd agus Còraichean Daonna
Is e rùn NHS Fhìobha cothroman cùram-slàinte fhosgladh le bhith a' cur às do leth-
bhreith, a' brosnachadh in-ghabhail agus a' dèanamh cinnteach gu bheil còraichean
daonna mar bhun-stèidh nar n-uile gnìomh agus seirbheis.

Welcome

Welcome to NHS Fife Equality Outcomes and mainstreaming plan for the next period 2021-2025.

Equality Outcomes are specific areas of work aimed at addressing particular inequalities for different groups and across certain services. The Equality Outcomes listed in this document do not limit our actions which address inequality but provide a certain focus for the organisation as identified from patient feedback and national and local evidence, and of which supports the legislative duties as set out in the Equality Act 2010. NHS Fife mainstreaming approaches also continues to include further development of our Equality Impact Assessments including the joint integration of our Children's Rights Impact Assessment, policy and planning and governance. In particular, to ensure a fair and equitable NHS Fife, we have created a robust and measureable public engagement and participation process, accountable and governed by Person Centred Care leadership.

It is NHS Fife intention to continue to build on the progress already made and to focus on the areas as identified in this report. NHS Fife looks forward to working across all services and functions and with our wide and diverse communities over the next four years.



NHS Fife Board Membership; Board Diversity Statement

NHS Fife makes a clear and consistent commitment to Equality and Human Rights throughout the organisation by demonstrating diversity at a senior level and amongst Board members.

NHS Fife has appointed a Non-Executive Board member to support and champion Equality and Human Rights throughout the organisation. Vacancies on the Board are widely advertised across the organisation and with the support of a dedicated communications campaign aimed at key local stakeholders, to ensure a wide and diverse group of applications.

NHS Boards form a local health system, with single governing bodies responsible for improving the health of their local populations and delivering the healthcare required. The overall purpose of the Board is to ensure the efficient, effective and accountable governance of NHS Fife and to provide strategic leadership and direction for the system as a whole, focussing on agreed outcomes.

NHS Fife is managed by a Board of Executive and Non-Executive Directors who are accountable to the Scottish Government through the Cabinet Secretary for Health and Sport.

The role of the Board is specifically to:

- Improve and protect the health of local people
- Improve health services for local people
- Focus clearly on health outcomes and people's experience of their local health system
- Promote integrated health and community planning by working closely with other local organisations; and
- Provide a single focus of accountability for the performance of the local NHS system

The functions of the NHS Board comprise:

- Strategy development
- Resource allocations
- Implementation of an annual delivery plan; and

- Performance review and management

The Board comprises 18 members, as follows:

- a Chairperson (Female)
- nine Non-Executive members, including the designated whistleblowing champion (4 are Female and 4 are Male, with one vacancy at the time of writing)
- two stakeholder members nominated as representatives from the Area Clinical Forum and Area Partnership Forum (2 Female)
- a member of Fife Council (Male)
- the chief executive of NHS Fife (Female)
- four executive directors (3 Female and 1 Male)

In the reporting period (May 2020 to April 2021), the Board has achieved the Gender Representation Objective within the Gender Representation on Public Boards (Scotland) Act 2018. One vacancy has arisen within this timeframe (for the Non-Executive Whistleblowing Champion) and one competition round has been held under the Public Appointments process, of which 13 applications (46%) were from Females. At the time of writing, the appointment process to confirm the successful applicant has still to conclude.

NHS Fife Equality Outcomes 2021-2025

These are NHS Fife Equality Outcomes for the period 2021 - 2025.

These outcomes are focussed on areas which will advance equality and reduce unfair health inequalities for our communities and to achieve this our emphasis is on both organisational and community health improvement outcomes.

Through strong leadership in the area of Equality and Human rights we will ensure that the organisation works hard to fully meet its legal duties and ethical obligations. NHS Fife will continue to provide strong leadership and in doing so demonstrate a commitment to equality.

NHS Fife has set out the following outcomes for the next reporting period between 2021-2025:

Outcome 1 Person centred care

Outcome 2 Corporate Services

Outcome 3 Corporate Management

Outcome 4 Human Resources

Outcome 1 Person Centred Care; fostering good relations and eliminating discrimination.

Mental Health Services Over 65 Services

Acute Services Discharge Planning

Corporate Services Volunteering

The physical health and mental health of those over the age of 65 and involved in adult older people mental health services will be improved.

Improve discharge planning for adult patients leaving hospital care.

Integrate pathway for adults to improve access to health and social support services.

Evidence

‘Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse. .. Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution’. United Nations Principles for Older People, 1991.

‘A Fairer Scotland for Older People a framework for Action’. Scottish Government, 2019.

Fairness Matters, 2015

Fairer Scotland Duty, 2018

Life expectancy in Scotland for the period 2015–2017 was 77.0 years for men and 81.1 years for women,⁶ which lags behind the UK as a whole, and is also one of the lowest in Western Europe.

Age is a protected characteristic under the Equality Act 2010, however age discrimination still exists. The way we think about older people may be one which reduces and limits their contribution to society and one which believes older people use significant resources within health.

Volunteering can have significant benefits for older people including reducing loneliness, providing meaning and purpose in people’s lives and keeping people physically active.

NHS Fife will improve physical health for those involved in 65+ services within Mental Health, by providing a more sensitive and inclusive person centred care

practice. We will provide opportunities for people to participate or volunteer with us to maintain and support health and wellbeing.

- All communication is provided in a format defined and agreed by the patient, carer or representative
- Patients with a cognitive impairment and who need support to communicate are given more time during appointments
- All patients are offered a physical health check as part of a specific programme of work aimed at addressing physical health needs alongside mental health needs
- Staff understand the patients mental and physical health needs including ensuring patients are provided with support to access income maximisation services
- Patients who need community language communication support whilst in long term in patient care receive this regularly via access to interpreting
- Patient engagement and participation will be increased, using a range of methods appropriate to the subject and these opportunities will be provided in supportive and accessible ways for all.
- Opportunities for older people to volunteer with NHS Fife will be increased.
- NHS Fife will ensure that all patients upon discharge will not leave our care without adequate support, shelter and food in place. In particular, we will learn from those with a cognitive impairment, and explore ways that they can give feedback about their care in order to improve discharge and other services.

Outcome 2 Corporate Services; advancing equality of opportunity, fostering good relations and eliminating discrimination.

Public Health and Health Promotion

The health of the Black and Minority Ethnic (BAME) Community will be improved.

Evidence

A Scottish Government Expert Reference Group on Ethnicity and COVID work are taking forward the following actions from the initial emerging findings. The expert reference group have made a commitment to;

- Undertaking an audit of past and current initiatives to tackle systemic racism
- Take actions to tackle the barriers faced by our minority communities in work, education, health, and housing

Specifically on data, they committed to:

- Making ethnicity a mandatory field for health databases
- Developing a linkage to the census
- Embedding the process of ethnicity data collection in the culture of the NHS in Scotland

We aim to support this work locally and improve the health of the BAME communities by;

- Improving data collection relevant to BAME communities taking a wide public health view and ensuring this is part of service development..
- Embedding an equality focus for BAME communities into our health promotion and prevention plans.
- Improving the range of health related and self help materials; communities will identify the health subjects, and following review of current publications, we will aim to make them more accessible in a way identified by the community.
- Continuing to expand, develop and ensure patients receive communication support from interpreting and translation, and achieve the best quality and value for our patients and NHS Fife.

Outcome 3 Corporate Management: advancing equality of opportunity, fostering good relations and eliminating discrimination.

Senior Management will be equality focussed.

We will improve and embed knowledge and skills at senior management level by learning, development, mentoring and leadership.

- NHS Fife board will host two equality focussed development sessions at board level each year.
- NHS Fife will be presented with service level breakdown of health issues affecting disadvantaged or minority communities.
- Senior Management will embed equality data and reporting into all governance.
- Further e learning modules suitable for senior managers will be sourced and hosted by NHS Fife.

Outcome 4 Workforce advancing equality of opportunity, fostering good relations and eliminating discrimination.

Human Resources

The health and welfare of BAME staff groups will be improved.

- We will improve engagement with particular staff groups, ensuring their voice is heard.
- We will support staff groups to establish net works and forums or other means identified by staff, to enable their voices to be heard.
- We will act on the listened to recommendations and issues faced by institutionalised behaviours that affect certain protected characteristics staff groups.
- We will provide a mechanism for feedback from BAME staff groups to be directly heard at board level.

Participation, Engagement and Consultation

NHS Fife Participation and Engagement strategy has supported the process for the consultation and engagement aspect of setting the new equality outcomes.

Consultation and feedback was requested from the 'Directory' of public members which contains details of many different groups, patients, relatives or individuals interested in health in Fife.

To find out more you are welcome to contact us at:

fife.participationandengagements@nhs.scot

NHS Fife Equality and Human Rights team is located within patient relations, which is managed by the Head of Patient Centred Care. This strategic position has enabled the team to keep listening to patient views, comments and complaints. These patient experiences, have allowed us to also identify themes from the feedback and these have then also supported the determining of our equality outcomes.

A range of services and departments were invited to establish their own equality outcomes, for example Outcome one, 'Improving the mental health of those over 65 and involved with mental health services'. Mental health services devised this outcome with the involvement of mental health patients and public participation, and will take the lead for this outcome over the next four years. Mental health services will set in place a monitoring and evaluation framework.

The Equality and Human Rights strategic group gathered together to discuss the outcomes proposed, and to further consult with their staff groups.

An Equality Impact Assessment was completed as a table top exercise but drawing from the range of comments and feedback processes as described.

Measurements

Measurements will be determined by senior leadership, senior management and service / department/ or teams and as also part of a Board development session. Support from Clinical Governance will help lead the teams through the learning and development sessions, whilst identifying key measures and indicators. Identification of the baseline and measures to demonstrate progress will then be taken forward in an action plan, which will be monitored by the Equality and Human Rights Strategy group, reportable to Person Centred Care Strategy group.

**NHS Fife is committed to making Fife a healthier place.
NHS Fife strives to improve our equality and human rights practice
in all that we do for patients, public and staff.**

Contact Details

Equality and Human Rights Team, NHS Fife

Patient Relations

1st Floor, Hayfield House

Hayfield Road, Kirkcaldy

Fife, KY2 5AH

Telephone: 01592 729130 or extension 29130

SMS Text: 07805800005 (text service for patients with a sensory impairment)

Email: fife.EqualityandHumanRights@nhs.scot

Accessible Communication Statement

If you require this information in a community language or alternative format e.g. Braille, easy read, audio please contact the Equality and Human Rights Team by email at: fife.EqualityandHumanRights@nhs.scot or phone 01592 729130

對於本手冊中的資訊，如果您需要其他語言版本或其他格式，比如盲文版、易讀版或音頻版等，
請聯繫平等與多元部（ Equality and Human Rights Department），電子郵件位址：
fife.EqualityandHumanRights@nhs.scot，或致電：。01592 729130 (Cantonese)

对于本手册中的信息，如果您需要其他语言版本或其他格式，比如盲文版、易读版或音频版等，
请联系平等与多元部（ Equality and Human Rights Department），电子邮件地址：
fife.EqualityandHumanRights@nhs.scot，或致电：01592 729130。(Mandarin)

Po uzyskanie niniejszej informacji w swoim języku lub w innej postaci np. w piśmie dla niewidomych, druku łatwiejszym do czytania czy też w formie dźwiękowej, proszę zgłosić się do Działu Równouprawnienia i Zróżnicowania Kulturowego pod adres: fife.EqualityandHumanRights@nhs.scot lub zadzwonić pod nr: 01592 729130 (Polish)

Если вам необходима информация из этой листовки на каком-либо другом языке или в другом формате, например на брайлевских листах, в легком для чтения формате или в виде аудиозаписи, обратитесь в Департамент равноправия и культурного многообразия (Equality and Human Rights Department) по адресу fife.EqualityandHumanRights@nhs.scot или по телефону 01592 729130 (Russian)

اگر آپ اس پرچے میں دی گئی معلومات کمیونٹی زبان یا متبادل فارمیٹ میں چاہتے ہیں، جیسا کہ بریل، آسان برائے مطالعہ یا آڈیو، تو fife.EqualityandHumanRights@nhs.scot پر ای میل بھیجیں یا 01592 729130 پر فون کریں۔

Meeting:	NHS Board
Meeting date	31 March 2021
Title:	Interim Property & Asset Management Strategy
Responsible Executive:	Neil McCormick, Director of Property & Asset Management
Report Author:	Scott Baillie, Capital Planning Manager

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- 2020 Interim Update of the Property and Asset Management Strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This document provides an update to NHS Fife Board on the 2020 Property & Asset Management Strategy (PAMS) as required by the State of the NHS Scotland Assets and Facilities Report (SAFR) Programme. The Boards' PAMS submissions to Scottish Government are now every two years with an interim PAMS update report required every other year. The 2019 document was a full PAMS and this is an interim update.

A further more detailed PAMS document is being developed for the summer of 2021

2.2 Background

This PAMS report is a strategic document which highlights NHS Fife's asset needs and its investment making decisions.

NHS Fife's 2020 PAMS return was compiled by the Directorate of Estates, Facilities and Capital Planning in conjunction with lead stakeholders.

The Report covers all buildings owned or leased by the Board and only references 3rd party ownership. All transport, equipment, and IM&T are covered by this report

2.3 Assessment

This 2020 NHS Fife PAMS document is now presented in the format requested in recent Guidance updates. New information has been presented on the Boards Statutory Compliance figures. The data in this document represents NHS Fife position as at 1st April 2020 and an allowance for inflation has been included since the last full report.

2.3.1 Quality/ Patient Care

Not Applicable

2.3.2 Workforce

Not Applicable

2.3.3 Financial

A summary investment plan is included within the report

2.3.4 Risk Assessment/Management

Key risks are monitored and managed in line with the Board's Assurance and Risk Management Framework

2.3.5 Equality and Diversity, including health inequalities

EQIA Assessments are carried out as and when required for significant developments and/or service changes.

2.3.6 Other impact

Not Applicable

2.3.7 Communication, involvement, engagement and consultation

Not Applicable

2.3.8 Route to the Meeting

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

- EDG, 18 February 2021
- FCIG, 25 February 2021
- FP&R Committee 16 March 2021

2.4 Recommendation

- **Decision** – NHS Fife to note and approve the 2020 Interim PAMS.

3 List of appendices

The following appendices are included with this report:

- Property and Asset Management Strategy – 2020 Interim Update

Report Contact

Neil McCormick

Director of Property & Asset Management

Email neil.mccormick@nhs.scot



Property and Asset Management Strategy 2014-20

2020 Interim PAMS

For further information on any aspect of this document please contact:

Mr N McCormick, Director of Property & Asset Management, NHS Fife
Email: neil.mccormick@nhs.scot

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1.0 Introduction

This document provides an interim update to the 2019 Property and Asset Management Strategy (PAMS) as required by the State of the NHS Scotland Assets and Facilities Report (SAFR 2017) Programme. The Board PAMS submission to Scottish Government is now required every 2 years with an interim PAMS update report required each subsequent year. This is an INTERIM update.

1.1 Progress in the Last year - Strategic Developments

Fife Elective Orthopaedic Centre

The Full Business Case project costs have been agreed at £33.2m, c£1m beyond the Outline Business Case budget.

An NSS Design Quality Review is ongoing and no major items of concern have been raised to date and Construction Contracts are being finalised in draft format.

Planning consent has now been awarded by Fife Council and works have started on site.

Fife Mental Health Project

A long and short list of options have been developed and the Strategic Case is in the process of being updated.

The Stakeholder Engagement Strategy for options appraisal will also be reviewed by that date. The target date for completion of IA is mid-2021 and the Project Board has been established.

Kincardine and Lochgelly Health Centres

The internal Project Team is being assembled and the Project Board is established. The New Project Request (NPR) for Hubco has been drafted and site selection is ongoing. Stakeholders are to be consulted on options and site boundaries are to be confirmed before Hubco commence in earnest.

Schedules of Accommodation are to be reviewed by the Project Team to ensure that the briefing is robust.

1.2 Equipment

The Capital Equipment spend for 2019/20 amounted to £2.4m which included a balance for condemned equipment. It was a challenge to prioritise capital equipment in 2019/20 as there were large numbers of requests and significant risks if equipment was not prioritised. The most expensive items ordered was the replacement of 18 anaesthetic ventilators and 31 patient monitors for Theatres at a cost of £839k. Two replacement operating tables for Orthopaedics were approved at a cost of £75k with a further two of these delayed. These will be purchased in 2020/21. Five Endoscopy stacks were approved at a total cost of £324k. A CR System for Radiology was also purchased at a cost of £206k.

For all items costing over £100k, a Business Case was prepared and tabled at the Financial Capital Investment Group meeting for approval.

2.0 Changes in Property - 2019/20

Since 31 March 2019, the following assets have been sold or are in the process of being sold:

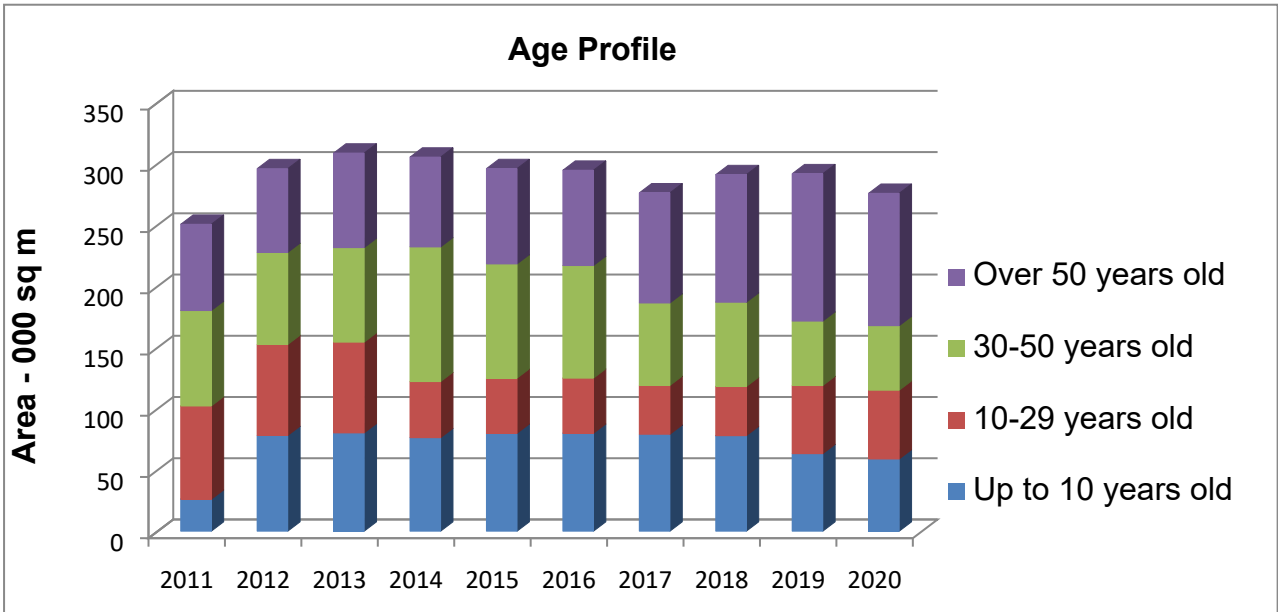
Fair Isle Clinic, Kirkcaldy	Sold 19 September 2019
Forth Park Hospital, Kirkcaldy	Sold 5 August 2019
Area Distribution Centre, Kirkcaldy	Sold 25 October 2019
North Plot, Lynebank Hospital, Dunfermline	This is in the process of being marketed, however, we are currently facing issues around access/egress and drainage capacity
Supplementary Land at Skeith Health Centre, Anstruther	Under review

The resultant Net Value of Property at March 2020 has fallen c£2.5m since March 2019.

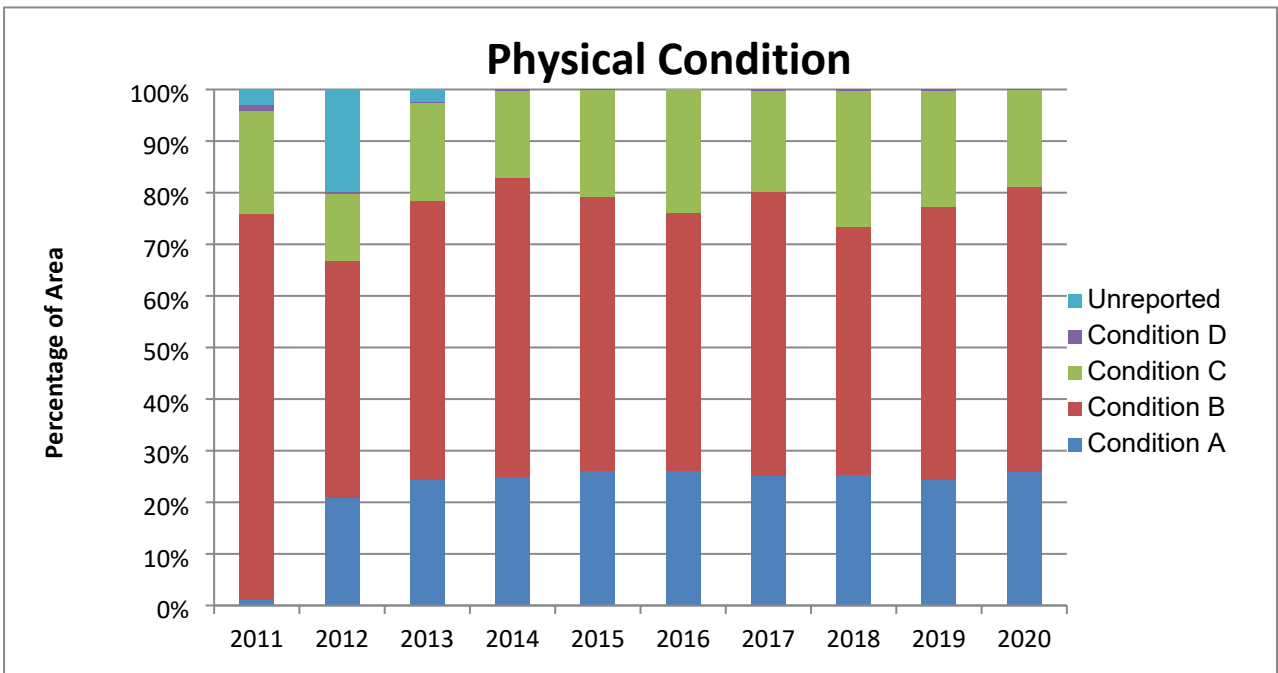
3.0 Asset Condition and Performance

3.1 State of the Board’s Property Assets (Operational Estate only)

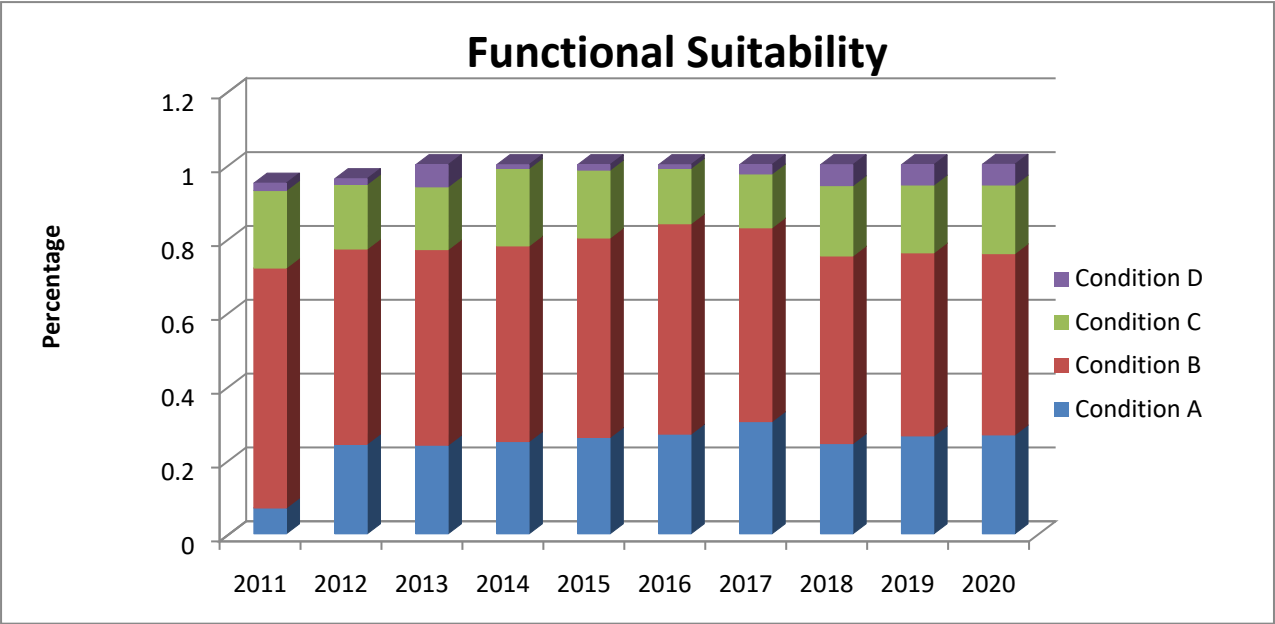
3.1.1 Age Profile



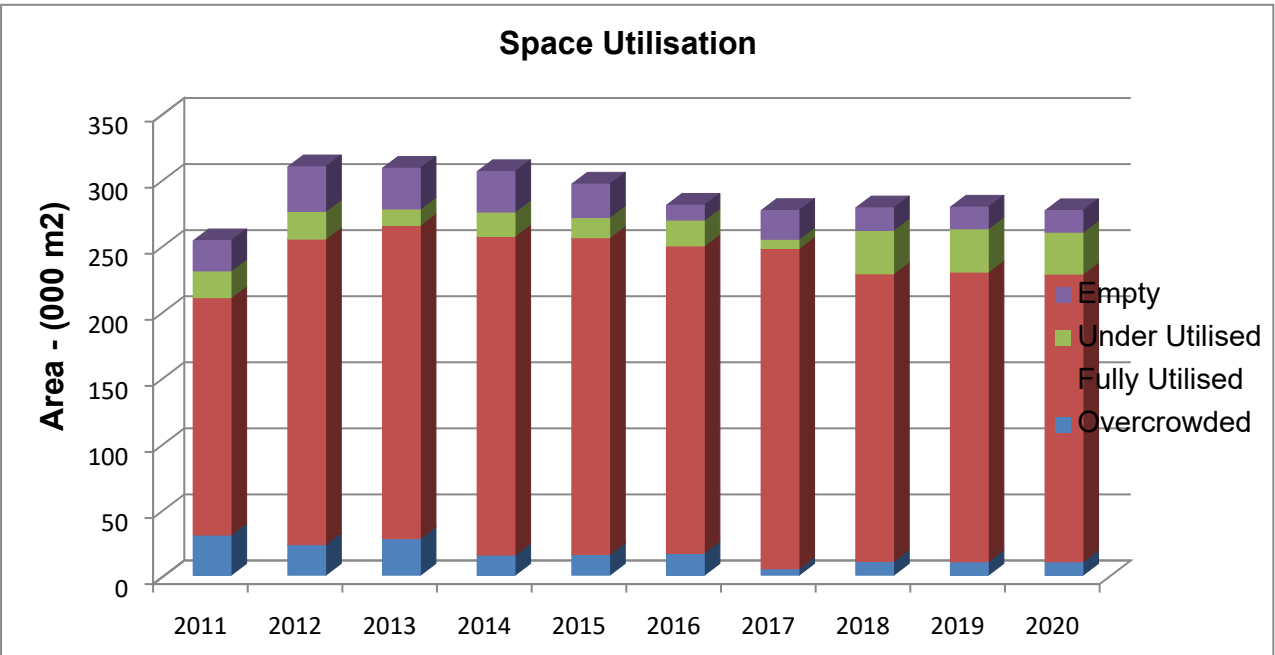
3.1.2 Physical Condition (Good - A or B)



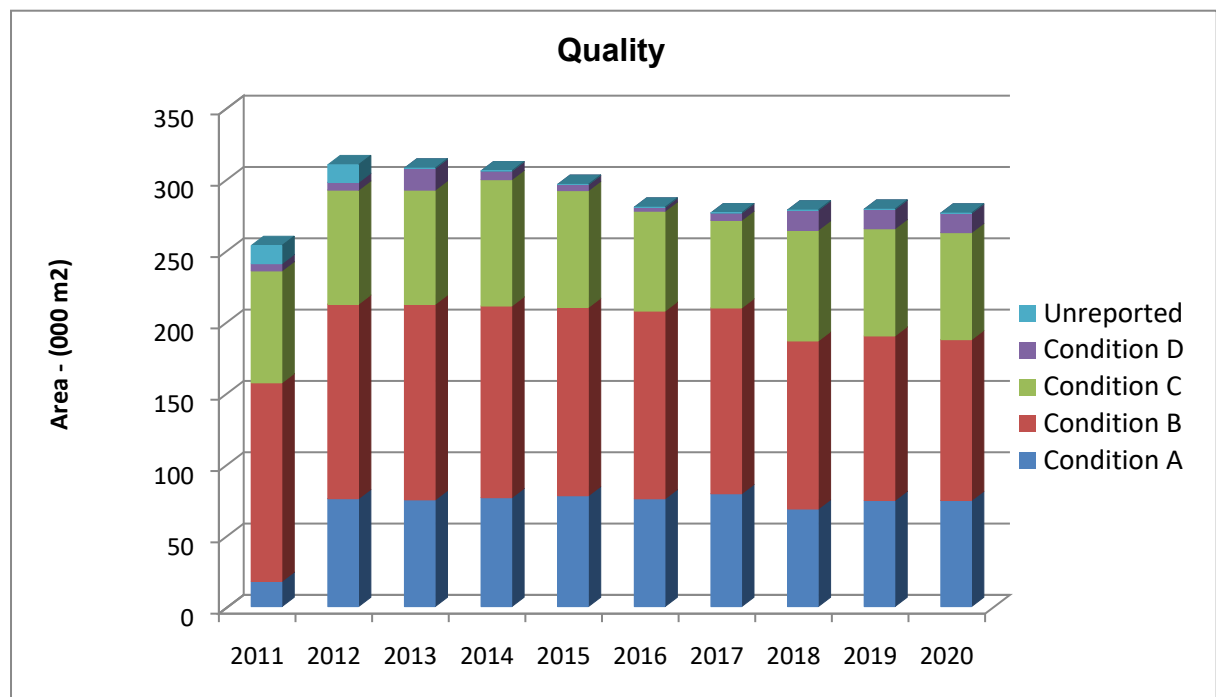
3.1.3 Functional Suitability (Good - A or B)



3.1.4 Space Utilisation



3.1.5 Quality (Good - A or B)



3.2 Statutory Compliance and Assurance

NHS Fife has continued to move away from sector-based audits to individual evidence-based site audits.

As at the end of August 2020, a total of 23 sites had their audits completed and entered in the SCART Software System. This amounts to 52% of all NHS Fife property. After the completion of the site audit, an action plan is created to allow responsibilities whereby costs and planned completion dates are assigned to allow the prioritisation of the work. All 23 sites have had an action plan created and responsibilities assigned.

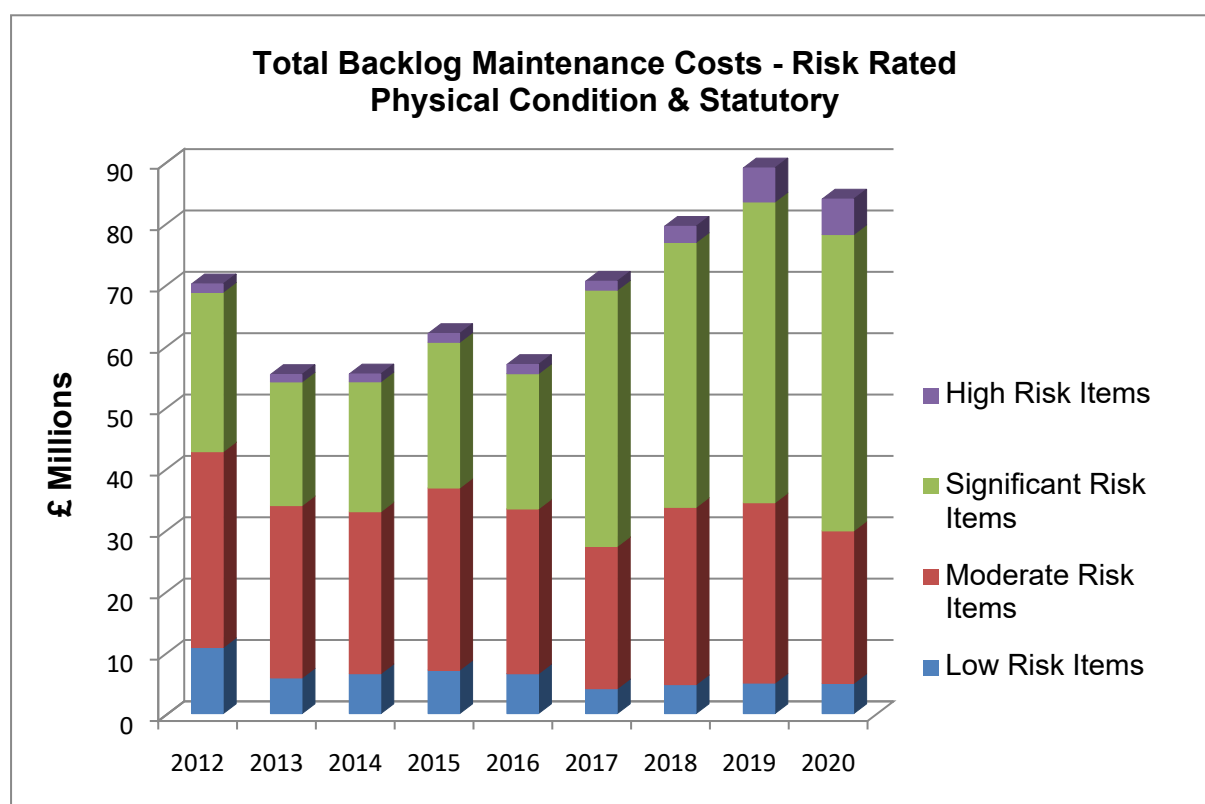
A Work Plan was created to programme all site audits. All audits were originally planned to be completed by early 2021 however, due to Covid-19 restrictions, we are now running 5 sites behind schedule.

NHS Fife has a total compliance score of 67.5% (against a national compliance score of 62.07%) an improvement from 63.5% last year.

3.3 Backlog Maintenance

The investment required to bring NHS Fife properties up to an acceptable physical condition is known as backlog costs. The guidance defines backlog costs as the costs required to bring an element up to an acceptable condition (ie A or B). The guidance also states that the backlog costs should be expressed as a works cost only. Additional costs that are dependent upon the solution chosen eg VAT, fees, decant and temporary services are excluded, however, these are included within project costs brought forward for consideration.

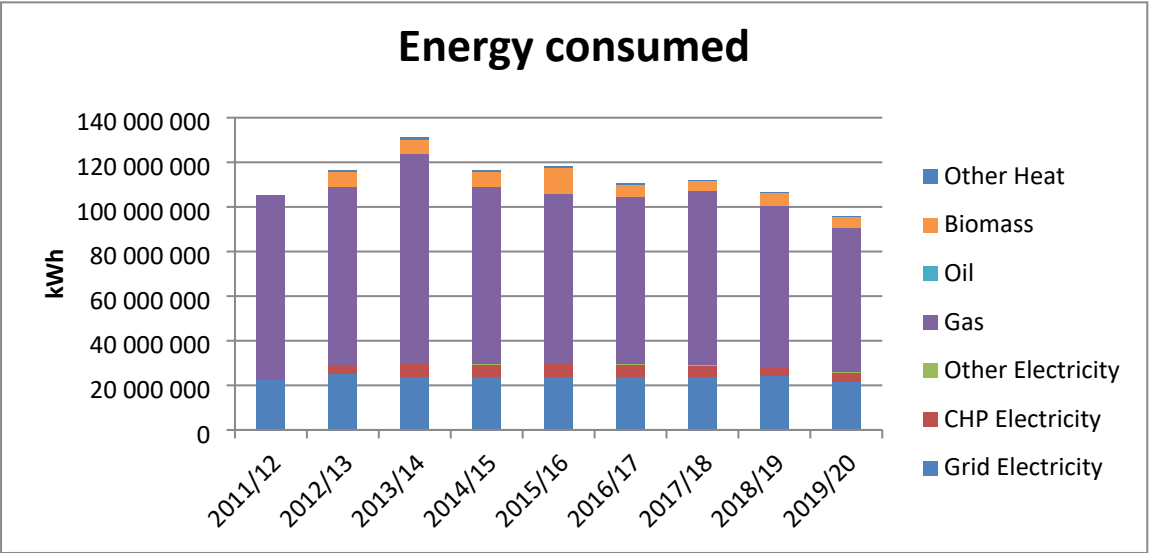
A reduction in backlog maintenance has been achieved this year from £88.9m to £83.9m mainly through the sale of Forth Park Hospital, Kirkcaldy. A minor increase in both significant and high risk backlog has been recorded at £48.3m and £5.8m respectively.



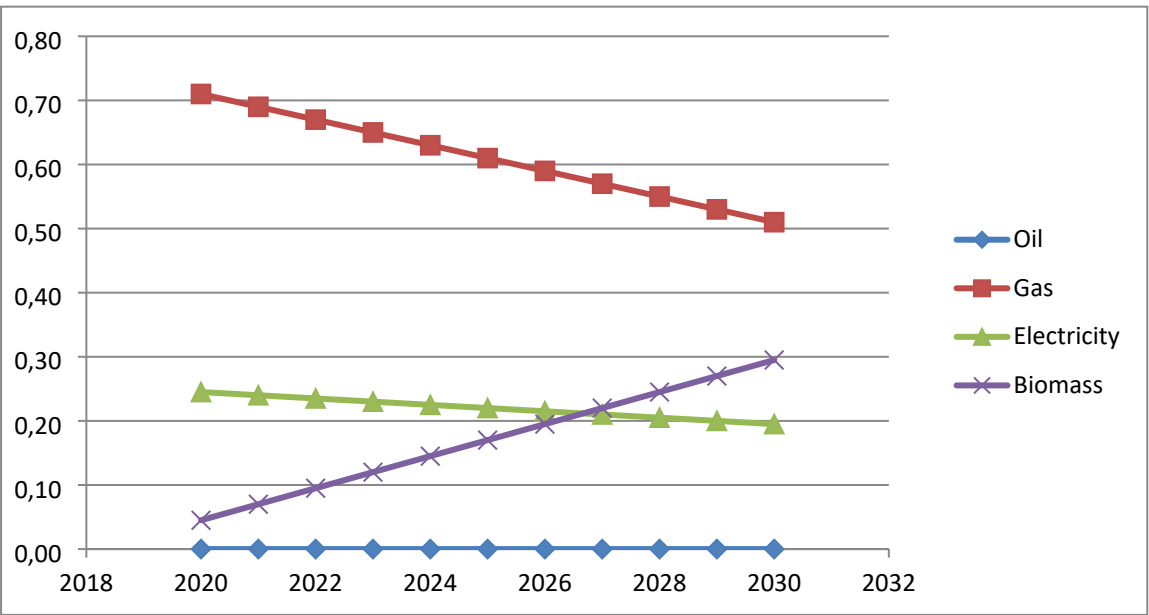
Contracted conditional appraisal surveys were directed at Phase 1, Victoria Hospital, Kirkcaldy, however the data had not been loaded by 31 March 2020. A number of in-house surveys of outbuildings on the VHK site and several Health Centres was undertaken but no significant changes in overall costs were encountered. The presented backlog costs do, however, include an inflation uplift of 6.18% from 2019.

3.4 Environmental Management Strategy

Current emissions from the Board’s buildings appear to be in line with 2020 reduction in CO2 required by the Climate Change (Emissions Reduction Targets) (Scotland) Act 2019, primarily because of higher emissions in the 1990s and reductions in energy consumption and emissions from biomass use and lighting upgrades and maintenance.



2030 targets require a 30% increase in low carbon heating provision and significant lighting upgrades and control improvements, even with grid decarbonisation. This will most likely require to be through the provision of biomass, biofuels or heat pumps alongside the reduction in consumption and increases in renewable energy.



Current budgets are 102% on heating, 95% on power and lighting and 63% on water budgets last year. This totals 76% of the budget last year based on actual and predicted use. Current heat targets are summarised in the following table for this year compared to baseline.

Criteria	NHS Fife : Energy & GHG Reduction Targets for 2020/21 (against 3-year average baseline 2011/12, 2012/13 and 2013/14)			
	Basic		Stretch	
Energy Consumption (kWh/m ²)	Electricity -6.86%	Fossil Fuel -2.08%	Electricity -21.79%	Fossil Fuel -11.60%
	Combined -2.66%		Combined -14.02%	
Greenhouse Gas Emissions (kgCO ₂ e/m ²)	-2.64%		-17.36%	
Criteria	NHS Fife : Percentage of Total Energy Consumption from Renewable Energy Sources			
	Basic		Stretch	
Percentage of heat consumption from renewable energy sources	7.04%		15.22%	
Percentage of electricity consumption from renewable energy sources	0.11%		2.29%	
Percentage of total consumption from renewable energy sources	5.30%		11.97%	

NHS Fife's water service provider has been changed from Wave to Business Stream and we are seeing some significant savings so far.

Recent funding has been obtained from the Fife Health Charity and Cycling Scotland for the installation of cycle shelter covers and cycle pods across NHS Fife sites in order to support sustainability and Covid efforts. These are currently being installed on sites identified by a recent staff survey and will provide an additional 30 cycle stores and 4 shelters for staff cycling to and from work. We are also investigating in an Electric Bike Hire Scheme across our major sites.

Transport is an area that requires investment and improvement, or smart thinking in terms of emissions.

Waste reduction targets are set for this year.

Current targets to be made aware of include:

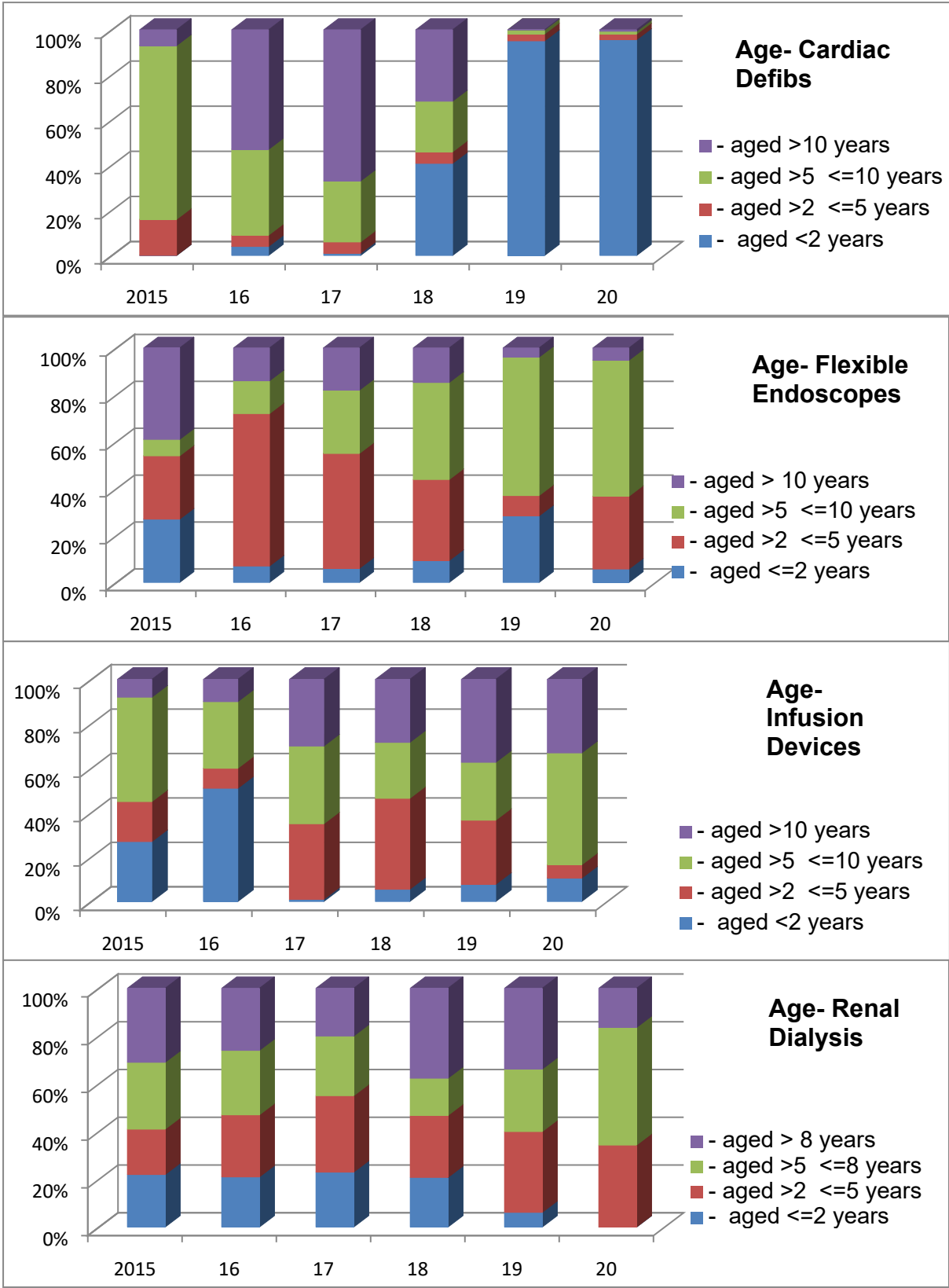
- 100% of Scotland's electricity demand equivalent to be produced from renewable technology - 2020.
- 56% reduction in greenhouse gas emissions (compared to 1990 baseline) - 2020.
- 75% reduction in greenhouse gas emissions (compared to 1990 baseline) - 2030.
- Phasing out of new petrol and diesel vehicle sales - 2032.
- 50% of the energy for Scotland's heat, transport and electricity consumption by renewable sources - 2030.
- 90% reduction in greenhouse gas emissions (compared to 1990 baseline) - 2040.
- Net carbon neutral - 2040.
- Net zero greenhouse gas emissions - 2045.
- 60% domestic waste recycling rate this year from base year.
- Reduce domestic waste by at least 7%.
- Landfill ban on biodegradable municipal waste by 2021.

3.5 State of the Board's Office Accommodation

There is no further update on Office Accommodation since the 2019 Property & Asset Management Strategy.

3.6 State of the Board’s Medical Equipment

As a brief interim update, the age profile of key medical equipment is as follows:



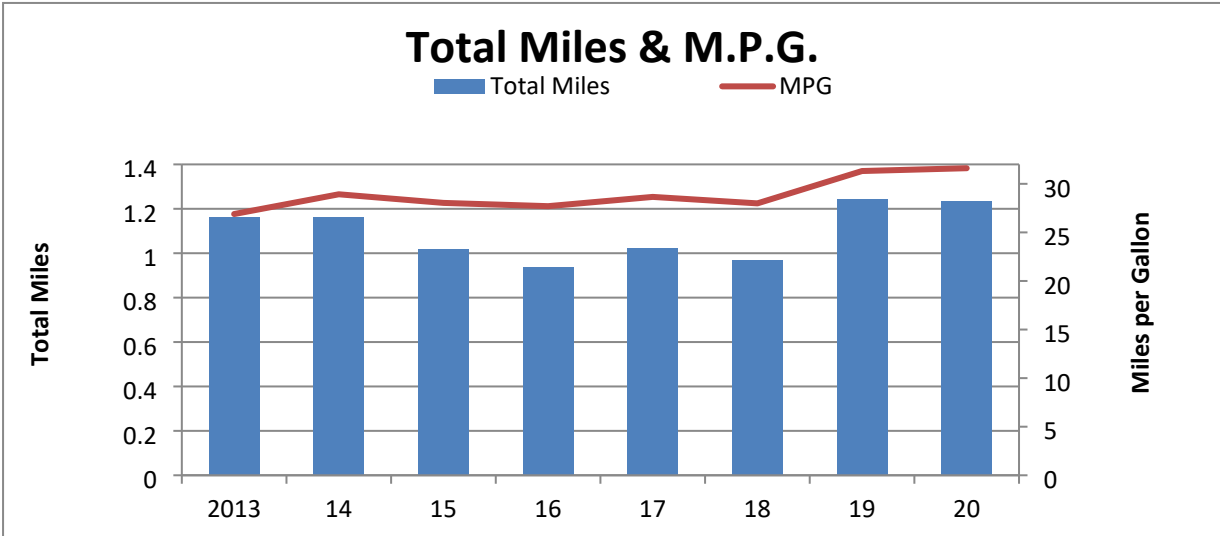
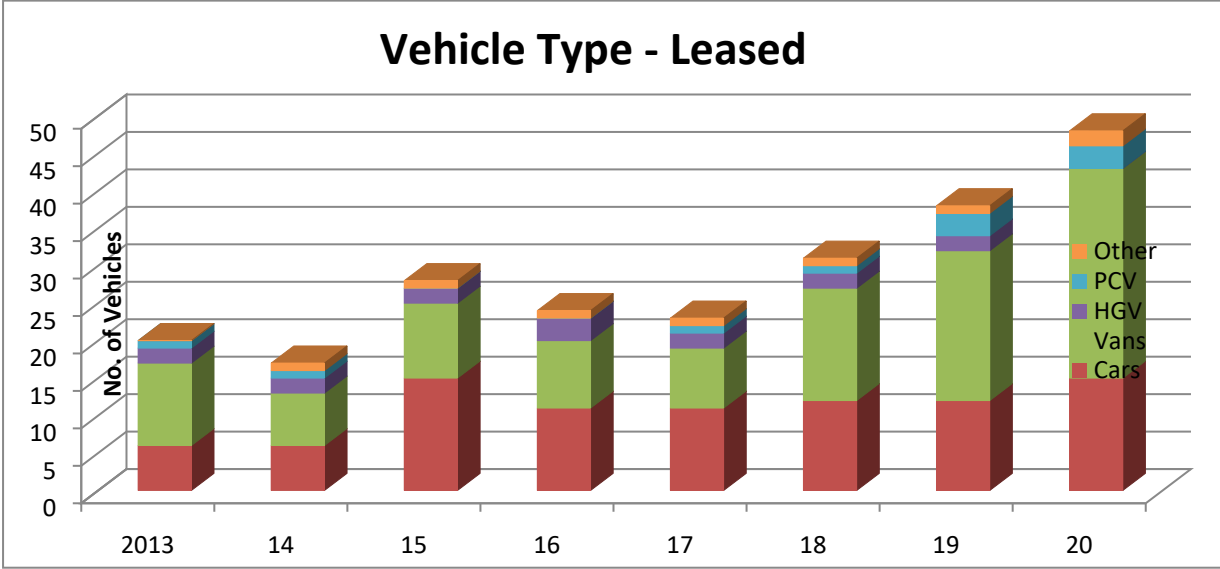
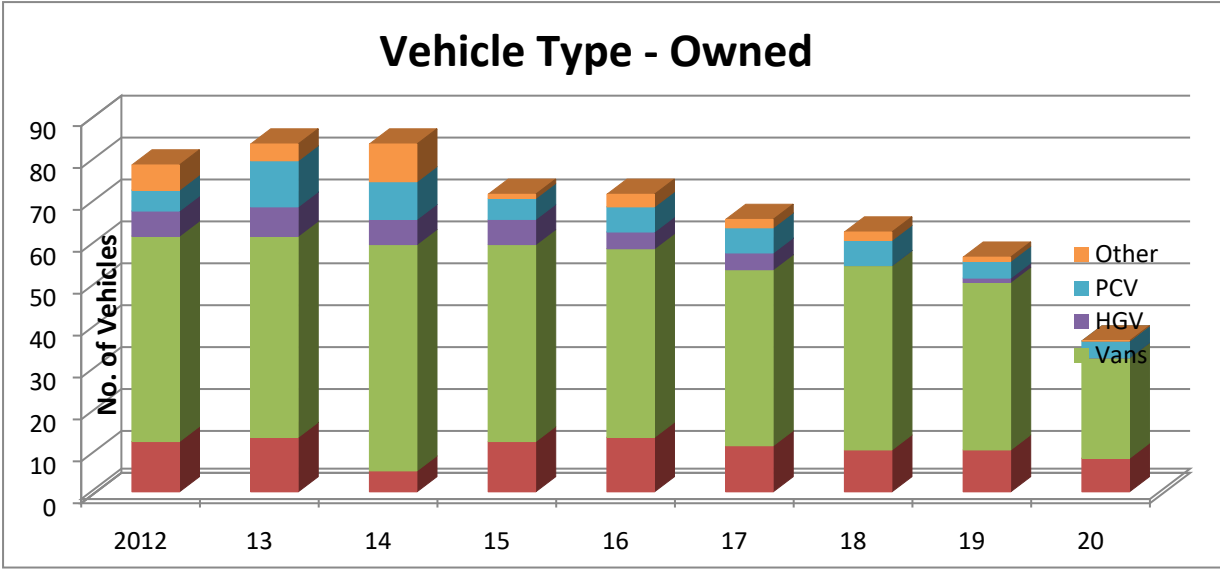
3.7 State of the Board's Vehicular Fleet

3.7.1 Transport Assets

Transport Fleet: whilst there was no Capital support this year, ongoing vehicle replacement through Lease Agreements took place and there was also grant funding received from Transport Scotland through the Switched on Fleets Scheme to enable 5 electric vehicles to be added to the fleet. Ongoing efficiency initiatives include the development of the National Fleet Management System and the revised work rotas actioned by the Fleet Supervisor to deliver operational improvements.

The total number of vehicles within NHS Fife has increased, however, there are plans to reduce numbers in the near future back to the previous level. More than 64% of vehicles owned by NHS Fife are in excess of 5 years old. The replacement of owned vehicles, as part of NHS Fife's Capital Investment Plans, will be addressed as funding allows. 52% of vehicles are owned by the Board and 47% leased on a 3, 4 or 5 year basis as determined by the National Procurement contract through which they were procured. The percentage number of vehicles being leased has increased and this will help address future replacement plans.

	2016/17	2017/18	2018/19	2019/20
Owned	65	62	56	51
Leased	23	31	38	46
Staff Car Scheme	184	154	147	146
Long term hire (Enterprise)	4	30	38	46
Total	276	277	279	289
Age (% less than 5 years old)				
All Vehicles:	43	83.3		74.8
Mileage (average per vehicle)				
Owned	10473	9971	9083	9226.6
Leased	14842	8948	11917	16558.6
Staff Car Scheme	8186	12897	13038.5	12955.9
Fuel Type (percentage)				
Petrol	15	46	14	15.4
Diesel	82	52	76	79.4
Alternative (state type(s)): Petrol/Electric	3	3	2	5.1



The total mileage for NHS Fife fleet vehicles has decreased by 9.5k miles. The efficiency of vehicles in terms of miles travelled per gallon of fuel consumed has remained consistent with last year. There is also 315235 miles included as a result of using the Enterprise Car Club vehicles, which has shown a corresponding reduction in staff using their own personal cars for NHS business.

3.7.2 Condition & Performance

Whilst the leased vehicles are routinely replaced at the end of their lease, the owned fleet is becoming increasingly older. The consequence of this is that high maintenance costs are being borne to keep the vehicles mobile. Lower, fuel efficient vehicles are being operated and our carbon footprint cannot be significantly reduced in the short-term.

The Fleet Management System has been replaced with a new Fleet Management System purchased for use throughout the NHS in Scotland. This, in conjunction with the Vehicle Telematics System, which has also been procured on a national basis will, once implemented, enhance the vehicle, driver and utilisation data available to influence operational and vehicle replacement plans.

3.7.3 Financial Consequences

There is an ongoing replacement of the leased fleet with the lease costs generally being similar to current costs. The Board spends £188k on current leases per annum. Routine maintenance of this fleet is included within the lease costs. The replacement cost for the owned fleet of vehicles is in excess of £968k. During the year, no capital investment was made available for owned fleet replacement.

Routine maintenance and all mandatory checks are pre-planned 12 months in advance, as recommended by the Driver & Vehicle Standards Agency (DVSA). Maintenance is carried out by several suppliers, including Fife Council. All new vehicles remain with franchised approved dealers during the warranty period which is normally 3 years.

Vehicle maintenance is undertaken in line with the manufacturers recommended time/mileage periods, with a number of passenger carrying minibuses being subject to more frequent inspections.

3.7.5 Recent Initiatives

A number of developments have been implemented over the last few years to reduce cost and to contribute to meeting carbon emissions targets. These include:

- A reduction in large vehicles whereby no large Operator Licence vehicles are now operated.
- Improved fleet utilisation with corresponding reductions in miles travelled by fleet vehicles.
- Review of latest technology and vehicle improvements incorporating national targets and industry KPIs.

- Use of tracking, speed limiters and fuel saving equipment thereby providing reduced fuel consumption.
- Implementation of multipurpose vehicles to further increase utilisation.
- The new nationally Managed Fleet Management System has been introduced and is being developed.
- A Transport Supervisor was appointed in 2018 to aid operational improvement and rationalisation of duties and our Fleet Manager is now employed with NHS Fife on a part-time basis.

Competing Asset Based Investment Needs

Transport: The following table identifies the required level of investment to maintain the owned fleet to an ideal age profile standard. This level of investment is simply not available and vehicles are retained until capital becomes available.

Year	20/21	21/22	22/23	23/24	24/25
Total Investment Envisaged (£)	£715,000	£94,200	£68,577	£11,050	£50,436

(In terms of leased vehicles, we currently require £188k of revenue funding annually to maintain the current fleet).

Regional Fleet Management Opportunities

A report on the East of Scotland Fleet Management opportunities was circulated to members in December 2018 in order to consider the benefits and potential options for collaborative working across Fleet Management and Car Leasing in the East of Scotland NHS Boards. Scottish NHS Boards who have agreed to be part of the collaborative working proposal are the Borders, Fife, Lothian and Tayside. Discussions are still at an early stage and a number of minor synergies have been implemented by all participants in the region.

Item	Objective	Action	Lead	Status %	Timescale
1	Replace obsolete Chevin Fleet Management System to maintain vehicle data source.	Participate in Procure/Install/training in new Tranman System to manage fleet data	Fleet Manager	100%	Sep-19
2	Implement new in-vehicle telematics system	Participate in Procure/Install/training/governance for new Traffilog System	Fleet Manager	50%	Dec 20
3	Implement regional fleet management structure	Participate in inter Health Board/NSS proposal for regional service	Head of Facilities	40%	Mar-21

Investment needs

2020-21 planned fleet replacements include:

By lease:

1 x small van

4 x 3.5 tonne vans

By purchase: (£60k funding requirement)

4 x small vans

By Transport Scotland grant funding (amount still to be awarded):

Up to 14 EV's requested

3.8 State of the Board's IM&T Assets

No further update is available on the Boards IM&T assets since the 2019 Property & Asset Management Strategy.

3.9 State of Independent Facilities

No further update is available on Independent Facilities since the 2019 Property & Asset Management Strategy.

4.0 Strategic Overview

4.1 Strategic Update

The Board are currently undertaking a comprehensive Strategic Planning & Resource Allocation exercise for 2021/22 onwards together with a move towards a Health and Wellbeing Strategy with associated supporting strategies such as the Property & Asset Management Strategy (PAMS).

The intention is to provide an updated PAMS document with updated financial and strategic commentary in the summer of 2021.

4.2 The NHS Fife Annual Operational Plan (AOP) 2020-21

NHS Fife's third Annual Operational Plan (AOP) has been superseded by the remobilisation planning which has taken place during the current pandemic.

4.3 Financial Planning 2020/21

As the 2020/21 financial year is almost complete, this section will be updated in the summer of 2021 with 2021/22 financial planning information.

5.0 Proposed developments

The major issues of note as of March 2020 are:

5.1 Automation of the Pharmaceutical Supply Chain in Fife

Pharmacy is key to ensure that medicine use is optimised to reduce harm, variation and waste. It is vital that the pharmacy workforce is provided with the necessary skills and training to deliver enhanced pharmaceutical care in support of the Clinical Strategy and the Scottish Government's Strategic Plan for Pharmacy "Achieving Excellence in Pharmaceutical Care" (AEPC) where the use of digital solutions and automation are recommended. In addition, the Clinical Strategy advocates that patients should be discharged from hospital in a safe and prompt manner with the turnaround of discharge prescriptions specifically highlighted as an enabler for this.

NHS Fife is one of the few boards in NHS Scotland that does not use pharmacy or ward-based automation and relies on a largely manual system via two pharmacy stores located at Queen Margaret Hospital, Dunfermline and Victoria Hospital, Kirkcaldy. There is no automation in use in clinical areas or pharmacy. In order to maximise the one-stop dispensing model, improve turn-around times and facilitate the delivery of enhanced pharmaceutical care for all patients together with the release of valuable nursing time, a Transformational Project will be undertaken whereby the key expenditure points include:

- Centralisation of pharmacy stores to maximise and to support the introduction of pharmacy automation (pharmacy stores are located at Queen Margaret Hospital, Dunfermline and Victoria Hospital, Kirkcaldy).
- Introduction of centralised pharmacy store automation to increase the accuracy and speed of supplies to clinical areas. The potential cost for one robotics system is £200k, excluding VAT, although it is highly likely, given the number of packs requiring storage and issue, up to 3 robotic systems would be required at an estimated cost of £430k. Additional options are available and include a refrigerated system which will allow refrigerated items to be stored within the robotics system at a cost of £24k and a standalone controlled drug (CD) cabinet at £34k.
- Introduction of automation in clinical areas would reduce workload burden for pharmacy and nursing staff managing medicine orders and supplies, enable stock inventory to be managed efficiently and improve the security of medicines in clinical areas. Potential costs, excluding VAT, for all hospital beds (Acute and Health & Social Care Partnership) in NHS Fife would be approximately £3.6m with a recurring revenue cost of £85k.
- Introduction of dispensing automation - potential costs for a dispensing robotic system have not yet been identified, however, only one robotics system would be required.

The plan is for the business case to be developed and approved in 20-21 with implementation in 21-22.

5.2 HEPMA Project (Hospital Electronic Prescribing & Medicines Administration)

Hospital Electronic Prescribing Medicines Administration (HEPMA) is currently being implemented across NHS Scotland. NHS Fife's Outline Business Case was approved by the Board in November 2019. The Full Business Case will be submitted to the Board for approval in July 2020.

The primary aim of (HEPMA) is to remove paper based processes from prescribing and medicines administration and significantly improve patient safety and quality of care. In addition, an electronic system will improve our medicines management processes and enhance medicines optimisation. This will give greater control over what is prescribed, how it is prescribed and how it is administered. It will also enable monitoring and feedback to prescribers and those administering medicines to address variation, minimise inefficiency and improve quality. A National Business Case was developed in 2016, agreement was reached that HEPMA would be available as a National Framework with NHS Boards calling off the agreed framework.

The HEPMA Programme Board agreed NHS Fife should undertake a mini competition subject to sign off in principle of the Outline Business Case to ensure best value. The Scottish Government has confirmed that central eHealth funds will be made available to NHS Boards to fund non-recurrent revenue and capital costs (but not local hardware costs). This funding equates to £1.4m for NHS Fife - the profile over future financial years is yet to be confirmed. In recent discussions with

Scottish Government, there is the potential for £500k capital to be allocated to NHS Fife in 2019/20, subject to NHS Fife Full Business Case approval in order to proceed with HEPMA and spend within the financial year. There is a need for NHS Fife to identify the source of both Capital and Revenue funding for this project.

6.0 Summary 10 Year Investment Plan 2020

10 Year Investment Plan (£millions)												
Investment Projects likely to be revenue based (Hub, NPD, etc) - include total capital value, upfront costs, and equivalent capital spend												
Projects:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
	0											
	0											
	0											
Capital / Board Funding Projects:												
New Investment Projects:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
	0											
Investment in Existing Estate:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
Backlog	35.69	3.569	3.569	3.569	3.569	3.569	3.569	3.569	3.569	3.569	3.569	
Refurbishment / upgrade	5.58	0.558	0.558	0.558	0.558	0.558	0.558	0.558	0.558	0.558	0.558	
Contingency	1.00	0.100	0.100	0.100	0.100	0.100	0.100	0.100	0.100	0.100	0.100	
	0											
Investment in Other Assets:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
Medical Equipment	21.26	2.126	2.126	2.126	2.126	2.126	2.126	2.126	2.126	2.126	2.126	
IM&T	10.41	1.041	1.041	1.041	1.041	1.041	1.041	1.041	1.041	1.041	1.041	
Remobilisation Equipment	1.00	1.00										
Any Other Investment Plans												
Projects:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
Orthopaedic Centre	30.45	4.500	25.953									
Kincardine Health Centre	5.00	0.025	0.975	4.0								
Lochgelly Health Centre	8.50	0.025	0.975	7.5								
Telecomms	2.51			0.86	1.65							
Mental Health Strategy	40.00		2.00	6.0	16.0	16.0						
Community Redesign	0.00											
Pharmacy Robot	6.00			2.0	4.0							
HEPMA	1.40	0.50	0.50	0.4								
Physical Server Storage	2.63		1.70	0.6	0.33							
LIMS	2.15		2.15									
	0											
Planned Disposals												
Properties:	Total Value	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
Lynebank Hospital Land	1.575			1.575								
	0											
SUMMARY												
	Total Value	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
Total Investment	158.794	13.443	41.647	28.754	29.374	23.394	7.394	7.394	7.394	7.394	7.394	
Total Disposal Receipts	1.575	0	0	1.575	0	0	0	0	0	0	0	
Balance	157.219	13.443	41.647	27.179	29.374	23.394	7.394	7.394	7.394	7.394	7.394	

Meeting: NHS Fife Board

Meeting date: 31 March 2021

Title: Update on Review of Integration Scheme

Responsible Executive: Carol Potter, Chief Executive

Report Author: Nicky Connor, Director of H&SCP

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The Public Bodies (Joint Working) Scotland Act 2014 set out the requirements to review the Integration Joint Board (IJB) Integration Scheme within a 5-year period, which requires both NHS Fife and Fife Council to submit an updated scheme by 31 March 2021.

2.2 Background

The current Integration Scheme requires to be reviewed and updated to reflect the current arrangements for the Integration Joint Board (IJB) in line with the Legislation. This work has now mostly been concluded, with the exception of the Finance Section.

2.3 Assessment

A working group was established to review the Integration Scheme and consisted of representation from the Health & Social Care Partnership, NHS Fife and Fife Council. Advice was also sought at an early state in the process from Internal Audit.

Meetings took place regularly between December 2019 and March 2020 until this work was paused due to the global pandemic. The review was recommenced in August 2020 and has concluded within the revised timescale of December 2020. The majority of the finance section has been reviewed, with one outstanding issue around the risk share arrangements being escalated to both Chief Executives and is actively under consideration.

Further Guidance from Scottish Government

Scottish Government have indicated that they do not expect full reviews of Integration Schemes to be submitted by 31 March 2021 due to the constraints placed on Boards caused by the pandemic. They are content that a local review is concluded, and information and an indicative timescale provided on when the additional outstanding issues are likely to be concluded. A letter has been sent to Scottish Government confirming the conclusion of the local review and providing a timescale for the one outstanding issue to be concluded.

Assurance can therefore be given that a detailed review of the Integration Scheme has taken place.

2.3.1 Quality/ Patient Care

The review of the Integration scheme supports the nine National Health and Wellbeing Outcomes and will positively impact on the health and social care services for the people of Fife.

2.3.2 Workforce

The refresh of the Integration Scheme provides greater clarity around roles and responsibilities for the workforce and will have a positive impact on the workforce

2.3.3 Financial

Risk share arrangements are currently under consideration by both Chief Executives of Fife Council and NHS Fife.

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

Integration Scheme Working Group consisting of representatives from the IJB NHS Fife and Fife Council.

2.3.8 Route to the Meeting

Regular updates have been provided to by the joint Chief Executives of NHS Fife and the Integration Scheme Working Group.

2.4 Recommendation

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

3 List of Appendices

The following appendices are included with this report:

- Letter to Scottish Government

Report Contact

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Head of Corporate Services, H&SCP

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Richard.McCallum@gov.scot
Jonathan.Hamilton@gov.scot

Nicky Connor

Director of Health & Social Care

03451 555555 ext. 444112
nickyconnor@nhs.net

Your Ref:
Our Ref:
Date: 24 March 2021

Dear Richard & Jonathan,

Review of the Fife Health & Social Care Integration Scheme

A working group, which had representation from the Health and Social Care Partnership, NHS Fife and Fife Council, including full engagement with both Chief Executives, as now concluded the review of the Fife Integration Scheme to meet legislative requirements.

The format of the scheme continues to follow the model integration scheme but has been refreshed to support enhanced clarity around roles and responsibilities of the agreed arrangements.

One area however remains under deliberation - the Finance Section and discussions continue with partners to address outstanding issues.

Yours sincerely



Steve Grimmond
Chief Executive Fife Council



Carol Potter
Chief Executive NHS Fife

Rothsay House, Rothsay Place, Glenrothes, Fife, KY7 5PQ

TELEPHONE 03451 55 00 00
TEXTPHONE 01592 583265

NICKY CONNOR Director of Health and Social Care



Audit & Risk Committee: Chair and Committee Comments**NHS FIFE AUDIT & RISK COMMITTEE****18 MARCH 2021**

The Committee wished to draw the Board's attention to their discussions on the Internal Auditors' mid-year report on the Internal Evaluation of Internal Control Framework, which Members did not think adequately reflected the transformational work undertaken during the year.

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON 18 MARCH 2021 AT 10AM VIA MS TEAMS

Present:

Mr M Black, Chair

Ms S Braiden, Non-Executive Member

Cllr D Graham, Non- Executive Member

Ms A Lawrie, Non-Executive Member

In Attendance:

Mrs C Potter, Chief Executive

Mr K Booth, Head of Financial Services

Ms A Clyne, Audit Scotland

Ms P Fraser, Audit Scotland

Mrs P King, minutes

Mr T Gaskin, Chief Internal Auditor

Mr B Hudson, Regional Audit Manager

Dr G MacIntosh, Head of Corporate Governance & Board Secretary

Mrs M McGurk, Director of Finance

1. Welcome / Apologies for Absence

The Chair welcomed everyone to the meeting, in particular Aileen Lawrie, the new Chair of the Area Clinical Forum, and Kevin Booth, who has recently joined NHS Fife as Head of Financial Services. He thanked Janette Owens for her previous service to the Committee in her role as Chair of the Area Clinical Forum and gave congratulations on her appointment as Director of Nursing. Thanks were also recorded to Helen Buchanan, who has recently retired from NHS Fife as Director of Nursing.

The notes are being recorded with the Echo Pen to aid production of the minutes. These recordings are also kept on file for any possible future reference.

Apologies for absence were received from Janette Owens.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 19 January 2021

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

4. Action List

The Committee **noted** the update on the outstanding action and agreed to retain this item on the action list until fully completed.

5. GOVERNANCE - GENERAL

5.1. Annual Review of Committee's Terms of Reference

Dr MacIntosh presented the revised Terms of Reference to the Committee, with the proposed changes tracked within the document.

In response to questions, clarity was provided about the regular attendance of both the Director of Finance and Head of Financial Services at meetings of the Committee, and the specific responsibility of the Director of Finance, as Executive Lead for Risk Management from 1 April, to report through the Audit & Risk Committee on risk for the whole organisation.

Attention was drawn to section 5.15, where a proposed Private meeting of members be scheduled with the auditors at least annually. It was agreed that a meeting of Committee Members with the auditors be scheduled to follow the May Audit & Risk Committee. The Chair had recently met on a 1:1 basis with External Audit, and a similar meeting would also be arranged with the Chief Internal Auditor.

Action: G MacIntosh / T Gaskin

The Committee **approved** the revised Terms of Reference and **agreed** that a meeting be arranged with the auditors, as noted above.

5.2. Draft Annual Accounts Timetable

Mrs McGurk introduced the paper setting out the draft Annual Accounts 2020/21 timetable, noting that NHS Fife will prepare unaudited 2020/21 accounts by 1 June 2021 and submit audited accounts by 28 September 2021. Mrs McGurk reported that planning has been undertaken in preparation for the Annual Accounts 2020/21 process, reflecting on lessons learned from the 2019/20 process and working closely with colleagues at Audit Scotland. She gave assurance that the Finance team capacity and capability was in an improved position to last year and that these deadlines were realistic and achievable, subject to activity relating to Covid-19 continuing to progress positively. It had already been anticipated that the majority of work would be done remotely, due to the Covid situation, and this was factored into the planning.

Ms Fraser also assured the Committee that Audit Scotland had measures in place to ensure the accounts process was undertaken efficiently, working with Mrs McGurk and the wider Finance team. Working papers had been provided to NHS Fife that would help facilitate the audit.

The Committee **noted** the planned timetable for awareness. Appendix 1 would be amended to align the key dates in ascending date order.

Action: M McGurk

6. GOVERNANCE – INTERNAL AUDIT

6.1. Internal Audit Progress Report

Mr Hudson introduced the paper, which provided comprehensive assurance to the Committee on the progress of the 2020/21 Internal Audit Plan and amendments to the 2020/21 Plan. Section 2.3 of the SBAR provided details of further advice/input provided to NHS Fife, together with ongoing improvement activities and a section on how Covid-19 has impacted on delivery of the plan.

Appendix A provided detail around the internal audit progress and showed those reports which are at the stages of finalised draft and work in progress. Many of the reviews are nearing draft report stage and it is anticipated that the majority of these will be reported to the May 2021 Audit & Risk Committee meeting.

The Committee **noted** the progress on the delivery of the Internal Audit Plans and **approved** the minor changes to the 2020/21 Internal Audit Plan set out in Appendix B.

6.2. Internal Audit – Follow Up Report Recommendations

Mr Hudson spoke to the standard follow-up report provided by Internal Audit. Since January, the total number of recommendations had increased, reflecting reviews undertaken in the current financial year. Responding officers reported delays in progressing actions due to the impact of Covid-19, but accelerated progress was expected once staff return to more normal times. Internal Audit is considering further control around the extension of audit recommendations, which would have to be approved by the Director of Finance prior to acceptance, and discussions would take place with the Director of Finance to give more rigour to the process.

The importance of progressing follow-up actions was emphasised, and it was noted that the follow-up report is considered and discussed at the Executive Directors Group on a quarterly basis, which will help drive forward the completion of the remaining outstanding recommendations.

In response to questions about the clarity of the responsible officers' section, Mr Gaskin agreed to take comments on board for the next iteration of the report and he welcomed further comments on how to improve its content.

The Committee **noted and considered** the current status of Internal Audit recommendations recorded with the audit follow-up system and **agreed** that a review of the recommendations be undertaken to ensure they remained relevant.

6.3. Interim Evaluation of Internal Control Framework

Mr Gaskin referred to the written report, the content of which had been presented in summary at the last meeting of the Committee. He highlighted that it is important to remember that NHS Fife is still in unprecedented times due to the current pressures of responding to the Covid-19 pandemic. However, being able to generate recurring savings, to deliver services and achieve the Board's strategic aims remain critical. It was highlighted that transformation and governance of transformation had been the subject of audit reports over the past few years and the evidence of achievement and progress in this area remained of concern. Mr Gaskin noted that NHS Fife is in a more

positive position now compared to last year and he recognised the enormous amount of work which had been done by the organisation to address the challenges of the pandemic, in which remobilisation remains one of the key focus areas as Covid activity reduces.

Whilst the Scottish Government continued to direct Health Boards and have mandated that the NHS must focus on Covid vaccination, testing, winter planning and remobilisation, it was noted that discussions had commenced nationally to consider the vision and strategy for NHS Scotland post Covid-19, with a strong focus on the population health and wellbeing. Mrs Potter advised that NHS Fife continued to move forward on strategy and transformation, with sessions planned for the Executive Team and Board Members in April. She emphasised that the organisation can demonstrate transformation in Fife, which was apparent over the past year especially in dealing with the tremendous pressures of Covid, and she remained concerned that this was not fully reflected in the report.

Mrs McGurk noted that the report suggests that NHS Fife had not delivered against the transformation agenda and she outlined a few examples of transformation that had taken place during 2020/21, notably in relation to digital enhancements, Mental Health services, Health Centre re-provision and the great progress made with the Elective Orthopaedic Centre. Mrs McGurk also suggested that the Internal Audit recommendation gradings should ideally be expanded to include a fourth grading (i.e. one of "Moderate", between "significant" and "merits attention"), to give a more nuanced assessment.

In responding, Mr Gaskin advised that the inclusion of a fourth grade has already been proposed to the Partnership Board and it was hoped that this would be used from next year. However, he stated that this would not have affected the report for this year, as the issues of risk and effective oversight remained. The interim evaluation work noted that there has been a positive response in terms of governance arrangements during the pandemic period and the Board has engaged well with this. Internal Audit is aware that the Board has had to accommodate delivering business-as-usual governance processes and, where appropriate and agreed by the Board, "light governance" arrangements. As Chief Internal Auditor, he has a professional duty to describe and report on risks and generate an appropriate grade based on that opinion.

Mr Gaskin reminded Members that this was a mid-year report, which aimed to provide early warning of any significant issues that may affect the Governance Statement. He noted that it did not cover the full financial year and the progress made on a number of fronts since the mid-year point will be captured in the next iteration. There had been considerable discussion on the report since January and changes had already been reflected in the report. Mrs McGurk noted that Executive colleagues will work with Internal Audit over the next few months to support the development of the content for the final report. The Chair also noted that he appreciated the effort and work that had gone into the report and proposed that he discuss further with Mr Gaskin to support the final annual report which would be developed as part of the annual accounts process.

Ms Fraser advised that, from an Audit Scotland viewpoint, colleagues would meet with Internal Audit when undertaking interim audit work in the spring and consider their reports in detail at that point. Reference is made to transformation in the External Audit

Report and this will be given due consideration going forward, noting the focus on the new Strategic Planning & Resource Allocation process which NHS Fife is now working on.

The Committee **discussed** the findings of the report and the issues raised therein. It was **agreed** that further discussion would be taken forward with the Chair and the Chief Internal Auditor.

7. GOVERNANCE - EXTERNAL AUDIT

7.1. Audit Scotland Annual Audit Plan

Ms Fraser presented the Audit Scotland Annual Audit Plan 2020/21, which contained an overview of the planned scope and timing of the audit and set out work necessary to allow an independent auditor's report on the annual accounts to be produced. Ms Clyne talked to the key points of the plan and noted that she would welcome feedback on any other audit risks to be considered.

Attention was drawn to the timetable under Exhibit 2, whereby the interim management report would be submitted to the June meeting. It had been proposed to cancel this date, given the revised annual accounts timetable. It was therefore agreed to retain the June date for a Committee meeting and the Chair would consider with Ms Fraser how this could be factored in with a further training event, to make best use of the time available.

Action: M Black/P Fraser

The Committee **noted** the Plan.

7.2. Annual Accounts – Progress Update on Audit Recommendations

Mrs McGurk introduced the paper, which provided an update on progress against the recommendations from the External Audit Annual Report on the 2019/20 Accounts.

Mrs McGurk highlighted that the issue of holiday pay accrual for medical and dental staff (Issue 2) was unlikely to be resolved by 31 March 2021 due to the pandemic, but work was underway to resolve the issue.

Regarding Medium Term Finance Plans (Issue 4), Mrs McGurk confirmed that considerable work has been undertaken since October 2020 and this will be reported back to the May governance committees. A medium-term plan is in development to deliver against the savings target and presentations were made to the February Board Development Session and Finance, Performance & Resources Committee on this earlier this week.

The Committee **noted** the progress made on last year's recommendations.

7.3. Audit Scotland Report – NHS Scotland in 2020

Ms Fraser presented the recently published Audit Scotland Report on the NHS in Scotland and gave an overview of the key messages. A number of comments/observations were made and these were responded to.

The Committee commended that clarity and format of the report and **noted** its findings.

8. ISSUES FOR ESCALATION TO NHS BOARD

The Committee **agreed** to highlight to the Board, via its minutes, the discussions held on the conclusions of the Interim Internal Control Evaluation report.

9. ANY OTHER BUSINESS

None.

Date of Next Meeting: 13 May 2021 at 2pm within The Boardroom, Staff Club, Victoria Hospital (location TBC)

Clinical Governance Committee: Chair and Committee Comments**NHS FIFE CLINICAL GOVERNANCE COMMITTEE****11 MARCH 2021**

There were no items for escalation.

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON 11 MARCH 2021 VIA MS TEAMS

Present:

Dr Les Bisset, Chair
Rona Laing, Non-Executive Member
Aileen Lawrie, ACF Representative
Dona Milne, Director of Public Health
Janette Owens, Nurse Director

Martin Black, Non-Executive Member
Margaret Wells, Non-Executive Member
Chris McKenna, Medical Director
Carol Potter, Chief Executive
John Stobbs, Patient Representative

In Attendance:

Dr Rob Cargill, AMD ASD
Gemma Couser, Interim Head of Quality & Clinical Governance
Linda Douglas, Director of Workforce

Gillian MacIntosh, Board Secretary

Elizabeth Muir, Clinical Effectiveness Co-ordinator
Catriona Dziech, Note Taker

Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services

Scott Garden, Director of Pharmacy & Medicines
John Morrice, AMD, Women & Children Services
Margo McGurk, Director of Finance

Dr Gaener Rodger, Non-Executive Director & Chair of NHS Highland Clinical Governance Committee

Dr Bisset opened the meeting by welcoming Janette Owens in her new role as Director of Nursing; Aileen Lawrie, Associate Director of Midwifery, in her new role as ACF Representative; Gemma Couser in her new role as Interim Head of Quality & Clinical Governance; Dr John Morrice in his new role as Associate Medical Director for Women & Children's Services; Linda Douglas, Director of Workforce, attending as part of her professional development; and Dr Gaener Rodger, Non-Executive Director & Chair of NHS Highland Clinical Governance Committee, who was attending the meeting as an observer.

Dr Bisset advised that, due to the pressures of Covid, the agenda has been shortened and contains items of high importance or require decision by the Committee. Dr Bisset advised that he was confident the governance requirements remain robust and any other items missed from this meeting will be brought forward to future meetings.

On behalf of the Committee Dr Bisset recorded warm thanks to all staff for their ongoing resilience in response to the pandemic and the pressures that this bring upon them. It is a very difficult time for them, whether they are working in their own role or in in other roles unfamiliar to them.

1. Apologies for Absence

Apologies were noted from members Sinead Braiden, Wilma Brown and David Graham and regular attendees Lynn Campbell, Susan Fraser and Helen Hellewell.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the Meeting held on 10 January 2021

The note of the meeting held on 10 January 2021 was formally approved.

4. Action List / Matters Arising

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

Margaret Wells queried why there was no specific lead for Fife in Terms of Child Protection (Page 12, para 4 of minutes) and asked if this was something that would be covered in the Child Protection Annual Report. Dr McKenna advised that the current lead was off on bereavement leave and interim arrangements had been made to cover this. Dr Morrice confirmed this situation was ongoing and, in the meantime, contingencies were being made and Lothian had been helpful in covering. Two new consultants were due to start in the next month or two that may help to mitigate any risk in regard to the Child Protection Lead. There is also a very experienced Specialty Doctor taking up some of the work being undertaken by the Clinical Lead. Dr Morrice advised he felt there was no significant risk that required any further action at the moment. The Committee noted the update.

5 COVID-19 UPDATE

5.1 Covid-19 Vaccination Programme Update

Scott Garden advised that, at close of play on 10 March 2021, 135,000 doses of Covid-19 vaccine have been administered to Fife citizens. 3,500 of these are second doses from the second dose programme, which started at the beginning of March.

The availability of vaccine is a limiting step to the pace of the programme. There has been a slowing down in supply for both AstraZeneca and Pfizer vaccines. There has been direction from Government around the Pfizer vaccine that, from week of 22 February 2021, stocks had to be reserved for second doses and for 16-17-year olds, for which AstraZeneca is not licenced for. This has been planned for and is working well. There has been an increase in the supply of the AstraZeneca vaccine, and this will allow the number of doses to be increased to 24,000 (on average) appointments a week, based on the overall vaccine supplies. This will allow us to complete cohorts 1 – 9 by mid-April, in line with Government direction and targets.

Looking forward, confirmation has been received from JCVI that interim advice has been published and accepted in Scotland. A CMO letter has supported this. The programme will continue with the rest of the population within the 18 – 49 years cohort and plans are in place to support this. Three larger venues have been secured that will increase a throughput of patients and allow consolidation of the resources workforce as we move through the programme. The thirteen community venues will

continue to operate meantime and people who have received their first dose within one of these venues will get their second dose in the same clinic. Our EQIA has been updated to support these changes.

A series of subgroups has been set up to manage some of the nuances of the programme. This has involved a lot of thinking about how this fits with the current governance structure, as set out in detail within the paper. The functions of planning and delivery have also been considered. This mirrors some the changes within the national Seasonal Flu / Covid vaccine programme and will be played into the external review currently being undertaken by Carol Bebbington. This should be available towards the end of the April 2021, which will allow us to put a more medium to longer term infrastructure for immunisation in Fife. Risks continue to be reviewed and considered on a weekly basis. Links continue with Military colleagues around planning.

Dr Bisset thanked Scott Garden for his comprehensive report. In taking comments it was noted there was no dedicated reserve list for spare vaccines, but mechanisms are in place to pull in people through the leadership structure we have.

The Committee noted the paper and took assurance from the progress noted. Dr Bisset said he felt Scott Garden was underplaying the challenges being faced, which were considerable. The fact the programme is running smoothly is a team effort but special thanks should be recorded to Scott Garden and Ben Hannan for their leadership.

5.2 Expansion of Covid-19 Testing

Dona Milne advised that this report provides an update to the Committee 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.

Dona Milne highlighted that one of the main developments since the paper was the opening of the Regional Drive through testing facility at Bankhead. The asymptomatic testing centres at the Maxwell Centre, Cowdenbeath, Glebe Centre and Chapel Level in Kirkcaldy are providing excellent services to support people with isolation. This includes giving food supplies to people to prevent them going shopping. Further centres will open at Savoy in Methil and Kincardine. Centres will pop up and down as required, based on prevalence of disease.

In relation to asymptomatic testing, there have been 1,417 lateral flow devices and 153 PCR tests completed between 11 February – 8 March 2021. 33 cases have been identified and we have also provided support to people to isolate. It is still very early days and this was in response to a proposal from SGHD where new ways of testing were to be identified. The information from the models of delivery have been gathered and the SGHD have now confirmed they will continue funding for a further six months with a bigger pot of money available to us. A paper will be taken to EDG with a proposal for the next six months. The model is constantly reviewed to ensure it is as successful as possible. There have also been engagement events with community leaders in different areas to encourage and promote testing in the local facilities.

Dr Bisset thanked Dona Milne for her detailed report, which shows the complexity around this piece of work, and asked that thanks be passed to her and her team for their dedication and perseverance to getting this right.

The Committee noted the contents of the paper and the new developments as part of the ongoing expansion of Covid-19 testing programmes.

6 REMOBILISATION OF CLINICAL SERVICES

6.1 Update on Remobilisation Plan

Dr McKenna highlighted that the Remobilisation Plan document will be discussed in detail at the Private Session of the Committee. This sets out strategic detail on how we intend to recover NHS Fife services over the next year.

We are currently in a more positive situation, with activity in the Acute Hospital in relation to Covid reducing. Within the last two weeks the numbers presenting with a Covid illness requiring hospital admission has fallen dramatically. This has resulted in shrinking back the areas of the hospital dedicated to looking after patients with Covid, to a smaller area, like the levels last summer.

In the last three weeks parts of the routine elective programme has been restarted. This includes major orthopaedic surgery and remobilising routine surgery at QMH. It also means the green pathways have been reinstituted across the Acute hospital to deliver services. The process has also restarted for outpatient cases.

Dr McKenna advised the Committee that during the whole of the pandemic we have been able to deliver cancer urgent surgery on all but a few occasions.

Dr Bisset thanked Dr McKenna for his verbal update.

6.2 Redesign of Urgent Care – Flow and Navigation Update

Dr McKenna noted that this paper sets out the work to date, undertaken by key stakeholders, to design and delivery the Flow Navigation Hub (FNH), thus meeting the requirements set out by the Scottish Government for the launch of the programme on the 1 December 2020, including development, initial implementation and ongoing delivery.

The strategic vision for the programme is to support the public to access the right care, at the right place, at the right time, first time. This is being assisted by a National Single Point of Access (SPoA) through NHS24/111, available 24/7 for urgent care and applying a digital first approach.

The Committee noted:

- the proactive approach to effective communication internally and externally to support launch of the programme, with a commitment to ongoing public engagement;

- the content of the report and the significant input clinically, operationally and digitally to design and deliver a Fife flow and navigation hub as part of the wider redesign of urgent care; and
- the ongoing commitment of all teams involved to support the ongoing implementation plan in line with national and local strategic direction to continue to provide safe and effective person-centred care with the right person, right place, right time, first time.

In taking comments it was noted that the Unscheduled Care pathway is broader than just A&E and it was noted that support would need to be in place for people to be navigated timeously. There would be the need to gather evidence to show the workstreams provide the required levels of care and support patient satisfaction, as well as meet overall service needs. A clear analysis of data would be important going forward and development of the EQIA should continue to ensure the patient voice is heard. It was noted the initial phase had shown this was the right direction of travel but it requires time to bed in.

Margo McGurk advised that this is a major change in terms of pathways for patients, which every Board in Scotland has had to respond to very quickly. One of the key pieces of work taking place at the moment is a formal evaluation of how this first phase has gone. This includes the effectiveness of the patient pathway, experience and all the aspects you would expect to see in a new service evaluation. The SGHD have indicated we will not progress to next phase - which would be extending the types of connection through this new service - until we know how first phase has gone. SGHD are holding off on allocating the resource until 2021/22 until the evaluation has been considered.

Janette Owens agreed to check with Donna Hughes for any feedback garnered from Public Engagement.

Action: JO

Dr McKenna clarified that the “exemplar” word is used around the collaborative working across different systems within NHS Fife. It describes the exemplar work across the H&SCP and Acute Services as a way of collaborative working with the clinical oversight. We are not describing an exemplar service; we are describing as exemplar the way that we have put together the piece of work and the design of the workstream.

Carol Potter personally acknowledged and commended the teams involved in this piece of work. Not only were these staff working at the frontline during a pandemic, but they have also redesigned and transformed a service through a project directed, and supported, by SGHD.

Dr Bisset agreed this was a huge piece of work, with major changes in delivery. The report and its content were noted and the working together with front line staff in order to deliver it as effectively and efficiently as possible was commended. It was agreed an updated report be brought to the next meeting setting out further evidence and data as it is gathered around communicating with the public. The national evaluation, highlighted by Margo McGurk, would also be considered at the next meeting.

Action: CMcK / MMcG

7 GOVERNANCE

7.1 Review of Committee Terms of Reference

Gillian MacIntosh advised that the updated draft of the Committee's Terms of Reference was presented for consideration, with suggested changes tracked for ease. Proposed amendments largely relate to clarifying routine attendees at the Committee and reflecting the new terminology now in use for Digital and Information.

Following review and approval by each Committee, an amended draft will be considered by the Audit & Risk Committee as part of a wider review of all Terms of Reference by each standing Committee and other aspects of the Code. Thereafter, the final version of the Code of Corporate Governance will be presented to the NHS Board for approval.

The Committee approved the proposed changes and approved a final version for further consideration by the Board.

Dr Bisset thanked Gillian MacIntosh for her work on this.

8 QUALITY, PLANNING AND PERFORMANCE

8.1 Integrated Performance & Quality Report

Janette Owens highlighted that it was hoped to bring complaints performance up to 65%, but the second wave of the pandemic has resulted in this not being achieved. Janette Owens will be meeting with the complaints team to look at setting new targets for the complaints process.

SABs – MRSA blood stream infections have been eliminated in 2020. This is the lowest blood stream infections on record, along with the lowest number of vascular associated device infections.

ECB – work continues looking at data to optimise communication with the clinical teams, looking at urinary tract infections and catheter associated infections. The ECB Strategy Group is looking at improvement work around hydration and the prevention of UTIs within the elderly population within the community.

CDiff – doing well within the targets. To reduce recurrence of CDI infection, two treatments are utilised in Fife.

Dr McKenna highlighted that monitoring in-patient falls with harm have increased. This is in part due to the change in layout of the Acute hospital, where we have had to cohort patients by their Covid infection status rather than what their needs are. This means patients who would routinely be looked after on Care of the Elderly wards are treated on a Covid ward, which is reflected in these increases in the number of falls with harm.

SABs – closely monitoring increases in SABs in December. It is thought this is related to a very small cluster and will keep under close review.

Although not in the Clinical Governance section of the IPQR, Dr McKenna highlighted that diagnostic waiting times are good, as are Cancer Waiting Times, despite the operational challenges linked to Covid.

In taking comments it was noted that although complaints remain an issue, Janette Owens advised she would be meeting with the Team to look at how to improve the service going forward. It was also noted that although it is important to respond to complaints within the timeframe, a quick response does not always give an adequate response. Some complaints are very complex, and it is important to get it right. Carol Potter echoed this. It was agreed Janette Owens will bring back an in-depth report for the Committee.

Action: JO

The Committee noted the report.

9 ITEMS FOR NOTING

9.1 HAIRT Report

The Committee noted the report.

10 ANNUAL REPORTS

10.1 Integrated Screening Annual Report

Dona Milne advised that this report provides a single integrated report of the key learning, achievements and challenges from the six National screening programmes in NHS Fife. This report was considered by the Public Health Assurance Group on 25 February 2021.

The main area of concern is the inequalities aspects around the uptake of the programmes. Additional resource has been added to the established screening team to increase support for screening programmes. The focus for the coming year will be to continue to work with the screening programme groups across Fife and Lothian and further work will also be undertaken to understand non-attendance and how this can be improved. Work has begun on sexual health and further activities are planned jointly with mental health to look at how to support people coming forward.

The Committee noted the content of the report. Dr Bisset said it was very helpful to see a consolidated report and thanked Dona Milne for the report.

11 LINKED COMMITTEE MINUTES AND ANNUAL REPORTS – FOR INFORMATION

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

11.1 Fife HSCP Clinical & care Governance Committee 29.01.2021

11.2 Integration Joint Board (IJB) 04.12.2020

11.3 Infection Control Committee 02.12.2020

11.4 Public Health Assurance Committee 20/01/2021

Item 4.1 – Interagency Referral Discussion

Margaret Wells commended the actions taken by the Community testing team, which led to an adult concern issue being raised.

12 ISSUES TO BE ESCALATED

There were no items for escalation. Dr Bisset would liaise with Dr McKenna about any further items of escalation.

13 AOCB

There was no other competent business.

14 DATE OF NEXT MEETING

Thursday 6 May 2021 at 2pm via MS Teams

<div>FINANCE PERFORMANCE AND RESOURCES COMMITTEE</div> <div>16TH OF MARCH 2021</div>
<p>There are no items for escalation from the IPQR. The Committee had a full and detailed discussion on the PAMS report and recommend approval to the Board, the Committee also had a detailed and helpful discussion on the SPRA and Strategic Planning process. In private session the Committee endorsed support to progress the procurement of a robot to enable the development of robotic assisted surgery (RAS) in NHS Fife, this was endorsed separately with both the Chair and Vice-Chair of NHS Fife who approved a formal application to Scottish Government for capital funding on 12 March 2021. A revised business case to support the delivery and implementation of RAS will be presented to the governance committees and the NHS Fife Board in MAY 2021. The Committee also endorsed the Consort commercial offer to support the delivery of a replacement medium temperature hot water distribution system for Phase at the VKH. The Consort commercial offer will be considered for Board approval on 31 March 2021.</p>

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING
HELD ON 16 MARCH 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, Director of Nursing
Mrs M McGurk, Director of Finance	Mrs C Potter, Chief Executive
Mrs C Dobson, Director of Acute Services	Mr A Morris, Non-Executive Director

In Attendance:

Mrs N Connor, Director of HSCP
Mr N McCormick, Director of Property and Asset Management
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

Neil McCormick, Director of Property & Asset Management, and Janette Owens, Director of Nursing, were welcomed as attendees to their first meeting in their respective new roles.

Apologies had been received from Chris McKenna, Medical Director, and Dona Milne, Director of Public Health.

The Chair thanked all staff on behalf of the Committee for the care and resilience that they are providing during the continuance of the pandemic. The demands of the vaccination programme and the remobilisation of services will continue to put pressure on all staff, and thanks were recorded for their efforts.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 12 January 2021

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

4. Matters Arising/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 141 (update on CAMHS and PT), the date of update should be amended to refer to the September 2020 meeting.

5. GOVERNANCE

5.1 Review of Committee's Terms of Reference

Dr Gillian MacIntosh introduced the report to the Committee. It was highlighted that this is a routine paper that is presented to the Committee annually, as part of the year-end process. There have been minor changes made to the remit to reflect updates in terminology and post titles.

The Committee **reviewed** the proposed changes and **approved** a final version for further consideration by the Board.

6. PLANNING

6.1 NHS Fife Interim Property & Asset Management Strategy (PAMS)

Neil McCormack presented the report to the Committee. It was advised that this is a retrospective paper, covering calendar year 2020. A PAMS document is produced every year within a prescribed format given nationally, which addresses Scottish Government requirements and forms part of a 'state of the nation' report. It puts Fife into context with other NHS Boards. This year all Boards' processes had been heavily impacted by Covid, though there was still a requirement to report on the key indicators through NHS Fife's governance process. A more comprehensive and up-to-date document will be presented in May/June, which will be more forward looking and with focus on what the future Estate plans and challenges are.

There is a drive nationally to move towards a national infrastructure plan, and thus the next two iterations of PAMS will be very important to ensure that the local infrastructure plans are included within the national programme. The national infrastructure plan is likely to focus on the next 25 years as an overall planning period.

It was fully recognised that it was important that Estate and asset-related plans support the refreshed clinical / health and wellbeing strategy moving forward and would also support the increasing use of digital technology within the Board. The next iteration will look to identify how NHS Fife use its estate going forward and how it should seek to prioritise clinical use over administrative office space.

It was noted that there are a number of key strategies being developed that will be relevant to estates planning. A clear objective of the Director of Property & Asset Management coming into the role is to understand the output of the Mental Health Strategy and to look at the Stratheden site near Cupar, as there is huge opportunity there in relation to other potential uses and residential possibilities, given the size of the site. The importance of understanding potential developments in both Primary and Secondary Care was recognised. The new

Elective Orthopaedic Centre build will provide the opportunity within 18 months' time to move areas around the VHK site, to ensure the space available is used most effectively and appropriately based on clinical need.

Community hospital sites will be reviewed, especially the condition and fabric of sites such as Cameron, through a risk management process to check compliance and look at what work needs done. Within the community sphere there are two new Health and Wellbeing hubs being created in Fife, and this development has undergone an exciting public consultation process, which has helped provide understanding of what patients in Fife are looking for in their local services. It was agreed that there are a lot of exciting opportunities for development within NHS Fife and it is important that work continues to move forward at pace.

Mrs Rona Laing highlighted that there are often challenges due to public perception when we look to move services around Fife, to make the best use of the overall estate. It is important to ensure there is a good communication strategy to ensure we bring people with us whenever change is being proposed.

Mrs Carol Potter noted that the ongoing work is very exciting for the Board. The Directors as a team have some time out in a few weeks' time to consider the strategic direction for NHS Fife. It is important to achieve connectivity between different strategic strands and the opportunity to look forward is very a positive step, building on what has been learned over the last year's challenges with Covid.

Mr Eugene Clarke queried what the initial plan for the Cameron site would be moving forward, given its condition. It was advised that, due to the proximity of the Diageo plant, it is unlikely that development or disposal is achievable. Instead, Estates will look at what work is required on that site to update it and make it fit for purpose for ongoing use. Dr Les Bisset emphasised the importance of ensuring that work is not done in separate silos but is done in parallel with the priorities of the overall health and wellbeing strategy, to ensure these are developed and delivered. Mrs Nicky Connor noted the importance of working together in a connected way and provided assurance that the relevant teams are committed to doing so.

The Committee agreed to **recommend approval to the Board** of the 2020 Interim PAMS report.

6.2 Strategic Planning and Resource Allocation Process

Mrs Margo McGurk was invited to provide an update to the Committee on the refreshed Strategic Planning & Resource Allocation Process.

It was noted that this Committee had previously been sighted and involved in discussions with regards to the new process and the support provided was encouraging. It was highlighted that one of the key tasks of this process is to deliver an overarching health and wellbeing strategy, with underpinning and enabling frameworks, such as estates, workforce etc., which are aligned to deliver to overall strategy to the best effect. The Executive Team have determined that, in order to be successful, this needs to be undertaken in three key stages. The first stage is to develop the near-term plan of the Remobilisation Plan version 3 (RMP3). The current Clinical Strategy and acceleration of ambitions within that strategy have been considered to develop the objectives and core response. The format and content of the RMP3 is largely controlled by the Scottish Government, and more detail on the current

iteration will be provided within the Private Session. The second stage is to work with the Board, Governance Committees and Non-Executive Members to create the plan to develop a new Health and Well-being Strategy by June 2021. This will look at more detailed planning on how engagement should take place and additionally the key principles within service design for change programmes and how that is taken forward. The final stage 3 will be the development of the Health and Well-being Strategy for formal Board approval and final discussion stage by March 2022. The paper notes that the Strategy will cover the next 5 to 10 years, however it should also have a longer term focus.

A workshop is planned to take place on 1 April with the full Executive Team, to explore planning this work in more detail. An update will be available for the May Committee on those discussions.

Dr Les Bissett provided positive feedback on the paper, advising that, in his view, it is a good way forward. The clinical agenda will drive this overall, but all of the other enablers - such as estates, finance, workforce etc. - are of great importance too. It was agreed this process is a good step forward for Fife.

Mrs Carol Potter advised that, at a national level, Chief Executives were considering what the national strategy would be like post-Covid. The Scottish Government have been reviewing feedback from Boards around Scotland on the experience of the past year, which will be useful information to consider. Public involvement will likely be via the form of a 'citizens' assembly' or mass consultation of that nature.

The Committee **noted** the information provided on the Strategic Planning and Resource Allocation process and gave their strong support for the plans.

7 PERFORMANCE

7.1 Integrated Performance & Quality Report

The Committee reviewed and discussed the latest Integrated Performance & Quality Report.

Mrs Claire Dobson was invited to provide a verbal update on Acute Services performance. The Committee were advised that this report shows figures for December 2020, which highlights a very challenging position for Acute that had been escalating significantly. It was noted that the 4-hour emergency access figure performance reflects capacity challenges experienced across the hospital at that time. The patient TTG saw the cancellation of our non-urgent elective programme due to Covid pressures, which was a difficult but necessary decision. There was a 5% increase in outpatients waiting to be seen over the period. There was some recovery within diagnostics, which is encouraging, but there were still breaches within endoscopy. There were also challenges within the cancer urology pathway but cancer is still the highest priority in terms of access and surgical programme activity.

Mrs Nicky Connor was invited to provide an update on Health and Social Care Performance. The Committee were advised that December 2020 highlighted an increased number of care home closures and Covid infection outbreaks across the community hospital settings. The impact of this will come across in more detail in the next iteration of the report. Teams continued to work under a full-system approach to support Home First and reduce delayed discharge. The position on CAMHS and Psychological Therapies remains under review.

When the service focus on increasing access, there is an impact on waiting times; and when focused on longest waits, there is an impact on access. There is a lot of discussion taking place on how this can be developed going into next year, which will be detailed within the next iteration of the reporting to the Committee. Further investment is planned to improve Psychological Therapies and CAHMS performance next year.

Mrs Rona Laing highlighted the improvement on delayed discharge performance, which was a significant achievement given the operational pressures. Staff were commended for their work.

Mr Alistair Morris commented on the overall format of the IPQR. He noted that, as it provides a lot of information over detailed graphs, this does makes it difficult to interpret. The information provided is also a few months out of date and it does not look forward, making it difficult to get a clear picture on the situation and plot trends and recovery trajectories. Mrs Carol Potter highlighted that that the Executive Team keep the format and content of the IPQR under regular review. The metrics included are largely what we are required to report on from the Scottish Government and what the Board is held to account for in relation to performance. This document has been cited as 'best practice' and is currently used by other Boards who are seeking to produce an integrated report. We will however reflect on the comments made.

Mrs Rona Laing highlighted that the level of scrutiny on the metrics within the IPQR has been overshadowed somewhat this past year due to Covid pressures. When services begin to remobilise, we will be able to do further work to scrutinise and reflect on the report and the information it provides. Dr Gillian MacIntosh highlighted that there will be a full development session held with the Board and national colleagues on the new 'Active Governance' workstream, which will be scheduled in October 2021. This will be a helpful conversation to have to reflect on what information and data is used and to explore further how Board members can best be provided information in a meaningful and consistent way. Mrs Margo McGurk highlighted the importance of Alistair's point in terms of Strategic Planning and the intelligent use of data to make informed decisions on potential service changes and what is required moving forward. The strategic planning resource within Fife will hopefully develop more capability within the team for analytics in reference to developing strategy.

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, it relates to the December 2020 position. £2.8 million overspend was reported, with a forecast of break-even at year-end. The January 2021 report has been concluded and the position has moved significantly. There is an underspend reported for January however the forecast year-end position remains break-even at this stage. This change in forecast is due to lower than forecast costs in relation to Covid in the final quarter of the year and reduced spend on elective activity. There is a discussion with partnership colleagues to consider the potential to create an earmarked reserve within the health delegated budget.

An update was provided to the Committee on the progress of discussions around revisions to the Integration Scheme and the present Risk Share agreement. It was highlighted that NHS Fife and Fife Council do not as yet have agreement on the proposed changes that were put forward in May 2020. This issue has been escalated to the respective Chief Executives and with national colleagues. Due to the financial position, this is not a priority discussion to

be resolved by year-end, but, due to the principle of the risk share, an agreement does require to be reached to move forward constructively.

Mrs Margo McGurk advised that, in terms of the capital position it is anticipated that the allocation will be spent in full.

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

7.2 Winter Performance Report

Mrs Janette Owens introduced the report to the Committee, advising this was the position until January 2021. It was highlighted that Claire Dobson and Nicky Connor will also be invited to provide an update to the Committee, which will clarify the current position in terms of winter.

The Committee were provided with assurance that the Winter Planning Group are meeting regularly. Most of the winter actions are complete or are on track. Winter is challenging in a normal year; however, even with the added complexity of Covid and the impact this is having on staff, alongside the delivery of the mass vaccination programme, winter does feel well managed this year.

Mrs Claire Dobson provided an update to the Committee on Acute Services. It was noted it has been a very challenging and busy period. They continue to utilise segregated care pathways across the hospital, but the Covid situation has eased significantly in recent weeks, which has allowed the hospital to de-escalate around critical care capacity. There is now one red ICU and one amber. In the next few weeks, it is hoped we can stand services down to one ICU, which is encouraging. Teams have been successful in remobilising the General Orthopaedic programme and general surgery, and in general services are being remobilised in a managed and controlled way. There has been a joined up approach taken over winter, which has been very successful in managing a complex situation that has been unparalleled in previous years.

Mrs Nicky Connor provided an update for HSCP. It was emphasised that the weekly winter planning meetings have provided an opportunity for staff to feel empowered and provide a dedicated point of escalation. This has allowed agility within the system, to respond to points raised. The position in January 2021 was challenging due to the number of care homes closed and wards that were impacted by Covid. The position is greatly improved; though there are still outbreaks in areas, this is managed locally. Staff were commended for their work over this period. One area which has been key, which we hope to bring forward to the next winter period, is the engagement with the independent sector. Offers have come forward on how they can be involved going forward, which is very supportive of the whole system approach.

Mr Eugene Clarke provided an observation that it may be helpful to show live dashboard reports to highlight the current position rather than using historic data. Mrs Nicky Connor agreed to consider this suggestion.

Mrs Rona Laing noted that this is a very positive performance report, which is better than perhaps could have been expected over this challenging period of a second peak of Covid. Staff should be commended for all their hard work during this period.

The Committee **noted** the report.

8 ITEMS FOR NOTING

8.1 Minute of IJB Finance & Performance Committee, dated 11 November 2020 and 15 January 2021

The Committee **noted** the minutes of the above meetings.

9. ISSUES TO BE HIGHLIGHTED

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

There are no items for escalation from the IPQR. The Committee had a full and detailed discussion on the PAMS report and recommend approval to the Board, the Committee also had a detailed and helpful discussion on the SPRA and Strategic Planning process. In private session the Committee endorsed support to progress the procurement of a robot to enable the development of robotic assisted surgery (RAS) in NHS Fife, this was endorsed separately with both the Chair and Vice-Chair of NHS Fife who approved a formal application to Scottish Government for capital funding on 12 March 2021. A revised business case to support the delivery and implementation of RAS will be presented to the governance committees and the NHS Fife Board in MAY 2021. The Committee also endorsed the Consort commercial offer to support the delivery of a replacement medium temperature hot water distribution system for Phase at the VKH. The Consort commercial offer will be considered for Board approval on 31 March 2021.

10. Any Other Business

There was no other business.

Date of Next Meeting: 11 May 2021 at 9.30am in the Staff Club, Victoria Hospital, Kirkcaldy (location TBC).

Staff Governance Committee: Chair and Committee Comments**STAFF GOVERNANCE COMMITTEE****(4 March 2021)**

The Chair highlighted items to be escalated:

- The progress in relation to staff absence with a rate of 5.04% for January 2021, with an average rate of 5.12% for the rolling year to date. The absence rate was 5.35% in November 2020, 5.87% in December 2020 and 5.04% in January 2021. This reflects the seasonal trend seen in previous years. It was noted that COVID-19 related absence affected approximately 3% (1% Shielding and 2% COVID-19 absence) of the NHS Fife workforce.
- To highlight the concerns raised in relation to the decision to delay the new Staff Experience Everyone Matters Pulse Survey to September 2021. In addition, to advise the Board of the suggested interim solution for the Chief Executive and Employee Director to meet with staff within all areas of the Board, albeit virtually in the first instance, to enable staff to provide feedback, make suggestions and raise any concerns that they are currently experiencing.

**MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY
4 MARCH 2021 AT 10:00 AM VIA MS TEAMS**

Margaret Wells
Chair

Present:

Margaret Wells, Non-Executive Director (Chair)	Carol Potter, Chief Executive
Christina Cooper, Non-Executive Director	Janette Owens, Director of Nursing
Alistair Morris, Non-Executive Director	Lynne Parsons, Society of Podiatrists and
Wilma Brown, Employee Director (for the initial part of the meeting)	Chiropodists representative (deputising for Simon Fevre)

In Attendance:

Lynn Barker, Associate Director of Nursing, H&SP (deputising for Nicky Connor)
Claire Dobson, Director of Acute Services
Linda Douglas, Director of Workforce
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Sandra Raynor, Senior HR Manager
Kevin Reith, Deputy Director of Workforce
Rhona Waugh, Head of Human Resources
Catherine Penman, PA to Head of HR and Senior HR Manager (Minutes)
Gillian Westbrook, PA to Director of Workforce (Shadowing)

1. Apologies for Absence

Apologies were received from Simon Fevre, Co-Chair, Health and Social Care Partnership, Local Partnership Forum; Andrew Verrecchia, Co-Chair, Acute Services Division, Local Partnership Forum; Nicky Connor, Director of Health & Social Care; Margo McGurk, Director of Finance and Strategy; and Kirsty Berchtenbreiter, Head of Workforce Development.

2. 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; in particular, Gillian Westbrook, PA to Linda Douglas, who was shadowing Catherine Penman, PA to Head of HR and Senior HR Manager, who is providing secretarial support to the Committee for today's meeting. It was noted that Gillian would be providing secretarial support the Committee going forward. The Chair welcomed Janette Owens to her first meeting and congratulated her on her appointment to Board Director of Nursing. The Chair also took the opportunity to thank Helen Buchanan, on behalf of the Committee, for her hard work and dedication over the past years and to wish her well in her forthcoming retirement.

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

The Chair confirmed that COVID-19 continues to be the focus of discussion as the NHS remains on an emergency footing across Scotland. The Chair thanked staff, on behalf of the Board, for their continued efforts, professionally and personally, to maintain services throughout the pandemic, particularly given the extended lockdown measures.

The Chair advised that further to the revised agenda being circulated, it had been decided that the Strategic Planning and Resource Allocation report would no longer be considered within the main meeting; and the Private Session would no longer take place to consider the Joint Fife Remobilisation Plan 2021/2022. To allow members of the Committee to properly consider the content of both reports and recognising that there is a requirement for these to be considered within the current financial year, it was therefore, agreed that the Committee would reconvene week commencing 8 March 2021.

3. Minutes of Previous Meetings held on Wednesday 13 January 2021

The minutes of the meeting held on Wednesday 13 January 2021 were formally **approved** as an accurate record.

4. Action List

The Committee **noted** the current status of the items on the Action List and the updates provided.

5. Matters Arising

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

6. COVID-19 UPDATE

6.1 COVID-19 Staff Health & Wellbeing (including Promoting Attendance) Update

R Waugh referred to the Staff Health and Wellbeing (including Promoting Attendance) update and highlighted the following COVID-19 related Staff Health and Wellbeing activities, in addition to the continued support for staff previously mentioned:

- Mindfulness Courses and Drop-in Sessions continue to be a great success in our approach to mindfulness. In response to feedback from staff, Mindfulness videos are now available for staff to access at any time to fit in with their daily schedules.
- Bespoke "Our Space" Support Sessions are available for staff who are shielding, given the current climate. These have been extended to staff who are currently home working.
- New Staff Health and Wellbeing materials are now available for staff and have been provided within this report to allow Committee members to see the content. The Spiritual Care Team took the opportunity to deliver these to the majority of areas within the Board to enable them to speak to staff on duty and offer direct support.
- Work is on-going to target support for staff to ensure that resources are directed in the most appropriate way, based on a trauma informed model, making the best use of the resources available for staff currently in place.

R Waugh provided a Promoting Attendance update and advised that the report covered the period to January 2021, ten months of the current financial year. Since the last meeting, the rate was over 5% in November and December 2020 and January 2021, however, this is in line with seasonal variations seen in previous years and was less than reported in the last few years.

The average rate for the rolling year to date was 5.12%, and whilst this is outwith the current trajectory set for the Board, this is an improvement when compared to 5.57% for the 2019/20 financial year. In terms of the reasons for absence; anxiety, stress and depression remain the top reason for absence over the course of this year.

R Waugh advised that whilst the report provided data on the trends, COVID-19 related absence contributed to a further 2% on absence levels within NHS Fife, as detailed within Graph 4 of the report.

C Cooper recognised that there is a lot of investment to support staff with anxiety, stress and depression issues, in particular for short term absence, and asked what long term support was available to staff who had mental health issues.

R Waugh confirmed that there are several support services available to staff within NHS Fife's Occupational Health and Counselling Service and additional Mental Health nursing support is now available. Further support is available via NHS Fife's Psychology Service for those staff who are facing particular challenges. The Staff Listening Service is also available, with additional support from Mark Evans and his team. In terms of the top level tier of support, information will also be available via NHS Fife's Psychology Service and it is expected that this will be considered by NHS Fife's Staff Health and Wellbeing Bronze Group on 10 March 2021. Wendy Simpson, Health Psychologist, is also offering care sessions for staff who are benefitting from her kind touch and support.

A Morris acknowledged the initiatives currently in place to support staff and asked if it would be possible to obtain a breakdown of staff absence reasons across all areas of the Board. R Waugh advised that this information was currently available and would include this within the next Promoting Attendance update.

A Morris also asked if consideration could be given to job redesign to alleviate stress levels before they become an issue. C Potter indicated and R Waugh confirmed that a study undertaken within Estates and Facilities established that stress was often due to factors external to work where staff are suffering from stress and anxiety in their own personal lives. It was noted that support was offered to those staff who had bereavement issues, which was prevalent within this study.

L Douglas referred to the interventions currently in place to alleviate stress within the workplace to prevent staff suffering from ill health. However, it is important to note that we need to support staff resilience to prevent or reduce levels of distress in the first place, which may result in long term sickness absence. There is a great deal of work being undertaken nationally and locally around building and maintaining resilience to avoid this.

L Douglas also advised that the redesign of service and roles to ensure that the workplace eliminates as many sources of distress or stress is important and this is an area that we need to do further work on. NHS Fife's revised Workforce Strategy is currently being prepared and will be published next year. There is some important work that we can do in preparation, but more importantly, with a strategic aim of designing work differently to prevent the stressors.

The Chair thanked R Waugh for the update and asked the Committee to **note** the content on the paper, recognising that COVID-19 related absence contributed to a further 2% on absence levels.

6.2 COVID-19 Staff Experience Everyone Matters Pulse Survey Report

The Chair invited presentation on the update on COVID-19 Staff Experience Everyone Matters Pulse Survey Report.

K Reith presented the update on behalf of K Berchtenbreiter. The following key points were noted from the presentation:

- The Everyone Matters Pulse Survey, which replaced iMatter as the measure of staff engagement for 2020, enabled staff to express their view, feelings and experiences, over the 6 month “COVID-19” period from March to September 2020. It was recognised that the survey was undertaken during the height of the pandemic, and the results may well be different if this survey were to be undertaken today.
- NHS Boards received a copy of the National survey results, Board survey results and Directorate level results. Unlike previous years, there were no Team reports produced and, therefore, action plans were not required. However, there is still an expectation that the data is considered as part of the Board’s recovery plan.
- As with previous national iMatter reports, NHS Fife is not an outlier in terms of results, indeed on overall experience score, we are slightly higher than the national Health and Social Care average. There were no red flags in our report and no significant surprises.
- Although the Board response rate of 39% (national response rate was 43%) was lower than the 2019 iMatter Survey (62%), it was noted that there were a number of contributing factors; including short timescales to publicise the survey; staff working in different teams; ‘survey fatigue’ combined with COVID-19 fatigue; and technical issues.
- Staff were asked to think about their experience of working during the COVID-19 pandemic from March to September 2020 and what they were most worried about. Whilst the results highlighted that staff were anxious and worried during this time, it is important to recognise the level of change being experienced by staff, with around a quarter of the respondents working in a different location, having school age children at home or providing support to vulnerable relatives living elsewhere.
- Staff overall experience of working within NHS Fife and whether they would recommend NHS Fife as a good place to work was 6.85 on the scale, which is a slight reduction from 6.92 in the 2019 iMatter survey. However, it should be noted that NHS Fife is slightly above the National average for territorial boards.
- There was a strong focus on staff health and wellbeing within the survey and the results showed when compared with other Boards that NHS Fife had the same score as the Health & Social Care national average for staffs Life Satisfaction, Worthwhile; and Anxiety question responses and above average for Happiness. There are various staff health and well-being activities being provided by NHS Fife to support staff. NHS Fife was one of three Boards who noted the highest improvement rate when staff were asked “I get the help and support I need from other teams and services within the organisation to do my job”.
- The survey provides an opportunity to inform service remobilisation planning and use the experience of staff, as we respond to the second wave of the pandemic more generally.
- iMatter was due to recommence in April 2021, however, it is proposed that this be delayed until September 2021. Discussions are taking place at the National Operational Leads meeting on 4 March 2021 in relation to plans for the continuation of the Staff Improvement Experience Programme.

W Brown recognised the support that NHS Fife has provided to staff, however, she raised concerns if the iMatter survey were to be delayed until the September 2021. Staff would

welcome the opportunity to provide their feedback with regards to their personal experiences during the COVID-19 pandemic. It would be detrimental to staff's health and wellbeing if this were to be delayed.

C Potter acknowledged the concerns raised and suggested that the staff meetings which had previously taken place, prior to the COVID-19 pandemic, with herself, W Brown and staff within all areas of the Board be recommenced. Whilst it may not be possible to meet staff in person given the current restrictions, these meetings could be undertaken virtually, in the interim. Members agreed that this was a good idea and would allow staff the opportunity to raise any concerns they are currently experiencing.

Action: C Potter / W Brown

M Wells thanked K Reith for the update and asked the Committee to **note** the content of the presentation.

6.3 & COVID-19 Staff Vaccination and Staff Testing Updates

6.4

The Chair invited Janette Owens to present the update on COVID-19 Staff Vaccination and Staff Testing updates.

J Owens advised that the Staff Vaccination programme was well underway, with staff clinics being held with St Andrews Community Centre, Randolph Wemyss Memorial Hospital, Victoria Hospital and Queen Margaret Hospital.

The following key points were noted from the presentation:

- As at 23 February 2021, all Vaccinators had been vaccinated; 3,266 Care Home staff; 18,887 Healthcare staff; and 1,417 Social Care staff had received their first dose.
- Occupational Health support is available for staff who may have had an adverse reaction to the vaccination.
- The programme to administer the second dose of the vaccination commenced on 1 March 2021.
- Medical, Nursing and Allied Health Professional students have been vaccinated. As there is a 12 week gap between administering the first and second dose of the vaccination, the second dose requires to be administered by the host Board or University associated with each individual student.
- Bank and Agency staff have been offered the vaccination and this has been well received.

R Waugh presented an update on the COVID-19 Staff Testing programme and provided an overview of the staff testing activity within the Board to date and the following points were noted:

- Voluntary Asymptomatic Testing has been in place since July 2020 for staff within our most vulnerable ward areas within Acute Services; Oncology; Long Stay Learning Disability; and Mental Health wards; and within the H&SCP.
- An extensive programme of Polymerase Chain Reaction (PCR) Testing of Symptomatic staff (and contact tracing) staff with symptoms has been undertaken.
- Voluntary Staff Lateral Flow testing of all front facing staff has been in place since 19 December 2020, including Medical students, Allied Health Professionals,

Pharmacists, Vaccinators and staff within Community Testing sites. Over 50% of eligible staff have participated to date. The programme has recently been extended to GPs, Pharmacists and Opticians in Fife.

- As at 25 February 2021, 4,449 Asymptomatic Tests have been undertaken, with 3 positive results; 1,980 Symptomatic Tests, with 303 positive results; and 24,338 Staff Lateral Flow Tests, with 31 positive results.
- There continues to be extensive Occupational Health support available to staff.

A Morris noted that there had been a significant number of staff who had taken up the offer of the vaccination and asked if there had been any issues where staff had decided not to be vaccinated. J Owens confirmed that she was pleased with the current staff uptake of vaccination and was not aware of any significant issues.

C Cooper thanked everyone for their efforts on the staff vaccination programme. However, she said issues had been raised about staff access within the Health and Social Care Partnership and asked who sets the eligibility criteria for the vaccination programme for these front line staff who provide a core service within integrated care in the Community.

J Owens acknowledged the concerns raised and advised that the staff vaccination roll-out is undertaken in line with National Guidance, based on the science provided by the experts. It is regularly reviewed and determines the cohorts of staff who should receive the vaccination.

L Douglas said that the categories and designations of staff are nationally set by the Joint Committee on Vaccination and Immunisation and are subject to regular review. C Potter added that there is a process in place for employers who are directed on staff eligibility for the vaccination.

L Barker confirmed that, in line with National Guidance, eligibility is discussed and agreed at the Health and Social Care Partnership Senior Management Team and the programme is rolled-out in line with National guidance.

M Wells thanked J Owens and R Waugh for their updates and asked the Committee to **note** the content of the presentation.

7. GOVERNANCE

7.1 Review of Committee Terms of Reference

The Chair invited G MacIntosh to speak to the Review of the Committee's Terms of Reference.

G MacIntosh advised that the Staff Governance Committee are required to review their Terms of Reference on an annual basis and asked members to consider the suggested tracked changes.

It was noted that the main changes related to the composition of the Committee to ensure Staff Side representation, via a nominated Deputy, should Staff Side Chairs of the LPFs be unable to attend. L Douglas has discussed the suggested changes with staff side colleagues, who have confirmed that they agreed with the suggested changes.

M Wells confirmed that she is content that the tracked changes reflect the issues previously raised and thanked everyone who inputted into the revised version of the Terms of Reference.

The Committee were asked to **note** the content of the report and **approve** the revised Committee Terms of Reference for further consideration by the Board.

8. QUALITY, PLANNING & PERFORMANCE

8.1 Integrated Performance & Quality Report

M Wells invited L Douglas to speak to the Integrated Performance and Quality Report (IPQR).

L Douglas referred to the Staff Governance section of the IPQR and to previous discussions in relation to Promoting Attendance and noted the COVID-19 absence data. As staff absence levels have increased over the last two months, it is important to ensure that staff are provided with the relevant support going forward to enable them to return to work and ensure that sickness absence is managed appropriately. Review and Improvement Panels continue to meet to review short and long term absence and managers recognise the pressures that staff are currently dealing with.

L Douglas advised that sickness absence levels may increase as services re-mobilise.

M Wells thanked L Douglas for her update and confirmed that the Sickness Absence levels, and the COVID-19 absence will be escalated to the Board.

9. LINKED COMMITTEE MINUTES AND ANNUAL REPORTS

9.1 Minutes of the Area Partnership Forum Held on 20 January 2021 (unconfirmed)

The Committee **noted** the minutes.

9.2 Minutes of the Health & Social Care Partnership Local Partnership Forum Held on 20 January 2021 (confirmed)

The Committee **noted** the minutes.

9.3 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum Held on 4 February 2021 (unconfirmed)

The Committee **noted** the minutes.

9.4 Minutes of the Health and Safety Sub-Committee Held on 11 December 2020 (unconfirmed)

The Committee **noted** the minutes.

10. ISSUES TO BE ESCALATED TO THE BOARD

The Chair highlighted the following items to be escalated to the Board:

- The progress in relation to staff absence, noting the COVID-19 related absence position.
- To highlight the concerns raised in relation to the decision to delay the new Staff Experience Everyone Matters Pulse Survey to September 2021. In addition, to advise the Board of the suggested interim solution for the Chief Executive and Employee

Director to meet with staff within all areas of the Board, albeit virtually, to enable staff to provide feedback and raise any concerns that they are currently experiencing.

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

Action: M Wells / L Douglas

11. ANY OTHER BUSINESS

There was no other business to discuss.

12. DATE OF NEXT MEETING

It was noted that the Staff Governance Committee would reconvene during the week commencing 8 March 2021, to consider the Strategic Planning and Resource Allocation document, followed by a Private Session of the Committee to consider the Joint Fife Remobilisation Plan 2021/2022.

The next meeting thereafter would be held on **Thursday 29 April 2021 at 10:00 am via MS Teams.**

Staff Governance Committee: Chair and Committee Comments**RECONVENED STAFF GOVERNANCE COMMITTEE
(Meeting on Tuesday 9th March 2021)**

No issues were raised for escalation to the Board.

**MINUTE OF THE RECONVENED STAFF GOVERNANCE COMMITTEE MEETING HELD ON
TUESDAY 9 MARCH 2021 AT 09:30 AM VIA MS TEAMS**

Margaret Wells
Chair

Present:

Margaret Wells, Non-Executive Director (Chair)	Carol Potter, Chief Executive
Christina Cooper, Non-Executive Director	Janette Owens, Director of Nursing
Alistair Morris, Non-Executive Director	Andrew Verrecchia, Co-Chair, Acute Services, Local Partnership Forum
Wilma Brown, Employee Director	

In Attendance:

Claire Dobson, Director of Acute Services
Linda Douglas, Director of Workforce
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance
Sandra Raynor, Senior HR Manager
Kevin Reith, Deputy Director of Workforce
Rhona Waugh, Head of Human Resources
Gillian Westbrook, PA to Director of Workforce (Minutes)

1. Apologies for Absence

Apologies were received from Simon Fevre, Co-Chair, Health & Social Care, Local Partnership Forum; Kirsty Berchtenbreiter, Head of Workforce Development.

2. 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 and thanked them for freeing up their diaries at short notice to participate and allow proper consideration of this paper. A Private Session will follow this meeting and the Chair requested attendees to leave the meeting before proceeding with the Private Session.

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

The Chair confirmed that COVID-19 continues to be the main focus of discussion, as the NHS remains on an emergency footing across Scotland.

3. Strategic Planning and Resource Allocation Report

M McGurk advised that this paper outlines the process in relation to the new Strategic Planning and Resource Allocation arrangements. There is a link between Strategic Planning and Resource Allocation with the near term plan described in the Remobilisation Plan 3 (RMP3).

M McGurk referred to the Diagram on page 3:

There are 3 phases to implementing the new Strategic Planning and Resource Allocation (SPRA) process. It is a management and engagement process which will help to inform the different stages of planning needed to take this forward as an organisation, and will assist the development of a medium and longer term plan for NHS Fife

The first stage has been used to develop the content of the RMP3, with an immediate focus for 2021/22. This has been driven by the fact that the Board is still under Scottish Government direction and there are a number of recognised priorities for NHS Fife as for all of NHS Scotland. An initial discussion has taken place with EDG around a new approach to integrate organisational, financial, workforce and clinical strategies.

M McGurk asked for feedback on the next stages of SPRA. The second phase (now to end June 2021) will be to develop the process fully and engage in detail with the main Governance committees to create a refreshed Health and Wellbeing Strategy (previously the Board's Clinical Strategy). Taking the time to ensure all engagement with key stakeholders is pivotal.

During the period from the end of June 2021 onwards, efforts will concentrate on the development of the revised/refreshed Health and Wellbeing Strategy, using this suggested term for the draft, as the Board will decide on the title of the overall strategy for NHS Fife. The refinement of the process and the appropriate engagement and leadership through all Governance committees and EDG will take place through the period July 2021 to March 2022. The plan is to have a medium / long term strategy approved by the Board by the end of March 2022.

M McGurk highlighted that each Directorate is fully engaged in this new process ensuring a consistent approach. Directorates have outlined key objectives, key stakeholders, higher level workforce and financial planning assumptions and key enabling strategies they would be dependent on. Digital and Estates & Facilities being 2 of the key strategies which underpin delivery of the organisation objectives. EDG have considered an initial report and have agreed to meet on 1st April 2021 to ensure the correct process is in place.

In addition, M McGurk set out three Key objectives for NHS Fife:

- Minimise transmission of COVID-19 and support health protection
- Improve whole system capacity and flow
- Support health inequalities delivered specifically via:
 - o Anchor Institution Work
 - o Mental Health redesign

These three key objectives are mirrored in RMP, the SPRA process is seeking to further develop and articulate this into a medium term set of objectives for the organisation. M McGurk emphasised that the engagement with the Staff Governance Committee is to help design a progress and would appreciate their guidance, support and advice.

A Morris welcomed the structure of the new strategic plan bringing all strands together and commented that is a big step forward. The success of the strategy will depend on the buy in from service leaders and a buy in to change. From a staff perspective we want to improve resilience which will be helped by changing job roles / specifications. This will only happen

if service leaders buy into the bigger picture of staff resilience. The current process of involving all stakeholders is critical to ensure the planning and delivery of this strategy.

C Cooper agreed with A Morris regarding the direction, process and alignment of the strategies. Regarding the communication and the voice of the key stakeholders, C Cooper questioned how to get stakeholders views embedded into the strategy. The format of the strategy should also be accessible and easily understood by all.

W Brown raised concern around workforce numbers, asking if this strategy is based on staff the Board should have in place or the actual number in post. NHS Fife are still running with a significant number of vacancies and looking at numbers over the past few years they haven't improved significantly to fill these gaps.

M.McGurk thanked A Morris and C Cooper for their comments particularly around accessibility and creating engagement with all stakeholders, the Communications team will be working closely on the best approach. In response to W Brown's concerns, the difference with this approach is the mechanism in place to bring it all together to understand the overall ask, with a bank of information which would enable the Executive Team, Governance Committees and the Board to have a discussion around prioritisation.

L Douglas commented that being sighted on the end to end demand for workforce and allowing that to inform what the supply is, we can then make decisions on different job design / service design as a consequence of supply and demand of workforce. This prioritisation piece will be key to ensuring clarity on what the Board can do.

The Chair enquired when discussing whole system capacity and flow, where does primary care and its contribution to the whole process of capacity and flow sit? Where is the quality assurance linked to that and the various staff groups which are linked into primary care? How do we understand the impact of that on capacity and flow as it is unclear where it sits within this? The Chair agreed with points made around simplicity but asked for clarity around supporting health inequalities in Objective 3 and anchor institution work.

C Potter acknowledged the important point around the whole systems approach and stated this is a complex landscape in terms of the role of Health & Social Care Partnership, the Integrated Joint Board and NHS Board. Although the independent contractor status within Primary Care Health services was noted, it is still part of Health Services in Fife and will be fundamental in the review of any strategic intent for health and care within Fife. . A paper is being presented to EDG on Thursday regarding anchor institutions. The concept behind this is, as one of the largest employers in the area, we can take positive steps forward in terms of decisions around our employment and procurement practices, in order to support the local economy.

M McGurk assured the Committee that we are establishing a new process and that the delivery of services that NHS Fife are directed to by the partnership must be part of this. They will be working alongside N Connor around developing the mechanisms to ensure all aspects are captured. The work between now and June will ensure all key stakeholders and organisations are involved as there are a number of separate programmes across the organisation which need to be included.

A Morris commented that it is important to identify what the Board can stop doing as there is a temptation to layer on more and more good initiatives. Re-evaluating these could improve communication and clarity referred to by C Cooper earlier.

The Committee **noted** the process and outcome and the Chair asked that comments of the Committee are taken into account in its development.

4. ANY OTHER BUSINESS

There was no other business to discuss.

5. DATE OF NEXT MEETING

The next meeting will be held on **Thursday 29 April 2021 at 10:00 am via MS Teams.**

Communities & Wellbeing Partnership	
(Meeting on 1 March 2021)	
No issues were raised for escalation to the Board.	

Communities & Wellbeing Partnership
Meeting by Teams, Monday 1st March, 2.00-4.00pm
Notes

Present: Judith Allison, Cllr Lesley Backhouse, Ruth Bennett, Archie Campbell, Lucy Denvir, Mike Enston, Lynn Gillies, Cllr Judy Hamilton, Janice Laird, Fiona McKay, Dona Milne (chair), Nina Munday, Kenny Murphy, Gavin Rennie, Tricia Spacey, Sgt Barry Stewart, Karen Taylor, Jo-Anne Valentine, Margaret Wells

Attending: Gill Musk

Apologies: Nicky Connor, Cllr Fiona Grant

1. Welcome and introductions

Dona welcomed members and expressed thanks to Janice, who retires from the Council in early April. Fiona McKay deputising for Nicky Connor.

2. Matters arising from meeting on 1st December

Notes were approved as an accurate record.

Margaret expressed concern about the impact of the pandemic on young people's mental health and the risk that, with pathways into care having been disrupted, people will fall through cracks.

Ruth noted work with Action 15 group to strengthen referral pathways and responses, and work being done in schools. She will put together up-to-date summary. **ACTION: Ruth**

Lynn noted work on the Community Mental Health and Wellbeing Supports and Services Framework, which focuses on 5-25 year-olds. Subgroup will report to Children in Fife Partnership on Thursday.

Mental Health SIG meets at the end of March. Ruth to update C&WP by email. **ACTION: Ruth**

3. Reform and recovery work – Mike Enston, Dona Milne

Mike noted that, of the four priorities agreed by Fife Partnership, Tackling Poverty and Crisis Prevention is most relevant to C&WP. He outlined main messages from the report:

- No dismantling of the infrastructure that has worked well during the pandemic.
- Need to consider the impact of funding and make the shift to prevention.
- Emphasis on place leadership – how to make what has worked more systemic going forward. Commitment to a Test of Change in one area.

Issues around leadership and the role of partnerships, to ensure constancy of focus and connectedness across areas, need to be resolved.

The anti-poverty work has been taken forward through a project team and cross-party elected member working group, which Judy chairs.

Judy highlighted main messages emerging from the working group - the need for a stronger focus on prevention, for food and welfare support to be available to all who need it, and improving access to sport and leisure through a concessions scheme.

Nina noted issues of supplying culturally appropriate food and asked how FCE could be involved in planning around food. Jo-Anne noted this would be covered later in the agenda.

Kenny reported that Fife Partnership Board had been supportive of all recommendations and discussed how we maintain and build on new ways of working.

Dona was positive about the papers which had gone to the Board. The Council has led so far; now other partners now need to step up.

4. Plan for Fife review – Mike Enston

Again referring to Fife Partnership Board papers circulated with the agenda, Mike noted that the systems review indicates that accountability isn't always clear. The narrower focus on reform priorities needs appropriate leadership structures.

Partnerships should not have a delivery role but should help shape the agenda and ensure wide collaboration and engagement.

The CLES report points out that significant changes to systems require high level, consistent leadership.

Kenny noted that the membership of C&WP is strong and wide-ranging. However, there needs to be clarity over ownership of priorities.

Role of C&WP to be discussed when there has been more progress on the Plan for Fife review.

5. Volunteering strategy and action plan – Kenny Murphy

Kenny introduced the draft strategy and action plan, created by a multi-agency group in response to the Fairer Fife Commission's recommendation around increasing volunteering in Fife.

Some discussion of formal and informal volunteering. Kenny noted the need to strike a balance between risk and bureaucracy. FVA are available to provide advice and support to groups.

Fiona asked about support into volunteering for people with additional needs. Kenny noted that this is included in FVA's work plan.

Discussion about how to ensure the plan adequately reflects the need to diversify volunteers in Fife and provide appropriate support to organisations. Kenny to liaise with Nina on wording and send final versions to C&WP for endorsement. **ACTION: Kenny**

6. Food insecurity – Jo-Anne Valentine

Jo-Anne co-chairs the Fife-wide Food Insecurity Group. She updated members on recent discussions.

- Research into the impact of the pandemic on vulnerable and disadvantaged people

Research has been carried out across Fife, using a narrative enquiry process, led by Prof Karen McArdle from Aberdeen University. The final report will be available shortly.

Mental health and wellbeing were found to be a major concern, and the need to strengthen community resilience.

[Judith left the call.]

- Food strategy

The Council's Climate Change and Zero Waste team has been awarded funding by Sustainable Food Places to work towards developing a food strategy for Fife. First six months' funding is to develop a food partnership and vision (Jan to Jun '21). Further funding will then be available for strategy development (Jul '21 to Jun '23).

The Food Insecurity Group is acting as the steering group for the project.

Work is happening on a number of fronts to engage partners from across the food system - the whole spectrum of food production to consumption. A number of workshops are planned for March/April. The work links to the Lottery-funded Climate Action Fife project (led by Greener Kirkcaldy), which will organise a Climate Friendly Food Summit in June/July this year.

Jo-Anne shared a slide describing the 'six pillars' of the food system and invited members to consider joining the Food Partnership.

Some discussion of the need for more strategic coordination – of food provision and funding – to ensure that issues of under and over provision are avoided.

Janice highlighted the community-led approach being taken in NEF, where groups are working together to develop dignified ways of providing food, such as fridges and pantries. Funding is being sought for a post to coordinate activity.

Lesley noted in the chat that there was still a need to improve breastfeeding rates, especially in Fife's most deprived communities.

Dona welcomed the suggestion of a wider discussion at the next meeting, involving Ross Spalding and others from the Climate Change and Zero Waste team.

Members who would like to join the Food Partnership and/or to suggest others who should be invited to contact Jo-Anne or Gill. **ACTION: all**

- Food funding

Funding from Scottish Government has enabled the Food Insecurity Group to run a small grants scheme for community food providers. Providers were able to apply for help with running costs, service user support (e.g. more holistic support around wellbeing), property and equipment, and volunteer support. 56 applications were received from 38 organisations.

The process enabled a quick turnaround of requests. £187k has been awarded to date.

- CARF Income Maximisation project

This Test of Change will focus on enabling people in food insecurity to get quick access to income maximisation and other financial supports, working with food providers. Two staff members should in post by early April.

7. CLD Plan – Janice Laird

The current CLD Plan covers 2018-21. A monitoring report was presented to C&WP in Sept 2019 and a further report on 3 red-flagged items presented subsequently.

The Sept 2020 report was postponed due changing priorities.

The next monitoring report will be presented to C&WP on 7th June. It will also go to the Communities and Housing Services Committee.

The next CLD Plan 2021-24 has to be published by mid-September. Janice gave an overview of what it will need to cover and asked for approval of the proposed governance and scrutiny arrangements.

She noted that, when the last plan was created, a number of groups were removed to declutter the landscape. Feedback is that this has been detrimental to networking and connection.

The new arrangements should ensure appropriate engagement with stakeholders while avoiding duplication.

Some discussion of how we support and include the community voice.

It was noted that there is an opportunity for youth work to play an even greater role going forward. Need a much more integrated approach that builds on formal and informal learning, with focus on relationship building.

Tricia asked about scope to include youth justice/youth diversion work and noted inconsistencies across Fife. Janice noted that the Youth Work Managers' Group will be a single forum for discussion.

Margaret expressed concern about those who are falling through the cracks.

Dona noted that this is an issue across organisations, which has been raised with colleagues in Education & Children's Service. Dona to follow up with Lynn Gillies. **ACTION: Dona**

8. Any other business

On behalf of the group, Judy gave a vote of thanks to Dona, who is leaving at the end of May to take up the role of Director of Public Health at NHS Lothian. Judy noted Dona's contribution to widening understanding of public health, and in particular the links she has made with youth work and community work. We wish Dona well for the future.

Dona thanked Judy and said she had enjoyed working with the partnership. She noted that Judy will chair the next meeting on 7th June and Lucy Denvir will act as co-chair with Judy, until the Plan for Fife review is complete and new arrangements are in place.

9. Date of next meeting

7th June 2021, 2.00-4.00pm

Regional Cancer Advisory Group/ East Region Programme Board

Date: Friday 06 November 2020

Time: 1330-1500

Venue: Microsoft Teams



MINUTES

Present:

C Campbell (<i>Chair</i>)	Chief Executive, NHS Lothian
B Alikhani	SCAN Network Manager
W Brown	Employee Director, NHS Fife
J Butler	Director of Human Resources, NHS Lothian
J Campbell	Chief Officer, Acute Services, NHS Lothian
K Donaldson	Medical Director, NHS D&G
S Fraser	Associate Director of Planning & Performance, NHS Fife
T Gillies	Medical Director, NHS Lothian
S Goldsmith	Director of Finance, NHS Lothian
S Kerr	SCAN Lead Pharmacist
J Mander	SCAN Clinical Lead
L McCallum	Medical Director, NHS Borders
J McClean	Director of Regional Planning, East Region
M McGurk	Director of Finance, NHS Fife
C McKenna	Medical Director, NHS Fife
M Paterson	SCAN Project Support Manager
R Roberts	Chief Executive, NHS Borders
D Phillips	Director of Regional Workforce Planning, East Region
C Potter	Chief Executive, NHS Fife (for part of meeting)
J Smyth	Director of Strategic Change & Performance, NHS Borders
E MacPherson	Project Support Officer, East Region Planning Team

In Attendance:

D Calder	General Manager, Cancer Services, NHS Lothian
K Lakie	Senior Finance Manager, NHS Borders

Apologies:

J Ace	Chief Executive, NHS Dumfries & Galloway
V Gration	Deputy Head of Strategic Planning, NHS Dumfries & Galloway
A McCallum	Director of Public Health, NHS Lothian
A McKay	Deputy Chief Operating Officer, NHS Fife
A McMahon	Director of Nursing, NHS Lothian

		ACTION
1.	Welcome and Apologies C Campbell welcomed everyone to the meeting and noted apologies.	
2.	Minutes of Previous Meeting held on 4 September 2020	

	<p>The Minutes from the previous meetings of the Regional Cancer Advisory Group and East Region Programme Board were reviewed and agreed as an accurate record.</p>	
3.	<p>Regional Cancer Audit Programme</p> <p>As part of the rolling regional cancer audit programme, James Mander presented the audit reports for Lymphoma, Bladder, Testis and HPB.</p> <p><i>Lymphoma</i></p> <p>The main challenges impacting Lymphoma QPI performance relate to pressures on Radiology, including timely access to imaging and time to report. It was confirmed that PET CT capacity has been increased over the last year. J Mander added that QPI4 (MYC Testing) performance in NHS Fife is improving due to revised policies being implemented and will be reflected in next years report.</p> <p><i>Bladder</i></p> <p>J Mander highlighted QPI3 with NHS Dumfries & Galloway performing significantly below other SCAN boards over the last few years. The Chair of the Regional Cancer Planning Group, C McKenna and the SCAN Clinical Lead have written formally to Medical Director, K Donaldson to highlight the ongoing issue.</p> <p>K Donaldson advised that he has raised this issue with local clinical teams who are working on making improvements to this QPI.</p> <p>C Campbell asked if these QPI results have been compared with other cancer networks.</p> <p>J Mander explained that the QPI results are looked at historically over the past three years and compared against the Scottish average.</p> <p><i>Testis</i></p> <p>J Mander noted that no clinical concerns have been raised in relation to the testis QPI summary report.</p> <p>D Calder asked if there were any barriers to accessing clinical trials given the low percentage reported.</p> <p>J Mander advised that there were very low numbers in this cohort of patients, however Professor D Cameron is leading work on improving clinical trial access across all tumour types.</p> <p><i>HPB</i></p> <p>J Mander highlighted challenges with QPI2ii (patients with Hepatocellular Carcinoma should be appropriately diagnosed and staged). J Mander advised that following investigation this is a data recording issue, with the MDT not always having access to all information. The SCAN HPB Lead is working to make improvements to this QPI.</p> <p><i>HIS Cancer QPI Review Process 2020/21</i></p> <p>J Mander informed the group that HIS are working to make improvements to the cancer QPI review process, following the experience and feedback from the 2019/20 Review which required significant preparation and commitment from the SCAN Team and clinical leads.</p> <p>The HIS Review Team has requested to attend the SCAN Regional Cancer Planning Group meeting on 22 January to observe the RCPG process for reviewing regional QPI data.</p>	
4.	<p>Regional SACT Lead Appointment</p>	

	<p>B Alikhani announced that Dr Ewan Brown, Consultant Medical Oncologist has been appointed as SCAN Regional SACT Lead Clinician which includes a dedicated weekly session.</p> <p>Ewan Brown will join the Regional Cancer Advisory Group for future meetings.</p>	EB
5.	<p>Robot Assisted Surgery – East Region Approach</p> <p>J McClean introduced a previously circulated paper, setting out recent national discussions on Robot Assisted Surgery and options for the East Region to consider.</p> <p>The National Framework for Robot Assisted Surgery in Scotland, agreed in 2020, proposes a phased and incremental approach to developing robot assisted surgery across Scotland, with an associated financial and procurement framework and training model.</p> <p>The initial focus in Phase 1 of the Framework, focusses on intra cavity cancer surgery with an expectation that later phases will see an expansion to other types of surgical specialties. National governance arrangements have been established with a Robot Assisted Surgery Oversight Board reporting to the National Planning Board. A Clinical Reference Group with membership from each of the 3 Cancer Networks and Board Surgical Leads, supports the Oversight Board.</p> <p>J McClean highlighted that the East Region currently has 2 robots placed at the Western General Hospital for cancer surgery – an Intuitive Da Vinci robot for prostate surgery and a CMR surgical system used in colorectal surgery. The CMR robot is currently funded through Regional Transformation Funds on a Managed Service Contract basis, with an evaluation of the system awaited to inform future funding decisions. The advantage of the CMR system is that it can be easily transported to other hospitals in the Region.</p> <p>Scottish Government Finance Leads have recently signalled the availability of capital funding in 2020/21 to accelerate procurement of surgical robots as part of Phase 1 of the National Framework. Recommendations from the national Clinical Reference Group suggests that 1 robot would be procured and allocated to the East Region based on cancer surgery activity.</p> <p>J McClean highlighted that there are some challenges with accepting a further robot for the Region at this point, in particular the absence of a regional strategy for robot assisted surgery to support the planning and implementation of this type of surgery. The impact on workforce, patient pathways and revenue costs are currently not well articulated or understood. The challenge of operationalising a further robotic system during an expected long period of service remobilisation would also need to be considered. The ERPB were asked to consider the proposal for a further East Region robot</p> <p>T Gillies commented that robot assisted surgery is the direction of travel over the next 10 years and that thought needs to be given to the non-cancer related opportunities. The potential to be tied to a single supplier through a national procurement arrangement was highlighted as a potential risk, with NHS Scotland being a relatively small customer in a large global market.</p> <p>S Goldsmith agreed that this was a risk and that there was a need to consider the procurement approach.</p> <p>Following consideration of the issues, the ERPB agreed that the East Region should continue to engage with the national process and confirmed support for developing a regional strategy for robot assisted surgery which would provide a basis for future planning in this area.</p>	JMcC

6.	<p>Remobilisation of Services</p> <p>6.1 National Cancer Recovery Plan B Alikhani advised the Group that a National Cancer Recovery Plan is being developed by Scottish Government to provide direction and set priorities for cancer services until March 2022. Boards and Regional Cancer Networks have had the opportunity to comment on a draft version. RCAG members were asked to note the progress with an expectation that the Cabinet Secretary will sign off the Plan in December.</p> <p>6.2 Update on Boards Positions</p> <p>NHS Borders J Smyth provided an update on NHS Borders position advising that they continue with remobilisation planning. The main challenge currently is workforce, with a higher absence rate than noted in the 1st wave of the pandemic. A system wide process is in place, identifying hot spots across services with a clinical prioritisation group leading on assessment of areas which can be safely restarted or need to be reconsidered.</p> <p>NHS Fife C McKenna provided an update on NHS Fife position, advising that they have made good progress with remobilisation, particularly elective surgery provided at the Queen Margaret Hospital site. NHS Fife has reintroduced their Gold, Silver & Bronze command structure to support decision making and communication. Current priorities reflect the national imperatives: Test & Protect, flu campaign and redesign of urgent care. There have been exceptional pressures in relation to the workforce with high staff absence rates. Critical Care has seen higher numbers of ventilated patients than anticipated and admissions are doubling week-on-week.</p> <p>NHS Dumfries & Galloway K Donaldson advised that NHS D&G are currently managing activity.</p> <p>NHS Lothian J Campbell noted that Lothian have now re-mobilised 90% of theatre sessions, however, they are running at around 70% efficiency due to necessary downtime between patients. Inpatient numbers are increasing in particular at the Royal Infirmary and St John's Hospital. This has led to significant pressures with outbreaks within the hospitals leading to wards or bays being closed. D Calder added that the Cancer Centre at the Western General has been under enormous pressure and have been at capacity since August. Twenty beds have had to be removed from the centre due to physical distancing regulations.</p> <p>T Gilles advised that Medical Directors across the country are looking at developing a framework for mutual aid.</p> <p>6.3 Louisa Jordan Hospital R Roberts highlighted recent discussions on the use of the Louisa Jordan Hospital, with Scottish Government requesting information from each Board on their use of the hospital. The East Region does not currently use the Louisa Jordan Hospital primarily for reasons of access and the challenge of allocating workforce to staff the facility. C Campbell agreed that a response should be made to SG setting out the issues. J McClean agreed to circulate a recent paper from Jill Young.</p>	JMCC
7.	<p>Health Protection – Opportunities for Regional Working R Roberts advised that following an initial discussion between NHS Borders and Lothian regarding resilience in Health Protection services, a wider discussion is scheduled to include NHS Forth Valley and Fife. The intention is to look at potential options for regional working which will improve resilience and sustainability.</p>	

	Further updates will be brought to a future meeting	RR
8.	<p>William Quarriers Epilepsy Centre – Financial Agreements</p> <p>S Goldsmith spoke to the previously circulated paper advising that a funding model had now been agreed between NHS Boards and Quarriers Epilepsy Centre. The agreement will provide some certainty on funding for Quarriers, with a 3 year rolling average of activity supporting the apportionment of costs for each Region. S Goldsmith noted J McClean's role in achieving a resolution to the long running issue on the funding model.</p> <p>J McClean commented that the referrals to Quarriers from the East Region had been higher than expected over the last few years as the Lothian service had been reduced due to estate issues at the Wester General Hospital. With the move to DCN, it is expected that the regional service will become fully operational and waiting times will start to reduce.</p> <p>C Campbell requested that the activity and waiting times are reviewed at year end and reported back to ERPB.</p> <p>C McKenna noted that there had been a disproportionate number of referrals from NHS Fife to Quarriers and he had raised this locally, with the pathways should be to the regional service and referrals to Quarriers should be by exception.</p>	JMcC
10.	<p>AOB</p> <p>No other business was raised.</p>	
11.	<p>Next Meeting:</p> <p>Friday 5th February 1330-1500 via Teams</p>	



MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 4 DECEMBER 2020 AT 10.00 AM

Present	Councillor Rosemary Liewald (RL) (Chair) Christina Cooper (CC) (Vice Chair) Fife Council, Councillors – Tim Brett (TB), Dave Dempsey (DD), David Graham (DG), 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 Amanda Wong (AW), Associate Director, AHP's, NHS Fife 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 (HH), Associated Medical Director, NHS Fife Katherine Paramore (KP), Medical Representative
Attending	Esther Curnock (EC), Consultant in Public Health Medicine, NHS Fife Norma Aitken (NA), Head of Corporate Services Hazel Williamson (HW), Communications Officer Wendy Anderson (WA) (Minute) Tim Bridle (TBRI), Audit Scotland

NO	HEADING	ACTION
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1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership Integration Joint Board and advised the Board that the first part of this meeting would consist of a presentation from a deputation regarding the closure of the Wellesley Unit at Randolph Wemyss Hospital.

The Chair then introduced Councillor Ryan Smart, Councillor Colin Davidson and Claire Baker MSP.

2 DEPUTATION / PETITION

Councillor Smart advised the meeting that a 1,984 signature petition has been submitted and they are looking to have the decision regarding the permanent closure of the Ward to be changed and that the closure be on a temporary basis to allow further consultation to take place.

Claire Baker asked that the Board reconsider their decision.

2 DEPUTATION / PETITION (Cont)

Councillor Davidson spoke of the concern locally at the lack of consultation prior to the closure of the ward.

The Chair opened the meeting to questions from Board members. One question was asked but was aimed at Officers, which was not permitted under the terms of the Standing Orders.

The Chair then thanked Councillors Smart and Davidson and Claire Baker for their attendance at today's meeting.

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS (Cont)

The Chair welcomed Amanda Wong who was recently appointed permanently to the post of Associate Director, Allied Health Professionals.

The Chair then congratulated the following:-

Andrea Smith, Lead Pharmacist who has been made a Fellow of the Royal Pharmaceutical Society.

Rhys Greig, a newly qualified community staff nurse in Fife who has been chosen to receive the Ellen Kelly Award from Dundee University School of Nursing.

Karen Mellon who has been recognised for her outstanding contribution to dementia care in the Alzheimers Scotland Centre for Policy and Practice Annual Celebration Report. Karen is a lead Podiatrist for Care Homes within the Partnership and is also a dementia champion and Dementia Specialist Improvement Lead.

Paula Birks, Community Support Manager who has made the top 3 in the category for Leader of the Year in the Scottish Health Awards 2020.

Teams from Fife have been recognised by the Chartered Society of Physiotherapy in case studies about advanced practice physiotherapy. Well done Kate Leishman and Katie Kinch.

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

3 CHIEF OFFICERS REPORT & PROTOCOL FOR MEETING

The Chair handed over to Nicky Connor for her Chief Officer's Report which had three parts:-

Protocol for Meeting – Board members are familiar with the process to be used during the meetings and were asked to use the Hand function if they wished to speak rather than using the Chat function.

Key Updates – all of these would be covered during the main agenda for the meeting.

Wellesley Unit, Randolph Wemyss Hospital – Nicky Connor advised that the unit was closed on 7 September 2020 in line with Direction issued by the IJB.

8 COVID 19 / REMOBILISATION UPDATE (Cont)

Esther Curnock updated on Covid-19 including positive cases, rate per 100,000 population and testing. The team are evaluating the current level 3 restrictions and further data in the coming weeks will allow the impact of these to be assessed.

Chris McKenna advised that staff continue to support remobilisation following the first wave of covid-19 and the challenges in recent weeks. Public adherence to restrictions is valued and will assist.

Helen Buchanan reiterated Chris McKenna's update and highlighted the challenge of winter alongside the Covid-19 situation. Plans are in place to cope and support patient care and flow.

Scott Garden provided an update on planning for the Covid-19 vaccination programme. Close working is ongoing between Scottish Government, the National Planning Team and local teams. Cohort based approach to delivery of vaccine, meaning most vulnerable residents and those who care for them will be vaccinated first. There is excellent support from General Practice. Work is ongoing with Nursing and Care Homes.

Nicky Connor expressed her thanks to all staff who have been involved in this year's flu campaign, which has only a few more weeks to run. A concerted effort is being made to ensure all eligible have access to the vaccine.

The Chair asked for questions regarding these updates.

David J Ross asked how eligible patients would be contacted, Scott Garden confirmed that the full plan is still in development but for the initial priority groups this will be the responsibility of GP surgeries.

Christina Cooper asked if it could be ensured that the local communications strategy could be aligned to the national comms strategy. Scott confirmed that there was close working with national communications.

9 FINANCE UPDATE

The Chair introduced Audrey Valente who presented this report which detailed the financial position of the delegated and managed services based on 30 September 2020 financial information. The forecast deficit is £6.780m and £6.939m relates to unachieved savings that remain at risk of non-delivery. These are currently within the local mobilisation plans, but it remains uncertain whether full funding will be made available by the Scottish Government. This paper reflects the full value of non-delivery of savings included as a pressure within the core projected outturn position. This level of overspend requires urgent management action to ensure that the partnership delivers within the approved budget.

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

9 FINANCE UPDATE (Cont)

Risk Share

Hospital and Long-Term Care

Adult Placements

Homecare Services

The report provided information on in year additional funding allocations to provide clarity and highlighted further risks and uncertainties in the financial year.

The paper also provided an update in terms of both core expenditure and Covid spend. The latest projection suggested an overspend position at March 2021 of £6.780m. A recovery plan is developed, and work will continue towards delivery of the savings approved in March 2020.

Dave Dempsey questioned the particular focus on Adult Placement overspend, which Audrey confirmed was a pilot exercise being undertaken to focus on areas of overspend and seek resolution.

Discussion took place around the number of staff vacancies which were contributing to underspends and the impact this could have on service users. Nicky Connor confirmed this is monitored and is discussed at Local Partnership meetings with staff side/trade unions.

The Board noted the financial position as reported at 30 September 2020 and to noted and discussed the next steps and key actions.

10 FIFE INTEGRATION JOINT BOARD ANNUAL ACCOUNTS FOR THE FINANCIAL YEAR TO 31 MARCH 2020

The Chair introduced Audrey Valente who presented this report. Tim Bridle from Audit Scotland undertook the audit in line with the Public Sector Code of Conduct.

The report provided the Board with an overview of the Health & Social Care Partnership 2019/20 Audited Annual Accounts and to present the Annual Audit Report.

The unaudited accounts were presented at the Audit and Risk Committee on 10 July 2020. The audit accounts were discussed at the Audit and Risk Committee on 20 November 2020.

Tim Bridle, Audit Scotland gave a brief introduction to the Annual Audit Report and Recommendations.

The accounts have been audited and external audit has confirmed that the financial statements give a true and fair view. They have been prepared in accordance with International Financial Reporting Standards as interpreted and adapted by the 2019-20 Code of Practice, the Local Government (Scotland) Act 1973, the Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

The key messages of the audit are provided on page 4 of the auditor's report. The key messages cover the 2019/20 annual accounts; financial

NO	HEADING	ACTION
10	FIFE INTEGRATION JOINT BOARD ANNUAL ACCOUNTS FOR THE FINANCIAL YEAR TO 31 MARCH 2020 (Cont)	
	<p>management and sustainability; governance, transparency and best value. The audit opinions are all unqualified.</p> <p>The audit report presents an Action Plan and recommendations and a management response is provided for each recommendation.</p> <p>The Action Plan would be progressed through Pentana, a Council system and the Audit and Risk Committee will be updated on its progress.</p> <p>The Board approved the 2019-2020 annual accounts for signature.</p>	
11	WINTER READINESS	
	<p>The Chair introduced Nicky Connor who presented this report, which was discussed at the Clinical & Care Governance Committee on 13 November 2020.</p> <p>The Winter Plan is a joint NHS Fife / Health & Social Care Partnership document and is currently active. A key priority is on supporting our workforce with the combined challenges of Covid-19, flu and winter pressures.</p> <p>Key areas in the plan include prevention of admission to hospital, Home First and the use of Near Me for consultations.</p> <p>Discussion took place around how we are coping so far, surge capacity and looking at lessons learned.</p> <p>Christina Cooper asked about the Integrated Risks and how this was being updated and monitored in relation to Winter. Nicky Connor explained the weekly meeting that is in place with Helen Buchanan as Exec Lead for Winter and the Director of acute services and how this is reporting through the silver and gold command structure.</p> <p>The Board noted the detail of the Winter Plan for 2020-21.</p>	
12	STRENGTHENING GOVERNANCE – BOARD MEMBER ACCESS TO PAPERS	
	<p>The Chair introduced Nicky Connor who presented this paper which had been discussed at the IJB Development Session on Friday 27 November 2020. This is the first in a series of reports which will come to the IJB for approval. The Board approved the access to governance Committee papers by IJB members who are not members of that particular governance Committee. These papers will be provided on a confidential basis.</p>	
13	ITEMS TO BE ESCALATED FROM GOVERNANCE COMMITTEES	
	<p>The Chair asked Eugene Clarke, Tim Brett and David Graham for any items from governance committees that they wish to escalate to the IJB.</p>	

13 ITEMS TO BE ESCALATED FROM GOVERNANCE COMMITTEES (Cont)

Eugene Clarke – Audit & Risk Committee - 20 November 2020

For Information

- 1 A&R support the provision of a Finance Deputy – issue of Audrey Valente having to spend time adjusting figures from FC and NHS Fife.
- 2 Welcome change in budget setting processes following Audit reports which will bring much greater openness, visibility and control re finances. Good progress

Escalation

Recommend Transformation Board should publish a clear Communication Strategy to include:

- who is being informed/consulted about possible changes and how this is being done.
- describe the decision-making groups and processes by which changes will be approved.
- include specific reference to governance procedures for NHS Fife, Fife Council and HSCP
- all these should have timeline showing sequence and actual dates when known.

Tim Brett – Clinical & Care Governance Committee - 13 November 2020

- 1 Alcohol & Drug Partnership (ADP) Annual Report – this item will now be the subject of an IJB Development Session on Monday 8 February 2021.
- 2 Report on Keys to Life – report on learning disabilities was welcomed.

David Graham – Finance & Performance Committee - 11 November 2020

- 1 Acknowledged significant financial pressure we remain under.
- 2 Financial effects of Covid-19.
- 3 Unachieved savings.
- 4 Scottish Government funding for remobilisation.

14 DATES OF NEXT MEETINGS

IJB Development Session - Friday 5 February 2021

Additional IJB Development Session – Monday 8 February 2021

Integration Joint Board - Friday 19 February 2021

Fife Partnership Board

FIFE PARTNERSHIP BOARD
(Meeting on 23 February 2021)

No issues were raised for escalation to the Board.

FIFE PARTNERSHIP BOARD – REMOTE MEETING

23rd February, 2021

10.00 a.m. – 11.45 a.m.

PRESENT: Councillors David Alexander (Convener), David Ross and Dave Dempsey; Steve Grimmond, Chief Executive, Fife Council; Dona Milne, Director of Public Health, Tricia Marwick, Chair of NHS Fife Board, NHS Fife; Mark Bryce, Local Senior Officer, Scottish Fire and Rescue; Laura McMahon, Department of Work and Pensions; Fiona McKay, Head of Strategic Planning, Performance and Commissioning, Health and Social Care Partnership (substitute for Nicky Connor), Jim Grieve, Interim Partnership Director, SESTran; Gordon MacDougall, Head of Operations, Skills Development Scotland; Lesley Caldwell, Community Engagement and Social Responsibility Officer, St Andrews University (substitute for Prof Brad MacKay); Adam Smith, Chief Inspector, Police Scotland, (substitute for Chief Superintendent Derek McEwan), Lawrence Wyper, Scottish Enterprise (substitute for Elaine Morrison); Kenny Murphy, Chief Executive, Fife Voluntary Action and Sue Reekie, Chief Operating Officer, Fife College.

ATTENDING: Keith Winter, Executive Director, Enterprise and Environment, Ken Gourlay, Head of Assets, Transportation and Environment, Assets, Transportation and Environment; Gordon Mole, Head of Business and Employability, Ross Spalding, Service Manager (Climate Change and Zero Waste), Peter Corbett, Lead Officer, Economy, Planning and Employability Services; Tim Kendrick, Community Manager (Development), William Penrice, Research Team Manager, Sinead O'Donnell, Project Manager, Lauren Bennett, Policy Officer, Samantha Pairman, Policy Officer, Communities Neighbourhoods and Michelle Hyslop, Committee Officer, Legal and Democratic Services

APOLOGIES FOR ABSENCE: Michael Enston, Executive Director, Communities, Fife Council and Carol Potter, Chief Executive, NHS Fife.

98. MINUTE

The Board considered the minute of the Fife Partnership Board Meeting of 17th November, 2020.

Decision

The Board approved the minute.

99. VERBAL UPDATES AND DISCUSSION ON THE PANDEMIC RESPONSE

Partners provided the Board with updates on the significant efforts and continued support provided during the current Covid-19 pandemic.

It./

It was noted that NHS Fife has provided 100,000 Covid-19 vaccinations and the results of the vaccine and its effectiveness are really encouraging and positive in helping towards the recovery from the pandemic.

Services are continuing to work closely with the Scottish Government and Public Health Scotland to provide advice to services and the general public. Services were reminded to engage with the public to pass on key messages from public health and to support people to link in with services and help individuals self-isolate if they are required to.

Partners were thanked for their continued involvement on a partnership level, in helping to support services by continuing to work together, and to use this as a baseline for future partnership working.

100. REFORM AND RECOVERY WORK

The Board considered a report by the Executive Director of Communities outlining the conclusions from work undertaken over the past six months to shape Fife's recovery from the impact of the pandemic.

Decision

The Board:

- (1) considered and commented on the separate reports and agreed that the recommendations contained within the reports should be completed as part of the priorities for recovery and reform;
- (2) agreed that the main areas of focus are, tackling poverty and crisis prevention, leading economic recovery, community wealth building and climate emergency; and
- (3) agreed on the proposed recommendations and changes to leadership and governance within the Plan for Fife and how this would be taken forward.

101. VERBAL UPDATE ON PROGRESS WITH THE PLAN FOR FIFE REVISION

The Board discussed the current reform and recovery work and key actions taken by colleagues. Current work involved meeting with strategic partnerships to discuss involvement and key actions and how partners can be involved as part of the strategic assessment.

It is proposed to focus on a number of key activities in order to help drive the delivery of the Plan for Fife forward as part of the reform and recovery work. The draft plan will be brought to the next meeting in May 2021 as the basis for wider consultation.

102./

102. PLAN FOR FIFE DELIVERY

The Board considered a report by the Executive Director, Communities presenting the findings of work undertaken over the past four months to review the Plan for Fife delivery arrangements.

Decision

The Board considered and commented on the current proposals outlined in Section 3 of the report which included the following main areas of focus

- (1) reform and recovery priorities
- (2) delivery of Plan for Fife ambitions
- (3) Local place leadership
- (4) Partnership groups forums

The current Plan for Fife review proposes that the Partnership revises its current delivery arrangements in order to provide a clear focus on delivering its reform and recovery priorities, whilst renewing the intent to deliver the 10-year Plan for Fife ambitions.

103. DATE OF NEXT MEETING

The next Board meeting shall take place on Tuesday 18th May, 2021 at 10.00am, this meeting shall be held remotely, as necessary, and subject to Scottish Government advice on Covid-19.

**MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON 19 JANUARY 2021
AT 10AM VIA MS TEAMS**

Present:

Mr M Black, Chair

Cllr D Graham, Non- Executive Member

Ms S Braiden, Non-Executive Member

In Attendance:

Mrs C Potter, Chief Executive

Mrs H Buchanan, Director of Nursing

Mrs M McGurk, Director of Finance

Ms J Owens, Incoming Director of Nursing

Mr T Gaskin, Chief Internal Auditor (part)

Ms P Fraser, Audit Scotland

Mr B Hudson, Regional Audit Manager

Ms S Slayford, Principal Auditor

Dr G MacIntosh, Head of Corporate
Governance & Board Secretary

G Young, Head of Counter Fraud Services,
NHS NSS (for Item 6)

Ms F McLeary, minutes

1. Welcome / Apologies for Absence

The Chair welcomed Gordon Young, Head of Counter Fraud Services at NHS NSS, and Shona Slayford, Principal Auditor, who were each attending the meeting to speak to various agenda items. He also took a moment to reflect on the amazing work that the NHS Fife and Health and Social Care staff continue to deliver during the current pandemic, and he gratefully thanked staff for their efforts.

There were no apologies for absence.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 19 November 2020

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

4. Action List

The Committee noted the verbal update on the two outstanding actions on the list and agreed a further update will be brought to the March Audit & Risk Committee meeting to close both off.

5. Matters Arising

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

6. COUNTER FRAUD TRAINING SESSION FOR MEMBERS

Mr Gordon Young, the Head of the Counter Fraud Service (CFS), was thanked for attending the meeting to speak to members. Mr Young gave a presentation (slides on file) outlining the work that is done on behalf of NHS Fife by Counter Fraud Services, highlighting especially the increased risks of fraud related to the current Covid situation. CFS's purpose is to protect Scotland's Health and Care Services from financial crime, which includes fraud, theft, bribery, corruption and embezzlement. A number of examples were provided, and the process of how CFS prevent, detect and investigate issues of concern was described. How the Board can reduce the risk of fraud was highlighted and discussed. The presentation was followed by a question and answer session, where Mr Young addressed members' queries.

In answer to a question raised by Mr Black around making intelligence alerts available widely to staff (such as those outwith Procurement and Financial Services), Mrs McGurk agreed to raise this with the Head of Communications, to see if there is a suitable area to put these notifications on Staff Link. She will feed back to the next Committee.

Action: MM

The Audit & Risk Committee thanked Mr Young for his insightful presentation. Mr Young left the meeting.

7. ANNUAL REPORT PATIENT EXEMPTION CHECKING (PECS) 2019/20

Mrs McGurk explained that this annual report is being presented later than planned to the Audit & Risk Committee due to changes in the workplan caused by the current Covid-19 pandemic. The paper linked well to the previous agenda item. The report outlines the work of Counter Fraud Services for 2019/20 on patient exemption charges for dentist and ophthalmic services. The report does not indicate any new or material issues for NHS Fife to address.

The background section of the SBAR highlighted the checking process and showed the important changes that CFS will be taking forward. Section 2.3 of the report highlighted the value of recoveries and right-offs for 2019/20. The recovery level is relatively small and in line with previous years' figures.

The Audit & Risk Committee **noted** the findings of the Annual Report Patient Exemption Checking report.

8. GOVERNANCE - INTERNAL AUDIT

8.1 Internal Audit Progress Report

Ms Slayford reported that this paper provided assurance to the Committee on the progress of the 2020/21 Internal Audit Plan and detailed the completion of the two remaining reviews from the 2019/20 plan. Section 2.3 of the SBAR provided details on how Covid-19 has impacted on the internal audit work. Most notably, the focus on Covid-19 priorities has impacted on client and staff availability and the timely provision

of required information, as well as audits where fieldwork restrictions have made onsite visits inappropriate.

Internal Audit have previously reported the need to revise the Board's strategy, Corporate Objectives and Strategic Risks in light of Covid-19 and the paper provided an updated assessment of this within the context of the internal control evaluation. Internal Audit will continue to monitor the Strategic Risk Register throughout 2020/21, to ensure the audit plan is covering the right areas. This will inevitably require further revision and flexibility within the audit plan and such responsiveness to change might not fit with the normal Audit & Risk Committee cycle. Ms Slayford would therefore ask the Committee to delegate responsibility to the Audit & Risk Committee Chair to approve any immediate changes, prior to homologation by the next meeting of the Audit & Risk Committee.

A key audit during this year is B16/21 Sustainable Services, which will evaluate the principles and methodology used to inform the NHS Fife Remobilisation Plan and its links to strategy, sustainability and service redesign.

Internal Audit have provided advice and assistance to Officers and Board members on a range of areas, which are listed in Section 2.3 of the SBAR. In addition, the Chief Internal Auditor has provided input on the draft Integration Scheme and the new Strategic Planning and Resource Allocation Process. Appendix A provides detail around the internal audit progress and shows those reports which are at the stages of finalised draft and work in progress.

The Audit & Risk Committee **noted** the progress on the delivery of the Internal Audit Plan and **approved** the proposed changes to the 2020/21 Internal Audit Plan as set out in Appendix A.

8.2 Interim Evaluation of Internal Control Framework

Mr Gaskin gave a presentation on Internal Audit's interim evaluation of the Internal Control Framework, highlighting that it is important to remember that NHS Fife are still in unprecedented times due to the current pressures of responding to the Covid-19 pandemic.

The audit has been done slightly differently this year and has encompassed some follow-up work from previous reports and recommendations. Ms Slayford has produced a very detailed sustainable services review, looking at the organisation's responses to the pandemic. Some of these findings relate to long-standing issues and the need for transformation of services. How to generate recurring savings, be able to deliver services and achieve the Board's strategic aims remain critical. These were highlighted in Internal Audit's Annual Report that was presented to the Committee at its last meeting.

Mr Gaskin noted that NHS Fife is in a more positive position now compared to September 2020. An enormous amount of work has been done by the organisation to address the challenges of the pandemic and remobilisation remains one of the key focus areas.

It was recognised that the Scottish Government is currently directing Health Boards and have mandated that the NHS must focus on: Covid vaccination; testing; winter planning; and remobilisation. Mr Gaskin reported that NHS Fife had already looked at its own governance arrangements and had revised objectives and performance reporting to align with these priorities. There has been very good communication across the organisation and, in particular, the communication and support to staff had been excellent.

The Strategic Prioritisation & Resource Allocation process (SPRA) is a key process that is being worked on and Internal Audit were helpfully asked to comment on this in the early stages of its development. It was noted that the Risk Management Framework has been updated, which is welcomed. In terms of transformation, this is reported via the Clinical Governance Committee and through the Board Assurance Framework (BAF). The Committee was told that the work around transformation had largely stopped due to the pandemic. However, the way that this had been recorded in the BAF was not satisfactory, as the risk score did not change. This raised questions as to why the risk rating had not been changed and thus escalated the Board.

There has, however, been a lot of work done on Covid risk assessment, including a standalone Covid Risk Register being produced. It will be appropriate for Audit & Risk to consider when these risks will be mainstreamed. It was noted a Board Development Session will be held in February, which will give an opportunity for the Board to consider these issues.

The interim evaluation work noted that there has been a positive response in terms of governance arrangements during the pandemic period and the Board has engaged well with this. Internal Audit are aware that the Board has had to accommodate delivering business-as-usual governance processes and, where appropriate and agreed by the Board, “light governance” arrangements. As a consequence of this, the Audit & Risk Committee need to receive certain assurances by year-end and each of the Standing Committees will need to work on their workplans to look at what they have done so far and what is feasible in the next six months.

The operation of the Clinical Governance Committee was discussed at the last meeting of Audit & Risk and whilst progress is being made, there are still issues which need to be resolved, especially around the assurances relating to Information Governance. Internal Audit have reviewed the draft revised Integration Scheme, noting that the financial risk-share area remains under discussion. The overall assurance mechanisms need to be slightly more developed and advice has been given on this. Mr Gaskin added that, though there remains work to be done, the Board as a whole is moving in the right direction and good progress is being seen.

Mrs McGurk noted there are specific areas of the report that she would like to discuss further with Mr Gaskin, on behalf of the Executive Team. She noted that the draft SPRA process was being developed with the input of the full cohort of Executive Directors and is a corporate effort to establish a new approach to the design and prioritisation of strategic planning arrangements.

Members discussed the suggestion made in Mr Gaskin’s report that transformation activities had stopped due to Covid. Mrs McGurk noted that this time last year EDG

had built the governance arrangements to support the transformation programme. Those plans were disrupted due to the impact of the pandemic. Nevertheless, there were clear areas of transformation that have been identified and delivered. Examples could be found in relation to digital enhancements, Mental Health services, vaccination delivery, Health Centre re-provision and the great progress made with the Elective Orthopaedic Centre.

Mr Black noted that a more correct term would be 'paused' rather than stopped. As a member of the Clinical Governance Committee, he stated he had been made fully aware that transformation plans and processes had paused for obvious reasons given the impact of Covid. Mr Gaskin reiterated his point that, regardless, this should have impacted the risk score and have been escalated to the Board as a result. In his view, the risk was therefore not properly described.

The Audit & Risk Committee **noted** the content of Mr Gaskin's presentation and that a written report would follow to the next meeting.

8.3 Internal Audit - Follow-Up Report Recommendations

Ms Slayford reported that the agenda paper is a standard follow-up report provided by Internal Audit and she highlighted a significant improvement in progress on implementation of outstanding audit recommendations. The follow-up report is considered and discussed at the Executive Directors Group, who help facilitate the process, and this continued focus will drive forward the completion of the remaining outstanding recommendations.

The Audit & Risk Committee **noted** the current status of the Internal Audit recommendations recorded with the AFU system, welcoming the improvements in completion of outstanding recommendations.

8.4 Internal Audit Framework

Mr Hudson advised that this is a formal document that is required to be presented to the Audit & Risk Committee for approval on an annual basis. The report was last presented to the Committee in September 2019. Some changes have been made to the Service Specification and these have been summarised within the SBAR. The detail is included as tracked changes provided within the documentation.

The framework contains the Internal Audit Charter, which requires approval by the Audit & Risk committee. Mr Hudson highlighted that both the Service Specification, the Internal Audit Reporting Protocol and the Follow-Up Protocol have been updated and require approval by the Committee. The Internal Audit Reporting Protocol is broadly in line with previous versions and has been updated with timelines, targets and the addition of a new flow chart. The Audit Follow-Up Protocol has been updated to reflect the current practice around internal audit undertaking this work.

The Audit & Risk Committee;

- **noted** the NHS Five Specification for Internal Audit Services;
- **approved** the Internal Audit Charter;

- **approved** the updated NHS Fife Internal Audit Reporting Protocol (Appendix 2 within Specification) and;
- **approved** the updated NHS Fife Audit Follow Up Protocol (Appendix 3 with Specification).

9. GOVERNANCE - EXTERNAL AUDIT

9.1 Audit Scotland Annual Audit Plan

Ms Fraser advised that, due to the pressures of the Covid-19 pandemic, Audit Scotland had not yet started the planning work for the 2020/21 audit. Audit Scotland hoped to start this work within the next 10 days and will therefore bring the written plan to the March meeting of the Committee. Ms Fraser also highlighted that Audit Scotland hoped to bring forward the planned completion deadline by a month, to the end of September, for signing off the annual accounts.

Mrs McGurk gave assurance that the Finance team capacity and capability was in an improved position to last year and that these deadlines would be realistic and achievable.

The Audit and Risk Committee **noted** the update.

10. RISK

10.1 Board Assurance Framework (BAF)

Mrs Buchanan reported that, since the last report to the Audit & Risk Committee, Internal Audit had reviewed the BAF and provided some positive feedback, along with identifying some areas for improvement. The BAF has seven components, that are each listed within the paper.

The key points highlighted within Financial Sustainability are the uncertainties associated with the current Covid-19 pandemic. This was the same for Environmental and Workforce Sustainability. There have been a few changes to the BAF eHealth - Delivering on Digital and Information Governance Security - that have been listed within the report.

In regard to the BAF related to the Integration Joint Board, we were working closely with the Director of Health & Social Care and Chief Officer to look at the delegations of functions to the IJB. Work is underway on the review of the Integration Scheme. She added that colleagues within the Partnership had looked at the BAF and made it more contemporary. She highlighted that the risk mapping had restarted, after pausing due to the pandemic, and this work was being taken forward by the Risk Manager and Internal Audit colleagues.

In response to a question raised by Ms Braiden around the number of risks, Mrs Buchanan stated that all the risks rated above 15 went onto the BAF. The risks associated with Covid are reported through the Silver Command Groups and up through Gold Command. This has been the structure that has been kept in place as Covid is ongoing. The number of risks is about the same but these do fluctuate. She

explained that the Covid risks that are taken to EDG sit separately at present from the BAF, with the Directors having oversight of these.

The Audit and Risk Committee **noted** the report.

10.2 Risk Management Key Performance Indicators (KPIs)

Mrs Buchanan advised that the KPIs were developed pre-Covid. These are in place and are used to measure if we are on track to meet our goals and objectives. They also aid reports on the performance of the NHS Fife Risk Management function. There are currently seven indicators within this dashboard.

A new system was put in place that looked at all the red risks within the organisation, to ensure that each of these were assigned appropriately. This was about strengthening the process and working with Directors to make sure if we had a red risk in the organisation, it was linked to that Director, they knew about it and had processes in place to manage and mitigate it. If there was an instance where a risk could not be managed within a single directorate, it would be escalated to EDG to be reviewed by all the directors. They could then reach a decision as to whether it should be moved onto the BAF or if this is something that can be managed corporately. There were a few risks remaining that still needed to be allocated to a Director.

The Audit and Risk Committee **noted** the report and the update provided.

10.3 Corporate Risk Register Update

Mrs Buchanan reported that she and the Risk Manager had recently undertaken an exercise to review all of the high risks and see how they fit with each of the Directorates. The Risk Manager has also met with all Directors to look at all the processes that are in place within each of the Directorates. This work is ongoing and an update will go back to EDG and a session will be held at a future Board Development session.

In response to a question raised by Mr Black around risks that are linked to IJB directives, Mrs Buchan noted that the directive would be looked at to see if NHS Fife could deliver it on time and within the financial envelope. This would be the same as with all instructions, and these would need to be considered as part of the overall operational context. Mrs McGurk added that it would depend if the risk was at a strategic level or an operational level. She gave an example that the IJB is responsible for Mental Health services but these are delivered by NHS Fife. If this service was not delivered, then the strategic risk would sit with the IJB and the operational risk sit with NHS Fife. She stated that it would be useful to have further discussions on this, as it is a complex area to manage.

The Audit and Risk Committee **noted** the update.

11. ISSUES FOR ESCALATION TO NHS BOARD

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

12. ANY OTHER BUSINESS

None.

Date of Next Meeting: 18 March 2021 at 10am within The Boardroom, Staff Club, Victoria Hospital (location TBC)

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

**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 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).

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.



Fife Integrated Performance & Quality Report

Produced in January 2021



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 8 (28%) classified as **GREEN**, 4 (14%) **AMBER** and 17 (58%) **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:

- Diagnostics Waiting Times - % of patients waiting no more than 6 weeks within the 5% AMBER tolerance, for the first time since the onset of the pandemic in March
- CAMHS Waiting Times - % of patients treated within 18 weeks of referral the highest monthly figure since March 2017

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, 18 (62%) in mid-range and 5 (17%) in lower quartile.

































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

Indicator Summary







Section	LDP Standard	Standard	Target 2020/21
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	Freedom of Information Requests	85%
	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
Finance	N/A	Revenue Expenditure	£0
	N/A	Capital Expenditure	£13.348m
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	Nov-19	52	Oct-20	13	Nov-20	23	↓
Year Ending	Jun-19	1.04	Mar-20	1.01	Jun-20	1.00	↑
Month	Nov-19	6.21	Oct-20	7.94	Nov-20	9.56	↓
Month	Nov-19	1.24	Oct-20	1.68	Nov-20	2.81	↓
Month	Nov-19	0.86	Oct-20	1.00	Nov-20	1.55	↓
Quarter Ending	Jun-19	2.0%	Mar-20	0.9%	Jun-20	2.3%	↓
Quarter Ending	Nov-19	11.0	Oct-20	15.7	Nov-20	11.8	↑
Quarter Ending	Nov-19	10.8	Oct-20	10.6	Nov-20	12.9	↓
Quarter Ending	Nov-19	14.3	Oct-20	9.2	Nov-20	9.2	↔
Quarter Ending	Nov-19	4.3	Oct-20	3.2	Nov-20	2.1	↑
Quarter Ending	Nov-19	55.0	Oct-20	39.3	Nov-20	45.9	↓
Quarter Ending	Nov-19	38.8	Oct-20	34.0	Nov-20	29.0	↑
Quarter Ending	Nov-19	76.7%	Oct-20	78.0%	Nov-20	74.6%	↓
Quarter Ending	Nov-19	55.6%	Oct-20	32.5%	Nov-20	26.5%	↓
Month	Nov-19	100.0%	Oct-20	100.0%	Nov-20		
Month	Nov-19	92.7%	Oct-20	94.1%	Nov-20	92.9%	↓
Month	Nov-19	90.1%	Oct-20	54.9%	Nov-20	62.3%	↑
Month	Nov-19	92.7%	Oct-20	59.3%	Nov-20	60.3%	↑
Month	Nov-19	99.1%	Oct-20	94.3%	Nov-20	96.5%	↑
Month	Nov-19	96.3%	Oct-20	100.0%	Nov-20	98.1%	↓
Month	Nov-19	87.3%	Oct-20	81.7%	Nov-20	88.0%	↑
Month	Nov-19	80.9%	Oct-20	65.1%	Nov-20	67.0%	↑
Year Ending	Jun-19	27.2%	Mar-20	24.6%	Jun-20	23.5%	↓
Quarter Ending	Nov-19	49.7%	Oct-20	85.7%	Nov-20	85.1%	↓
Month	Nov-19	7.4%	Oct-20	5.2%	Nov-20	5.9%	↓
Month	Nov-19	73	Oct-20	35	Nov-20	60	↓
Month	Apr-19	90.7%	Mar-20	88.2%	Apr-20	86.7%	↓
YTD	Sep-19	91.9%	Aug-20	45.7%	Sep-20	44.1%	↓
Month	Nov-19	66.0%	Oct-20	76.5%	Nov-20	85.8%	↑
Month	Nov-19	66.0%	Oct-20	64.7%	Nov-20	76.3%	↑
YTD	Mar-19		Dec-19	75.7%	Mar-20	79.2%	↑
Month	Sep-19	96.7%	Aug-20	92.7%	Sep-20	93.8%	↑
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%	↓
Month	Nov-19	N/A	Oct-20	+£2.822m	Nov-20	+£2.693m	↑
Month	Nov-19	N/A	Oct-20	£3.789m	Nov-20	£3.789m	↑
Month	Nov-19	5.57%	Oct-20	4.93%	Nov-20	5.35%	↓

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 Sep-20	20.0		17.3
QE Sep-20	6.4		10.8
QE Sep-20	9.3		17.4
QE Sep-20	6.4		6.6
QE Sep-20	45.3		42.0
QE Sep-20	46.9		44.7
2019/20	71.5%		79.9%
2019/20	35.7%		51.8%
N/A			
Nov-20	92.9%		89.8%
Sep-20	46.1%		30.0%
Sep-20	56.2%		46.5%
Sep-20	93.1%		53.3%
QE Sep-20	98.6%		98.4%
QE Sep-20	86.2%		87.3%
QE Sep-20	63.8%		67.3%
2018, 2019	26.1%		25.6%
N/A			
QE Jun-20	4.6%		3.8%
Nov-20	16.06		13.82
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 Sep-20	95.5%		97.2%
2017/18	86.8%		72.5%
2017/18	55.3%		42.3%
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	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) Reduce falls with harm by 20% by December 2020	2.16	Oct-20	2.16	Nov-20	2.81 N/A N/A
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 50% reduction by December 2020	0.42	Never Met	0.42	Nov-20	1.55 N/A N/A
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 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 
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) We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022	18.8	QE Nov-20	19.5	QE Nov-20	11.8 QE Sep-20 
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 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 Nov-20	9.2 QE Sep-20 
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 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 Nov-20	45.9 QE Sep-20 
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 At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Nov-20	26.5% FY 2019/20 
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.					

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%	Nov-20	92.9%	Nov-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	Nov-20	62.3%	Sep-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	Nov-20	60.3%	Sep-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	Nov-20	96.5%	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	Nov-20	88.0%	QE Sep-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 specialities, 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 Nov-20	85.1%	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%	Nov-20	6.0%	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 Sep-20	44.1%	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	Nov-20	85.8%	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	Nov-20	76.3%	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	Nov-20	+ £2.693m	N/A	N/A
The position to month 8 is an overspend of £2.7m; the forecast outturn to the year end is a potential worst case overspend of £8.4m. This assumes retention of our offsetting cost reductions (from standing down of core services) to contribute to our unmet savings; and recognises our current commitment to the IJB risk share as a potential cost to NHS Fife of £7m.							
The impact of Covid-19 on the financial performance remains 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	£13.348m	N/A	£13.348m	Nov-20	£4.357m	N/A	N/A
The total Capital Resource Limit for 2020/21 is £13.348m including anticipated allocations for specific projects. The capital position for the 8 months to November records spend of £4.357m equivalent to 32.64% 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%	Nov-20 5.35%	YE Mar-20 
Sickness absence levels continue to fluctuate, however, it is positive to note that the sickness absence rates have improved for the first eight months of the year when compared with the same period during 2019/20, with a reduction of 0.55% in the year to date. Given the COVID-19 pandemic and continued Winter pressures, we anticipate that it will be challenging to maintain the current sickness absence performance levels.					

II. Performance Exception Reports

Clinical Governance

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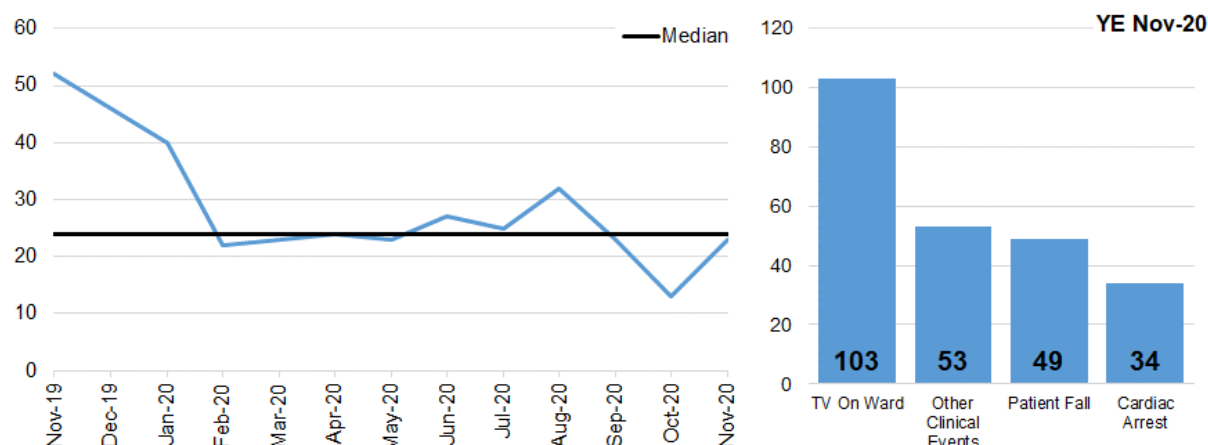
Staff Governance

Sickness Absence	46
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Clinical Governance

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

Month	2019/20					20/21							
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NHS Fife	1358	1389	1397	1307	1120	891	1065	1123	1326	1240	1283	1332	1279
Acute Services	575	585	616	634	471	372	474	463	559	504	603	554	628
HSCP	735	767	745	623	625	486	558	627	729	694	637	747	622
Corporate	48	37	36	50	24	33	33	33	38	42	43	31	29
NHS Fife	890	931	911	923	798	609	725	740	907	834	918	894	924
Acute Services	534	527	556	572	439	343	431	421	513	467	555	505	583
HSCP	339	393	337	333	344	248	279	299	373	351	345	376	328
Corporate	17	11	18	18	15	18	15	20	21	16	18	13	13

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.

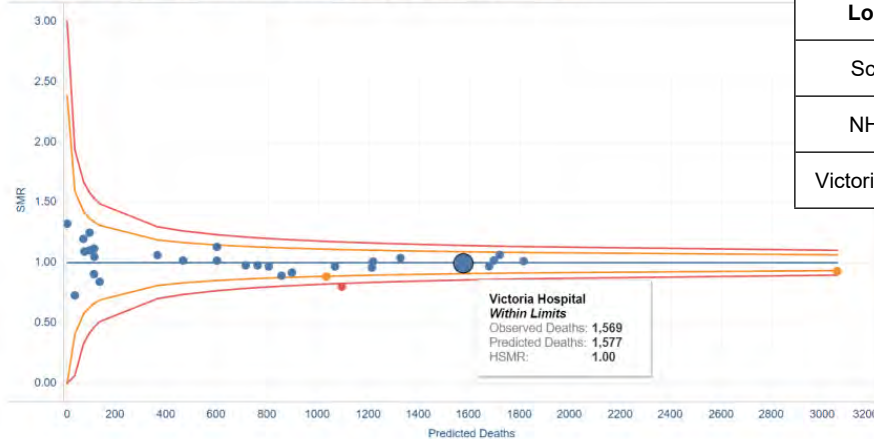
Reporting Period; July 2019 to June 2020^p

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.

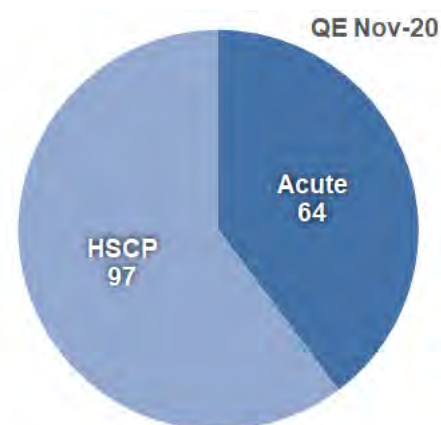
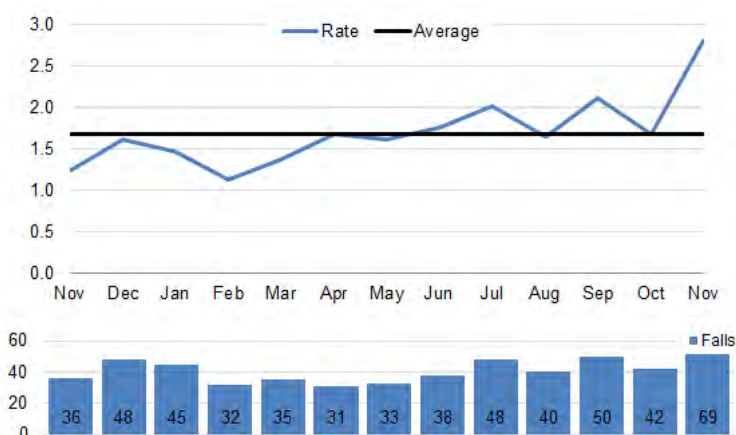
Clinical Governance

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

Month	2019/20					2020/21							
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NHS Fife	1.24	1.61	1.47	1.13	1.37	1.67	1.62	1.75	2.01	1.64	2.12	1.68	2.81
Acute Services	1.08	1.03	0.99	0.84	1.26	1.93	1.21	1.38	1.26	1.26	1.55	1.20	2.82
HSCP	1.37	2.10	1.89	1.37	1.44	1.53	1.95	2.08	2.66	1.96	2.62	2.10	2.79

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.

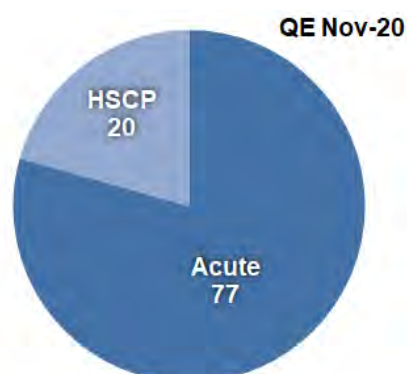
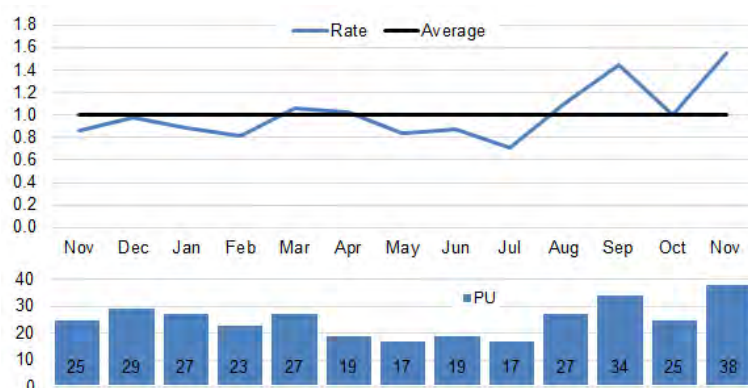
Improvement Actions	Update
20.3 Falls Audit By Jan-21	Plans to complete the Falls audit have been delayed as a result of the ongoing situation but an adapted format is being developed and will be done as per audit. This is planned to begin before the end of 2020, recognising that a significant number of wards have changed function over this year.
20.5 Improve effectiveness of Falls Champion Network By Feb-21	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 By Jan-21	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						
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NHS Fife	0.86	0.97	0.88	0.81	1.06	1.02	0.83	0.88	0.71	1.11	1.44	1.00	1.55
Acute Services	1.62	1.40	1.27	1.23	1.94	2.08	1.21	1.57	1.17	2.07	2.73	1.45	2.57
HSCP	0.25	0.62	0.55	0.46	0.46	0.42	0.53	0.26	0.31	0.30	0.32	0.60	0.62

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

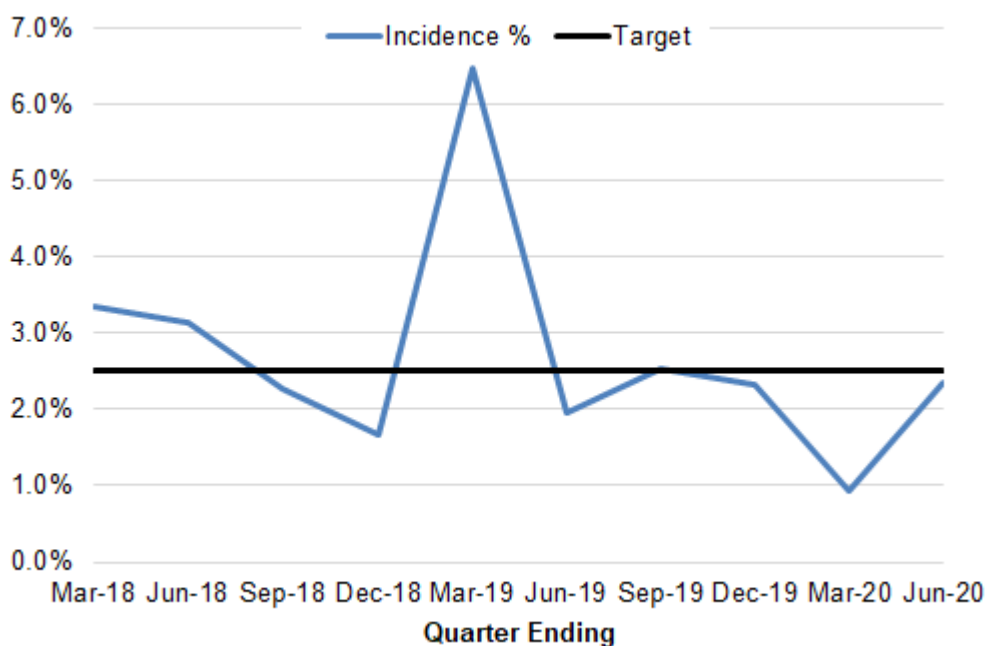
Improvement Actions	Update
20.4 Improve consistency of reporting	
20.5 Review TV Champion Network Effectiveness	
20.6 Reduce PU development (initially by redesign of Quality Improvement model)	
21.1 Improve reporting of PU	
21.2 Integrated Improvement Collaborative By Feb-21	An integrated improvement 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)

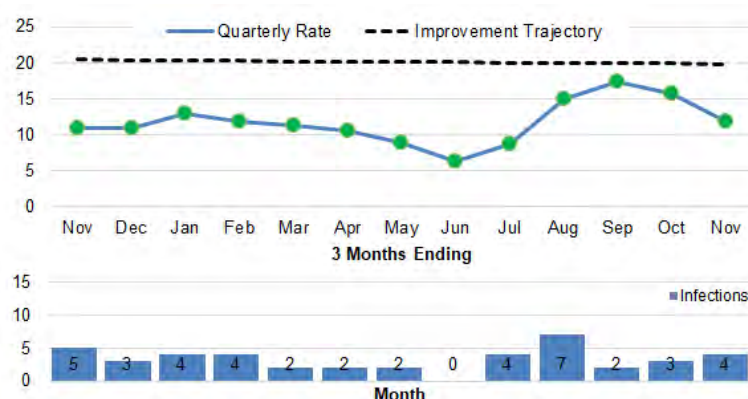
Improvement Actions	Update
20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan <i>By Mar-21</i>	<p>The SSI Implementation Group de-mobilised in early August as there were no outstanding actions, infection rates had improved and a robust system was 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

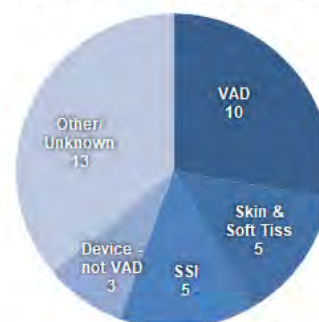
SAB (HAI/HCAI)

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 Nov-20



National Benchmarking

Quarter Ending		2018/19	2019/20				2020/21	
		Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	14.1	13.7	15.5	10.9	12.5	6.3	20.0
Scotland		15.6	16.7	17.5	15.2	16.3	20.3	17.3

Key Challenges in 2020/21

Achieving a 10% reduction of healthcare-associated SAB by March 2022

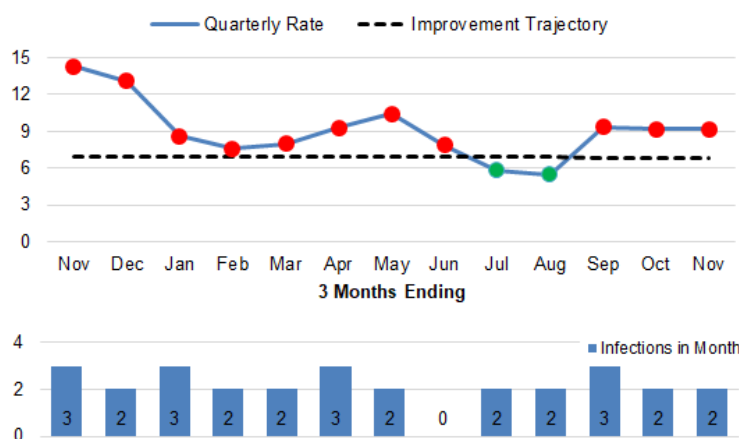
Improvement Actions	Update
20.1 Reduce the number of SAB in PWIDs By Mar-21	There have only been 4 PWID SABs so far in 2020, a marked improvement compared to the same period in 2019. Addiction services continue to be supported by the IPCT with the SAB improvement project, last meeting in September. Nurse 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 By Mar-21	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 By Mar-21	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 Patienttrack for Acute services, are still awaited.
20.4 Optimise comms with all clinical teams in ASD & the HSCP By Mar-21	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

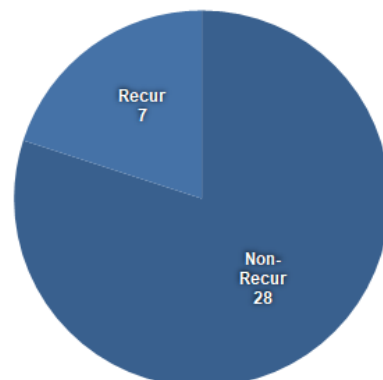
C Diff (HAI/HCAI)

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 Nov-20



National Benchmarking

Quarter Ending		2018/19	2019/20				2020/21	
		Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	5.4	8.0	8.9	13.1	8.0	7.9	9.3
Scotland		11.8	12.3	13.7	15.1	13.6	15.4	17.4

Key Challenges in 2020/21

Reducing healthcare-associated CDI (including recurrent CDI) to achieve the 10% reduction target by March 2022

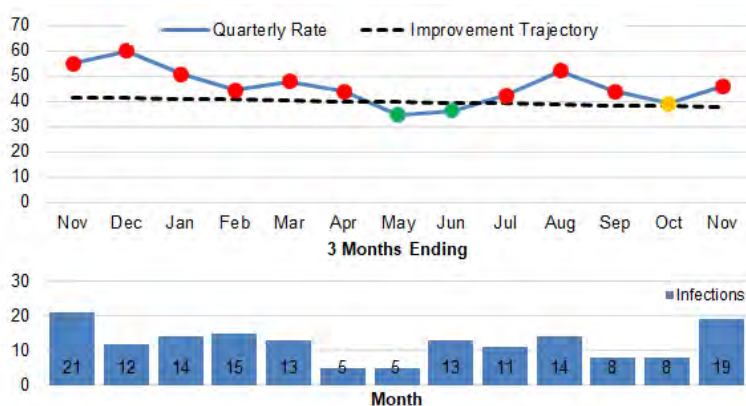
Improvement Actions	Update
20.1 Reducing recurrence of CDI <i>By Mar-22</i>	To reduce recurrence of CDI Infection, 2 treatments are utilized in Fife: 1) Fidaxomicin is used for patients at high risk of recurrent CDI. 2) Bezlotoxumab is also used to prevent recurrence, whilst FMT (Faecal microbiota transplantation) is unavailable during the pandemic. 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 Mar-22</i>	NHS Fife utilises National antimicrobial prescribing targets 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 Mar-22</i>	Monthly CDI reports are 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. This has continued throughout the pandemic. 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 were distributed to all wards within the Acute services in October.

Clinical Governance

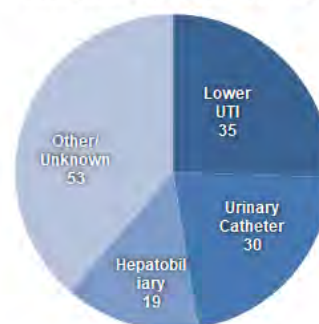
ECB (HAI/HCAI)

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 Nov-20



National Benchmarking

Quarter Ending		2018/19	2019/20				2020/21	
		Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	39.2	42.1	31.0	60.0	47.9	36.4	45.3
Scotland		37.3	38.9	40.3	40.8	36.4	39.7	42.0

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</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</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>

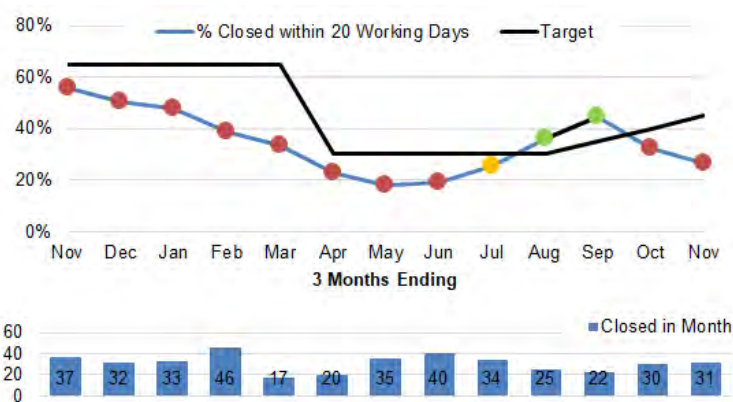
Clinical Governance

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 Nov-20



Local Performance by Directorate/Division

3-Month Ending	2019/20					20/21							
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NHS Fife	55.6%	50.5%	48.0%	38.7%	33.3%	22.9%	18.1%	18.9%	25.7%	36.4%	44.4%	32.5%	26.5%
Ack <= 3 Days (Monthly)	89.2%	93.8%	93.9%	95.7%	94.1%	95.0%	97.1%	87.5%	97.1%	100.0%	95.5%	93.3%	100.0%
ASD	60.0%	57.1%	56.5%	49.4%	56.2%	55.2%	54.3%	53.5%	54.7%	55.3%	56.0%	55.1%	53.8%
HSCP	45.2%	33.3%	23.3%	9.7%	28.6%	28.4%	26.8%	25.7%	25.5%	26.9%	27.7%	26.5%	25.6%

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

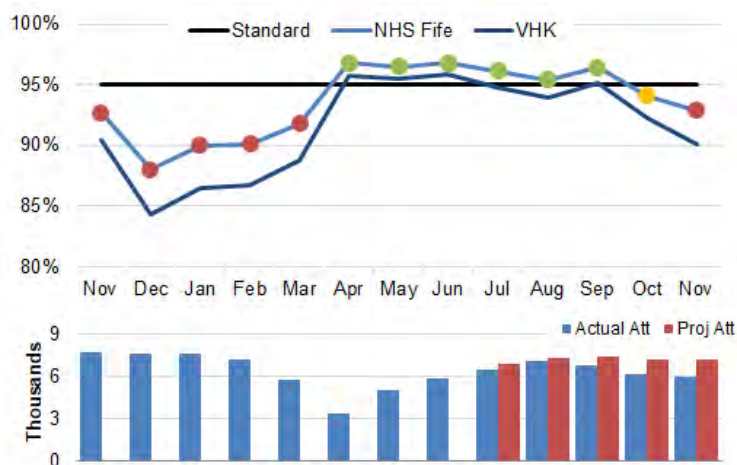
Improvement Actions	Update
20.1 Patient Relations Officers to undertake peer review	
20.2 Deliver education to service to improve quality of investigation statements	
20.3 Agree process for managing medical statements, and a consistent style for responses	
21.1 Agree process for managing complaint performance 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	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

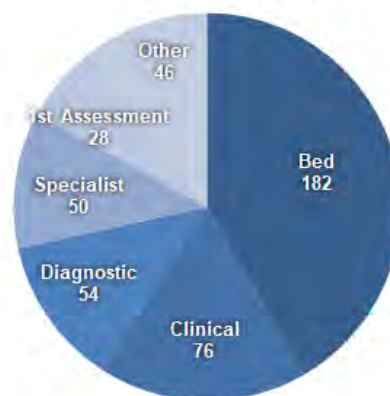
4-Hour Emergency Access

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 Nov-20



National Benchmarking

Month	2019/20						2020/21						
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NHS Fife	92.7%	88.0%	90.0%	90.1%	91.8%	96.8%	96.5%	96.8%	96.1%	95.4%	96.4%	94.1%	92.9%
Scotland	85.5%	83.8%	86.1%	86.4%	89.2%	94.9%	95.7%	95.6%	95.1%	92.9%	92.1%	89.6%	89.8%

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

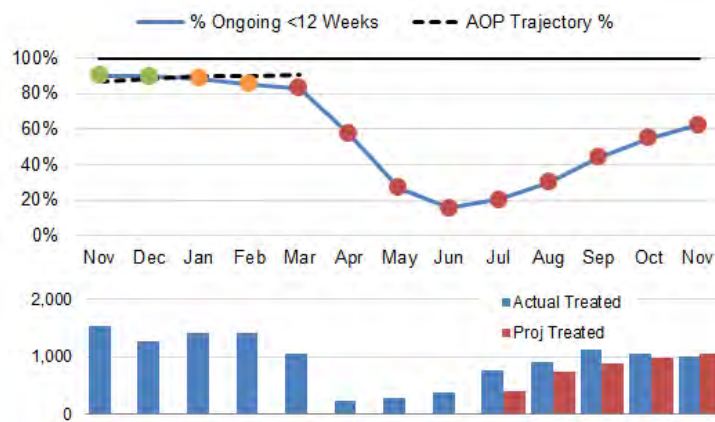
Improvement Actions	Update
20.1 Formation of PerformED group to analyse performance trends	
20.4 Development of services for ECAS	
20.5 Medical Assessment and AU1 Rapid Improvement Group	
21.1 Remodelling of Outpatient services By Dec-20	Outpatient activity continues on a limited face to face function and is balanced against the ongoing demands of the inpatient focus.

Finance, Performance & Resources – Operational Performance

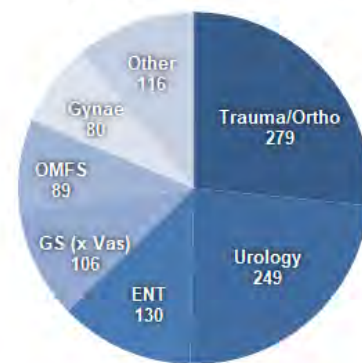
Patient TTG

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

Local Performance



Ongoing Breaches Nov-20



National Benchmarking

	2019/20					2020/21								
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
NHS Fife	90.1%	89.7%	88.4%	85.4%	83.1%	57.3%	26.8%	15.4%	20.2%	30.0%	44.1%	54.9%	62.3%	
Scotland	69.5%	67.0%	66.7%	66.3%	64.4%	46.6%	24.8%	17.3%	20.6%	24.9%	30.0%			

Key Challenges in 2020/21

Recovery from COVID-19
Reduced theatre capacity due to increased infection control procedures and response to COVID-19

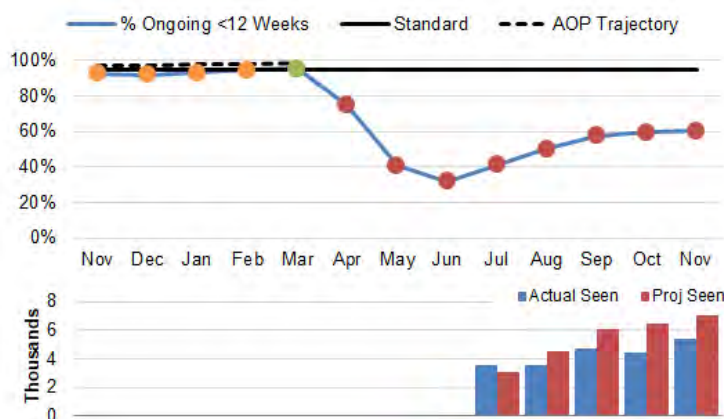
Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	
20.3 Theatre Action Group develop and deliver plan	
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	
21.1 Develop and deliver transformation plan By Mar-21	This action is related to 20.2 and 20.3,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

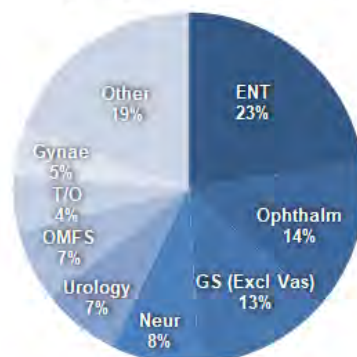
New Outpatients

95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment

Local Performance



Ongoing Breaches Nov-20



National Benchmarking

2019/20						2020/21							
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NHS Fife	92.7%	91.8%	93.2%	94.7%	95.2%	74.8%	40.9%	32.0%	41.1%	50.0%	57.4%	59.3%	60.3%
Scotland	73.7%	73.2%	75.5%	75.1%	74.9%	57.8%	34.9%	28.5%			46.5%		

Key Challenges in 2020/21

Recovery from COVID 19
Reduced clinic capacity due to physical distancing
Difficulty in recruiting to specialist consultant posts

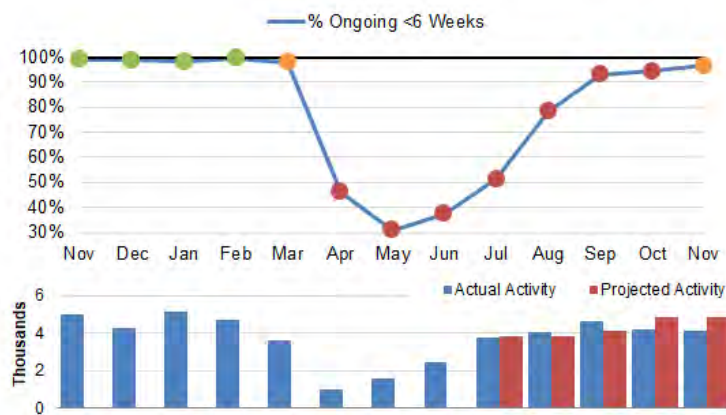
Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	
20.2 Develop OP Transformation programme.	
20.3 Improve recruitment to vacant posts By Mar-21	Action continues – includes consideration of service redesign to increase capacity
21.1 Review 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	When the action is complete, this will be an ongoing activity

Finance, Performance & Resources – Operational Performance

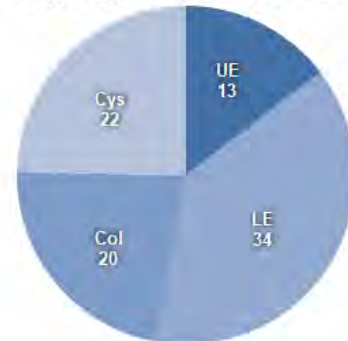
Diagnostics Waiting Times

No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment

Local Performance



Ongoing Breaches Nov-20



National Benchmarking

2019/20						2020/21							
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NHS Fife	99.1%	98.6%	98.2%	99.5%	97.8%	46.3%	31.1%	37.4%	51.4%	78.3%	93.1%	94.3%	96.5%
Scotland	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

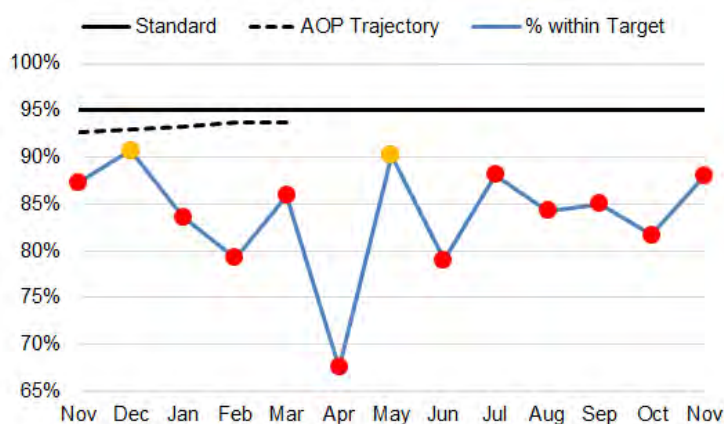
Improvement Actions	Update
21.1 Review DCAQ and develop remobilisation plans for Radiology and Endoscopy	
21.2 Undertake new and planned waiting list validation against agreed criteria By Mar-21	Complete for radiology and complete for new referrals for Endoscopy. Planned waiting list validation for Endoscopy 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 Nov-20



National Benchmarking

Month	2019/20					2020/21							
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NHS Fife	87.3%	90.7%	83.6%	79.2%	85.9%	67.5%	90.2%	79.0%	88.2%	84.3%	85.0%	81.7%	88.0%
Scotland	81.9%	84.6%	83.6%	82.7%	86.1%	82.6%	83.8%	84.3%	87.1%	86.6%	86.5%	84.9%	84.8%

Key Challenges in 2020/21

Recovery from COVID-19, by assessing affected components of the cancer 'journey' and reviewing capacity against expected demand.
Identification of key improvement areas in view of the pandemic response and as screening programmes restart

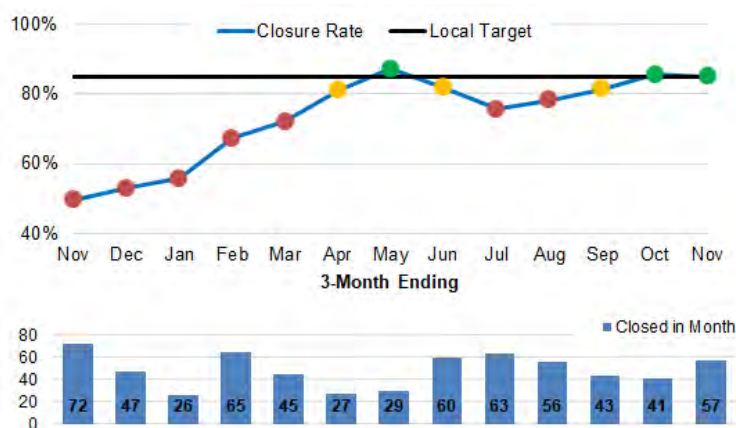
Improvement Actions	Update
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points <i>By Mar-21</i>	This will be addressed as part of the overall recovery work and in line with priorities set by the leadership team. DCAQ of cancer pathways delayed due to pandemic, 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 Nov-20



Service Performance

Monthly	2019/20					2020/21							
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Health Board	49.3%	75.0%	52.4%	72.9%	76.9%	100.0%	81.8%	72.7%	72.0%	93.6%	82.1%	96.8%	87.5%
IJB	66.7%	14.3%	60.0%	83.3%	100.0%	100.0%	100.0%	60.0%	84.6%	66.7%	75.0%	50.0%	88.9%

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	

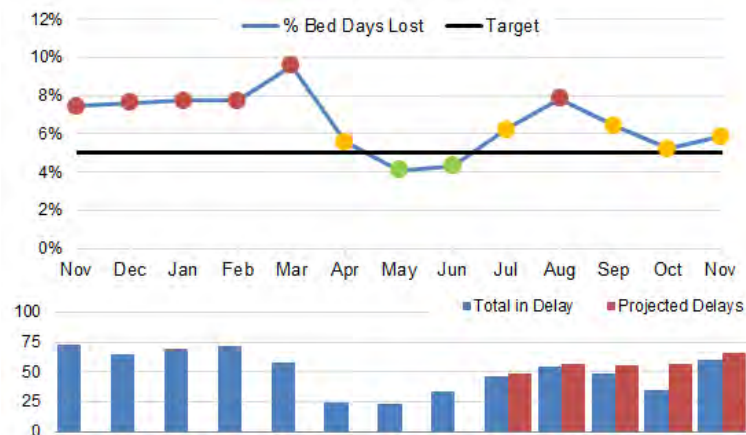
THERE ARE NO CURRENT SPECIFIC IMPROVEMENT ACTIONS. PERFORMANCE HAS IMPROVED SIGNIFICANTLY SINCE AUGUST 2020, AND THE AIM IS TO CONTINUE TO ACHIEVE THE 85% TARGET FOR CLOSURE WITHIN 20 DAYS OF RECEIPT

Finance, Performance & Resources – Operational Performance

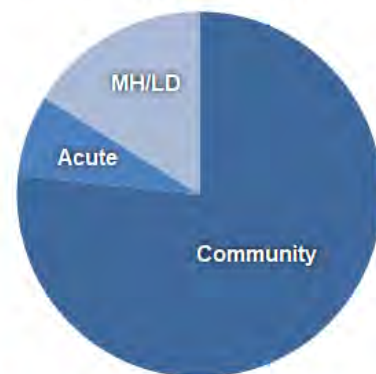
Delayed Discharges (Bed Days Lost)

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 | Nov-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

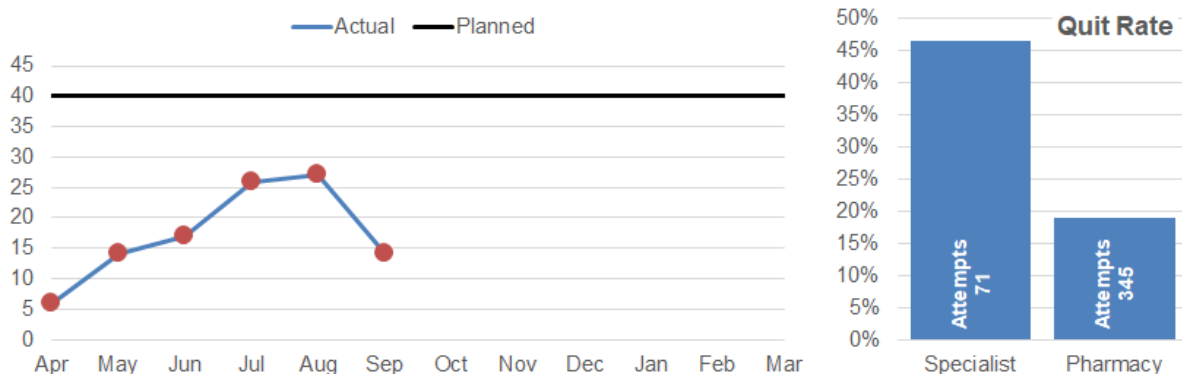
Improvement Actions	Update
20.1 Test a trusted assessors model for patients transferring to STAR/assessment beds	
20.3 Moving On Policy to be implemented <i>By Jan-21</i>	The moving on policy will be reviewed by the HSCP Senior Leadership Team in December. This will further support new processes implemented 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	26	27	14						
	Actual Cumul	6	20	37	63	90	104	104	104	104	104	104	104
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	15.0%	25.3%	31.4%	39.9%	45.7%	44.1%	37.7%	33.0%	29.4%	26.4%	24.0%	22.0%
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

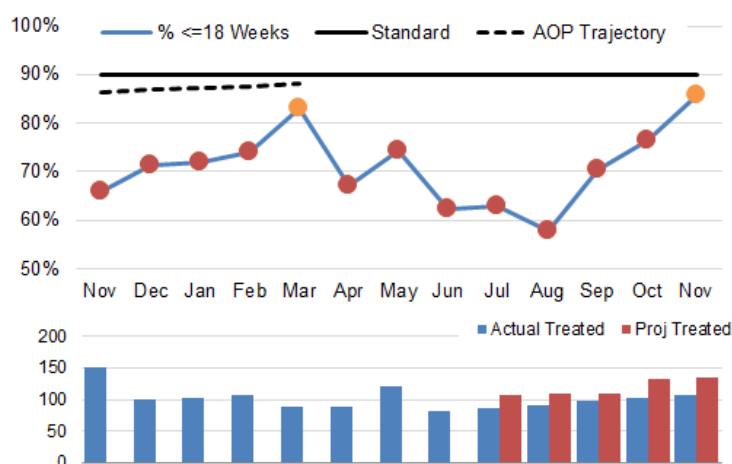
Improvement Actions	Update
20.2 Test Champix prescribing at point of contact within hospital respiratory clinic <i>By Mar-21</i>	The aim of this action is to test a model of delivery that allows a smoking cessation advisor sitting within clinic to enable direct access to Champix for patients attending 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. Prehabilitation 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

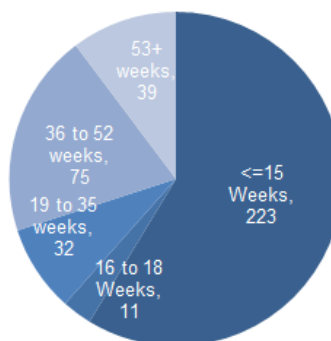
CAMHS 18 weeks RTT

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

Local Performance



Waiting List (380) Nov-20



National Benchmarking

Month	2019/20					2020/21							
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NHS Fife	66.0%	71.3%	71.8%	74.1%	83.1%	67.0%	74.2%	62.2%	62.8%	57.8%	70.4%	76.5%	85.8%
Scotland	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

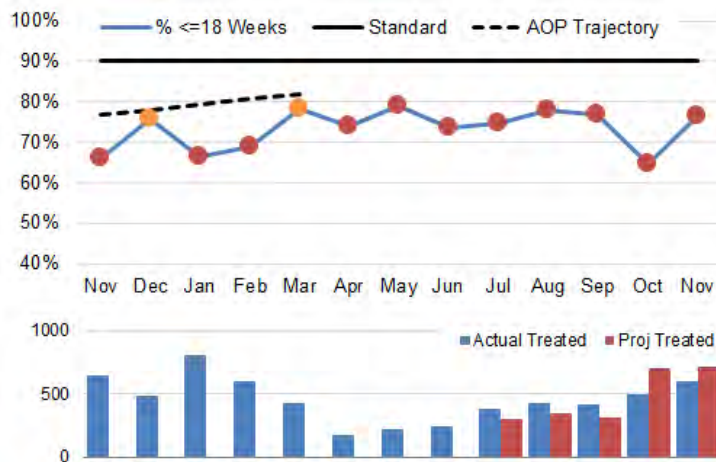
Improvement Actions	Update
20.1 Re-Introduction of PMHW First Contact Appointments System <i>By Dec-20</i>	Recruitment is underway to appoint to two existing vacancies, which occurred due to staff leaving to take up permanent positions. This impacts on the level of activity and ability to maintain a 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 <i>By Dec-20</i>	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 <i>By Dec-20</i>	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 <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 March 2021, giving consideration to staffing and the COVID-19 position.

Finance, Performance & Resources – Operational Performance

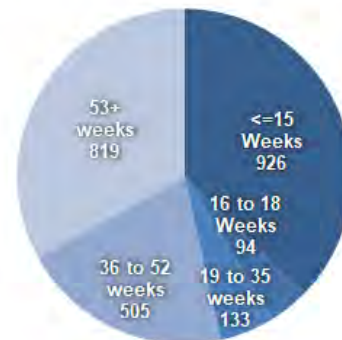
Psychological Therapies 18 weeks RTT

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

Local Performance



Waiting List (2477) Nov-20



National Benchmarking

Month	2019/20					2020/21							
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NHS Fife	66.0%	75.8%	66.6%	69.0%	78.4%	74.2%	79.2%	73.6%	74.5%	77.9%	77.0%	64.7%	76.3%
Scotland	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)

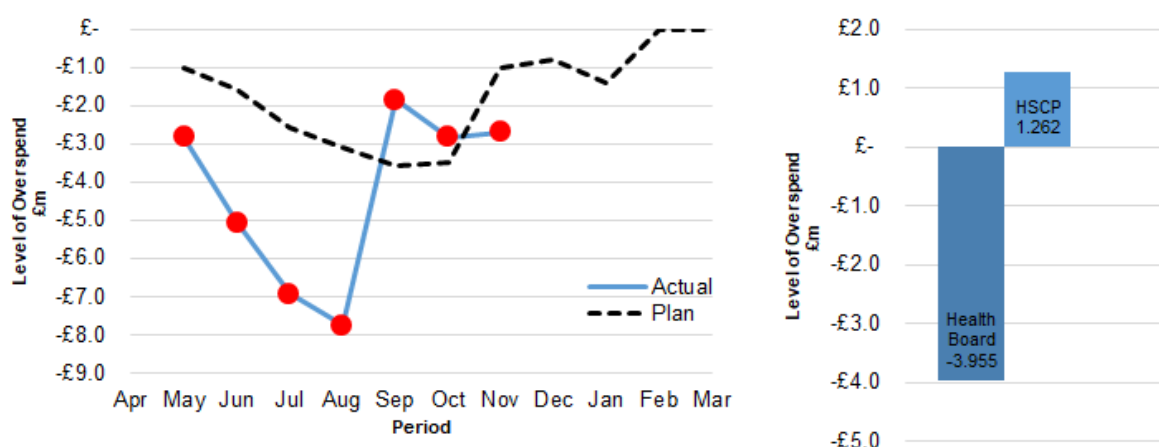
Improvement Actions	Update
20.2 Introduction of extended group programme in Primary Care	
20.3 Redesign of Day Hospital provision	Redesign has been implemented and developments are underway relating to therapeutic provision – action complete
20.4 Implement triage nurse pilot programme in Primary Care By Jan-21	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 By Mar-21	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	419,493	452,136	284,910	288,865	-3,955	-1.39%	2,362	-786	1,576	-5,531
Integration Joint Board (Health)	357,288	376,845	248,446	247,184	1,262	0.51%	1,332	-70	1,262	0
Risk Share	0	0	0	0	0	0.00%	0	0	0	0
Total	776,781	828,981	533,356	536,049	-2,693	-0.50%	3,694	-856	2,838	-5,531

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 November) 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, however delivery of the full aforementioned £11m is hugely challenging and concerted efforts must be made to drive out the agreed savings.

Commentary

The position to month 8 is an overspend of £2.693m. This comprises a run rate underspend position of £3.694m; unmet core savings of £0.856m (to be delivered over the remaining months of the year); and anticipated underachievement of savings of £5.531m due to our focus on the Covid-19 pandemic.

The impact of Covid-19 on the financial performance remains a key issue. The revenue position for the 8 months to 30 November reflects the initial Covid-19 funding received from SG; and match funds additional Covid-19 expenditure to November, 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 £8.392m. This assumes retention of our offsetting cost reductions (from standing down of core services) to contribute to our unmet savings; and recognises our potential commitment to the IJB risk share as a potential cost to NHS Fife of £7.039m.

The total Capital Resource Limit for 2020/21 is £13.516m including anticipated allocations for specific projects. The capital position for the 8 months to November records spend of £4.357m. The capital spend on the specific projects continues and is on track to spend in full.

1. Annual Operational Plan

- 1.1 Members are aware 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. The initial Covid-19 funding allocation was made in the September allocation letter with a further allocation expected in January.

2. Financial Allocations

Revenue Resource Limit (RRL)

- 2.1 NHS Fife received confirmation of the November core revenue amount on 1 November. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £815.5m. Anticipated allocations total £4.147m.

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 30 November is therefore £828.981m as detailed in Appendix 1.

3. Summary Position

- 3.1 The revenue position for the 8 months to 30 November reflects an overspend of £2.693m.
- 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 £3.955m is attributable to Health Board retained budgets; and an underspend of £1.262m is attributable to the health budgets delegated to the IJB.

Finance, Performance & Resources – Finance

Table 1: Summary Financial Position for the period ended November 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	452,136	-3,955	-1.39%	2,362	-786	1,576	-5,531
Integration Joint Board (Health)	376,845	1,262	0.51%	1,332	-70	1,262	0
Risk Share	0	0	0.00%	0	0	0	0
Total	828,981	-2,693	-0.50%	3,694	-856	2,838	-5,531

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	214,249	-8,759	-6.15%	-2,615	-634	-3,249	-5,510
IJB Non-Delegated	8,663	75	1.31%	97	-1	96	-21
Estates & Facilities	76,153	877	1.75%	905	-28	877	0
Board Admin & Other Services	41,824	617	2.90%	740	-123	617	0
Non-Fife & Other Healthcare Providers	90,973	1,236	2.04%	1,236	0	1,236	0
Financial Flexibility & Allocations	23,646	1,934	100.00%	1,934	0	1,934	0
HB Offsets	3,460	0	0.00%	0	0	0	0
Health Board	458,968	-4,020	-1.42%	2,297	-786	1,511	-5,531
Integration Joint Board - Core	420,030	1,201	0.42%	1,271	-70	1,201	0
IJB Offsets	3,361	0		0	0	0	0
Integration Fund & Other Allocations	5,169	67	0.00%	67	0	67	0
Sub-total Integration Joint Board Core	428,560	1,268	0.69%	1,338	-70	1,268	0
IJB Risk Share Arrangement	0	0		0	0	0	0
Total Integration Joint Board - Health	428,560	1,268	0.69%	1,338	-70	1,268	0
Total Expenditure	887,528	-2,752	-0.43%	3,635	-856	2,779	-5,531
IJB - Health	-51,715	-6	0.02%	-6	0	-6	0
Health Board	-6,832	65	2.36%	65	0	65	0
Miscellaneous Income	-58,547	59	-0.18%	59	0	59	0
Net Position Including Income	828,981	-2,693	-0.50%	3,694	-856	2,838	-5,531

3.3 The position at month 8 is a core net underspend of £2.838m; and unmet savings of £5.531m (the impact of planned measures re Covid-19 on the delivery of planned Health Board savings).

3.4 Funding allocations of £10.093m and £4.775m have been allocated to HB and HSCP respectively to match April to November 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 £3.249m for the year to date**. This reflects an overspend in operational run rate performance of £2.615m, and unmet savings of £0.634m per Table 2 below. In November £1.5m funding was allocated to Acute Services to address nursing safe staffing legislation pressures. The overall position is mainly driven by pay overspend in junior medical and dental staffing of £1.527m. Additional non pay cost pressures of £0.922m 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 some of which resumed in October.

Table 2: Acute Division Financial Position for the period ended November 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	70,445	72,360	45,795	45,718	77	0.17%	213	-136
Emergency Care & Medicine	74,555	78,651	53,560	57,088	-3,528	-6.59%	-3,237	-291
Women, Children & Clinical Services	54,771	55,245	36,568	37,823	-1,255	-3.43%	-1,003	-252
Acute Nursing	607	627	419	383	36	8.59%	36	0
Other	3,181	3,200	1,998	577	1,421	71.12%	1,376	45
Total	203,559	210,083	138,340	141,589	-3,249	-2.35%	-2,615	-634

Estates & Facilities

- 4.2 The Estates and Facilities budgets report an **underspend of £0.877m** 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 £0.617m**. As previously reported, this position includes unfunded costs of £0.069m related to 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 £1.236m** 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; and potential costs associated with a patient's treatment within the private sector.

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 £1.934m** released to the month 8 position is detailed in Appendix 4.

Integration Services

- 4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £1.268m for the year to date**. The underlying drivers for the run rate underspend include 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 Division following service redesign, and also against vacancies in community services and administrative posts.
- 4.7 The delegated health budgets per 4.6 above remain consistent with our reported opening budgets following due governance process and follows consistent accounting and reporting assumptions from the outset of this financial year. There is however disparity of reporting between NHS Fife and Fife Council in relation to a budget realignment proposal between the respective partners. This remains a live discussion with ongoing dialogue between NHS Fife, Fife Council and the IJB. NHS Fife has not confirmed formal agreement to this budget realignment proposal which would see a cash transfer in-year in advance of any risk sharing arrangement.

Income

- 4.8 A small over recovery in income of £0.059m is shown for the year to date.

5. Pan Fife Analysis

- 5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 3 below.

Table 3: Subjective Analysis for the Period ended November 2020

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	400,343	265,683	266,752	-1,069
GP Prescribing	70,607	46,876	47,376	-500
Drugs	32,486	22,171	22,489	-318
Other Non Pay	366,187	235,152	231,632	3,520
Efficiency Savings	-10,909	-6,387	0	-6,387
Commitments	28,815	2,001	0	2,001
Income	-58,547	-32,140	-32,199	59
Net overspend	828,981	533,357	536,050	-2,693

Pay

- 5.2 The overall pay budget reflects an overspend of £1.069m. The majority of the overspend is within medical & dental staff with small offsetting underspends across other pay heads with the exception of nursing and midwifery & 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 7,974 wte across all staff groups, there was an average 8,060 wte core staff in post in November. 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 £0.818m on medicines. The GP prescribing budget is overspend in-year by £0.500m with a forecast overspend of £0.75m. 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. The position to month 8 reflects £0.935m recharged to Covid costs, 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 £3.520m. 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

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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 8 months to November. 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. 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 Funding of £7.7m has also been received 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 was 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. 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. Our planning assumptions reflected an anticipated achievable £11m of the target, with a resulting £9m underachievement of savings. At month 8, delivery of the full £11m is hugely challenging and concerted efforts must be made to drive out the agreed savings. Notwithstanding, Scottish Government have asked for additional detail on our £9m unmet savings (NHS Fife appear as an outlier) 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 8 months to November.

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 Nov £'000	Forecast / Unidentified to March £'000
Health Board	14,868	6,572	8,296	1,142	3,003	4,145	2,427
Integration Joint Board	5,147	5,147	0	2,520	2,441	4,961	186
Total Savings	20,015	11,719	8,296	3,662	5,444	9,106	2,613

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 £0.122m. Whilst we await SG decision on the treatment of offsetting cost reductions, there is a potential benefit of £6.821m if we can retain offsets. We would plan to use these offsetting cost reductions to mitigate some of the anticipated unachieved savings of £8.296m. If the aforementioned assumptions crystallise, the NHS Fife forecast RRL position would be an overspend of £1.353m. 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.

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- 8.2 The full risk share cost to NHS Fife is £7.039m, and represents a risk share percentage (72%) of the full IJB overspend of £7.050m (comprising a health underspend of £1.963m and a Social Care overspend (at September) of £9.013m); the risk share position subsumes the health underspend position. There is 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 £7m. 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. In the event however that the IJB COVID related unachieved savings are funded by Scottish Government in part or in full, then the IJB projected overspend will decrease and therefore the risk share cost to NHS Fife will also reduce. This position should be confirmed during January 2021.
- 8.3 The forecast outturn to the year end is a potential worst case overspend of £8.392m. 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 £7.039m.
- 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 £8.392m. Dialogue is ongoing with Scottish Government colleagues to highlight the position and to discuss potential mitigating actions. This includes discussions on potential ADEL funding (Additional Delegated Expenditure Limit).

Table 5 – Forecast (modelling based on actual position at 30 November 2020)

Forecast Outturn	Run Rate £'000	Offsets £'000	Savings £'000	Risk Share £'000
Acute Services Division	-6,503	2,968	-8,263	0
IJB Non-Delegated	91	0	-33	0
Estates & Facilities	1,190	441	0	0
Board Admin & Other Services	1,143	51	0	0
Non-Fife & Other Healthcare Providers	227	0	0	0
Financial Flexibility	1,911	0	0	0
Miscellaneous Income	100	0	0	0
Health Board Retained Budgets	-1,841	3,460	-8,296	0
IJB Delegated Health Budgets	1,963	3,361	0	0
Integration Fund & Other Allocations	0	0	0	0
Total IJB Delegated Health Budgets	1,963	3,361	0	0
Risk share	0	0	0	-7,039
Total Forecast Outturn	122	6,821	-8,296	-7,039

9 Key Messages / Risks

- 9.1 The month 8 position reflects an overspend of £2.693m; which comprises a core underspend of £2.838m; and unmet savings of £5.531m. All other additional Covid-19

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costs for April to November 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 £7m.
- 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 £2.838m for the 8 months to November
 - **Note** that initial funding allocations for Covid-19 reflected in the month 8 position match fund additional costs to month 8
 - **Note** the forecast outturn to the year end is a potential worst case overspend of £8.4m. 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 £7m.

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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	Confirmed Allocations		9,474	1,547	11,021	
Sep-20	Confirmed Allocations	-69	56,750	32,764	89,445	
Oct-20	Confirmed Allocations		2,528	3,668	6,196	
Nov-20	Bliss Baby Charter			5	5	Specific Allocation
	Implementation of Best Start Recommendations			87	87	Continuation of funding
	HNC quarter 1 & 2			40	40	Associated with Student Nurses
	Cancer Access Funding			-381	-381	Funding transferred to Capital due to nature of expenditure
	Value Improvement Fund Projects			21	21	Specific Allocation
	ADP additional allocation			10	10	Correction to drug death allocation previously received
	Realistic Medicines			60	60	Continuation of funding
	Emergency Public Health Research			98	98	Specific Project
	Mobile MRI Capacity			39	39	Meet the cost of the mobile MRI van
	GP Digital Improvement			136	136	Annual Allocation
	Total Core RRL Allocations	700,161	68,752	46,587	815,500	
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		414		414	
Anticipated	GP pension		85		85	
Anticipated	COVID 19- GP Payments			233	233	
Anticipated	COVID 19			4,804	4,804	
Anticipated	Top Slice NSS		-962		-962	
Anticipated	Public Health Team			211	211	
Anticipated	Capital to Revenue			6	6	
	Total Anticipated Core RRL Allocations	0	-1,107	5,254	4,147	
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	67,645	61,175	828,981	

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Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Digital & Information	12,839	8,537	8,659	-123
Nhs Fife Chief Executive	211	140	180	-40
Nhs Fife Finance Director	6,437	4,273	3,892	381
Nhs Fife Medical Director	7,479	4,178	4,047	132
Nhs Fife Nurse Director	4,103	2,672	2,459	213
Legal Liabilities	-17,296	-18,687	-18,674	-13
Early Retirements & Injury Benefits	814	543	510	33
Regional Funding	275	183	157	26
Depreciation	17,634	12,021	12,021	0
Nhs Fife Public Health	2,344	1,495	1,454	42
Nhs Fife Workforce Directorate	3,148	2,114	2,078	37
Nhs Fife Major Incident - Flooding			69	-69
Total	37,987	17,470	16,852	617

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	98	65	63	2
Borders	45	30	37	-7
Dumfries & Galloway	25	19	37	-18
Forth Valley	3,179	2,120	2,368	-248
Grampian	359	240	204	36
Greater Glasgow & Clyde	1,655	1,104	1,083	21
Highland	135	90	132	-42
Lanarkshire	114	76	164	-88
Lothian	31,518	21,012	19,641	1,371
Scottish Ambulance Service	101	67	68	-1
Tayside	41,096	27,394	27,094	300
	78,325	52,217	50,891	1,326
UNPACS				
Health Boards	10,627	7,085	7,333	-248
Private Sector	1,245	830	1,030	-200
	11,872	7,915	8,363	-448
OATS				
	711	474	118	356
Grants				
	65	65	63	2
Total	90,973	60,671	59,435	1,236

Appendix 4 - Financial Flexibility & Allocations

	CY Budget £'000	Flexibility Released to Nov-20 £'000
Financial Plan		
Drugs	1,831	0
CHAS	0	0
Unitary Charge	100	33
Junior Doctor Travel	32	17
Consultant Increments	23	15
Cost Pressures	2,070	462
Developments	4,374	1,403
Sub Total Financial Plan	8,430	1,930
Allocations		
Waiting List	2,726	0
AME: Impairment	640	0
AME: Provisions	-118	0
Neonatal Transport	12	4
Cancer Access	301	0
Endoscopy	115	0
ARISE	68	0
Covid 19	9,527	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
Value Improvement Fund	21	0
Baby Bliss	5	0
Best Start	66	0
MRI Van	29	0
Sub Total Allocations	15,216	4
Total	23,646	1,934

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Appendix 5 – Initial Covid-19 funding

COVID funding	Health Board	Health delegated	Social Care delegated	Primary Care Funding
	£000's	£000's	£000's	£000's
Allocation Q1 to Q4	22,540	6,546	4,458	1,559
Anticipated allocation	1,580		5,287	
Total funding	24,120	6,546	9,745	1,559
Allocations made for Apr to Nov				
Planned Care & Surgery	1,114			
Emergency Care & Medicine	2,080			
Women, Children & Clinical Services	955			
Acute Nursing	17			
Estates & Facilities	1,403			
Board Admin & Other Services	3,298			
Income	682			
Test and Protect	544			
West Division		1,652		
Pharmacy Division		73		
Fife Wide Division		1,261		
East Division		793		
Primary Care		996		1,559
Social Care			1,923	
Total allocations made to M8	10,093	4,775	1,923	1,559
Elective / Planned Care	7,724			
Capital				
Total	17,817	4,775	1,923	1,559
Balance In Reserves	4,723	1,771	2,535	0

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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 £13.348m including anticipated allocations for specific projects. The capital position for the 8 months to November records spend of £4.357m equivalent to 32.64% 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 By Mar-21	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, and allocations of: £0.999k for Covid equipment in the September allocation letter; £0.381m for Cancer Waiting Times equipment; and £2.008m for radiology in the November allocation letter. We further anticipate allocations of: £2.2m for the Elective Orthopaedic Centre; HEPMA £0.025m; Lochgelly Health Centre £0.025m; Kincardine Health Centre £0.025m; Hospital Eye Service £0.4m; capital to revenue transfer of £(0.168)m and an allocation of £0.06m for radiology. The total capital plan is therefore £13.348m.

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 £4.357m or 32.64% 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	£1.700m
Equipment	£1.010m
E-health	£0.675m
Elective Orthopaedic Centre	£0.755m

4. Capital Expenditure Outturn

- 4.1 As we near the end of quarter 3, it is 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 November 2020 of £4.357m and the forecast year end spend of the total capital resource allocation of £13.348m.

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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	287	109	287
Statutory Compliance	150	97	150
Capital Equipment	31	31	31
Covid Community Equipment	26	27	26
Condemned Equipment	0	0	0
Total Community & Primary Care	494	264	494
ACUTE SERVICES DIVISION			
Statutory Compliance	3,224	1,538	3,224
Capital Equipment	908	116	908
Covid Acute Equipment	973	544	973
Minor Works	193	51	193
Cancer Waiting Times Equipment	381	201	381
Radiology Funding	2,008		2,008
Condemned Equipment	91	91	91
Total Acute Services Division	7,777	2,541	7,777
NHS FIFE WIDE SCHEMES			
Equipment Balance	1,096	0	1,096
Information Technology	1,041	675	1,041
Minor Works	18	0	18
Statutory Compliance	0	0	0
Contingency	65	0	65
Asbestos Management	85	0	85
Fire Safety	85	65	85
Scheme Development	60	16	60
Vehicles	60	25	60
Capital In Year Contingency (EDG)	0	0	1,220
Total NHS Fife Wide Schemes	2,511	781	2,511
TOTAL CONFIRMED ALLOCATION FOR 2020/21	10,781	3,585	10,781
ANTICIPATED ALLOCATIONS 2020/21			
Elective Orthopaedic Centre	2,200	755	2,200
Capital to Revenue Transfer	-168	0	-168
Hospital Eye Service	400	0	400
Radiology Funding	60	0	60
HEPMA	25	8	25
Lochgelly Health Centre	25	8	25
Kincardine Health Centre	25	0	25
Anticipated Allocation for 2020/21	2,567	771	2,567
Total Anticipated Allocation for 2020/21	13,348	4,357	13,348

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Appendix 2: Capital Plan - Changes to Planned Expenditure

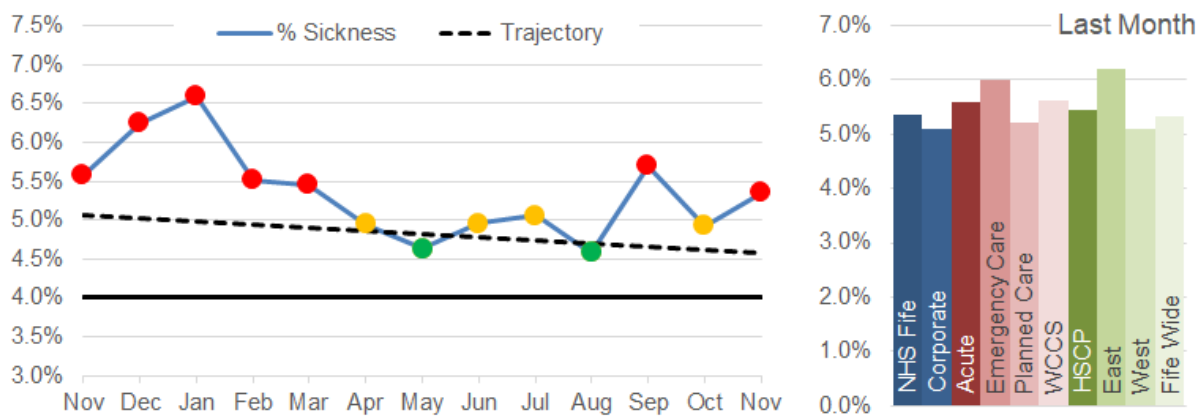
Capital Expenditure Proposals 2020/21	Pending Board Approval	Cumulative Adjustment to October	November Adjustment	Total November
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	31	0	31
Condemned Equipment	0	0	0	0
Minor Capital	0	272	15	287
Covid Equipment	0	26	1	27
Statutory Compliance	0	150	0	150
Total Community & Primary Care	0	479	16	495
Acute Services Division				
Capital Equipment	0	549	358	908
Condemned Equipment	0	91	0	91
Cancer Waiting Times Equipment	0	381	0	381
Minor Capital	0	193	0	193
Covid 19 Acute Equip	0	973	-1	972
Radiology Funding	0	0	2,008	2,008
Statutory Compliance	0	3,189	35	3,224
	0	5,376	2,400	7,776
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,569	-3,469	-35	65
Fife Wide Equipment	2,036	-1,801	861	1,096
Information Technology	1,041	0	0	1,041
Minor Work	498	-465	-15	18
Fife Wide Contingency Balance	100	-100	0	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 Vehicles	0	60	0	60
Capital In Year Contingency	0	1,220	-1,220	0
Total Fife Wide	7,394	-4,475	-408	2,511
Total	7,394	1,380	2,008	10,781
ANTICIPATED ALLOCATIONS 2020/21				
Elective Orthopaedic Centre	2,200	0	0	2,200
Capital to Revenue Transfer	-168	0	0	-168
Hospital Eye Service	400	0	0	400
Radiology Funding	60	0	0	60
HEPMA	25	0	0	25
Lochgelly Health Centre	25	0	0	25
Kinross Health Centre	25	0	0	25
Anticipated Allocation for 2020/21	2,567	0	0	2,567
Total Planned Expenditure for 2020/21	9,961	1,380	2,008	13,348

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							
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NHS Fife	5.57%	6.25%	6.59%	5.51%	5.46%	4.95%	4.64%	4.96%	5.06%	4.58%	5.69%	4.93%	5.35%
Scotland	5.58%	5.83%	5.99%	5.27%	5.20%	4.57%	4.54%	4.49%	4.57%	4.64%	4.96%	4.93%	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	<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 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 provided in November, and will continue with short focussed sessions.</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>Action Complete</p>
20.2 Early OH intervention for staff absent from work due to a Mental Health related reason By Mar-21	<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 mental health support to staff 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 staff feedback indicates that those who have received support to date found it beneficial and it has helped some staff to return to work earlier and for others to remain at work. This is based on the 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</p>

Staff Governance	
	<p>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 Promoting Attendance training and a foundation of the COVID-19 resources.</p> <p>These initiatives have been supplemented and complemented by the additional support and inputs via Psychology and other services during the pandemic. These services may be included in a much broader evaluation of staff support requirements being taken forward by the Staff Support and Wellbeing Sub Group of the Silver Command Workforce Group and their successors.</p>
<p>21.1 Once for Scotland Promoting Attendance Policy <i>By Mar-21</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 Mar-21 (was 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> <p>Work on this continues for implementation from April 2021.</p>
21.3 Restart Promoting Attendance Panels	

CAROL POTTER
Chief Executive
20th January 2021

Prepared by:
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Appendix 1: NHS Fife Remobilisation Activity to end of Dec 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	861	2,924	
	Variance	549	82	-59	-143	-120	
OP Referrals Accepted (Definitions as per Waiting Times Datamart)	Projected	14,042	7,386	7,520	7,659	22,565	21,906
	Actual	15,831	6,022	6,060	5,806	17,888	
	Variance	1,789	-1,364	-1,460	-1,853	-4,677	
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	4,412	5,752	5,305	15,469	
	Variance	-1,758	-2,054	-1,245	-1,861	-5,161	
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	365	1,247	
	Variance	-538	-428	-386	-235	-1,049	
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	3,466	10,835	
	Variance	1,190	-265	-366	16	-615	
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	4,935	17,073	
	Variance	-1,192	-1,057	-1,175	-2,400	-4,632	
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	521	1,310	
	Variance	40	83	126	101	310	
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	9,225	3,225	3,375	3,500	10,100	9,970
	Actual	8,752	2,931	2,868	2,876	8,675	
	Variance	-473	-294	-507	-624	-1,425	
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	1,368	1,360	4,220	
	Variance	113	42	-62	-110	-130	
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,195	690	700	750	2,140	2,320
	Actual	2,097	773	855	850	2,478	
	Variance	-98	83	155	100	338	
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	309	103	103	103	309	309
	Actual	275	91	108			
	Variance	-34	-12	5			
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	325	132	135	89	356	295
	Actual	274	102	106			
	Variance	-51	-30	-29			
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	970	702	715	539	1,956	1,985
	Actual	1,233	499	604			
	Variance	263	-203	-111			

		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	90	53	53	
	Variance	-4	-15	0	-26	-26	
Code 9	Projected	24	24	24	19	19	19
	Actual	27	30	30	29		
	Variance	3	6	6	10		
Not Code 9	Projected	55	56	66	60	60	55
	Actual	48	35	60	24		
	Variance	-7	-21	-6	-36		

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 February 2021



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 8 (28%) classified as **GREEN**, 7 (25%) **AMBER** and 14 (47%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

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

- C Diff – infection rate fell below improvement trajectory following a low number of infections in the last quarter of 2020
- Cancer 31-day DTT – continued to exceed the 95% Standard, for the 8th month in succession
- Psychological Therapies Waiting Times - % of patients treated within 18 weeks of referral the highest monthly figure recorded

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 (25%) within upper quartile, 17 (58%) in mid-range and 5 (17%) in lower quartile.




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

Indicator Summary

Section	LDP Standard	Standard	Target 2020/21
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	Freedom of Information Requests	85%
	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	
Finance	N/A	Revenue Expenditure	£0
	N/A	Capital Expenditure	£13.348m
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	Dec-19	45	Nov-20	22	Dec-20	25	↓
Year Ending	Jun-19	1.04	Mar-20	1.01	Jun-20	1.00	↑
Month	Dec-19	6.95	Nov-20	9.56	Dec-20	8.98	↑
Month	Dec-19	1.61	Nov-20	2.16	Dec-20	2.42	↓
Month	Dec-19	0.97	Nov-20	1.55	Dec-20	0.87	↑
Quarter Ending	Dec-19	2.3%	Sep-20	2.2%	Dec-20	2.4%	↓
Quarter Ending	Dec-19	10.9	Nov-20	11.8	Dec-20	20.6	↓
Quarter Ending	Dec-19	8.5	Nov-20	12.9	Dec-20	11.7	↑
Quarter Ending	Dec-19	13.1	Nov-20	9.2	Dec-20	6.5	↑
Quarter Ending	Dec-19	4.3	Nov-20	2.1	Dec-20	2.1	↔
Quarter Ending	Dec-19	60.0	Nov-20	45.9	Dec-20	50.3	↓
Quarter Ending	Dec-19	36.2	Nov-20	29.0	Dec-20	24.4	↑
Quarter Ending	Dec-19	75.7%	Nov-20	74.2%	Dec-20	76.8%	↑
Quarter Ending	Dec-19	50.5%	Nov-20	26.8%	Dec-20	21.6%	↓
Month	Dec-19	100.0%	Nov-20	100.0%	Dec-20	100.0%	↔
Month	Dec-19	88.0%	Nov-20	92.9%	Dec-20	89.4%	↓
Month	Dec-19	89.7%	Nov-20	62.3%	Dec-20	62.3%	↔
Month	Dec-19	91.8%	Nov-20	60.3%	Dec-20	57.5%	↓
Month	Dec-19	98.6%	Nov-20	96.5%	Dec-20	95.9%	↓
Month	Dec-19	96.3%	Nov-20	98.1%	Dec-20	98.8%	↑
Month	Dec-19	87.3%	Nov-20	88.0%	Dec-20	91.3%	↑
Month	Dec-19	82.0%	Nov-20	67.0%	Dec-20	70.9%	↑
Year Ending	Jun-19	27.2%	Mar-20	24.6%	Jun-20	23.5%	↓
Quarter Ending	Dec-19	53.0%	Nov-20	85.1%	Dec-20	85.4%	↑
Month	Dec-19	7.6%	Nov-20	5.9%	Dec-20	5.3%	↑
Month	Dec-19	73	Nov-20	60	Dec-20	25	↑
Month	Jun-20	88.2%	May-21	85.7%	Jun-21	91.4%	↑
YTD	Oct-19	95.7%	Sep-20	49.6%	Oct-20	50.4%	↑
Month	Dec-19	71.3%	Nov-20	85.8%	Dec-20	85.8%	↔
Month	Dec-19	75.8%	Nov-20	76.3%	Dec-20	80.8%	↑
YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑
Month	Oct-19	95.2%	Sep-20	93.8%	Oct-20	90.9%	↓
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%	↓
Month	Dec-19	N/A	Nov-20	+£2.693m	Dec-20	+£2.829m	↓
Month	Dec-19	N/A	Nov-20	£3.789m	Dec-20	£4.817m	↑
Month	Dec-19	6.25%	Nov-20	5.35%	Dec-20	5.87%	↓

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 Sep-20	20.0	●	17.3
QE Sep-20	6.4	●	10.8
QE Sep-20	9.3	●	17.4
QE Sep-20	6.4	●	6.6
QE Sep-20	45.3	●	42.0
QE Sep-20	46.9	●	44.7
2019/20	71.5%	●	79.9%
2019/20	35.7%	●	51.8%
N/A			
Dec-20	89.4%	●	86.4%
Sep-20	46.1%	●	30.0%
Sep-20	56.2%	●	46.5%
Sep-20	93.1%	●	53.3%
QE Sep-20	98.6%	●	98.4%
QE Sep-20	86.2%	●	87.3%
QE Sep-20	63.8%	●	67.3%
2018, 2019	26.1%	●	25.6%
N/A			
QE Jun-20	4.6%	●	3.8%
Dec-20	6.69	●	13.34
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 Sep-20	95.5%	●	97.2%
2017/18	86.8%	●	72.5%
2017/18	55.3%	●	42.3%
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 
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) Reduce falls with harm by 20% by December 2020	2.16	Oct-20	2.16	Dec-20	2.42 N/A N/A
A small increase in overall falls with harm was recorded in December and focus on supporting areas where this has been highlighted continues. There are continued challenges as previously described in relation to the fluid landscape of in-patient areas as a result of COVID but local review and support processes continue. Confirmation at an In-Patient Falls meeting of the workplan for the year ahead aims to refocus activity.					
Pressure Ulcers 50% reduction by December 2020	0.42	Never Met	0.42	Dec-20	0.87 N/A N/A
The rate of hospital acquired pressure ulcers in the Community hospitals setting decreased slightly in December, although the actual number in Q4 doubled in comparison to Q3 (24, from 12). For the Acute hospital, there was also a slight drop in the rate, and this was accompanied by a small fall in the quarterly number (66 to 62). The overall Fife rate at the end of 2020 remained significantly above the improvement target, although slightly lower than at the end of 2019.					
Caesarean Section SSI We will reduce the % of post-operation surgical site infections to 2.5%	N/A	QE Dec-20	2.5%	QE Dec-20	2.4% QE Dec-19 
All mandatory SSI surveillance remains paused, as per the start of the Covid-19 pandemic. However, Maternity Services have continued to monitor Caesarean Section SSI cases throughout the year, and where appropriate (in the case of Deep or Organ Space SSIs) carry out SSI Clinical Reviews. It is important to note that the performance data provided is non-validated and does not follow the agreed NHS Fife Methodology. No national comparison is available beyond Q4 2019.					
SAB (MRSA/MSSA) We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022	18.8	QE Nov-20	19.5	QE Dec-20	20.6 QE Sep-20 
Surveillance of SABs has continued during the COVID-19 pandemic. Fife had the lowest annual number of SABs on record in 2020, with no recorded MRSA SABs since January 2019. However, for Q3 of 2020, Fife was above the national comparator for HCAI SABs, although still on track to achieve its reduction of HCAI SABs by March 2022. Q3 of 2020 also saw a raised incidence of ventilator associated pneumonia SABs in patients who are COVID-19 positive.					
C Diff We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022	6.5	QE Dec-20	6.7	QE Dec-20	6.5 QE Sep-20 
CDI surveillance has continued throughout the COVID-19 pandemic. NHS Fife remains below the national rate for HCAI & CAI CDIs and achieved its lowest CDI rate on record in 2020 (34 infections, a 28% reduction compared to 2019). However, a reduction in HCAs and recurrence of CDIs is still required to achieve the reduction target by March 2022.					
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 Dec-20	50.3 QE Sep-20 
ECB surveillance has continued throughout the pandemic. NHS Fife saw a decrease in combined HCAI and CAI ECBs in 2020, compared to 2019 (254 against 264 infections), but remains above the national comparator for both HCAI and CAI ECBs and must continue to reduce its HCAI ECB rate further to achieve its 25% reduction by March 2022. Reducing UTI and CAUTI ECBs will be the key infections to address to achieve this target.					
Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Dec-20	21.6% FY 2019/20 
Performance in closing complaints continues to be a challenge due to the ongoing pressures on clinical services created by the pandemic, a common pattern across Health Boards. Capacity to investigate and respond to complaints within the normal timescales has reduced, although complaints received by PRT are increasing towards pre Covid-19 numbers. A number of complaints relate to delayed treatment as a result of the suspension of services, and we are also still seeing complaints relating to the flu vaccination, which is affecting our ability to respond to complaints within normal timescales. The latter are starting to reduce.					

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%	Dec-20	89.4%	Dec-20 
Capacity challenges continued in December affecting flow through ED. Attendances decreased across the festive period allowing for a better performance than previous year and overall attendances are well below projected for the period.						
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	Dec-20	62.3%	Sep-20 
Waiting times performance recovery slowed during December (a traditionally quiet month) as the Acute Hospital had to contend with the second wave of the COVID-19 pandemic and cancelled non-urgent elective surgery. Nevertheless, at the end of December, the waiting list was 5% lower than at the end of September. Efforts are continuing to mitigate the situation, with particular attention focusing on urgent waits, but activity is less than forecast and is likely to continue to affect performance for the remainder of FY 2020/21.						
New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	N/A	Dec-20	57.5%	Sep-20 
Waiting times performance recovery slowed during December (a traditionally quiet month) as the Acute Hospital had to contend with the second wave of the COVID-19 pandemic. At the end of the month, the waiting list was 5% higher than at the end of September, with a similar increase in the % of patients waiting more than 12 weeks. Efforts are continuing to mitigate the situation, with particular attention focusing on urgent referrals, but activity is less than forecast and is likely to continue to affect performance for the remainder of FY 2020/21.						
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	Dec-20	95.9%	Sep-20 
Despite the onset of the second wave of the COVID-19 pandemic, the recovery in performance against Diagnostics Waiting Times continued in December, and over 95% of patients had waited no more than 6 weeks at month end. Just under 70% of the breaches were for Endoscopy tests, while there were no Imaging breaches in each of October and November. It will be a major challenge to maintain this performance level in the remainder of the FY, with activity being slightly less than forecast.						
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	Dec-20	91.3%	QE Sep-20 
December was a challenging month with the majority of breaches being seen in Urology. Delays to PET outwith Fife contributed to the Upper GI and Lung specialty breaches, while cancellations in surgery due to clinical priorities and lack of availability of equipment were the main reasons for the Urology and Breast breaches. Breaches ranged between 5 and 50 days in duration, with an average of 27 days. Cancer patients remain a priority.						
FOI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	QE Dec-20	85%	QE Dec-20	85.4%	N/A N/A
NHS Fife has now completed four months under the new process for responding to requests and with additional FOI staff resource managing. Stakeholder engagement throughout NHS Fife continues and renewed training will soon be delivered by FOI staff resource to further assist departments and teams with their interaction with FOI duties and obligations. FOI role expected to go to advert within the next two months.						
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jun-20	5%	Dec-20	5.3%	QE Jun-20 
The number of bed days lost continues to reduce and 5.3% of occupied bed days lost were as a result of delay in December. Occupancy across our Acute and community hospitals remains high with an increased bed footprint to accommodate red and amber pathways and a continued number of outbreak wards closed.						
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT Oct-20	50.4%	FY 2019/20 
The service has been severely affected by staff shortages in the second and third quarter of the FY. New staff are now in place, and will start training in February, with support from Near Me to make up for the lack of national training. Stop Smoking Service promotion was included on Stafflink before the festive period to raise awareness of service with staff. We are currently planning to promote No Smoking Day 2021 via a variety of mediums. Clients currently accessing the service have more complex needs, particularly around mental health and expressing fears of COVID19 with potentially experiencing more severe symptoms once infected. The Specialist Service has been asked to support pregnant mums due to staff absence and redeployed staff member.						

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	N/A	Dec-20	85.8%	QE Sep-20	●
Referrals to Fife CAMHS reflect similar levels of demand to 2019 and 2020. The ongoing high number of presentations of children and young people requiring urgent and priority appointments has resulted in the majority of clinical staff working to meet this need. The result of this activity is demonstrated through a higher % RTT in the last 2 months of 2020; however, as a consequence, the longest waits have increased as staff are drawn away from this area of work.							
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	N/A	Dec-20	80.8%	QE Sep-20	●
Performance improved in December as a smaller number of longest waiting patients started treatment due to the festive break. Of most relevance to the RTT trajectory is the Waiting List profile, with the % of patients waiting over 52 weeks continuing to grow. This in part reflects the positive impact of improvement actions for services relevant to the majority of patients, but also highlights the limits of service provision/capacity for the most complex patients.							

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	Dec-20	+ £2.829m	N/A	N/A
Following discussion with Scottish Government on 15 January, we have reflected changes in our key assumptions to inform the year end outturn forecast position. Whilst the position to month 9 is an overspend of £2.8m; the forecast outturn to the year end is a balanced position. This assumes the return of our offsetting cost reductions (from the pausing of aspects of core services in the first half of the financial year); and full funding of both Health and Social Care unmet savings. The confirmation of full funding of unachieved savings also allow a budget realignment exercise to take place from Health Delegated to Social Care and eliminates the previously reported risk share cost. We have submitted our balance of funding request re Covid-19 to Scottish Government and, assuming approval, it is expected that the impact on the financial position will be cost neutral on the financial performance. The impact of Covid-19 on the financial performance remains 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	£13.348m	N/A	£13.348m	Dec-20	£4.817m	N/A	N/A
The total Capital Resource Limit for 2020/21 is £13.348m including anticipated allocations for specific projects. The capital position for the 9 months to December records spend of £4.817m equivalent to 36.09% of the total allocation. The capital spend on the specific projects 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%	Dec-20	5.87%	YE Mar-20	●
Sickness absence levels continue to fluctuate, however, it is positive to note that the sickness absence rates have improved for the first nine months of the year when compared with the same period during 2019/20, with a reduction of 0.54% in the year to date. Given the COVID-19 pandemic and continued Winter pressures, we anticipate that it will be challenging to maintain the current sickness absence performance levels.							

II. Performance Exception Reports

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Finance, Performance & Resources – Finance

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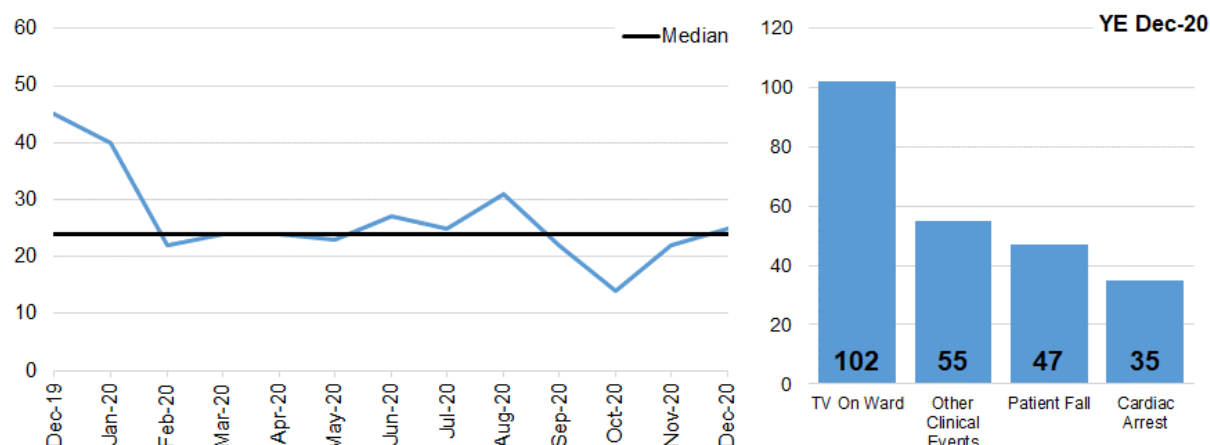
Staff Governance

Sickness Absence	45
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Clinical Governance

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2019/20				2020/21									
		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
ALL	NHS Fife	1389	1402	1307	1122	891	1065	1123	1328	1240	1285	1334	1292	1208	
	Acute Services	585	618	634	471	372	474	463	560	504	603	556	631	574	
	HSCP	767	747	623	627	486	558	627	730	694	639	747	631	609	
	Corporate	37	37	50	24	33	33	33	38	42	43	31	30	25	
CLINICAL	NHS Fife	931	914	923	799	609	725	740	908	834	920	896	937	890	
	Acute Services	527	558	572	439	343	431	421	514	467	555	507	586	531	
	HSCP	393	338	333	345	248	279	299	373	351	347	376	337	351	
	Corporate	11	18	18	15	18	15	20	21	16	18	13	14	8	

Commentary

From July 2020, onwards, as services resumed, reporting levels have continued to recover. There is nothing exceptional to report in the data.

From April 2021, we will start to analyse outputs from the previously reported new approach to the reporting and review of unexpected / drug related deaths within mental health and addiction services. These will be shared in ways that maximise organisational learning.

The NHS Fife Adverse Events/Duty of Candour Group continues to oversee the development and implementation of local adverse events management policy in accordance with national guidance, and to monitor related performance.

The group will develop a recovery plan to support an appropriate organisational response to the pandemic's impact on adverse events activity, including local and significant adverse event reviews.

Clinical Governance

HSMR

Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.

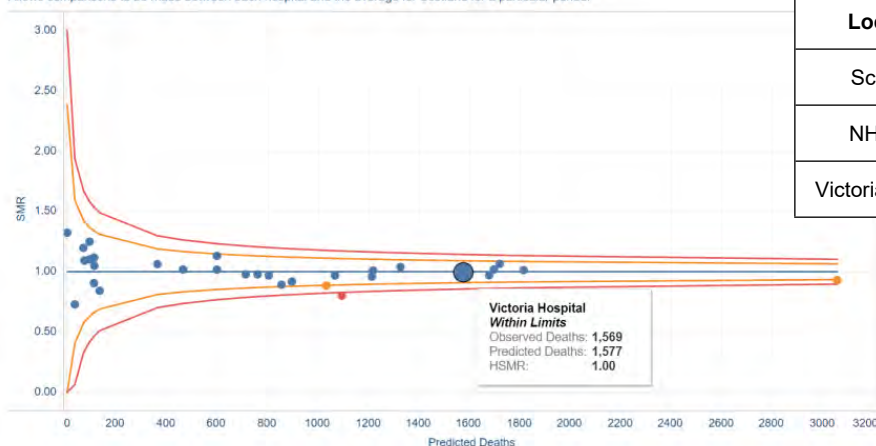
Reporting Period; July 2019 to June 2020^p

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.

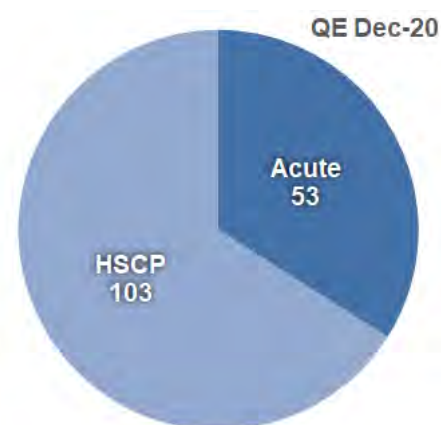
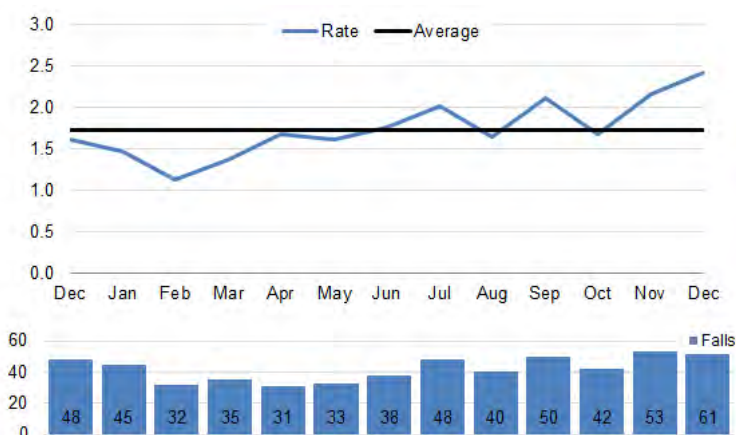
Clinical Governance

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

Month	2019/20				2020/21								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	1.61	1.47	1.13	1.37	1.67	1.62	1.75	2.01	1.64	2.12	1.68	2.16	2.42
Acute Services	1.03	0.99	0.84	1.26	1.93	1.21	1.38	1.26	1.26	1.55	1.20	1.45	1.84
HSCP	2.10	1.89	1.37	1.44	1.53	1.95	2.08	2.66	1.96	2.62	2.10	2.79	2.96

Key Challenges in 2020/21

Challenges in in-patient settings with patient placement, social distancing - the falls toolkit is continuing to be used to support assessment and local plans on care delivery.

Developments and progression of workplan have also been delayed - focus continues through ward discussion and local governance discussions with local activity being progressed where required.

Changes in service delivery due to the pandemic have changed clinical area function and this has been dynamic in response to the need for green and red capacity. This includes a change in numbers of patients in ward areas and the use of PPE and social distancing, all of which have had an impact on the way that staff deliver care.

Moving forward we will need to continue to review our approaches to continue to reduce falls with harm.

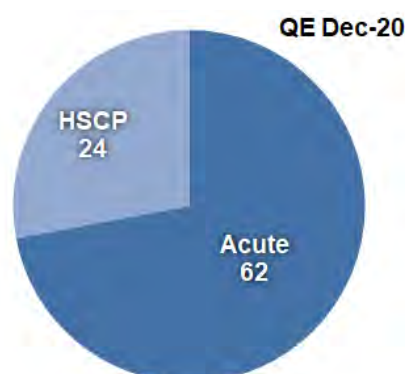
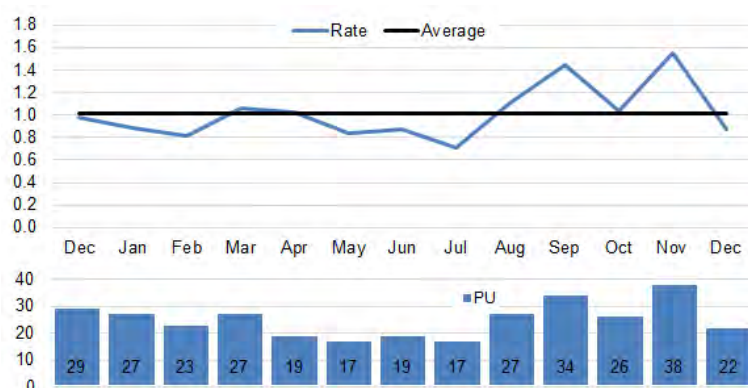
Improvement Actions	Update
20.3 Falls Audit <i>By Apr-21 (was Jan-21)</i>	Plans for this audit have been further delayed as a result of the ongoing situation. A number of areas are being prioritised and this will be programmed in over the coming months as more of a rolling audit. Local scrutiny will continue utilising the monthly performance report.
20.5 Improve effectiveness of Falls Champion Network <i>By Apr-21 (was Feb-21)</i>	This work has been significantly delayed and is part of the draft refreshed work plan. A Teams meeting is planned with the falls champions on 4th February, and will consider local information boards and education programme. This aims to support a more cohesive and streamlined approach and identify any areas with gaps.
21.1 Refresh of Plans <i>By Mar-21 (was Jan-21)</i>	The refreshed workplan has been redrafted and is with the group members as part of a virtual discussion to finalise. This is on agenda for review and agreement at meeting planned for 17 th February.

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								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	0.97	0.88	0.81	1.06	1.02	0.83	0.88	0.71	1.11	1.44	1.04	1.55	0.87
Acute Services	1.40	1.27	1.23	1.94	2.08	1.21	1.57	1.17	2.07	2.73	1.54	2.57	1.17
HSCP	0.62	0.55	0.46	0.46	0.42	0.53	0.26	0.31	0.30	0.32	0.60	0.62	0.61

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

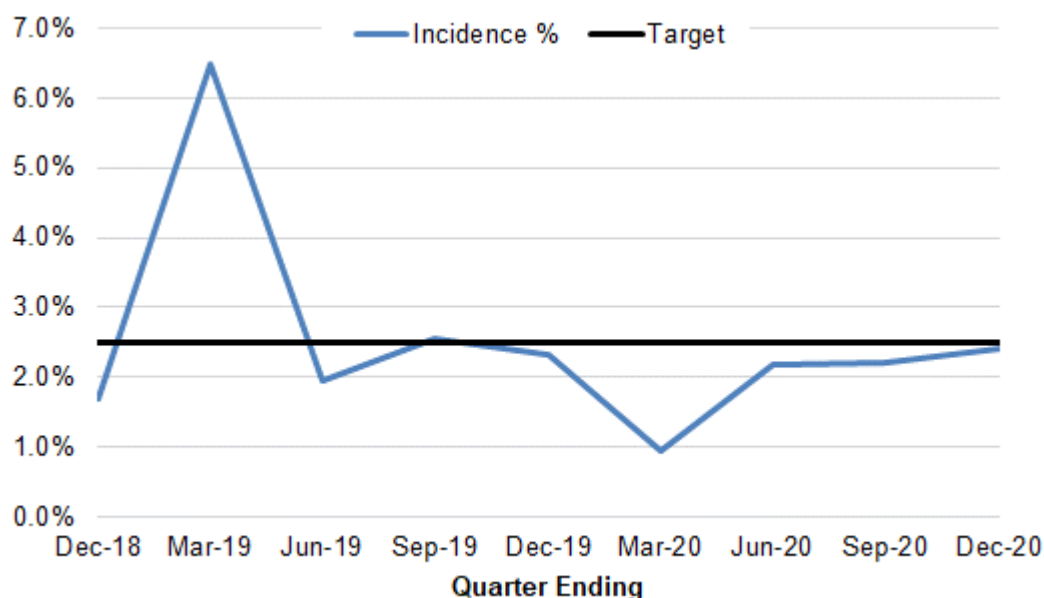
Improvement Actions	Update
20.4 Improve consistency of reporting	
20.5 Review TV Champion Network Effectiveness	
20.6 Reduce PU development (initially by redesign of Quality Improvement model)	
21.1 Improve reporting of PU	
21.2 Integrated Improvement Collaborative By Feb-21	An integrated improvement 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 Feb-21 (was 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. The rollout date has been extended in response to clinical pressures of the COVID 19 pandemic.

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%	1.0%	2.2%	2.2%	2.4%	
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)

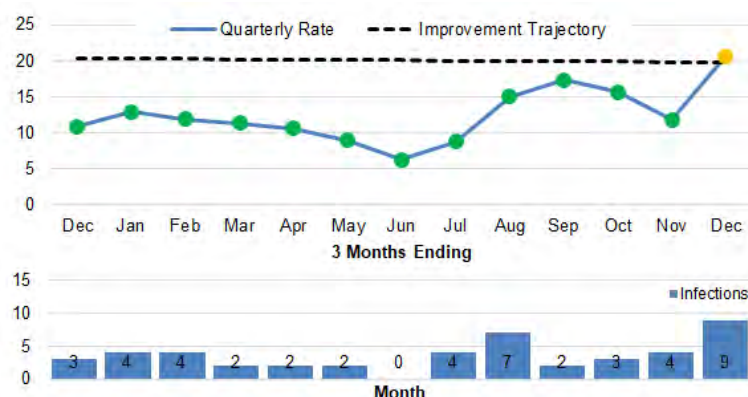
Improvement Actions	Update
20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan <i>By Mar-21</i>	<p>The SSI Implementation Group de-mobilised in August 2020 as there were no outstanding actions, infection rates had improved and there was a robust system in place for reviewing any Deep or Organ Space SSI cases. The group will re-establish if any future concerns develop.</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 during 2020 has been calculated using unvalidated data, provided by Maternity Services, which does not follow the agreed methodology. The data has not been verified and there is no National comparison, so 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

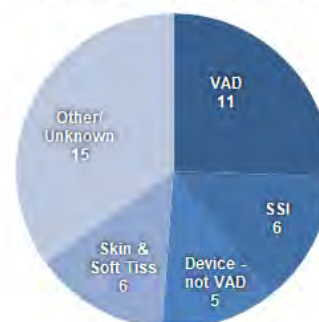
SAB (HAI/HCAI)

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 Dec-20



National Benchmarking

Quarter Ending		2018/19	2019/20				2020/21	
		Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	14.1	13.7	15.5	10.9	12.5	6.3	20.0
Scotland		15.6	16.7	17.5	15.2	16.3	20.3	17.3

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 were only 5 PWID SABs in 2020, a marked improvement from 14 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.
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 and areas of concern. There was a single vascular access device SAB associated with the renal unit in November, 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's last meeting in December was cancelled but will meet again on 19th February. E-documentation bundles for catheter insertion and maintenance, to be added to Patienttrack 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.

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



National Benchmarking

Quarter Ending		2018/19	2019/20				2020/21	
		Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	5.4	8.0	8.9	13.1	8.0	7.9	9.3
Scotland		11.8	12.3	13.7	15.1	13.6	15.4	17.4

Key Challenges in 2020/21

Reducing healthcare-associated CDI (including recurrent CDI) to achieve the 10% reduction target by March 2022

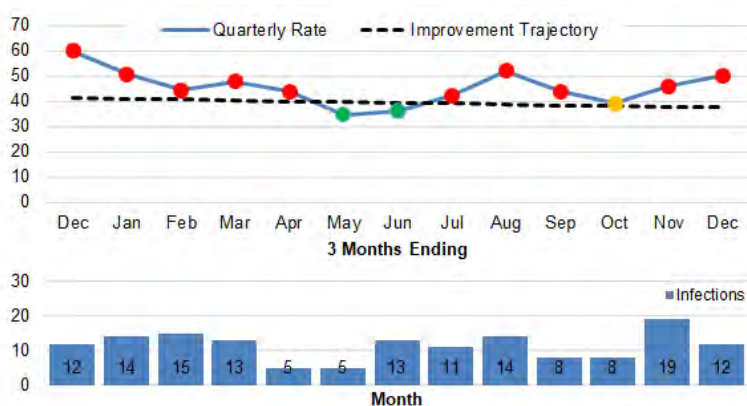
Improvement Actions	Update
20.1 Reducing recurrence of CDI <i>By Mar-22</i>	Each CDI occurrence is reviewed by a consultant microbiologist. The patients clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection. To reduce recurrence of CDI Infection, two treatments are utilized in Fife: 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
20.2 Reduce overall prescribing of antibiotics <i>By Mar-22</i>	NHS Fife utilises National antimicrobial prescribing targets 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 Mar-22</i>	Monthly CDI reports are distributed, to enable staff to gain a clearer understanding of the disease process, recurrences and rates. 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. The Ward Dashboard is continuously updated, for clinical staff to access CDI incidence by ward and is also to be displayed for public assurance.

Clinical Governance

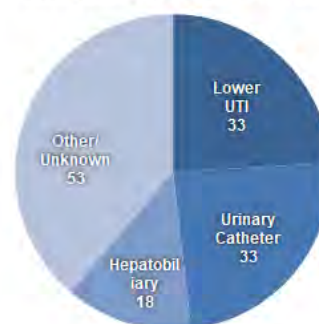
ECB (HAI/HCAI)

Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Local Performance



Infection Sources: YE Dec-20



National Benchmarking

Quarter Ending		2018/19	2019/20				2020/21	
		Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	39.2	42.1	31.0	60.0	47.9	36.4	45.3
Scotland		37.3	38.9	40.3	40.8	36.4	39.7	42.0

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>	Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. 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. There were 3 trauma associated CAUTIs in 2020 - learning from these will be fed back to the Urinary Catheter Improvement Group.
20.2 Formation of ECB Strategy Group <i>By Mar-22</i>	The ECB Strategy Group, initially looking at infections caused predominantly by urinary sources other than CAUTI, had been formed, but meetings have been postponed due to the pandemic response. 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-22</i>	The UCIG meeting in December was cancelled, but the group is due to meet in February to review the following topics: <ul style="list-style-type: none"> A CAUTI QI programme which started at Cowdenbeath GP practice (currently paused) 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 Guidance on catheter maintenance solutions and Pathways for the management of difficult insertions have been completed.

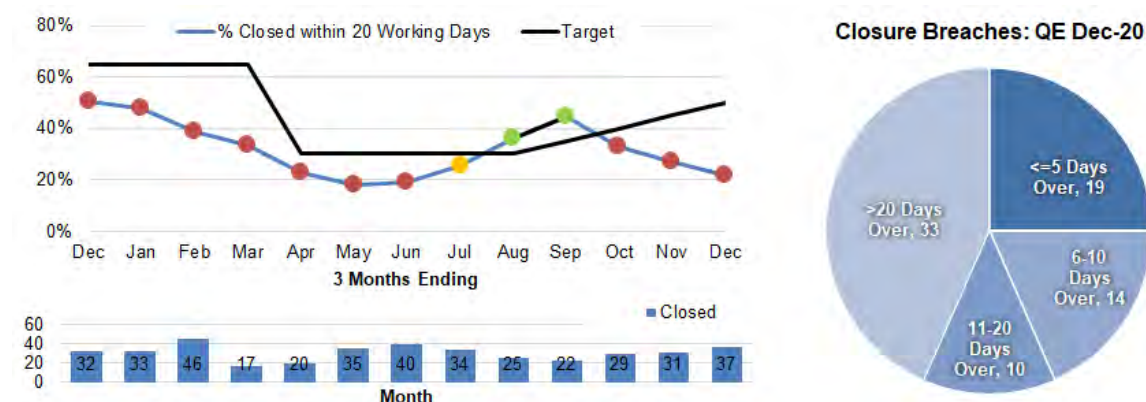
Clinical Governance

Complaints | Stage 2

At least 75% of Stage 2 complaints are completed within 20 working days

Improvement Target for 2020/21 = 65%

Local Performance



Local Performance by Directorate/Division

3-Month Ending	2019/20				20/21								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	50.5%	48.0%	38.7%	33.3%	22.9%	18.1%	18.9%	25.7%	36.4%	44.4%	32.9%	26.8%	21.6%
Ack <= 3 Days (Monthly)	93.8%	93.9%	95.7%	94.1%	95.0%	97.1%	87.5%	97.1%	100.0%	95.5%	93.1%	100.0%	100.0%
ASD	57.1%	56.5%	49.4%	56.2%	55.2%	54.3%	53.5%	54.7%	55.3%	56.0%	55.1%	53.8%	51.2%
HSCP	33.3%	23.3%	9.7%	28.6%	28.4%	26.8%	25.7%	25.5%	26.9%	27.7%	26.6%	25.7%	24.2%

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

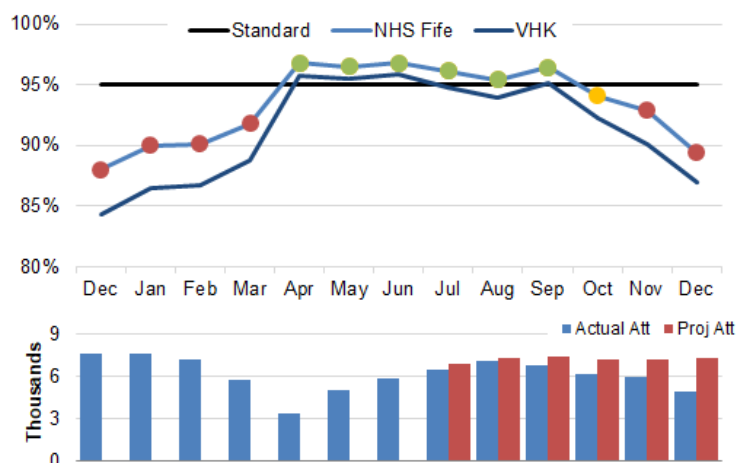
Improvement Actions	Update
20.1 Patient Relations Officers to undertake peer review	
20.2 Deliver education to service to improve quality of investigation statements	
20.3 Agree process for managing medical statements, and a consistent style for responses	
21.1 Agree process for managing complaint performance 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. PRT have been working with Mental Health and Learning Disabilities services in relation to Stage 2 complaint responses and a trial is in place where MH and LD draft their own complaint responses, with PRT reviewing for quality.
21.2 Deliver virtual training on complaints handling By Mar-21	This action has been identified as a replacement for previous action 20.2, with the aim being to improve overall quality. While some training sessions have been delivered virtually, this is currently on hold due to the increase in the response to COVID-19.

Finance, Performance & Resources – Operational Performance

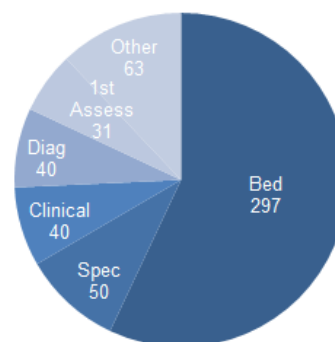
4-Hour Emergency Access

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 Dec-20



National Benchmarking

Month	2019/20				2020/21								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	88.0%	90.0%	90.1%	91.8%	96.8%	96.5%	96.8%	96.1%	95.4%	96.4%	94.1%	92.9%	89.4%
Scotland	83.8%	86.1%	86.4%	89.2%	94.9%	95.7%	95.6%	95.1%	92.9%	92.1%	89.6%	89.8%	86.4%

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

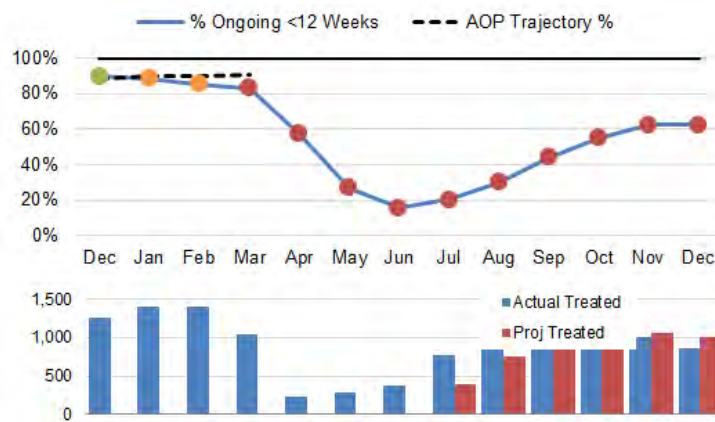
Improvement Actions	Update
20.1 Formation of PerformED group to analyse performance trends	
20.4 Development of services for ECAS	
20.5 Medical Assessment and AU1 Rapid Improvement Group	
21.1 Erroneous action, now removed, but the numbering has been retained for continuity	
21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub By Mar-22	Commenced on the 1 st December – ED supporting through final triage of patients by consultants in Emergency Medicine

Finance, Performance & Resources – Operational Performance

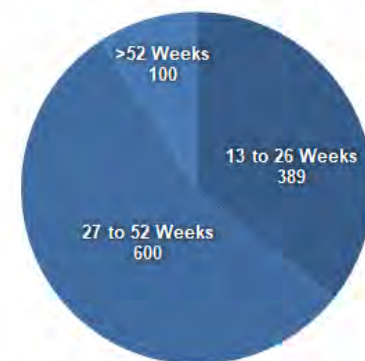
Patient TTG

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

Local Performance



Breaches Breakdown Dec-20



National Benchmarking

	2019/20				2020/21								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	89.7%	88.4%	85.4%	83.1%	57.3%	26.8%	15.4%	20.2%	30.0%	44.1%	54.9%	62.3%	62.3%
Scotland	67.0%	66.7%	66.3%	64.4%	46.6%	24.8%	17.3%	20.6%	24.9%	30.0%			

Key Challenges in 2020/21

Recovery from COVID-19
Reduced theatre capacity due to increased infection control procedures and response to COVID-19

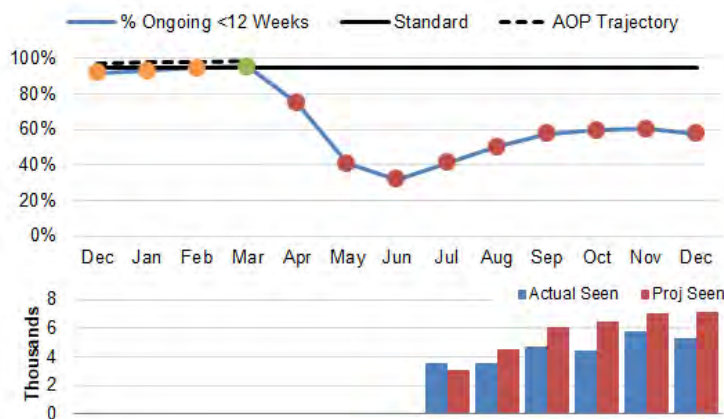
Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	
20.3 Theatre Action Group develop and deliver plan	
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	
21.1 Develop and deliver transformation plan By Mar-21	This action is related to 20.2 and 20.3,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

Finance, Performance & Resources – Operational Performance

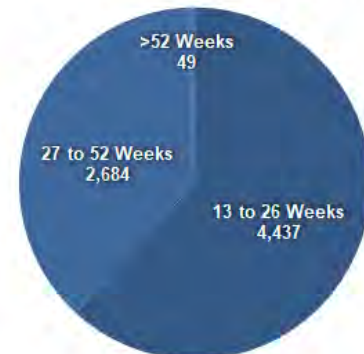
New Outpatients

95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment

Local Performance



Breaches Breakdown Dec-20



National Benchmarking

2019/20					2020/21								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	91.8%	93.2%	94.7%	95.2%	74.8%	40.9%	32.0%	41.1%	50.0%	57.4%	59.3%	60.3%	57.5%
Scotland	73.2%	75.5%	75.1%	74.9%	57.8%	34.9%	28.5%			46.5%			

Key Challenges in 2020/21

Recovery from COVID 19
Reduced clinic capacity due to physical distancing
Difficulty in recruiting to specialist consultant posts

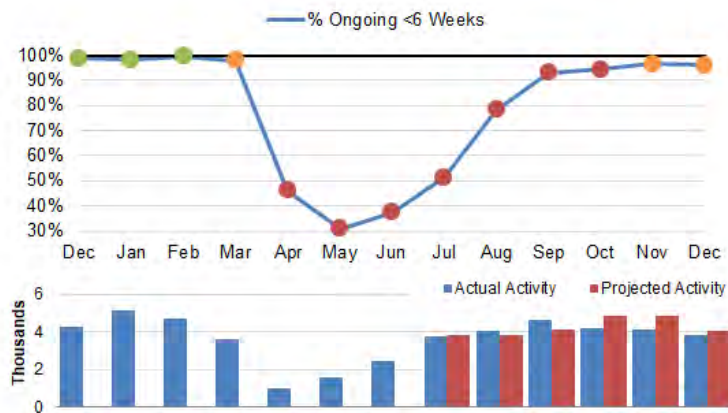
Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	
20.2 Develop OP Transformation programme.	
20.3 Improve recruitment to vacant posts By Mar-21	Action continues – includes consideration of service redesign to increase capacity
21.1 Review 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 Mar-21 (was Jan-21)	Validation still to be complete

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



Breaches Breakdown Dec-20



National Benchmarking

	2019/20				2020/21								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	98.6%	98.2%	99.5%	97.8%	46.3%	31.1%	37.4%	51.4%	78.3%	93.1%	94.3%	96.5%	95.9%
Scotland	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

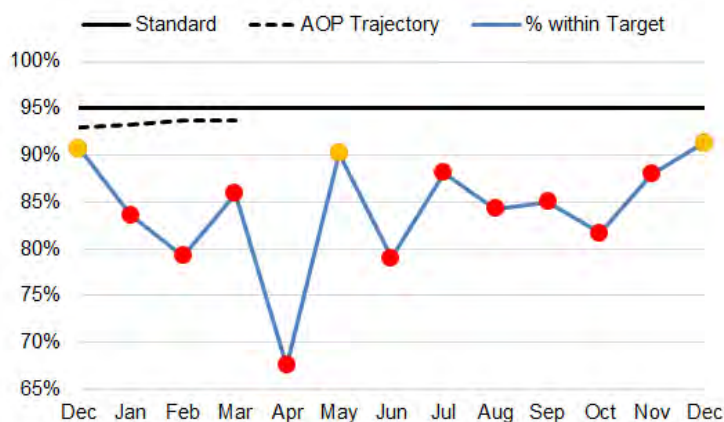
Improvement Actions	Update
21.1 Review DCAQ and develop remobilisation plans for Radiology and Endoscopy	
21.2 Undertake new and planned waiting list validation against agreed criteria By Mar-21	Complete for radiology and complete for new referrals for Endoscopy. Planned waiting list validation for Endoscopy is underway.
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 to Dec 20



National Benchmarking

Month	2019/20					2020/21							
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	90.7%	83.6%	79.2%	85.9%	67.5%	90.2%	79.0%	88.2%	84.3%	85.0%	81.7%	88.0%	91.3%
Scotland	84.6%	83.6%	82.7%	86.1%	82.6%	83.8%	84.3%	87.1%	86.6%	86.5%	84.9%	84.8%	85.3%

Key Challenges in 2020/21

Recovery from COVID-19, by assessing affected components of the cancer 'journey' and reviewing capacity against expected demand.
Identification of key improvement areas in view of the pandemic response and as screening programmes restart

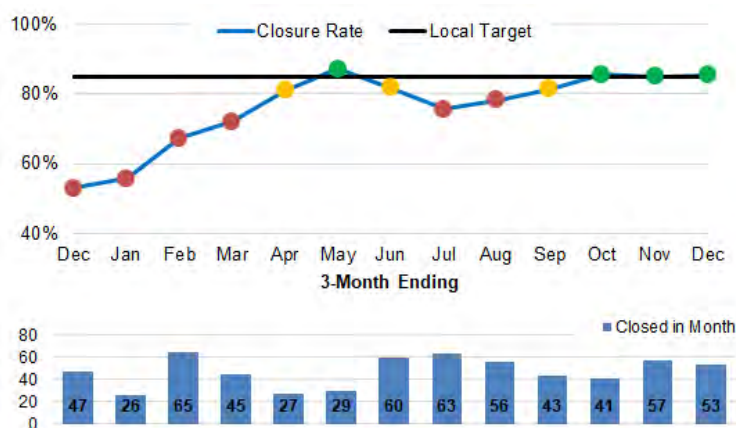
Improvement Actions	Update
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points <i>By Mar-21</i>	This will be addressed as part of the overall recovery work and in line with priorities set by the leadership team. DCAQ of cancer pathways delayed due to pandemic, 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 has been published. The Cancer Strategy Working group has met and agreed the role and remit 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 Dec-20



Service Performance

Monthly	2019/20				2020/21								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Health Board	75.0%	52.4%	72.9%	76.9%	100.0%	81.8%	72.7%	72.0%	93.6%	82.1%	96.8%	87.5%	93.5%
IJB	14.3%	60.0%	83.3%	100.0%	100.0%	100.0%	60.0%	84.6%	66.7%	75.0%	50.0%	88.9%	14.3%

Key Challenges in 2020/21

Adequate resourcing to fully manage FOI
Lack of FOI expertise and awareness within the organisation

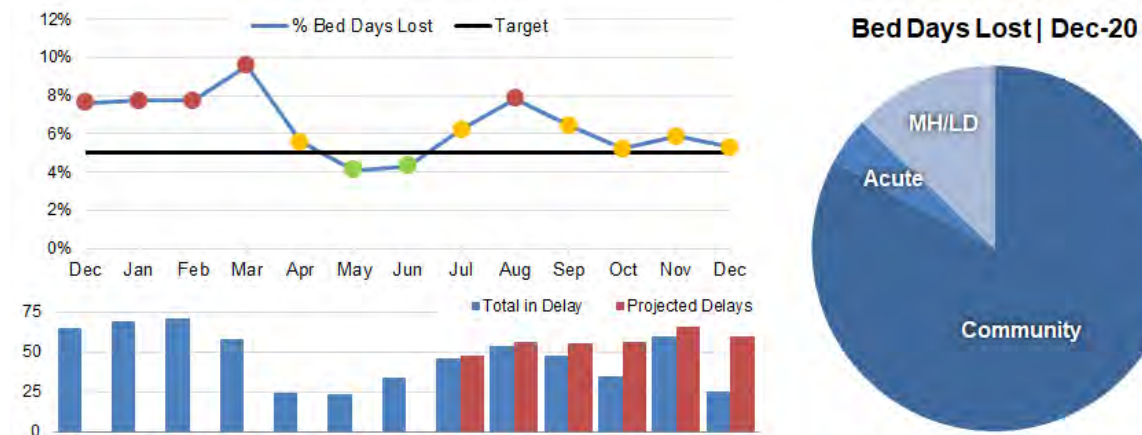
Improvement Actions	Update
20.5 Refresh process with H&SC partnership for requests received that relate to their services	
20.7 Formalise long-term resource requirements for FOI administration	
21.1 Organisation-wide Publication Scheme to be introduced <i>By Jul-21, Dec-21</i>	New action, to reflect ongoing improvement work Design to be agreed by July and implemented by end of 2021.
21.2 Improve communications relating to FOISA work <i>By Dec-21</i>	New action, to reflect ongoing improvement work FOISA information papers detailing process and performance to go to EDG periodically, or when requested. Papers will then be used as SOPs and to support evidence of NHS Fife FOISA compliance.

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



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

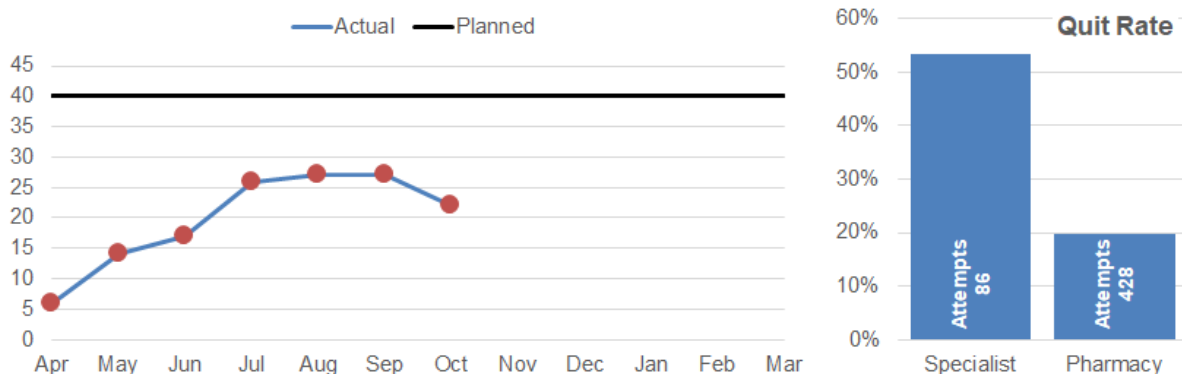
Improvement Actions	Update
20.1 Test a trusted assessors model for patients transferring to STAR/assessment beds	
20.3 Moving On Policy to be implemented	The Moving on Procedure has been signed off and is now operational Action complete
20.4 Improve flow of comms between wards and Discharge HUB	
20.5 Increase capacity within care at home	
21.1 Progress HomeFirst model By Mar-21	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.
21.2 Develop virtual community HUB across east hospitals to include Ninewells Hospital By Mar-21	Joint planning to ensure consistency of approach and shared communication across Teams

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	26	27	27	22					
	Actual Cumul	6	20	37	63	90	117	139	139	139	139	139	139
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	15.0%	25.3%	31.4%	39.9%	45.7%	49.6%	50.4%	44.1%	39.3%	35.3%	32.0%	29.4%
Scotland	Achieved												

Key Challenges in 2020/21

- Service Provision within GP practices, hospitals and community venues
- Staffing levels due to redeployment and maternity leave
- Unavailability of mobile unit (re-deployed during pandemic)
- Building trust and confidence with client group
- Inability to validate quits as part of an evidence based service
- Limited interest from clients to engage with Near Me

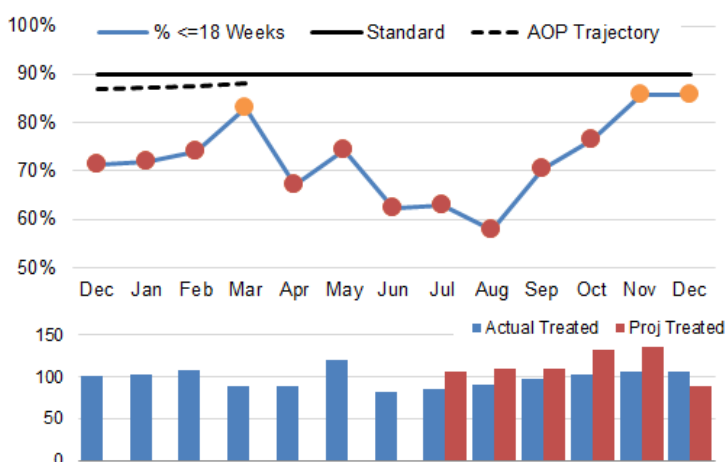
Improvement Actions	Update
20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	The aim of this action is to test a model of delivery that allows a smoking cessation advisor sitting within clinic to enable direct access to Champix for patients attending clinic. Action 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	Action paused due to COVID-19
21.1 Assess use of Near Me to train staff <i>By Mar-21</i>	Near Me has been set up and clients are being offered this service, but there has been little uptake to date, possibly due to issues with IT availability and connectivity
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. It ensures patients are actively managed against the pathway, and is know to improve quality outcomes for patients. Patients identified as smokers and interested in quitting will have rapid access to support.

Finance, Performance & Resources – Operational Performance

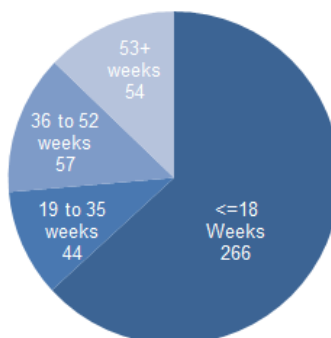
CAMHS 18 weeks RTT

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

Local Performance



Waiting List (421) Dec-20



National Benchmarking

Month	2019/20				2020/21								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	71.3%	71.8%	74.1%	83.1%	67.0%	74.2%	62.2%	62.8%	57.8%	70.4%	76.5%	85.8%	85.8%
Scotland	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

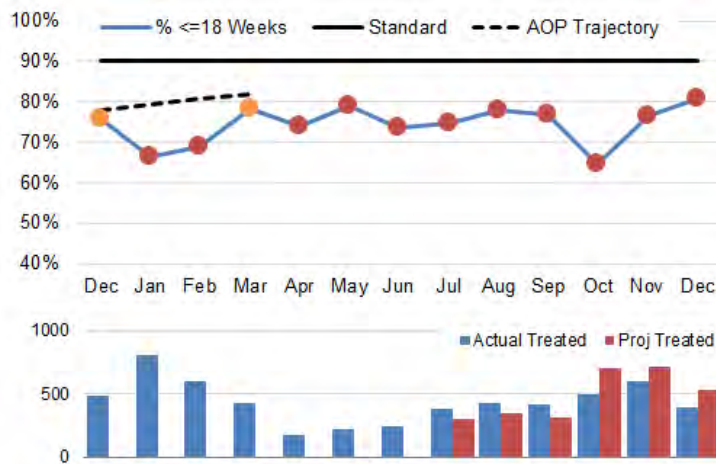
Improvement Actions	Update
20.1 Re-Introduction of PMHW First Contact Appointments System	All posts currently recruited to. PMHW service functioning at optimum capacity. Action complete
20.2 Waiting List Additional Staffing Resource	
20.3 Introduction of Team Leader Role	
21.1 Re-design of Group Therapy Programme <i>By Mar-21 (was Dec-20)</i>	Due to COVID-19 restrictions, group-based face to face therapy work is not viable. Alternative delivery models of group therapy have been designed with Decider Skills Training now being delivered by CAMHS Self Harm Service as a pilot and Anxiety Management piloted with individuals prior to wider roll-out.
21.2 Use Centralised Allocation Process	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. Action complete
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 March, 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 (2506) Dec-20



National Benchmarking

Month	2019/20				2020/21								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	75.8%	66.6%	69.0%	78.4%	74.2%	79.2%	73.6%	74.5%	77.9%	77.0%	64.7%	76.3%	80.8%
Scotland	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)

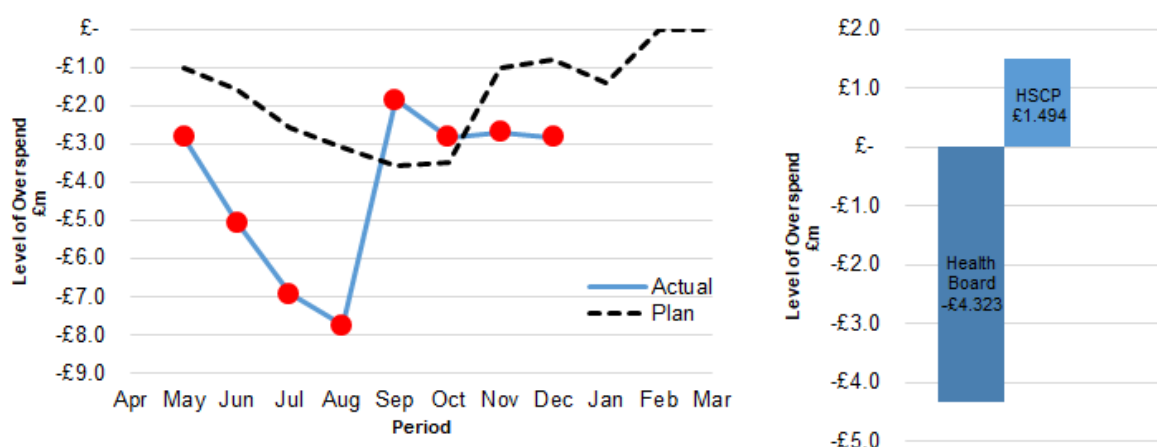
Improvement Actions	Update
20.2 Introduction of extended group programme in Primary Care	
20.3 Redesign of Day Hospital provision	Redesign has been implemented and developments are underway relating to therapeutic provision – action complete
20.4 Implement triage nurse pilot programme in Primary Care	Evaluation of service complete. Service found to have a positive impact meeting demand in Primary Care; to be valued by patients, and; with no unintended consequences of increased referrals to psychology service. Executive summary to be distributed. Action complete
20.5 Trial of new group-based PT options <i>By Mar-21</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	419,840	452,905	323,129	327,452	-4,323	-1.34%	1,975	-76	1,899	-6,222
Integration Joint Board (Health)	359,605	383,193	278,532	277,037	1,494	0.54%	1,491	3	1,494	0
Risk Share	0	0	0	0	0	0.00%	0	0	0	0
Total	779,445	836,098	601,661	604,490	-2,829	-0.47%	3,466	-73	3,393	-6,222

Key Challenges in 2020/21

The balance of funding submission made to SG is based on a number of assumptions and encompasses key areas in respect of Covid-19 mobilisation plans; the Covid-19 vaccination scheme; and the Community Testing Programme. Close monitoring of actual activity and spend will take place over quarter 4 to ensure our operational activity and financial plans remain aligned in support of our target balanced outturn position.

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 Confirm final 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; the Covid-19 vaccination programme; and the Community Testing Programme
21.2 Savings <i>By Jan-21</i>	It is anticipated unachieved savings will be fully funded by Scottish Government

Commentary

The position to month 9 is an overspend of £2.829m. This comprises a run rate underspend position of £3.466m; unmet core savings of £0.073m; and anticipated underachievement of savings of £6.222m due to our focus on the Covid-19 pandemic.

Following discussion with Scottish Government on 15 January, we have revised our key assumptions

Finance, Performance & Resources – Finance

in assessing the impact of Covid-19 on the financial performance. Our key assumptions in informing our forecast outturn position have been updated to reflect: the return of offsetting cost reductions; and anticipated full funding of all unachieved savings. This is a change to our previous assumptions where it was assumed we would retain offsetting cost reductions to meet our unachieved savings.

The revenue position for the 9 months to 31 December reflects the initial Covid-19 funding received from SG; and match funds additional Covid-19 expenditure to December. The Covid-19 funding allocation covers Test and Protect; significant investment in equipment and digital; labs expansion; seasonal flu; Urgent Care redesign; staff health and wellbeing; staff occupational health requirements; and now extends to include the Covid-19 vaccination programme; and the Community Testing Programme. Whilst our initial allocation was based on 70% of costs; with a contingency held at the centre; we have recently (15 January and post month 9 close) submitted our balance of funding requirement to Scottish Government using informed assumptions at a point in time.

Following our discussion with Scottish Government which confirmed that unachieved savings will be fully funded across both Health and Social Care, the forecast outturn position to the year-end now also reflects a confirmed budget realignment from Health Delegated to Social Care of £4.1m. This budget realignment is fully funded from the Health Delegated forecast underspend position. Assuming our key assumptions do not change, and the Social Care forecast outturn remains at the current level, NHS Fife is not anticipating a risk share cost this year.

The forecast outturn to the year end is therefore updated to reflect: full funding of unachieved savings; budget realignment from Health Delegated to Social Care; and an anticipated zero risk share cost; and reflects a near balanced position.

The total Capital Resource Limit for 2020/21 is £13.348m including anticipated allocations for specific projects. The capital position for the 9 months to December records spend of £4.817m. The capital spend on the specific projects continues and is on track to spend in full.

1. Annual Operational Plan

- 1.1 Members are aware 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. The initial Covid-19 funding allocation was made in the September allocation letter with a further allocation expected early February as informed following our recent discussion with Scottish Government.

2. Financial Allocations

Revenue Resource Limit (RRL)

- 2.1 NHS Fife received confirmation of the December core revenue amount on 22 December. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £822.621m. Anticipated allocations total £4.142m.

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 December is therefore £836.097m as detailed in Appendix 1.

3. Summary Position

- 3.1 The revenue position for the 9 months to 31 December reflects an overspend of £2.829m.
- 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 £4.323m is attributable to Health Board retained budgets; and an underspend of £1.494m is attributable to the health budgets delegated to the IJB. The in-year position does not reflect the proposed budget realignment process which was agreed in January (and will be reflected in the next reporting month).

Finance, Performance & Resources – Finance

Table 1: Summary Financial Position for the period ended December 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	452,905	-4,323	-1.34%	1,975	-76	1,899	-6,222
Integration Joint Board (Health)	383,193	1,494	0.54%	1,491	3	1,494	0
Risk Share	0	0	0.00%	0	0	0	0
Total	836,098	-2,829	-0.47%	3,466	-73	3,393	-6,222

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	215,157	-10,213	-6.31%	-4,130	114	-4,016	-6,197
IJB Non-Delegated	8,659	88	1.36%	113	0	113	-25
Estates & Facilities	76,200	1,066	1.89%	1,118	-52	1,066	0
Board Admin & Other Services	42,247	681	2.56%	819	-138	681	0
Non-Fife & Other Healthcare Providers	90,973	995	1.46%	995	0	995	0
Financial Flexibility & Allocations	22,010	3,020	100.00%	3,020	0	3,020	0
HB Offsets	4,257	0	0.00%	0	0	0	0
Health Board	459,503	-4,363	-1.35%	1,935	-76	1,859	-6,222
Integration Joint Board - Core	421,066	1,408	0.44%	1,405	3	1,408	0
IJB Offsets	3,602	0		0	0	0	0
Integration Fund & Other Allocations	10,842	75	0.00%	75	0	75	0
Sub-total Integration Joint Board Core	435,510	1,483	0.69%	1,480	3	1,483	0
IJB Risk Share Arrangement	0	0		0	0	0	0
Total Integration Joint Board - Health	435,510	1,483	0.69%	1,480	3	1,483	0
Total Expenditure	895,013	-2,880	-0.43%	3,415	-73	3,342	-6,222
IJB - Health	-52,318	11	-0.03%	11	0	11	0
Health Board	-6,598	40	9.98%	40	0	40	0
Miscellaneous Income	-58,916	51	-0.13%	51	0	51	0
Net Position Including Income	836,097	-2,829	-0.47%	3,466	-73	3,393	-6,222

3.3 The position at month 9 is a core net underspend of £3.393m; and unmet savings of £6.222m (the impact of planned measures re Covid-19 on the delivery of planned Health Board savings).

3.4 Funding allocations of £11.583m and £5.045m have been allocated to HB and HSCP respectively to match April to December 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 £4.016m for the year to date**. This reflects an overspend in operational run rate performance of £4.130m, and overachieved savings of £0.114m per Table 2 below. The overall position is mainly driven by pay overspend in junior medical and dental staffing of £1.709m. Additional non pay cost pressures of £1.269m relate to medicines within Emergency Care. The balance is attributable to long standing over establishment of nursing posts within maternity. Various underspends across other areas of Acute arising from vacancies have helped to offset the level of overspend.

Table 2: Acute Division Financial Position for the period ended December 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	70,945	72,204	52,709	52,471	238	0.45%	-116	354
Emergency Care & Medicine	75,043	79,730	60,840	64,621	-3,781	-6.21%	-3,691	-90
Women, Children & Clinical Services	55,262	55,875	41,760	42,840	-1,080	-2.59%	-675	-405
Acute Nursing	607	627	471	423	48	10.19%	48	0
Other	1,681	1,701	1,125	566	559	49.69%	304	255
Total	203,538	210,137	156,905	160,921	-4,016	-2.56%	-4,130	114

Estates & Facilities

- 4.2 The Estates and Facilities budgets report an **underspend of £1.066m** 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 £0.681m**. As previously reported, this position includes unfunded costs of £0.069m related to 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 £0.995m** 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; and potential costs associated with a patient's treatment within the private sector.

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 released on a monthly basis. The **financial flexibility of £3.020m** released to the month 9 position is detailed in Appendix 4.

Integration Services

- 4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £1.483m for the year to date** (prior to any budget realignment). The underlying drivers for the run rate underspend include vacancies in sexual health and rheumatology, all AHP services, community nursing, health visiting, psychology, community and general dental services across Fife Wide Division. Additional underspends are reflected in East Division following service redesign, and also against vacancies in community services and administrative posts.
- 4.7 The delegated health budgets per 4.6 above remain consistent with our reported opening budgets following due governance process, and follow consistent accounting and reporting assumptions from the outset of this financial year. However given we now anticipate unachieved savings will be funded in full; this will allow a budget realignment and cash transfer to take place from Health Delegated to Social Care of £4.1m. This will align the reporting for both partners, NHS Fife and Fife Council and will be reflected in our M10 report.

Income

- 4.8 A small over recovery in income of £0.051m is shown for the year to date.

5. Pan Fife Analysis

- 5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 3 below.

Table 3: Subjective Analysis for the Period ended December 2020

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	402,101	299,892	301,242	-1,350
GP Prescribing	70,607	52,834	53,646	-811
Drugs	32,952	25,112	25,602	-491
Other Non Pay	366,171	266,897	263,925	2,972
Efficiency Savings	-9,669	-6,295	0	-6,295
Commitments	32,852	3,095	0	3,095
Income	-58,916	-39,874	-39,925	51
Net overspend	836,098	601,661	604,490	-2,829

Pay

- 5.2 The overall pay budget reflects an overspend of £1.350m. The majority of the overspend is within medical & dental staff with small offsetting underspends across other pay heads with the exception of nursing and midwifery & 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 8,005 wte across all staff groups, there was an average 8,220 wte core staff in post in December. 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 £1.302m on medicines. The GP prescribing budget is overspend in-year by £0.811m with a forecast overspend of £1.1m. 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 has not been possible 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. The position to month 9 reflects £0.935m recharged to Covid costs, 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.

Acute medicines have an overspend of £1.012m, with a forecast of £1.971m. The main overspend to date is in Neurology at £0.490m, where a high cost drug is being used by a small number of patients and is an ongoing cost pressure from prior years. However in 20/21 Dermatology, GI and Respiratory started to present increased costs due to the volume of patients being treated and new drugs that are being made available. The forecast assumes the overspending trajectory will continue, with an additional pressure of £600k for Haematology drugs which exceed the funding available from the new medicines reserve.

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Other Non Pay

- 5.5 Other non pay budgets across NHS Fife are collectively underspent by £2.972m. 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 at that time excluded 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 9 months to December. A summary of Covid-19 funding is attached at Appendix 5.
- 6.2 Funding of £7.7m has also been received 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 was received in the October allocation letter.
- 6.4 Following discussion with Scottish Government colleagues on 15 January our key assumptions have been updated to reflect: the return (as opposed to retention) of offsetting cost reduction benefits; and anticipate full funding of unachieved savings. The latter assumption has been made following our detailed submission by scheme to inform Scottish Government's review of Boards' unachieved efficiency savings.

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. 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. Our planning assumptions reflected an anticipated achievable £11.7m of the target, with a resulting £8.3m underachievement of savings. Good progress has been made to month 9, to support the delivery of the full £11m.
- 7.2 In addition to the £20.015m savings target, the IJB identified an additional savings target of £1.8m which was to be met from Health Delegated. This was linked to the budget realignment exercise described in 4.7 above; and will be funded through the wider LMP process.
- 7.3 Table 4 summaries the position for the 9 months to December.

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 Dec £'000	Forecast / Unidentified to March £'000
Health Board	14,868	6,572	8,296	1,142	4,143	5,285	1,287
Integrated Joint Board	5,147	5,147	0	2,520	2,541	5,061	86
IJB additional savings	1,800	0	1,800	0	0	0	0
Total Savings	21,815	11,719	10,096	3,662	6,684	10,346	1,373

8 Forecast

- 8.1 There is a significant change to our forecast outturn position following discussion with Scottish Government. Our key assumptions have been amended to reflect the return of offsetting cost reductions; and assumes unachieved savings will be fully funded by Scottish Government (which extends to Social Care unachieved savings). The impact of the full funding of unachieved savings allows a budget realignment process to take place on a non-recurring basis from Health Delegated to Social Care. The impact of full funding of Social Care savings, and the budget realignment exercise means the previously reported Social Care significant overspend changes to a balanced position. In tandem the Health Delegated previously reported underspend position changes to a balanced position. Taken together; assuming there is no further change to key assumptions and the Social Care forecast, NHS Fife does not anticipate a risk share cost this year (albeit a small risk share is likely given both partners are unlikely to balance exactly to zero). Overall this informs the delivery of a significantly improved position with a balanced year end outturn position.
- 8.2 Notwithstanding the positive arrangements now forecast for this year, NHS Fife and Fife Council continue to review the Integration Scheme and in particular the risk share agreement to inform arrangements moving forward.
- 8.3 The forecast outturn to the year end is a breakeven position and will be reported to Scottish Government in the Monthly Performance Return (FPR). The component parts which inform the forecast outturn are detailed in Table 5.

Table 5 – Forecast Outturn Position

Forecast Outturn	Run Rate £'000	Offsets £'000	Savings £'000	Risk Share £'000	Total £'000
Acute Services Division	-6,893	3,743	-8,263	0	-11,413
IJB Non-Delegated	89	0	-33	0	56
Estates & Facilities	1,190	463	0	0	1,653
Board Admin & Other Services	1,446	51	0	0	1,497
Non-Fife & Other Healthcare Providers	395	0	0	0	395
Financial Flexibility	3,846	0	0	0	3,846
Miscellaneous Income	100	0	0	0	100
Savings funding			8,296		8,296
Health Board Retained Budgets	173	4,257	0	0	4,430
					0
IJB Delegated Health Budgets	2,088	3,603	0	0	5,691
Budget realignment Health delegated to Social Care	-4,100	0			-4,100
Savings funding			1,800		1,800
Integration Fund & Other Allocations	0	0	0	0	0
					0
Total IJB Delegated Health Budgets	-2,012	3,603	1,800	0	3,391
					0
Offsetting cost reductions - return to SG	0	-7,860	0	0	-7,860
					0
Total Forecast Outturn	-1,839	0	1,800	0	-39

9 Key Messages / Risks

- 9.1 The month 9 position reflects an overspend of £2.829m; which comprises a core underspend of £3.393m; and unmet savings of £6.222m. All other additional Covid-19 costs for April to December have been match funded from the initial SG allocation received in September.

- 9.2 Our key assumptions in assessing the impact of Covid-19 on financial performance have been updated. The return of offsetting cost reductions; and the anticipated full funding of unachieved savings, also allows a budget realignment exercise to take place between Health Delegated and Social Care. The resulting impact is a forecast balanced position across both partners which means that the significant risk share cost to NHS Fife previously reported is removed.
- 9.3 The forecast outturn position to the year-end reflects our target balanced position and confirmation of our balance of funding to reflect our key updated assumptions is expected in early February.

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 £2.829m for the 9 months to December
 - **Note** that initial funding allocations for Covid-19 reflected in the month 9 position match fund additional costs to month 9; and that we have signposted to SG our anticipated balance of funding to allow a cost neutral Covid-19 position
 - **Note** the significant progress made; and the updated key assumptions which inform a forecast balanced outturn year end position.

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 Confirmed Allocations		2,528	3,668	6,196	
	Nov-20 Confirmed Allocations			117	117	
	Dec-20 Disestablishment of 4 year GPST programme			10	10	Specific allocation adjustment in conjunction with NES
	GJNH - Board's SLA			-25	-25	Relates to Fife activity at Golden Jubilee
	Contribution to Global Sum		-187		-187	Annual Adjustment
	PCIF Tranche 2		2,222		2,222	In line with submission
	Adult Social care Winter Plan			4,360	4,360	As per SG Letter
	ASC Nurse Director support IPC			527	527	As per SG Letter
	Carry Forward of 19/20 core revenue surplus			60	60	Annual Accounts now presented to Parliament
	District Nurse Posts		152		152	
	Total Core RRL Allocations	700,161	70,939	51,521	822,621	
Anticipated	Distinction Awards		162		162	
Anticipated	Research & Development		243		243	
Anticipated	NSS Discovery		-39		-39	
Anticipated	NDC Contribution		-840		-840	
Anticipated	Family Nurse Partnership		28		28	
Anticipated	GP pension		85		85	
Anticipated	COVID 19- GP Payments			233	233	
Anticipated	COVID 19			4,804	4,804	
Anticipated	Top Slice NSS		-966		-966	
Anticipated	Public Health Team			264	264	
Anticipated	Capital to Revenue			168	168	
	Total Anticipated Core RRL Allocations	0	-1,327	5,469	4,142	
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	69,612	66,324	836,097	

Finance, Performance & Resources – Finance

Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Digital & Information	12,856	9,617	9,687	-70
Nhs Fife Chief Executive	211	158	197	-39
Nhs Fife Finance Director	6,435	4,800	4,366	434
Nhs Fife Medical Director	7,478	4,752	4,610	143
Nhs Fife Nurse Director	4,104	3,015	2,777	238
Legal Liabilities	-17,606	-18,661	-18,642	-20
Early Retirements & Injury Benefits	814	610	573	37
Regional Funding	275	200	168	32
Depreciation	17,634	13,536	13,536	0
Nhs Fife Public Health	2,399	1,727	1,767	-41
Nhs Fife Workforce Directorate	3,184	2,381	2,345	37
Nhs Fife Major Incident - Flooding			69	-69
Total	37,785	22,134	21,453	681

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	98	73	71	2
Borders	45	34	41	-7
Dumfries & Galloway	25	19	42	-23
Forth Valley	3,179	2,385	2,664	-279
Grampian	359	269	229	40
Greater Glasgow & Clyde	1,655	1,241	1,219	22
Highland	135	101	149	-48
Lanarkshire	114	86	185	-99
Lothian	31,518	23,639	22,105	1,534
Scottish Ambulance Service	101	75	77	-2
Tayside	41,096	30,822	30,478	344
	78,325	58,744	57,260	1,484
UNPACS				
Health Boards	10,627	7,970	8,263	-293
Private Sector	1,245	934	1,534	-600
	11,872	8,904	9,797	-893
OATS				
	711	533	131	402
Grants				
	65	65	63	2
Total	90,973	68,246	67,251	995

Appendix 4 - Financial Flexibility & Allocations

	CY Budget £'000	Flexibility Released to Dec-20 £'000
Financial Plan		
Drugs	1,292	0
CHAS	0	0
Unitary Charge	100	53
Junior Doctor Travel	28	15
Cost Pressures	2,073	815
Developments	4,338	2,131
Sub Total Financial Plan	7,831	3,014
Allocations		
Waiting List	2,485	0
AME: Impairment	640	0
AME: Provisions	-110	0
Neonatal Transport	10	6
Cancer Access	296	0
Endoscopy	90	0
ARISE	68	0
Covid 19	8,037	0
MPPP Respiratory Projects	29	0
Winter Funding	661	0
6 essential actions	457	0
Redesign urgent care	639	0
Capital to revenue	168	0
Value Improvement Fund	21	0
Baby Bliss	5	0
Best Start	47	0
MRI Van	39	0
Disestablished GPST	10	0
Carry Forward from 19/20	60	45
ASC Nurse Director Support	527	0
Sub Total Allocations	14,179	6
Total	22,010	3,020

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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	4,804		5,287	10,091		
Total funding	27,344	6,546	9,745	43,635	999	1,559
Allocations made for Apr to Dec						
Planned Care & Surgery	1,734			1,734		
Emergency Care & Medicine	2,205			2,205		
Women, Children & Clinical Services	1,063			1,063		
Acute Nursing	17			17		
Estates & Facilities	1,448			1,448		
Board Admin & Other Services	3,601			3,601		
Income	682			682		
Test and Protect	833			833		
West Division		1,712		1,712		
Pharmacy Division		66		66		
Fife Wide Division		1,320		1,320		
East Division		835		835		
Primary Care		1,112		1,112		1,559
Social Care			1,923			
Total allocations made to M9	11,583	5,045	1,923	16,628	0	1,559
Elective / Planned Care	7,724			7,724		
Capital					999	
Total	19,307	5,045	1,923	24,352	999	1,559
Balance In Reserves	3,233	1,501	2,535	9,192	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 £13.348m including anticipated allocations for specific projects. The capital position for the 9 months to December records spend of £4.817m equivalent to 36.09% of the total allocation. The capital spend on the specific projects is on track to spend in full.

Current Challenges

The medium-term programme of work required to address all aspects of backlog maintenance, statutory compliance, equipment replacement, and investment in technology considerably outstrips capital resource limit available. Careful assessments are made each financial year to allocate the resource limit to key areas of priority.

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 the NHS Fife Board. NHS Fife received a capital allocation of £7.394m in the August allocation letter, and allocations of: £0.999k for Covid equipment in the September allocation letter; £0.381m for Cancer Waiting Times equipment; £2.008m for radiology in the November allocation letter; and £0.400m for Hospital Eye Service in the December allocation letter. We further anticipate allocations of: £2.2m for the Elective Orthopaedic Centre; HEPMA £0.025m; Lochgelly Health Centre £0.025m; Kincardine Health Centre £0.025m; capital to revenue transfer of £(0.168)m and an allocation of £0.06m for radiology. The total capital plan is therefore £13.348m.

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 The summary expenditure position across all projects is 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 £4.817m or 36.09% 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	£1.726m
Equipment	£1.269m
E-health	£0.677m
Elective Orthopaedic Centre	£0.901m

4. Capital Expenditure Outturn

- 4.1 As we near the end of quarter 3, it is 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 December 2020 of £4.817m and the forecast year end spend of the total capital resource allocation of £13.348m.

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	287	129	287
Statutory Compliance	150	109	150
Capital Equipment	114	31	114
Covid Community Equipment	26	26	26
Condemned Equipment	0	0	0
Total Community & Primary Care	577	295	577
ACUTE SERVICES DIVISION			
Statutory Compliance	2,855	1,552	2,855
Capital Equipment	2,273	205	2,273
Covid Acute Equipment	973	674	973
Minor Works	198	62	198
Cancer Waiting Times Equipment	381	243	381
Hospital Eye Service	400	0	400
Radiology Funding	2,009	0	2,009
Condemned Equipment	91	91	91
Total Acute Services Division	9,179	2,827	9,179
NHS FIFE WIDE SCHEMES			
Equipment Balance	33	0	33
Information Technology	1,041	677	1,041
Minor Works	13	0	13
Statutory Compliance	49	0	49
Contingency	0	0	0
Asbestos Management	85	0	85
Fire Safety	85	65	85
Scheme Development	60	12	60
Vehicles	60	25	60
Capital In Year Contingency (EDG)	0	0	0
Total NHS Fife Wide Schemes	1,426	779	1,426
TOTAL CONFIRMED ALLOCATION FOR 2020/21	11,182	3,900	11,182
ANTICIPATED ALLOCATIONS 2020/21			
Elective Orthopaedic Centre	2,200	901	2,200
Capital to Revenue Transfer	-168	0	-168
Radiology Funding	59	0	59
HEPMA	25	8	25
Lochgelly Health Centre	25	8	25
Kincardine Health Centre	25	0	25
Anticipated Allocation for 2020/21	2,166	917	2,166
Total Anticipated Allocation for 2020/21	13,348	4,817	13,348

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Appendix 2: Capital Plan - Changes to Planned Expenditure

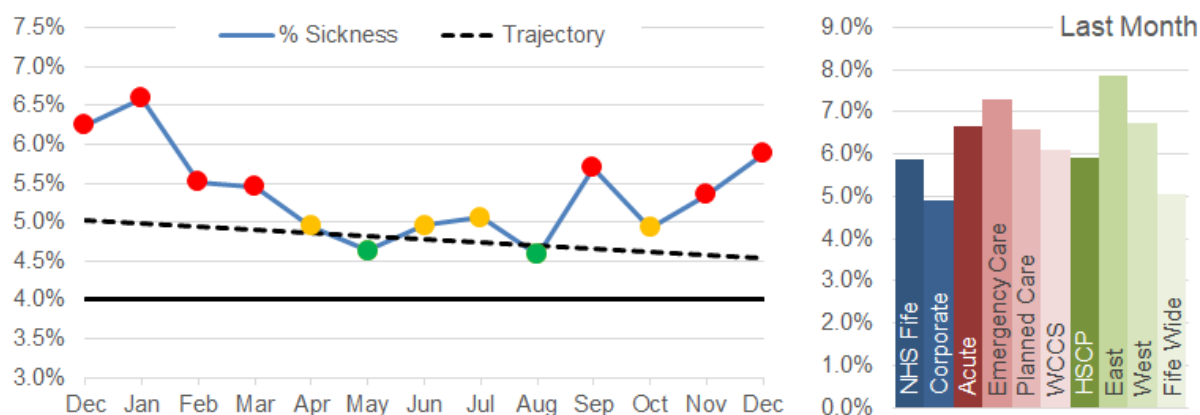
Capital Expenditure Proposals 2020/21	Pending Board Approval	Cumulative Adjustment to November	December Adjustment	Total December
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	31	0	31
Condemned Equipment	0	0	0	0
Minor Capital	0	287	0	287
Covid Equipment	0	27	0	27
Statutory Compliance	0	150	0	150
Total Community & Primary Care	0	495	0	495
Acute Services Division				
Capital Equipment	0	908	0	908
Condemned Equipment	0	91	0	91
Cancer Waiting Times Equipment	0	381	0	381
Minor Capital	0	193	0	193
Hospital Eye Service	0	0	400	400
Covid 19 Acute Equip	0	972	0	972
Radiology Funding	0	2,008	0	2,008
Statutory Compliance	0	3,224	0	3,224
	0	7,776	400	8,176
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,569	-3,504	0	65
Fife Wide Equipment	2,036	-940	0	1,096
Information Technology	1,041	0	0	1,041
Minor Work	498	-480	0	18
Fife Wide Contingency Balance	100	-100	0	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 Vehicles	0	60	0	60
Capital In Year Contingency	0	0	0	0
Total Fife Wide	7,394	-4,883	0	2,511
Total	7,394	3,387	400	11,181
ANTICIPATED ALLOCATIONS 2020/21				
Elective Orthopaedic Centre	2,200	0	0	2,200
Capital to Revenue Transfer	-168	0	0	-168
Radiology Funding	60	0	0	60
HEPMA	25	0	0	25
Lochgelly Health Centre	25	0	0	25
Kincardine Health Centre	25	0	0	25
Anticipated Allocation for 2020/21	2,167	0	0	2,167
Total Planned Expenditure for 2020/21	9,561	3,387	400	13,348

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							
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	6.25%	6.59%	5.51%	5.46%	4.95%	4.64%	4.96%	5.06%	4.58%	4.93%	5.35%	5.87%	5.18%
Scotland	5.83%	5.99%	5.27%	5.20%	4.57%	4.54%	4.49%	4.57%	4.64%	4.96%	4.93%	4.96%	5.18%

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	
20.2 Early OH intervention for staff absent from work due to a Mental Health related reason By Mar-21	<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 mental health support to staff 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 staff feedback indicates that those who have received support to date found it beneficial and it has helped some staff to return to work earlier and for others to remain at work. This is based on the 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 Promoting Attendance training and a foundation of the COVID-19 resources.</p> <p>These initiatives have been supplemented and complemented by the additional support and inputs via Psychology and other services during the pandemic. These services may be included in a much broader evaluation of staff support requirements being taken forward by the Staff Support and Wellbeing Sub Group of the Silver Command Workforce Group and their successors.</p>
21.1 Once for Scotland Promoting Attendance	The purpose of this action is to provide training and support, in partnership, for managers and supervisors on the new policy and the standardised

Staff Governance	
Policy <i>By Mar-21</i>	<p>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>
21.2 Review the function of the Promoting Attendance Group <i>By Mar-21</i>	<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> <p>Work on this continues for implementation from April 2021.</p>
21.3 Restart Promoting Attendance Panels	

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Appendix 1: NHS Fife Remobilisation Activity to end of Jan 2021

Higher than Projected
Lower than Projected

		Quarter End		Quarter End		Month End			Quarter End
		Sep-20	Dec-20	Jan-21	Feb-21	Mar-21	Mar-21		
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,040	3,044	1,071	1,063	1,086	3,220		
	Actual	2,587	2,927	552	0	0			
	Variance	547	-117	-519					
OP Referrals Accepted (Definitions as per Waiting Times Datamart)	Projected	14,042	22,565	7,261	7,303	7,342	21,906		
	Actual	15,801	17,799	4,952					
	Variance	1,759	-4,766	-2,309					
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	13,602	20,630	7,321	7,386	7,500	22,208		
	Actual	11,852	15,560	4,228					
	Variance	-1,750	-5,070	-3,093	-7,386	-7,500			
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,648	2,296	848	848	848	2,544		
	Actual	1,110	1,258	407					
	Variance	-538	-1,038	-441					
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,074	11,450	3,450	3,700	3,700	10,850		
	Actual	11,264	10,835	2,797					
	Variance	1,190	-615	-653					
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	21,495	21,705	7,230	6,990	7,590	21,810		
	Actual	20,303	17,073	4,434					
	Variance	-1,192	-4,632	-2,796					
Number of A&E 4-Hour Breaches (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	775	1,000	390	325	270	985		
	Actual	815	1,310	440					
	Variance	40	310	50					
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	9,225	10,100	3,450	3,220	3,300	9,970		
	Actual	8,752	8,649	2,793					
	Variance	-473	-1,451	-657					
Admissions via A&E (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	4,354	4,350	1,400	1,330	1,430	4,160		
	Actual	4,467	4,227	1,329					
	Variance	113	-123	-71					
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,195	2,140	750	770	800	2,320		
	Actual	2,097	2,481	742					
	Variance	-98	341	-8					
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	309	309	103	103	103	309		
	Actual	275	281						
	Variance	-34	-28						
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	325	356	104	105	86	295		
	Actual	274	314						
	Variance	-51	-42						
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	970	1,956	724	745	516	1,985		
	Actual	1,233	1,498						
	Variance	263	-458						

		Month End	Month End	Month End			Month End
		Sep-20	Dec-20	Jan-21	Feb-21	Mar-21	Mar-21
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) ¹	Projected	79	79	88	83	74	74
	Actual	75	51	75			
	Variance	-4	-28	-13			

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