

# Finance, Performance & Resources Committee


Tue 16 March 2021, 09:30 - 12:00

## Agenda

09:30 - 09:30 1. Apologies for Absence  
0 min

09:30 - 09:30 2. Declaration of Members’ Interests  
0 min

09:30 - 09:30 3. Minutes of the last Meeting held on 12 January 2021 (RL)  
0 min


 Item 3 - Final FPR Notes120121 GMmm.pdf (10 pages)


09:30 - 09:30 4. Matters Arising / Action List (RL)  
0 min

 4 Rolling Action List Update from Jan 2021.pdf (1 pages)

09:30 - 09:30 5. GOVERNANCE  
0 min


5.1. Review of Committee’s Terms of Reference (GM)


 Item 5.1 SBAR Committee ToR.pdf (2 pages)

 Item 5.1 Committee ToR FPR.pdf (4 pages)


09:30 - 09:30 6. PLANNING  
0 min

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

 Item 6.1 PAMS SBAR 2020 FP&R.pdf (3 pages)

 Item 6.1 2020 truncated pams (Final).pdf (22 pages)

6.2. Strategic Planning and Resource Allocation Process (MM)

 Item 6.2 - SBAR - SPRA FPR 2021\_03\_11 v3.pdf (4 pages)

09:30 - 09:30 7. PERFORMANCE  
0 min

7.1. Integrated Performance & Quality Report (MM)

 Item 7.1 SBAR FPR Committee.pdf (4 pages)

 Item 7.1 11 Feb 2021 IPQR.pdf (47 pages)


7.2. Winter Performance Report (JO)

**09:30 - 09:30**  
0 min

## **8. ITEMS FOR NOTING**

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

 Item 8.1- Minute of F&P Meeting 11.11.20 (Confirmed).pdf (8 pages)

 Item 8.1 - Confirmed Minute of Meeting 15.1.21.pdf (7 pages)

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**09:30 - 09:30**  
0 min

## **9. ISSUES TO BE ESCALATED**

### **9.1. To the Board in the IPQR & Chair's Comments**

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**09:30 - 09:30**  
0 min

## **10. Any Other Business**

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

**In Attendance:**

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

**1. Apologies for Absence**

There were no apologies received.

**2. Declaration of Members' Interests**

There were no declarations of interest made by members.

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

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

**4. Action List**

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

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

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

## **5. MATTERS ARISING**

### **5.1 Update on Smoke Free Environment Strategy**

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

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

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

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

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

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

## **6. GOVERNANCE**

### **6.1. Board Assurance Framework – Financial Sustainability**

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

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

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

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

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

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

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

## **6.2. Board Assurance Framework – Strategic Planning**

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

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

### **6.3. Board Assurance Framework – Environmental Sustainability**

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

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

## **7. PLANNING**

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

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

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

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

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

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

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

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

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

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

## **7.2 Winter Performance Report**

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

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

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

The surge plan has been activated which has opened up additional bed capacity. Teams are working together to provide support, which has been really positive, despite the pressures.

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

Mrs Rona Laing asked if the vaccine will have any impact on reducing the number of care homes which cannot take admissions. Mr Scott Garden highlighted that great progress has been made with the roll-out of the vaccine. Care Home residents and staff have been administered the first dose of vaccine. Those who were unwell or had Covid have not received that, but a team will be going out in the next couple of weeks to review that in advance of the 2<sup>nd</sup> 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).

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

| No. | Original Action Date | Item   | Action By | Action Required / Current Status  | Date Due    |
|-----|----------------------|--|-----------|---|-------------|
| 133 | 10.09.19             | Kincardine & Lochgelly Health & Wellbeing Centres Initial Agreements | NC        | Include in the Outline Business Cases information on how technology and digitisation would be utilised.   | Date TBC    |
| 139 | 08.09.20             | Smoke Free Environment Strategy                                      | NC        | Present an update to inform the Committee on the proposed strategy for a Smoke Free Environment.  | July 2021   |
| 140 | 08.09.20             | Mental Health Strategy   | NC        | Present a paper to the Committee at appropriate time around the implementation of the Mental Health Strategy.                                       | Date TBC    |
| 141 | 10.11.20             | CAMHS  | NC        | Provide an update to the Committee on which recommendations made by the Scottish Government can be actioned, once agreed by HSCP Senior Leadership. | Autumn 2021 |

| COMPLETED ACTIONS |          |                          |       |  |   |
|-------------------|----------|--------------------------|-------|--|---|
| 138               | 10.03.20 | FP&R Development Session | MM/GM | Bi-annual Committee development sessions to be arranged from May 2020. | Closed January 2021 as SPRA paper presented covers topic. |

|                        |  |
|------------------------|--|
| Meeting:               | Finance, Performance & Resources Committee |
| Meeting date:          | 16 March 2021                              |
| Title:                 | Review of Committee's Terms of Reference   |
| Responsible Executive: | Margo McGurk, Director of Finance          |
| Report Author:         | Gillian MacIntosh, Board Secretary         |

## 1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Local policy

This aligns to the following NHSScotland quality ambition:

- Effective

## 2 Report summary

### 2.1 Situation

All Committees are required to regularly review their Terms of Reference, and this is normally done in March of each year. Any changes are then reflected in the annual update to the NHS Fife Code of Corporate Governance, which is reviewed in full by the Audit & Risk Committee and then formally approved by the Board thereafter.

### 2.2 Background

The current Terms of Reference for the Committee were last reviewed in March 2020, as per the above cycle.

### 2.3 Assessment

An updated draft of the Committee's Terms of Reference is attached for members' consideration, with suggested changes tracked for ease. Proposed amendments largely relate to updates to post titles.

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.

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

N/A

### **2.3.2 Workforce**

N/A

### **2.3.3 Financial**

N/A

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

The regular review and update of Committee Terms of Reference will ensure appropriate governance across all areas and that effective assurances are provided to the Board.

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

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

### **2.3.6 Other impact**

N/A

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

N/A

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

This paper has been considered initially by the Committee Chair and Lead Executive Director.

## **2.4 Recommendation**

This paper is provided for

- **Decision** – consider the attached remit, advise of any proposed changes and approve a final version for further consideration by the Board.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1 – Committee's Terms of Reference

### **Report Contact**

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

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

## FINANCE, PERFORMANCE AND RESOURCES COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: \*\*\*

### 1. PURPOSE

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

### 2. COMPOSITION

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

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

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

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

- Director of Acute Services
- Director of ~~Estates & Facilities~~Property & Asset Management
- Director of Health & Social Care
- Director of Pharmacy & Medicine
- Board Secretary

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



### **3. QUORUM**

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

### **4. MEETINGS**

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

### **5. REMIT**

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

#### **Arrangements for Securing Value for Money**

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

## **Allocation and Use of Resources**

5.3 The Committee has key responsibilities for:

- reviewing the development of the Board's Financial Strategy in support of the Annual Operational / Remobilisation Plan, and recommending approval to the Board;
- reviewing all resource allocation proposals outwith authority delegated by the Board and make recommendations to the Board thereon;
- monitoring the use of all resources available to the Board; and
- reviewing all matters relating to Best Value.

5.4 Specifically, the Committee is charged with recommending to the Board annual revenue and capital budgets and financial plans consistent with its statutory financial responsibilities. It shall also have responsibility for the oversight of the Board's Capital Programme (including individual Business Cases for Capital Investment) and the review of the Property Strategy (including the acquisition and disposal of property), and for making recommendations to the Board as appropriate on any issue within its terms of reference.

5.5 The Committee will receive minutes from the Pharmacy Practices Committee and the Primary Medical Services Committee. Issues arising from these Committees will be brought to the attention of the Chair of the Finance, Performance and Resources Committee for further consideration as required.

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

5.7 The Annual Report will include the Committee's assessment and conclusions on its effectiveness over the financial year in question.

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

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

## **6. AUTHORITY**

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

## **7. REPORTING ARRANGEMENTS**

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

|                        |  |
|------------------------|--|
| Meeting:               | Finance, Performance and<br>Resources Committee            |
| Meeting date           | 16 March 2021  |
| Title:                 | Property & Asset Management Strategy                       |
| Responsible Executive: | Neil McCormick, Director of Property & Asset<br>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.

### 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 2020

## 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](mailto: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](mailto: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.

Several items were unable to be purchased in 2019/20 due to lack of budget. These were, however, approved for purchase in 2020/21. These include Endoscopy washing disinfectors, 14 ICU ventilators and 2 operating tables as mentioned above.

## 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:

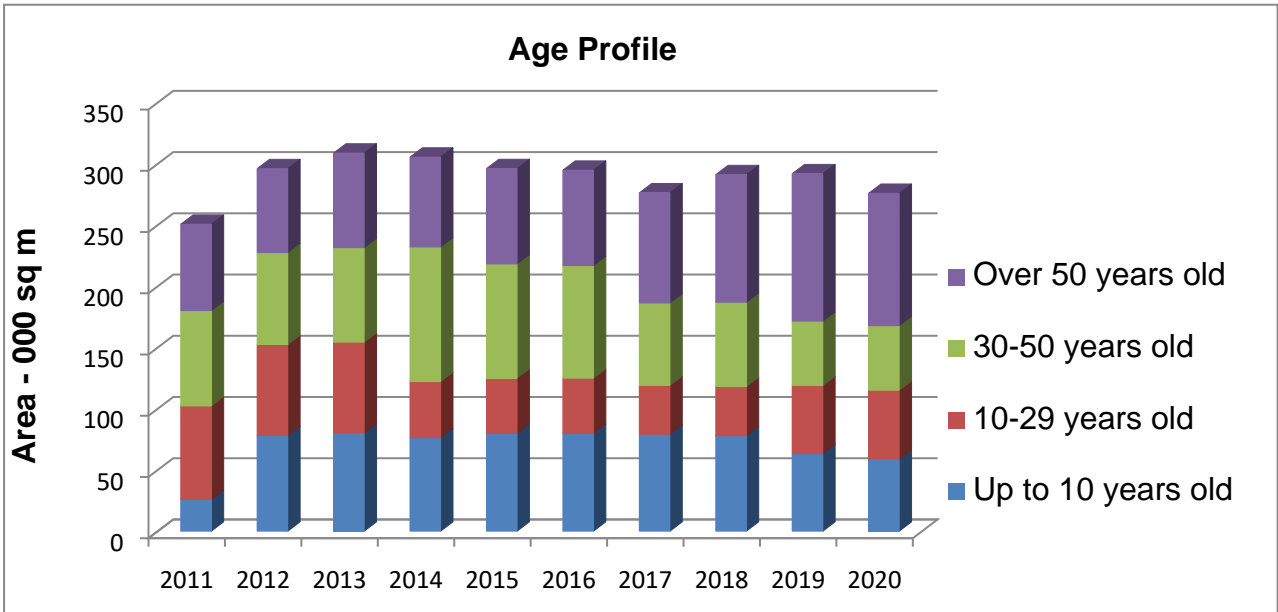
|  |  |
|--|--|
| Fair Isle Clinic, Kirkcaldy                            | Sold 19 September 2019   |
| Forth Park Hospital, Kirkcaldy                         | Sold 5 August 2019   |
| Area Distribution Centre, Kirkcaldy                    | Sold 25 October 2019   |
| North Plot, Lynebank Hospital, Dunfermline             | This sale is at the preferred bidder stage, 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.

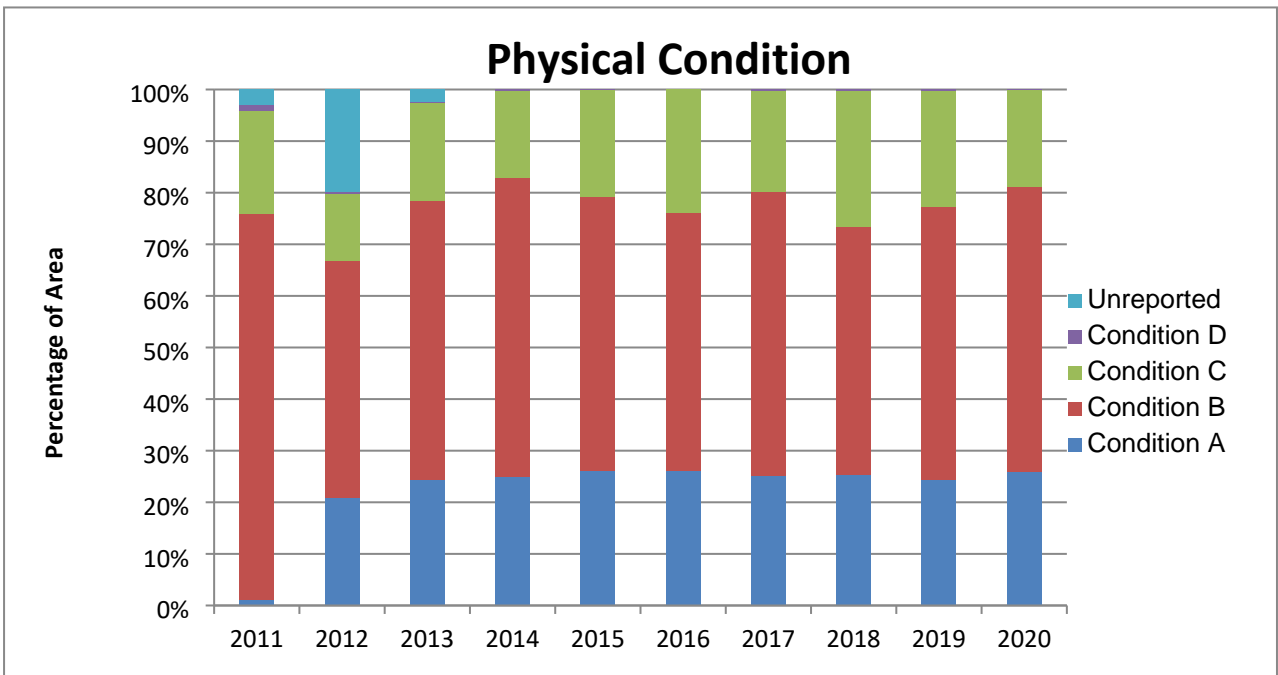
3.0 Asset Condition and Performance

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

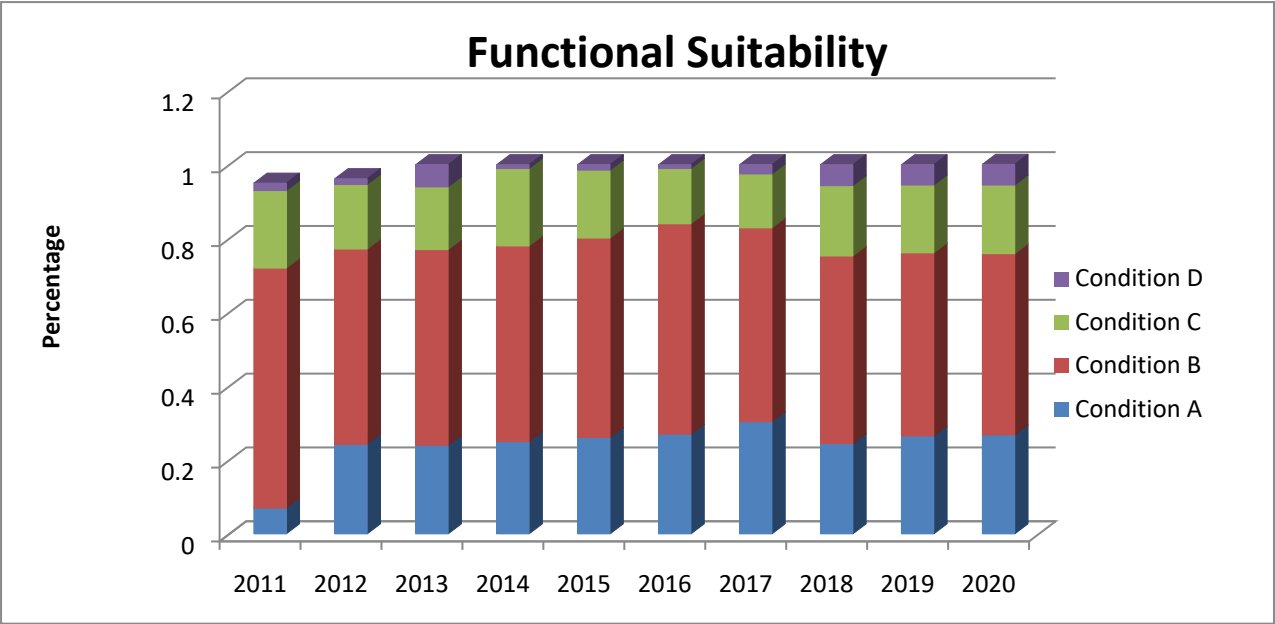
3.1.1 Age Profile



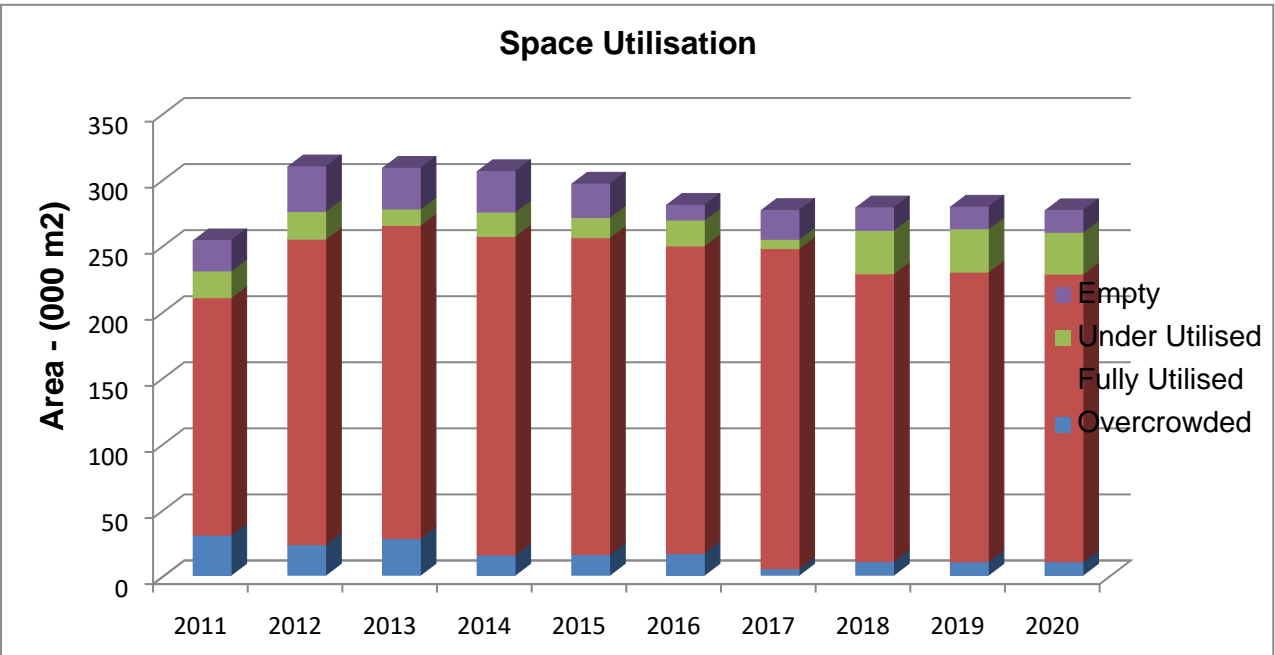
3.1.2 Physical Condition (Good - A or B)



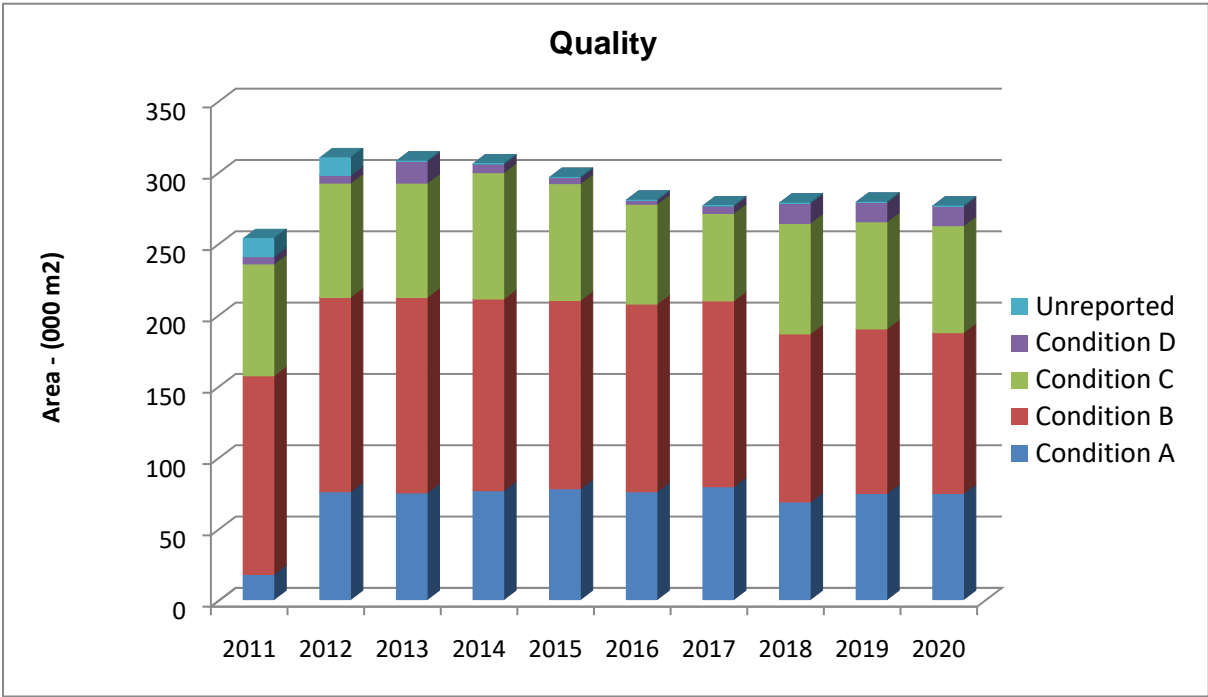
3.1.3 Functional Suitability (Good - A or B)



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.

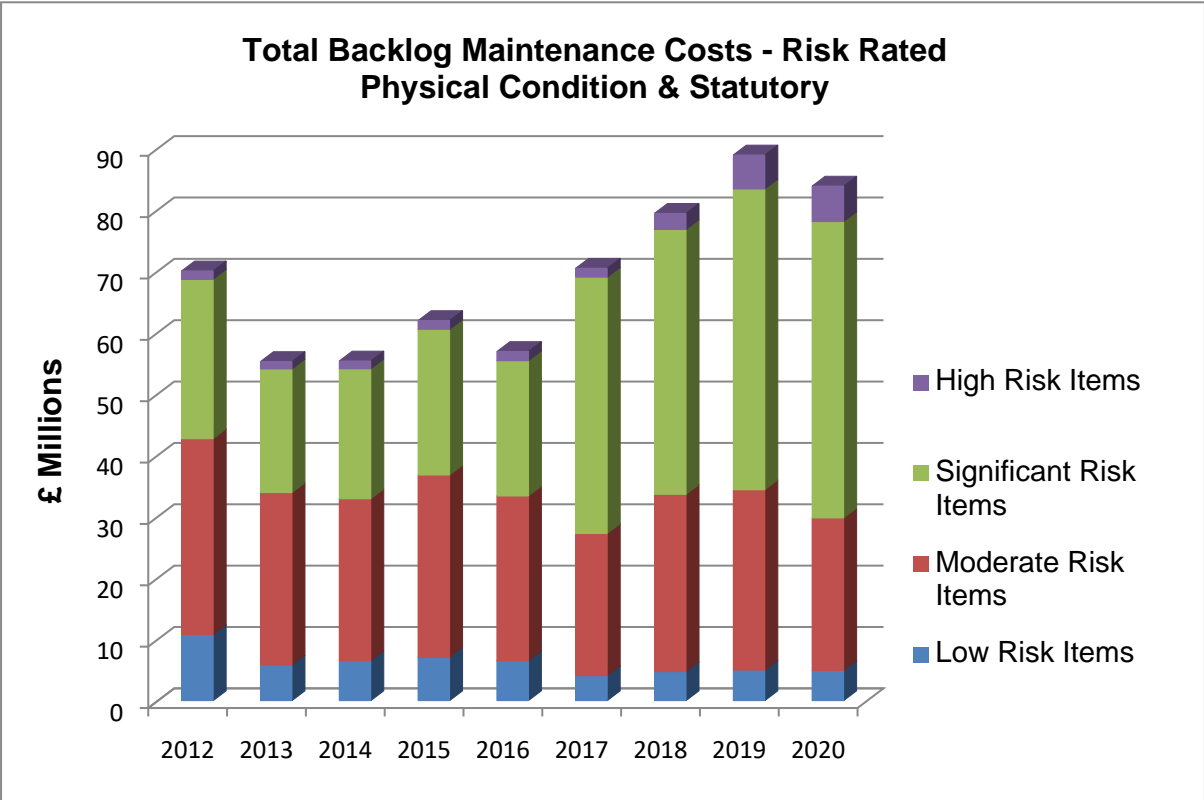
A Work Plan was created to programme all site audits. All audits were originally planned to be completed by early 2021 however, due to Covid-19 restrictions, we are now running 5 sites behind schedule.

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.

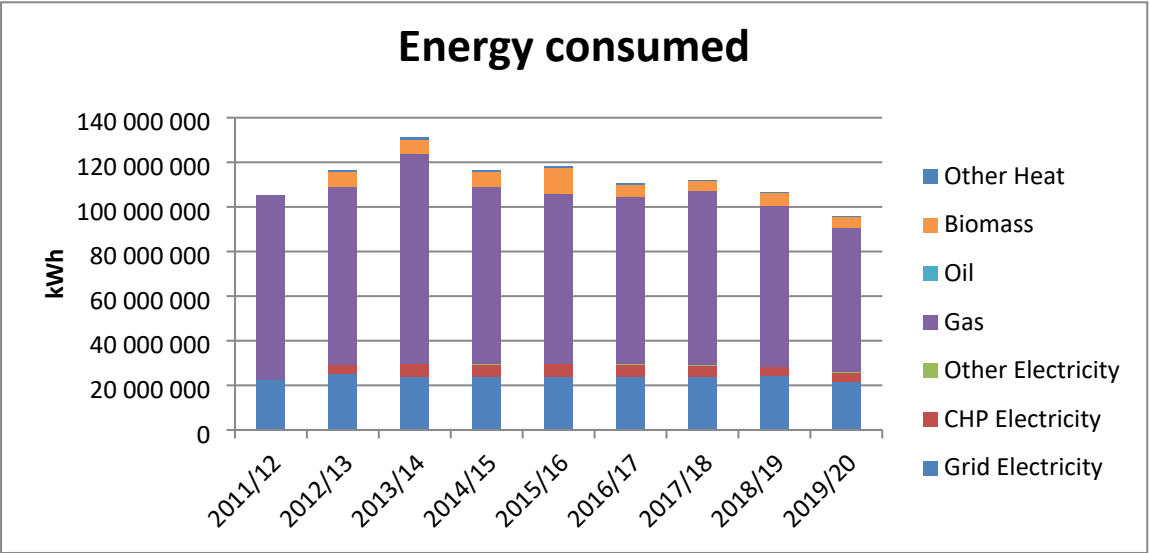
A reduction in backlog maintenance has been achieved this year from £88.9m to £83.9m mainly through the sale of Forth Park Hospital, Kirkcaldy. A minor increase in both significant and high risk backlog has been recorded at £48.3m and £5.8m respectively.



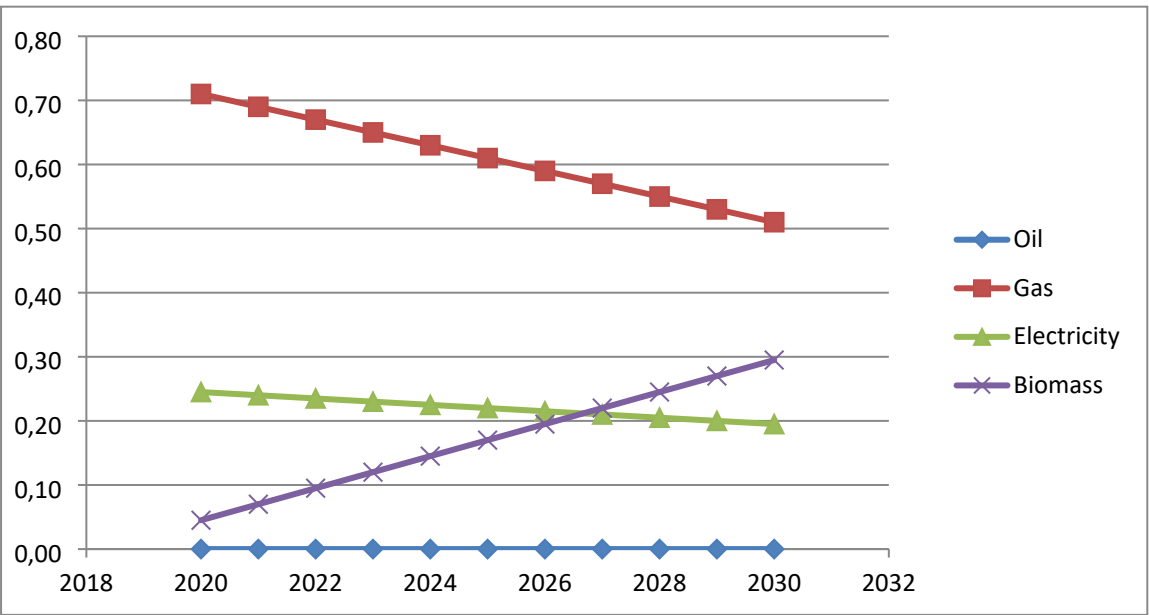
Contracted conditional appraisal surveys were directed at Phase 1, Victoria Hospital, Kirkcaldy, however the data had not been loaded by 31 March 2020. A number of in-house surveys of outbuildings on the VHK site and several Health Centres was undertaken but no significant changes in overall costs were 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<br>(against 3-year average baseline 2011/12, 2012/13 and 2013/14) |                       |                        |                        |
|---|---|-----------------------|------------------------|------------------------|
|   | Basic   |                       | Stretch                |                        |
| Energy Consumption<br>(kWh/m²)                                      | Electricity<br>-6.86%   | Fossil Fuel<br>-2.08% | Electricity<br>-21.79% | Fossil Fuel<br>-11.60% |
|   | Combined<br>-2.66%  |                       | Combined<br>-14.02%    |                        |
| Greenhouse Gas Emissions<br>(kgCO <sub>2</sub> e/m²)                | -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 NHS Fife Endowment Fund 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:

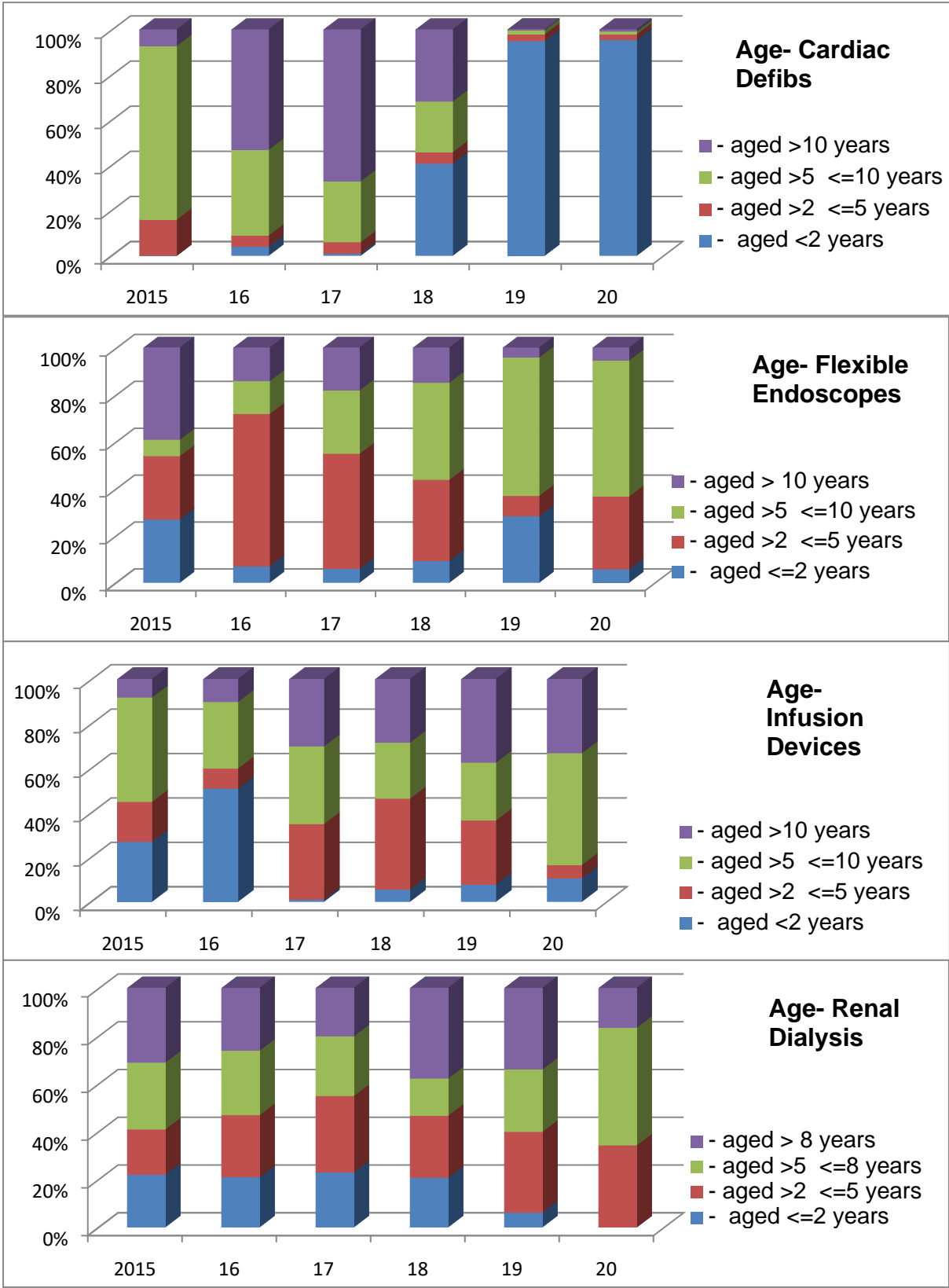
- 100% of Scotland's electricity demand equivalent to be produced from renewable technology - 2020.
- 56% reduction in greenhouse gas emissions (compared to 1990 baseline) - 2020.
- 75% reduction in greenhouse gas emissions (compared to 1990 baseline) - 2030.
- Phasing out of new petrol and diesel vehicle 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:



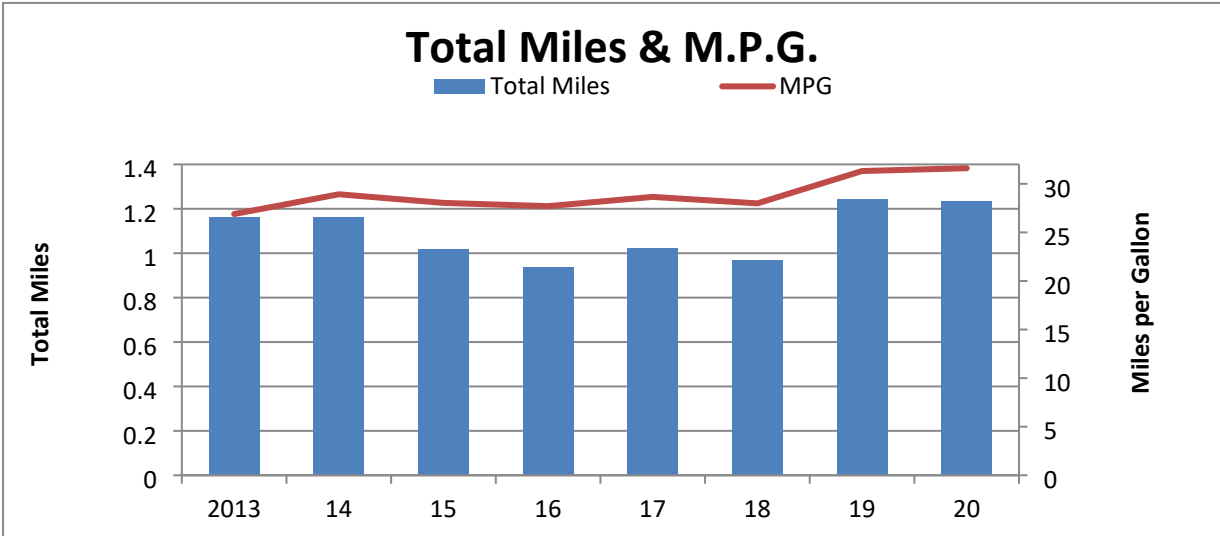
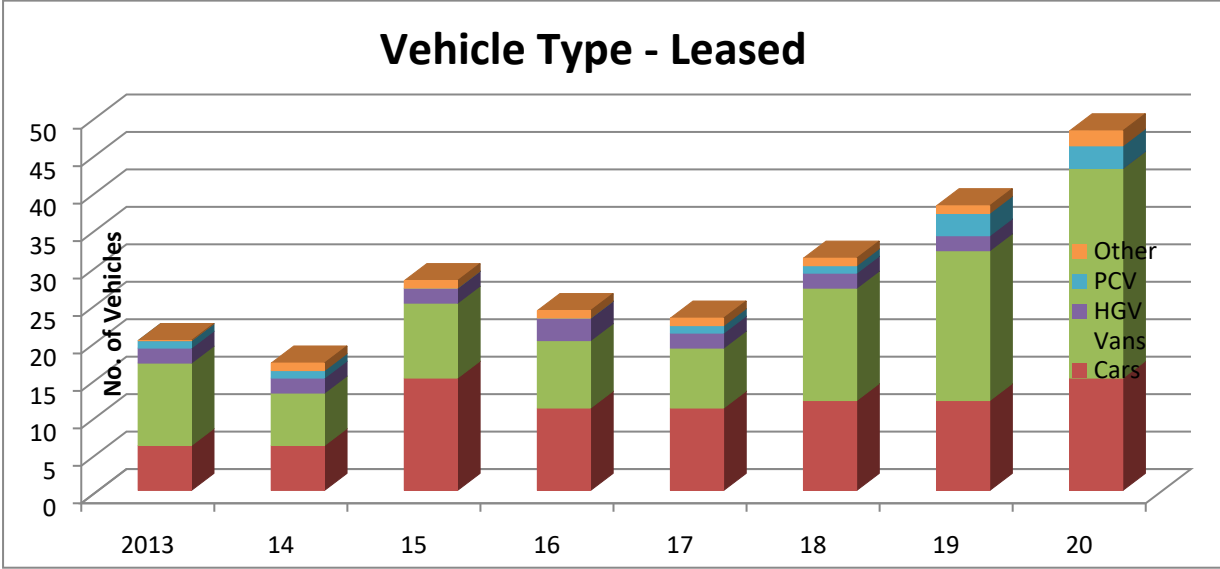
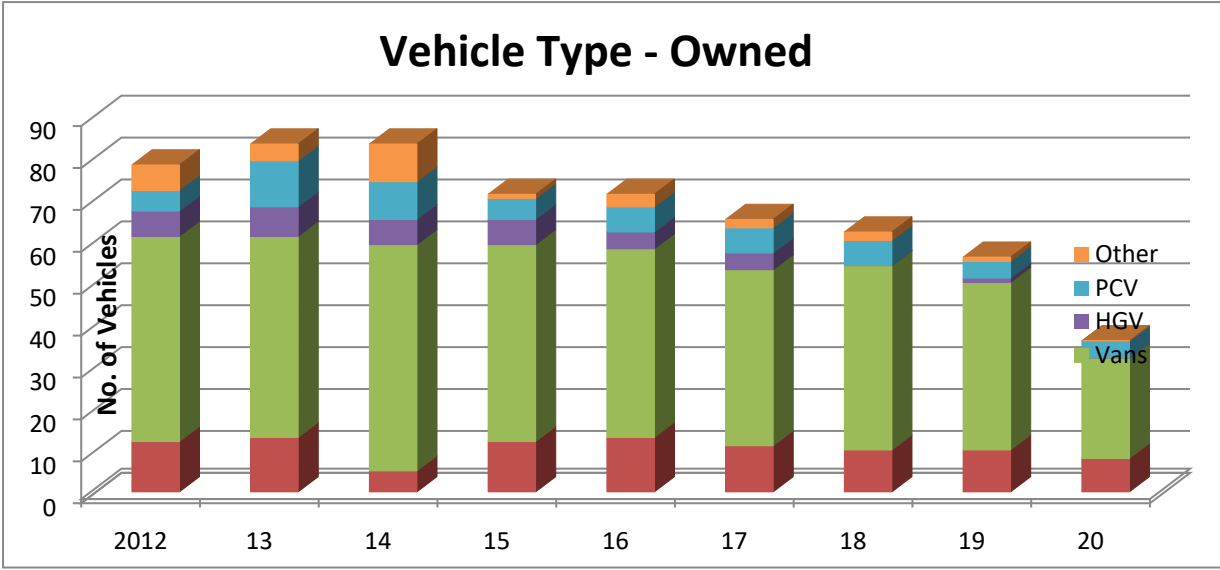
## 3.7 State of the Board's Vehicular Fleet

### 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 |
|---|---------|---------|---------|---------|
| <b>Owned</b>  | 65      | 62      | 56      | 51      |
| <b>Leased</b>   | 23      | 31      | 38      | 46      |
| <b>Staff Car Scheme</b>                                 | 184     | 154     | 147     | 146     |
| <b>Long term hire (Enterprise)</b>                      | 4       | 30      | 38      | 46      |
| <b>Total</b>  | 276     | 277     | 279     | 289     |
|   |         |         |         |         |
| <b>Age (% less than 5 years old)</b>                    |         |         |         |         |
| <b>All Vehicles:</b>                                    | 43      | 83.3    |         | 74.8    |
|   |         |         |         |         |
| <b>Mileage (average per vehicle)</b>                    |         |         |         |         |
| <b>Owned</b>  | 10473   | 9971    | 9083    | 9226.6  |
| <b>Leased</b>   | 14842   | 8948    | 11917   | 16558.6 |
| <b>Staff Car Scheme</b>                                 | 8186    | 12897   | 13038.5 | 12955.9 |
|   |         |         |         |         |
| <b>Fuel Type (percentage)</b>                           |         |         |         |         |
| <b>Petrol</b>   | 15      | 46      | 14      | 15.4    |
| <b>Diesel</b>   | 82      | 52      | 76      | 79.4    |
| <b>Alternative (state type(s)):<br/>Petrol/Electric</b> | 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 Clinical Strategy Update**

The Clinical Strategy is the founding strategy that drives the development of the Transformation Programme and as we enter in 2020/21, the Clinical Strategy needs to be refreshed to ensure this journey continues for the next 5 years.

Given the changes that have taken place over the last year in terms of governance and oversight, it seems the right time to take stock and review the recommendations of the existing Clinical Strategy and work streams. The review would be undertaken with clinicians and managers to look back at progress made but also taking the opportunity to look forward.

The review and follow up work stream meetings would inform the revised Clinical Strategy for 2021-26. The proposed timetable would aim to approach the Board in November 2020 to agree the revised Clinical Strategy 2021-26.

### **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 2019/20**

The financial plan for 2020/21 has been developed using a confirmed baseline funding uplift of 3% plus £1.8m funding in support of NRAC parity. In line with national discussions around a reduction in reliance on Additional Departmental Expenditure Limit (ADEL) funding, the previous £2.5m in the plan has been removed. The baseline budget currently assumes recurring funding of £5.4m from the Pharmaceutical Price Regulation Scheme (PPRS) which represents our NRAC share of an estimated £80m nationally.

The current plan is predicated on at least £7m continued funding in support of elective capacity performance targets. The financial planning process assumes a further 5% reduction in Outcomes Framework funding equivalent to £0.2m.

The financial plan provides potential cost pressure funding of £1m - £1.5m which, following due process, may be delegated to devolved budgets. The budget position for 2020/21 reflects an in-year gap of £7.4m, which increases to £20m including legacy unmet savings.

The financial plan does not take account of any risk share of social care costs through the accounting for the Integration Joint Board. Based on the current arrangements within the existing Integration Scheme, it is estimated this may add a further £7m financial pressure in 2020/21.

The financial challenge for our Acute Services is most significant (£13.3m or 6.7% including the 'set aside' services). By comparison, the health budgets delegated and managed by the Health & Social Care Partnership have a £5.6m or 1.4% efficiency target. This takes account of a national budget uplift of 3%, thus delivering on the Scottish Government expectations of a real terms increase for integration authorities.

## **5.0 Proposed developments**

The major issues of note this year 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:               | Finance, Performance and Resources Committee                 |
| Meeting date:          | 16 March 2021  |
| Title:                 | Strategic Planning and Resource Allocation Update            |
| Responsible Executive: | Margo McGurk, Director of Finance                            |
| Report Author:         | Susan Fraser, Associate Director of Planning and Performance |

## 1 Purpose

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

- Awareness

**This report relates to:**

- Strategic Planning and Resource Allocation Process

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

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

The Strategic Planning and Resource Allocation (SPRA) Process is underway, this paper outlines progress so far.

The SPRA process is intended to create a planning and resource allocation framework to support the development of the organisational strategy for NHS Fife. This will inform

the medium-term 3-year financial plan and longer-term strategic plan to support the delivery of the strategy.

## **2.2 Background**

The Service Review process has been in place for the past 3 years, but a different approach has been taken for 2021/22. The Strategic Planning and Resource Allocation process brings together the planning of services, financial and workforce implications of service delivery and change.

2020/21 has been characterised by a major disruption of services due to COVID-19 in terms of the mobilisation of services to deal with COVID-19 and the remobilisation of services in a COVID-19 sensitive environment. The NHS in Scotland continues to operate under emergency planning measures until at least the end of March 2021. The immediate response and subsequent planning for remobilisation of services has resulted in significant changes in service models and, in some cases, delivery. The SPRA process will provide a framework for strategic, financial and workforce planning going forward.

## **2.3 Assessment**

Each director submitted the SPRA template and these were analysed in relation to their key objectives, key stakeholders, workforce and financial implications, digital, estates and facilities requirements and key risks. Taking all these factors into account, each directorate identified 5 key objectives for 2021/22.

The summarised directorate objectives were presented to EDG on 22 February and discussed along with the financial information from the SPRA process used to develop the medium-term financial plan. The EDG will meet on 1 April for a focussed workshop session on the output from the process so far.

The diagram below illustrates how the output from the SPRA process will be part of the development of the new Health and Wellbeing Strategy following on from the Clinical Strategy. This is due to be presented to the Board in March 2022. The intention is to have a more detailed discussion on the SPRA process at the May Governance Committee meetings.



As part of the director's discussion on 22 February, 3 key objectives were identified and agreed for NHS Fife. These are:

### Objective 1:

Minimise transmission of COVID-19 and support health protection, delivered via:

- C19 vaccine programme
- Test & Protect
- Care Home support

### Objective 2:

Improve whole system capacity and flow to ensure timely and appropriate access to health care when required, delivered via:

- Redesign of Urgent Care
- Planned Care and Cancer programmes
- Care Home support

### Objective 3:

Support health inequalities, delivered via:

- Anchor Institution work
- Mental Health redesign

The SPRA process has created a framework to identify key objectives for the organisation and each directorate, inform the workforce and financial planning and ultimately develop into NHS Fife's Health and Wellbeing Strategy 2022-27.

### 2.3.1 Quality/ Patient Care

The main aim of SPRA process is to continue to deliver high quality care to patients.

### **2.3.2 Workforce**

Workforce planning is key to the SPRA process.

### **2.3.3 Financial**

Financial planning is key to the SPRA process.

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

Risk assessment is part of SPRA process and will be part in the prioritisation of key objectives

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

Equality and Diversity is integral any redesign based on the SPRA process.

### **2.3.6 Other impact**

N/A.

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

Appropriate communication, involvement, engagement and consultation within the organisation throughout the SPRA process.

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

This paper has been previously presented to the Executive Directors Group on 22 February in presentation format.

## **2.4 Recommendation**

The Committee is asked to:

- **Note** the process and outcome of the Strategic Planning and Resource Allocation process.

## **3 List of appendices**

N/A

### **Report Contact**

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|                        |  |
|------------------------|--|
| Meeting:               | Finance, Performance & Resources Committee                 |
| Meeting date:          | 16 March 2021  |
| Title:                 | 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 Finance, Performance & Resources Committee for:**

- Discussion

**This report relates to the:**

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

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

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

### 2.2 Background

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

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

The May 2020 meeting of the SG Committee was cancelled due to the pandemic, but 'virtual' meetings have taken place bi-monthly since July 2020.

## 2.3 Assessment

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

Performance, particularly in relation to Waiting Times across Acute Services and the Health & Social Care Partnership has been hugely affected during the pandemic. The Scottish Government were provided with a plan which forecast recovery trajectories in the period up to the end of FY 2020/21, and progress against this (impacted by the second wave of the pandemic) is included in the IPQR at Annex 1. The projections take account of additional funding provided by the Scottish Government.

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

*WT = Waiting Times*

*RTT = Referral-to-Treatment*

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

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

### Operational Performance – Acute Services / Corporate Services

| Measure                 | Update    | Target | Current Status |
|-------------------------|-----------|--------|----------------|
| IVF WT                  | 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      |

### Operational Performance – H&SCP

| Measure            | Update  | Target | Current Status |
|--------------------|---------|--------|----------------|
| 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) <sup>1</sup> | Quarterly | 80% | Not achieving |
| Drugs & Alcohol WT                   | Monthly   | 90% | Achieving     |

## Finance

| Measure             | Update  | Target     | Current Status |
|---------------------|---------|------------|----------------|
| Revenue Expenditure | Monthly | Break even | Not achieving  |
| Capital Expenditure | Monthly | £13.348m   | Achieving      |

<sup>1</sup> The 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

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

### 2.3.2 Workforce

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

### 2.3.3 Financial

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

### 2.3.4 Risk Assessment/Management

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

### 2.3.5 Equality and Diversity, including health inequalities

Not applicable.

### 2.3.6 Other impact

None.

### 2.3.7 Communication, involvement, engagement and consultation

The NHS Fife Board Members are aware of the approach to the production of the IPQR since April 2020.

Standing Committees and Board Meetings were cancelled in May 2020, but restarted in July 2020, and the February IPQR will be available for discussion at the round of March meetings.

### 2.3.8 Route to the Meeting

The IPQR was drafted by the PPT, ratified by the Associate Director of Planning & Performance and reviewed by EDG members on 18 February. The report was authorised for release to Board Members and Standing Committees at EDG.

## 2.4 Recommendation

The FPR Committee is requested to:

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

## 3 List of appendices

None

### Report Contact

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# Fife Integrated Performance & Quality Report

Produced in February 2021



# Introduction

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

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

The IPQR comprises of the following sections:

## **I. Executive Summary**

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Assessment

## **II. Performance Assessment Reports**

- a. Clinical Governance
- b. Finance, Performance & Resources
  - Operational Performance
  - Finance
- c. Staff Governance

Section II provides further detail for indicators of continual focus or those that are currently underperforming. Each 'drill-down' contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions.

# I. Executive Summary

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

The 2020/21 Annual Operational Plan (AOP) was produced before the COVID-19 Pandemic, and its content, both in terms of planned improvement work and performance improvement trajectories, was being discussed with the Scottish Government when the lockdown started. The suspension of many services means that the AOP 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

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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

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

|                         |       |                  |       |
|-------------------------|-------|------------------|-------|
| <b>Staff Governance</b> | 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   |
|--|-------------------------|---------------|----------------|---------------------|--|
| <b>HSMR</b>  | 1.00                    | N/A           | N/A            | YE Jun-20           | 1.00<br>YE Jun-20<br>     |
| 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.  |                         |               |                |                     |  |
| <b>Inpatient Falls (with Harm)</b><br>Reduce falls with harm by 20% by December 2020   | 2.16                    | Oct-20        | 2.16           | Dec-20              | 2.42<br>N/A<br>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.   |                         |               |                |                     |  |
| <b>Pressure Ulcers</b><br>50% reduction by December 2020   | 0.42                    | Never Met     | 0.42           | Dec-20              | 0.87<br>N/A<br>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.   |                         |               |                |                     |  |
| <b>Caesarean Section SSI</b><br>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%<br>QE Dec-19<br>     |
| 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.  |                         |               |                |                     |  |
| <b>SAB (MRSA/MSSA)</b><br>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<br>QE Sep-20<br>   |
| 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.   |                         |               |                |                     |  |
| <b>C Diff</b><br>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<br>QE Sep-20<br>    |
| 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.   |                         |               |                |                     |  |
| <b>ECB</b><br>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<br>QE Sep-20<br>   |
| 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.   |                         |               |                |                     |  |
| <b>Complaints - Stage 2</b><br>At least 75% of Stage 2 complaints are completed within 20 working days   | N/A                     | Never Met     | 65%            | QE Dec-20           | 21.6%<br>FY 2019/20<br> |
| 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  | Standard / Local Target | Last Achieved | Target 2020/21 | Current Performance | Benchmarking Period and Quartile |            |     |
|---|-------------------------|---------------|----------------|---------------------|----------------------------------|------------|-----|
| <b>4-Hour Emergency Access</b>  |                         |               |                |                     |                                  |            |     |
| 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment   | 95%                     | 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.  |                         |               |                |                     |                                  |            |     |
| <b>Patient TTG (Ongoing Waits)</b>  |                         |               |                |                     |                                  |            |     |
| All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat   | 100%                    | Never Met     | 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.   |                         |               |                |                     |                                  |            |     |
| <b>New Outpatients</b>  |                         |               |                |                     |                                  |            |     |
| 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.  |                         |               |                |                     |                                  |            |     |
| <b>Diagnostics</b>  |                         |               |                |                     |                                  |            |     |
| 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)   | 100%                    | Apr-16        | 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.  |                         |               |                |                     |                                  |            |     |
| <b>Cancer 62-Day RTT</b>  |                         |               |                |                     |                                  |            |     |
| 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral  | 95%                     | Oct-17        | 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.  |                         |               |                |                     |                                  |            |     |
| <b>FoI Requests</b>   |                         |               |                |                     |                                  |            |     |
| 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.   |                         |               |                |                     |                                  |            |     |
| <b>Delayed Discharge</b>  |                         |               |                |                     |                                  |            |     |
| 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.  |                         |               |                |                     |                                  |            |     |
| <b>Smoking Cessation</b>  |                         |               |                |                     |                                  |            |     |
| Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas   | 100%                    | YT May-19     | 100%           | 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<br>Operational Performance  | Standard<br>/ Local<br>Target | Last<br>Achieved | Target<br>2020/21 | Current<br>Performance | Benchmarking Period<br>and Quartile |              |   |
|--|-------------------------------|------------------|-------------------|------------------------|-------------------------------------|--------------|---|
| <b>CAMHS Waiting Times</b><br>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<br>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. |                               |                  |                   |                        |                                     |              |   |
| <b>Psychological Therapies</b><br>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral  | 90%                           | Never<br>Met     | N/A               | Dec-20                 | 80.8%                               | QE<br>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<br>Finance   | Standard<br>/ Local<br>Target | Last<br>Achieved | Target<br>2020/21 | Current<br>Performance | Benchmarking Period<br>and Quartile |     |     |
|---|-------------------------------|------------------|-------------------|------------------------|-------------------------------------|-----|-----|
| <b>Revenue Expenditure</b><br>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. |                               |                  |                   |                        |                                     |     |     |
| <b>Capital Expenditure</b><br>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<br>/ Local<br>Target | Last<br>Achieved | Target<br>2020/21 | Current<br>Performance | Benchmarking Period<br>and Quartile |              |   |
|---|-------------------------------|------------------|-------------------|------------------------|-------------------------------------|--------------|---|
| <b>Sickness Absence</b><br>To achieve a sickness absence rate of 4% or less   | 4.00%                         | Never<br>Met     | 4.39%             | Dec-20                 | 5.87%                               | YE<br>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

### Clinical Governance

|                             |    |
|-----------------------------|----|
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### Finance, Performance & Resources – Finance

|                     |    |
|---------------------|----|
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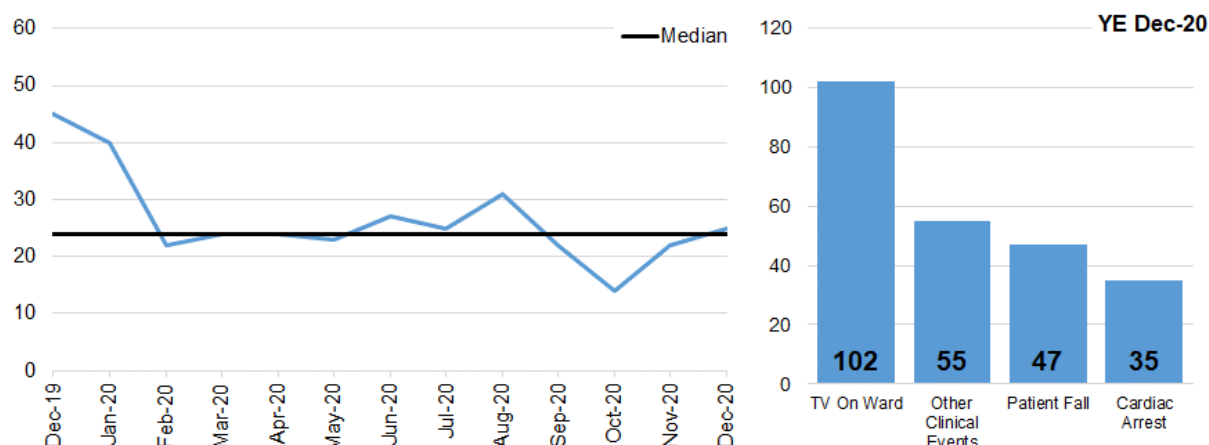
### Staff Governance

|                  |    |
|------------------|----|
| Sickness Absence | 45 |
|------------------|----|

## 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.*

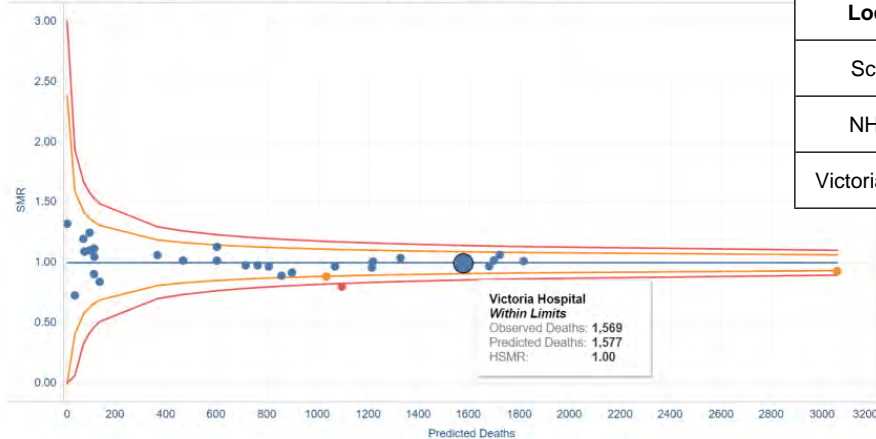
#### Reporting Period; July 2019 to June 2020<sup>p</sup>

Please note that as of August 2019, HSMR is presented using a 12-month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

The rates for Scotland, NHS Fife (as a whole) and Victoria Hospital as an entity in itself, are shown in the table within the Funnel Plot.

**Funnel Plot by Hospital: 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.



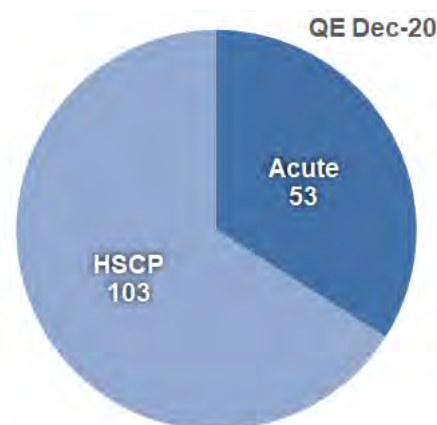
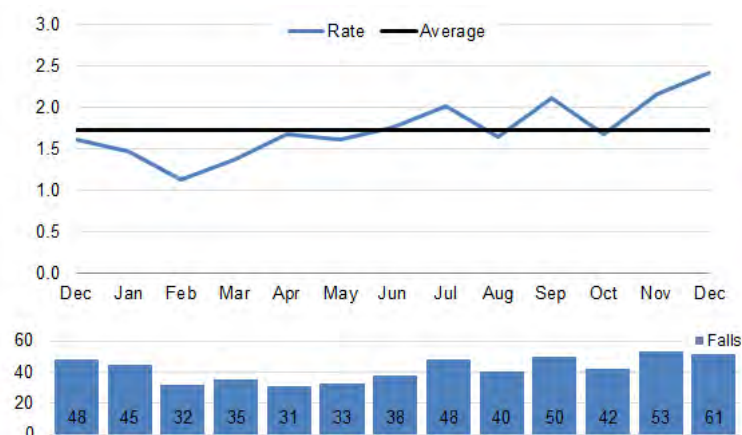
## Clinical Governance

### 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.

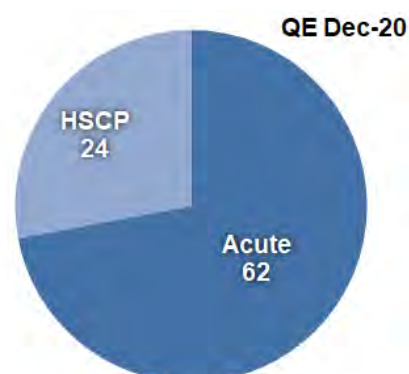
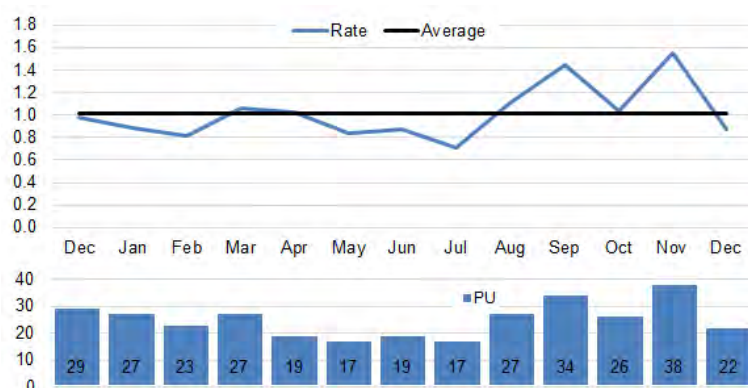
| Improvement Actions  | Update  |
|--|---|
| <b>20.3 Falls Audit</b><br><i>By Apr-21 (was Jan-21)</i>                                     | Plans for this audit have been further delayed as a result of the ongoing situation. A number of areas are being prioritised and this will be programmed in over the coming months as more of a rolling audit. Local scrutiny will continue utilising the monthly performance report.   |
| <b>20.5 Improve effectiveness of Falls Champion Network</b><br><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. |
| <b>21.1 Refresh of Plans</b><br><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 <sup>th</sup> 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<br>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<br>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.<br>The rollout date has been extended in response to clinical pressures of the COVID 19 pandemic.  |

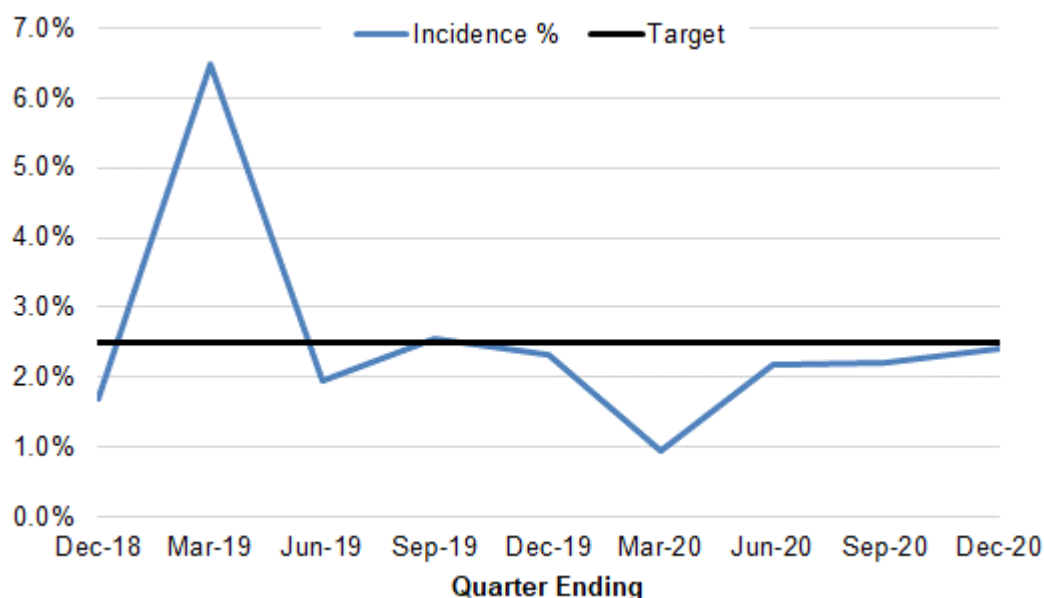


## Clinical Governance

### 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)

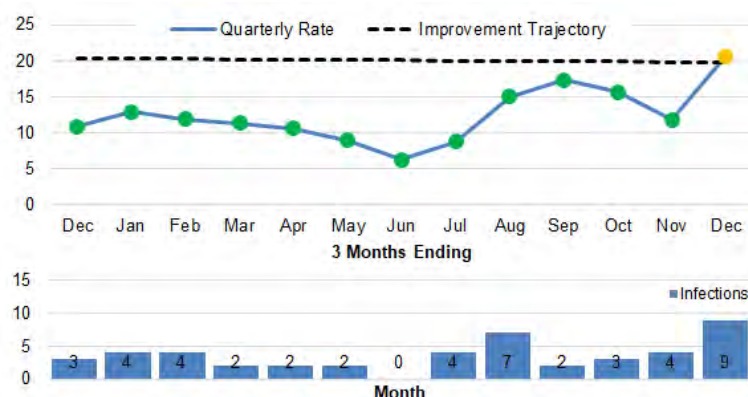
| Improvement Actions  | Update   |
|--|--|
| <b>20.1</b> Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan<br><i>By Mar-21</i>                                  | <p>The SSI Implementation Group de-mobilised in August 2020 as there were no outstanding 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> |
| <b>20.2</b> Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond |  |

## Clinical Governance

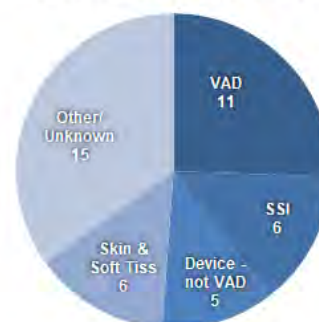
### SAB (HAI/HCAI)

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   |
|--|--|
| <b>20.1</b> Reduce the number of SAB in PWIDs<br><i>By Mar-21</i>                        | There were only 5 PWID SABs in 2020, a marked improvement from 14 in 2019.<br>Addiction services continue to be supported by the IPCT with the SAB improvement project, last meeting in September.<br>Nurse prescribing of antibiotics by ANPs is being explored.  |
| <b>20.2</b> Ongoing surveillance of all VAD-related infections<br><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.<br>There was a single vascular access device SAB associated with the renal unit in November, following a cluster in August.   |
| <b>20.3</b> Ongoing surveillance of all CAUTI<br><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.<br>E-documentation bundles for catheter insertion and maintenance, to be added to Patienttrack for Acute services, are still awaited. |
| <b>20.4</b> Optimise comms with all clinical teams in ASD & the HSCP<br><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.<br>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

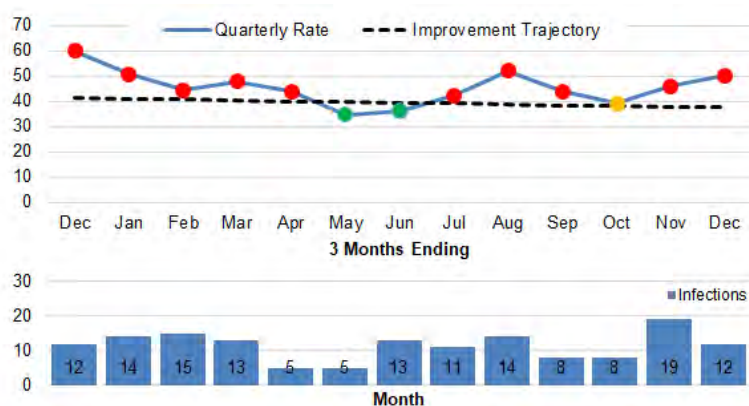
| Improvement Actions   | Update   |
|---|--|
| <b>20.1</b> Reducing recurrence of CDI<br><i>By Mar-22</i>  | Each CDI occurrence is reviewed by a consultant microbiologist. The patients clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection.<br>To reduce recurrence of CDI Infection, two treatments are utilized in Fife:<br>1) Fidaxomicin is used for patients at high risk of recurrent CDI<br>2) Bezlotoxumab is also used to prevent recurrence, whilst FMT (Faecal microbiota transplantation) is unavailable during the pandemic |
| <b>20.2</b> Reduce overall prescribing of antibiotics<br><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.<br>Empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.  |
| <b>20.3</b> Optimise communications with all clinical teams in ASD & the HSCP<br><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.<br>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.<br>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

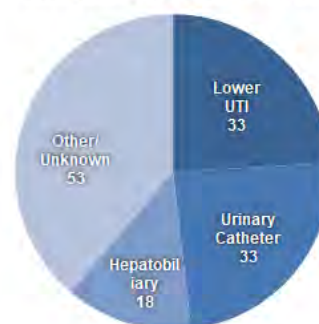
### ECB (HAI/HCAI)

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   |
|---|--|
| <b>20.1</b> Optimise communications with all clinical teams in ASD & the HSCP<br><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.<br>There were 3 trauma associated CAUTIs in 2020 - learning from these will be fed back to the Urinary Catheter Improvement Group.  |
| <b>20.2</b> Formation of ECB Strategy Group<br><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.<br>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.<br>Further improvement work from the group will be reviewed in 2021.   |
| <b>20.3</b> Ongoing work of Urinary Catheter Improvement Group (UCIG)<br><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"> <li>A CAUTI QI programme which started at Cowdenbeath GP practice (currently paused)</li> <li>E-documentation bundles for catheter insertion and maintenance</li> <li>Continence services continue to support all care/nursing homes across Fife to promote catheter care and adequate hydration</li> <li>Continence/hydration folders in use at all care and residential homes</li> <li>Education 'Top Tips' videos and newsletters published on BLINK</li> </ul> Guidance on catheter maintenance solutions and Pathways for the management of difficult insertions have been completed. |

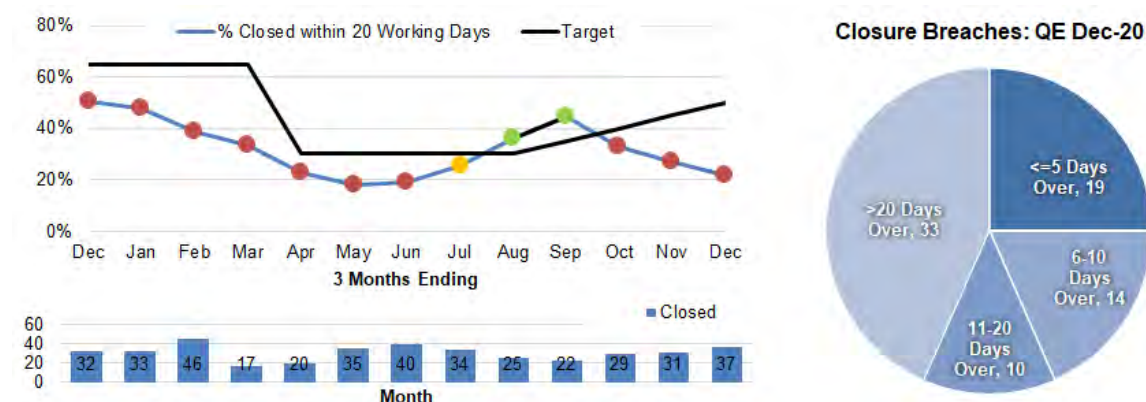
## Clinical Governance

### 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  |
|--|---|
| <b>20.1</b> Patient Relations Officers to undertake peer review  |   |
| <b>20.2</b> Deliver education to service to improve quality of investigation statements                      |   |
| <b>20.3</b> Agree process for managing medical statements, and a consistent style for responses              |   |
| <b>21.1</b> Agree process for managing complaint performance and quality of complaint responses<br>By Mar-21 | <p>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.</p> <p>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.</p> |
| <b>21.2</b> Deliver virtual training on complaints handling<br>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.  |

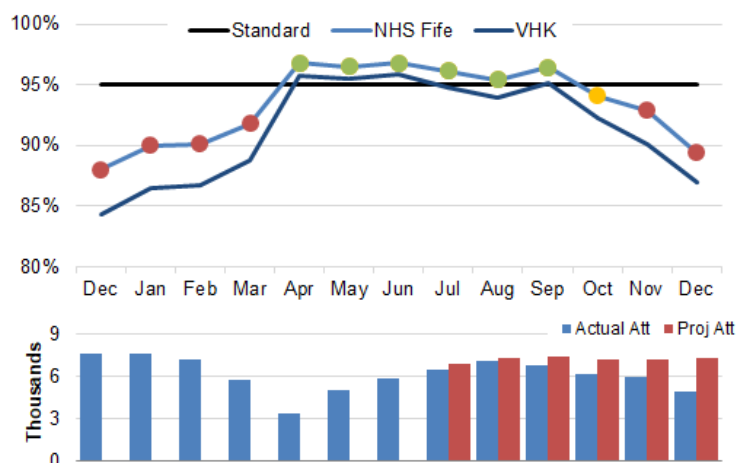


## Finance, Performance & Resources – Operational Performance

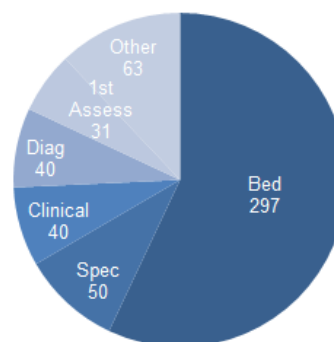
### 4-Hour Emergency Access

*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

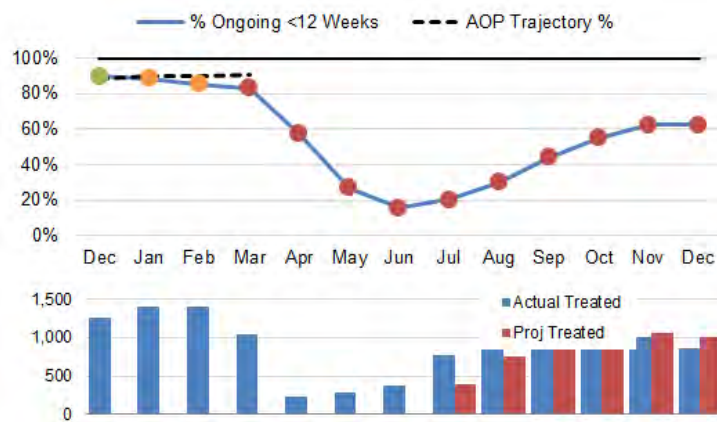
| Improvement Actions  | Update  |
|--|---|
| 20.1 Formation of PerformED group to analyse performance trends                                  |   |
| 20.4 Development of services for ECAS  |   |
| 20.5 Medical Assessment and AU1 Rapid Improvement Group  |   |
| 21.1 Erroneous action, now removed, but the numbering has been retained for continuity           |   |
| 21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub<br>By Mar-22 | Commenced on the 1 <sup>st</sup> December – ED supporting through final triage of patients by consultants in Emergency Medicine |

## Finance, Performance & Resources – Operational Performance

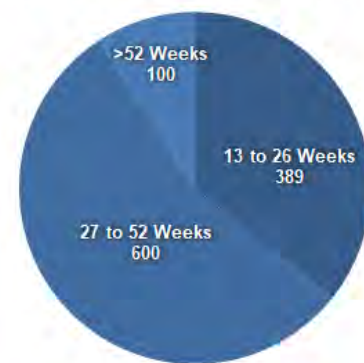
### Patient TTG

*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

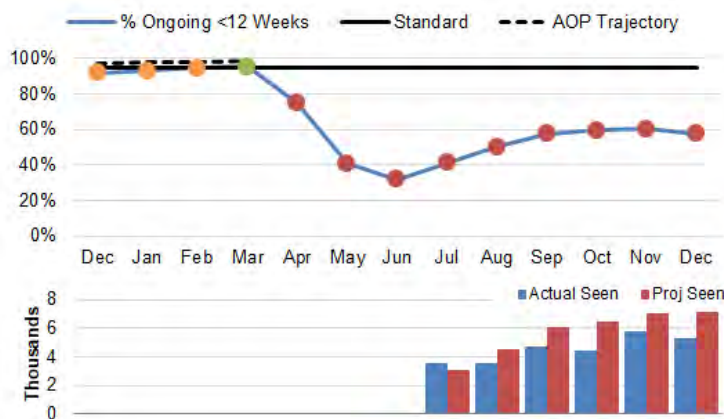
| Improvement Actions   | Update   |
|---|--|
| 20.2 Develop Clinical Space Redesign Improvement plan                 |  |
| 20.3 Theatre Action Group develop and deliver plan                    |  |
| 20.4 Review DCAQ and develop waiting times improvement plan for 20/21 |  |
| 21.1 Develop and deliver transformation plan<br>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

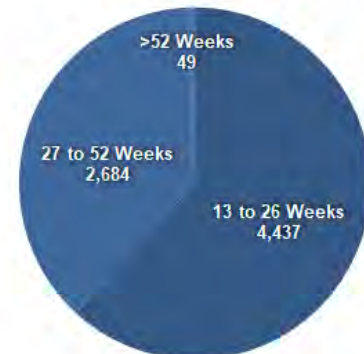
### New Outpatients

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  |
|--|---|
| <b>20.1</b> Review DCAQ and secure activity to deliver funded activity in WT improvement plan      |   |
| <b>20.2</b> Develop OP Transformation programme.   |   |
| <b>20.3</b> Improve recruitment to vacant posts<br>By Mar-21                                       | Action continues – includes consideration of service redesign to increase capacity                                  |
| <b>21.1</b> Review DCAQ in relation to WT improvement plan   |   |
| <b>21.2</b> Refresh OP Transformation programme actions<br>By Mar-21                               | This action is related to 20.2, above, but seeks to sustain delivery of improvements introduced during the pandemic |
| <b>21.3</b> Develop clinic capacity modelling tool   |   |
| <b>21.4</b> Validate new and review waiting list against agreed criteria<br>By Mar-21 (was Jan-21) | Validation still to be complete   |

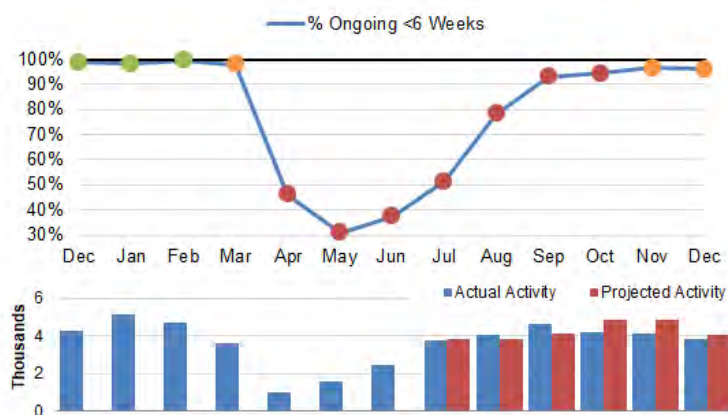


## Finance, Performance & Resources – Operational Performance

### 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

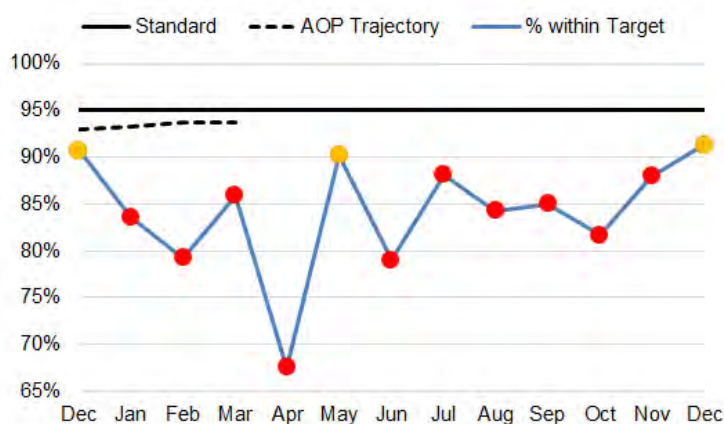
| Improvement Actions  | Update  |
|--|---|
| <b>21.1 Review DCAQ and develop remobilisation plans for Radiology and Endoscopy</b>               |   |
| <b>21.2</b> Undertake new and planned waiting list validation against agreed criteria<br>By Mar-21 | Complete for radiology and complete for new referrals for Endoscopy. Planned waiting list validation for Endoscopy is underway. |
| <b>21.3</b> Improve recruitment to vacant posts<br>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

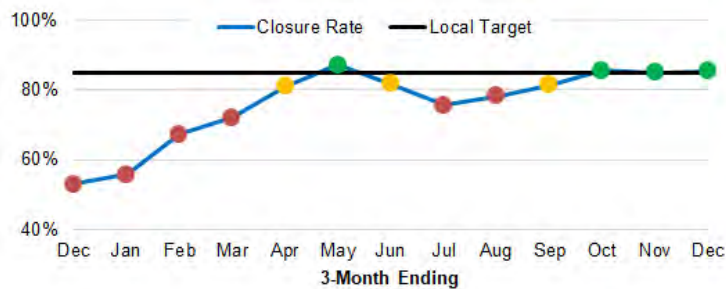
| Improvement Actions  | Update   |
|--|--|
| <b>20.3</b> Robust review of timed cancer pathways to ensure up to date and with clear escalation points<br><i>By Mar-21</i> | This will be addressed as part of the overall recovery work and in line with priorities set by the leadership team.<br>DCAQ of cancer pathways delayed due to pandemic, but work is to restart.  |
| <b>20.4</b> Prostate Improvement Group to continue to review prostate pathway<br><i>By Mar-21</i>                            | This is ongoing work related to Action 20.3, with the specific aim being to minimise waits post MDT.<br>Funding from Scottish Government has been secured to clinically review MDT and outcomes. |
| <b>21.1</b> Establishment of Cancer Structure to develop and deliver a Cancer Strategy                                       |  |
| <b>21.2</b> Cancer Strategy Group to take forward the National Cancer Recovery Plan<br><i>By Jun-21</i>                      | The National Cancer Recovery Plan has been published.<br>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

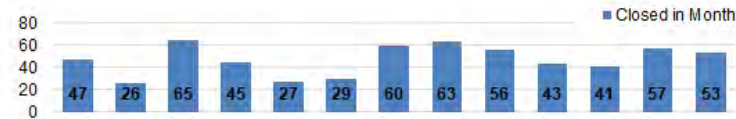
### Freedom of Information Requests

*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  |
|---|---|
| <b>20.5</b> Refresh process with H&SC partnership for requests received that relate to their services |   |
| <b>20.7</b> Formalise long-term resource requirements for FOI administration                          |   |
| <b>21.1</b> Organisation-wide Publication Scheme to be introduced<br><i>By Jul-21, Dec-21</i>         | New action, to reflect ongoing improvement work<br>Design to be agreed by July and implemented by end of 2021.  |
| <b>21.2</b> Improve communications relating to FOISA work<br><i>By Dec-21</i>                         | New action, to reflect ongoing improvement work<br>FOISA information papers detailing process and performance to go to EDG periodically, or when requested.<br>Papers will then be used as SOPs and to support evidence of NHS Fife FOISA compliance. |

## Finance, Performance & Resources – Operational Performance

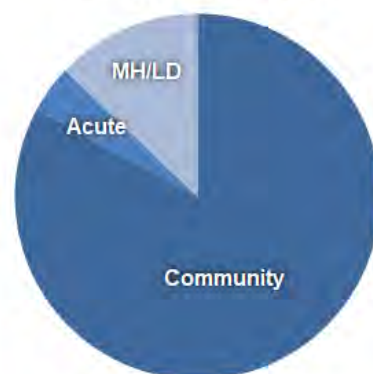
### Delayed Discharges (Bed Days Lost)

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



#### Bed Days Lost | Dec-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

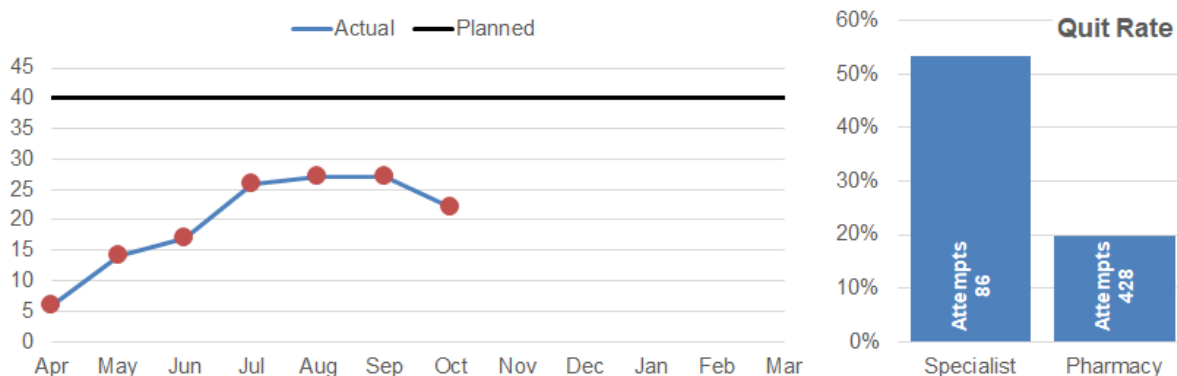
| Improvement Actions  | Update   |
|--|--|
| <b>20.1</b> Test a trusted assessors model for patients transferring to STAR/assessment beds               |  |
| <b>20.3</b> Moving On Policy to be implemented   | The Moving on Procedure has been signed off and is now operational<br>Action complete  |
| <b>20.4</b> Improve flow of comms between wards and Discharge HUB  |  |
| <b>20.5</b> Increase capacity within care at home  |  |
| <b>21.1</b> Progress HomeFirst model<br>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. |
| <b>21.2</b> Develop virtual community HUB across east hospitals to include Ninewells Hospital<br>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  |
|--|---|
| <b>20.2</b> 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.<br><b>Action paused due to COVID-19</b>   |
| <b>20.3</b> 'Better Beginnings' class for pregnant women<br><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.  |
| <b>20.4</b> Enable staff access to medication whilst at work   | <b>Action paused due to COVID-19</b>  |
| <b>21.1</b> Assess use of Near Me to train staff<br><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  |
| <b>21.2</b> Support Colorectal Urology Prehabilitation Test of Change Initiative<br><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. |

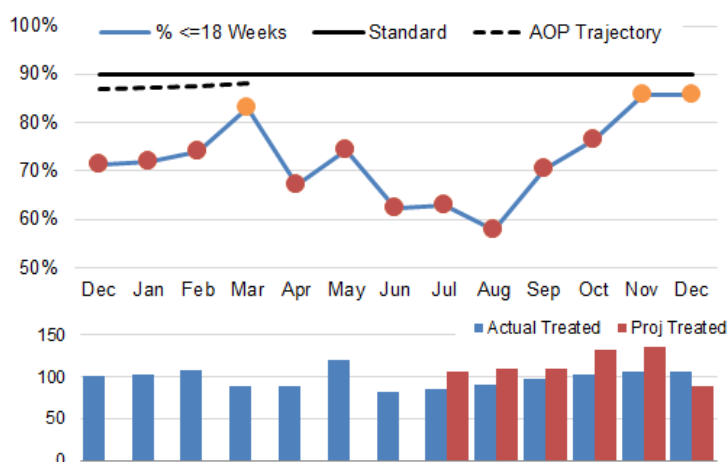


## Finance, Performance & Resources – Operational Performance

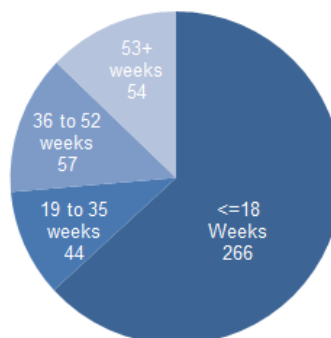
### CAMHS 18 weeks RTT

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

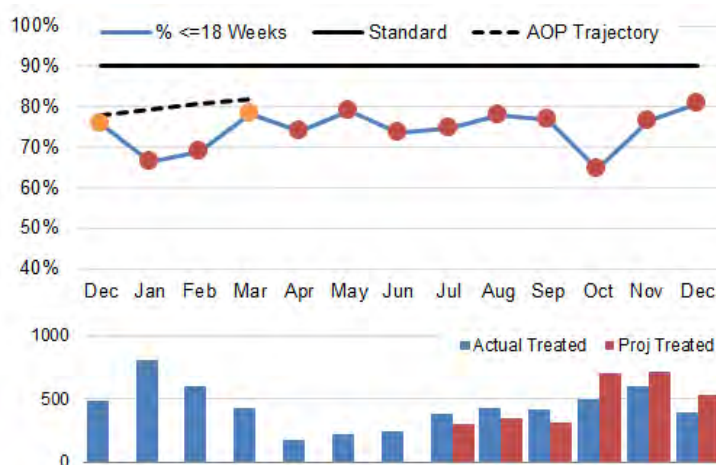
| Improvement Actions   | Update   |
|---|--|
| <b>20.1</b> Re-Introduction of PMHW First Contact Appointments System             | All posts currently recruited to. PMHW service functioning at optimum capacity.<br>Action complete   |
| <b>20.2</b> Waiting List Additional Staffing Resource                             |  |
| <b>20.3</b> Introduction of Team Leader Role                                      |  |
| <b>21.1</b> Re-design of Group Therapy Programme<br><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.   |
| <b>21.2</b> 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.<br>Action complete  |
| <b>21.3</b> Build CAMHS Urgent Response Team<br><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.<br><br>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

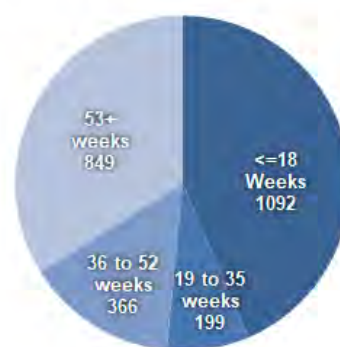
### Psychological Therapies 18 weeks RTT

*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)

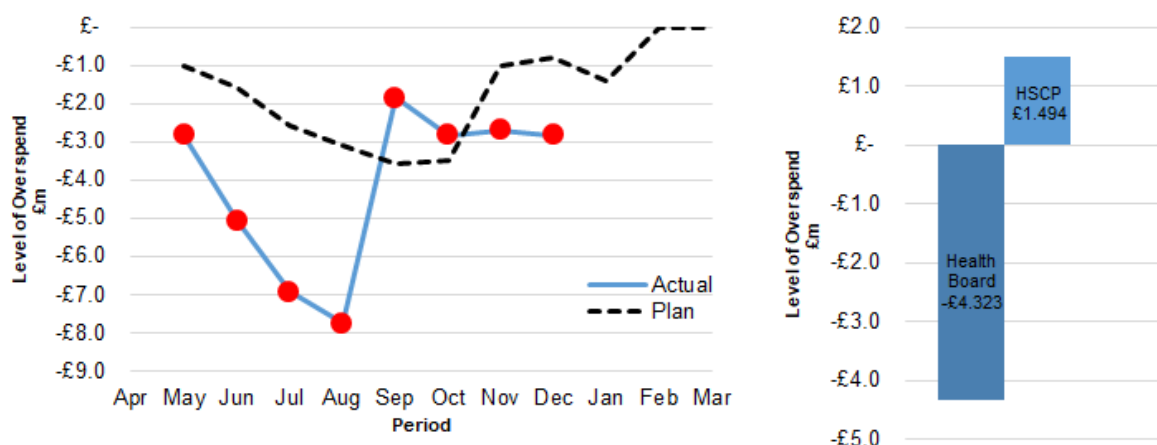
| Improvement Actions   | Update  |
|---|---|
| <b>20.2</b> Introduction of extended group programme in Primary Care    |   |
| <b>20.3</b> Redesign of Day Hospital provision                          | Redesign has been implemented and developments are underway relating to therapeutic provision – action complete   |
| <b>20.4</b> 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.<br>Action complete  |
| <b>20.5</b> Trial of new group-based PT options<br><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. |
| <b>21.1</b> Introduction of additional on-line therapy options          |   |
| <b>21.2</b> 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.<br>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<br>£'000    | CY<br>£'000    | YTD<br>£'000   | Actual<br>£'000 | Variance<br>£'000 | Variance<br>% | Run Rate<br>£'000 | Core Unmet<br>Savings<br>£'000 | Net Core<br>Position<br>£'000 | Covid Unmet<br>Savings<br>£'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                               |
| <b>Total</b>                     | <b>779,445</b> | <b>836,098</b> | <b>601,661</b> | <b>604,490</b>  | <b>-2,829</b>     | <b>-0.47%</b> | <b>3,466</b>      | <b>-73</b>                     | <b>3,393</b>                  | <b>-6,222</b>                   |

#### 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   |
|---|--|
| <b>21.1</b> Local mobilisation plan<br><i>Ongoing throughout FY</i> | Partnering with the services to: <ul style="list-style-type: none"> <li>Identify additional spend relating to Covid-19</li> <li>Confirm final offsets against core positions</li> <li>Understand and quantify the financial implications of remobilisation of core services across NHSF</li> <li>Inform forecast outturn positions to the year end; in support of our statutory requirement to deliver a balanced RRL position</li> <li>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</li> </ul> |
| <b>21.2</b> Savings<br><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                   |
| <b>Total</b>                     | <b>836,098</b> | <b>-2,829</b> | <b>-0.47%</b> | <b>3,466</b>      | <b>-73</b>         | <b>3,393</b>      | <b>-6,222</b>       |

| 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                   |
| <b>Health Board</b>                           | <b>459,503</b> | <b>-4,363</b> | <b>-1.35%</b> | <b>1,935</b>      | <b>-76</b>         | <b>1,859</b>      | <b>-6,222</b>       |
| 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                   |
| <b>Sub-total Integration Joint Board Core</b> | <b>435,510</b> | <b>1,483</b>  | <b>0.69%</b>  | <b>1,480</b>      | <b>3</b>           | <b>1,483</b>      | <b>0</b>            |
| IJB Risk Share Arrangement                    | 0              | 0             |               | 0                 | 0                  | 0                 | 0                   |
| <b>Total Integration Joint Board - Health</b> | <b>435,510</b> | <b>1,483</b>  | <b>0.69%</b>  | <b>1,480</b>      | <b>3</b>           | <b>1,483</b>      | <b>0</b>            |
| <b>Total Expenditure</b>                      | <b>895,013</b> | <b>-2,880</b> | <b>-0.43%</b> | <b>3,415</b>      | <b>-73</b>         | <b>3,342</b>      | <b>-6,222</b>       |
| 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                   |
| <b>Net Position Including Income</b>          | <b>836,097</b> | <b>-2,829</b> | <b>-0.47%</b> | <b>3,466</b>      | <b>-73</b>         | <b>3,393</b>      | <b>-6,222</b>       |

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<br>£'000    | CY<br>£'000    | YTD<br>£'000   | Actual<br>£'000 | Variance<br>£'000 | Variance<br>% | Run Rate<br>£'000 | Core Unmet<br>Savings<br>£'000 |
| <b>Acute Services Division</b>      |                |                |                |                 |                   |               |                   |                                |
| 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                            |
| <b>Total</b>                        | <b>203,538</b> | <b>210,137</b> | <b>156,905</b> | <b>160,921</b>  | <b>-4,016</b>     | <b>-2.56%</b> | <b>-4,130</b>     | <b>114</b>                     |

## 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               |
| <b>Net overspend</b> | <b>836,098</b> | <b>601,661</b> | <b>604,490</b> | <b>-2,829</b>    |

### 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.

## Finance, Performance & Resources – Finance

### 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<br>£'000 | Forecast Achievement (Core)<br>£'000 | Forecast unmet savings (Covid-19)<br>£'000 | Identified & Achieved Recurring<br>£'000 | Identified & Achieved Non-Recurring<br>£'000 | Identified & Achieved to Dec<br>£'000 | Forecast / Unidentified to March<br>£'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   |
| <b>Total Savings</b>   | <b>21,815</b>                 | <b>11,719</b>                        | <b>10,096</b>                              | <b>3,662</b>                             | <b>6,684</b>                                 | <b>10,346</b>                         | <b>1,373</b>                              |



## 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<br>£'000 | Offsets<br>£'000 | Savings<br>£'000 | Risk Share<br>£'000 | Total<br>£'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          |
| <b>Health Board Retained Budgets</b>               | <b>173</b>        | <b>4,257</b>     | <b>0</b>         | <b>0</b>            | <b>4,430</b>   |
|  |                   |                  |                  |                     | 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              |
| <b>Total IJB Delegated Health Budgets</b>          | <b>-2,012</b>     | <b>3,603</b>     | <b>1,800</b>     | <b>0</b>            | <b>3,391</b>   |
|  |                   |                  |                  |                     | 0              |
| <b>Offsetting cost reductions - return to SG</b>   | <b>0</b>          | <b>-7,860</b>    | <b>0</b>         | <b>0</b>            | <b>-7,860</b>  |
|  |                   |                  |                  |                     | 0              |
| <b>Total Forecast Outturn</b>                      | <b>-1,839</b>     | <b>0</b>         | <b>1,800</b>     | <b>0</b>            | <b>-39</b>     |

## 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<br>Recurring<br>£'000 | Earmarked<br>Recurring<br>£'000 | Non-<br>Recurring<br>£'000 | Total<br>£'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            |  |
|             |   |                                |                                 |                            |                |  |
|             |   |                                |                                 |                            |                |  |
|             | <b>Total Core RRL Allocations</b>                 | <b>700,161</b>                 | <b>70,939</b>                   | <b>51,521</b>              | <b>822,621</b> |  |
|             |   |                                |                                 |                            |                |  |
| 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            |  |
|             |   |                                |                                 |                            |                |  |
|             | <b>Total Anticipated Core RRL Allocations</b>     | <b>0</b>                       | <b>-1,327</b>                   | <b>5,469</b>               | <b>4,142</b>   |  |
|             |   |                                |                                 |                            |                |  |
| Anticipated | IFRS  |                                |                                 | 8,874                      | 8,874          |  |
| Anticipated | Donated Asset Depreciation                        |                                |                                 | 132                        | 132            |  |
| Anticipated | Impairment  |                                |                                 | 500                        | 500            |  |
| Anticipated | AME Provisions                                    |                                |                                 | -172                       | -172           |  |
|             | <b>Total Anticipated Non-Core RRL Allocations</b> | <b>0</b>                       | <b>0</b>                        | <b>9,334</b>               | <b>9,334</b>   |  |
|             |   |                                |                                 |                            |                |  |
|             | <b>Grand Total</b>                                | <b>700,161</b>                 | <b>69,612</b>                   | <b>66,324</b>              | <b>836,097</b> |  |

## Finance, Performance & Resources – Finance

### Appendix 2: Corporate Directories – Core Position

|                                     | CY Budget<br>£'000 | YTD Budget<br>£'000 | YTD Actuals<br>£'000 | YTD Variance<br>£'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                   |
| <b>Total</b>                        | <b>37,785</b>      | <b>22,134</b>       | <b>21,453</b>        | <b>681</b>            |

### Appendix 3: Service Agreements

|                            | CY Budget<br>£'000 | YTD Budget<br>£'000 | YTD Actuals<br>£'000 | YTD Variance<br>£'000 |
|----------------------------|--------------------|---------------------|----------------------|-----------------------|
| <b>Health Board</b>        |                    |                     |                      |                       |
| 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                   |
|                            | <b>78,325</b>      | <b>58,744</b>       | <b>57,260</b>        | <b>1,484</b>          |
| <b>UNPACS</b>              |                    |                     |                      |                       |
| Health Boards              | 10,627             | 7,970               | 8,263                | -293                  |
| Private Sector             | 1,245              | 934                 | 1,534                | -600                  |
|                            | <b>11,872</b>      | <b>8,904</b>        | <b>9,797</b>         | <b>-893</b>           |
| <b>OATS</b>                |                    |                     |                      |                       |
|                            | 711                | 533                 | 131                  | 402                   |
| <b>Grants</b>              |                    |                     |                      |                       |
|                            | 65                 | 65                  | 63                   | 2                     |
| <b>Total</b>               | <b>90,973</b>      | <b>68,246</b>       | <b>67,251</b>        | <b>995</b>            |

## Appendix 4 - Financial Flexibility & Allocations

|                                 | CY Budget<br>£'000 | Flexibility Released<br>to Dec-20<br>£'000 |
|---------------------------------|--------------------|--|
| <b>Financial Plan</b>           |                    |  |
| 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                                      |
|                                 |                    |  |
| <b>Sub Total Financial Plan</b> | <b>7,831</b>       | <b>3,014</b>                               |
| <b>Allocations</b>              |                    |  |
| 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  |
| <b>Sub Total Allocations</b>    | <b>14,179</b>      | <b>6</b>                                   |
|                                 |                    |  |
| <b>Total</b>                    | <b>22,010</b>      | <b>3,020</b>                               |

## Finance, Performance & Resources – Finance

### Appendix 5 – Initial Covid-19 funding

| COVID funding                          | Health Board  | Health delegated | Social Care delegated | Total         | Capital    | Primary Care Funding |
|--|---------------|------------------|-----------------------|---------------|------------|----------------------|
|  | £000's        | £000's           | £000's                | £000's        | £000's     | £000's               |
| <b>Allocation Q1 to Q4</b>             | 22,540        | 6,546            | 4,458                 | 33,544        | 999        | 1,559                |
| <b>Anticipated allocation</b>          | 4,804         |                  | 5,287                 | 10,091        |            |                      |
| <b>Total funding</b>                   | <b>27,344</b> | <b>6,546</b>     | <b>9,745</b>          | <b>43,635</b> | <b>999</b> | <b>1,559</b>         |
| <b>Allocations made for Apr to Dec</b> |               |                  |                       |               |            |                      |
| 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                 |               |            |                      |
| <b>Total allocations made to M9</b>    | <b>11,583</b> | <b>5,045</b>     | <b>1,923</b>          | <b>16,628</b> | <b>0</b>   | <b>1,559</b>         |
| <b>Elective / Planned Care</b>         | <b>7,724</b>  |                  |                       | <b>7,724</b>  |            |                      |
| <b>Capital</b>                         |               |                  |                       |               | <b>999</b> |                      |
| <b>Total</b>                           | <b>19,307</b> | <b>5,045</b>     | <b>1,923</b>          | <b>24,352</b> | <b>999</b> | <b>1,559</b>         |
| <b>Balance In Reserves</b>             | <b>3,233</b>  | <b>1,501</b>     | <b>2,535</b>          | <b>9,192</b>  | <b>0</b>   | <b>0</b>             |

## Finance, Performance & Resources – Finance

### Capital Expenditure

*NHS Boards are required to work within the capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)*

#### Local Performance



#### Commentary

The total Capital Resource Limit for 2020/21 is £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  |
|---|---|
| <b>21.1</b> Managing expenditure programme within resources available<br><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<br>Confirmed Funding<br>£'000 | Total Expenditure<br>to Date<br>£'000 | Projected Expenditure<br>2020/21<br>£'000 |
|---|-----------------------------------|---------------------------------------|---|
| <b>COMMUNITY &amp; PRIMARY CARE</b>             |                                   |                                       |   |
| 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   |
| <b>Total Community &amp; Primary Care</b>       | <b>577</b>                        | <b>295</b>                            | <b>577</b>                                |
| <b>ACUTE SERVICES DIVISION</b>                  |                                   |                                       |   |
| 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  |
| <b>Total Acute Services Division</b>            | <b>9,179</b>                      | <b>2,827</b>                          | <b>9,179</b>                              |
| <b>NHS FIFE WIDE SCHEMES</b>                    |                                   |                                       |   |
| 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   |
| <b>Total NHS Fife Wide Schemes</b>              | <b>1,426</b>                      | <b>779</b>                            | <b>1,426</b>                              |
| <b>TOTAL CONFIRMED ALLOCATION FOR 2020/21</b>   | <b>11,182</b>                     | <b>3,900</b>                          | <b>11,182</b>                             |
| <b>ANTICIPATED ALLOCATIONS 2020/21</b>          |                                   |                                       |   |
| 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  |
| <b>Anticipated Allocation for 2020/21</b>       | <b>2,166</b>                      | <b>917</b>                            | <b>2,166</b>                              |
| <b>Total Anticipated Allocation for 2020/21</b> | <b>13,348</b>                     | <b>4,817</b>                          | <b>13,348</b>                             |

## Finance, Performance & Resources – Finance

### 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          |
| <b>Community &amp; Primary Care</b>          |                        |                                   |                     |                |
| 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            |
| <b>Total Community &amp; Primary Care</b>    | <b>0</b>               | <b>495</b>                        | <b>0</b>            | <b>495</b>     |
| <b>Acute Services Division</b>               |                        |                                   |                     |                |
| 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          |
|  | <b>0</b>               | <b>7,776</b>                      | <b>400</b>          | <b>8,176</b>   |
| <b>Fife Wide</b>                             |                        |                                   |                     |                |
| 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              |
| <b>Total Fife Wide</b>                       | <b>7,394</b>           | <b>-4,883</b>                     | <b>0</b>            | <b>2,511</b>   |
| <b>Total</b>                                 | <b>7,394</b>           | <b>3,387</b>                      | <b>400</b>          | <b>11,181</b>  |
| <b>ANTICIPATED ALLOCATIONS 2020/21</b>       |                        |                                   |                     |                |
| 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             |
| <b>Anticipated Allocation for 2020/21</b>    | <b>2,167</b>           | <b>0</b>                          | <b>0</b>            | <b>2,167</b>   |
| <b>Total Planned Expenditure for 2020/21</b> | <b>9,561</b>           | <b>3,387</b>                      | <b>400</b>          | <b>13,348</b>  |

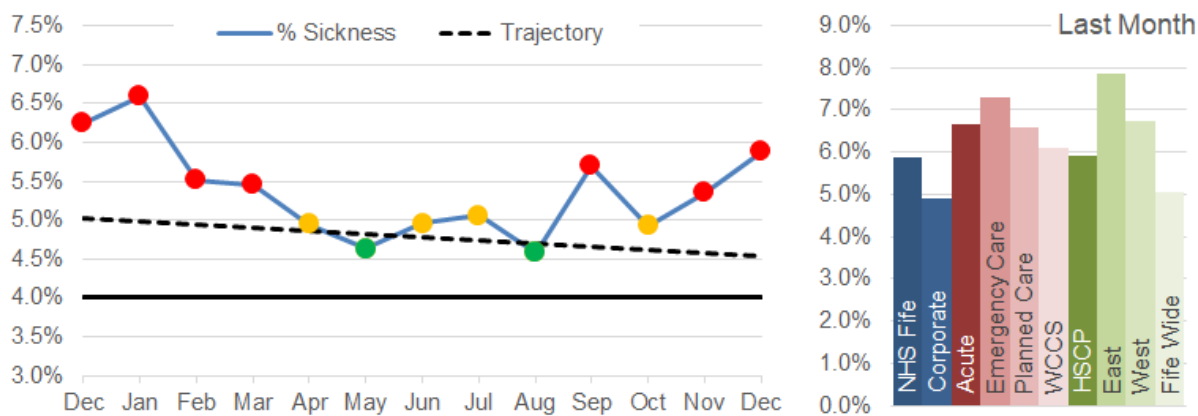


## Staff Governance

### Sickness Absence

To achieve a sickness absence rate of 4% or less  
Improvement Target for 2020/21 = **4.39%**

#### Local Performance (Source: Tableau, from December 2019)



#### National Benchmarking

| Month    | 2019/20 |       |       |       |       | 2020/21 |       |       |       |       |       |       |       |
|----------|---------|-------|-------|-------|-------|---------|-------|-------|-------|-------|-------|-------|-------|
|          | 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% | 5.69% | 4.93% | 5.35% | 5.87% |
| 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<br>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<br><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> |
| <b>21.2</b> Review the function of the Promoting Attendance Group<br><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>                               |
| <b>21.3</b> Restart Promoting Attendance Panels                                       |   |

**MARGO MCGURK**

Director of Finance and Performance

17<sup>th</sup> February 2021

Prepared by:

**SUSAN FRASER**

Associate Director of Planning & Performance

# 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<br>(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<br>(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)<br>(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<br>(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<br>(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<br>(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<br>(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<br>(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<br>(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<br>(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<br>(Definitions as per Published Statistics)           | Projected | 309         | 309    | 103         | 103    | 103       | 309    |  |             |
|  | Actual    | 275         | 281    |             |        |           |        |  |             |
|  | Variance  | -34         | -28    |             |        |           |        |  |             |
| CAMHS - First Treatment, Patients Treated<br>(Definitions as per Published Statistics)                   | Projected | 325         | 356    | 104         | 105    | 86        | 295    |  |             |
|  | Actual    | 274         | 314    |             |        |           |        |  |             |
|  | Variance  | -51         | -42    |             |        |           |        |  |             |
| Psychological Therapies - First Treatment, Patients Treated<br>(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) <sup>1</sup> | Projected | 79        | 79        | 88        | 83     | 74     | 74        |
|  | Actual    | 75        | 51        | 75        |        |        |           |
|  | Variance  | -4        | -28       | -13       |        |        |           |

<sup>1</sup> 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

|                        |  |
|------------------------|--|
| Meeting:               | NHS Fife Finance, Performance and Resources Committee      |
| Meeting date:          | 16 March 2021  |
| Title:                 | Winter Report 2020/21                                      |
| Responsible Executive: | Helen Buchanan, Director of Nursing                        |
| Report Author:         | Susan Fraser, Associate Director of Planning & Performance |

## 1 Purpose

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

- Discussion

**This report relates to the:**

- Winter Report 2020/21 – Data to January 2021

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

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

### 2.2 Background

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

The Winter Plan aims to:

- Describe the arrangements in place to cope with increased demand on services over the winter period and subsequent COVID-19 waves

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

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

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

## 2.3 Assessment

### A&E

95% Standard has not been met since Week Ending 27<sup>th</sup> September. However, has been above the Scotland average since mid-December and has reached over 90% at the end of January. On average, there are 381 less ED attendances per week this year (April to Jan) compared with last year. However, there are the challenges of Covid-19 as well as high acuity.

### Covid-19

Since the start of the 2<sup>nd</sup> wave of Covid-19 our peak of weekly Covid-19 Bed days in Acute was 596 for both confirmed and suspected patients, with 564 of those being confirmed, this was reached week ending 17<sup>th</sup> January. The peak of weekly Covid-19 Bed days in community hospital was 383 for both confirmed and suspected patients, with 358 of those being confirmed, this was reached week ending 31<sup>st</sup> January.

### Occupancy

VHK occupancy went above 90% at the start of January but has since recovered below 90%. However, the Amber pathway has been under continual pressure over 90% throughout winter, with stages during December and January where this breached 100%.

### Delayed Discharges

In January the number of bed days lost to Delayed Discharges per week has continually been below 15. There has been a slight rise in the latter half of January compared to the very low numbers at the start, but overall an average of 7. This is compared to an average of 68 bed days lost in the same period 2019.

### Health & Social Care Placements

H&SCP achieved an average of 92.8% of placements during the 4-week period of January. With social care placements falling short 3 out of 4 weeks, averaging out at 83%.

ICASS/H@H fall short but quite a large amount for 2 weeks in January, however greatly improved the other 2 weeks, averaging out at 92%.

Most of the Winter Plan actions are complete or on track. The following actions are ongoing, with slippage, but no concerns about impact on Winter Planning:

- 4.1.2 Implement Home First Model - more timely discharges & realistic home-based assessments
- 4.1.4 Restructure of medical assessment and admissions
- 4.1.5 Process re the use of Near Me for Unscheduled Care
- 4.8.10 Develop action plans for outbreak prevention and management of high-vulnerability settings and events. The aim of identifying these settings is to minimise the outbreak risks.
- 4.8.13 Local delivery framework for COVID-19 immunisation to be developed and implemented using outputs of national work
- 4.8.14 PMO to be established for COVID-19 immunisation programme and required workforce to be recruited

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

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

### **2.3.2 Workforce**

Workforce planning is key to Winter Planning

### **2.3.3 Financial**

Financial planning is key to Winter Planning

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

Options for Surge Capacity over winter have been risk assessed

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

Not applicable.

### **2.3.6 Other impact**

None.

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

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

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

Discussed at Silver and Bronze Winter Planning Groups

## 2.4 Recommendation

The NHS Fife Finance, Performance and Resources Committee is requested to:

- **Discuss** the contents of the Winter Report (January 2021)

## 3 List of appendices

None

### Report Contact

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# Winter Planning

Monthly Report

Week Ending 10<sup>th</sup> to 31<sup>st</sup> January 2021

## Contents

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## Introduction

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

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

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

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

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

## Section A: Executive Summary

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

| A&E  | Narrative  |  |
|--|--|--|
|  | <p>The 95% Standard has not been met since Week Ending 27<sup>th</sup> September. The board average has risen above the Scotland average since week ending 13<sup>th</sup> December and has maintained above, reaching above 90% at the end of January.</p>      |  |
|  | <p>Attendances generally plateaued a bit during December with an increased over New Year, however, has been on a steady decline throughout January. On average, there are 381 less ED attendances per week this year (April to Jan) compared with last year.</p> |  |
| Commentary   |  |  |
| <p>Second lockdown had the impact of supressing ED attendances, with a reduction seen in minor injuries in particular.</p> |  |  |

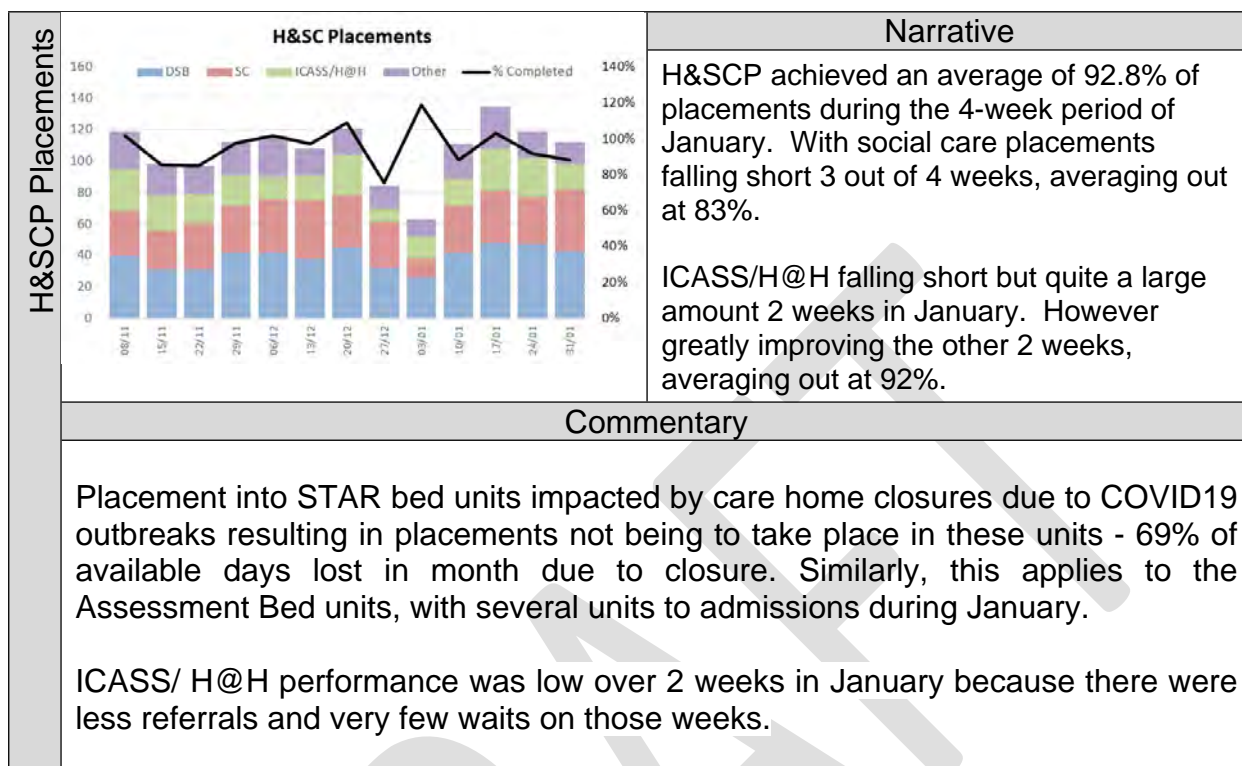
| Covid-19 Bed Days | Narrative  |  |
|-------------------|--|--|
|                   | <p>Since the start of the 2<sup>nd</sup> wave of Covid-19 our peak of weekly Covid-19 Bed days in Acute was 596 for both confirmed and suspected patients, with 564 of those being confirmed, this was reached week ending 17<sup>th</sup> January.</p> <p>Since the start of the 2<sup>nd</sup> wave of Covid-19 our peak of weekly Covid-19 Bed days in community hospital was 383 for both confirmed and suspected patients, with 358 of those being confirmed, this was reached week ending 31<sup>st</sup> January.</p> |  |
|                   | Commentary   |  |
|                   | <p><u>Acute</u></p> <p>Increase in COVID bed days aligned to second wave of COVID and increase in COVID presentations following the festive period.</p> <p><u>HSCP</u></p> <p>Covid-19 bed days lost have increased within the community hospitals due to ward outbreaks. Throughout January, and at the peak, over 100 beds were closed. Additional testing prior to all patient transfers or admission have now been</p>   |  |

implemented to prevent further hospital acquired spread. Inpatient vaccination programmes commenced 15<sup>th</sup> February.

| Acute Occupancy & Delays  | Narrative  |  |
|---|--|--|
|   | <p>VHK occupancy went above 90% at the start of January but has since recovered below 90%. However, the Amber pathway has been under continual pressure over 90% throughout winter, with stages during December and January where this breached 100%.</p> <p>In January the number of bed days lost to Delayed Discharges per week has continually been below 15. There has been a slight rise in the latter half of January compared to the very low numbers at the start of January, but overall an average of 7 during January. This is compared to an average of 68 bed days lost in the same period 2019.</p> |  |
|   | Commentary   |  |
| <p>Traditionally, the start of January sees a spike in activity, which we experienced again this year. Ice and snow brought a large spike in Orthopaedic trauma admissions, which pushed our amber capacity in excess of 100% and required significant work to resolve.</p> |  |  |

| Community Occupancy & Delays | Narrative  |  |
|------------------------------|--|--|
|                              | <p>For the majority of January bed occupancy within the community hospitals has been above 90% with it reaching 99% in the middle. The last week of January occupancy has slipped below 90%, however, several wards have also required to close due to infection during this period.</p> <p>There has been an average of 302 bed days lost per week in community hospitals due to delays in January. This compares to an average of 377 bed days lost per week at the same time in 2019.</p> |  |
|                              | Commentary   |  |
|                              | <p>Bed occupancy was less than the normal average of 98% due to significant Covid outbreaks. The mid-January peak was a result of the inability to discharge to Care homes. Continual close working with all our partners to ensure the appropriate pathway for patients. QID Packages of care, remain the most length in terms of waits</p>   |  |

The overall delay position shows an improved performance comparing with previous years - this is linked to a focus on HomeFirst, additional capacity within homecare & ICASS, and daily integrated capacity / flow huddles.





## Section B: Performance Summary to Week Ending 31<sup>st</sup> Jan 2021

### Weekly Unscheduled Care Monitoring Report

| Area                 | Indicator             | Trend | 08-Nov | 15-Nov | 22-Nov | 29-Nov | 06-Dec | 13-Dec | 20-Dec | 27-Dec | 03-Jan | 10-Jan | 17-Jan | 24-Jan | 31-Jan |
|----------------------|-----------------------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Urgent Care          | Contacts              |       | 1775   | 1810   | 1883   | 1743   | 1913   | 2209   | 2234   | 2262   | 2805   | 2481   | 2048   | 2019   | 1950   |
|                      | % ref to 2ndary Care  |       | 5.18%  | 4.36%  | 4.41%  | 6.20%  | 5.65%  | 3.80%  | 3.31%  | 4.64%  | 4.81%  | 4.19%  | 3.71%  | 3.62%  | 4.10%  |
|                      | OoT Home Visits       |       | 26     | 13     | 21     | 27     | 21     | 41     | 39     | 43     | 25     | 45     | 16     | 14     | 10     |
|                      | COVID Ax Centre       |       | 117    | 118    | 120    | 113    | 101    | 105    | 107    | 86     | 162    | 139    | 110    | 105    | 96     |
|                      | COVID Advice Calls    |       | 188    | 193    | 204    | 186    | 188    | 199    | 220    | 194    | 248    | 263    | 217    | 217    | 154    |
|                      | Direct Referral ED    |       |        |        |        |        | 67     | 170    | 138    | 126    | 110    | 115    | 119    | 127    | 120    |
|                      | Direct Referral MIU   |       |        |        |        |        | 89     | 124    | 156    | 128    | 151    | 137    | 125    | 116    | 111    |
|                      | ED to Book            |       |        |        |        |        | 20     | 45     | 47     | 30     | 56     | 75     | 24     | 22     | 15     |
|                      | MIU to Book           |       |        |        |        |        | 14     | 49     | 35     | 37     | 44     | 59     | 90     | 72     | 118    |
|                      | Virtual Assessment    |       |        |        |        |        | 37     | 47     | 59     | 39     | 48     | 48     | 19     | 28     | 19     |
| Emergency Department | Attendances           |       | 1012   | 947    | 922    | 969    | 869    | 949    | 974    | 822    | 987    | 893    | 832    | 760    | 759    |
|                      | Performance           |       | 91.3%  | 92.4%  | 91.8%  | 89.4%  | 82.6%  | 87.0%  | 85.0%  | 91.2%  | 86.6%  | 84.3%  | 88.6%  | 90.1%  | 90.9%  |
| VHK                  | Admissions            |       | 669    | 668    | 669    | 697    | 637    | 684    | 649    | 562    | 633    | 639    | 599    | 604    | 596    |
|                      | Emergency             |       | 590    | 588    | 589    | 621    | 561    | 604    | 591    | 525    | 615    | 623    | 570    | 571    | 562    |
|                      | Discharges            |       | 646    | 636    | 676    | 650    | 628    | 648    | 658    | 538    | 591    | 609    | 589    | 579    | 584    |
| Theatre Activity     | Scheduled             |       | 297    | 247    | 241    | 237    | 258    | 223    | 269    | 112    | 76     | 134    | 62     | 0      | 0      |
|                      | Cancelled             |       | 15     | 18     | 10     | 13     | 16     | 11     | 13     | 7      | 7      | 8      | 2      | 0      | 0      |
|                      | Hospital Cancelled    |       | 1      | 0      | 1      | 1      | 1      | 1      | 0      | 0      | 3      | 0      | 0      | 0      | 0      |
| VHK Bed Utilisation  | Occupancy             |       | 89%    | 83%    | 89%    | 87%    | 90%    | 90%    | 90%    | 77%    | 84%    | 93%    | 87%    | 89%    | 81%    |
|                      | Amber Wards Occupancy |       | 96.4%  | 97.0%  | 103.1% | 97.1%  | 100.6% | 101.2% | 100.6% | 87.8%  | 97.0%  | 102.5% | 91.2%  | 100.8% | 93.9%  |
|                      | COVID Bed Days        |       | 470    | 514    | 419    | 403    | 313    | 283    | 362    | 349    | 388    | 531    | 596    | 584    | 410    |
|                      | DD Bed Days           |       | 17     | 1      | 6      | 36     | 21     | 19     | 17     | 18     | 7      | 1      | 2      | 13     | 13     |
| HSC Placements       | Target                |       | 117    | 115    | 114    | 115    | 114    | 111    | 111    | 111    | 53     | 126    | 131    | 130    | 127    |
|                      | % Completed           |       | 102%   | 85%    | 85%    | 97%    | 102%   | 97%    | 109%   | 76%    | 119%   | 88%    | 103%   | 92%    | 88%    |
|                      | Completed             |       | 119    | 98     | 97     | 112    | 116    | 108    | 121    | 84     | 63     | 111    | 135    | 119    | 112    |
|                      | DSB                   |       | 40     | 31     | 31     | 42     | 42     | 38     | 45     | 32     | 26     | 42     | 48     | 47     | 43     |
|                      | SC                    |       | 28     | 25     | 29     | 30     | 34     | 37     | 33     | 29     | 12     | 30     | 33     | 30     | 39     |
|                      | ICASS/H@H             |       | 27     | 22     | 19     | 19     | 14     | 16     | 26     | 9      | 14     | 17     | 27     | 25     | 16     |
|                      | Other                 |       | 24     | 20     | 18     | 21     | 26     | 17     | 17     | 14     | 11     | 22     | 27     | 17     | 14     |
| Community Hospital   | Admissions            |       | 47     | 37     | 38     | 47     | 48     | 44     | 45     | 34     | 32     | 43     | 37     | 40     | 35     |
|                      | Discharges            |       | 46     | 35     | 40     | 46     | 47     | 42     | 42     | 32     | 31     | 42     | 34     | 38     | 36     |
|                      | Occupancy             |       | 95%    | 95%    | 94%    | 93%    | 97%    | 97%    | 95%    | 93%    | 94%    | 99%    | 99%    | 92%    | 89%    |
|                      | COVID Bed Days        |       | 102    | 91     | 89     | 60     | 26     | 78     | 65     | 45     | 51     | 37     | 177    | 315    | 383    |
|                      | DD Bed Days           |       | 242    | 269    | 312    | 324    | 414    | 362    | 307    | 269    | 256    | 310    | 365    | 276    | 258    |
|                      | DD Standard           |       | 135    | 143    | 174    | 179    | 254    | 225    | 184    | 132    | 130    | 181    | 214    | 114    | 137    |
|                      | DD Code 9             |       | 107    | 126    | 138    | 145    | 160    | 137    | 123    | 137    | 126    | 129    | 151    | 162    | 121    |

## Section C: Winter Plan Monitoring of Actions

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

| Ref   | Action  | Timescales | SRO          | Lead/s |                  |             | Workforce | Finance | Status | Progress  |
|-------|---|------------|--------------|--------|------------------|-------------|-----------|---------|--------|---|
|       |   |            |              | Corp   | Acute            | H&SC        |           |         |        |   |
| 4.1.1 | Scheduling of Unscheduled Care – creation of an integrated flow and navigation centre to triage, assess and manage unscheduled care | Nov-20     | DOA<br>DOHSC |        | DCOO<br>GM<br>EC | DGM<br>West |           |         |        | Integrated flow and navigation hub soft launched on 1st December. Continuous monitoring of impact and pathway effectiveness underway, but there are significant medical staffing demands associated with the model.   |
| 4.1.2 | Implement Home First Model - more timely discharges & realistic home-based assessments  | Jun-21     | DOHSC        |        |                  | DGM<br>West |           |         |        | <p>Short like working group established and critical appraisal be undertaken to look at pinch points in the system to inform a home first model by winter 2021.</p> <p>Delayed due to having to utilise all discharge options to cope with demand and enhance flow as a result of covid. Timescale changed to June 2021</p> |
| 4.1.3 | Scale up direct entry to STAR units from community MDT's  | Nov-20     | DOHSC        |        |                  | DGM<br>West |           |         |        | Link social workers from STAR support locality MDT's. Early discussions ongoing regards the pathway.  |



| Ref   | Action  | Timescales | SRO | Lead/s |          |      | Workforce | Finance | Status | Progress  |
|-------|---|------------|-----|--------|----------|------|-----------|---------|--------|---|
|       |   |            |     | Corp   | Acute    | H&SC |           |         |        |   |
| 4.1.4 | Restructure of medical assessment and admissions  | Apr-21     | DOA |        | GM<br>EC |      |           |         |        | The COVID 19 red pathway for admission will limit any changes that can be made to patient pathway and flow in the short term. Completion date changed to April 2021   |
| 4.1.5 | Process re the use of Near Me for Unscheduled Care  | Mar-21     | DOA |        | DCOO     |      |           |         |        | Near Me is being explored, however initial findings favour the use of telephone for triage. Completion date revised to March 2021   |
| 4.1.6 | Right Care – Right Place campaign to increase awareness of alternatives to the Emergency Department for minor, non-urgent illnesses and injuries and encourage local people to make use of local services | Mar-21     | DON | Comms  |          |      |           |         |        | Soft launched locally 1 December using national campaign assets. NHS Fife website updated, main banner promotion and regular social media posts. Media release and interview with Medical Director for local radio, prior to Christmas. Main national campaign will commence in January 2021. Staff Link Hub to support UC redesign created and working on the creation of a Ref Help section by end of December. Continues until 31 March 2021 in line with SG guidance and national public communications campaigns |

| Ref    | Action  | Timescales | SRO          | Lead/s |          |             | Workforce | Finance | Status | Progress   |
|--------|---|------------|--------------|--------|----------|-------------|-----------|---------|--------|--|
|        |   |            |              | Corp   | Acute    | H&SC        |           |         |        |  |
| 4.1.7  | Ensure national winter campaigns, key messages and services (including NHS 24 and NHS Inform) are promoted effectively across Fife and supported by relevant local information and advice | Mar-21     | DON          | Comms  |          |             |           |         |        | Show you care prepare national campaign started on 4 December and NHS Fife communications supporting national messages and campaign, winter section updated on website and local comms via Social media, Staff Link and local media. Continues until 31 March 2021 in line with SG guidance and national public communications campaigns |
| 4.1.8  | New model of care for Respiratory Pathway   | Nov-20     | DOA<br>DOHSC |        | GM<br>EC | DGM<br>West |           |         |        | A new nurse led advice line for respiratory patients that screens all referrals on the same day (GP and high health gains). This prevents deterioration and unnecessary admission. New pathway directly into hospital at home for direct step up. Another pathway has been developed for palliative care patients.                       |
| 4.1.9  | Ensure adequate Community Hospital capacity is available supported by community hospital and intermediate care redesign   | Oct-20     | DOHSC        |        |          | DGM<br>West |           |         |        | community hospital capacity monitored daily. Surge areas have been identified and utilised as per winter plan.   |
| 4.1.10 | Review capacity planning ICASS, Homecare and Social Care resources throughout winter including 7-day access to H@H  | Oct-20     | DOHSC        |        |          | DGM<br>West |           |         |        | Capacity reviewed daily and additional recruitment underway to increase further ICAS & H@H capacity to support increased in demand.  |

| Ref    | Action  | Timescales | SRO          | Lead/s |             |          | Workforce  | Finance | Status | Progress  |
|--------|---|------------|--------------|--------|-------------|----------|--|---------|--------|---|
|        |   |            |              | Corp   | Acute       | H&SC     |  |         |        |   |
| 4.1.11 | Focus on prevention of admission with further developments into High Health Gain, locality huddles to look at alternatives to GP admissions   | Oct-20     | DOHSC        |        |             | DGM West |  |         |        | Eight locality huddles in operation. Prevention of admission continues at 35% and data indicates a net reduction in admissions for VHK. Data to be interrogated further. Frailty model embedded and frailty practitioner now in post. |
| 4.1.12 | Continue to Test change to reconfigure STAR bed pathway   | Nov-20     | DOHSC        |        |             | DGM West |  |         |        | Stroke pathway has been developed. Small TOC completed. Scaled up.  |
| 4.1.13 | Weekly senior winter monitoring meeting to review winter planning metrics and take corrective action  | Oct-20     | DOA<br>DOHSC | AD P&P | DCOO<br>GMs | DGM West |  |         |        | Daily senior meeting in place to review daily metrics and corrective action taken in real time.   |
| 4.2.1  | Implementation of a sustainable 7-day OT and PT service for acute being progressed through the Integrated Capacity and Flow Group- invest to save to support effective patient flow and address de-conditioning.                | Dec-20     | DOA          |        | GM<br>WCCS  |          | 1.6 Band 6 PT<br>1.0 Band 5 OT<br>1.8 Band 4 HCSW<br>1 Band 4 HCSW | £72.5k  |        | 1.0 Band 5 PT and 0.5 OT in place to support Monday - Saturday Service. Sunday currently staffed by volunteers. No plans for further recruitment this winter but early planning for winter 2021/22                                    |
| 4.2.2  | Paediatric nurse staff levels currently being reviewed. The increased activity associated with winter combined with the requirement for managing Covid-19 pathways will require additional staff to ensure safe staffing levels | Oct-20     | DOA          |        | GM<br>WCCS  |          | 13.3 band 5<br>3 band 3  |         |        | Funding for 8WTE agreed. 8 additional staff to be recruited. Remainder to be subject of a business case in Q3 if still required   |

| Ref   | Action  | Timescales | SRO       | Lead/s             |       |          | Workforce | Finance | Status | Progress  |
|-------|---|------------|-----------|--------------------|-------|----------|-----------|---------|--------|---|
|       |   |            |           | Corp               | Acute | H&SC     |           |         |        |   |
| 4.2.3 | Implement flexible staffing models to utilise resources accordingly – managed by tactical workforce group, chaired by Associate Director of Nursing   | Nov-20     | DON       |                    | DCOO  | DGM West |           |         |        | The workforce hub has been re-instated the partnership  |
| 4.2.4 | Ensure NHS Fife staff are kept informed about preparations for winter including arrangements for staff flu vaccinations, local service arrangements and advice for patients   | Nov-20     | DON       | Comms              |       |          |           |         |        | Flu section on NHS Fife website and Staff Link Hub, Lead from the Front Staff Flu Vaccination Campaign instigated.<br>Winter hub live on NHS Fife website<br>Regular updates on Staff Link and weekly CE update throughout December, January and February |
| 4.2.5 | Occupational Health medical and nursing support was increased temporarily to support the pandemic efforts, funding has been secured to recruit to these posts on a substantive basis  | Nov-20     | DOW       | Workforce          |       |          |           |         |        | Temporary x-cover provided with substantive posts being prepared for advertisement  |
| 4.2.6 | Staff health and wellbeing signposting resources were provided from April 2020 and an expanded Staff Listening Service, (accessible to Health, H&SC Partnership, and care home staff), available from April 2020 to 31 March 2021 | Nov-20     | DOW / DON | Workforce/ Nursing |       |          |           |         |        | Expanded listening service in place until 31/03/2021.   |
| 4.2.7 | Mental Health Occupational Health nursing input in place for staff support from August 2020   | Aug-20     | DOW       | Workforce          |       |          |           |         |        | Completed   |

| Ref   | Action  | Timescales | SRO          | Lead/s |          |          | Workforce | Finance      | Status | Progress   |
|-------|---|------------|--------------|--------|----------|----------|-----------|--------------|--------|--|
|       |   |            |              | Corp   | Acute    | H&SC     |           |              |        |  |
| 4.2.8 | Agree Flow & Navigation Care workforce levels and secure staffing as early as possible. All rotas in place to ensure public can access OOH across the winter period | Oct-20     | DOHSC        |        |          | DGM West |           |              |        | Recruitment commenced for key posts. Contingency plans in place. Hub has been sufficiently staffed since go live date. Weekly recording commenced. Key posts all recruited to or in the process of being recruited to. |
| 4.2.9 | Create and enact a workforce plan to staff surge capacity taking into account Fife Council Christmas shut down  | Oct-20     | DOHSC        |        | DCOO GMs | DGM West |           |              |        | Workforce hub reinstated which will be open over xmas and new year. Social work staff involvement. Senior rota in place to cover out of hours.   |
| 4.3.1 | Whole System Pathway Modelling – development & implementation of capacity tool  | Nov-20     | DOA          |        | GM EC    | DGM West |           |              |        | Capacity tool complete. Daily meetings to proactively determine red flags and take corrective actions to maximise flow.  |
| 4.3.2 | Daily Dynamic discharge and EDD to be embedded in all wards   | Nov-20     | DOA          |        | GM EC    | DGM West |           |              |        | EDD embedded.  |
| 4.3.3 | Plan for Surge Capacity (including Community Hospitals, Care Home, Home care ICASS & H@H)   | Oct-20     | DOA<br>DOHSC |        | DCOO     | DGM West | See App2  | Acute<br>HSC |        | Surge plan complete across Acute and HSCP. Command structures in place for escalation. Daily surge meetings to assess capacity utilising real time intelligence.   |
| 4.4.1 | Implementation of rapid diagnostic outpatient appointments for inpatients to ensure that no inpatient discharges are delayed whilst waiting on diagnostics          | Oct-20     | DOA          |        | GM WCCS  |          |           |              |        | Complete in Radiology  |

| Ref   | Action   | Timescales | SRO | Lead/s              |          |             | Workforce | Finance | Status | Progress   |
|-------|--|------------|-----|---------------------|----------|-------------|-----------|---------|--------|--|
|       |  |            |     | Corp                | Acute    | H&SC        |           |         |        |  |
| 4.4.2 | OPAT expansion to release bed capacity   | Oct-20     | DOA |                     | GM<br>EC |             |           |         |        | Unit working at full capacity for the staffing model and successfully delivering on bed day savings.         |
| 4.4.3 | Configure SSSU as amber Unit to support peaks in Orthopaedic Trauma demand   | Sep-20     | DOA |                     | GM<br>PC |             |           |         |        | SSSU open Mon-Fri to Support Trauma/Emergency Surgery  |
| 4.4.4 | In line with SG guidance, configure green elective areas and pathways within DIU, Ward 52 and Day Unit (within QMH) to maintain elective activity over winter  | Sep-20     | DOA |                     | GM<br>PC |             |           |         |        | Ward 52 now includes 4 SHDU beds   |
| 4.4.5 | Set-up weekly theatre meetings to review theatres lists 3 weeks in advance, including full review of patients waiting by clinical priority to determine list allocation to be escalated to Clinical Prioritisation Group | Sep-20     | DOA |                     | GM<br>PC |             |           |         |        | Weekly meetings take place every Monday chaired by the PCD Clinical Directors                                |
| 4.5.1 | Corporate Business Continuity Plan has been reviewed by the NHS Fife Resilience Forum  | Aug-20     | DPH | Business Continuity |          |             |           |         |        | The Plan was submitted and accepted by the NHS Fife Resilience Forum and EDG                                 |
| 4.5.2 | Corporate Business Continuity Policy has been reviewed by the NHS Fife Resilience Forum  | Aug-20     | DPH | Business Continuity |          |             |           |         |        | The Policy was submitted and accepted by the NHS Fife Resilience Forum and EDG                               |
| 4.5.3 | Business Continuity templates to be updated, re-issued to all departments and returned   | Oct-20     | DPH | Business Continuity | DCOO     | DGM<br>West |           |         |        | All business continuity plans updated using new template across all of the HSCP and Acute Services Division. |

| Ref   | Action   | Timescales | SRO   | Lead/s        |         |          | Workforce | Finance           | Status | Progress   |
|-------|--|------------|-------|---------------|---------|----------|-----------|-------------------|--------|--|
|       |  |            |       | Corp          | Acute   | H&SC     |           |                   |        |  |
| 4.5.4 | Ensure severe weather communications plan is in place and provided to NHS Fife Resilience Forum and EDG  | Oct-20     | DON   | Comms         |         |          |           |                   |        | Adverse weather communications plan reviewed and shared with LRP and Fife Council Comms          |
| 4.5.5 | Local Resilience Partnership to hold a workshop to look at how Fife would manage events/incidents over winter including Covid-19, season flu, winter weather and EU-exit   | Nov-20     | DPH   | Public Health |         |          |           |                   |        | First workshop held on the 18th November further workshop being planned<br>Complete              |
| 4.6.1 | Point of Care Testing (POCT) in A&E and Admissions Unit  | Dec-20     | DOA   |               | DCOO    |          |           | Funded separately |        | POCT commenced mid-December 2020 - successfully implemented and monitored by Laboratory managers |
| 4.6.2 | Define and agree paediatric COVID pathways to stratify patient flow based on clinical urgency and IPC measures   | Dec-20     | DOA   |               | GM WCCS |          |           |                   |        | Complete   |
| 4.6.3 | Package of education/training to support best practice in IPC in NHS Fife acute & community settings   | Oct-20     |       | IPCT          |         |          |           |                   |        | Complete   |
| 4.7.1 | Deliver the staff vaccination programme to health and frontline social care staff (NHS, Fife HSCP, independent and third sector) through peer vaccinator programme, occupational health clinics, care-home based and pharmacy delivery in order to | Dec-20     | DOHSC |               |         | DGM West |           |                   |        | Flu staff vaccination programme complete. Target achieved.                                       |



| Ref   | Action  | Timescales | SRO          | Lead/s |       |          | Workforce | Finance | Status | Progress   |
|-------|---|------------|--------------|--------|-------|----------|-----------|---------|--------|--|
|       |   |            |              | Corp   | Acute | H&SC     |           |         |        |  |
|       | achieve 60% national target and 65% local target for uptake   |            |              |        |       |          |           |         |        |  |
| 4.7.2 | Implement actions required for staff and community seasonal flu vaccination delivery under the Joint Fife HSCP & NHS Fife Flu Silver Group                                      | Dec-20     | DOHSC        |        |       | DGM West |           |         |        | As above   |
| 4.7.3 | Ensure data collection methods enable weekly monitoring of flu vaccination uptake   | Oct-20     | DOHSC        |        |       | DGM West |           |         |        | Monitoring and uptake rates collected.   |
| 4.7.4 | Raise awareness of the flu campaign and encourage health and care staff and key workers in the public sector to take up the offer of a free flu vaccination and lead by example | Feb-21     | DOHSC        | Comms  |       |          |           |         |        | Lead from the Front Staff Campaign and assets shared with HSCP and Fife Council campaign to end mid-December in line with roll-out of C19 vaccine  |
| 4.8.1 | Produce plan for possible second Covid-19 wave in Acute and H&SC  | Oct-20     | DOA<br>DOHSC |        | DCOO  | DGM West |           |         |        | Escalation plan produced across Acute and HSCP<br>Acute Second wave plan is completed, Critical care escalation commenced.<br><br>Acute Second wave plan is completed, Critical care escalation commenced. |

| Ref   | Action   | Timescales | SRO          | Lead/s        |       |             | Workforce | Finance           | Status | Progress  |
|-------|--|------------|--------------|---------------|-------|-------------|-----------|-------------------|--------|---|
|       |  |            |              | Corp          | Acute | H&SC        |           |                   |        |   |
| 4.8.2 | Refer to Business Continuity plans in event of resurgence in Covid-19 cases  | Oct-20     | DOA<br>DOHSC |               | DCOO  | DGM<br>West |           |                   |        | Business continuity plans and impact analysis in place for all HSCP services and Acute Services |
| 4.8.3 | Engage in regular review of care homes in collaboration with the HSCP  | Oct-20     | DPH          | Public Health |       |             |           |                   |        | Care Home Oversight Group established that meets regularly<br>Complete                          |
| 4.8.4 | Support weekly asymptomatic staff Covid-19 testing in care homes   | Oct-20     | DPH          | Public Health |       |             |           |                   |        | Complete  |
| 4.8.5 | Support symptomatic residents Covid-19 testing in care homes, and flu testing where there is a suspected outbreak  | Oct-20     | DPH          | Public Health |       |             |           |                   |        | Complete  |
| 4.8.6 | Carry out resident Covid-19 surveillance testing on a care homes in Fife   | Oct-20     | DPH          | Public Health |       |             |           |                   |        | Complete  |
| 4.8.7 | Increase capacity and skills with Health Protection Team for outbreak management for care homes in Fife  | Nov-20     | DPH          | Public Health |       |             |           | Funded Separately |        | Complete  |
| 4.8.8 | Increase and sustain capacity to undertake all contact tracing requirements for Fife residents as part of the National Contact Tracing Test and Protect Programme. | Nov-20     | DPH          | Public Health |       |             |           |                   |        | Complete  |
| 4.8.9 | Maintain surge capacity to manage abrupt changes in incidence of Fife Covid-19 positive cases throughout the winter months   | Oct-20     | DPH          | Public Health |       |             |           |                   |        | Complete  |

| Ref    | Action  | Timescales | SRO | Lead/s        |       |      | Workforce | Finance | Status | Progress   |
|--------|---|------------|-----|---------------|-------|------|-----------|---------|--------|--|
|        |   |            |     | Corp          | Acute | H&SC |           |         |        |  |
| 4.8.10 | Develop action plans for outbreak prevention and management of high-vulnerability settings and events. The aim of identifying these settings is to minimise the outbreak risks. | Feb-21     | DPH | Public Health |       |      |           |         |        | <p>On Track as expected, but to enable better identification of areas in which the virus is suspected to be high a number of asymptomatic community testing stations are being set up in a number of areas in Fife so to better identify these sites to try and minimise the number of outbreaks in the community. The first of these sites is expected to start operating wc 01/02/21 with a soft launch.</p> <p>Completion date changed to February 2021</p> |
| 4.8.11 | Promote local and national messages associated with COVID-19 and Test and Protect   | Mar-21     | DPH | Comms         |       |      |           |         |        | <p>a range of local campaigns have been activated via LRP Public Comms Group , these are also in line with National Campaign material and messages and have included a range of strands and themes identified by PH or community feedback, such as Car Sharing , 2 meters is, when to get tested, Self-Isolating and support. Will be ongoing throughout 2021 in line with SG guidance and national public communications campaigns</p>                        |
| 4.8.12 | Review of outbreak management guidance in line with latest national guidance  | Oct-20     | DON | IPCT          |       |      |           |         |        | Complete   |

| Ref    | Action   | Timescales | SRO | Lead/s   |       |          | Workforce | Finance | Status | Progress   |
|--------|--|------------|-----|----------|-------|----------|-----------|---------|--------|--|
|        |  |            |     | Corp     | Acute | H&SC     |           |         |        |  |
| 4.8.13 | Local delivery framework for COVID-19 immunisation to be developed and implemented using outputs of national work  | Apr-21     | DOP | Pharmacy |       | DGM West |           |         |        | <p>1)&gt;32k people vaccinated as at 1 February. Care home staff and residents first doses complete. HSC staff first doses close to completion. Over 80s first doses should be complete by 4th Feb.</p> <p>2) 13 Community clinics opening between 1st and 8th February with goal of vaccination cohorts 4, 5 and 6 by mid-March. Recruitment is ongoing</p> <p>3) Plan for vaccination of eligible long stay in patients begins w/c 1st February. Housebound population also being vaccinated from this date</p> <p>4) NHS Fife has engaged with national scheduling approach</p> |
| 4.8.14 | PMO to be established for COVID-19 immunisation programme and required workforce to be recruited for the next 12 months which encompasses the different delivery models required at each stage of the plan | Apr-21     | DOP | Pharmacy |       | DGM West |           |         |        | <p>PMO is established. Supporting governance in place and agreed</p> <p>1) Risk register in place and monitoring ongoing. Currently 38 recorded risks - the profile is these is reducing in severity as delivery commences</p> <p>2) EQIA has been approved and published</p> <p>3) Command structure, including Silver command, 3x bronze commands and PMO shown to be effective</p> <p>4) Close working relationships in place with comms and patient relations teams. Weekly comms</p>  |

| Ref | Action | Timescales | SRO | Lead/s |       |      | Workforce | Finance | Status | Progress  |
|-----|--------|------------|-----|--------|-------|------|-----------|---------|--------|---|
|     |        |            |     | Corp   | Acute | H&SC |           |         |        |   |
|     |        |            |     |        |       |      |           |         |        | bulletins are circulated to all staff<br>Date revised to April 2021 |

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# Fife Health & Social Care Partnership

Supporting the people of Fife together

## UNCONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE WEDNESDAY 11 NOVEMBER 2020 AT 10.00 AM VIA MICROSOFT TEAMS

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

**Attending:** Nicky Connor, Director of Health & Social Care  
Audrey Valente, Chief Finance Officer  
Fiona McKay, Head of Strategic Planning, Performance & Commissioning  
Scott Garden, Director of Pharmacy & Medicine  
Margo McGurk, Director of Finance NHS Fife  
Norma Aitken, Head of Corporate Service, Fife H&SCP  
Tim Bridle, Audit Scotland

**Apologies for Absence:** Helen Hellewell, Associate Medical Director  
Lynn Barker, Interim Associate Director of Nursing  
Lynne Garvey, Interim Divisional General Manager (West)  
Jim Crichton, Interim Divisional General Manager (Fife Wide)  
Eileen Rowand, Executive Director – Finance & Corporate Services  
Jill Chambers, Head of Finance NHS Fife

**In Attendance:** Carol Notman, Personal Assistant (Minutes)

| NO | HEADING   | ACTION |
|----|---|--------|
| 1  | <b>WELCOME AND APOLOGIES</b>  |        |
|    | David Graham welcomed everyone to the meeting and apologies were noted as above.<br>He noted that at 11am the meeting would hold the 2 minute silence to remember those who had fallen. |        |
| 2  | <b>DECLARATIONS OF INTEREST</b>   |        |
|    | There were no declarations of interest.   |        |
| 3  | <b>MINUTE OF PREVIOUS MEETING – 6 OCTOBER 2020</b>  |        |

| NO       | HEADING   | ACTION                               |
|----------|---|--------------------------------------|
|          | <p>The Committee discussed the minute of the meeting of 6 October 2020 and agreed they are an accurate record.</p> <p>Les Bisset noted that he had expected a written report following Audrey Valente's presentation at the last committee meeting. Nicky Connor advised that her understanding of the Committee Structure was that these meetings were additional Finance Meetings to allow for fuller deeper finance discussion with the formal report going through the IJB committee cycle. Audrey Valente confirmed that the Finance Update was a formal paper for approval today, and she would be providing further update in the presentation. Les Bisset confirmed that this committee meeting was an information only meeting therefore no decisions would be made.</p> <p>Cllr David Graham noted that these were one of the first Finance Only Meetings and would email the Member's for their feedback and their consensus as to the way forward.</p> <p>Margaret Wells confirmed that if the Committee Members were expected to make formal decision then a paper would need to be submitted for governance purposes. Cllr David Graham noted that he would pick this up with the Officers out with the meeting.</p> <p>All agreed that having a more detailed note of the discussions as well as the decision recorded would be beneficial. Cllr David Graham noted that this would be possible but the minutes would not be verbatim.</p> | <p><b>DG</b></p> <p><b>DG</b></p>    |
| <b>4</b> | <b>MATTERS ARISING / ACTION LOG – 6 OCTOBER 2020</b>  |                                      |
|          | <p>The Committee noted the Action Log required to be updated. Timescales to be revised as well as updating those who are responsible for completing the action as required.</p> <p>FM confirmed that the paper on Carers Funding Plan will be available for the next Finance and Performance Committee.</p>   | <p><b>FM/CN</b></p> <p><b>FM</b></p> |
| <b>5</b> | <b>FINANCE REPORT</b>   |                                      |
|          | <p>Audrey Valente presented the Finance Report which provided information up to 30 September 2020.</p> <p>The financial performance analysis for the delegated and managed services is outlined, noting that they are currently reporting a projected outturn overspend of £6.780M. The services with the biggest variances whether overspend or underspend is outlined on pages 15-16.</p> <p>The paper outlines the costs associated with covid which is regularly reported to the Scottish Government through the mobilisation plans. The local mobilisation plans predict that the costs associated to covid will be in the region of £22M for</p>  |                                      |



| NO | HEADING  | ACTION |
|----|--|--------|
|    | <p>the Partnership with the current costs to date being £12M but it is assumed these costs will be funded through local mobilisation plans.</p> <p>Appendix 2, pages 20-21 of the report outlines the 20-21 savings, which Audrey Valente noted had not changed since last report.</p> <p>Rosemary Liewald queried with regards the vacancies noted on page 15 &amp; 16 in Long Term Care and Children's Services and asked what the strategy is to filling these key positions going forward. Nicky Connor advised that there are specific known challenges within Health Visiting, Community Nursing and other areas but confirmed that specific work has been carried out within these services with a national programme for the Health Visiting Team as well as a local 'Grow Your Own' approach. The service has invested in the development of specialist practitioners where they are undertaking their training at Queen Margaret University, and NHS Fife is providing their mentorship. Nicky Connor noted that there are a number of reasons for the challenges within the workforce which include the development of advanced practice roles providing staff the opportunity to progress to advanced nurse practitioners, as well as retirement and demographic which has been a key challenge. Lynn Barker, from the nursing point of view has been specifically looking at a proactive retention and recruitment drive. These have been challenging areas on an ongoing basis and we are focussing on these roles.</p> <p>Margaret Wells noted in relation to vacancies and staff pressures, these are considered regularly as part of the Board Assurance Framework at the Staff Governance Committee.</p> <p>Les Bisset queried point 4.7 (pg. 18) with regards the Social Care Other noting that he could understand why there was such a significant overspend, but he had concern with the term "shifting the balance of care" as this could be misunderstood. Audrey Valente noted that the language within the finance report has been agreed by all partners and reflects the work and discussions ongoing between the two partners to look at how the IJB Budget is set, but agreed that it could cause some misunderstanding therefore agreed to highlight this to the partners to investigate alternative wording. Nicky Connor noted that 'Shifting the Balance of Care' was a very specific project historically, what the report is reflecting is the balance of care to the homely setting and how this is managed in the current context.</p> <p>Scott Garden noted that due to the pandemic the traditional approach and structures regarding transformation had required to change and he could see why the language was being used because the change was happening by design in order to get the best outcome for the patient.</p> <p>David Graham confirmed with the Committee that the recommendations outlined in page 10 of the papers were accepted.</p> | AV     |
| 6  | FINANCIAL PRESENTATION   |        |

| NO | HEADING   | ACTION |
|----|---|--------|
|    | <p>Audrey Valente talked to a Powerpoint presentation, which focused on three areas:</p> <ul style="list-style-type: none"> <li>• <b>Budget Gap</b><br/>Early costings for continuing to deliver services for the IJB and what the budget would require to be, with the estimated inflationary costs, highlights a shortfall of £10M each year. Audrey Valente stressed that the figures projected required refining and the in-year pressure to be added which currently they are not.<br/>The in-year pressures include: <ul style="list-style-type: none"> <li>○ Additional care packages</li> <li>○ Morse</li> <li>○ HEPMA</li> <li>○ Free Style Libra</li> <li>○ Healthcare Assistants</li> </ul> </li> <li>• <b>Funding from Scottish Government</b> <ul style="list-style-type: none"> <li>○ £1.1BN and the Partnership share of £16.4M have been confirmed. The funding for the full year is £17.9M which results in a shortfall of £1.4M.</li> </ul> <p>The recovery plan and actions – have been presented at Finance &amp; Performance and Integrated Joint Board and it is refining the information and what can be taken to the bottom line.</p> <p>Audrey Valente noted that the commitment from the Scottish Government for Social Care was due to come in November 2020 and for Health costs in January 2021.</p> </li> <li>• <b>Focus on 3 Savings</b> <ul style="list-style-type: none"> <li>○ Reprovision of Care – paper previous presented to Finance &amp; Performance Committee regarding the introduction of sensor technology. Currently there are 13 households that have the technology in place, 2 reviews have concluded which has resulted in a reduction in 1 package. FM advised that the team are planning to put the sensors into the first Group Home next week. Weekly reports will be made available to the team going forward.</li> <li>○ Resource Scheduling – working with Scottish Care setting up workshops and distributing questionnaire asking the home care providers their feedback on using Total Mobile and what their issues/concerns are. It is anticipated that the review will be finalised Jan/Feb 2021 giving a clear position going forward into the new financial year.</li> <li>○ High Reserves – involves payments to individuals and commissioned services, in particular voluntary organisations. FM advised that a group has been set up to investigate the reimaging of service requirements against the Partnerships priorities going forward. A</li> </ul> </li> </ul> |        |

| NO | HEADING  | ACTION                            |
|----|--|-----------------------------------|
|    | <p>Project Worker is being appointed to support the extensive work with the voluntary sector as the Partnership redesigns its services.</p> <p>David Graham noted that he would be keen to see a paper to see the impact of headline to allow the committee to fully scrutinise the information.</p> <p>David Graham asked with regards the Sensor Technology how soon will the Partnership see results whether they are positive or negative. Fiona McKay advised that while the technology is in place reports will be provided to the service providing detail on cost avoidance and reduction in packages. The first units are going into an external agency next week therefore to allow data to be collected and investigated it would be January Committee before a more detailed report could be made available.</p> <p>David Graham noted that historically any changes to supply of funding to Voluntary Organisations was met with high resistance and queried whether there had been any sense of resistance? Fiona McKay advised that discussions with the Voluntary Organisations would not be taking place until January 2021, it is acknowledged that it has been a very challenging period for the voluntary organisations as many have lost a lot of their external funding and confirmed that the Partnership is looking at realigning services going forward in conjunction with Voluntary Services.</p> <p>Martin Black asked with regards Libra and how this is impacting on costs, when it was agreed when it was introduced that it would be £1M therefore can't understand the significant increase. David Graham advised that he had previously asked the question and had been advised that it had been a requirement for Health Boards to take part in the technology but there was no funding being made available from the Scottish Government. Audrey Valente advised that a paper had been issued to the EDG and NHS Fife Board which notes that funding had been provided for 2019/20 but no funding has been made available for this financial year which is a potential pressure and puts at risk the delivery of Medicine Efficiencies Savings. Scott Garden advised that the EDG Board Paper had been approved in 2018, he wished to clarify that Libra is a medical device not a medicine but as it is prescribable on the NHS it is the reason why it is grouped into the GP Prescribing Budget. He noted that funding of £345k was expecting this year but has not been forthcoming in the allocation so far. We have more patients in free-style Libra and assurance has been sought from the Diabetes Service who are reviewing to ensure that patients meet the criteria. Scott Garden confirmed that there is a pressure on the budget this year, but there was some inevitability with the Government deciding not to provide funding for a technology which is transformational for patients. Audrey Valente confirmed that she is in discussion with Margo McGurk around this funding.</p> <p>Martin Black queried with regards the £10M deficit that is showing for every financial year and asked how is it ever going to be achieved, we are still in the throes of finding a saving this year how are we going to be able to find savings for up to £30M. Audrey Valente confirmed that there is a lot of unknowns in</p> | <p><b>AV</b></p> <p><b>FM</b></p> |

| NO | HEADING  | ACTION |
|----|--|--------|
|    | <p>the projected figures and that the numbers stated is just an early indication of the potential position.</p> <p>Rosemary Liewald advised that she thought that having personal stories would be beneficial for the Committee to highlight the impact changes are having on the service user. Fiona McKay gave an example where the new technology had indicated that a package was not required where previously looking at all the details on paper, a care package would have been put in place. FM agreed to pull together a paper with personal stories</p> <p>Les Bisset queried the requirement for a new Project Officer working with the Voluntary Organisations. Fiona McKay advised that although the Voluntary Organisations had a Service Level Agreement in place, due to work pressures these had not been reviewed for several years. Following feedback from the Organisations and their users there is a desire to move from the more traditional day centre model of care to café style. Therefore, a Project Officer will be able to support the Partnership review and redesign services as required.</p> <p>Margaret Wells noted that the savings to be found year on year is daunting and asked if the Partnership intends to break even, when the difficult decisions will be required. Audrey Valente noted that part of the strategic work that she is working on is looking into the future rather than concentrating on the current financial year and making changes will take years to deliver savings but wished to give the committee reassurance that strategic overview was being considered.</p> <p>Nicky Connor noted the Partnership is now navigating its way through the second wave of the pandemic but wished to assure the Committee that the Senior Leadership Team were looking forward and will keep the committee up to date on the journey that it is on and will take on board the comments received from the committee members today.</p> | FM     |
| 7  | <b>FINANCE &amp; PERFORMANCE RISK REGISTER</b>   |        |
|    | <p>Fiona McKay presented this report which was for discussion and represented the risks for the Integrated Joint Board which may impart the Partnership in achieving its strategic objectives in relation to Finance and Performance Management.</p> <p>The Risk Register was last presented at the October meeting where it was decided that it would be tabled at each meeting going forward.</p> <p>Fiona McKay noted all risks in the risk register were reviewed by the risk owners in August 2020 and they are presented in order of residual risk score.</p> <p>There is currently 6 risks which score as 'high' which is shown in Column 9. If there has been an increase or decrease in the risk level since the last review, this is highlighted in red font in Column 14.</p> <p>David Graham noted the recommendation on Page 22 for discussion, no questions were raised as the risk registered had recently been reviewed. Further opportunity for comments will be possible at the next meeting.</p>  |        |

| NO | HEADING  | ACTION |
|----|--|--------|
|    |  |        |
| 8  | <b>MEDICINES EFFICIENCIES UPDATE</b>   |        |
|    | <p>Scott Garden advised that the Medicines Efficiencies Update Paper was providing an update with the key elements being:</p> <ul style="list-style-type: none"> <li>• Improved Formulary Compliance</li> <li>• Reduced Medicines Waste</li> <li>• Realistic Prescribing</li> </ul> <p>Scott Garden noted that the efficiencies targets for GP prescribing is £1.5M and £150k for the Fife Wide Division for 2020/21, 2021/22 and 2022/23. He was pleased to note that at the end of 2019/20 the Service had broken even which was significant improvement from 2016 where NHS Fife had one of the highest costs per patient for GP Prescribing compared with the rest of NHS Scotland.</p> <ul style="list-style-type: none"> <li>• Realistic Prescribing – throughout the pandemic the service have been able to maintain cost effective prescribing and it is forecasted that it will still break even, although the impact on increased prescribing for covid has to be taken into consideration. There has been increased pressure with medicine shortages, although the service often has to deal with shortages, the pandemic has exacerbated the situation and there has been a number of drugs with significant price increases.</li> <li>• Formulary Compliance – Fife has increased its compliance with the formulary from 62%-76% (by spend) and 79% to 85% (by volume) for GP prescribing which is being maintained.</li> <li>• Medicine Waste – the service has been managing the volumes of medicine better with a one stop dispensing order in place similar to the acute hospitals. The Fife Prescribing Forum has met and are looking at the work plan for the next 6 months.</li> </ul> <p>David Graham thanked Scott Garden for the paper and noted that the committee would be very interested to see the updated position and forecast that is currently being prepared by the Diabetes Team with regards Libra and asked when it would be available. Scott Garden anticipated that the paper would be available within the next 7 days and should allow the team to understand the impact and mitigation. Paper to be brought to a future committee meeting.</p> <p>David Graham also asked with regards the risk noted in the report and asked how worried should the service be with the risk to the delivery of the programme? Scott Garden noted that there is an element of the unknown but confirmed that the service is in a far stronger position with regards its stockpile of medicines and work with the Border Control than previously. In addition there has been changes with the National Procurement which help to strengthen the position.</p> | SG     |

| NO | HEADING  | ACTION                            |
|----|--|-----------------------------------|
|    | <p>Les Bisset asked for clarity around issue of prescribing noted on page 32. Scott Garden noted that there was a combination of increased medication and increased costs, the volume was less than the same time the previous year, but the costs were higher.</p> <p>Rosemary Liewald asked with regards the Patient Access System for prescribing what the uptake had been throughout Fife? Scott Garden noted that this referred to the serial prescribing, where patients were given a 6 or 12 month prescription but dispensed on a 2 monthly basis by pharmacist. There is currently 40 Practices and 65 Community Pharmacists who have signed up to the incentive scheme which is truly transformational. He noted that the aim is to get 50,000 patients onto the scheme by March 2021.</p> <p>Margaret Wells queried as we approach the exit from the EU what the overall picture is. Scott Garden advised that there is very good communication from the Chief Pharmaceutical Officer which is fed into the committee's which have been set up to review the exit as it involves more than just medicines. He noted that there has been some changes made with regards the routes into the UK and confirmed that there has been much advancement made in the last 12 months in preparation. In addition, within NHS Scotland a system Script has been introduced which allows services to see in real time where all the medication is within NHS Scotland which supports the redistribution of medicine across the nation.</p> <p>David Graham noted that there are some recommendations noted on Page 31 for the Committee to note, all agreed that these had been noted.</p> |                                   |
| 9  | <b>AOCB</b>  |                                   |
|    | <p>Nicky Connor noted that there had been a lot of discussion around the Winter Plan which was being formally reviewed at the Integrated Joint Board in December 2020. Nicky Connor agreed to distribute the report to the committee members for any comments to be fed back to her.</p> <p>Margaret Wells queried with regard to a recent Briefing Note. Fiona Mackay to ask Jennifer Rezendes who is the Service Manager responsible for the Adult Protection Service to pick up this issue outwith the meeting.</p>   | <p><b>NC</b></p> <p><b>FM</b></p> |
| 10 | <b>DATE OF NEXT MEETING</b>  |                                   |
|    | Friday 11 December 2020 at 10.00 am via Microsoft Teams  |                                   |



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## UNCONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE FRIDAY 15 JANUARY 2021 AT 10.00 AM VIA MICROSOFT TEAMS

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

**Attending:** Nicky Connor, Director of Health & Social Care  
Audrey Valente, Chief Finance Officer  
Tracy Hogg, Finance Business Partner for H&SCP  
Euan Reid, Lead Pharmacist, NHS Fife  
Tim Bridle, Audit Scotland

**Apologies for Absence:** Fiona McKay, Interim Divisional General Manager  
Scott Garden, Director of Pharmacy & Medicine  
Helen Hellewell, Associate Medical Director  
Lynn Barker, Interim Associate Director of Nursing  
Norma Aitken, Head of Corporate Service, Fife H&SCP  
Lynne Garvey, Interim Divisional General Manager (West)  
Jim Crichton, Interim Divisional General Manager (Fife Wide)  
Margo McGurk, Director of Finance NHS Fife

**In Attendance:** Carol Notman, Personal Assistant (Minutes)

| NO | HEADING   | ACTION |
|----|---|--------|
| 1  | <b>WELCOME AND APOLOGIES</b>  |        |
|    | David Graham welcomed everyone to the meeting and apologies were noted as above.                              |        |
| 2  | <b>DECLARATIONS OF INTEREST</b>   |        |
|    | There were no declarations of interest.   |        |
| 3  | <b>MINUTE OF PREVIOUS MEETING – 11 NOVEMBER 2020</b>  |        |
|    | The Committee discussed the minute of the meeting of 11 November 2020 and agreed they are an accurate record. |        |



| NO | HEADING   | ACTION |
|----|---|--------|
| 4  | <b>MATTERS ARISING / ACTION LOG – 11 NOVEMBER 2020</b>  |        |
|    | David Graham noted that a revised action log had been issued with updated timescales reflecting the current pressures the services are experiencing.  |        |
| 5  | <b>PANDEMIC UPDATE</b>  |        |
|    | <p>Nicky Connor felt it would be helpful to provide an update to run through some key issues from a performance perspective and in relation to the HSCP Winter Plan.</p> <p>She advised the national measures were increasing, the Covid position is a challenge across the UK which is reflected in Fife which brings a significant challenge across acute services and the Partnership.</p> <p>In line with the winter plan additional surge capacity has been created in collaboration with the Microbiology and Infection Prevention and Control Team.</p> <p>The service has had success this year with the home first approach, although recently delayed discharges have been challenged which is reflective of the pressures on the system but up to now the services performance has been better than previous years in terms of delayed discharge figures.</p> <p>Support has also been in place for the 'high health gain' which has been supporting individuals over the last six months and has shown a reduction in the length of stay in community hospitals, the specific figures require to be quantified more fully but the service is also looking to provide support lines in terms of carers to support ready access.</p> <p>Further meetings looking at what more the service can do has been organised to look at STAR Model and Star Beds looking at how the service can provide better support for the patients requiring enhanced level of support within the community settings. Therefore, in line with the winter plan, additional support has been given to Hospital at Home, ICAS and Care at Home Services.</p> <p>Nicky Connor wished to note her thanks to the whole Partnership Team for their significant efforts during this extremely busy period and acknowledge the excellent joint working with the acute services, partners in the independent and third sectors.</p> <p>David Graham thanked Nicky Connor for up update and would like to echo his thanks to the front-line staff for their efforts in keeping everyone safe.</p> <p>David Alexander noted with regards the winter plan from his impression he had not heard of the flu causing an issue this year. Nicky Connor noted with the precautions put in place to stop the transmission of Covid has had the benefit of also helping to reduce the transmission of flu and noted that there has been a decrease in flu outbreaks globally this year. Euan Reid confirmed that flu had not been identified as an issue during the winter period in the southern hemisphere.</p> |        |

| NO | HEADING  | ACTION |
|----|--|--------|
|    | <p>Rosemary Liewald wished to commend the roll out of the flu vaccination within the community pharmacies noting how well this worked. Nicky Connor agreed the community pharmacy team were phenomenal allowing incredible accessibility to those requiring the vaccination.</p>   |        |
| 6  | <b>FINANCIAL PRESENTATION</b>  |        |
|    | <p>Audrey Valente talked to a Powerpoint presentation, which focused on four areas:</p> <ul style="list-style-type: none"> <li>• In Year Pressures <p>The Committee have seen the data previously, AV felt it was important to show the starting point for the budget gap and the In Year Pressures that are:</p> <ul style="list-style-type: none"> <li>○ Additional care packages</li> <li>○ Morse</li> <li>○ HEPMA</li> <li>○ Free Style Libre</li> <li>○ Healthcare Assistants</li> </ul> </li> <li>• 2021/24 Planning Process <ul style="list-style-type: none"> <li>○ Funding from Scottish Government</li> <li>○ Review of 2020/21 unachieved savings</li> <li>○ Review of transformation themes within Medium Term Financial Strategy</li> <li>○ Savings Target</li> <li>○ Timelines agreed</li> <li>○ Standardised Documentation</li> <li>○ Liaison with Business Partner (Finance, HR, Change)</li> <li>○ Budget Challenge Process</li> <li>○ Confirmation of funding from Partners</li> </ul> </li> <li>• Local Mobilisation Plan Funding <ul style="list-style-type: none"> <li>○ Social Care Sustainability (Tranche 1-3) - £5.419M</li> <li>○ September Share of £1.1bn Allocation - £11.004M</li> <li>○ Additional Funding for GPS - £1.325M</li> <li>○ December Winter Planning Allocation - £4.369M</li> </ul> </li> <li>• Position Update <ul style="list-style-type: none"> <li>○ Estimated Funding (as above) - £22.117M</li> <li>○ Funding Required Full Year (excluding unachieved savings) – (£19.171M)</li> <li>○ Unachieved Savings – (£6.939M)</li> <li>○ Shortfall – (£3.993)</li> <li>○ Offsets - £3.255M</li> <li>○ NET Position – (£0.738M)</li> </ul> </li> </ul> |        |

| NO | HEADING  | ACTION |
|----|--|--------|
|    | <p>Audrey Valente noted that the £6.9M unachieved savings had not been delivered this year due to the pandemic situation. A Medium Term Financial Paper, taking stock to see whether the suggested savings were still fit for purpose is currently being worked on and noted that this figure could rise to between £12-20M if the Partnership is not able to achieve any of the pressures.</p> <p>Audrey Valente noted that the management team has been provided with timeframe and standardised documentation is being developed to support the services who will be working closely with their business partners to review budget challenges.</p> <p>Confirmation of funding proposal had been presented and agreed at the IJB in March 2020.</p> <p>Martin Black queried that a lot of the underspend is due to staff shortages and he calculated this to be around £6M, which if these posts were recruited to would add additional pressure. Audrey Valente confirmed this would add pressure so savings would need to be identified elsewhere.</p> <p>Martin Black asked whether the increasing cost for medication had been taken into account. Audrey Valente noted that the team had been working with both partners and a 3% inflation cost had been factored into the figures.</p> <p>Les Bisset queried the term business partner to which Audrey Valente explained this was Council terminology for support services such as Finance &amp; HR where there is a member of staff aligned to support the service.</p> <p>Les Bisset queried with regards the Transformation Programme acknowledging that the pandemic will have impacted progress but queried whether this was being done in partnership with both Fife Council and NHS Fife. Nicky Connor wished to assure the committee that transformation is being done in partnership, a workshop had been organised but with the current pressures this was being postponed. Nicky Connor confirmed that that she had regular meetings with the Chief Executives for both Fife Council and NHS Fife similar to Audrey Valente who had regular meetings with the Chief Finance Officers. Nicky Connor wished to note that although the pace is slower than hoped, the Transformation Policy will be completed.</p> <p>David Alexander queried the £6.987 unachieved savings and whether this included covid costings and funding provided from the Council? Audrey Valente noted that these figures had not been reflected.</p> <p>Rosemary Liewald noted concern that unachieved recruitment had been discussed back in November and it appears that the issue remains and the positions have not been filled. In addition, she queried the timetable noted earlier and asked for further clarification.</p> <p>Audrey Valente noted that she has asked managers to look at unachieved savings of £6.9M and whether the agreed savings are deliverable noting if they are not then what are they replaced with. Returns from each of the managers has been requested with a deadline of 15.1.21. All information will be</p> |        |

| NO | HEADING   | ACTION |
|----|---|--------|
|    | <p>consolidated by the end of January and tabled in February at the IJB Development Session before being presented to the IJB in March 2021.</p> <p>Martin Black queried how the Partnership could take the opportunity to recruit from a bigger pool of candidates due to the economic crisis associated with the pandemic and felt that there should be a recruitment drive rather than a recruitment freeze. He also queried if Zoom technology could be introduced as so many people are becoming familiar with it. Nicky Connor confirmed that there has been no freeze on recruitment and during the pandemic staff who have retired or left has been replaced. In addition, there has been a drive to recruit Mental Health staff. Euan Reid confirmed that the NHS have been using a virtual programme called "Near Me" to see patients virtually and many clinicians have been feeding back how helpful this has been.</p> <p>Rosemary Liewald wished to note the positive situation highlighted on the Position Update screen, noting that it is right to be cautious at this stage, but wished to note well done to Audrey Valente and the team for getting to where we are at the moment and acknowledged that the winter surge will impact the figures going forward.</p>  |        |
| 7  | <b>FINANCE UPDATE</b>   |        |
|    | <p>Audrey Valente talked to the report provided with the papers for the meeting which outlined the projected outcome position to October for the Partnership, highlighting:</p> <ul style="list-style-type: none"> <li>• The delegated services are predicting an overspend of £6.987M.</li> <li>• The costs associated to Covid are regularly reported to the Scottish Government and outlays to October are £13.587 and the projected costs for the year are £22,854M.</li> <li>• Unachieved Savings are £6.93M and the protected outturn is £6.987M.</li> </ul> <p>Les Bisset queried with regards pg 20 item 4.1 noting that this paragraph has not changed for a number of years except the numbers changing as appropriate and noted that he was keen to have this expanded on.</p> <p>In addition, he queried Item 4.5 which talks about resource transfer for £4M which he was unaware of and would like to see more detail regarding this before he could agree to this. Item 4.8 talks of an overspend of £3.5 in Adult Placement which talks about additional escalation is required and queried where this was being escalated to and what has happened.</p> <p>Audrey Valente noted with regards query relating to Item 4.1, this has been discussion at previous meetings, what she is keen to do is realign budgets, as correctly noted previously why would services continually report underspends when there is scope to realign and a review of recruitment is required to ensure that the budget is reflected accurately and she is working with both Partners to achieve this realignment.</p> |        |

| NO | HEADING   | ACTION                                  |
|----|---|---|
|    | <p>In response to query relating to Item 4.5, the budget realignment has been discussed previously and this is based on the budget set at the start of the year. There has been dialogue with both partners and we are close to finding a solution but from the Partnership's perspective and what is being reported to the committee Audrey Valente is clear that the current overspend is £6.9M and as a result of this a manual entry has been made because of information received from both partners, and all are working towards reflecting this in both ledgers but discussions are ongoing.</p> <p>In response to query relating to Item 4.8 around escalation, this was discussed at a previous meeting whereby a level of escalation is set when services go into an overspend. Audrey suggested that this is discussed in more detail at a future meeting but confirmed that the escalation would be brought to an SLT Meeting and looking to see how this can be put in place.</p> <p>Les Bisset queried whether the correct escalation for an issue identified at a finance committee would be to SLT and asked whether it should not come from the other direction, if SLT cannot deal it then it is escalated to this committee who then if required further escalates to the IJB.</p> <p>Les Bisset noted that he was still not content with the explanation of the resource transfer of £4m needs more of an explanation than has been provided in the paper, and queried whether he should speak to Finance Office at NHS Fife for further detail. Audrey Valente noted that the detail behind this entry has been presented at a previous committee and is happy to bring it back. AV to discuss with Margo McGurk and bring back to a future committee.</p> <p>Les Bisset requested that presentation and minute of previous meeting where this had been discussed be forwarded to him to help him understand the situation.</p> <p>Audrey Valente confirmed with regard the query relating to the escalation, the initial escalation would be to SLT and then if they cannot resolve it is escalated to the committee then to the IJB and noted that she is happy to reword to avoid confusion. Nicky Connor confirmed that the escalation diagram previously presented outlines the process to ensure that there no service continuing to have an overspend without discussion at Senior Leadership level looking at how the situation will be managed. CN to distribute diagram for reference.</p> <p>Margaret Wells noted that she recalled the discussion but noted that she would like to see the paper reflect how discussions are taking place.</p> <p>David Graham noted that the title social care is large and encompassed a large service and would like to see the data for this service more itemised to give a clearer picture.</p> <p>Martin Black commented with regards Prescribing and Freestyle Libre (Item 4.3) noting that there was a £1M budget which is exceeding forecast and asked how is it overspent and by how much? Audrey Valente noted that a paper had been presented to the NHS Fife Finance &amp; Performance Committee to highlight the pressures and over the years it has increased. Audrey confirmed that it was agreed at the beginning of this financial year that the funding from NHS Fife to</p> | <p>AV</p> <p>AV</p> <p>CN</p> <p>CN</p> |

| NO | HEADING  | ACTION |
|----|--|--------|
|    | <p>the Partnership was £7m with the assumption that we would absorb the additional costs.</p> <p>David Graham noted he remember when the technology was introduced and the discussion at the Health Board Meeting and had asked the question whether funding from the government would be provided. He had been advised it was anticipated that the funding would be absorbed by the health board, but queried if there was any money anticipated now. Audrey Valente confirmed that this would be a question for the Chief Finance Officer for the Health Board to respond to. Euan Reid confirmed that there had been 1000 patients over a 4 year period and additional money had been allocated to GP Prescribing but this money for year 3 has not come in yet which is part of the overspend. Meeting has been organised for next week with Dr Helen Hellewell and Audrey Valente to discuss as the uptake has exceeded the anticipated uptake. Les Bisset noted that the Health Board had been given very strict criteria which the patients have to fulfil before being started on this technology and the budget had been set up based on the estimate from The Managed Clinical Network (MCN) initially. This has been exceeded and the MCN has now been asked to review the criteria and the patients to ensure that they fit the criteria as the numbers coming through are significantly more than expected. Whilst there has been a significant reduction in glucose testing, this cost cannot be offset to the additional costs associated with Freestyle Libre.</p> <p>David Graham noted that the Committee had reviewed the paper and had accepted the recommendations.</p> |        |
| 8  | <b>AOCB</b>  |        |
|    | No other business was raised at the meeting.   |        |
| 9  | <b>DATE OF NEXT MEETING</b>  |        |
|    | Friday 12 February 2020 at 10.00 am via Microsoft Teams  |        |