

Staff Governance Committee

Thu 04 March 2021, 10:00 - 12:00

via MS Teams

Agenda

10:00 - 10:05
5 min
1. Apologies for Absence
Margaret Wells


10:05 - 10:10
5 min
2. Declaration of Members’ Interest and Chair’s Opening Remarks
Margaret Wells

10:10 - 10:15
5 min
3. Minutes of Previous Meeting Held on 13 January 2021
(Enclosed) *Margaret Wells*
 Item 03 Minutes of Meeting Held on 13.01.21 Unconfirmed.pdf (8 pages)

10:15 - 10:25
10 min
4. Action List
(Enclosed) *Margaret Wells*
 Item 04 Table of Actions From Meeting Held on 13.01.21.pdf (1 pages)

10:25 - 10:30
5 min
5. Matters Arising

10:30 - 11:10
40 min
6. COVID-19 Update

6.1. COVID-19: Staff Health & Wellbeing Update
(Enclosed) *Rhona Waugh*
 Item 6.1 Staff Health and Wellbeing incl Promoting Attendance.pdf (15 pages)

6.2. COVID-19: Staff Experience Everyone Matters Pulse Survey Report
(Presentation) *Kirsty Berchtenbreiter*

6.3. COVID-19: Staff Testing
(Presentation) *Janette Owens*

6.4. COVID-19: Staff Vaccination Programme
(Presentation) *Janette Owens*

11:10 - 11:20
10 min

7. Governance

7.1. Review of Committee Terms of Reference

(Enclosed) Gillian MacIntosh

 Item 7.1 Review of Terms of Reference Report - 4.3.21.pdf (5 pages)

11:20 - 11:25
5 min

8. Quality, Planning and Performance

8.1. Integrated Performance & Quality Report

(Enclosed) Linda Douglas

 Item 8.1 IPQR Covering Paper.pdf (3 pages)

 Item 8.1 IPQR Report.pdf (47 pages)

11:25 - 11:30
5 min

9. Items for Noting

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

(Enclosed)

 Item 9.1 Minutes of APF 20.1.21 V0.2.pdf (9 pages)

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

(Enclosed)

 Item 9.2 Minutes of H&SCP LPF 20.1.21 Final.pdf (6 pages)

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

(Enclosed)

 Item 9.3 Minutes of ASD&CD LPF 4.2.21.pdf (12 pages)

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

(Enclosed)

 Item 9.4 Minutes of H&S Sub Committee 11.12.20 (Unconfirmed).pdf (3 pages)

11:30 - 11:40
10 min

10. Issues to be Escalated to the Board

Margaret Wells

11:40 - 11:45
5 min

11. Any Other Business

 Item 11 SPRA SGC 11.3.2021.pdf (5 pages)

11:45 - 11:50
5 min

12. Date of Next Meeting: Thursday 29 April 2021 at 10.00 am via MS Teams

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

Margaret Wells

Chair

Present:

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

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

In Attendance:

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

01. Apologies for Absence

There were no apologies to note.

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

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

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

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

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

Presentation

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

Medical Services Contract.

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

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

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

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

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

03. Minute of Previous Meetings held on 29 October 2020

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

04. Action List

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

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

05. Matters Arising

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

Vacancy Levels

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

refined as work progresses.

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

Action: S Raynor

06. QUALITY, PLANNING & PERFORMANCE

06.1 Integrated Performance & Quality Report

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

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

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

The Committee **noted** the report.

06.2 Staff Wellbeing (including Promoting Attendance) Update

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

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

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

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

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

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

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

The Committee **noted** the update.

06.3 Health & Safety Issues Update

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

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

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

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

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

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

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

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

06.4 Bi-Annual Consultant Recruitment Update

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

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

06.5 Medical Appraisal and Revalidation Update

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

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

Action: L Douglas / Dr C McKenna

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

06.6 South East Payroll Services Consortia Business Case

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

teams across the organisation; and continuing liaison with NSS.

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

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

Action: M McGurk

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

06.7 Strategic Planning and Resource Allocation

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

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

06.8 Core Training Update

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

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

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

06.9 Performance Development Plan and Review (PDPR) Update

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

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

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

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

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

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

07. GOVERNANCE

07.1 Board Assurance Framework Workforce Sustainability

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

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

07.2 Internal Audit Annual Report 2019-20

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

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

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

Action: S Raynor/ S Fevre

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

08. LINKED COMMITTEE MINUTES AND ANNUAL REPORTS

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

The Committee **noted** the minutes.

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

The Committee **noted** the minutes.

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

The Committee **noted** the minutes.

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

The Committee **noted** the minutes.

09. ISSUES/ ITEMS TO BE ESCALATED TO THE BOARD

The Chair highlighted items to be escalated:

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

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

Action: M Wells/ L Douglas

11. ANY OTHER BUSINESS

There was no other business to discuss.

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

**ACTION LIST from
STAFF GOVERNANCE COMMITTEE MEETING
Held on Wednesday 13 January 2021**

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
Item 05	Vacancy Levels – December 2020 figures, and further detail on increase in vacancy levels, breakdown in specialties and vacancy trends requested.	SR	04 March 2021	Awaiting publication of National Workforce statistics at 31/12/2020, which will enable trend analysis to be completed.
Item 06.5	Medical Appraisal and Revalidation – explore with other Boards viability of reciprocal approach for Assessors.	LD / CMcK	04 March 2021	Completed: Discussed at Board Medical Appraisal and Revalidation meeting 26/01/2021.
Item 06.6	Payroll Consortia – further consideration will be given to concerns regarding NHS Fife identity and base as part of on-going liaison with staff.	MM	04 March 2021	
Item 07.2	Internal Audit Annual Report 2019/20 – discussion on approach to Staff Governance Action Planning.	SR / SF	04 March 2021	Awaiting National guidance which will be discussed at the May 2021 Area Partnership Forum meeting and an update provided to Staff Governance Committee in due course.
Item 09	Escalation to Board – Relevant items to be highlighted to the Board.	MW	27 January 2021	Completed: Agreed items from the 13 January 2021 meeting to be escalated to the Board meeting on 27 January 2021.

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 4 March 2021
Title:	Staff Health & Wellbeing Update, including Promoting Attendance
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Rhona Waugh, Head of Human Resources

1. Purpose

This is presented to Staff Governance Committee members for:

- Awareness

This report relates to an:

- On-going issue

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

- Effective
- NHS Scotland HEAT Standard for Sickness Absence

2. Report Summary

2.1 Situation

The purpose of this report is to update Staff Governance Committee members on the latest COVID-19 related Staff Support and Wellbeing activity, which is aligned to Well at Work (Healthy Working Lives). This work is currently being overseen by the combined membership of the Bronze Staff Support and Wellbeing Sub-Group and the NHS Fife Well@Work group. In addition, the report covers the latest NHS Fife attendance data and relevant sickness absence statistics for the year to date.

Part 1: Health and Wellbeing

2.2 Background

The following report provides an overview on recent activity undertaken to support the health and wellbeing of NHS Fife staff in respect of the current pandemic.

2.2.1 Occupational Health Service

NHS Fife's Occupational Health team continue to support efforts during the pandemic, with a focus on contact tracing, staff testing, vaccinations of staff who cannot be vaccinated via the standard pathway and supporting recruitment of supplementary staff.

To support NHS Fife's Occupational Health Service, a number of posts have been established and recruitment to these posts is currently underway.

2.2.2 Staff Online Mindfulness Drop-ins – 19 January to 9 March 2021

As part of continued involvement of NHS Fife's Well@Work Going Beyond Gold initiative for staff wellbeing, NHS Fife is supporting staff's wellbeing by offering them the opportunity to take part in 45 minute mindfulness drop-in sessions on Tuesday evenings from 19 January until 9 March 2021, in the comfort of their own home or office, via Zoom.

These sessions will introduce staff to short mindful meditations and handy tips to help staff step out of their busy minds and become more present and grounded in their body, as a way to manage their health and wellbeing in these unique times.

In addition, and in response to feedback from staff, four 30 minute long professional mindfulness videos have been created and are available for staff to access at any time to fit in with their daily schedules. These were advertised and distributed with the information contained within Appendix 2, on 11 February 2021.

2.2.3 Launch of Fife Health Charity

The Fife Health Board Endowment Fund was founded more than 70 years ago and has supported countless initiatives for the benefit of patients and staff throughout NHS Fife. On Thursday 28 January 2021, the Fund was relaunched as Fife Health Charity, a name that staff helped to choose.

All donations made to NHS Fife are held by Fife Health Charity, with more than 350 different funds for the various wards and departments across the Kingdom. The Charity funds additional items which would not ordinarily be purchased using core NHS budgets.

The Board of Trustees is responsible for the governance of the Charity and makes awards on all applications for funding over £10,000. Last year, the Charity awarded over £1 million to support initiatives within Fife's healthcare sector including Family Liaison iPads for wards, permanent Wellbeing Hubs and supporting 43 Small Grant Programme projects.

2.2.4 Going Beyond Gold – Healthy Working Lives Review

The Healthy Working Lives Annual Review was paused in May 2020 due the COVID-19 Pandemic. However, arrangements are currently being made to ensure that local activities are captured to ensure that there is sufficient material available to apply for renewal of the Gold Award in 2021, unless this is paused for a further year by Healthy Working Lives.

2.2.5 New Staff Health and Wellbeing Resources

In recognition of the potential impact of the pandemic, new staff wellbeing materials (Appendix 1) are now available and have been distributed to wards and departments, in the main by the Spiritual Care Service, who were on hand to inform staff about the purpose of the materials:

- Going Home Checklist Poster
- “Going Home Checklist” (credit card size)
- Stress Leaflet
- Staff Well Being Huddle Template

Support for staff to ensure that resources are directed in the most appropriate way will be based on the trauma informed model and will bring together various strands of support currently in place.

2.2.6 Support for Staff Shielding

During March 2021 online “Our Space” Peer Support Sessions have been arranged for staff who are currently shielding, in response to the growing need for support during these challenging times. The sessions will provide a safe environment for staff to come together, to talk, share experiences and be listened to, in a non-judgmental, informal space. Further information was made available directly to the staff affected and on StaffLink during February 2021.

2.2.7 Scottish Government’s Support for Staff

Following the Scottish Government’s recent direction on practical support for staff, the Staff Hubs and recognised staff rooms and rest areas within NHS Fife premises have been supplied with refreshments and snacks on an on-going basis. In addition, two additional rest areas have been provided on the Victoria Hospital site.

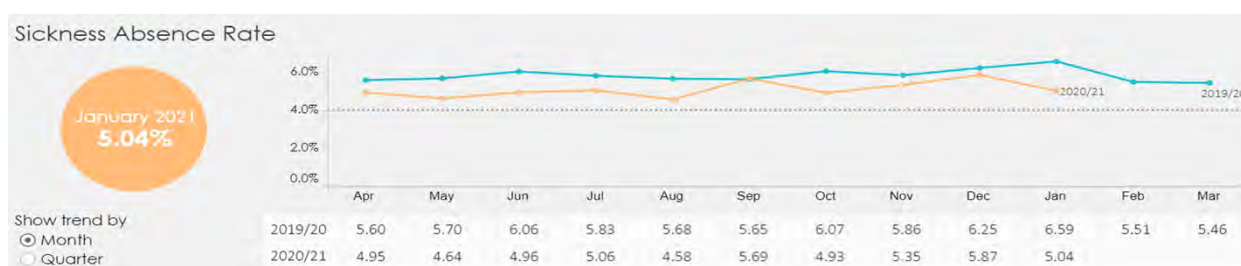
Part 2: Sickness Absence

2.2 Background

2.2.1 NHS Fife Sickness Absence Rates

NHS Fife’s absence rate was below 5% for five of the first ten months of the 2020/21 financial year, with an absence rate of 5.04% in January 2021, as detailed in the graph below:

Graph 1: NHS Fife Sickness Absence Rates – 2020/2021

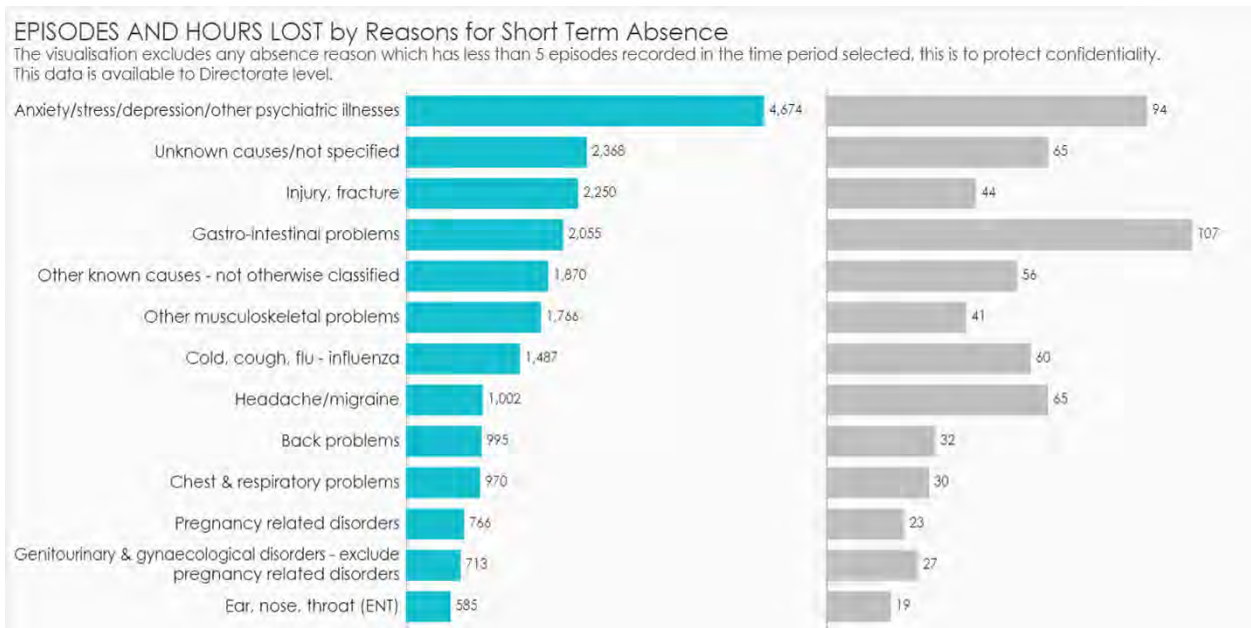


2.2.2 Reasons for Absence

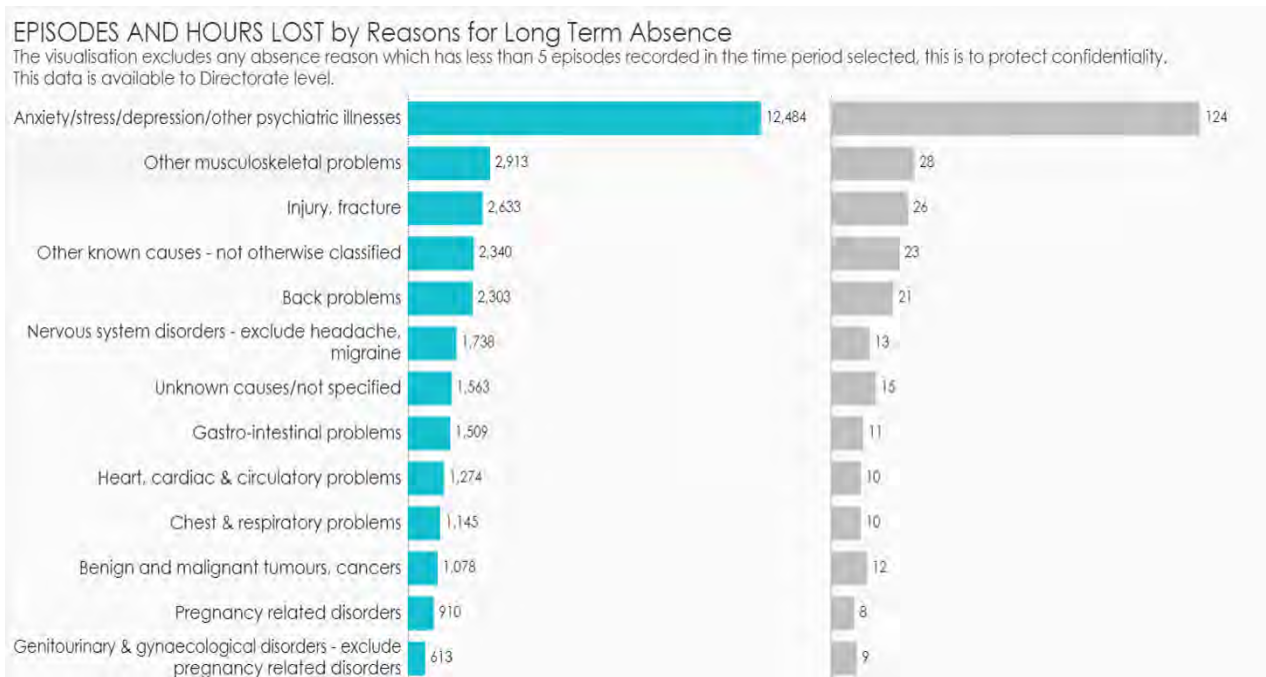
The main reason for sickness absence within the Board continues to be due to Anxiety / Stress / Depression / Other Psychiatric illnesses, with this absence rate decreasing by 1.59% from 28.75% in December 2020 to 27.16% of the overall absence in January 2021; followed by Injury, Fracture increasing from 5.75% in December 2020 to 7.85% in January 2021; and Other Musculoskeletal Problems decreasing from 7.99% in December 2020 to 7.53% in January 2021.

The reasons for both short and long term sickness absence are detailed within the graphs below. In both categories, Anxiety / Stress / Depression / Other Psychiatric illnesses accounts for the most hours lost within NHS Fife in December 2020.

Graph 2: Short term Absence by Reason



Graph 3: Short term Absence by Reason

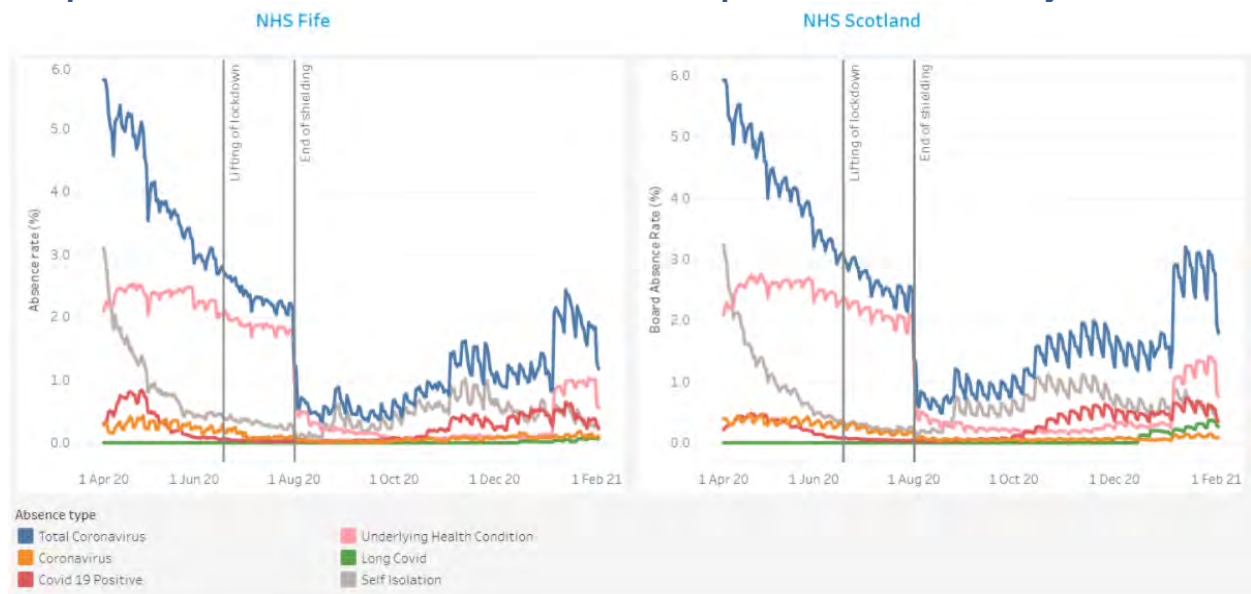


2.2.3 COVID-19 Related Workforce Absence

COVID-19 related absences continue to be recorded separately under the special leave categories within SSTs. Absence rates reduced in August 2020 with the cessation of Scottish Government advice on shielding within the general population. The re-introduction of this guidance in January 2021 has impacted on 1% of the workforce.

COVID-19 absence contributes a further 2% on absence levels within NHS Fife. The composition of this figure is detailed within Graph 4 below. Whilst NHS Fife's COVID-19 absence levels are less than the position for NHS Scotland, the charts below show that the trend line is consistent with the rest of Scotland.

Graph 4: COVID-19 Reasons for Absence – 1 April 2020 to 1 February 2022



2.2.4 Management Actions

NHS Fife's Promoting Attendance Group and Promoting Attendance Review and Improvement panels continue to meet, along with local Promoting Attendance Groups. As previously reported, given COVID-19 and Winter pressures, there will be a challenge in maintaining the current sickness absence performance levels.

2.3 Assessment

2.3.1 Quality / Patient Care

Providing support for the workforce at this time and in the longer term will be an essential component of our approach to staff health and wellbeing and is currently being considered in line with the current revisions to the Staff Health and Wellbeing Strategy. Evidence suggests that it is important to have provision in place to support staff in the longer term, which is when the impact of the pandemic may affect staff most.

2.3.2 Workforce

The provision of staff support is likely to impact on attendance and our ability to attract and retain staff in the longer term. Actions to reduce absence or acknowledge the levels of attendance at work support improvements to staff experience. This will continue to be complemented by activity based themes, such as the current FitBit Activity Tracker challenge, in tandem with the Kingdom Staff Lottery.

2.3.3 Financial

Any bids for further support will be progressed in line with Board requirements for Endowment funding, or as formal business cases.

2.3.4 Risk Assessment / Management

There is a risk that inadequate staff support provision and/or high levels of absence may impact on service delivery.

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Staff Support and Wellbeing and Well@Work Group members, Employee Director and Workforce Directorate Senior Leadership Team.

Discussions will continue to take place with General Managers, via Promoting Attendance Review and Improvement Panels, Promoting Attendance Group members and within the Workforce Directorate, with a view to meeting the planned trajectory set for the Board of achieving an average rate of 4.84% by the end of March 2021.

2.3.8 Route to the Meeting

This paper has been considered by the above groups and the Director of Workforce as part of its development. These groups have either supported the content, or their feedback has informed the development of the content presented in this report.

2.4 Recommendation

The Staff Governance Committee is asked to **note** the contents of this report.

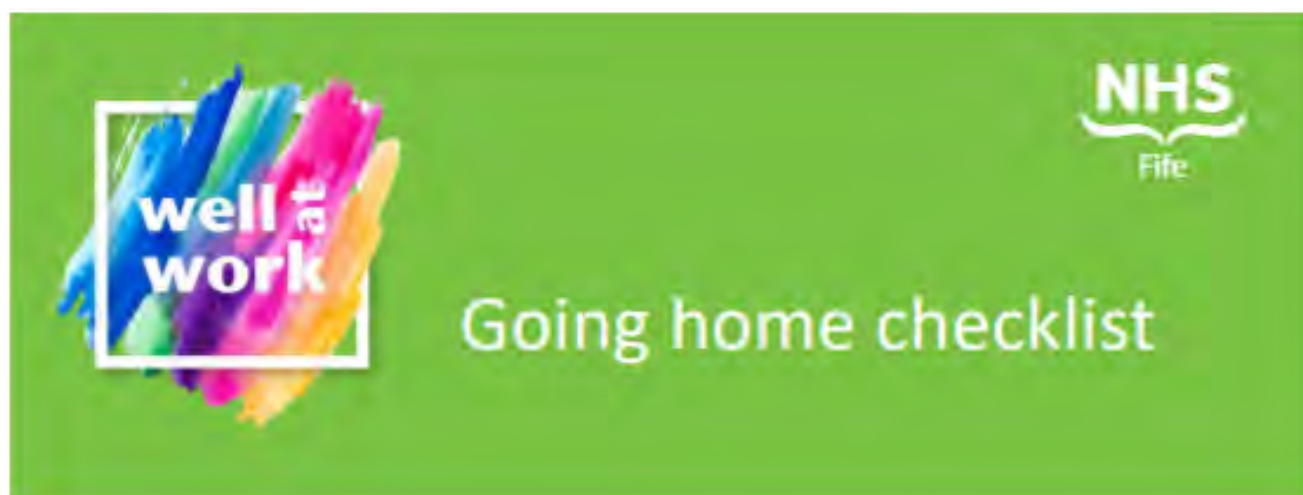
3. List of Appendices

Appendix 1 – Staff Health & Wellbeing Resources

Appendix 2 – Going Beyond Gold Year 2/3: Sustaining a Kind, Mindful and Healthy Organisation Report for NHS Fife Endowment Committee – January 2021

Appendix 3 – Health and Wellbeing Information / Campaigns publicised to NHS Fife staff

Report Contact: Rhona Waugh, Head of Human Resources
Email: rhona.waugh2@nhs.scot



- ✓ Take a moment to think about today.
- ✓ Acknowledge one thing that was difficult during your working day – let it go.
- ✓ Consider three things that went well.
- ✓ Check on your colleagues before you leave – are they OK?
- ✓ Are you OK? Your senior team are here to support you.
- ✓ Now switch your attention to home – rest and recharge

To find local health and wellbeing support and a wide range of other resources visit the staff app, StaffLink.

StaffLink
powered by  blink

Going home checklist



- ✓ Take a moment to think about today
- ✓ Acknowledge one thing that was difficult during your working day – let it go
- ✓ Consider three things that went well
- ✓ Check on your colleagues before you leave – are they OK?
- ✓ Are you OK? Your senior team are here to support you
- ✓ Now switch your attention to home – rest and recharge

Further support is available from:

Staff Listening Service – text your name and number to 07813340137 for a call back within one working day.

Occupational Health Self-Referral Counselling Service – call 01592 729870 (extension 29870) for confidential talking therapy.



You can find a wide range of health and wellbeing resources on StaffLink, the NHS Fife staff app.

Support numbers

Department of Spiritual Care

To contact the Department of Spiritual Care regarding staff support, please call main switchboard and ask for the Duty Chaplain.

Psychology

FIFESTAFFSUPPORT (NHS FIFE)
fife.fifestaffsupport@nhs.scot

Staff Self Referral Counselling

01592 729401

Staff Listening Service

Text your name to 07813340137

Breathing Space

0800 83 85 87

NHS 24's Health and Social Care Workforce

Wellbeing line

0800 111 4191

Samaritans

116 123 (free call number)

Helpful websites

Access Therapies Fife

www.accesstherapiesfife.scot.nhs.uk

Breathing space

www.breathingspace.scot

Mood Cafe

www.moodcafe.co.uk

For other local groups/organisations,
information and support, access
On Your Doorstep Fife

www.onyourdoorstepfife.org



Stress

Stress is the normal mental and physical response to the demands or pressure in our lives.

Prolonged or excessive stress may lead to distress.



For more information see the following sections on the StaffLink Hub:

- Health & Wellbeing
- COVID-19 - Staff Health & Wellbeing



StaffLink
powered by blink

Version 1, September 2020

Significant events

In healthcare we are challenged by situations and stressors on an everyday basis.

Some of these challenges and stressors may energise us, but for some people, some stressors may have a profound impact on how they affect you.

It is important to state that you are NOT alone.

Although what has happened may be over, it is normal to experience further reactions to such stressful events.

What you have experienced may cause a strong emotional reaction which can interfere with your normal coping mechanisms.

Some people prefer to cope with situations by themselves but people often find help and support from colleagues, friends or family.



Stress can show itself in different ways

Physically: tiredness, nausea, vomiting, chest pain, dizziness, breathlessness, trembling, headaches or palpitations.

Mentally: lack of concentration, uncertainty, disturbed sleep patterns, difficulty with problem solving and decision making, altered alertness and awareness.

Emotionally: Feelings of guilt, fear, anxiety, denial or grief, irritability, mood changes, low mood, depression, agitation. Feeling overwhelmed, loss of emotional control, loss of self confidence.

Behaviourally: changes to appetite, difficulty with communication, withdrawing from activities, being less aware of risks, overuse of stimulants – caffeine, alcohol, nicotine.

Spiritually: anger, questioning of established beliefs and values, lack of certainty, lack of meaning and purpose or, lack of hope.

If you are unsure about the above, or are concerned about any aspect of your health or well-being it's important that you speak to someone or contact your GP.

Responding to a stressful situation

It is usual to have some reaction to a stressful situation. Here are some things that have helped other people.

Over the first 24–48 hours:

- Alternating gentle exercise with periods of rest
- Structuring time
- Acknowledging how you feel
- Reaching out to people - people do care
- Doing things that make you feel good
- Maintain as normal a schedule as possible
- Don't make any major life decisions or changes

Remember, your friends, colleagues and line manager at work may also be able to offer you (emotional) support. Sharing with others who have had similar experiences can help.

Everyone can help by:

- Listening carefully
- Offering reassurance
- Offering time
- Not taking reactions personally.



Staff wellbeing huddle



Working in the NHS can be a rewarding and challenging experience. It is important that we find ways of checking-in with each other on a daily basis, to explore frustrations/concerns and take actions which improve the work environment/conditions. The huddle framework below can be used to run a 10 minute staff wellbeing huddle at the end of a shift or days work. The framework can be used face-to-face or virtually.

What went well?

How was teamwork and communication?

How did you look after each other today?

What are you proud of as a team today?

What could have been better?

Any patient or service delivery issues causing a concern?

Has anyone had a conversation that caused any upset or distress?

Has anyone been unable to find equipment or advice that they needed today?

Has anyone been asked to do anything they are not comfortable doing today?

Lessons learned and improvement ideas

Good Conversations / Personal Outcomes

Work Completed

- As reported in November 2020, the main aspect of the Personal Outcomes and Good Conversations work funded by the endowment funds has been completed. This work continues with support from other funding streams.

Further Work Planned

- Work with HR staff and Line Managers had to be put on hold due to COVID-19 priorities. Our plan is to maintain the funds allocated to this work until the situation settles and this work can be taken forward, hopefully in the spring of 2021.
- We plan to support the development of on-line training materials to enable this work to reach a wide range of staff during the ongoing pandemic restrictions.

Mindfulness

Recent Work Completed

Since our last report in November 2020, we have delivered the following work as part of this programme:

- Due to ongoing restrictions with the pandemic, we were not able to run our planned 4-day training course as a blended learning training package, which we had planned to include some face-to-face meetings in small groups. So we made the decision to run another 8-week online evening course instead. This started on 28 October and ran until 16 December 2020. Eighteen participants started the programme – including a wide range of different clinicians, support workers and administrative staff. It was booked up in a couple of days following advertisement on StaffLink and there was a waiting list of 10 people. 12 staff completed the full 8 weeks of the programme. An online evaluation was sent out via survey monkey with nine respondents.

Notable comments are:

- *Very worthwhile module and I would recommend to everyone!*
- *Felt privileged to be part of the training group*
- *It is really appreciated that my work place offers support for well being*
- *This was a very enlightening course and I feel I am already reaping the benefits of changing my ways of thinking and taking time out for myself*

- Due to demand for this course and savings from the 4 day programme, which requires two facilitators, we decided to run another online 8 week course. This started on 11 January and will run to March 2021. The course started with 21 participants with a full range of different professional backgrounds within NHS Fife. There is currently a waiting list of 9 staff members.

- The new Pause Pod at Whyteman's Brae was advertised in September 2020 for staff usage through Communications Department. We are continuing to monitor its use, using an Occupye monitor.
- We have facilitated three hour-long online support sessions for the Mindfulness Teachers' group in November, December 2020 and January 2021. These have been well attended and allow staff to support each other in their practice and teaching.
- We have created four professional films of half hour Mindfulness sessions which will be available to all staff to be used on an ad hoc basis to fit in with their daily schedules. They have been provided to the Communications Department and are due to be advertised and distributed with the following information, during week commencing 25 January 2021):

Mindful Pauses for Our Wellbeing

These half hour videos have been developed for health and social care staff during the COVID-19 pandemic. They have been funded by NHS Endowments as part of the Going Beyond Gold project in NHS Fife which focuses on staff wellbeing as a priority. It has been a difficult year, especially for frontline workers. We know you are working so hard and may be feeling tired and needing some time to pause, rest, reflect and renew yourself. We hope this series of videos will help you to do that. They can be used in full, as a mini course to help introduce you to a range of Mindfulness practices. But they are also designed to stand alone, so if one title particularly appeals to you, just try that one! You can use them as often as you like, whenever it suits you best – at home or at work – to take that well earned break and to boost your wellbeing. We really hope you will enjoy using these videos and that you will feel the benefit of the practices.

Pause 1: Lying down for tension release and renewal

Pause 2: Standing to stretch out the stress of the day

Pause 3: Sitting with breath, sound and spaciousness

Pause 4: Reconnecting with kindness and yourself

Work Planned With New Endowment Funding From January 2021

- A series of eight, weekly 45 minute Mindful drop-ins has recently started (19 January until 9^{March} 2021) available to all staff, entitled Being Mindful: An Opportunity to Pause, Rest and Feel Refreshed.
- We are delivering a Mindful care space (30 minutes) with Physiotherapists at QMH Wellbeing hub on 2 February 2021.
- We are delivering a one hour online wellbeing session with NHS Fife Volunteers on 4 February 2021.
- We are delivering a one hour online wellbeing session with the Person-Centred Care Staff Team.
- Due to the current waiting list and strong interest in our 8 week mindfulness course, we plan to schedule another course to start in Spring 2021. This will take a slightly different form to the previous and current 8-week courses with shorter, 45 minute sessions. We hope this will make the course as accessible as possible to a wide range of staff and

reach higher numbers of staff who are looking for support, as the course format allows much greater numbers to attend.

- We are advising on the Resilience and Self-Care webinars currently being created by the Learning and Development Team and we intend to develop an e-learning resource to take this content further and provide resources to help staff help themselves to improve their wellbeing.
- We will continue to facilitate online monthly support sessions for Mindfulness Teachers and Practitioners to support teaching and practice amongst colleagues and patients.
- Further development of online and face to face (when possible) wellbeing sessions and mindfulness support for specific staff groups will be planned in due course with a range of different external providers with support from NHS Fife staff.

Culture of Kindness Conference

Due to the Pandemic, our planned Culture of Kindness Conference, due to take place on the 19 May 2020, with all workshops and speakers planned, unfortunately had to be cancelled. We are planning to re-create this conference as an online, uplifting programme of talks and workshops for 19 May 2021, highlighting the amazing work of staff during the pandemic and lots of tips and ideas on how to continue to look after ourselves, our colleagues and our patients with kindness.

Appendix 3 – Recent Health and Wellbeing Information / Campaigns Publicised to NHS Fife Staff

PROMIS Focus on Wellbeing

The PROMIS Webinar Programme for Health and Social Care staff has been arranged for February and March 2021. This Focus on Wellbeing Programme is intended to empower and encourage Health and Social Care staff and unpaid carers to enhance personal resilience and self-care. Further information is available via www.promis.scot.

NHS Scotland Staff Wellbeing Resources

As the country copes with another national lockdown and a second wave of Covid-19, it is as important (if not more so) to be supporting the wellbeing of frontline staff. Resources to support staff wellbeing both during and after a pandemic (including NES e-modules, podcasts, key web links, and more specific support) is available via the following link:

<https://sway.office.com/p3QWjY4altHviB6o?ref=Link&loc=play>

Workforce Wellbeing Champions Network – Australian COVID Wellbeing Website Pandemic Kindness Movement

Effective leadership is critical at all levels of the pyramid and is an additional layer represented in this model. The aim of the Pandemic Kindness Movement is to provide health workers with easy access to curated resources to enable them to access the support they need. Further information is available via the following link: <https://aci.health.nsw.gov.au/covid-19/kindness>

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 4 March 2021
Title:	Review of Committee's Terms of Reference
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Gillian MacIntosh, Board Secretary

1. Purpose

This is presented to the Staff Governance Committee 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 at Appendix 1 for members' consideration, with suggested changes tracked for ease of reference. Proposed amendments largely relate to the inclusion, within the Attendance section, of the Deputy Director of Workforce and the Heads of Service from the Workforce Directorate who routinely present at meetings and amended wording around securing LPF representation via a nominated Deputy, should the Staff Side Chairs of the LPF be unable to attend any meetings.

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. Consultation has also taken place with Staff Side representatives regarding the proposed wording around Deputies attending meetings.

2.4 Recommendation

This paper is provided for the Committee to **consider** the attached remit and suggested changes, to **advise** of any further proposed changes and **approve** a final version for further consideration by the Board.

3. List of Appendices

Appendix 1 – Staff Governance Committee Terms of Reference

Report Contact:

Dr Gillian MacIntosh
Head of Corporate Governance & Board Secretary
gillian.macintosh@nhs.scot

STAFF GOVERNANCE COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ***

1. PURPOSE

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

2. COMPOSITION

- 2.1 The membership of the Staff Governance Committee will be:
 - Four Non-Executive members, one of whom will be the Chair of the Committee
 - Employee Director (as a Stakeholder member of the Board by virtue of holding the Chair of the Area Partnership Forum)
 - Chief Executive
 - Director of Nursing
 - Staff Side Chairs of the Local Partnership Forums, or their nominated deputy

~~Each member shall give notification~~notify if they are unable to attend a meeting. For Non-Executive members, they shall notify the Chair, who ~~may~~will ask other Non-Executive Board members to act as members of the Committee, to achieve a quorum. ~~Each of the~~For Staff Side Chairs of the Local Partnership Forums, they will notify the Lead Officer, confirming their~~shall, annually, notify the Lead Officer to the Committee of a specific nominated deputy who will attend meetings in their absence.~~ This will be reported to the Chair.

- 2.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other senior staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:
 - Director of Workforce
 - Director of Acute Services
 - Director of Health & Social Care
 - Board Secretary

- Deputy Director of Workforce and Heads of Service, Workforce Directorate

2.3 The Director of Workforce will act as Lead Officer to the Committee.

3. QUORUM

3.1 No business shall be transacted at a meeting of the Committee unless:

- at least three members are present, at least two of whom should be Non-Executive members of the Board.
- ~~at least . In addition, in order to be quorate, each meeting will require~~ one of the staff side Chairs of the Local Partnership Forums or their nominated deputy ~~to be~~is present.

There may be occasions when due to unavailability of the above Non-Executive members the Chair will ask other Non-Executive Board members to act as members of the Committee so that quorum is achieved. Similarly, there may be occasions due to unavailability, a Staff Side Chair of the Local Partnership Forums shall confirm the nominated deputy who will attend meetings in their absence. This will be reported to the Chair. This information will be drawn to the attention of the Board.

4. MEETINGS

4.1 The Staff Governance Committee shall meet as necessary to fulfil its purpose, but not less than four times a year.

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

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

5. REMIT

5.1 The remit of the Staff Governance Committee is to:

- Consider NHS Fife's performance in relation to its achievements of effective Staff Governance and its compliance with the Staff Governance Standard;
- Review action taken on recommendations made by the Committee, NHS Boards, or the Scottish Ministers on Staff Governance matters;
- Give assurance to the Board on the operation of Staff Governance systems within NHS Fife, identifying progress, issues and actions being taken, where appropriate;
- Support the operation of the Area Partnership Forum and the Local Partnership Forums in their Staff Governance monitoring role and the appropriate flow of information to facilitate this;
- Encourage the further development of mechanisms for engaging effectively with all members of staff within the NHS in Fife;

- Contribute to the development of the Annual Operational Plan, in particular but not exclusively, around issues affecting staff;
- Support the continued development of personal appraisal professional learning and performance;
- Review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's responsibility;
- Undertake an annual self-assessment of the Committee's work and effectiveness.

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

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

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

6. AUTHORITY

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

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

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

7. REPORTING ARRANGEMENTS

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

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

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

Meeting:	Staff Governance Committee
Meeting date:	4 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 Staff Governance 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 Staff Governance (SG) 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 Staff Governance aspect of the report covers Sickness Absence, and its current status is shown in the table below.

Measure	Update	Local/National Target	Current Status
Sickness Absence	Monthly	4.39% for 2020/21 (4.00% is the LDP Standard)	5.87% in December 2020 (worse than the planned improvement trajectory for 2020/21 at this stage, and may be misleading in view of way that COVID-19-related absence is being reported)

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 SG Committee is requested to:

- **Discussion** – Examine and consider the NHS Fife performance, with particular reference to the level of Sickness Absence and the caveats around this

3 List of appendices

None

Report Contact

Bryan Archibald

Head of Performance

Email bryan.archibald@nhs.scot



Fife Integrated Performance & Quality Report

Produced in February 2021



Introduction

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

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

The IPQR comprises of the following sections:

I. Executive Summary

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

II. Performance Assessment Reports

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

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

I. Executive Summary

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

The 2020/21 Annual Operational Plan (AOP) was produced before the COVID-19 Pandemic, and its content, both in terms of planned improvement work and performance improvement trajectories, was being discussed with the Scottish Government when the lockdown started. The suspension of many services means that the AOP cannot be reflected in the IPQR.

An alternative source for Improvement Actions in the 2020/21 IPQR, specifically for performance areas relating to Waiting Times, is the Joint Mobilisation Plan (JMP) for Fife. This has been produced at the request of the Scottish Government in order to describe the steps being taken by the Health Board and Health & Social Care Partnership to recover services which were 'paused' from the start of the COVID-19 lockdown.

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

Improvement Actions in the drill-downs carry a '20' or '21' prefix, to identify those continuing from 2019/20 and those identified as new for this FY. They are shaded in **BLUE** if they are assessed as being complete or no longer relevant.

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 8 (28%) classified as **GREEN**, 7 (25%) **AMBER** and 14 (47%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

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

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

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 7 (25%) within upper quartile, 17 (58%) in mid-range and 5 (17%) in lower quartile.

































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

Indicator Summary







Section	LDP Standard	Standard	Target 2020/21
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A
	N/A	HSMR	N/A
	N/A	Inpatient Falls	5.97
	N/A	Inpatient Falls with Harm	2.16
	N/A	Pressure Ulcers	0.42
	N/A	Caesarean Section SSI	2.5%
	N/A	SAB - HAI/HCAI	19.5
	N/A	SAB - Community	N/A
	N/A	C Diff - HAI/HCAI	6.7
	N/A	C Diff - Community	N/A
	N/A	ECB - HAI/HCAI	36.6
	N/A	ECB - Community	N/A
	N/A	Complaints (Stage 1 Closure Rate)	80%
	N/A	Complaints (Stage 2 Closure Rate)	65%
Operational Performance	90%	IVF Treatment Waiting Times	90%
	95%	4-Hour Emergency Access	95%
	100%	Patient TTG (Ongoing Waits)	N/A
	95%	New Outpatients Waiting Times	N/A
	100%	Diagnostics Waiting Times	N/A
	95%	Cancer 31-Day DTT	N/A
	95%	Cancer 62-Day RTT	N/A
	90%	18 Weeks RTT	N/A
	29%	Detect Cancer Early	29%
	N/A	Freedom of Information Requests	85%
	N/A	Delayed Discharge (% Bed Days Lost)	5%
	N/A	Delayed Discharge (# Standard Delays)	N/A
	80%	Antenatal Access	80%
	473	Smoking Cessation	473
	90%	CAMHS Waiting Times	N/A
	90%	Psychological Therapies Waiting Times	N/A
	80%	Alcohol Brief Interventions (Priority Settings)	80%
	90%	Drugs & Alcohol Treatment Waiting Times	90%
	N/A	Dementia Post-Diagnostic Support	N/A
	N/A	Dementia Referrals	N/A
Finance	N/A	Revenue Expenditure	£0
	N/A	Capital Expenditure	£13.348m
Staff Governance	4.00%	Sickness Absence	4.39%

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

Reporting Period	Year Previous		Previous		Current		
Month	Dec-19	45	Nov-20	22	Dec-20	25	↓
Year Ending	Jun-19	1.04	Mar-20	1.01	Jun-20	1.00	↑
Month	Dec-19	6.95	Nov-20	9.56	Dec-20	8.98	↑
Month	Dec-19	1.61	Nov-20	2.16	Dec-20	2.42	↓
Month	Dec-19	0.97	Nov-20	1.55	Dec-20	0.87	↑
Quarter Ending	Dec-19	2.3%	Sep-20	2.2%	Dec-20	2.4%	↓
Quarter Ending	Dec-19	10.9	Nov-20	11.8	Dec-20	20.6	↓
Quarter Ending	Dec-19	8.5	Nov-20	12.9	Dec-20	11.7	↑
Quarter Ending	Dec-19	13.1	Nov-20	9.2	Dec-20	6.5	↑
Quarter Ending	Dec-19	4.3	Nov-20	2.1	Dec-20	2.1	↔
Quarter Ending	Dec-19	60.0	Nov-20	45.9	Dec-20	50.3	↓
Quarter Ending	Dec-19	36.2	Nov-20	29.0	Dec-20	24.4	↑
Quarter Ending	Dec-19	75.7%	Nov-20	74.2%	Dec-20	76.8%	↑
Quarter Ending	Dec-19	50.5%	Nov-20	26.8%	Dec-20	21.6%	↓
Month	Dec-19	100.0%	Nov-20	100.0%	Dec-20	100.0%	↔
Month	Dec-19	88.0%	Nov-20	92.9%	Dec-20	89.4%	↓
Month	Dec-19	89.7%	Nov-20	62.3%	Dec-20	62.3%	↔
Month	Dec-19	91.8%	Nov-20	60.3%	Dec-20	57.5%	↓
Month	Dec-19	98.6%	Nov-20	96.5%	Dec-20	95.9%	↓
Month	Dec-19	96.3%	Nov-20	98.1%	Dec-20	98.8%	↑
Month	Dec-19	87.3%	Nov-20	88.0%	Dec-20	91.3%	↑
Month	Dec-19	82.0%	Nov-20	67.0%	Dec-20	70.9%	↑
Year Ending	Jun-19	27.2%	Mar-20	24.6%	Jun-20	23.5%	↓
Quarter Ending	Dec-19	53.0%	Nov-20	85.1%	Dec-20	85.4%	↑
Month	Dec-19	7.6%	Nov-20	5.9%	Dec-20	5.3%	↑
Month	Dec-19	73	Nov-20	60	Dec-20	25	↑
Month	Jun-20	88.2%	May-21	85.7%	Jun-21	91.4%	↑
YTD	Oct-19	95.7%	Sep-20	49.6%	Oct-20	50.4%	↑
Month	Dec-19	71.3%	Nov-20	85.8%	Dec-20	85.8%	↔
Month	Dec-19	75.8%	Nov-20	76.3%	Dec-20	80.8%	↑
YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑
Month	Oct-19	95.2%	Sep-20	93.8%	Oct-20	90.9%	↓
Annual	2017/18	86.7%	2018/19	94.0%	2019/20	95.5%	↑
Annual	2017/18	55.4%	2018/19	60.7%	2019/20	58.1%	↓
Month	Dec-19	N/A	Nov-20	+£2.693m	Dec-20	+£2.829m	↓
Month	Dec-19	N/A	Nov-20	£3.789m	Dec-20	£4.817m	↑
Month	Dec-19	6.25%	Nov-20	5.35%	Dec-20	5.87%	↓

Benchmarking			
	Upper Quartile		
	Mid Range		
	Lower Quartile		
Reporting Period	Fife		Scotland
N/A			
YE Jun-20	1.00		1.00
N/A			
N/A			
N/A			
QE Dec-19	2.3%		0.9%
QE Sep-20	20.0		17.3
QE Sep-20	6.4		10.8
QE Sep-20	9.3		17.4
QE Sep-20	6.4		6.6
QE Sep-20	45.3		42.0
QE Sep-20	46.9		44.7
2019/20	71.5%		79.9%
2019/20	35.7%		51.8%
N/A			
Dec-20	89.4%		86.4%
Sep-20	46.1%		30.0%
Sep-20	56.2%		46.5%
Sep-20	93.1%		53.3%
QE Sep-20	98.6%		98.4%
QE Sep-20	86.2%		87.3%
QE Sep-20	63.8%		67.3%
2018, 2019	26.1%		25.6%
N/A			
QE Jun-20	4.6%		3.8%
Dec-20	6.69		13.34
FY 2019/20	89.0%		88.3%
FY 2019/20	92.8%		97.2%
QE Sep-20	63.9%		60.6%
QE Sep-20	76.6%		75.1%
FY 2019/20	79.2%		83.2%
QE Sep-20	95.5%		97.2%
2017/18	86.8%		72.5%
2017/18	55.3%		42.3%
N/A			
N/A			
YE Mar-20	5.49%		5.31%

d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile
HSMR	1.00	N/A	N/A	YE Jun-20	1.00 YE Jun-20 
The HSMR for NHS Fife for the year ending June 2020 improved slightly in comparison to the year ending March 2020, and was equal to the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.					
Inpatient Falls (with Harm) Reduce falls with harm by 20% by December 2020	2.16	Oct-20	2.16	Dec-20	2.42 N/A N/A
A small increase in overall falls with harm was recorded in December and focus on supporting areas where this has been highlighted continues. There are continued challenges as previously described in relation to the fluid landscape of in-patient areas as a result of COVID but local review and support processes continue. Confirmation at an In-Patient Falls meeting of the workplan for the year ahead aims to refocus activity.					
Pressure Ulcers 50% reduction by December 2020	0.42	Never Met	0.42	Dec-20	0.87 N/A N/A
The rate of hospital acquired pressure ulcers in the Community hospitals setting decreased slightly in December, although the actual number in Q4 doubled in comparison to Q3 (24, from 12). For the Acute hospital, there was also a slight drop in the rate, and this was accompanied by a small fall in the quarterly number (66 to 62). The overall Fife rate at the end of 2020 remained significantly above the improvement target, although slightly lower than at the end of 2019.					
Caesarean Section SSI We will reduce the % of post-operation surgical site infections to 2.5%	N/A	QE Dec-20	2.5%	QE Dec-20	2.4% QE Dec-19 
All mandatory SSI surveillance remains paused, as per the start of the Covid-19 pandemic. However, Maternity Services have continued to monitor Caesarean Section SSI cases throughout the year, and where appropriate (in the case of Deep or Organ Space SSIs) carry out SSI Clinical Reviews. It is important to note that the performance data provided is non-validated and does not follow the agreed NHS Fife Methodology. No national comparison is available beyond Q4 2019.					
SAB (MRSA/MSSA) We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022	18.8	QE Nov-20	19.5	QE Dec-20	20.6 QE Sep-20 
Surveillance of SABs has continued during the COVID-19 pandemic. Fife had the lowest annual number of SABs on record in 2020, with no recorded MRSA SABs since January 2019. However, for Q3 of 2020, Fife was above the national comparator for HCAI SABs, although still on track to achieve its reduction of HCAI SABs by March 2022. Q3 of 2020 also saw a raised incidence of ventilator associated pneumonia SABs in patients who are COVID-19 positive.					
C Diff We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022	6.5	QE Dec-20	6.7	QE Dec-20	6.5 QE Sep-20 
CDI surveillance has continued throughout the COVID-19 pandemic. NHS Fife remains below the national rate for HCAI & CAI CDIs and achieved its lowest CDI rate on record in 2020 (34 infections, a 28% reduction compared to 2019). However, a reduction in HCAs and recurrence of CDIs is still required to achieve the reduction target by March 2022.					
ECB We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022	33.0	QE Jun-20	36.6	QE Dec-20	50.3 QE Sep-20 
ECB surveillance has continued throughout the pandemic. NHS Fife saw a decrease in combined HCAI and CAI ECBs in 2020, compared to 2019 (254 against 264 infections), but remains above the national comparator for both HCAI and CAI ECBs and must continue to reduce its HCAI ECB rate further to achieve its 25% reduction by March 2022. Reducing UTI and CAUTI ECBs will be the key infections to address to achieve this target.					
Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Dec-20	21.6% FY 2019/20 
Performance in closing complaints continues to be a challenge due to the ongoing pressures on clinical services created by the pandemic, a common pattern across Health Boards. Capacity to investigate and respond to complaints within the normal timescales has reduced, although complaints received by PRT are increasing towards pre Covid-19 numbers. A number of complaints relate to delayed treatment as a result of the suspension of services, and we are also still seeing complaints relating to the flu vaccination, which is affecting our ability to respond to complaints within normal timescales. The latter are starting to reduce.					

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile	
4-Hour Emergency Access 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Sep-20	95%	Dec-20	89.4%	Dec-20 ●
Capacity challenges continued in December affecting flow through ED. Attendances decreased across the festive period allowing for a better performance than previous year and overall attendances are well below projected for the period.						
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	N/A	Dec-20	62.3%	Sep-20 ●
Waiting times performance recovery slowed during December (a traditionally quiet month) as the Acute Hospital had to contend with the second wave of the COVID-19 pandemic and cancelled non-urgent elective surgery. Nevertheless, at the end of December, the waiting list was 5% lower than at the end of September. Efforts are continuing to mitigate the situation, with particular attention focusing on urgent waits, but activity is less than forecast and is likely to continue to affect performance for the remainder of FY 2020/21.						
New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	N/A	Dec-20	57.5%	Sep-20 ●
Waiting times performance recovery slowed during December (a traditionally quiet month) as the Acute Hospital had to contend with the second wave of the COVID-19 pandemic. At the end of the month, the waiting list was 5% higher than at the end of September, with a similar increase in the % of patients waiting more than 12 weeks. Efforts are continuing to mitigate the situation, with particular attention focusing on urgent referrals, but activity is less than forecast and is likely to continue to affect performance for the remainder of FY 2020/21.						
Diagnostics 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)	100%	Apr-16	N/A	Dec-20	95.9%	Sep-20 ●
Despite the onset of the second wave of the COVID-19 pandemic, the recovery in performance against Diagnostics Waiting Times continued in December, and over 95% of patients had waited no more than 6 weeks at month end. Just under 70% of the breaches were for Endoscopy tests, while there were no Imaging breaches in each of October and November. It will be a major challenge to maintain this performance level in the remainder of the FY, with activity being slightly less than forecast.						
Cancer 62-Day RTT 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	N/A	Dec-20	91.3%	QE Sep-20 ●
December was a challenging month with the majority of breaches being seen in Urology. Delays to PET outwith Fife contributed to the Upper GI and Lung specialty breaches, while cancellations in surgery due to clinical priorities and lack of availability of equipment were the main reasons for the Urology and Breast breaches. Breaches ranged between 5 and 50 days in duration, with an average of 27 days. Cancer patients remain a priority.						
FoI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	QE Dec-20	85%	QE Dec-20	85.4%	N/A N/A
NHS Fife has now completed four months under the new process for responding to requests and with additional FOI staff resource managing. Stakeholder engagement throughout NHS Fife continues and renewed training will soon be delivered by FOI staff resource to further assist departments and teams with their interaction with FOI duties and obligations. FOI role expected to go to advert within the next two months.						
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jun-20	5%	Dec-20	5.3%	QE Jun-20 ●
The number of bed days lost continues to reduce and 5.3% of occupied bed days lost were as a result of delay in December. Occupancy across our Acute and community hospitals remains high with an increased bed footprint to accommodate red and amber pathways and a continued number of outbreak wards closed.						
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT Oct-20	50.4%	FY 2019/20 ●
The service has been severely affected by staff shortages in the second and third quarter of the FY. New staff are now in place, and will start training in February, with support from Near Me to make up for the lack of national training. Stop Smoking Service promotion was included on Stafflink before the festive period to raise awareness of service with staff. We are currently planning to promote No Smoking Day 2021 via a variety of mediums. Clients currently accessing the service have more complex needs, particularly around mental health and expressing fears of COVID19 with potentially experiencing more severe symptoms once infected. The Specialist Service has been asked to support pregnant mums due to staff absence and redeployed staff member.						

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMHS services within 18 weeks of referral	90%	Sep-16	N/A	Dec-20	85.8%	QE Sep-20	●
Referrals to Fife CAMHS reflect similar levels of demand to 2019 and 2020. The ongoing high number of presentations of children and young people requiring urgent and priority appointments has resulted in the majority of clinical staff working to meet this need. The result of this activity is demonstrated through a higher % RTT in the last 2 months of 2020; however, as a consequence, the longest waits have increased as staff are drawn away from this area of work.							
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	N/A	Dec-20	80.8%	QE Sep-20	●
Performance improved in December as a smaller number of longest waiting patients started treatment due to the festive break. Of most relevance to the RTT trajectory is the Waiting List profile, with the % of patients waiting over 52 weeks continuing to grow. This in part reflects the positive impact of improvement actions for services relevant to the majority of patients, but also highlights the limits of service provision/capacity for the most complex patients.							

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Dec-20	+ £2.829m	N/A	N/A
Following discussion with Scottish Government on 15 January, we have reflected changes in our key assumptions to inform the year end outturn forecast position. Whilst the position to month 9 is an overspend of £2.8m; the forecast outturn to the year end is a balanced position. This assumes the return of our offsetting cost reductions (from the pausing of aspects of core services in the first half of the financial year); and full funding of both Health and Social Care unmet savings. The confirmation of full funding of unachieved savings also allow a budget realignment exercise to take place from Health Delegated to Social Care and eliminates the previously reported risk share cost. We have submitted our balance of funding request re Covid-19 to Scottish Government and, assuming approval, it is expected that the impact on the financial position will be cost neutral on the financial performance. The impact of Covid-19 on the financial performance remains a key issue. Our initial allocation of Covid-19 funding is based on 70% of costs with a general 30% contingency retained by the Portfolio in recognition of the level of uncertainty reflected in financial assumptions. Scottish Government have indicated that a review of Boards' unachieved efficiency savings will be undertaken to inform a final allocation across Scotland. There is a level of risk in that final funding has yet to be confirmed across Scotland.							
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£13.348m	N/A	£13.348m	Dec-20	£4.817m	N/A	N/A
The total Capital Resource Limit for 2020/21 is £13.348m including anticipated allocations for specific projects. The capital position for the 9 months to December records spend of £4.817m equivalent to 36.09% of the total allocation. The capital spend on the specific projects is on track to spend in full.							

Staff Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.39%	Dec-20	5.87%	YE Mar-20	●
Sickness absence levels continue to fluctuate, however, it is positive to note that the sickness absence rates have improved for the first nine months of the year when compared with the same period during 2019/20, with a reduction of 0.54% in the year to date. Given the COVID-19 pandemic and continued Winter pressures, we anticipate that it will be challenging to maintain the current sickness absence performance levels.							

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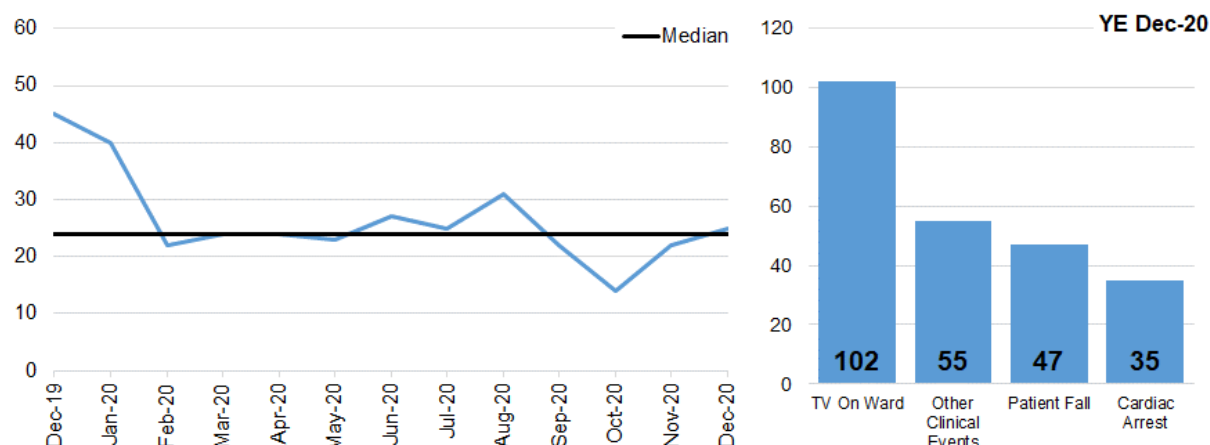
Staff Governance

Sickness Absence	45
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Clinical Governance

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2019/20				2020/21									
		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
ALL	NHS Fife	1389	1402	1307	1122	891	1065	1123	1328	1240	1285	1334	1292	1208	
	Acute Services	585	618	634	471	372	474	463	560	504	603	556	631	574	
	HSCP	767	747	623	627	486	558	627	730	694	639	747	631	609	
	Corporate	37	37	50	24	33	33	33	38	42	43	31	30	25	
CLINICAL	NHS Fife	931	914	923	799	609	725	740	908	834	920	896	937	890	
	Acute Services	527	558	572	439	343	431	421	514	467	555	507	586	531	
	HSCP	393	338	333	345	248	279	299	373	351	347	376	337	351	
	Corporate	11	18	18	15	18	15	20	21	16	18	13	14	8	

Commentary

From July 2020, onwards, as services resumed, reporting levels have continued to recover. There is nothing exceptional to report in the data.

From April 2021, we will start to analyse outputs from the previously reported new approach to the reporting and review of unexpected / drug related deaths within mental health and addiction services. These will be shared in ways that maximise organisational learning.

The NHS Fife Adverse Events/Duty of Candour Group continues to oversee the development and implementation of local adverse events management policy in accordance with national guidance, and to monitor related performance.

The group will develop a recovery plan to support an appropriate organisational response to the pandemic's impact on adverse events activity, including local and significant adverse event reviews.

Clinical Governance

HSMR

Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.

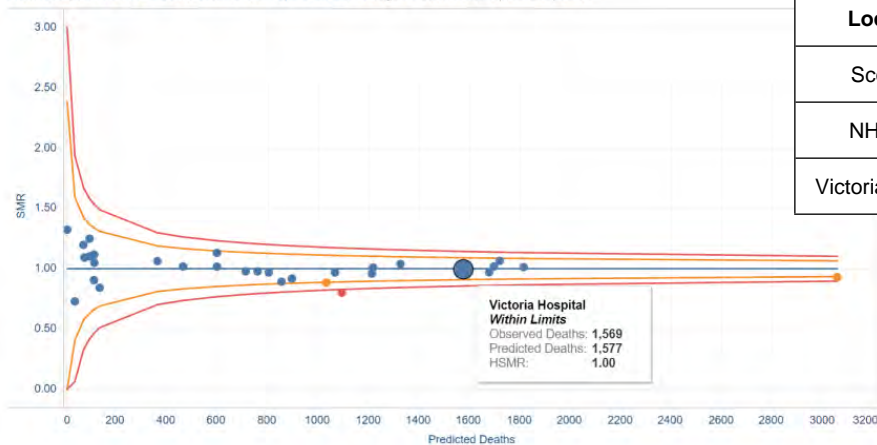
Reporting Period; July 2019 to June 2020^p

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

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

Funnel Plot by Hospital: July 2019 to June 2020

Allows comparisons to be made between each hospital and the average for Scotland for a particular period.



Location	HSMR
Scotland	1.00
NHS Fife	1.00
Victoria Hospital	1.00

Commentary

The annual HSMR for NHS Fife decreased during the second quarter of 2020, with both the actual and predicted number of deaths falling slightly in comparison to the previous 12-month period. This should be seen as normal variation, but we will continue to monitor this closely.

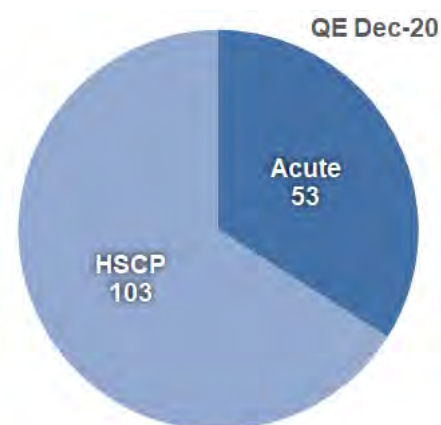
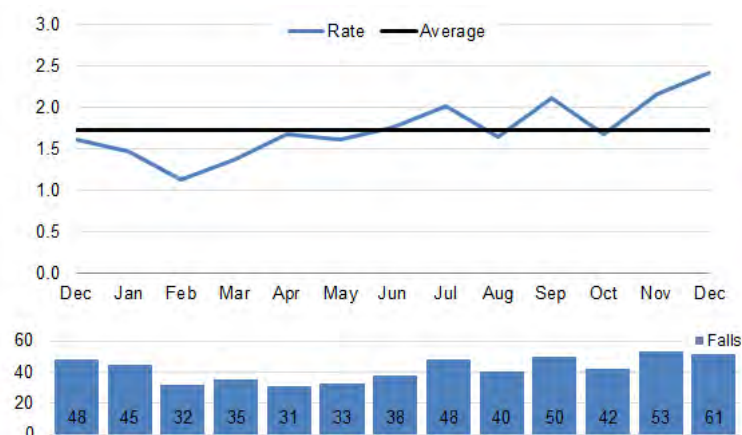
Clinical Governance

Inpatient Falls with Harm

Reduce Inpatient Falls With Harm rate per 1,000 Occupied Bed Days (OBD)

Improvement Target rate (by end December 2020) = **2.16 per 1,000 OBD**

Local Performance



Service Performance

Month	2019/20				2020/21								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	1.61	1.47	1.13	1.37	1.67	1.62	1.75	2.01	1.64	2.12	1.68	2.16	2.42
Acute Services	1.03	0.99	0.84	1.26	1.93	1.21	1.38	1.26	1.26	1.55	1.20	1.45	1.84
HSCP	2.10	1.89	1.37	1.44	1.53	1.95	2.08	2.66	1.96	2.62	2.10	2.79	2.96

Key Challenges in 2020/21

Challenges in in-patient settings with patient placement, social distancing - the falls toolkit is continuing to be used to support assessment and local plans on care delivery.

Developments and progression of workplan have also been delayed - focus continues through ward discussion and local governance discussions with local activity being progressed where required.

Changes in service delivery due to the pandemic have changed clinical area function and this has been dynamic in response to the need for green and red capacity. This includes a change in numbers of patients in ward areas and the use of PPE and social distancing, all of which have had an impact on the way that staff deliver care.

Moving forward we will need to continue to review our approaches to continue to reduce falls with harm.

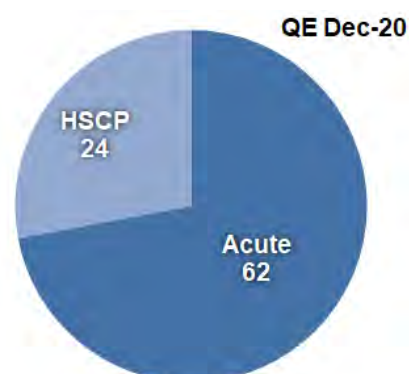
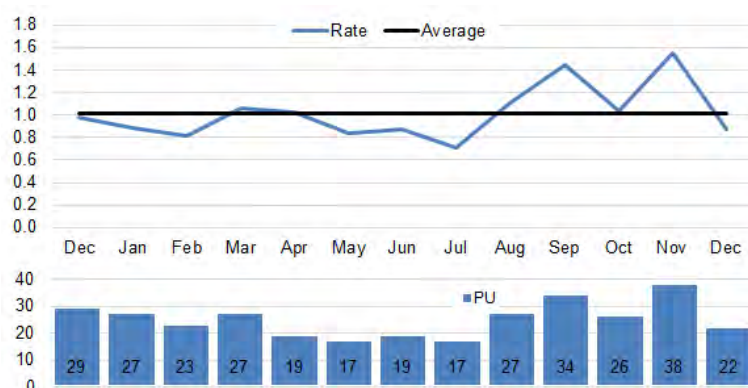
Improvement Actions	Update
20.3 Falls Audit <i>By Apr-21 (was Jan-21)</i>	Plans for this audit have been further delayed as a result of the ongoing situation. A number of areas are being prioritised and this will be programmed in over the coming months as more of a rolling audit. Local scrutiny will continue utilising the monthly performance report.
20.5 Improve effectiveness of Falls Champion Network <i>By Apr-21 (was Feb-21)</i>	This work has been significantly delayed and is part of the draft refreshed work plan. A Teams meeting is planned with the falls champions on 4th February, and will consider local information boards and education programme. This aims to support a more cohesive and streamlined approach and identify any areas with gaps.
21.1 Refresh of Plans <i>By Mar-21 (was Jan-21)</i>	The refreshed workplan has been redrafted and is with the group members as part of a virtual discussion to finalise. This is on agenda for review and agreement at meeting planned for 17 th February.

Clinical Governance

Pressure Ulcers

Achieve 50% reduction in pressure ulcers (grades 2 to 4) developed in a healthcare setting
Improvement Target rate (by end December 2020) = **0.42 per 1,000 Occupied Bed Days**

Local Performance



Service Performance

Month	2019/20				2020/21								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	0.97	0.88	0.81	1.06	1.02	0.83	0.88	0.71	1.11	1.44	1.04	1.55	0.87
Acute Services	1.40	1.27	1.23	1.94	2.08	1.21	1.57	1.17	2.07	2.73	1.54	2.57	1.17
HSCP	0.62	0.55	0.46	0.46	0.42	0.53	0.26	0.31	0.30	0.32	0.60	0.62	0.61

Key Challenges in 2020/21

Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance – this continues to require an agile response

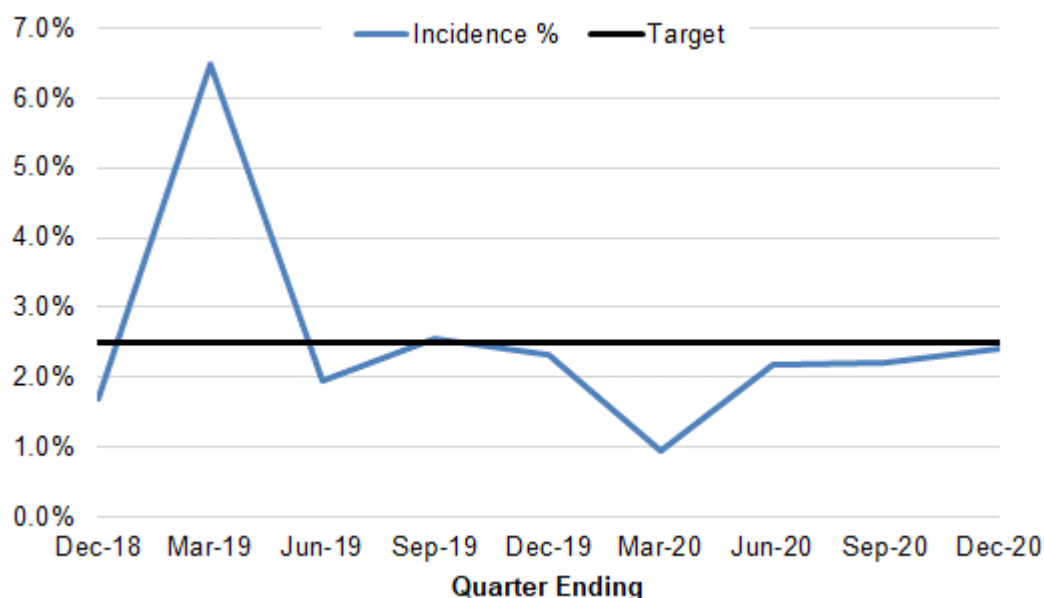
Improvement Actions	Update
20.4 Improve consistency of reporting	
20.5 Review TV Champion Network Effectiveness	
20.6 Reduce PU development (initially by redesign of Quality Improvement model)	
21.1 Improve reporting of PU	
21.2 Integrated Improvement Collaborative By Feb-21	An integrated improvement collaborative started in September, with three wards in the East Division participating. The collaborative aims to enhance comfort rounding and person-centred approaches in reducing patient falls and pressure ulcers, whilst also increasing knowledge and confidence in applying improvement methodology to measure outcome. ASD continue to progress quality improvement with specific wards for improvement, supported by ongoing QI education.
21.3 Implementation of robust audit programme for audit of documentation By Feb-21 (was Jan-21)	A rolling programme of documentation audit is in development. This will be carried out by the Senior Charges Nurses within each ward area, supported by the senior nursing team. This will also incorporate assessment documentation for the prevention and management of pressure ulcers. The rollout date has been extended in response to clinical pressures of the COVID 19 pandemic.

Clinical Governance

Caesarean Section SSI

To reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 to **2.5%** by March 2021

Local Performance



Service Performance

Quarter Ending	2017/18	2018/19				2019/20				2020/21			
	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20	Sep-20	Dec-20	Mar-21
NHS Fife	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%	1.0%	2.2%	2.2%	2.4%	
Scotland	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%					

Key Challenges in 2020/21

NHS Fife SSI Caesarean Section incidence still remains higher than the Scottish incidence rate (no data for 2020 available at this stage)

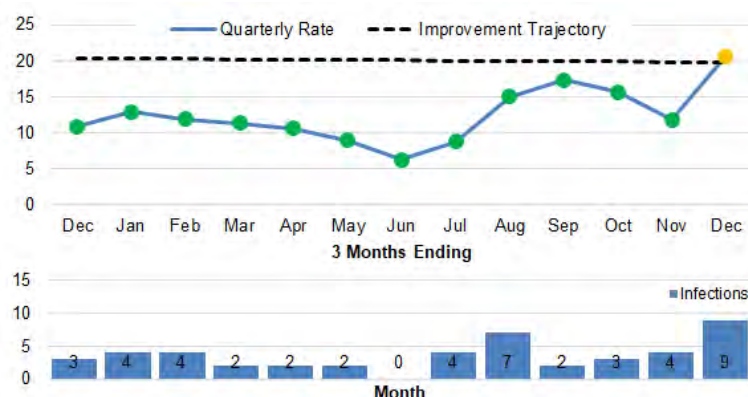
Improvement Actions	Update
20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan <i>By Mar-21</i>	<p>The SSI Implementation Group de-mobilised in August 2020 as there were no outstanding actions, infection rates had improved and there was a robust system in place for reviewing any Deep or Organ Space SSI cases. The group will re-establish if any future concerns develop.</p> <p>On resumption of the C-section SSI surveillance programme, we will continue to adopt the new methodology, which worked well previously in assessing SSI and type. Refresher training will be provided to staff to ensure awareness and understanding of the process.</p> <p>SSI incidence during 2020 has been calculated using unvalidated data, provided by Maternity Services, which does not follow the agreed methodology. The data has not been verified and there is no National comparison, so should be interpreted with caution.</p>
20.2 Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	

Clinical Governance

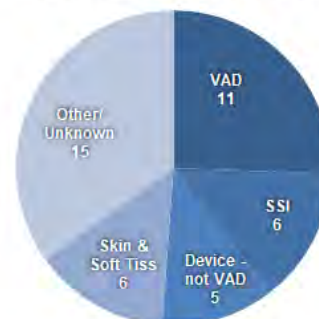
SAB (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Local Performance



Infection Source: YE Dec-20



National Benchmarking

Quarter Ending		2018/19	2019/20				2020/21	
		Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	14.1	13.7	15.5	10.9	12.5	6.3	20.0
Scotland		15.6	16.7	17.5	15.2	16.3	20.3	17.3

Key Challenges in 2020/21

Achieving a 10% reduction of healthcare-associated SAB by March 2022

Improvement Actions	Update
20.1 Reduce the number of SAB in PWIDs <i>By Mar-21</i>	There were only 5 PWID SABs in 2020, a marked improvement from 14 in 2019. Addiction services continue to be supported by the IPCT with the SAB improvement project, last meeting in September. Nurse prescribing of antibiotics by ANPs is being explored.
20.2 Ongoing surveillance of all VAD-related infections <i>By Mar-21</i>	Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement as well as raising triggers and areas of concern. There was a single vascular access device SAB associated with the renal unit in November, following a cluster in August.
20.3 Ongoing surveillance of all CAUTI <i>By Mar-21</i>	Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) identify key issues and initiate appropriate corrective actions regarding catheter & urinary care. The group's last meeting in December was cancelled but will meet again on 19th February. E-documentation bundles for catheter insertion and maintenance, to be added to Patienttrack for Acute services, are still awaited.
20.4 Optimise comms with all clinical teams in ASD & the HSCP <i>By Mar-21</i>	Monthly SAB reports distributed with Microbiology comments, to gain better understanding of disease process and those most at risk, is continuing. This allows local resources to be focused on high risk groups/areas and improve patient outcomes. The Ward Dashboard is continuously updated, for clinical staff to access and also to be displayed for public assurance.

Clinical Governance

C Diff (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Local Performance



National Benchmarking

Quarter Ending		2018/19	2019/20				2020/21	
		Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	5.4	8.0	8.9	13.1	8.0	7.9	9.3
Scotland		11.8	12.3	13.7	15.1	13.6	15.4	17.4

Key Challenges in 2020/21

Reducing healthcare-associated CDI (including recurrent CDI) to achieve the 10% reduction target by March 2022

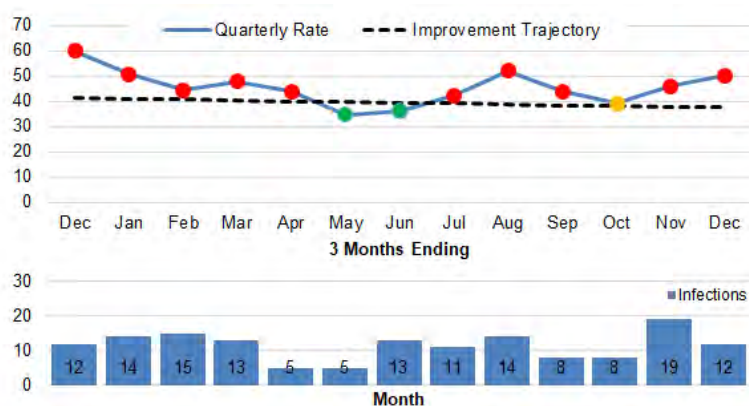
Improvement Actions	Update
20.1 Reducing recurrence of CDI <i>By Mar-22</i>	Each CDI occurrence is reviewed by a consultant microbiologist. The patients clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection. To reduce recurrence of CDI Infection, two treatments are utilized in Fife: 1) Fidaxomicin is used for patients at high risk of recurrent CDI 2) Bezlotoxumab is also used to prevent recurrence, whilst FMT (Faecal microbiota transplantation) is unavailable during the pandemic
20.2 Reduce overall prescribing of antibiotics <i>By Mar-22</i>	NHS Fife utilises National antimicrobial prescribing targets by NHS Fife microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage. Empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.
20.3 Optimise communications with all clinical teams in ASD & the HSCP <i>By Mar-22</i>	Monthly CDI reports are distributed, to enable staff to gain a clearer understanding of the disease process, recurrences and rates. ICN ward visits reinforce SICPs and contact precautions, provide education to promote optimum CDI management and daily Medical management form completion. This has continued throughout the pandemic. The Ward Dashboard is continuously updated, for clinical staff to access CDI incidence by ward and is also to be displayed for public assurance.

Clinical Governance

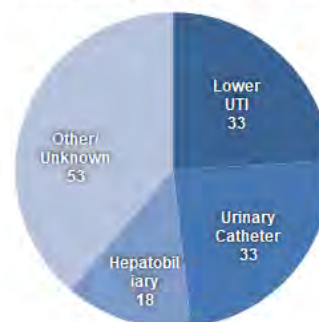
ECB (HAI/HCAI)

Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Local Performance



Infection Sources: YE Dec-20



National Benchmarking

Quarter Ending		2018/19	2019/20				2020/21	
		Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	39.2	42.1	31.0	60.0	47.9	36.4	45.3
Scotland		37.3	38.9	40.3	40.8	36.4	39.7	42.0

Key Challenges in 2020/21

Reducing CAUTI and UTI ECB in order to achieve overall 25% reduction in healthcare-associated ECB by March 2022

Improvement Actions	Update
20.1 Optimise communications with all clinical teams in ASD & the HSCP <i>By Mar-22</i>	<p>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.</p> <p>There were 3 trauma associated CAUTIs in 2020 - learning from these will be fed back to the Urinary Catheter Improvement Group.</p>
20.2 Formation of ECB Strategy Group <i>By Mar-22</i>	<p>The ECB Strategy Group, initially looking at infections caused predominantly by urinary sources other than CAUTI, had been formed, but meetings have been postponed due to the pandemic response.</p> <p>The key issues identified by this group of addressing promotion of hydration and prevention of UTIs within the elderly population have now been incorporated within the UCIG by the Continence services.</p> <p>Further improvement work from the group will be reviewed in 2021.</p>
20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG) <i>By Mar-22</i>	<p>The UCIG meeting in December was cancelled, but the group is due to meet in February to review the following topics:</p> <ul style="list-style-type: none"> • A CAUTI QI programme which started at Cowdenbeath GP practice (currently paused) • E-documentation bundles for catheter insertion and maintenance • Continence services continue to support all care/nursing homes across Fife to promote catheter care and adequate hydration • Continence/hydration folders in use at all care and residential homes • Education 'Top Tips' videos and newsletters published on BLINK <p>Guidance on catheter maintenance solutions and Pathways for the management of difficult insertions have been completed.</p>

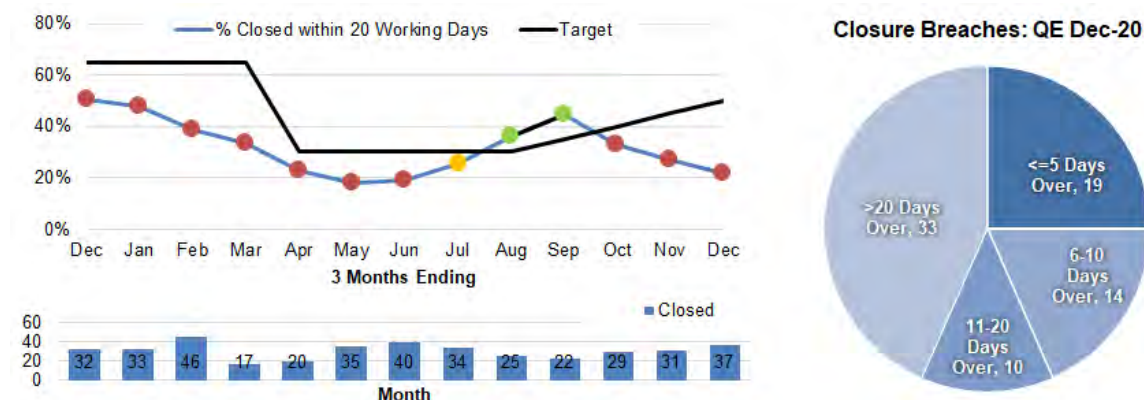
Clinical Governance

Complaints | Stage 2

At least 75% of Stage 2 complaints are completed within 20 working days

Improvement Target for 2020/21 = 65%

Local Performance



Local Performance by Directorate/Division

3-Month Ending	2019/20				20/21								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	50.5%	48.0%	38.7%	33.3%	22.9%	18.1%	18.9%	25.7%	36.4%	44.4%	32.9%	26.8%	21.6%
Ack <= 3 Days (Monthly)	93.8%	93.9%	95.7%	94.1%	95.0%	97.1%	87.5%	97.1%	100.0%	95.5%	93.1%	100.0%	100.0%
ASD	57.1%	56.5%	49.4%	56.2%	55.2%	54.3%	53.5%	54.7%	55.3%	56.0%	55.1%	53.8%	51.2%
HSCP	33.3%	23.3%	9.7%	28.6%	28.4%	26.8%	25.7%	25.5%	26.9%	27.7%	26.6%	25.7%	24.2%

Key Challenges in 2020/21

Clearing the backlog of existing complaints
Increase in complaints due to treatment delays (including diagnostics)
General increase in complaints as we start to remobilise

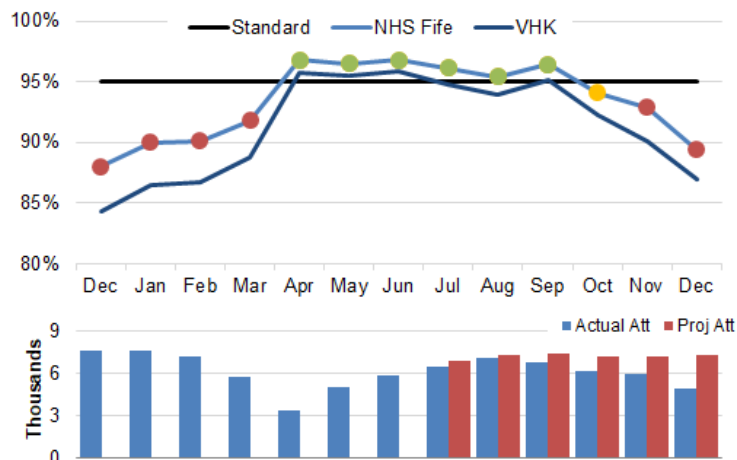
Improvement Actions	Update
20.1 Patient Relations Officers to undertake peer review	
20.2 Deliver education to service to improve quality of investigation statements	
20.3 Agree process for managing medical statements, and a consistent style for responses	
21.1 Agree process for managing complaint performance and quality of complaint responses By Mar-21	The PRT has changed the way they work in order to adapt to the 'new normal'. This includes changing meetings, reports and forms, with an aim of improving and sustaining consistency and quality. Part of this has been achieved via the development of the Complaints section of the new NHS Fife website. PRT have been working with Mental Health and Learning Disabilities services in relation to Stage 2 complaint responses and a trial is in place where MH and LD draft their own complaint responses, with PRT reviewing for quality.
21.2 Deliver virtual training on complaints handling By Mar-21	This action has been identified as a replacement for previous action 20.2, with the aim being to improve overall quality. While some training sessions have been delivered virtually, this is currently on hold due to the increase in the response to COVID-19.

Finance, Performance & Resources – Operational Performance

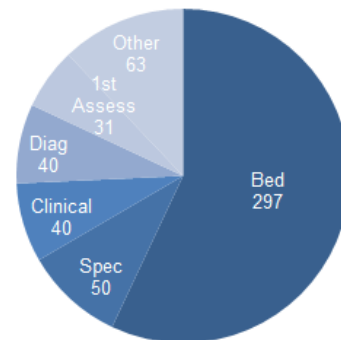
4-Hour Emergency Access

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment

Local Performance



Breach Reason Dec-20



National Benchmarking

Month	2019/20				2020/21								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	88.0%	90.0%	90.1%	91.8%	96.8%	96.5%	96.8%	96.1%	95.4%	96.4%	94.1%	92.9%	89.4%
Scotland	83.8%	86.1%	86.4%	89.2%	94.9%	95.7%	95.6%	95.1%	92.9%	92.1%	89.6%	89.8%	86.4%

Key Challenges in 2020/21

Maintaining the reduction in numbers and the public using alternatives to emergency care
Managing a department with red/green split during the return to normality, when injuries related to outdoor activity are likely to increase

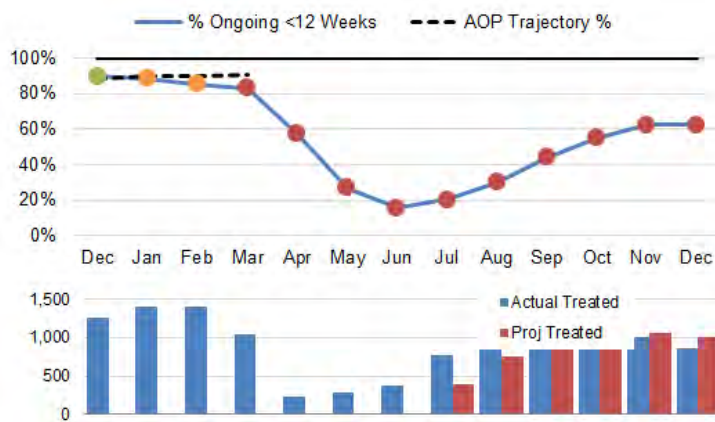
Improvement Actions	Update
20.1 Formation of PerformED group to analyse performance trends	
20.4 Development of services for ECAS	
20.5 Medical Assessment and AU1 Rapid Improvement Group	
21.1 Erroneous action, now removed, but the numbering has been retained for continuity	
21.2 Integration of the Redesign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

Finance, Performance & Resources – Operational Performance

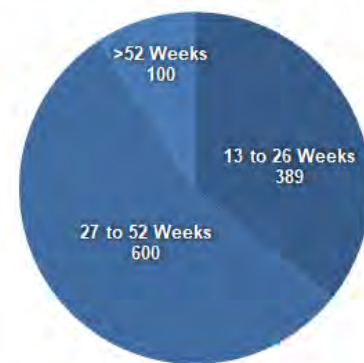
Patient TTG

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

Local Performance



Breaches Breakdown Dec-20



National Benchmarking

	2019/20				2020/21									
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
NHS Fife	89.7%	88.4%	85.4%	83.1%	57.3%	26.8%	15.4%	20.2%	30.0%	44.1%	54.9%	62.3%	62.3%	
Scotland	67.0%	66.7%	66.3%	64.4%	46.6%	24.8%	17.3%	20.6%	24.9%	30.0%				

Key Challenges in 2020/21

Recovery from COVID-19
Reduced theatre capacity due to increased infection control procedures and response to COVID-19

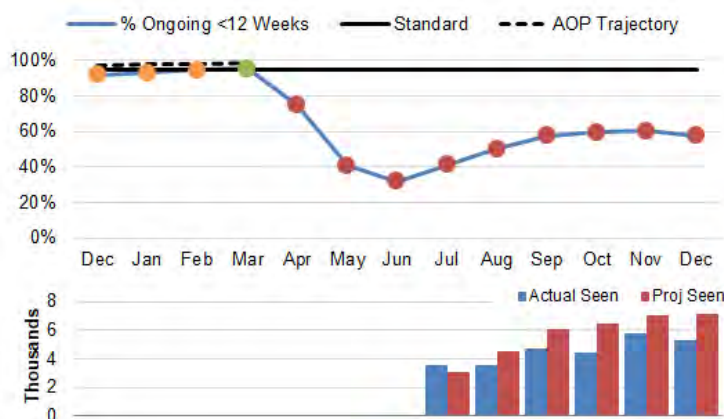
Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	
20.3 Theatre Action Group develop and deliver plan	
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	
21.1 Develop and deliver transformation plan By Mar-21	This action is related to 20.2 and 20.3, above, but seeks to sustain delivery of improvements introduced during the pandemic
21.2 Review DCAQ in relation to WT improvement plan	
21.3 Undertake waiting list validation against agreed criteria	

Finance, Performance & Resources – Operational Performance

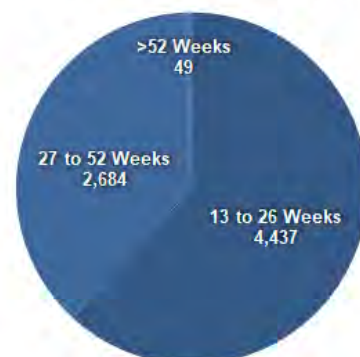
New Outpatients

95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment

Local Performance



Breaches Breakdown Dec-20



National Benchmarking

	2019/20				2020/21								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	91.8%	93.2%	94.7%	95.2%	74.8%	40.9%	32.0%	41.1%	50.0%	57.4%	59.3%	60.3%	57.5%
Scotland	73.2%	75.5%	75.1%	74.9%	57.8%	34.9%	28.5%			46.5%			

Key Challenges in 2020/21

Recovery from COVID 19
Reduced clinic capacity due to physical distancing
Difficulty in recruiting to specialist consultant posts

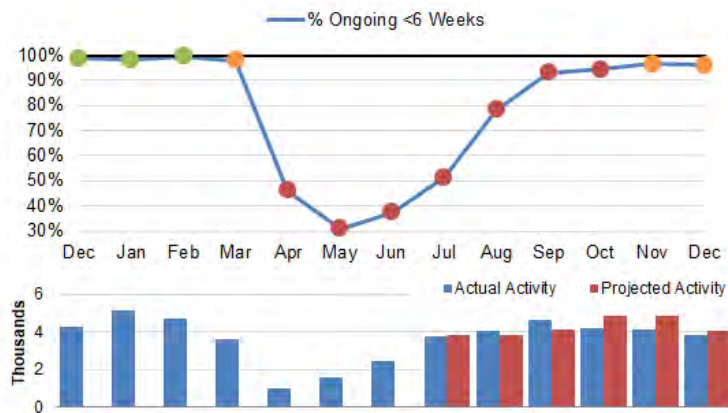
Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	
20.2 Develop OP Transformation programme.	
20.3 Improve recruitment to vacant posts By Mar-21	Action continues – includes consideration of service redesign to increase capacity
21.1 Review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

Finance, Performance & Resources – Operational Performance

Diagnostics Waiting Times

No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment

Local Performance



Breaches Breakdown Dec-20



National Benchmarking

	2019/20				2020/21								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	98.6%	98.2%	99.5%	97.8%	46.3%	31.1%	37.4%	51.4%	78.3%	93.1%	94.3%	96.5%	95.9%
Scotland	79.5%	79.2%	84.7%	75.8%	28.4%	27.9%	35.4%	42.9%	49.3%	53.3%			

Key Challenges in 2020/21

Recovery from COVID-19
 Reduced capacity due to physical distancing and infection control procedures
 Difficulty in recruiting to consultant and specialist AHP/Nursing posts
 Endoscopy surveillance backlog

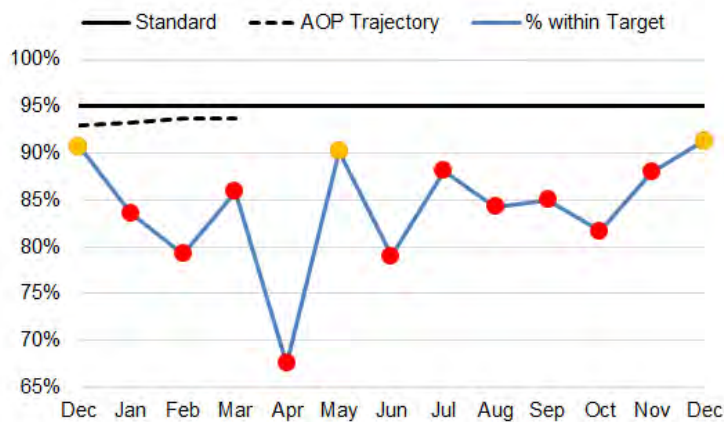
Improvement Actions	Update
21.1 Review DCAQ and develop remobilisation plans for Radiology and Endoscopy	
21.2 Undertake new and planned waiting list validation against agreed criteria By Mar-21	Complete for radiology and complete for new referrals for Endoscopy. Planned waiting list validation for Endoscopy is underway.
21.3 Improve recruitment to vacant posts By Mar-21	Action includes consideration of service redesign to increase capacity

Finance, Performance & Resources – Operational Performance

Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days

Local Performance



Breaches: Oct to Dec 20



National Benchmarking

Month	2019/20					2020/21							
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	90.7%	83.6%	79.2%	85.9%	67.5%	90.2%	79.0%	88.2%	84.3%	85.0%	81.7%	88.0%	91.3%
Scotland	84.6%	83.6%	82.7%	86.1%	82.6%	83.8%	84.3%	87.1%	86.6%	86.5%	84.9%	84.8%	85.3%

Key Challenges in 2020/21

Recovery from COVID-19, by assessing affected components of the cancer 'journey' and reviewing capacity against expected demand.
Identification of key improvement areas in view of the pandemic response and as screening programmes restart

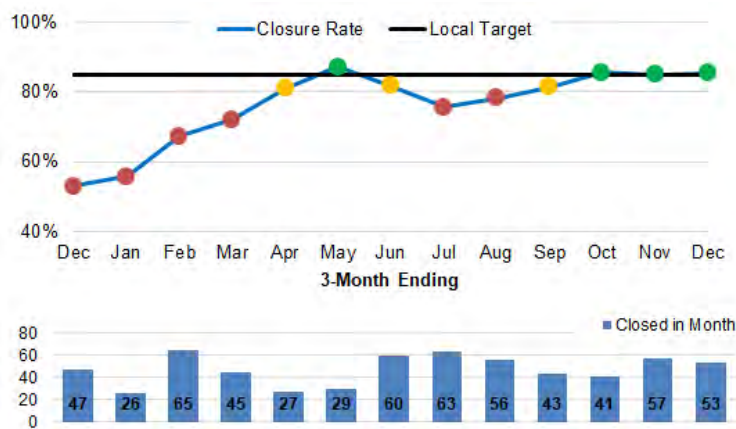
Improvement Actions	Update
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points <i>By Mar-21</i>	This will be addressed as part of the overall recovery work and in line with priorities set by the leadership team. DCAQ of cancer pathways delayed due to pandemic,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

Finance, Performance & Resources – Operational Performance

Freedom of Information Requests

In 2020/21, we will respond to a minimum of 85% of FOI Requests within 20 working days

Local Performance



Closure Period, QE Dec-20



Service Performance

Monthly	2019/20				2020/21								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Health Board	75.0%	52.4%	72.9%	76.9%	100.0%	81.8%	72.7%	72.0%	93.6%	82.1%	96.8%	87.5%	93.5%
IJB	14.3%	60.0%	83.3%	100.0%	100.0%	100.0%	60.0%	84.6%	66.7%	75.0%	50.0%	88.9%	14.3%

Key Challenges in 2020/21

Adequate resourcing to fully manage FOI
Lack of FOI expertise and awareness within the organisation

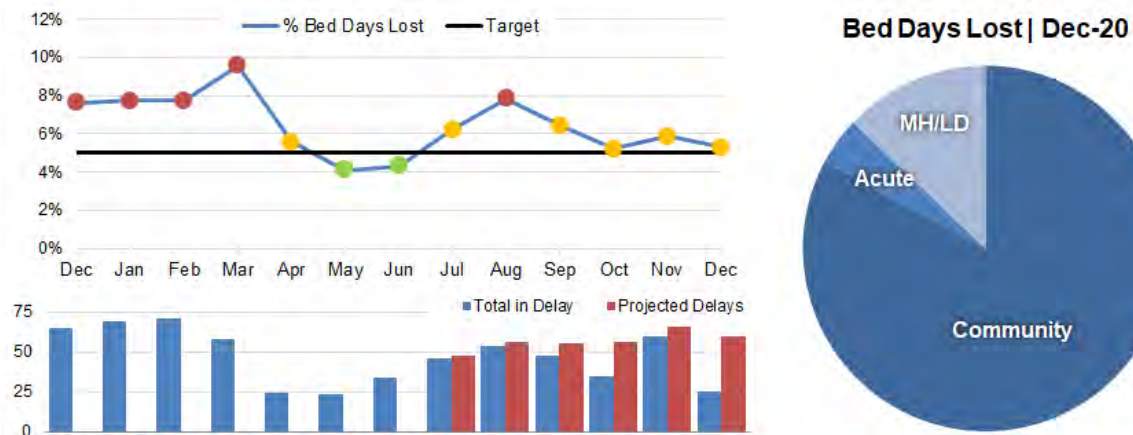
Improvement Actions	Update
20.5 Refresh process with H&SC partnership for requests received that relate to their services	
20.7 Formalise long-term resource requirements for FOI administration	
21.1 Organisation-wide Publication Scheme to be introduced <i>By Jul-21, Dec-21</i>	New action, to reflect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

Finance, Performance & Resources – Operational Performance

Delayed Discharges (Bed Days Lost)

We will reduce the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Local Performance



National Benchmarking

Quarter Ending		2018/19				2019/20				2020/21
		Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	TOBD	87,527	92,599	91,463	91,885	87,857	90,276	91,709	87,695	63,241
	Bed Days Lost	3,638	4,200	6,744	8,141	6,685	7,232	6,570	7,276	2,931
	% Bed Days Lost	4.2%	4.5%	7.4%	8.9%	7.6%	8.0%	7.2%	8.3%	4.6%
Scotland	TOBD	1,552,301	1,541,821	1,551,451	1,567,162	1,532,782	1,542,731	1,566,361	1,505,172	1,105,676
	Bed Days Lost	101,712	107,120	109,366	101,959	103,422	110,861	110,547	110,003	41,729
	% Bed Days Lost	6.6%	6.9%	7.0%	6.5%	6.7%	7.2%	7.1%	7.3%	3.8%

Key Challenges in 2020/21

Sustaining current performance as we return to 'normal' working
Applying lessons learned during the pandemic, going forward

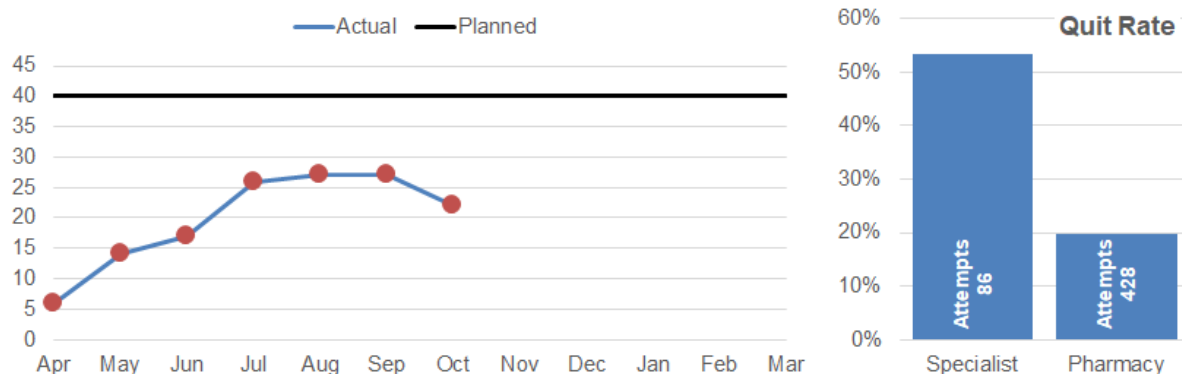
Improvement Actions	Update
20.1 Test a trusted assessors model for patients transferring to STAR/assessment beds	
20.3 Moving On Policy to be implemented	The Moving on Procedure has been signed off and is now operational Action complete
20.4 Improve flow of comms between wards and Discharge HUB	
20.5 Increase capacity within care at home	
21.1 Progress HomeFirst model By Mar-21	The working group continue to progress the actions to ensure 95% of all discharges occur safely and before 2 p.m. and to ensure assessments for LTC are not carried out within an Acute setting.
21.2 Develop virtual community HUB across east hospitals to include Ninewells Hospital By Mar-21	Joint planning to ensure consistency of approach and shared communication across Teams

Finance, Performance & Resources – Operational Performance

Smoking Cessation

In 2020/21, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Local Performance



National Benchmarking

% Achieved Against Target		2020/21											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	6	14	17	26	27	27	22					
	Actual Cumul	6	20	37	63	90	117	139	139	139	139	139	139
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	15.0%	25.3%	31.4%	39.9%	45.7%	49.6%	50.4%	44.1%	39.3%	35.3%	32.0%	29.4%
Scotland	Achieved												

Key Challenges in 2020/21

- Service Provision within GP practices, hospitals and community venues
- Staffing levels due to redeployment and maternity leave
- Unavailability of mobile unit (re-deployed during pandemic)
- Building trust and confidence with client group
- Inability to validate quits as part of an evidence based service
- Limited interest from clients to engage with Near Me

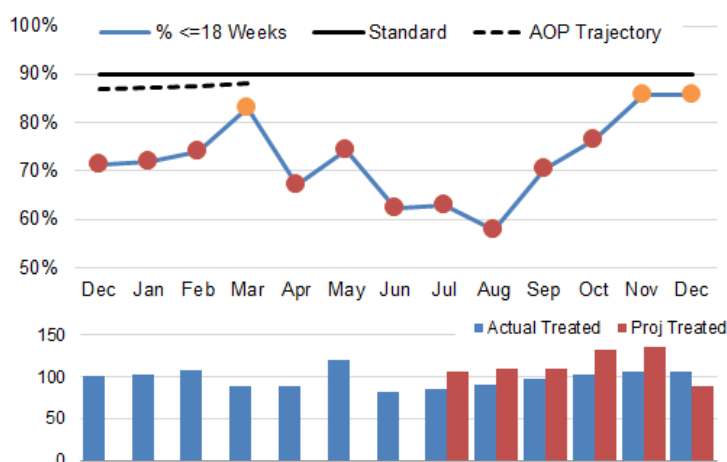
Improvement Actions	Update
20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	The aim of this action is to test a model of delivery that allows a smoking cessation advisor sitting within clinic to enable direct access to Champix for patients attending clinic. Action paused due to COVID-19
20.3 'Better Beginnings' class for pregnant women <i>By Mar-21</i>	Limited progress due to COVID-19 but a couple of pregnant mums have requested support at this time. Initial outcomes (although small numbers) has shown positive outcomes to engaging with pregnant women.
20.4 Enable staff access to medication whilst at work	Action paused due to COVID-19
21.1 Assess use of Near Me to train staff <i>By Mar-21</i>	Near Me has been set up and clients are being offered this service, but there has been little uptake to date, possibly due to issues with IT availability and connectivity
21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative <i>By Mar-21</i>	Prehabilitation is a multimodal approach, which will minimise the risk of surgery being cancelled or SACT being delayed. It ensures patients are actively managed against the pathway, and is know to improve quality outcomes for patients. Patients identified as smokers and interested in quitting will have rapid access to support.

Finance, Performance & Resources – Operational Performance

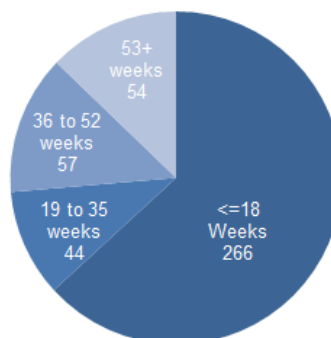
CAMHS 18 weeks RTT

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

Local Performance



Waiting List (421) Dec-20



National Benchmarking

Month	2019/20				2020/21								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	71.3%	71.8%	74.1%	83.1%	67.0%	74.2%	62.2%	62.8%	57.8%	70.4%	76.5%	85.8%	85.8%
Scotland	71.5%	67.5%	63.8%	64.3%	74.0%	58.2%	50.5%	57.9%	57.2%	65.9%			

Key Challenges in 2020/21

Available resource to meet demand
Impact of COVID-19 relaxation on referrals
Change to appointment 'models' to reflect social distancing

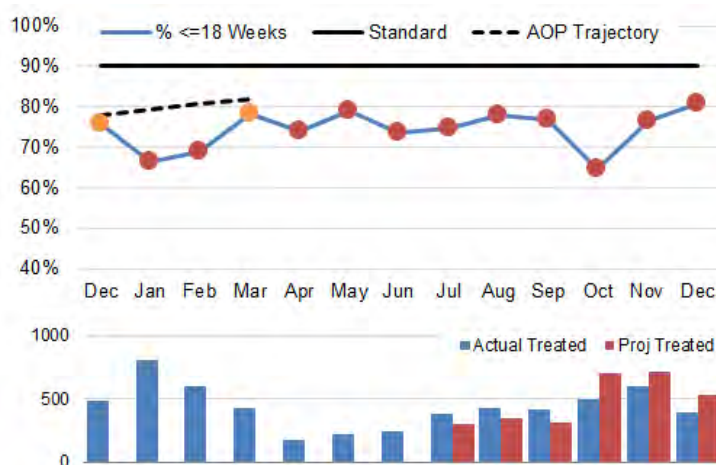
Improvement Actions	Update
20.1 Re-Introduction of PMHW First Contact Appointments System	All posts currently recruited to. PMHW service functioning at optimum capacity. Action complete
20.2 Waiting List Additional Staffing Resource	
20.3 Introduction of Team Leader Role	
21.1 Re-design of Group Therapy Programme <i>By Mar-21 (was Dec-20)</i>	Due to COVID-19 restrictions, group-based face to face therapy work is not viable. Alternative delivery models of group therapy have been designed with Decider Skills Training now being delivered by CAMHS Self Harm Service as a pilot and Anxiety Management piloted with individuals prior to wider roll-out.
21.2 Use Centralised Allocation Process	Revised administrative processes and clinical systems are in place to facilitate centralised screening and allocation of referrals. This ensures that appointments are identified and allocated quickly and equitably across clinical teams. Action complete
21.3 Build CAMHS Urgent Response Team <i>By Mar-21</i>	The plan to develop a CAMHS URT has been postponed due to the absence of key staff. The existing Self Harm Service has been maintained and supported to continue to deliver urgent assessments and interventions for children and young people who present with suicidal or self-harming behaviour, both through the urgent referral process and within acute hospital settings. The opportunity to redesign the service will be reviewed again in March, giving consideration to staffing and the COVID-19 position.

Finance, Performance & Resources – Operational Performance

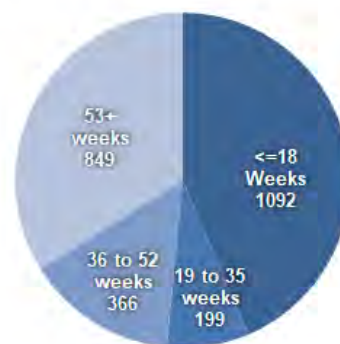
Psychological Therapies 18 weeks RTT

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

Local Performance



Waiting List (2506) Dec-20



National Benchmarking

Month	2019/20				2020/21								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	75.8%	66.6%	69.0%	78.4%	74.2%	79.2%	73.6%	74.5%	77.9%	77.0%	64.7%	76.3%	80.8%
Scotland	81.5%	75.8%	78.5%	78.8%	74.0%	76.5%	72.7%	74.1%	75.2%	75.8%			

Key Challenges in 2020/21

Predicted large increase in referrals post pandemic
Identifying replacement for group therapies (no longer viable)

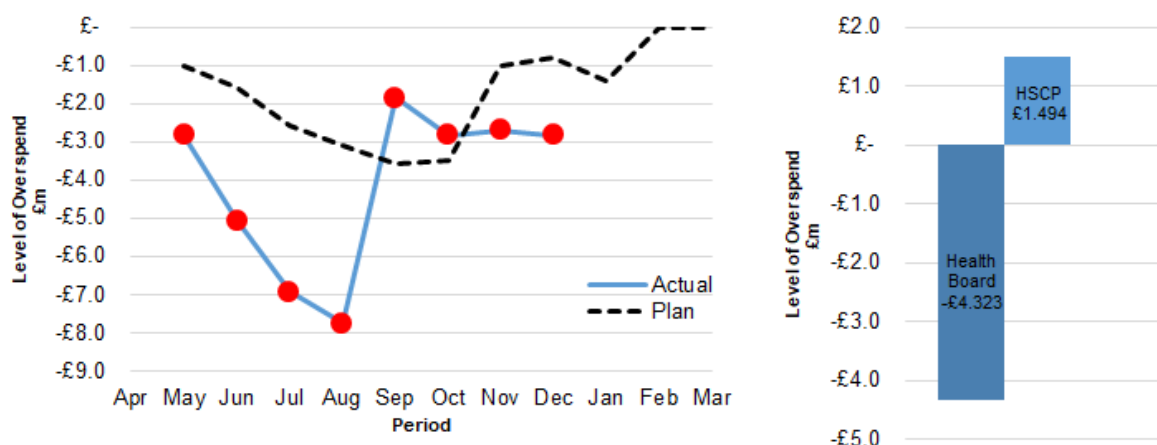
Improvement Actions	Update
20.2 Introduction of extended group programme in Primary Care	
20.3 Redesign of Day Hospital provision	Redesign has been implemented and developments are underway relating to therapeutic provision – action complete
20.4 Implement triage nurse pilot programme in Primary Care	Evaluation of service complete. Service found to have a positive impact meeting demand in Primary Care; to be valued by patients, and; with no unintended consequences of increased referrals to psychology service. Executive summary to be distributed. Action complete
20.5 Trial of new group-based PT options By Mar-21	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Pilot of Schema therapy group underway. Very good participant retention rate to date. Very high intensity service; service capacity to run this specific group likely to be less than first anticipated. On-going development of Compassion Focused therapy group; anticipate pilot in New Year.
21.1 Introduction of additional on-line therapy options	
21.2 Development of alternative training and PT delivery methods	This action is to support care pathways for people with complex psychological problems within AMH Psychology and Clinical Health Psychology and for people with learning disabilities. Work to enable digital delivery of range of group programmes complete or nearing completion. Clinical delivery underway or planned for early 2021. Training programme to further develop capacity in MDT's underway. Action complete

Finance, Performance & Resources – Finance

Revenue Expenditure

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

Local Performance



Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By			
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Core Unmet Savings £'000	Net Core Position £'000	Covid Unmet Savings £'000
Health Board	419,840	452,905	323,129	327,452	-4,323	-1.34%	1,975	-76	1,899	-6,222
Integration Joint Board (Health)	359,605	383,193	278,532	277,037	1,494	0.54%	1,491	3	1,494	0
Risk Share	0	0	0	0	0	0.00%	0	0	0	0
Total	779,445	836,098	601,661	604,490	-2,829	-0.47%	3,466	-73	3,393	-6,222

Key Challenges in 2020/21

The balance of funding submission made to SG is based on a number of assumptions and encompasses key areas in respect of Covid-19 mobilisation plans; the Covid-19 vaccination scheme; and the Community Testing Programme. Close monitoring of actual activity and spend will take place over quarter 4 to ensure our operational activity and financial plans remain aligned in support of our target balanced outturn position.

Improvement Actions	Update
21.1 Local mobilisation plan <i>Ongoing throughout FY</i>	Partnering with the services to: <ul style="list-style-type: none"> Identify additional spend relating to Covid-19 Confirm final offsets against core positions Understand and quantify the financial implications of remobilisation of core services across NHSF Inform forecast outturn positions to the year end; in support of our statutory requirement to deliver a balanced RRL position Capture the overarching Board-wide workforce plan and additional costs of the immediate significant additional resource for: Test and Protect; Urgent Care redesign; extended flu immunisation; the Covid-19 vaccination programme; and the Community Testing Programme
21.2 Savings <i>By Jan-21</i>	It is anticipated unachieved savings will be fully funded by Scottish Government

Commentary

The position to month 9 is an overspend of £2.829m. This comprises a run rate underspend position of £3.466m; unmet core savings of £0.073m; and anticipated underachievement of savings of £6.222m due to our focus on the Covid-19 pandemic.

Following discussion with Scottish Government on 15 January, we have revised our key assumptions

Finance, Performance & Resources – Finance

in assessing the impact of Covid-19 on the financial performance. Our key assumptions in informing our forecast outturn position have been updated to reflect: the return of offsetting cost reductions; and anticipated full funding of all unachieved savings. This is a change to our previous assumptions where it was assumed we would retain offsetting cost reductions to meet our unachieved savings.

The revenue position for the 9 months to 31 December reflects the initial Covid-19 funding received from SG; and match funds additional Covid-19 expenditure to December. The Covid-19 funding allocation covers Test and Protect; significant investment in equipment and digital; labs expansion; seasonal flu; Urgent Care redesign; staff health and wellbeing; staff occupational health requirements; and now extends to include the Covid-19 vaccination programme; and the Community Testing Programme. Whilst our initial allocation was based on 70% of costs; with a contingency held at the centre; we have recently (15 January and post month 9 close) submitted our balance of funding requirement to Scottish Government using informed assumptions at a point in time.

Following our discussion with Scottish Government which confirmed that unachieved savings will be fully funded across both Health and Social Care, the forecast outturn position to the year-end now also reflects a confirmed budget realignment from Health Delegated to Social Care of £4.1m. This budget realignment is fully funded from the Health Delegated forecast underspend position. Assuming our key assumptions do not change, and the Social Care forecast outturn remains at the current level, NHS Fife is not anticipating a risk share cost this year.

The forecast outturn to the year end is therefore updated to reflect: full funding of unachieved savings; budget realignment from Health Delegated to Social Care; and an anticipated zero risk share cost; and reflects a near balanced position.

The total Capital Resource Limit for 2020/21 is £13.348m including anticipated allocations for specific projects. The capital position for the 9 months to December records spend of £4.817m. The capital spend on the specific projects continues and is on track to spend in full.

1. Annual Operational Plan

- 1.1 Members are aware the AOP process for the 2020/21 financial year was paused earlier in the year as Boards and Scottish Government prepared to respond to the Covid-19 pandemic. The revised AOP financial plan reflects both the mobilisation and the remobilisation plan high level impact on the financial position submitted at the end of July. The initial Covid-19 funding allocation was made in the September allocation letter with a further allocation expected early February as informed following our recent discussion with Scottish Government.

2. Financial Allocations

Revenue Resource Limit (RRL)

- 2.1 NHS Fife received confirmation of the December core revenue amount on 22 December. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £822.621m. Anticipated allocations total £4.142m.

Non Core Revenue Resource Limit

- 2.2 In addition, NHS Fife receives 'non-core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The anticipated non-core RRL funding totals £9.334m.

Total RRL

- 2.3 The total current year budget at 31 December is therefore £836.097m as detailed in Appendix 1.

3. Summary Position

- 3.1 The revenue position for the 9 months to 31 December reflects an overspend of £2.829m.
- 3.2 Table 1 below provides a summary of the position across the constituent parts of the system for the year to date and includes both the core and savings positions. An overspend of £4.323m is attributable to Health Board retained budgets; and an underspend of £1.494m is attributable to the health budgets delegated to the IJB. The in-year position does not reflect the proposed budget realignment process which was agreed in January (and will be reflected in the next reporting month).

Finance, Performance & Resources – Finance

Table 1: Summary Financial Position for the period ended December 2020

Memorandum	Budget			Variance Split By			
	CY	Variance	Variance	Run Rate	Core Unmet Savings	Net Core Position	Covid Unmet Savings
	£'000	£'000	%	£'000	£'000	£'000	£'000
Health Board	452,905	-4,323	-1.34%	1,975	-76	1,899	-6,222
Integration Joint Board (Health)	383,193	1,494	0.54%	1,491	3	1,494	0
Risk Share	0	0	0.00%	0	0	0	0
Total	836,098	-2,829	-0.47%	3,466	-73	3,393	-6,222

Combined Position				Variance Split By			
	CY	Variance	Variance	Run Rate	Core Unmet Savings	Net Core Position	Covid Unmet Savings
	£'000	£'000	%	£'000	£'000	£'000	£'000
Acute Services Division	215,157	-10,213	-6.31%	-4,130	114	-4,016	-6,197
IJB Non-Delegated	8,659	88	1.36%	113	0	113	-25
Estates & Facilities	76,200	1,066	1.89%	1,118	-52	1,066	0
Board Admin & Other Services	42,247	681	2.56%	819	-138	681	0
Non-Fife & Other Healthcare Providers	90,973	995	1.46%	995	0	995	0
Financial Flexibility & Allocations	22,010	3,020	100.00%	3,020	0	3,020	0
HB Offsets	4,257	0	0.00%	0	0	0	0
Health Board	459,503	-4,363	-1.35%	1,935	-76	1,859	-6,222
Integration Joint Board - Core	421,066	1,408	0.44%	1,405	3	1,408	0
IJB Offsets	3,602	0		0	0	0	0
Integration Fund & Other Allocations	10,842	75	0.00%	75	0	75	0
Sub-total Integration Joint Board Core	435,510	1,483	0.69%	1,480	3	1,483	0
IJB Risk Share Arrangement	0	0		0	0	0	0
Total Integration Joint Board - Health	435,510	1,483	0.69%	1,480	3	1,483	0
Total Expenditure	895,013	-2,880	-0.43%	3,415	-73	3,342	-6,222
IJB - Health	-52,318	11	-0.03%	11	0	11	0
Health Board	-6,598	40	9.98%	40	0	40	0
Miscellaneous Income	-58,916	51	-0.13%	51	0	51	0
Net Position Including Income	836,097	-2,829	-0.47%	3,466	-73	3,393	-6,222

3.3 The position at month 9 is a core net underspend of £3.393m; and unmet savings of £6.222m (the impact of planned measures re Covid-19 on the delivery of planned Health Board savings).

3.4 Funding allocations of £11.583m and £5.045m have been allocated to HB and HSCP respectively to match April to December Covid-19 costs incurred. Further detail is provided in section 6 and later in Appendix 5.

4. Operational Financial Performance for the year

Acute Services

4.1 The Acute Services Division reports a **net overspend of £4.016m for the year to date**. This reflects an overspend in operational run rate performance of £4.130m, and overachieved savings of £0.114m per Table 2 below. The overall position is mainly driven by pay overspend in junior medical and dental staffing of £1.709m. Additional non pay cost pressures of £1.269m relate to medicines within Emergency Care. The balance is attributable to long standing over establishment of nursing posts within maternity. Various underspends across other areas of Acute arising from vacancies have helped to offset the level of overspend.

Table 2: Acute Division Financial Position for the period ended December 2020

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Core Unmet Savings £'000
Acute Services Division								
Planned Care & Surgery	70,945	72,204	52,709	52,471	238	0.45%	-116	354
Emergency Care & Medicine	75,043	79,730	60,840	64,621	-3,781	-6.21%	-3,691	-90
Women, Children & Clinical Services	55,262	55,875	41,760	42,840	-1,080	-2.59%	-675	-405
Acute Nursing	607	627	471	423	48	10.19%	48	0
Other	1,681	1,701	1,125	566	559	49.69%	304	255
Total	203,538	210,137	156,905	160,921	-4,016	-2.56%	-4,130	114

Estates & Facilities

- 4.2 The Estates and Facilities budgets report an **underspend of £1.066m** which is generally attributable to vacancies, catering, PPP and rates. These underspends are partly offset by an overspend in clinical waste costs.

Corporate Services

- 4.3 Within the Board's corporate services there is an **underspend of £0.681m**. As previously reported, this position includes unfunded costs of £0.069m related to the significant flooding to the hospital and specific car parks in August. Further analysis of Corporate Directorates is detailed per Appendix 2.

Non Fife and Other Healthcare Providers

- 4.4 The budget for healthcare services provided out with NHS Fife is **underspent by £0.995m** per Appendix 3. Notwithstanding the in-year underspend, this area remains one of increasing challenge particularly given the relative higher costs of some other Boards, coupled with the unpredictability of activity levels and drug costs; and potential costs associated with a patient's treatment within the private sector.

Financial Plan Reserves & Allocations

- 4.5 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and cost pressure/developments and new in-year allocations are held in a central budget; with allocations released on a monthly basis. The **financial flexibility of £3.020m** released to the month 9 position is detailed in Appendix 4.

Integration Services

- 4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £1.483m for the year to date** (prior to any budget realignment). The underlying drivers for the run rate underspend include vacancies in sexual health and rheumatology, all AHP services, community nursing, health visiting, psychology, community and general dental services across Fife Wide Division. Additional underspends are reflected in East Division following service redesign, and also against vacancies in community services and administrative posts.
- 4.7 The delegated health budgets per 4.6 above remain consistent with our reported opening budgets following due governance process, and follow consistent accounting and reporting assumptions from the outset of this financial year. However given we now anticipate unachieved savings will be funded in full; this will allow a budget realignment and cash transfer to take place from Health Delegated to Social Care of £4.1m. This will align the reporting for both partners, NHS Fife and Fife Council and will be reflected in our M10 report.

Income

- 4.8 A small over recovery in income of £0.051m is shown for the year to date.

5. Pan Fife Analysis

- 5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 3 below.

Table 3: Subjective Analysis for the Period ended December 2020

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	402,101	299,892	301,242	-1,350
GP Prescribing	70,607	52,834	53,646	-811
Drugs	32,952	25,112	25,602	-491
Other Non Pay	366,171	266,897	263,925	2,972
Efficiency Savings	-9,669	-6,295	0	-6,295
Commitments	32,852	3,095	0	3,095
Income	-58,916	-39,874	-39,925	51
Net overspend	836,098	601,661	604,490	-2,829

Pay

- 5.2 The overall pay budget reflects an overspend of £1.350m. The majority of the overspend is within medical & dental staff with small offsetting underspends across other pay heads with the exception of nursing and midwifery & personal and social care. Within Acute there are a number of unfunded posts including Clinical Fellows within Emergency Care.
- 5.3 Against a total funded establishment of 8,005 wte across all staff groups, there was an average 8,220 wte core staff in post in December. The additional staff in post represent staff cohort groups organised nationally to help support the Covid-19 activity.

Drugs & Prescribing

- 5.4 Across the system there is a net overspend of £1.302m on medicines. The GP prescribing budget is overspend in-year by £0.811m with a forecast overspend of £1.1m. The change from previous reporting is due to the retraction of budget in respect of Tariff reductions effective from April. Significantly higher drug prices are being experienced, likely exacerbated by the impact of Covid on supply and demand, raw material availability, transportation, and production. Opportunity to realise planned saving schemes has not been possible as workforce is focused on Covid services and patient care. Implementation of Freestyle Libre (flash glucose monitoring system) continues to exceed original forecast and funding provided. The position to month 9 reflects £0.935m recharged to Covid costs, whilst local and national work continues to establish the true Covid-19 impact on prescribing. An update will be provided when more information becomes available.

Acute medicines have an overspend of £1.012m, with a forecast of £1.971m. The main overspend to date is in Neurology at £0.490m, where a high cost drug is being used by a small number of patients and is an ongoing cost pressure from prior years. However in 20/21 Dermatology, GI and Respiratory started to present increased costs due to the volume of patients being treated and new drugs that are being made available. The forecast assumes the overspending trajectory will continue, with an additional pressure of £600k for Haematology drugs which exceed the funding available from the new medicines reserve.

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 £'000	Forecast Achievement (Core) £'000	Forecast unmet savings (Covid-19) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to Dec £'000	Forecast / Unidentified to March £'000
Health Board	14,868	6,572	8,296	1,142	4,143	5,285	1,287
Integrated Joint Board	5,147	5,147	0	2,520	2,541	5,061	86
IJB additional savings	1,800	0	1,800	0	0	0	0
Total Savings	21,815	11,719	10,096	3,662	6,684	10,346	1,373

8 Forecast

- 8.1 There is a significant change to our forecast outturn position following discussion with Scottish Government. Our key assumptions have been amended to reflect the return of offsetting cost reductions; and assumes unachieved savings will be fully funded by Scottish Government (which extends to Social Care unachieved savings). The impact of the full funding of unachieved savings allows a budget realignment process to take place on a non-recurring basis from Health Delegated to Social Care. The impact of full funding of Social Care savings, and the budget realignment exercise means the previously reported Social Care significant overspend changes to a balanced position. In tandem the Health Delegated previously reported underspend position changes to a balanced position. Taken together; assuming there is no further change to key assumptions and the Social Care forecast, NHS Fife does not anticipate a risk share cost this year (albeit a small risk share is likely given both partners are unlikely to balance exactly to zero). Overall this informs the delivery of a significantly improved position with a balanced year end outturn position.
- 8.2 Notwithstanding the positive arrangements now forecast for this year, NHS Fife and Fife Council continue to review the Integration Scheme and in particular the risk share agreement to inform arrangements moving forward.
- 8.3 The forecast outturn to the year end is a breakeven position and will be reported to Scottish Government in the Monthly Performance Return (FPR). The component parts which inform the forecast outturn are detailed in Table 5.

Table 5 – Forecast Outturn Position

Forecast Outturn	Run Rate £'000	Offsets £'000	Savings £'000	Risk Share £'000	Total £'000
Acute Services Division	-6,893	3,743	-8,263	0	-11,413
IJB Non-Delegated	89	0	-33	0	56
Estates & Facilities	1,190	463	0	0	1,653
Board Admin & Other Services	1,446	51	0	0	1,497
Non-Fife & Other Healthcare Providers	395	0	0	0	395
Financial Flexibility	3,846	0	0	0	3,846
Miscellaneous Income	100	0	0	0	100
Savings funding			8,296		8,296
Health Board Retained Budgets	173	4,257	0	0	4,430
					0
IJB Delegated Health Budgets	2,088	3,603	0	0	5,691
Budget realignment Health delegated to Social Care	-4,100	0			-4,100
Savings funding			1,800		1,800
Integration Fund & Other Allocations	0	0	0	0	0
					0
Total IJB Delegated Health Budgets	-2,012	3,603	1,800	0	3,391
					0
Offsetting cost reductions - return to SG	0	-7,860	0	0	-7,860
					0
Total Forecast Outturn	-1,839	0	1,800	0	-39

9 Key Messages / Risks

- 9.1 The month 9 position reflects an overspend of £2.829m; which comprises a core underspend of £3.393m; and unmet savings of £6.222m. All other additional Covid-19 costs for April to December have been match funded from the initial SG allocation received in September.

- 9.2 Our key assumptions in assessing the impact of Covid-19 on financial performance have been updated. The return of offsetting cost reductions; and the anticipated full funding of unachieved savings, also allows a budget realignment exercise to take place between Health Delegated and Social Care. The resulting impact is a forecast balanced position across both partners which means that the significant risk share cost to NHS Fife previously reported is removed.
- 9.3 The forecast outturn position to the year-end reflects our target balanced position and confirmation of our balance of funding to reflect our key updated assumptions is expected in early February.

10 Recommendation

- 10.1 Members are invited to approach the Director of Finance for any points of clarity on the position reported and are asked to:
- **Note** the reported core underspend of £2.829m for the 9 months to December
 - **Note** that initial funding allocations for Covid-19 reflected in the month 9 position match fund additional costs to month 9; and that we have signposted to SG our anticipated balance of funding to allow a cost neutral Covid-19 position
 - **Note** the significant progress made; and the updated key assumptions which inform a forecast balanced outturn year end position.

Finance, Performance & Resources – Finance

Appendix 1: Revenue Resource Limit

		Baseline Recurring £'000	Earmarked Recurring £'000	Non- Recurring £'000	Total £'000	Narrative
	Apr-20 Initial Baseline Allocation	701,537			701,537	Includes 20-21 uplift
	May-20 Confirmed Allocations	-1,307		3,413	2,106	
	Jun-20 Confirmed Allocations			-534	-534	
	Jul-21 Confirmed Allocations			5,614	5,614	
	Aug-20 Confirmed Allocations		9,474	1,547	11,021	
	Sep-20 Confirmed Allocations	-69	56,750	32,764	89,445	
	Oct-20 Confirmed Allocations		2,528	3,668	6,196	
	Nov-20 Confirmed Allocations			117	117	
	Dec-20 Disestablishment of 4 year GPST programme			10	10	Specific allocation adjustment in conjunction with NES
	GJNH - Board's SLA			-25	-25	Relates to Fife activity at Golden Jubilee
	Contribution to Global Sum		-187		-187	Annual Adjustment
	PCIF Tranche 2		2,222		2,222	In line with submission
	Adult Social care Winter Plan			4,360	4,360	As per SG Letter
	ASC Nurse Director support IPC			527	527	As per SG Letter
	Carry Forward of 19/20 core revenue surplus			60	60	Annual Accounts now presented to Parliament
	District Nurse Posts		152		152	
	Total Core RRL Allocations	700,161	70,939	51,521	822,621	
Anticipated	Distinction Awards		162		162	
Anticipated	Research & Development		243		243	
Anticipated	NSS Discovery		-39		-39	
Anticipated	NDC Contribution		-840		-840	
Anticipated	Family Nurse Partnership		28		28	
Anticipated	GP pension		85		85	
Anticipated	COVID 19- GP Payments			233	233	
Anticipated	COVID 19			4,804	4,804	
Anticipated	Top Slice NSS		-966		-966	
Anticipated	Public Health Team			264	264	
Anticipated	Capital to Revenue			168	168	
	Total Anticipated Core RRL Allocations	0	-1,327	5,469	4,142	
Anticipated	IFRS			8,874	8,874	
Anticipated	Donated Asset Depreciation			132	132	
Anticipated	Impairment			500	500	
Anticipated	AME Provisions			-172	-172	
	Total Anticipated Non-Core RRL Allocations	0	0	9,334	9,334	
	Grand Total	700,161	69,612	66,324	836,097	

Finance, Performance & Resources – Finance

Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Digital & Information	12,856	9,617	9,687	-70
Nhs Fife Chief Executive	211	158	197	-39
Nhs Fife Finance Director	6,435	4,800	4,366	434
Nhs Fife Medical Director	7,478	4,752	4,610	143
Nhs Fife Nurse Director	4,104	3,015	2,777	238
Legal Liabilities	-17,606	-18,661	-18,642	-20
Early Retirements & Injury Benefits	814	610	573	37
Regional Funding	275	200	168	32
Depreciation	17,634	13,536	13,536	0
Nhs Fife Public Health	2,399	1,727	1,767	-41
Nhs Fife Workforce Directorate	3,184	2,381	2,345	37
Nhs Fife Major Incident - Flooding			69	-69
Total	37,785	22,134	21,453	681

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	98	73	71	2
Borders	45	34	41	-7
Dumfries & Galloway	25	19	42	-23
Forth Valley	3,179	2,385	2,664	-279
Grampian	359	269	229	40
Greater Glasgow & Clyde	1,655	1,241	1,219	22
Highland	135	101	149	-48
Lanarkshire	114	86	185	-99
Lothian	31,518	23,639	22,105	1,534
Scottish Ambulance Service	101	75	77	-2
Tayside	41,096	30,822	30,478	344
	78,325	58,744	57,260	1,484
UNPACS				
Health Boards	10,627	7,970	8,263	-293
Private Sector	1,245	934	1,534	-600
	11,872	8,904	9,797	-893
OATS				
	711	533	131	402
Grants				
	65	65	63	2
Total	90,973	68,246	67,251	995

Appendix 4 - Financial Flexibility & Allocations

	CY Budget £'000	Flexibility Released to Dec-20 £'000
Financial Plan		
Drugs	1,292	0
CHAS	0	0
Unitary Charge	100	53
Junior Doctor Travel	28	15
Cost Pressures	2,073	815
Developments	4,338	2,131
Sub Total Financial Plan	7,831	3,014
Allocations		
Waiting List	2,485	0
AME: Impairment	640	0
AME: Provisions	-110	0
Neonatal Transport	10	6
Cancer Access	296	0
Endoscopy	90	0
ARISE	68	0
Covid 19	8,037	0
MPPP Respiratory Projects	29	0
Winter Funding	661	0
6 essential actions	457	0
Redesign urgent care	639	0
Capital to revenue	168	0
Value Improvement Fund	21	0
Baby Bliss	5	0
Best Start	47	0
MRI Van	39	0
Disestablished GPST	10	0
Carry Forward from 19/20	60	45
ASC Nurse Director Support	527	0
Sub Total Allocations	14,179	6
Total	22,010	3,020

Finance, Performance & Resources – Finance

Appendix 5 – Initial Covid-19 funding

COVID funding	Health Board	Health delegated	Social Care delegated	Total	Capital	Primary Care Funding
	£000's	£000's	£000's	£000's	£000's	£000's
Allocation Q1 to Q4	22,540	6,546	4,458	33,544	999	1,559
Anticipated allocation	4,804		5,287	10,091		
Total funding	27,344	6,546	9,745	43,635	999	1,559
Allocations made for Apr to Dec						
Planned Care & Surgery	1,734			1,734		
Emergency Care & Medicine	2,205			2,205		
Women, Children & Clinical Services	1,063			1,063		
Acute Nursing	17			17		
Estates & Facilities	1,448			1,448		
Board Admin & Other Services	3,601			3,601		
Income	682			682		
Test and Protect	833			833		
West Division		1,712		1,712		
Pharmacy Division		66		66		
Fife Wide Division		1,320		1,320		
East Division		835		835		
Primary Care		1,112		1,112		1,559
Social Care			1,923			
Total allocations made to M9	11,583	5,045	1,923	16,628	0	1,559
Elective / Planned Care	7,724			7,724		
Capital					999	
Total	19,307	5,045	1,923	24,352	999	1,559
Balance In Reserves	3,233	1,501	2,535	9,192	0	0

Finance, Performance & Resources – Finance

Capital Expenditure

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

Local Performance



Commentary

The total Capital Resource Limit for 2020/21 is £13.348m including anticipated allocations for specific projects. The capital position for the 9 months to December records spend of £4.817m equivalent to 36.09% of the total allocation. The capital spend on the specific projects is on track to spend in full.

Current Challenges

The medium-term programme of work required to address all aspects of backlog maintenance, statutory compliance, equipment replacement, and investment in technology considerably outstrips capital resource limit available. Careful assessments are made each financial year to allocate the resource limit to key areas of priority.

Improvement Actions	Update
21.1 Managing expenditure programme within resources available <i>By Mar-21</i>	Risk management approach adopted across all categories of spend

1. Annual Operational Plan

- 1.1 The capital plan for 2020/21 has been approved by the FP&R Committee and the NHS Fife Board. NHS Fife received a capital allocation of £7.394m in the August allocation letter, and allocations of: £0.999k for Covid equipment in the September allocation letter; £0.381m for Cancer Waiting Times equipment; £2.008m for radiology in the November allocation letter; and £0.400m for Hospital Eye Service in the December allocation letter. We further anticipate allocations of: £2.2m for the Elective Orthopaedic Centre; HEPMA £0.025m; Lochgelly Health Centre £0.025m; Kincardine Health Centre £0.025m; capital to revenue transfer of £(0.168)m and an allocation of £0.06m for radiology. The total capital plan is therefore £13.348m.

2. Capital Receipts

- 2.1 Work continues on asset sales with a disposal planned :

- Lynebank Hospital Land (Plot 1) (North) – Under offer – however the sale of this land will not complete in the current financial year.

Discussions with SGHSCD will be undertaken to highlight the potential risk of non delivery of the sale of land.

3. Expenditure To Date / Major Scheme Progress

- 3.1 The summary expenditure position across all projects is set out in the dashboard summary above. Project Leads have provided an estimated spend profile against which actual expenditure is being monitored. This is based on current commitments and historic spending patterns. The expenditure to date amounts to £4.817m or 36.09% of the total allocation, in line with the plan, and as illustrated in the spend profile graph above.

- 3.2 The main areas of investment to date include:

Statutory Compliance	£1.726m
Equipment	£1.269m
E-health	£0.677m
Elective Orthopaedic Centre	£0.901m

4. Capital Expenditure Outturn

- 4.1 As we near the end of quarter 3, it is estimated that the Board will spend the Capital Resource Limit in full.

5. Recommendation

- 5.1 Members are invited to approach the Director of Finance for any points of clarity on the position reported and are asked to:

note the capital expenditure position to 31 December 2020 of £4.817m and the forecast year end spend of the total capital resource allocation of £13.348m.

Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2020/21 £'000
COMMUNITY & PRIMARY CARE			
Capital Minor Works	287	129	287
Statutory Compliance	150	109	150
Capital Equipment	114	31	114
Covid Community Equipment	26	26	26
Condemned Equipment	0	0	0
Total Community & Primary Care	577	295	577
ACUTE SERVICES DIVISION			
Statutory Compliance	2,855	1,552	2,855
Capital Equipment	2,273	205	2,273
Covid Acute Equipment	973	674	973
Minor Works	198	62	198
Cancer Waiting Times Equipment	381	243	381
Hospital Eye Service	400	0	400
Radiology Funding	2,009	0	2,009
Condemned Equipment	91	91	91
Total Acute Services Division	9,179	2,827	9,179
NHS FIFE WIDE SCHEMES			
Equipment Balance	33	0	33
Information Technology	1,041	677	1,041
Minor Works	13	0	13
Statutory Compliance	49	0	49
Contingency	0	0	0
Asbestos Management	85	0	85
Fire Safety	85	65	85
Scheme Development	60	12	60
Vehicles	60	25	60
Capital In Year Contingency (EDG)	0	0	0
Total NHS Fife Wide Schemes	1,426	779	1,426
TOTAL CONFIRMED ALLOCATION FOR 2020/21	11,182	3,900	11,182
ANTICIPATED ALLOCATIONS 2020/21			
Elective Orthopaedic Centre	2,200	901	2,200
Capital to Revenue Transfer	-168	0	-168
Radiology Funding	59	0	59
HEPMA	25	8	25
Lochgelly Health Centre	25	8	25
Kincardine Health Centre	25	0	25
Anticipated Allocation for 2020/21	2,166	917	2,166
Total Anticipated Allocation for 2020/21	13,348	4,817	13,348

Finance, Performance & Resources – Finance

Appendix 2: Capital Plan - Changes to Planned Expenditure

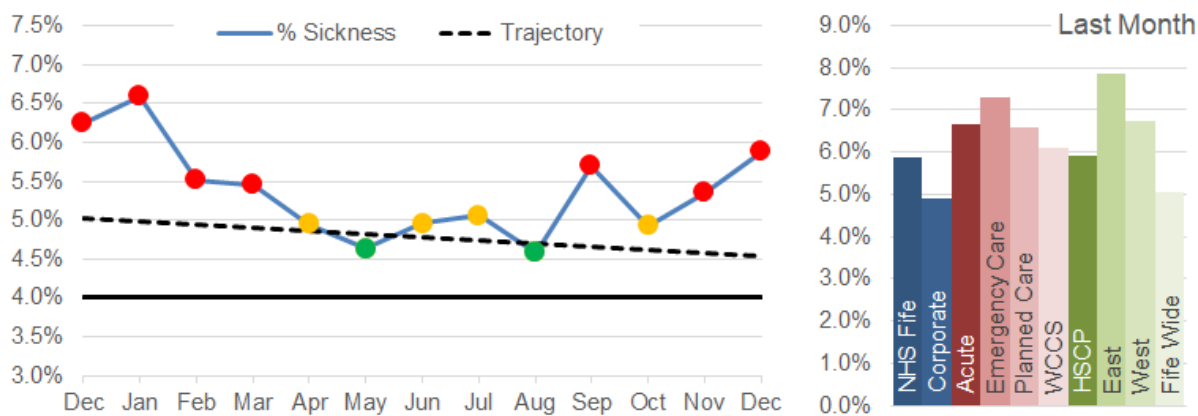
Capital Expenditure Proposals 2020/21	Pending Board Approval	Cumulative Adjustment to November	December Adjustment	Total December
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	31	0	31
Condemned Equipment	0	0	0	0
Minor Capital	0	287	0	287
Covid Equipment	0	27	0	27
Statutory Compliance	0	150	0	150
Total Community & Primary Care	0	495	0	495
Acute Services Division				
Capital Equipment	0	908	0	908
Condemned Equipment	0	91	0	91
Cancer Waiting Times Equipment	0	381	0	381
Minor Capital	0	193	0	193
Hospital Eye Service	0	0	400	400
Covid 19 Acute Equip	0	972	0	972
Radiology Funding	0	2,008	0	2,008
Statutory Compliance	0	3,224	0	3,224
	0	7,776	400	8,176
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,569	-3,504	0	65
Fife Wide Equipment	2,036	-940	0	1,096
Information Technology	1,041	0	0	1,041
Minor Work	498	-480	0	18
Fife Wide Contingency Balance	100	-100	0	0
Condemned Equipment	90	-90	0	0
Scheme Development	60	0	0	60
Fife Wide Asbestos Management	0	85	0	85
Fife Wide Fire Safety	0	85	0	85
Fife Wide Vehicles	0	60	0	60
Capital In Year Contingency	0	0	0	0
Total Fife Wide	7,394	-4,883	0	2,511
Total	7,394	3,387	400	11,181
ANTICIPATED ALLOCATIONS 2020/21				
Elective Orthopaedic Centre	2,200	0	0	2,200
Capital to Revenue Transfer	-168	0	0	-168
Radiology Funding	60	0	0	60
HEPMA	25	0	0	25
Lochgelly Health Centre	25	0	0	25
Kincardine Health Centre	25	0	0	25
Anticipated Allocation for 2020/21	2,167	0	0	2,167
Total Planned Expenditure for 2020/21	9,561	3,387	400	13,348

Staff Governance

Sickness Absence

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

Local Performance (Source: Tableau, from December 2019)



National Benchmarking

Month	2019/20					2020/21							
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	6.25%	6.59%	5.51%	5.46%	4.95%	4.64%	4.96%	5.06%	4.58%	4.93%	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 By Mar-21	<p>This has been in place since March 2019 and given the current COVID-19 pandemic situation, an additional Mental Health Nursing resource was secured within Occupational Health (OH) to provide mental health support to staff during the pandemic. This provides OH clinicians the option of referring employees for interventions which will help support them in the workplace.</p> <p>High level staff feedback indicates that those who have received support to date found it beneficial and it has helped some staff to return to work earlier and for others to remain at work. This is based on the staff who have completed the full journey. Funding has been secured to enhance the current OH staffing provision and will enable this service to continue on an on-going basis.</p> <p>Initial consideration of factors including general awareness raising of mentally healthy workplaces, support for managers to create mentally healthy and resilient workplaces and further awareness raising of support for staff was concluded in April 2020 and is an ongoing feature of the Promoting Attendance training and a foundation of the COVID-19 resources.</p> <p>These initiatives have been supplemented and complemented by the additional support and inputs via Psychology and other services during the pandemic. These services may be included in a much broader evaluation of staff support requirements being taken forward by the Staff Support and Wellbeing Sub Group of the Silver Command Workforce Group and their successors.</p>
21.1 Once for Scotland Promoting Attendance	The purpose of this action is to provide training and support, in partnership, for managers and supervisors on the new policy and the standardised

Staff Governance	
Policy <i>By Mar-21</i>	<p>approaches within it, which was just being implemented at the start of the pandemic. Sessions were delivered across Fife when the policy was launched.</p> <p><u>Note</u> - Having completed the action as initially set out, we can confirm that additional focussed sessions have been offered since November, via MS Teams, to support implementation of the policy. These will conclude in March 2021.</p>
21.2 Review the function of the Promoting Attendance Group <i>By Mar-21</i>	<p>The review of the function of the NHS Fife Promoting Attendance Group and associated supporting groups, to improve the governance arrangements of each group and how they interrelate, has commenced. The aim is to provide a Promoting Attendance framework with clear lines of reporting and escalation.</p> <p>Work on this continues for implementation from April 2021.</p>
21.3 Restart Promoting Attendance Panels	

MARGO MCGURK

Director of Finance and Performance

17th 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 (Definitions as per Waiting Times Datamart)	Projected	2,040	3,044	1,071	1,063	1,086	3,220		
	Actual	2,587	2,927	552	0	0			
	Variance	547	-117	-519					
OP Referrals Accepted (Definitions as per Waiting Times Datamart)	Projected	14,042	22,565	7,261	7,303	7,342	21,906		
	Actual	15,801	17,799	4,952					
	Variance	1,759	-4,766	-2,309					
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	13,602	20,630	7,321	7,386	7,500	22,208		
	Actual	11,852	15,560	4,228					
	Variance	-1,750	-5,070	-3,093	-7,386	-7,500			
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,648	2,296	848	848	848	2,544		
	Actual	1,110	1,258	407					
	Variance	-538	-1,038	-441					
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,074	11,450	3,450	3,700	3,700	10,850		
	Actual	11,264	10,835	2,797					
	Variance	1,190	-615	-653					
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	21,495	21,705	7,230	6,990	7,590	21,810		
	Actual	20,303	17,073	4,434					
	Variance	-1,192	-4,632	-2,796					
Number of A&E 4-Hour Breaches (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	775	1,000	390	325	270	985		
	Actual	815	1,310	440					
	Variance	40	310	50					
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	9,225	10,100	3,450	3,220	3,300	9,970		
	Actual	8,752	8,649	2,793					
	Variance	-473	-1,451	-657					
Admissions via A&E (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	4,354	4,350	1,400	1,330	1,430	4,160		
	Actual	4,467	4,227	1,329					
	Variance	113	-123	-71					
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,195	2,140	750	770	800	2,320		
	Actual	2,097	2,481	742					
	Variance	-98	341	-8					
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	309	309	103	103	103	309		
	Actual	275	281						
	Variance	-34	-28						
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	325	356	104	105	86	295		
	Actual	274	314						
	Variance	-51	-42						
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	970	1,956	724	745	516	1,985		
	Actual	1,233	1,498						
	Variance	263	-458						

		Month End	Month End	Month End			Month End
		Sep-20	Dec-20	Jan-21	Feb-21	Mar-21	Mar-21
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) ¹	Projected	79	79	88	83	74	74
	Actual	75	51	75			
	Variance	-4	-28	-13			

¹ The data required is the estimated number of people delayed at each census point (the snapshot figure). Baseline figures used are the census point figures as at the end of each month

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 20TH JANUARY 2021 AT 13:30 PM VIA MS TEAMS

Chair: Wilma Brown, Employee Director

Present:

Kirsty Berchtenbreiter, Head of Workforce Development	Dona Milne, Director of Public Health
Helen Buchanan, Director of Nursing	Alison Nicoll, RCN
Nicky Connor, Director of Health & Social Care	Lynne Parsons, Society of Chiropractors and Podiatrists
Linda Douglas, Director of Workforce	Carol Potter, Chief Executive
Andy Fairgrieve, Director of Estates, Facilities & Capital Services	Sandra Raynor, Senior HR Manager
Maryann Gillan, Royal College of Midwives	Kevin Reith, Deputy Director of Workforce
Joy Johnstone, FCS	Jillian Torrens, Senior Manager - Mental Health & Learning Disability Services
Chu Lim, BMA	Andy Verrecchia, Staff Side
Kirsty MacGregor, Head of Communications	Rhona Waugh, Head of Human Resources
Wendy McConville, UNISON	Mary Whyte, Royal College of Nursing
Margo McGurk, Director of Finance	

In Attendance:

Ben Hannan, Chief Pharmacist and Programme Director for COVID-19 Vaccination (Presentation)
Janet Melville, Personal Assistant (Minutes)

		Actions
	WELCOME AND APOLOGIES	
	W Brown welcomed everyone to the meeting, especially J Torrens and K Reith, attending their first Area Partnership Forum (APF). Apologies had been received from: I Banerjee, S Fevre, S Garden, N Groat, P Hayter, A Kopyto, L Noble and S Robertson.	
01/21	MINUTES OF PREVIOUS MEETING AND ACTION LIST	
	The minutes of the meeting held on 18 th November 2020 were accepted as a true and accurate record.	
	The outstanding action was reviewed: Set up BAME Group W Brown reported that the setting up of a Black and Minority Ethnic Group had been discussed at the last APF Staff Side meeting; C Lim is encouraging relevant colleagues to get involved, with Tahir Mahmood, Consultant Obstetrics and Gynaecology offering to be involved. R Waugh advised that BAME employees within NHS Fife had been contacted; there have been 15 responses from interested staff. R Waugh confirmed a meeting date has been arranged for 5 February 2021 and a draft Terms of Reference has been prepared to assist the formation of the group.	

02/21	MATTERS ARISING	
	There were no matters arising.	
03/21	STAFF EXPERIENCE	
	<p>a. Everyone Matters Pulse Survey 2020</p> <p>W Brown reported that at the APF Staff Side meeting it was noted that staff surveys are not considered a priority in the current circumstances. Going forward, it would be helpful to explore ways of encouraging engagement to increase response rates of future surveys.</p> <p>K Berchtenbreiter highlighted from her report, which reflects a point in time (October 2020):</p> <ul style="list-style-type: none"> • The Everyone Matters Pulse Survey replaced the annual iMatter Survey last year, focussing on staff health and wellbeing topics. • Responses were reported at National, Board and Directorate but not Team level, although everyone who participated was sent the link to their Directorate report. • There was a 43% response rate nationally; and 39% in NHS Fife, broadly in line with other Boards (the iMatter response rate in 2019 was 62%). • Answers to the survey questions were similar across all Boards; although differing data may result if the survey was issued now. <p>K Berchtenbreiter advised that iMatter remains paused nationally. However, iMatter Leads are discussing how best to take the staff experience survey forward, given the ongoing pandemic, and would likely add Team level reporting in order to drive forward action planning. New developments commencing April 2021 include testing Action Planning at Board and Directorate level, which has not previously been done.</p> <p>This led to a discussion during which:</p> <ul style="list-style-type: none"> • It was hoped that conversations and action planning can be undertaken in relation to directorate reports to improve staff experience. • Practical challenges in taking this forward at the moment include the continuing focus on COVID-19 and that teams have been split up/ redeployed. • It was agreed it would be a timeous opportunity to showcase 'good news' stories; and harness to the culture shift, values and behaviours agenda and reaffirm that 'everyone does matter'. • The timing of future surveys is given due consideration to avoid 'survey fatigue'. 	KB/ Comms
	APF noted the report.	
04/21	PUBLIC HEALTH: COVID-19 UPDATE	
	Presentation: Covid-19 Vaccination Programme	

	<p>B Hannan gave a brief overview of progress to date. The schedule for the roll out of the vaccine is determined nationally and guided by Joint Committee Vaccination and Immunisation (JCVI) advice, including priority groups and the interval between first and second doses. An Immunisation Team has been established in Fife and a new Healthcare Support Worker Vaccinator role developed nationally to enable local vaccination delivery to meet target dates. The supply of the vaccine has been 'lumpy' due to complex supply chain and storage logistics. There are numerous vaccination centres set up throughout Fife, dependent on population density. B Hannan reiterated that the vaccine doesn't negate the need to shield, isolate, wear PPE or follow FACTS advice.</p> <p>W Brown thanked B Hannan for his informative presentation, and on behalf of the Forum, for all the hard work going on with the fight against COVID-19.</p> <p>L Douglas advised that a national 'FAQ' is being developed to provide clarity.</p> <p>A Verrecchia voiced disappointment on behalf of frontline staff who had received their first jag but then had their second appointment rescheduled to a later date. C Potter reminded colleagues that the NHS is on an emergency footing, therefore national direction and guidance (12 week dose interval) must be followed. D Milne gave assurance that one dose of the vaccine offers some degree of protection and the reasoning behind the longer interval between doses is to vaccinate, and therefore protect, a larger number of the population. It was agreed the staff vaccination scheduling could perhaps have been more appropriately communicated which may have reduced concerns raised.</p>	
	<p>COVID-19 Update</p> <p>D Milne was pleased to report that despite the lifting of restrictions at Christmas, the number of positive COVID-19 cases is levelling off in Fife, with the R number below 1 which is encouraging.</p> <p>Outbreaks in Care Homes are being managed, and with 87% of residents and 83% of staff vaccinated, these should reduce in the coming months. There are also clusters appearing in Community Hospitals, households and workplaces.</p> <p>Although the number of cases is falling, there are more people in hospital and this is an area of ongoing concern.</p> <p>D Milne noted that the First Minister has extended lockdown to mid-February 2021. Of particular concern is the mental health of young people going forward: the reopening of schools is a priority.</p> <p>D Milne advised that Care at Home and wider frontline H&SC staff are now being invited for vaccination.</p> <p>L Parsons observed that the regular Public Health updates for Community staff advising of outbreaks in care homes and community areas (used to avoid physical visits to these sites) had stopped and requested they are reinstated. D Milne suggested L Parsons contact Sally O'Brien, Lead Nurse for Care Homes regarding this.</p> <p>In answer to A Nicoll's query on whether new admissions to Care Homes who hadn't been vaccinated would be isolated. N Connor reassured colleagues that appropriate testing and isolation procedures are in place. In fact, Fife's multidisciplinary work has been commended on nationally; and will be adapted and implemented by other Boards.</p>	

	APF noted the presentation and update.	
05/21	FINANCE UPDATE FROM THE INTEGRATED PERFORMANCE & QUALITY REPORT	
	<p>M McGurk drew attention to the key points from the report:</p> <p>The financial position as at 31 October 2020 was an overall overspend of £2.8m (incorporating key elements of core financial position, COVID-19 impact and funding received).</p> <p>Efficiency savings continue to be a major challenge across all Boards; it is unlikely that NHS Fife will achieve the £20m savings target (although plans are in place to achieve £11m).</p> <p>A new Strategic Planning and Resource Allocation process has been created to focus on areas to maximise levels of efficiency savings in the medium term (1-3 years).</p> <p>The forecast financial position to the year end, which incorporates a range of significant assumptions, is a potential overspend of £9.5m. However, should additional Scottish Government funding be forthcoming, then a balance position would result for NHS Fife and for the Health & Social Care Partnership. Nevertheless, further savings targets will be set for the 2021/22 financial year.</p> <p>The Capital position is on track to spend all monies in line with plans set out at the start of the financial year. There have been some delays with planning consent for the Elective Orthopaedic Centre car parking works, consequently £2m will be carried forward to next financial year.</p> <p>M McGurk urged colleagues to continue to encourage everyone to deliver savings wherever possible. W Brown explained that Finance Workshops were previously held in partnership and could be restarted later in the year as we remobilise, as these were welcomed by staff side colleagues.</p>	
	APF noted the report.	
06/21	ACUTE SERVICES UPDATE	
	<p>C Dobson reported that Acute Services have faced multiple challenges in the period since the last APF:</p> <ul style="list-style-type: none"> • The Emergency Department and Front Door have had significant pressure in terms of capacity; and with the recent cold snap, a high number of falls and fractures presented. • COVID-19 capacity and footprint has changed, with an increase in COVID-19 positive patients, resulting in additional 'red' wards. There have also been outbreaks of COVID-19 on the wards. • Critical care is at Stage 3 of the Escalation Plan, indicating a double red ICU capacity, involving moving staff from other departments and services; particularly affecting Theatre scheduling. • The Surgical programme is on Emergency and Cancer only footing. • Outpatients is on an Urgent and Suspicion of Cancer only footing. <p>C Dobson expressed her thanks to the staff who have been and are outstanding in their response to the pandemic: their resilience and wellbeing is being closely monitored given the unrelenting pressures COVID-19 brings.</p>	

	<p>W Brown advised that she and C Dobson had met Duncan Ford, Senior Charge Nurse, ICU about the wellbeing of his staff. It was interesting to note that staff do not want interventions during their work breaks; but really appreciate the sessions on teams and the online and practical support on offer that can be accessed at a more appropriate time. W Brown stressed how ill some of the COVID-19 patients are within the hospital outwith an ICU setting and to recognise the particularly difficult situations staff are working in. The Forum acknowledged the sterling work of all staff.</p> <p>C Dobson was pleased to inform colleagues that Belinda Morgan has been appointed, on a one year secondment, as General Manager to support Front Door and Critical Care, working alongside Mims Watt, General Manager.</p>	
	APF noted the update.	
07/21	HEALTH & SOCIAL CARE UPDATE	
	<p>N Connor provided the following update for Health & Social Care (H&SC):</p> <ul style="list-style-type: none"> • There was rich discussion and a well-attended H&SC LPF meeting this morning. • Following the Pulse Survey results, there is a real focus on staff health and wellbeing, given the longevity of the pandemic. • Huge thanks to staff in hospitals and in community teams. • Multiple and parts of wards are accommodating COVID-19 positive patients; significantly affecting beds, closures and the care delivered. • Experiencing outbreaks in community settings but adapting work to use NearMe technology to continue with consultations. • Currently no outbreaks in Mental Health or Learning Disabilities ward areas, a really positive achievement. • Following a competitive interview process, Lynn Barker has been appointed as Associate Director of Nursing, H&SC. • The Partnership is out to advert for the three Head of Service posts to support the change of structure within H&SC senior leadership team, for which there has been a lot of interest. 	
	APF noted the update.	
08/21	EAST REGION PROGRAMME BOARD	
	<p>C Potter advised that through Chief Executives and the Programme Board agreement has been reached on mutual aid, given the stage of the pandemic: a reciprocal arrangement that the three major Acute sites in NHS Lothian, NHS Borders and NHS Fife would support each other; great to see the extent to which staff are prepared to help colleagues elsewhere.</p> <p>Work is underway to scope conversations on Health Protection across the region, and to include NHS Forth Valley. W Brown is the Employee Director for the Group; and agreed to feedback to APF following the first meeting. D Milne indicated that discussions had been ongoing for many years, but it would be beneficial to work collectively on this area.</p>	
	APF noted the update.	

09/21	ATTENDANCE MANAGEMENT	
	a. Staff Health and Wellbeing Update	
	<p>R Waugh focused on some of the current staff health and wellbeing activities:</p> <ul style="list-style-type: none"> • Mindfulness – these sessions have proved extremely popular. Mindfulness videos have also been prepared and are ready to launch on StaffLink. • Weight Management Programme – this is important work in relation to Diabetes prevention. Individuals are being invited to participate in the programme to explore their thoughts and experiences of engaging in physical activity and healthy eating behaviours. • Sedentary behavior – particularly relevant at the moment, this will be progressed through the Well at Work programme. • Fit Bit Challenge – the winners will be advised in due course. • Practical Support for staff – light refreshments and snacks are being provided in staff rooms and the Staff Support Hubs across NHS sites, to help refresh staff during long shifts as they tackle the resurgence of the pandemic. • New materials - a new Stress poster and Self Help card have been developed, which will be shared as soon as possible. • Details of campaigns being supported and information sharing from other areas are set out in Appendix 1 of the report. 	
	<p>R Waugh advised that the sickness absence rate is below 5% which is an overall reduction of 0.5% in the year to date. It is not quite at trajectory, but a positive position overall. It is difficult to draw any particular conclusions given the ongoing pandemic; but feedback on staff ability to work from home has to be taken into account, and flexibility with services are thought to be factors contributing to a lower level of absence. The trends are included in the report.</p> <p>W Brown confirmed that staff feel well-supported; and are especially appreciative of the practical support on offer.</p>	
	APF noted the update.	
10/21	EMPLOYEE RELATIONS CASE MANAGEMENT MONITORING REPORT	
	<p>S Raynor reported on Employee Relations Case Management data to November and December 2020. There have been 29 new cases, 88 are progressing at various stages and 34 concluded. Ten cases were paused at the end of October 2020 but only one at the end of December 2020. The length of, and reason for, the paused case is detailed in the table.</p> <p>W Brown noted that during the first wave of the pandemic cases were paused, but this time they are being taken forward. However, managers are working with competing pressures and priorities, this can be challenging. Nevertheless, W Brown suggested that individuals should be informed about the progression of their case, in order to alleviate their frustration or anxiety. L Douglas assured colleagues that individuals are sent a letter of explanation; S Raynor agreed to take the conversation outwith the meeting to ensure the HR operational team reinforce via the case manager individual</p>	

	updates on a case per case basis.	
	APF noted the report.	
11/21	PAYMENT METHOD FOR PAID AS IF AT WORK (PAIAW)	
	<p>M McGurk explained that the Scottish Standard Time System (SSTS) now has the required functionality to calculate an average payment of unsocial hours, for staff on Annual Leave and Sick Leave. It has been tested nationally and will be used across NHS Scotland. M McGurk asked colleagues to cascade to all involved with supporting payroll input that the SSTS functionality must be used going forward to ensure staff are paid correctly and consistently.</p> <p>It was suggested that a suitable communication is published on StaffLink, within Workforce guidance updates.</p>	SR/ KMacG
	APF noted the report.	
12/21	COMMUNICATIONS	
	<p>K MacGregor reported that Communications is extremely busy, receiving vast amounts of information to cascade to staff timeously, including COVID-19 vaccine roll-out and ongoing general messaging and support; discrete Winter messaging on trips and falls and a video message in relation to the severe weather forecast; Chief Executive Weekly Update and COVID-19 Weekly Vaccination Update – with messages to encourage managers to cascade to staff without digital access; and ad hoc Updates to all staff e.g. email on Workforce Specialist Briefings.</p> <p>K MacGregor asked APF members to help identify areas with high footfall - the intention is to install corporate noticeboards to display information for staff without electronic devices. This will be piloted at the Victoria Hospital.</p> <p>To encourage two way communication during COVID-19, 'Bright Ideas' (the staff suggestion scheme) will be readvertised, in order that staff may voice their concerns or suggestions for managers to respond to.</p> <p>There have been a lot of enquiries and requests from elected members; and moved to a weekly elected members update capturing current themes and hot topics for sharing with their constituents.</p> <p>StaffLink has seen a good take up; the next phase is for teams to manage their own sections. Staff support and training will be available. Following feedback, some refinement of structures will be undertaken.</p> <p>NHS Fife Communications are proposing to develop a short online internal communications survey for staff to help gain feedback on existing NHS Fife channels of communication, frequency of updates and information along with format and tone of corporate communications. It is also hoped that the survey may help to identify any gaps and additional channels of communications to ensure that we reach all staff in a timely manner. The scheduling of the survey is still to be determined and will be coordinated with workforce in relation to other employee surveys to ensure we avoid 'survey fatigue' and a reduced response rate.</p> <p>As the Staff Achievement Awards were cancelled, eager to be seen to celebrate staff to acknowledge the good work going on and relay a positive message to the public. The media is keen to not only hear from senior</p>	APF members

	managers, but also from frontline staff. W Brown proposed positioning noticeboards in changing rooms and dining rooms; and using the existing ones in Estates & Facilities areas. C Potter highlighted that noticeboards don't necessarily work well for Community staff and other options required to be considered. It was noted there is a reliance on managers to cascade information in Community areas. L Douglas warned against 'survey fatigue' and advised the timing of another survey should be carefully considered.	
	APF noted the update.	
13/21	ITEMS FOR NOTING/ INFORMATION	
	The following items were noted for information by APF:	
	a. H&SCP LPF – Minutes of 18 November 2020	
	b. ASD LPF – Minutes of 22 October 2020	
	c. Briefing Note – Once for Scotland Workforce Policies	
14/21	AOB	
	Leaving and Retiral Events W Brown advised that at the APF Staff Side meeting this morning, the matter of staff not being able to give colleagues the usual 'send off' when they leave (after long service) or retire, due to COVID-19 restrictions was raised. Some staff who have left have felt very undervalued as there hasn't been the farewell get together with colleagues. W Brown queried whether there was another way to recognise and show appreciation for staff contribution to NHS Fife, in this climate. W Brown acknowledged that a senior member of staff taking the time to say goodbye to a member of staff is much appreciated. C Potter agreed to explore what other Boards are doing. K MacGregor suggested that Comms is advised when staff are leaving/ retiring and a suitable message could be uploaded on StaffLink to celebrate our people.	
	COVID-19 £500 Payment W Brown raised a concern regarding the Scottish Government's announcement to give a one-off £500 bonus payment to all NHS and H&SC staff who had worked through COVID-19. The additional monies can affect benefit payments and lead to financial detriment, even if paid over several months. This has been raised by staff side at the Scottish Government Senior Leadership Group and it is hoped there will be an opt out clause or other options so that no one is adversely affected. A Verrecchia noted it would be deeply disappointing if staff, in particular low paid, part-time staff, are not able to benefit from the intended reward.	
	Annual Leave W Brown stated that staff were allowed to carry forward leave from 2019/20 and/ or with the option to be paid for some of the leave. However, some staff are anxious about losing their 2020/21 leave entitlement as there are mixed messages regarding carry forward to next leave year. W Brown suggested a clear communication is issued to reassure staff that they won't lose their leave. The importance of informing staff was acknowledged but it was noted by LDouglas that national guidance is awaited and that guidance will follow	

	immediately on receipt of this	
	Retirees W Brown announced that H Buchanan and A Fairgrieve are retiring from NHS Fife and this was their last APF; and on behalf of the APF wished them both a long and healthy retirement, and indicated they will be very much missed.	
	DATE OF NEXT MEETING	
	The next Area Partnership Forum meeting will be held on Wednesday 24 March 2021 at 13:30 hrs via MS Teams.	



HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM WEDNESDAY 20 JANUARY 2021 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Nicky Connor, Director of Health & Social Care (Chair)
Debbie Thompson, Joint Trades Union Secretary
Eleanor Haggett, Staff Side Representative
Alison Nicoll, RCN
Andrea Smith, Lead Pharmacist, NHS Fife
Audrey Valente, Chief Finance Officer, H&SC
Ben Hannan, Chief Pharmacist, NHS Fife
Craig Webster, NHS Fife Health & Safety Manager
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Fiona McKay, Interim Divisional General Manager (East)
Hazel Williamson, Communications Officer
Helen Hellewell, Associate Medical Director, H&SC
Jim Crichton, Interim Divisional General Manager (Fife-Wide)
Kenny Grieve, Fife Council Health & Safety Lead Officer
Lynn Barker, Interim Associate Nurse Director
Lynne Garvey, Interim Divisional General Manager (West)
Lynne Parsons, Society of Chiropodists and Podiatrists
Mary Whyte, RCN
Norma Aitken, Head of Corporate Services
Sharon Adamson, RCN
Susan Young, Human Resources, NHS Fife
Valerie Davis, RCN Representative
Wendy Anderson, H&SC Co-ordinator (Minute Taker)

APOLOGIES: Simon Fevre, Staff Side Representative
Louise Noble, UNISON Fife Health Branch
Susan Robertson, UNITE
Wendy McConville, UNISON Fife Health Branch
Wilma Brown, Employee Director, NHS Fife

NO	HEADING	ACTION
1	APOLOGIES	
	As above.	
2	PREVIOUS MINUTES	
2.1	Minute from 16 December 2020	
	The Minute from the meeting held on 16 December 2020 was approved.	

NO	HEADING	ACTION
2	PREVIOUS MINUTES (Cont)	
2.2	Action Log from 16 December 2020	
	The Action Log from the meeting held on 16 December 2020 was approved.	
3	JOINT CHAIRS UPDATE	
	Nicky Connor gave two updates regarding recruitment within the Partnership:-	
	<ul style="list-style-type: none"> Lynn Barker has been appointed as Associate Director of Nursing and congratulations were given by the group. The advert for the three Heads of Service posts is currently live and closes on Sunday 24 January 2021. The recruitment pack included information on the developments in the partnership which have previously been updated at the LPF. Nicky will keep the LPF updated on progress going forward. 	
4	BRIEF FINANCIAL POSITION	
	Audrey Valente apologised that the Finance Update was not included when the papers for the meeting were circulated, this will be rectified for future meetings.	AV/WA
	The current overspend is £6.9m, which is the same as the unachieved savings at present.	
	Actual spend on Covid-19 to the end of October 2020 was £13m and the projection for the full year is just under £23m.	
	A return is being completed for Scottish Government and it is expected that projections will rise.	
	To date £22m of funding has been received from Scottish Government.	
	The Senior Leadership Team are working on what the position will look like going forward and this will form part of a fuller discussion at the next LPF meeting on 10 February 2021.	AV
5	HEALTH AND SAFETY UPDATE	
	Kenny Grieve advised that his team are continuing to provide support where required. They are working with Environmental Health to assist those who are self-isolating. A Stress Assessment has been completed and will be shared with union colleagues. This has presented several learning opportunities. A concern has been raised with FRSM face masks and this will be investigated.	
	Craig Webster advised that apart from Covid-19 his teams main focus at present was working on the Ligature Assessment Process and the programme is moving forward. Work is ongoing with FIT tester checking	

NO	HEADING	ACTION
5	HEALTH AND SAFETY UPDATE (Cont)	
	<p>face masks and ensuring staff are given the correct masks. The recent HSE visit raised questions on staff who greet visitors in buildings. The issue within the hospitals is being addressed with the use of visors. Within the partnership staff will not remove their masks in the same way as patients arriving at hospital are required to do, so this should not be an issue.</p> <p>Nicky Connor agreed to include information in her weekly briefing to reinforce message around continuing to follow FACTS and Covid-19 guidance.</p>	NC/HW
6	COVID-19 POSITION	
	Outbreak Update	
	<p>Lynne Garvey advised that several bays and wards are currently closed in Community Hospitals as a result of patients testing positive. Support for staff and patients is in place.</p>	
	Vaccination Programme	
	<p>Ben Hannan, Chief Pharmacist, NHS Fife joined the meeting at 9.00 am to provide an update on the Covid-19 Vaccination Programme.</p> <p>To date all care home residents and staff in Fife have received their first vaccinations. Up to 19 January 2021 over 20,000 first vaccinations have been delivered. Second vaccinations will be scheduled approximately 12 weeks after the first jab.</p> <p>Planning for the roll out of the vaccination programme is progressing well with a new nursing structure in place, additional roles being advertised and work ongoing with military and local authority colleagues.</p> <p>Challenges include vaccine supply, scheduling delivery and managing expectations. Also the need for those who have been vaccinated to still follow the FACTS guidance.</p> <p>Alison Nicoll asked Ben for information on housebound elderly residents. Ben will share with Alison a statement which was sent to GP's recently.</p> <p>The slides which Ben used for his presentation have been shared on a confidential basis with LPF members.</p>	
	Staff Testing	BH
	<p>Fiona McKay advised that staff testing is starting this week. Most eligible staff have been issued with Lateral Flow Test kits, which they will use twice weekly. Home Care staff are ready to begin using PCR tests and will do so when Scottish Government Confirmation received. In time this will be rolled out to other staff eg Social Workers, Social Work Assistants, etc.</p> <p>Information and guidance, including videos, have been provided for staff.</p> <p>Lynne Garvey updated on staff testing for community staff, to date a small number of staff and patients have tested positive.</p>	

NO	HEADING	ACTION
6	COVID-19 POSITION (Cont)	
	Staff Testing (Cont)	
	<p>Public Health are working on the large-scale community testing programme which will be introduced. This will take place in agreed fixed sites and several mobile units.</p> <p>Debbie Thompson asked if staff testing is mandatory. Fiona McKay confirmed that it is voluntary and is a further enhancement to the use of FACTS. Staff should be encouraged to participate.</p>	
	Shielding	
	<p>Lynne Garvey updated that 62 staff are currently shielding and how the services are engaging with them.</p> <p>Fiona McKay advised that 42 Social Care staff are currently shielding, mainly home carers, who will be given other work to do from home.</p>	
	School / Remote Learning	
	<p>Susan Young spoke about updated guidance which is available for key workers and those who qualify for school places. Many staff are working from home and do not qualify. Managers are being asked to work with staff who are experiencing difficulty with home schooling to be flexible about work patterns, shift changes and the potential for paid carers or parental leave where appropriate.</p> <p>Elaine Jordan confirmed that Fife Council are following a similar pattern and issuing regular guidance to parents.</p> <p>Lynne Garvey asked about annual leave and whether this could be carried forward into the new leave year. Susan advised that employees are being encouraged to take leave where possible. Further guidance is expected from STAC (Scottish Terms & Conditions) in the near future and will be shared via StaffLink, etc.</p> <p>Discussion took place around staff who have been working at home for almost 11 months now and the feelings of isolation and fatigue that are being experienced. Members shared what they have been doing to keep in touch with staff members to provide support. Information is available on support for staff.</p>	
7	HEALTH & WELLBEING	
	Staff Hubs	
	<p>Susan Young advised that the Staff Hub within the Staff Club at Victoria Hospital will now be there permanently. There are temporary hubs at all NHS hospital sites. Staff are to be encouraged to use the Hubs which have drop in sessions as well as lots of information and leaflets.</p>	

NO	HEADING	ACTION
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7 HEALTH & WELLBEING (Cont)

Attendance Information

NHS attendance information had been circulated prior to the meeting. Fife Council information for November and December 2020 are not yet available due to the change to Oracle.

Susan Young advised that there was a 5.45% absence rate in November 2020 which was the same as that in October 2020. There was an increase in short term absences and a decrease in long term absences. The 50-54 age group had the highest absence level across all ages. Anxiety, stress and depression were the most common causes in all age groups.

Elaine Jordan has information on stress related absences, which she will discuss with Susan Young prior to sharing with the group.

Pulse Survey – Final Report

Nicky Connor introduced the pulse survey feedback, including the response rate and key messages. The Senior Leadership Team are looking at this. There was discussion that recognized that this was now undertaken several months ago, before this second lockdown and that the response was 39% and not all staff groups therefore can't generalise feedback. A key priority is about supporting staff and their wellbeing and this will be a regular focused discussion at the LPF. The Survey and work that is ongoing was noted.

8 UNSCHEDULED CARE REVIEW UPDATE

Lynn Barker advised that there has been a lot of activity in this area. Tests of change are being carried out and a senior clinical post has been advertised. The team behind the project have been asked to present nationally on this at the end of January.

Lynn Parson agreed that a huge amount of work has been done and shows partnership working in action.

9 LPF ACTION PLAN / ANNUAL REPORT

Jim Crichton gave an update on progress with this. Plan as agreed with LPF is to move from a staff governance action plan to an LPF Annual Report.

Purpose of the report:

- Allow the LPF to reflect on the past year.
- Inform the IJB as to the function of the LPF and to raise awareness of its role.
- Ensure improvements to employee experience year on year via setting clear annual objectives.

NO	HEADING	ACTION
9	LPF ACTION PLAN / ANNUAL REPORT (Cont)	
	Broadly agreed that the report should be under headings of:	
	<ul style="list-style-type: none"> • Staff Communication. • Staff Health and Wellbeing. • Training/Development. • Staff Involvement. • Equality/Fairness. • Health and Safety. 	
	Potential Timetable:	
	<ul style="list-style-type: none"> • Verbal update to LPF on 10 February 2021. • Draft Annual Report to LPF on 10 March 2021. • Final Annual Report to IJB on 16 June 2021. 	
10	AOCB	
	Nothing raised.	
11	DATE OF NEXT MEETING	
	Wednesday 10 February 2021 at 9.00 am	

**MINUTES OF THE ACUTE SERVICES DIVISION AND CORPORATE DIRECTORATES
LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 4 FEBRUARY 2021 AT 2.00 PM
VIA MICROSOFT TEAMS**

Present:

Andrew Verrecchia (AV), Unison (**Chair**)
 Claire Dobson (CD), Interim Director of Acute Services
 Andrew Mackay (AM), Deputy Chief Operating Officer
 Lynn Campbell (LC), Associate Director of Nursing
 Miriam Watts (MW), General Manager – Emergency Care Directorate
 Paul Bishop (PB), Head of Estates
 Craig Webster (CW), Health & Safety Manager
 Neil McCormick (NM), Director of Property & Asset Management
 Susan Young (SY), HR Team Leader
 Louise Noble (LN), Unison
 Conn Gillespie (CG), Unison
 Joy Johnstone (JJ), FCS

In Attendance:

Gillian McKinnon (GMck), Personal Assistant to Director of Acute Services (**Minutes**)

		Action
1	WELCOME & APOLOGIES	
	AV opened the meeting and welcomed everyone, in particular Neil McCormick, the new Director of Property & Asset Management, and introductions were made.	
	Apologies were received from Andrew Fairgrieve, Fiona Alexander, Murray Cross and Benjamin Hannan.	
2	MINUTE OF PREVIOUS MEETING – 17 DECEMBER 2020	
	The Minutes of the Meeting held on 17 December 2020 were accepted as an accurate record.	
3	ACTION LIST	
	3.1 <u>Rest Room/Changing Areas</u>	
	<ul style="list-style-type: none"> CD advised PB and AF had prepared an SBAR which she had taken to Gold Command two weeks ago. This had been approved and is being progressed by colleagues in Estates & Facilities. 	

	<ul style="list-style-type: none">• PB advised the portacabins have been ordered and are waiting on confirmation when they will be delivered on site and installed.• CD advised there is some work to be undertaken around communications, but this action can be closed off from an LPF perspective.	GMcK
3.2	<u>Self-Isolating</u>	
	<ul style="list-style-type: none">• Email circulated 17/12/20. This action can be closed.	GMcK
3.3	<u>Working from Home</u>	
	<ul style="list-style-type: none">• AV advised the outcome of the FOI has not yet been completed. It was agreed to carry this over to the next meeting.	AV
3.4	<u>Working from Home</u>	
	<ul style="list-style-type: none">• CD advised she has discussed this with Carol Potter as this action was around an Agile Workforce Group that was going to be set up to look at what the future would look like following COVID in terms of accommodation and working from home.• CD understands the group has met once and they have decided at this stage not to progress with any changes or developments around agile working.• CD advised she has however made the offer that this LPF would be available to do any work in support of agile working, surveys, staff experience, test different models. That offer has been acknowledged by the Chief Executive and if we are required, we can step this up at any time.• Agreed this this action can be closed at this stage.	GMcK
3.5	<u>Staff Members having difficulties contacting services who are currently working from home (Payroll, HR etc)</u>	
	<ul style="list-style-type: none">• SY advised the Payroll Department were not aware of the issues with IP Communicator that had been experienced in HR. Payroll are now aware of these issues and will now be checking for this issue.• SY advised a message had gone out on StaffLink with some dedicated times where staff can call Payroll and hopefully this will help with some of the issues that were experienced.• LN advised she had seen the post on StaffLink advising Payroll staff would be available Monday to Friday by telephone during dedicated times but had not included a telephone number. She has messaged along with other staff on StaffLink to this effect.• LN advised a number of departments did not know who their HR or Payroll Officer is, and whether this could be made available. SY will speak to Tracy Chalmers around this but her understanding is a member of staff will be manning the	SY

telephone, but it would not necessarily be the correct person but will speak to them about this.

- SY advised HR are in the process of updating the contacts within HR following a reshuffle. This information has just gone out to the Managers but would arrange for this information to be made available on StaffLink.

SY

3.6 Issues for Escalation to Area Partnership Forum

- Colleagues are content for 'staff rest areas' to be closed following the update given under Item 3.1.
- AV advised 'working from home' issue is not appropriate to escalate to APF as we are still awaiting the result of the FOI. Agreed to close this action.

GMcK

GMcK

4 HEALTH & SAFETY:

4.1 Health & Safety Update Report (including RIDDOR Update)

- The Health & Safety Update Report was noted, for information.
- CW advised there was a small but relatively significant typo in the first section of the paper in relation to reference to 1863+/9332+ masks. This should read 1863+/9330+ masks. An updated copy of the report will be circulated following the meeting. Any information that has gone to local fit testers is correct.
- CW advised the report has been updated on where we were in the last report in December 2020 and what has and has not changed since then.
- CW advised the submission that was required on 29 January 2021 around additional risk assessments, action plan and other information was put in on time to HSE and is grateful for the help and support received from AM. No feedback from HSE has been received so far. The majority of the work required and raised by the Inspectors has been completed. There are one or two issues relating to the rest areas that have been picked up already and we are trying to reinforce physical distancing in rest areas and staff behaviours particularly outwith their own working areas.
- AM recorded his thanks to CW for his work in pulling this together as he navigated the differences of opinion between HSE and our Infection Prevention Control Team and Microbiology.
- AV appreciated the work that has gone into this and thanked CW for his efforts and continued efforts and recognised this has not been easy.
- CW advised progress is being made with Manual Handling training.

GMcK

5 STAFF GOVERNANCE 2019/20

A Well Informed

5.1 Director of Acute Services Brief – Operational Performance

- CD advised from the period from festive until recent times she wanted to record her huge thanks to all of the staff across the Acute Services Division, the SLT and Extended SLT in terms of their response, flexibility and resilience over what has been an significantly challenging period for us.
- CD advised we have seen significant numbers of COVID positive patients come into the hospital, into our ward areas and into critical care, and certainly in the first part of January that put significant pressure on us across the board.
- CD advised we have seen ward areas turn red and we have had to accommodate more COVID positive patients across the hospital. We also had a significant cold snap which meant we had a huge amount of trauma that we also had to cope with and manage through our ED and into Orthopaedics. Again, our teams responded amazingly well to that and accommodated patients to ensure they had the right care, in the right place at the right time.
- CD advised there is no doubt the impact of all of this has hit hard on our elective programme and on our outpatient activity. Our elective programme has really been focussed around urgent and urgent cancers. We have only had 2 theatres running at QMH and 2 theatres running at VHK which has been challenging. Our theatre staff have been outstanding and have supported critical care and other areas across the hospital.
- CD advised we have started to see an improving picture with our COVID positive footprint reducing, our critical care activity stabilising and we are now in a position that we are retracting our COVID bed numbers and we look as we will be able to de-escalate from Stage 3 of our critical care plan, therefore amber critical care will move back into the critical care footprint and away from recovery.
- CD advised in terms of other positives we have received planning permission for the Orthopaedic Elective Centre.
- CD advised there have been a couple of changes to the SLT. MW will be the General Manager for the Emergency Care Directorate focussing on the specialties, backdoor and wards. Belinda Morgan will join us as the General Manager for the front door of the hospital from 15 February 2021. Another change is that Gemma Couser has not been at work for a few months but will be returning from 8 February 2021 but not to her post within Women, Children and Clinical Services. Gemma will be seconded to Clinical Governance for a period of 6 months. On Friday CD and AM will interview for the 6-month seconded post to the Women, Children and Clinical Services Directorate.

- LC added there has been a significant degree of flexibility required in terms of the movement and deployment of staff. The nursing cohort have certainly been the ones most impacted but how all staff have flexed and responded to the challenges we have faced over the festive period into the new year, including the additional wards open.
- AM advised the impact of self-isolation, general sickness and shielding is huge and this equates to about 300 WTE across Acute and puts pressure onto the staff remaining. This combination is huge, and we have seen massive flexibility in staff and hopefully we continue to see that through the resilience that we all need to keep going at the moment.

5.2 Attendance Management Update

- The Attendance Management Update Report was noted, for information.
- SY advised there has been an increase in Acute absence from 4.76% to 5.58% in November 2020, which is an improvement on November the previous year.
- SY advised the largest amount of absence is the nursing and midwifery staff group (trained and untrained). There are some high percentages in other staff groups, but these are very small groups of staff.
- SY advised there has been an increase in both short term and long-term absence within Acute.
- SY advised the older we get the more likely we are to be off on sickness absence from work. These percentages look high but there is a small number of staff within that age group. The 50-59 age group has the largest amount of absence.
- SY advised she has added in absence by reason to this report. Anxiety/stress/depression is the highest reason for absence within the Acute Services Division.
- SY advised within Corporate Services there is an absence rate of 4.8%. This is an impressive improvement within Corporate Services as they have been under 5% other than one month every month of this year and that month was only just over 5% within Corporate Services in September.
- SY advised Support Services is the area with the largest number of absences and percentage of absence and this is consistent with previous months.
- SY advised there has been an increase in short term and decrease in long-term absence and hopefully that number might come down in terms of absence percentage for next month as well. There is a very similar pattern in terms of absence rate and hours lost by age group to within Acute.
- SY advised anxiety/stress/depression is the main reason for absence within Corporate Services.
- SY advised a few sessions had been delivered on the new Attendance Management Policy and has been well received in

the areas that have received these. If any of the Managers would be interested this can be arranged within Acute and Corporate Services.

- AV wondered if we have noticed or seen any change or patterns or tangible differences since we started using the new policies. SY advised It is difficult to tell at this early stage because no-one has been all the way through the process yet in terms of all the different stages for attendance management, and the pandemic will have impacted on processes.
- SY advised HR have been made aware of the difficulties in finding policies. Staff have been looking on StaffLink whereas they can be located on the Intranet. HR are working with Communications to make them easier to find with links to each of the policies on Stafflink and also some of the frequently used forms. LC asked if links could also be provided for the Manager's Guides and SY advised they would also look at this as part of the review.
- AM noted sickness absence was shown in this report, but it did not cover absence as a result of COVID and associated self-isolation. SY advised Digital and Information and HR are working on this and SY will aim to build this information into the reports for future. We were sitting weekly at 2% COVID absence, but this appears to be reducing to 1% and seems to be an improving picture.
- MW advised at Directorate level in addition to monitoring sick, parental and carers leave, they are also looking at the impact of COVID and breaking this down into positive, self-isolating and shielding. This is also being undertaken within the Planned Care Directorate. Within the Emergency Care Directorate this is running at between 3-4% of the workforce off with COVID-related absence in the past 4-5 weeks and combine this with a sickness absence of around 7% the Directorate are somewhere between 10-11% down just now. This is having a big impact bearing in mind they are staffing additional wards but are managing to use Band 3 staff deployed from outpatient areas.

SY

5.3 **Feedback from NHS Fife Board & Executive Directors**

- CD advised there was a meeting of the NHS Fife Board last week. There was a thanks to staff by the Chairman in view of the challenges we have all described this afternoon. There was a focus on the COVID vaccine with presentations from Scott Garden in terms of the phases of the roll-out. Dona Milne spoke about the community testing programme and what that would mean for Fife. Helen Buchanan gave an update on the Winter Plan and the execution of that. There was a paper from the Chairman for a governance approach for March to support the response and recovery for the Directors and Managers as well in terms of preparing for Committees and papers.

- CD advised at EDG and EDG Gold there had been discussions around remobilisation of services and the return to the Scottish Government. COVID vaccination is discussed at each meeting and we are starting now to describe financial planning for 2021 and beyond.
- AV noted on Tuesday there was a very short notice meeting convened by Carol Potter regarding the vaccination programme. AM advised the meeting was around the changing landscape around vaccination roll-out and a push from Scottish Government to accelerate at pace. There is a significant amount of work ongoing in the background. Chris Conroy is taking the lead from an Acute perspective and pulling together volunteers to support additional sessions on a daily basis next week. There is an ask for Acute to support an addition 20 sessions per day next week and the partnership for 15 sessions. Respective teams are working through that.
- AM advised given the pressures on some of our nursing teams the ask has gone out across Acute to find alternative professional groups wherever possible to support. A huge number of our medical staff are coming forward along with radiographers and some of our nurse consultants to support a rapid push next week with an aim of having all over 65s in Fife vaccinated by 15 February 2021.

6 B Appropriately Trained

6.1 Training Update

- CW advised progress is being made with Manual Handling training.

6.2 Turas Update

- MW advised Turas remains a challenge particularly in areas such as critical care. We have discussed the absence figures that we are running with and on a day to day basis we are having to constantly juggle where the pressures of the hospital are versus what staffing we have and how we safely deploy staff. We are currently trying to focus on mandatory training. Turas will be a casualty of COVID with staff just getting through day to day just now and their main objective is the delivery of the COVID programme and how we support other emergency activity.
- LC advised Practice and Professional Development have undertaken some work and clearly their usual role would have been face to face training for some of it as a blended approach. They have very quickly turned things around and there is a completely adapted approach with staff but still a sense of governance.

- LC advised it was important to note all systems have adapted to enable staff to continue that crucial learning to make sure that clinically we are delivering with competent staff.

7 C Involved in Decisions which Affect Them

7.1 Staff Briefings & Internal Communications

- AV advised he was not sure when we would get back to undertake these within individual areas. As far as internal communications and staffing briefings we have already alluded to StaffLink.
- CD advised she had been out with Wilma Brown to visit ED and Critical Care in view of some of the pressures and the plan would be to visit MOE this week.
- CD advised in terms of other communications to highlight AM has been chairing and convening the Hospital Control team three times per week. There is a view to look at that in terms of frequency as our COVID situation changes and that may scale back to twice a week from next week. The rest of the Senior Leadership Team are as visible as they possibly can be.
- AM advised there have been mixed reviews on the use of StaffLink. At the moment we have more communication channels that we have ever had through StaffLink, email, Hospital Control Team and the daily virtual Safety Huddles. The weekly CEO update is also a good summary of things ongoing across Fife and staff should continue to be encouraged to use all resources available.

7.2 Pulse Survey

- SY advised the National Group met yesterday but no decision has been made yet regarding iMatter for 2021 but this will probably be something similar to what we had last year.
- SY advised there will be no 60% threshold for a report and there will be a Board Action Plan and Directorate Action Plan required. This will probably take place later on in the year, perhaps September and will likely then fall into that pattern on an annual basis.

8 D Treated Fairly & Consistently

8.1 Current/Future Change Programmes/Remobilisation

- CD advised at the last meeting she had mentioned we are working through a Strategic Planning & Resource Allocation (SPRA) process and each of the Directorates had to complete a template for return. The next stage is that we condensed those programmes and will be meeting with each of the directorates over the next few weeks to look at what our

priorities are. As this progresses we are happy to share with this group.

- CD advised we are working through a Remobilisation Group with Susan Fraser. Donna Galloway and AM represent the Acute Services Division on this group. A return is anticipated around that next week for Scottish Government. AM advised he was working through this with Donna Galloway and pulling together detail of what will happen next year. The trajectories around waiting times and elective care will sit alongside this.
- CD advised we are currently looking at our elective programme. We have good dialogue with the Scottish Government about elective lists that can be supported in the private sector, but there is a real will and focus within the Planned Care Directorate to get our own programme up and running as soon as we can bearing in mind the surprises COVID can kick up and also the acceleration of the vaccine programme.

9 E Provided with an Improved & Safe Working Environment

9.1 Staff Health & Wellbeing Update

- The Staff Health & Wellbeing Update was noted, for information.
- SY advised local Well at Work Groups will re-commence via MS Teams.
- SY advised there are some bespoke peer support available using Good Conversations approach.
- SY advised the mindfulness online sessions have been very popular.
- SY advised there have been some positive posts on StaffLink from the teams taking part in the Fitbit Challenge. There are 10 teams taking part.
- SY referred to the SWAY for the National Wellbeing Hub which is a one-stop shop which provides good information and different resources. SY will share this with the group for wider circulation.

SY

9.2 Capital Projects Report

- The December 2020 Capital Projects Report was noted for information.
- PB advised due to COVID a number of the manufacturers we would use to provide us with equipment have been on furlough and we are having to very quickly apportion to the correct areas to make the most use of it.
- PB advised the Orthopaedic Elective Centre is ongoing and will start shortly.
- PB advised land has been acquired from Millar Homes and car park L is currently being extended to give us an extra 130 extra spaces. AV asked if the extension to car park L is in addition to

or instead of the car parking spaces we have to relocate for the Orthopaedic Elective Centre. PB confirmed these spaces were in addition. There will also be additional spaces at Whyteman's Brae. Remedial work has now taken place to resolve issues within car parks A&B.

- PB advised there were a number of minor capital works being undertaken throughout the whole estate for Acute and the partnership.
- PB advised we are making sure the correct amount of finance is being spend on statutory compliance across the estate to ensure we have a safe environment for both our patients and staff.
- PB advised through the Equipment Management Group we are looking to spend money on new equipment for all the directorates across the board.
- PB advised everything is required to be delivered and on site by the end of March 2021 but are working to ensure everything the Directorates require is carried out.

9.3 **Adverse Events Report**

- The Adverse Events Report for the period January 2020 to December 2020 was noted, for information.
- LC advised the report is in its usual format and outlines the adverse events affecting staff within the Division.
- LC advised the themes in terms of the top reporting themes very rarely change and they have not changed in this report. It is worth noting that we do see some lower numbers in here and we have to recognise that in a lot of our reports we are seeing slightly skewed data because of the context we are working with and it all has an impact in different ways.
- LC drew attention to the infrastructure, accommodation theme and as we would expect we see a slightly higher report particularly in December 2020 and given the discussions we have had about staffing and the challenges around this it is not a surprise and is welcome the staff do record where there are situations where staffing has not perhaps been as good as it could have been and helps us to examine, consider and take learning from it.
- AV asked if we had seen an increase in unwanted behaviours from the public during March/April 2020 when we took the decision to cancel visiting and patients had to arrive at hospital on their own. LC advised there had been a flurry of frustration from visitors on both times when this was introduced but this very quickly settled. There were a couple of occasions where we had the mediate. The main focus of unwanted behaviours remains mainly within ED and within wards with patients with delirium and other conditions.

9.4 **Violence & Aggression Performance Reports**

- The Violence & Aggression Performance Reports were noted, for information.

10 ISSUES FROM STAFF-SIDE

10.1 Single Sign-on

- AV advised issues had been highlighted regarding single sign-on for staff off long-term sick or on suspension and are being asked to attend HR meetings via MS Teams. Due to the length of time staff are off they have been locked out of devices and when asking to regain access these are not being prioritised in time for these meetings.
- SY advised she would highlight this to the HR Team and for a reminder to go out to Managers when hearings are being arranged.
- CD agreed to flag this as an issue to Lesly Donovan.

SY

CD

10.2 Carry-over of Annual Leave

- AV asked if SY could give an update on DL (2021) 03: Annual Leave in 2020-21 and Carry Forward to 2021-22.
- SY advised the DL had been issued at the end of last week. The preference is still to be considering and authorising where we can annual leave requests, however where there have been staff shortage situations and increased demand due to COVID the Managers should be discussing plans with staff and their representatives for cancelling or delaying annual leave to take at another time.
- SY advised the ask within the Circular is where we are carrying forward annual leave for staff to have had at least the statutory 28 days. Where staff have not had that at this point in the leave year, we should be having those conversations and prioritising those staff for annual leave.
- SY advised only where there has been a COVID related reason for staff unable to take annual leave can there be a carry-over of outstanding annual leave for medical/dental and AfC staff.
- SY advised there is a difference from last year. Last year there was an ability for payment of annual leave that had not been taken, but this is not the case in this recent Circular.

10.3 Band 2 to Band 3 Upgrade

- AV advised the Band 2 to Band 3 upgrade is now moving at pace. From the SLWG a target date of the end of February 2021 has been set for all of the 108 unison applicants to have be dealt with.
- AV advised there had been a reluctance from some SCNs to commence this process but he was now supporting a number

of SCNs within the Division and we are now starting to see, where appropriate, staff who have been working at a higher level, starting to see their grades moved up. Not every member of staff will receive this upgrade.

- AV advised we would like to see everyone in the Division who could potentially be looked at by the end of March 2021.

11 MINUTES FOR NOTING:

11.1 Capital Equipment Management Group

- The Minutes of the Capital Equipment Management Group meetings held on 10 December 2020 were noted, for information.

12 HOW WAS TODAY'S MEETING?

12.1 Issues for Next Meeting

- There were no issues for the next meeting.

12.2 Issues for Escalation to Area Partnership Forum

- There were no issues for escalation to the Area Partnership Forum.

13 ANY OTHER COMPETENT BUSINESS

13.1 Employee Relations Cases

- SY advised there were quite a few services because of staff shortages and workforce pressures that were not able to progress employee relations cases.
- SY advised Lynne Parsons from the partnership is assisting HR and taking the information from the recent Scottish Partnership Forum document to draft a risk assessment approach to whether we pause or progress cases and this is going to the Partnership Group next week and we will provide a letter alongside so managers can keep staff updated if there is any pause to any processes.

15 DATE OF NEXT MEETING

Thursday 29 April 2021 at 2.00 pm via MS Teams.

GMck/ASD & Corporate Directorates Local Partnership Forum Minutes 2021/040221

**UNCONFIRMED Minutes of the Health & Safety Sub Committee
held on Friday 11th December 2020 at 12:30 within Microsoft Teams**

Present:

Andrew Fairgrieve (AF), Director of Estates, Facilities and Capital Services
Conn Gillespie (CG), Staff Side Representative
Linda Douglas (LD), Director of Workforce
Dr Chris McKenna (CM) Medical Director

In attendance

Craig Webster (CW), Health & Safety Manager
David Young (minute taker)

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

Action

AF welcomed all to the meeting and requested that, in light of the recent contravention notice issued to NHSF from the HSE, the agenda for this meeting should be changed. The group members agreed to this approach.

AF asked CW to take lead and go through contravention notice identifying actions and appropriate responsible persons.

AF also noted that a response to the HSE is required by the 29th of January 2021.

Action: respond to HSE by 29th January 2021 *[ADDENDUM: This was achieved]*

CW

2. APOLOGIES

Nil

3. MINUTES OF PREVIOUS MEETING

3.1. Approval of previous minutes

The minutes of the previous meeting were reviewed by the group and agreed as accurate.

3.2. Actions List Update

Updates to the actions list were not discussed.

4. NOTICE OF CONTRAVENTION

4.1. Endoscopy units undertaking AGPs.

CW pointed out to the group that a response regarding Endoscopy Unit Risk Assessment on the AGPs needs to be sent to HSE by 16th January 2021.
[ADDENDUM: This was achieved. Inspector came back with further questions and requests for information. This too was provided on time.]

CW informed the group that information does exist in various documents but needs to be pulled together. AF advised that CW should contact Paul Bishop to obtain information from ENGIE.

CW has most of the information which he is currently pulling together CW will contact Ann Haythorne for clinical support and input.

<p>4.2. Main Staff Locker Room</p> <p>CW stated that an existing risk assessment can be adapted. CW will take lead. AF commented that issues could be difficult to resolve due to logistics and space.</p> <p>LD added that physical issues could perhaps be considered, amending shift rosters for example. AF agreed stating that all issues should be explored.</p> <p>CM commented that he had advised Junior Doctors to use the locker room as a safe place and asked if this was correct. The group agreed this was correct advice.</p> <p>CG asked if it would be possible to audit the number of staff who are using the changing rooms. AF stated that the access system for the changing rooms should be able to provide this information but unfortunately, the system is currently faulty. If the system is repaired, it will make it possible to monitor the number of staff using the changing rooms. <i>[ADDENDUM-system was repaired. Level of access low with busiest period around 07:00 – 09:00 with approximately 60 staff entering the area over this period]</i></p> <p>CW informed the group that all necessary sinks and cubicles within the main staff locker rooms have been taken out of action.</p> <p>There was some discussion regarding screens and the amount of protection they provided. CW suggested that the HSE seemed to be pushing for screens to be installed. LD highlighted the need to be mindful regarding an organisationally balanced response to meet HSE requirements. AF agreed, suggesting that all actions should be run past EDG. CW raised concerns regarding screens stating that Health and Safety Team, Infection Prevention and Control Team, Occupational Health Team and Microbiology all agree that screens may not provide adequate protection and face masks, in this instance, offer better protection.</p> <p>CW told the group that posters and tape are now in place.</p> <p>LD asked if this will be carried through into other areas. CW confirmed that this will happen.</p>	
<p>4.3. Theatres locker rooms</p> <p>CG confirmed that space in the theatre locker rooms is tight. CG also suggested that Claire Lee was the best person to contact.</p> <p>CW asked if CG would be able to take charge of the assessment. CG agreed and will contact Claire to arrange this</p> <p>CG told the group that the existing lockers are small and there may be some difficulty storing jackets etc. There may be some housekeeping issues.</p> <p>AF stated that a review may be required for all staff changing facilities and there may be a need for additional spaces.</p> <p>AF said that solutions may be available to make use of existing spaces within the Hospital for welfare/ communal areas.</p> <p>CG noted that staff will take masks off when using communal areas for example to eat and asked if the group had any ideas. AF stated that physical distancing should be used along with the removal of un-necessary tables and chairs.</p> <p>Alongside social distancing LD noted that restrooms have a function as a restful place for staff to relax and that should be considered when making any changes.</p>	CG

4.4. Health records Filing, The 'Queen Margaret Room'	
CW indicated that issues identified by HSE had been addressed.	
4.5. Clinical Areas - welfare and communal areas	
<p>There was some discussion by the group. CW suggested that staff should be encouraged to clean areas before and after use. LD stated that safety huddles could be used to reinforce the message.</p> <p>There was some discussion by the group regarding how the organisation can implement COVID management training for Staff. LD asked if this could be added to the return to work training. CW to contact Kirsty Berchtenbreiter to discuss.</p>	CW
4.6. Laundry	
CW stated that the installation of screens may be required. CW conducting site visit with Paul Bishop 14 December to review. <i>[ADDENDUM: Screens installed early January and inspector notified.]</i> Otherwise all issues identified by HSE had been addressed.	
4.7. Kitchen/ Dining Room	
CW indicated that issues identified by HSE had been addressed.	
4.8. Face Fit Testing	
<p>CW stated that he is confident in the competence of staff carrying out face fit testing. However, he informed the group that the staff carrying out the testing have no formal accredited training. CW is making arrangements for bespoke training session to provide formal accreditation for the H&S team fit testers.</p> <p>CW said that local fit testers will require refresher training and competency updates. CW exploring possibility of being able to provide 'in-house' Fit2Fit accreditation.</p>	CW
<p>AF thanked CW and the Health and Safety team and asked if help was required to achieve HSE timescales. CW thanked AF and indicated that help was not needed at present. AF said that CW should not hesitate to escalate any issues</p> <p>AF advised CW that once the draft has been completed, it should be sent to the Sub Committee and also to Carol Potter for discussion at EDG.</p>	CW
<p>CG informed the group that he found the HSE visit to be very informative and asked if it was an option for proactive manager/ staff side walkrounds to help identify any potential problems which could be raised by HSE on future visits.</p> <p>It was agreed that local walkrounds could be beneficial but there may be issues currently with the availability of staff to carry them out.</p>	
5. OTHER BUSINESS	
<p>There was some discussion regarding the recent sharps audit and questions were raised regarding the efficacy of the Sharps Strategy Group.</p> <p>AF asked CM if this should be escalated to the Clinical Governance Group. CM advised that this was not necessary at present as it can be dealt with at a more local level.</p>	
6. DATE OF NEXT MEETING	
12 March 2021, 12:30 [Teams or Face to Face to be advised]	

Meeting:	Staff Governance Committee
Meeting date:	4 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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