



Chair - Tricia Marwick

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

10:10 - 10:10 2. DECLARATION OF MEMBERS’ INTERESTS  
0 min  
TM

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

10:10 - 10:10 4. MINUTES OF PREVIOUS MEETING HELD ON 31 MARCH 2021  
0 min  
(enclosed) TM  
📎 Item 4 - Minutes 033121.pdf (11 pages)

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

10:10 - 10:30 6. CHIEF EXECUTIVE’S REPORT  
20 min  
6.1. Chief Executive Up-date  
(verbal) CP  
6.2. Integrated Performance & Quality Report Executive Summary  
(enclosed) CP  
📎 Item 6.2 - SBAR for ESIPQR.pdf (4 pages)  
📎 Item 6.2 - ESIPQR May 2021.pdf (8 pages)

10:30 - 10:35 7. CHAIRPERSON’S REPORT  
5 min  
TM

## 7.1. Board Development Session - 27 April 2021

(enclosed) TM

Item 7.1 - Board Development Session Note 042721.pdf (1 pages)

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## 10:35 - 10:45 8. COVID-19 PANDEMIC UPDATE 10 min

### 8.1. Covid-19 Vaccination Programme

(enclosed) SG/BH

Item 8.1 - COVID-19 Vaccination - NHS Fife Board v1.0.pdf (5 pages)

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## 10:45 - 10:55 9. ANNUAL REVIEW OF CODE OF CORPORATE GOVERNANCE 10 min

(enclosed) GM

Item 9 - SBAR Board Revised Code of Corp Gov.pdf (3 pages)

Item 9 - Code of Corporate Governance MAY 21.pdf (122 pages)

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## 10:55 - 11:05 10. BOARD ASSURANCE FRAMEWORK 10 min

(enclosed) MM

Item 10 - SBAR on Board Assurance Framework (BAF) to Fife NHS BOARD on 25 May 2021 V 1.0.pdf (6 pages)

Item 10 - Appendix 1, NHS Fife BAF Financial Sustainability - FP& RC 110521.pdf (1 pages)

Item 10 - Appendix 2, NHS Fife BAF Environmental Sustainability - FP& RC 110521.pdf (1 pages)

Item 10 - Appendix 3, NHS Fife BAF Workforce Sustainability - SGC 290421.pdf (2 pages)

Item 10 - Appendix 4, NHS Fife BAF Quality & Safety - CGC 300421.pdf (1 pages)

Item 10 - Appendix 5, NHS Fife BAF Strategic Planning - CGC 300421 & FP&R 110521.pdf (1 pages)

Item 10 - Appendix 6, NHS Fife BAF Integration Joint Board (IJB) at 060421.pdf (1 pages)

Item 10 - Appendix 7, NHS Fife BAF - Digital and Information - CGC 300421.pdf (2 pages)

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## 11:05 - 11:15 11. JOINT REMOBILISATION PLAN 2021/22 10 min

(enclosed) MM

Item 11 - SBAR Board RMP3.pdf (3 pages)

Item 11 - Fife Remobilisation Plan 2021-2022 FINAL DRAFT.pdf (83 pages)

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## 11:15 - 11:20 12. STATUTORY AND OTHER COMMITTEE MINUTES 5 min

### 12.1. Audit & Risk Committee dated 13 May 2021 (unconfirmed)

(enclosed)

Item 12.1 - A&R Minute Template.pdf (1 pages)

Item 12.1 - Mins Audit Risk 051321v2mm unconfirmed.pdf (8 pages)

### 12.2. Clinical Governance Committee dated 30 April 2021 (unconfirmed)



(enclosed)

Item 12.2 - CGC Minute Template.pdf (1 pages)

Item 12.2 - Mins CGC dated 30 April 2021 V3 unconfirmed.pdf (17 pages)

### **12.3. Finance, Performance & Resources Committee dated 11 May 2021 (unconfirmed)**

*(enclosed)*

-  Item 12.3 - FPR Minute Template.pdf (1 pages)
-  Item 12.3 - Mins FP&R dated 11 May 2021 v2mm unconfirmed.pdf (10 pages)

### **12.4. Staff Governance Committee dated 29 April 2021 (unconfirmed)**

*(enclosed)*

-  Item 12.4 - SGC Minute Template - April 2021.pdf (1 pages)
-  Item 12.4 - Mins SGC Meeting dated 29.04.21 Unconfirmed.pdf (10 pages)



### **12.5. East Region Programme Board dated 5 February 2021**

*(enclosed)*

-  Item 12.5 - Mins RCAG ERPB 300421 050221.pdf (4 pages)


### **12.6. Fife Health & Social Care Integration Joint Board dated 19 February 2021 and 26 March 2021**

*(enclosed)*

-  Item 12.6 - Final Minute of IJB Meeting 190221.pdf (6 pages)
-  Item 12.6 - Final Minute of IJB Minute 26.03.21.pdf (7 pages)

### **12.7. Audit & Risk Committee dated 18 March 2021**

*(enclosed)*

-  Item 12.7 - Mins Audit & Risk 031821 confirmed.pdf (6 pages)

### **12.8. Clinical Governance Committee dated 11 March 2021**

*(enclosed)*

-  Item 12.8 - Mins CGC 11 March 2021 confirmed.pdf (8 pages)



### **12.9. Finance, Performance & Resources Committee dated 16 March 2021**

*(enclosed)*

-  Item 12.9 - Mins FPR dated 16.03.21 Final confirmed.pdf (7 pages)

### **12.10. Staff Governance Committee dated 4 March and Reconvened Meeting dated 9 March 2021**

*(enclosed)*

-  Item 12.10 - Mins SGC dated 04.03.21 confirmed.pdf (8 pages)
-  Item 12.10 - Mins SGC Reconvened Meeting dated 09.03.21 confirmed.pdf (4 pages)



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11:20 - 11:25  
5 min

## **13. FOR INFORMATION:**

### **13.1. Integrated Performance & Quality Report - March and April 2021**

*(enclosed)* MM

-  Item 13.1 - IPQR Mar 2021.pdf (47 pages)
  -  Item 13.1 IPQR Apr 2021.pdf (46 pages)
-

11:25 - 11:25  
0 min

#### **14. ANY OTHER BUSINESS**

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11:25 - 11:25  
0 min

**15. DATE OF NEXT MEETING: Tuesday 27 July 2021 at 10.00 am in the Staff Club, Victoria Hospital, Kirkcaldy (tbc)**



## **Fife NHS Board**

### **MINUTE OF THE FIFE NHS BOARD MEETING HELD ON WEDNESDAY 31 MARCH 2021 AT 10:00 AM VIA MS TEAMS**

#### **TRICIA MARWICK**

Chair

#### **Present:**

T Marwick (**Chairperson**)

C Potter, Chief Executive

L Bisset, Non-Executive Director

M Black, Non-Executive Director

S Braiden, Non-Executive Director

W Brown, Employee Director

E Clarke, Non-Executive Director

C Cooper, Non-Executive Director

R Laing, Non-Executive Director

A Lawrie, Non-Executive Director

M McGurk, Director of Finance & Strategy

C McKenna, Medical Director

D Milne, Director of Public Health

A Morris, Non-Executive Director

J Owens, Director of Nursing

M Wells, Non-Executive Director

#### **In Attendance:**

J Crichton, Divisional General Manager – Fife-wide

C Dobson, Interim Director of Acute Services

L Douglas, Director of Workforce

S Garden, Director of Pharmacy & Medicines

K MacGregor, Head of Communications

G MacIntosh, Head of Corporate Governance & Board Secretary

N McCormick, Director of Property & Asset Management

P King, Corporate Services Manager (Minutes)

## **1. Chairperson's Welcome and Opening Remarks**

The Chair welcomed everyone to the Board, in particular Aileen Lawrie, newly appointed Chair of the Area Clinical Forum, and Neil McCormick, Director of Property and Asset Management, who were both attending their first NHS Fife Board meeting. A welcome was also extended to Jim Crichton, deputising for Nicky Connor, Director of Health & Social Care at today's meeting. The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes. These recordings are also kept on file for any possible future reference.

The Chair began her opening remarks by recording grateful thanks, on behalf of the Board, to all staff of NHS Fife, including staff working in the Health & Social Care Partnership and beyond, for their continued efforts during the Covid-19 Pandemic. 23 March 2021 marked the first anniversary of the UK national lockdown and staff joined others across the nation to reflect on the impact Covid-19 has had on people, including the lives that have been lost to the virus and the pain that has brought to many.

The Chair advised that, as at 30 March 2021, second dose vaccinations had been delivered to all care homes in Fife. She thanked everyone who had participated in this successful and rapid roll out of the vaccination to this vulnerable population, especially the immunisation teams and care home staff.

It was noted that guidance has been received from Scottish Government for NHS Bodies on the conduct of business during the Scottish Local Government Elections campaign; Purdah restrictions came into force on 25 March 2021.

The Chair acknowledged that Dr Les Bisset was retiring from the Board today and she recorded warm thanks for his service to health care in Fife for over 50 years. She also commended his personal support and advice to her as Chair, and more generally his input across the Board. The Chair congratulated Rona Laing as the new Vice-Chair of the Board, noting she will take up that role from 1 April 2021.

On behalf of the Executive Team, the Chief Executive joined with the Chair in wishing Dr Bisset well for the future and she thanked him for providing good counsel as well as effective challenge and scrutiny as a Board member, in particular in his role as Chair of the Clinical Governance Committee.

Les Bisset took the opportunity to thank colleagues for their kind wishes. He had regarded it as a privilege to serve on the Board for the past seven years and he recorded thanks for the support of the Executive and Non-Executive Directors. He stated that NHS Fife was fortunate to have such great staff, who had risen to the occasion over the past year with the Covid-19 Pandemic, and he noted that the future of health services in Fife is in good hands. He wished the organisation all the best for the future.

## **2. Declaration of Members' Interests**

There were no declarations of interest made by members.

## **3. Apologies for Absence**

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

## **4. Minute of the last Meeting held on 27 January 2021**

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

## **5. Matters Arising**

There were no matters arising.

## **6. CHIEF EXECUTIVE'S REPORT**

### **6.1. Chief Executive Update**

Carol Potter highlighted the one-year anniversary of lockdown due to the Covid-19 Pandemic, which was a significant milestone professionally and personally. Since the Board last met, services remained busy, but she was pleased to note that the number of Covid-19 cases were reducing and, whilst it was important not to be complacent, coronavirus-related infection rates were going in the right direction. Staff had been incredible over the last few months in terms of their commitment, determination and resilience but she also reflected on their kindness and willingness to do the best for the people of Fife. The pressure of the Pandemic had taken its toll on staff, patients and families and the announcement from Scottish Government last week regarding additional funding for Mental Health services was to be greatly welcomed.

Carol Potter announced that confirmation has been received from the Director-General Health & Social Care and Chief Executive NHS Scotland that NHS Scotland will remain on an emergency footing until at least 30 June 2021. This will continue to influence how we operate and prioritise.

At the last meeting, it was noted that Dona Milne had resigned from NHS Fife to take up the post of Director of Public Health at NHS Lothian later this year. Carol Potter was pleased to confirm the appointment of Dr Joy Tomlinson into that role, taking up post on 31 May 2021. Dr Tomlinson was currently working in Ayrshire & Arran Health Board.

The Board **noted** the update provided.

### **6.2 Integrated Performance & Quality Report (IPQR) Executive Summary**

Carol Potter introduced the Executive Summary produced in February 2021, which was previously submitted and considered through the three governance committees in March. Executive leads and Committee Chairs highlighted areas of significance within the IPQR, in particular:

#### **Clinical Governance**

Close monitoring of the relationship between inpatient falls and inpatient falls with harm continued, with a slight increase noted, largely attributed to the way hospitals had been configured to accommodate the Red, Amber and Green pathways due to Covid-19. As the number of Covid-19 cases reduce it was important to ensure patients are on the correct pathway for their condition. Chris McKenna was delighted to advise that infection rates in respect of Staphylococcus Aureus Bacteraemia (SAB) were at the lowest rate ever recorded. A small cluster had been identified recently and this was being monitored, with improvement work ongoing in that area. The Chair of the Clinical Governance Committee emphasised the achievement in relation to SABs, with the lowest annual number of SABs on record in 2020 and no recorded Methicillin-resistant Staphylococcus (MRSA) SABS, which is an incredible accomplishment. All staff were commended, particularly for maintaining this level of performance during the pandemic.

## **Finance, Performance & Resources**

NHS Fife Acute Division – Performance shown is for December 2020 and reflects ongoing pressures as a result of the Pandemic, particularly around the key targets of 4-Hour Emergency Access, Patient Treatment Times Guarantee (TTG) and New Outpatient Referrals. Recovery performance against Diagnostics continued in December; however, there were breaches for Endoscopy tests. Performance related to Cancer 62-day Referral to Treatment was challenging, with breaches in Urology, but Members were assured that cancer care remains a priority for the Acute Services Division.

Health & Social Partnership (H&SCP) – performance in the key indicators of Psychological Therapies and Child and Adolescent Mental Health Services (CAMHS) had seen improvement in the last quarter. Performance around Alcohol Brief Interventions had also improved over the last quarter, albeit not quite at target. In responding to a query on performance in relation to Drug & Alcohol Treatment Times, Jim Crichton agreed to provide by email further information to Martin Black.

**Action: J Crichton**

Financial Position – The financial position to the end of December 2020 continued to be challenging both in terms of the level of uncertainty in relation to the impact of Covid-19 on the in-year expenditure position and the complexity of managing the core position due to the pausing of elective services during the year.

Whilst the revenue position to 31 December 2020 reflects an overspend of £2.8m, a forecast outturn to the year-end is a balanced position. The January 2021 position has now been reported and it was highlighted that Scottish Government has allocated the full costs associated with the impact of Covid-19, including covering the undelivered savings, which drives a marked improvement in the in-year position and helps confirm a balanced position at year-end. A review of further potential underspends in the last quarter is underway across the organisation and H&SCP to try and manage the position, which has arisen largely as a result of the pause of activity beyond that originally anticipated in Quarter 4.

The capital position remained on track, with all plans progressing, and it was expected to deliver full spend against the allocation of £13.3m.

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

## **Staff Governance**

An update was provided in relation to the sickness absence rate, noting performance is currently at 5.87%. Whilst this was a reduction, the overall trend is of an increase and in keeping with seasonal trends for absence over the winter period. The position in relation to Covid-19 absences was highlighted. The Staff Governance Committee noted that the absence rate had fluctuated throughout the year and understood the reasons for that, but work continued to reduce further and provide support to staff to return to work if they had been absent and remain at work despite illnesses. The

recent confirmation of shielding being lifted would see these staff return to work with the appropriate support wrapped around them.

The Chair of the Staff Governance Committee commented on the positive change in culture, which was being fed back from staff-side colleagues, and reflected the whole system working together to support one another. Also important were the investments made through the work of the Board of Trustees and Endowment Sub-Committee, such as the staff hubs, to ensure staff know they are valued and supported and she emphasised the need for this to continue going forward. Wilma Brown echoed the feedback from the staff side around a positive change in culture and greater support for staff, which was a tremendous achievement, particularly bearing in mind the difficulties of the last year.

The Chair thanked the Chairs of the Governance Committees for their comments, and pledged to ensure that the Board and Board of Trustees of Fife Health Charity continued to recognise the importance of its staff and how much they are valued for the work they do for the people of Fife, to ensure that support is carried on in the times ahead. The Chair also paid tribute to the job undertaken by the Employee Director on behalf of the Board and she thanked Wilma Brown personally for the work she has undertaken recently in the wards and vaccination hubs.

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

## **7. CHAIRPERSON'S REPORT**

It was noted that the Chair continued to meet on a fortnightly basis with Ministers in Scottish Government and on a monthly basis with the NHS Scotland Board Chairs and the Cabinet Secretary.

### **7.1 Board Development Session – 24 February 2021**

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

## **8. COVID-19 PANDEMIC UPDATE**

### **8.1. Covid-19 Pandemic Update**

Dona Milne provided an update on the Pandemic and confirmed that, in the last seven days, there had been 192 cases in Fife, which was a slight improvement, with a test positivity rate of 2.3% and an EDR presently sitting at 0.7. Whilst this was encouraging and confirmed a steady position at the current time, work was being undertaken in communities to try and reduce infection rates further.

Children had returned to school and close working was underway with education colleagues to ensure effective systems remained in place to support that to continue. There had also been a reduction in cases within care home settings and thanks were recorded to staff within care homes who had worked extremely hard during these times to keep people safe and keep the virus outwith the care homes. Cases were still being

seen in local settings and local workplaces and the population was reminded of the need to continue to maintain the public health effort.

Whilst the vaccination programme continued apace, two doses of the vaccine was required, noting that this would prevent people becoming as unwell and help to reduce deaths. It was not yet known if the vaccine reduced transmission and it was important therefore to remain vigilant with public health measures, particularly as restrictions begin to be lifted over the coming weeks.

The Chair recorded thanks to Dona Milne and the team for the work being undertaken to try and reduce the levels of Covid-19 infection in the community.

The Board **noted** the update.

## **8.2. Covid-19 Vaccination Progress Update**

Scott Garden referred to the paper, which provided an update on developments, priority areas, programme planning and additional information that had become available to NHS Fife. Attention was drawn to the number of vaccinations that had already been given: 198,000 as at close of play on 30 March 2021 (split 185,000 first doses and 13,000 second doses), with Fife performance sitting above the national average.

NHS Fife continued to follow the Scottish and UK Government direction on prioritisation of the cohorts in line with the Joint Committee on Vaccination and Immunisation (JCVI), offering appointments to those aged 50 and over, front-line health and social care staff and those classed as clinically vulnerable and at risk. We were on track to complete these by close of play today. Second doses had been provided to those who live and work in care homes and this cohort will be completed this week, which is a significant milestone in the vaccination programme and efforts to protect those in Fife most vulnerable to the effects of Covid-19. Progress was also being made by GPs with the second vaccination of those over 80 and housebound, which was on schedule to be completed by the second week in April. Second doses were also being provided to frontline health and social care staff through staff vaccination clinics. Any citizen that had been missed by the national scheduling tool or reflected in the DNA rates not yet vaccinated was being actively followed up.

From this point onwards, eligibility will be by declining age bands until the whole adult population has been vaccinated in line with JCVI advice. Direction was awaited on the commencement of the next cohort (aged 40 – 49) in line with vaccine supply. There had been media coverage about the slowdown of the vaccine supply during April, but NHS Fife is well placed to manage this position. Work to finalise larger scale vaccination venues in four key areas in Fife was noted in the paper, together with an update on recruitment of the substantive immunisation workforce.

The Equality Impact Assessment had been updated. It was noted that those who face health inequalities are harder to reach populations and work was being led by Public Health focused on a person-centred approach and good progress was being made.

Scott Garden noted thanks to a wide range of NHS and contractor staff who made themselves available during some challenging times. Their support had been invaluable to maintaining delivery of the programme overall.

In responding to questions, Scott Garden detailed the situation regarding the Moderna vaccine, which was a practical decision to make best use of the vaccine with limited disruption to other Boards. He also responded to the widespread media coverage of decisions by neighbouring EU countries to pause the use of the AstraZeneca vaccine and noted that the MHRA had provided robust assurance on the safety of the vaccine following a detailed review. From the information provided from MHRA, there were no plans to change the stance about how the vaccination programme is being delivered. NHS Fife has issued Frequently Asked Questions to health care professionals and vaccinators inclusive of GPs and Community Pharmacists and anyone with a health concern can get further information via GPs or the national helpline.

The Chair commended delivery of the vaccination programme to date and thanked everyone involved for their efforts to ensure the people of Fife are protected as quickly as possible within vaccine supply.

The Board **noted** the progress and updated information regarding the development Covid-19 vaccination plans and was supportive of the actions taken.

### **8.3. Covid-19 Testing in Fife**

The report provided an update on proposed and existing testing policy and activity within Fife. It provided an additional summary of proposals to augment testing carried out across Fife and summarised the main areas of risk and mitigation actions in place. A more detailed paper had been provided to the Clinical Governance Committee and scrutinised by them at their meeting earlier in March.

Dona Milne noted that asymptomatic community testing had been a major focus over the past few months and it was now appropriate to review the position and consider what testing activity might look like until September, which is the period for which funding has been provided by Scottish Government. The current locations of the testing sites within Fife were outlined and people were encouraged to access the NHS Fife website to locate the latest testing sites. Members were reminded that sites were targeted using wastewater sampling to identify undetected Covid-19 and areas where there is a lower uptake of testing. A major focus of the testing strategy is supporting people to isolate, by assisting with food supply, collection of medicines, etc, and this has been very successful, with evidence building across the country about the importance of supported isolation. NHS Fife was also contributing to the national evidence base in Scotland about what interventions do and do not work, and this is also assisting to improve communications with the support of both the NHS Fife and Fife Council Communications teams.

It was noted that overall 3,354 tests had been taken through community testing programmes; 92% did not have symptoms and there was a 3% test positivity rate from these samples.

The Chair of the Clinical Governance Committee acknowledged that the testing process would require to be continued for some considerable length of time, into next year. The people of Fife had a wide range of testing opportunities available to them and the Committee were anxious for these to be made use of, particularly considering the benefits of supported isolation. Dona Milne and her team were congratulated for the work done to manage outbreaks and to recruit and train staff to follow up on patients that had been tested.

In responding to questions, Dona Milne confirmed that the potential risks currently considered through the Testing Oversight Group to the Public Health Assurance Committee would now be incorporated into the Board Assurance Framework, given it was now viewed as a longer term programme. It was also timely for an EQIA to be produced more formally for the Covid-19 testing programme.

The Chair wished to record thanks to everyone who has contributed to the testing programme, noting that the measures put in place to assist people who must isolate has added to the success of the Covid-19 testing scheme in Fife.

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

## 9. NATIONAL WHISTLEBLOWING STANDARDS

Linda Douglas introduced the paper, which provided an update on the National Whistleblowing Standards that will go live from 1 April 2021. Attention was drawn to the new role of the Independent National Whistleblowing Officer (INWO), the first of its kind in the UK, which provides a mechanism for external review of how a Health Board, primary care or independent provider handles a whistleblowing case.

Following the resignation of the NHS Fife Whistleblowing Champion in November 2020, there is a recruitment process presently ongoing for a replacement to join the Board as a Non-Executive Whistleblowing Champion, and a formal announcement of that appointment is expected in early May, after the purdah period ends.

Linda Douglas assured the Board that the existing Whistleblowing arrangements continued up to 31 March 2021 and would be superseded by the new standards on 1 April 2021.

Questions were asked around communication of the changes to staff, particularly in ensuring there is an equitable communication plan for staff at all levels, and that staff feel confident to raise any concerns. Also discussed was what difference implementation of the new standards will make and how we as a Board will evaluate the effectiveness of the new standards. These were responded to.

The Chair thanked Linda Douglas and the team for their efforts in preparing for implementation of the new standards. She proposed that the Whistleblowing Standards be a discussion topic at a future Board Development Session, once the new Whistleblowing Champion Non-Executive Director was in post.

The Board **noted** the content of the Whistleblowing Standards update and NHS Fife's readiness for adoption of these standards from 1 April.



## **10. EQUALITY AND HUMAN RIGHTS**

### **10.1. / Equality and Human Rights Mainstreaming Report**

### **10.2. NHS Fife Equality Outcomes for Period 2021 - 2025**

Janette Owens referred to the NHS Fife Equality Mainstreaming Report, which provided an update on work undertaken over the past four years to progress the agreed set of equality outcomes for the period 2017-2021. The report also contained details of NHS Fife mainstreaming activity across different services (although not exhaustive) and how it is intended to continue to make progress against these actions during the next four year period. The Equality Outcome Plan for the next four year period, 2021-2025, was also considered.

The report contained good examples of work taken forward and specific mention was made about the use of iPads for interpreting services, 'Interpreter on wheels' in wards and departments, which had been particularly valuable given the reduced face to face contact during the past year, and 'Mums Matter', an initiative with the gypsy traveller community where mums are engaging with family nurse partnerships (NHS Fife is the first Board in Scotland where this has happened).

Rona Laing, Equality & Diversity Champion for NHS Fife, commended the report and highlighted the interesting case study involving our British Sign Language provider and maternity services, which again showed the huge benefit of the interpreting service.

The Chair thanked Janette Owens and the team for the work undertaken to ensure NHS Fife complies with the Equality Act 2010 and Public Sector General Duty 2011.

The Board **agreed** these documents for publication by end of March 2021, in line with the requirements of the Equality Act 2010.

## **11. INTERIM PROPERTY AND ASSET MANAGEMENT STRATEGY (PAMS) 2020**

The retrospective document provided an update on the 2020 Property and Asset Management Strategy (PAMS) as required by the State of the NHS Scotland Assets and Facilities Report Programme. Submission to Scottish Government is every two years, with an interim PAMS update report required every other year. A further, more detailed, PAMS document is being developed for the summer of 2021 and will be considered through the governance structure in due course.

Neil McCormick reported that behind the document was a comprehensive set of data that explained the condition, fabric and backlog maintenance in the estate across Fife. As things move forward there will be more emphasis on regional and national infrastructure plans and it is therefore important that, as the clinical and health and wellbeing strategies are refreshed, our facilities deliver those objectives, taking particular cognisance of the changing digital technology, which is something that will be investigated in future reports. Reference was made to key strategy developments such as the Fife Mental Health Strategy and the Fife Elective Orthopaedic Centre development, which will allow NHS Fife to change how services are provided in Victoria Hospital, certainly around planned and urgent care. Community hospital sites

are also being looked at to review the condition and suitability of those and how to make the best use of these assets going forward.

The Chair of the Finance, Performance & Resources Committee confirmed that the Committee had discussed the document at length at its last meeting and the importance of ensuring that the PAMS linked with the revised Clinical Strategy was recognised.

The Board **noted** and **approved** the 2020 Interim PAMS.

## **12. UPDATE ON REVIEW OF THE HEALTH AND SOCIAL CARE INTEGRATION SCHEME**

The paper provided an update on the work undertaken in line with the Public Bodies (Joint Working) Scotland Act 2014, which set out the requirement to review the Integration Joint Board (IJB) Integration Scheme within a 5-year period, which requires both NHS Fife and Fife Council to submit an updated integration scheme by 31 March 2021.

Most of the work of the review has concluded, with a few minor tweaks to be made following further feedback. The largest outstanding aspect is in the finance section around the risk share arrangement and Margo McGurk is reviewing with the colleagues in Fife Council. It was noted that the current risk share arrangement remains in place. The Chief Officers of NHS Fife, Fife Council and the H&SCP have made a commitment to undertake a focused review of the last part of the Integration Scheme in the first quarter of the new financial year and submit formally to the Board and Scottish Government by 30 June 2021.

It was noted that the revised Integration Scheme will also bring forward revised arrangements for governance, which may impact on the Board's committees, and consideration is being given to directing this more formally via the Finance, Performance & Resources Committee to allow scrutiny through that route. A meeting has been arranged with the Chair of the Committee to discuss further. As the Integration Scheme requires Board approval, Carol Potter will discuss the approval route with the Chair of Board.

In response to questions, Margo McGurk provided an update on discussions with the Chief Finance Officer, H&SCP, on the budget position for the IJB. She confirmed that she was comfortable that the financial planning assumptions around the health delegated budgets were reflected correctly in the paper to the IJB at its meeting last week, but the budget could not be approved until the NHS Fife budget is approved by Scottish Government. A letter was expected imminently but it was unlikely that the NHS Fife budget position would be fully approved due to a significant issue around brought-forward savings from the previous financial year.

Margaret Wells asked that the Non-Executive Directors who are also IJB Board Members be kept involved in the outcome of discussions.

The Board **noted** the update for information.

### **13. STATUTORY AND OTHER COMMITTEE MINUTES**

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

- 13.1. Audit & Risk Committee dated 18 March 2021 (unconfirmed)
- 13.2. Clinical Governance Committee dated 11 March 2021 (unconfirmed)
- 13.3. Finance, Performance & Resources Committee dated 16 March 2021 (unconfirmed)
- 13.4. Staff Governance Committee dated 4 March 2021 (unconfirmed) and Reconvened Meeting dated 9 March 2021 (unconfirmed)
- 13.5. Communities & Wellbeing Partnership dated 1 March 2021 (unconfirmed)
- 13.6. East Region Programme Board dated 6 November 2020
- 13.7. Fife Health & Social Care Integration Joint Board dated 4 December 2021
- 13.8. Fife Partnership Board dated 23 February 2021 (unconfirmed)

#### **Approved Minutes**

- 13.9. Audit & Risk Committee dated 19 January 2021
- 13.10. Clinical Governance Committee dated 14 January 2021
- 13.11. Finance, Performance & Resources Committee dated 12 January 2021
- 13.12. Staff Governance Committee dated 13 January 2021

### **14. FOR INFORMATION**

The Board **noted** the items below:

#### **14.1. Integrated Performance & Quality Report – January and February 2021**

### **15. ANY OTHER BUSINESS**

None.

### **16. DATE OF NEXT MEETING:** Tuesday 25 May 2021 at 10:00 am, via MS Teams.

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

<b>Meeting:</b>	<b>NHS Fife Board</b>
<b>Meeting date:</b>	<b>25 May 2021</b>
<b>Title:</b>	<b>Executive Summary Integrated Performance &amp; Quality Report</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Performance</b>
<b>Report Author:</b>	<b>Susan Fraser, Associate Director of Planning &amp; Performance</b>

## 1 Purpose

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

- Discussion

**This report relates to the:**

- Annual Operational Plan (AOP), as impacted by the Joint Fife Remobilisation Plan (RMP2)

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

This report informs the NHS Fife Board of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is (with certain exceptions due to a lag in data availability) up to the end of February 2021.

### 2.2 Background

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

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

## 2.3 Assessment

### Clinical Governance

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

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

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

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

### Staff Governance

The Staff Governance aspect of the report covers Sickness Absence.

Measure	Update	Local/National Target	Current Status
Sickness Absence	Monthly	4.39% for 2020/21 (4.00% is the LDP Standard)	5.03% in February 2021 (worse than the planned improvement trajectory for 2020/21 at this stage, and may be misleading in view of way that COVID-19-related absence is being reported)

### Finance, Performance & Resources

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

#### Operational Performance

Measure	Update	Target	Current Status
IVF WT	Monthly	100%	Achieving
4-Hour Emergency Access	Monthly	95%	Not achieving
New Outpatients WT	Monthly	95%	Not achieving
Diagnostics WT	Monthly	100%	Not achieving
Patient TTG	Monthly	100%	Not achieving
18 Weeks RTT	Monthly	90%	Not achieving
Cancer 31-Day DTT	Monthly	95%	Achieving
Cancer 62-Day RTT	Monthly	95%	Not achieving
Detect Cancer Early <sup>1</sup>	Quarterly	29%	Not achieving
FOI Requests	Monthly	85%	Achieving
DD (Bed Days Lost)	Monthly	5%	Not achieving
Antenatal Access	Monthly	80%	Achieving
Smoking Cessation	Monthly	100%	Not achieving
CAMHS WT	Monthly	90%	Not achieving
Psy Ther WT	Monthly	90%	Not achieving
ABI (Priority Settings) <sup>2</sup>	Quarterly	80%	Not achieving
Drugs & Alcohol WT	Monthly	90%	Achieving

## Finance

Measure	Update	Target	Current Status
Revenue Expenditure	Monthly	Break even	Achieving
Capital Expenditure	Monthly	£13.634m	Achieving

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

<sup>2</sup> NHS Fife fractionally missed the target for 2019/20, but this was due to the delivery of interventions in an A&E setting being paused during the pandemic – data collection for 2020/21 continues to be impacted, and there has been no guidance on expected achievement from the Scottish Government

### 2.3.1 Quality/ Patient Care

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

### 2.3.2 Workforce

Not applicable.

### 2.3.3 Financial

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

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

Not applicable.

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

Not applicable.

#### **2.3.6 Other impact**

None.

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

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

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

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

### **2.4 Recommendation**

The NHS Fife Board is requested to:

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

### **3 List of appendices**

None

#### **Report Contact**

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# Fife Integrated Performance & Quality Report

## Executive Summary

for the Report Produced in April 2021





# Introduction

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

The ESIPQR comprises of the following sections:

## I. Executive Summary

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

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

- Staff Governance 29<sup>th</sup> April 2021
- Clinical Governance 30<sup>th</sup> April 2021
- Finance, Performance & Resources 11<sup>th</sup> May 2021

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

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

# I. Executive Summary

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

Colour-coding is used in this table and also in the various drill-down charts and tables to illustrate performance relative to target and to other Mainland Health Boards.

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

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

## a. LDP Standards & Key Performance Indicators

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The current performance status of the 29 indicators within this report is 13 (45%) classified as **GREEN**, 3 (10%) **AMBER** and 13 (45%) **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:

- ECB infection rate – significant reduction in cases in February, and rate now better than the improvement trajectory (as is currently the case for C Diff and SAB)
- Complaints Stage 1 Closure Rate – monthly and rolling quarterly closure rates the highest since reporting started
- CAMHS and Psychological Therapies Waiting Times – number of clients starting treatment within 18 week of referral in both services at their highest levels for over 3 years

## b. National Benchmarking

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National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 7 (25%) within upper quartile, 14 (48%) in mid-range and 8 (27%) 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	£13.634m
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	Feb-20	22	Jan-21	29	Feb-21	20	↑
Year Ending	Sep-19	1.04	Jun-20	1.00	Sep-20	1.01	↓
Month	Feb-20	7.37	Jan-21	8.80	Feb-21	9.59	↓
Month	Feb-20	1.13	Jan-21	1.66	Feb-21	2.08	↓
Month	Feb-20	0.81	Jan-21	1.00	Feb-21	1.53	↓
Quarter Ending	Dec-19	2.3%	Sep-20	2.2%	Dec-20	2.4%	↓
Quarter Ending	Feb-20	11.9	Jan-21	21.7	Feb-21	19.4	↑
Quarter Ending	Feb-20	4.3	Jan-21	10.6	Feb-21	11.9	↓
Quarter Ending	Feb-20	7.6	Jan-21	5.1	Feb-21	3.9	↑
Quarter Ending	Feb-20	2.2	Jan-21	2.1	Feb-21	6.5	↓
Quarter Ending	Feb-20	44.5	Jan-21	51.0	Feb-21	33.6	↑
Quarter Ending	Feb-20	33.0	Jan-21	33.0	Feb-21	33.0	↓
Quarter Ending	Feb-20	75.6%	Jan-21	78.8%	Feb-21	88.2%	↑
Quarter Ending	Feb-20	38.7%	Jan-21	31.3%	Feb-21	30.1%	↓
Month	Feb-20	100.0%	Jan-21	100.0%	Feb-21	100.0%	↔
Month	Feb-20	90.1%	Jan-21	90.1%	Feb-21	91.1%	↑
Month	Feb-20	85.4%	Jan-21	57.4%	Feb-21	48.6%	↓
Month	Feb-20	94.7%	Jan-21	51.2%	Feb-21	48.0%	↓
Month	Feb-20	99.5%	Jan-21	89.2%	Feb-21	76.2%	↓
Month	Feb-20	95.3%	Jan-21	97.9%	Feb-21	97.5%	↓
Month	Feb-20	79.2%	Jan-21	82.4%	Feb-21	80.7%	↓
Month	Feb-20	80.1%	Jan-21	73.7%	Feb-21	73.6%	↓
Year Ending	Jun-19	27.2%	Mar-20	24.6%	Jun-20	23.5%	↓
Quarter Ending	Feb-20	67.4%	Jan-21	87.5%	Feb-21	89.3%	↑
Month	Feb-20	7.8%	Jan-21	4.9%	Feb-21	6.2%	↓
Month	Feb-20	71	Jan-21	38	Feb-21	54	↓
Month	Nov-19	87.5%	Oct-20	89.7%	Nov-20	88.4%	↓
YTD	Dec-19	87.9%	Nov-20	54.3%	Dec-20	50.6%	↓
Month	Feb-20	74.1%	Jan-21	83.0%	Feb-21	88.1%	↑
Month	Feb-20	69.0%	Jan-21	77.1%	Feb-21	84.0%	↑
YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑
Month	Nov-19	96.0%	Oct-20	90.9%	Nov-20	96.1%	↑
Annual	2017/18	86.7%	2018/19	93.7%	2019/20	94.8%	↑
Annual	2017/18	55.4%	2018/19	60.9%	2019/20	58.2%	↓
Month	Feb-20	N/A	Jan-21	-£3.987m	Feb-21	-£4.200m	↑
Month	Feb-20	N/A	Jan-21	£6.832m	Feb-21	£8.551m	↑
Month	Feb-20	5.51%	Jan-21	5.04%	Feb-21	5.03%	↑

Benchmarking			
●	Upper Quartile		
●	Mid Range		
●	Lower Quartile		
Reporting Period	Fife	Scotland	
N/A			
YE Sep-20	1.01	●	1.00
N/A			
N/A			
N/A			
QE Dec-19	2.3%	●	0.9%
QE Dec-20	20.6	●	18.8
QE Dec-20	12.8	●	9.6
QE Dec-20	7.7	●	16.1
QE Dec-20	2.1	●	4.3
QE Dec-20	50.3	●	40.9
QE Dec-20	27.0	●	37.9
2019/20	71.5%	●	79.9%
2019/20	35.7%	●	51.8%
N/A			
Feb-21	91.1%	●	86.2%
Dec-20	64.3%	●	37.0%
Dec-20	57.0%	●	47.8%
Dec-20	96.0%	●	55.9%
QE Dec-20	99.0%	●	98.6%
QE Dec-20	84.5%	●	86.2%
QE Dec-20	67.6%	●	71.7%
2018, 2019	26.1%	●	25.6%
N/A			
QE Sep-20	6.8%	●	5.1%
Feb-21	14.46	●	12.03
FY 2019/20	89.0%	●	88.3%
FY 2019/20	92.8%	●	97.2%
QE Dec-20	82.8%	●	73.1%
QE Dec-20	73.6%	●	80.0%
FY 2019/20	79.2%	●	83.2%
QE Dec-20	94.3%	●	95.7%
2018/19	93.7%	●	75.1%
2018/19	60.9%	●	43.4%
N/A			
N/A			
YE Mar-20	5.49%	●	5.31%



## d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
<b>HSMR</b>	1.00	N/A	N/A	YE Sep-20	1.01	YE Sep-20	●
The HSMR for NHS Fife for the year ending September 2020 fell slightly in comparison to the year ending June 2020, and was marginally above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.							
<b>Inpatient Falls (with Harm)</b> Reduce falls with harm by 20% by December 2020	2.16	Feb-21	2.16	Feb-21	2.08	N/A	N/A
There is a continued higher rate of falls with harm in in-patient settings than recorded at the same period last year. Activity described in the refreshed workplan includes the learning from care delivery during this time, with local review and improvement work underway. The impact of COVID on community inpatients wards led to a pause in improvement activity however this work has now re-started.							
<b>Pressure Ulcers</b> 50% reduction by December 2020	0.42	Never Met	0.42	Feb-21	1.53	N/A	N/A
ASD: Two clinical areas have been identified to participate in the next pressure ulcer improvement project. Project teams were given 4-6 weeks to carry out preparatory study before the project period began. Regular meetings are scheduled throughout the project. HSCP: The pressure ulcer rate in the community inpatient setting was 0.80 in February, significantly higher than in most previous months. However, there have been no grade 4 and only 4 grade 3 (4%) pressure ulcers reported in the last 12 months.							
<b>Caesarean Section SSI</b> 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	●
Since the start of the Covid-19 pandemic, all mandatory SSI surveillance has remained paused. However, Maternity Services have continually monitored Caesarean Section SSI cases and where required (in the case of Deep or Organ Space) carried out SSI Clinical Reviews. This remains the case at the present time. Please note that the performance data provided is non-validated and does not follow the agreed NHS Fife Methodology. It is important to note that there has been no national comparison data published since Q4 2019.							
<b>SAB (MRSA/MSSA)</b> We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022	18.8	QE Feb-21	19.5	QE Feb-21	19.4	QE Dec-20	●
Surveillance of SABs has continued throughout the COVID-10 pandemic. There were just two HCAI in February, and NHS Fife is achieving the trajectory for the 10% reduction target, to be met by March 2022. There has been one further ventilator associated pneumonia SAB in ICU in March, following two cases in January, but the incidence of these is expected to reduce as ICU COVID case incidence decreases.							
<b>C Diff</b> We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022	6.5	QE Feb-21	6.7	QE Feb-21	3.9	QE Dec-20	●
CDI surveillance has continued throughout the COVID-19 pandemic. NHS Fife remains below the national rate for HCAI and CAI CDIs, and also below the improvement trajectory for a 10% reduction by March 2022. Reducing the incidence of recurrence of infection continues to be addressed, to assist reducing the rates further.							
<b>ECB</b> We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022	33.0	QE Feb-21	36.6	QE Feb-21	33.6	QE Dec-20	●
ECB surveillance has continued throughout the pandemic. The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022 and we are currently below the trajectory line and in line to achieve this. Reducing CAUTI ECBs and UTIs is the focus for quality improvement, to achieve this target.							
<b>Complaints - Stage 2</b> At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Feb-21	30.1%	FY 2019/20	●
There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescale. Complaint numbers continue to rise and there is a noted increase in the complexity of the complaints received. Although starting to reduce, PRD has responded to a high number of concerns and Stage 1 complaints relating to Covid vaccination appointments.							




### Clinical Governance Committee Meeting Issues and Comments

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



Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
<b>4-Hour Emergency Access</b> 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Sep-20	95%	Feb-21	91.1%	Feb-21	●
Attendances remain below projected numbers, and there was a slightly improved performance in February, with a significant reduction in breaches for bed waits indicating a better overall hospital occupancy position.							
<b>Patient TTG (Ongoing Waits)</b> All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	N/A	Feb-21	48.6%	Dec-20	●
Waiting times performance recovery continued to slow in January and February as the Acute Hospital had to contend with the second wave of the COVID-19 pandemic and cancelled non-urgent elective surgery. At the end of February, the waiting list was 16% lower than at the end of February 2020 but 51% were waiting greater than 12 weeks for treatment compared to 15% in February 2020. Efforts are continuing to mitigate the situation, with particular attention focusing on urgent referrals whilst routine activity recommenced in March. A recovery plan has been developed and discussions are underway with Scottish Government to secure the additional resources required to deliver the plan.							
<b>New Outpatients</b> 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	N/A	Feb-21	48.0%	Dec-20	●
Waiting times performance recovery continued to slow in January and February as the Acute Hospital had to contend with the second wave of the COVID-19 pandemic which resulted in the suspension of routine activity. At the end of February, the waiting list was 42% higher than at the end of February 2020, with 52 % waiting more than 12 weeks compared to 5% waiting more than 12 weeks in February 2020. Efforts are continuing to mitigate the situation, with particular attention focusing on urgent referrals whilst routine activity recommenced in March. A recovery plan has been developed and discussions are underway with Scottish Government to secure the additional resources required to deliver the plan.							
<b>Diagnostics</b> 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)	100%	Apr-16	N/A	Feb-21	76.2%	Dec-20	●
Having recovered performance for diagnostics in Q3 of 2020/21 the onset of the second wave of the COVID-19 pandemic resulted in the suspension of routine activity during January and February and a resultant deterioration in performance, with 76% of patients waiting more than 6 weeks at month end. There were breaches both for Endoscopy and Imaging tests, however urgent (including urgent cancer) diagnostic tests were prioritised. It will be a major challenge to recover this performance in the new FY, with referrals anticipated to rise and activity continuing to be restricted due to the need for social distancing. With routine activity recommencing a recovery plan has been developed and discussions are underway with Scottish Government to secure the additional resources required to deliver the plan.							
<b>Cancer 62-Day RTT</b> 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	N/A	Feb-21	80.7%	QE Dec-20	●
February continued to see challenges in the 62 day performance. There were delays to breast surgery due to vacancy, but a locum is now in post. Routine staging and investigations contributed to the majority of breaches seen and the range of breaches were 4 to 55 days, with an average breach time of 17 days.							
<b>FOI Requests</b> At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	QE Feb-21	85%	QE Feb-21	89.3%	N/A	N/A
NHS Fife has now completed 6 months under the new process for responding to requests for information, managed by specialist FOI staff. In that period, 287 requests have been closed. The rollout of newly drafted FOISA training for NHS and IJB personnel has started, in order to assist with the team interaction and engagement with FOI duties and obligations as well as solidifying sign-off arrangements for responses to requests. Planning for the delivery of a new Publication Scheme for NHS Fife is now underway.							
<b>Delayed Discharge</b> The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jan-21	5%	Feb-21	6.2%	QE Sep-20	●
The number of bed days lost due to patients in delay rose in February and is again above the target 5%. This is due to a combination of normal winter pressures (occupancy levels, ward closures due to significant covid outbreaks and care home closures across Fife), and the continued requirement to accommodate amber pathways to manage the pandemic.							



Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
<b>Smoking Cessation</b> Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT Dec-20	50.6%	FY 2019/20	
Remote service provision is continuing, including established pathway to medications, and there has been a steady increase in number of clients self referring to the service (over 450 clients have contacted the service during the pandemic). From January, the specialist stop smoking midwife service staff have been deployed to clinics / long term absence, but the specialist service has agreed to provide support to pregnant mums until normal service can resume. The midwife service operates an opt-out service, requiring a call to every pregnant mum identified as a smoker following referral from midwife at booking. To date, over 60 mums have been referred, with a third of these keen to engage in a quit attempt.							
<b>CAMHS Waiting Times</b> 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	N/A	Feb-21	88.1%	QE Dec-20	
Fife CAMHS RTT has continued to increase towards the national standard of 90%, however this reflects the current need to focus the majority of the staffing resource on priority and urgent presentations at the expense of those who have waited the longest. Funding approval for additional staff has been provided by Fife HSCP. Once posts are recruited to, this will provide the capacity to achieve a more sustainable approach to reaching the RTT whilst at the same time permanently reducing the waiting list.							
<b>Psychological Therapies</b> 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	N/A	Feb-21	84.0%	QE Dec-20	
February's improved RTT performance is influenced by expansion in capacity in cCBT services with low waiting times and also reduced activity due to staff AL. In addition, pressures in some areas to deal with urgent/priority referrals mean that relatively few longest waiting patients began treatment. The waiting list profile and demand–capacity gap in some service tiers remains of most relevance to the RTT trajectory.							

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile	
<b>Revenue Expenditure</b> Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Feb-21	-£ 4.200m	N/A N/A
<p>The position to month 11 is an underspend of £4.2m and the forecast underspend to the year end is £2.1m. The underspend position is driven largely by continued pausing of our elective activity in Q4 and a lower than planned level of critical care bed provision. Dialogue continues with Scottish Government colleagues to discuss the management of this residual forecast underspend.</p> <p>In our forecast we have assumed the creation of an IJB earmarked reserve for Health Delegated, comprising: core underspend (arising post the budget realignment process to Social Care highlighted last month); any qualifying Covid funding underspend; and qualifying late funding allocations.</p>						
<b>Capital Expenditure</b> Work within the capital resource limits set by the SG Health & Social Care Directorates	£13.634m	N/A	£13.634m	Feb-21	£8.551m	N/A N/A
<p>The total Capital Resource Limit for 2020/21 is £13.634m including anticipated allocations for specific projects. The capital position for the 11 months to February records spend of £8.551m equivalent to 62.71% of the total allocation. The capital spend on the specific projects is on track to spend in full, notwithstanding the end loaded spend profile as in any financial year.</p>						

## Finance, Performance & Resources Committee Meeting Issues and Comments

There are no items from the IPQR that require to be escalated to the Board.

Staff Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile
<b>Sickness Absence</b> To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.39%	Feb-21	5.03%
Sickness absence levels continue to fluctuate, however, it is positive to note that the sickness absence rates have improved for the first eleven months of the year when compared with the same period of 2019/20, with a reduction of 0.51% in the year to date. The sickness absence rate has been above 5% for the months of November 2020 to February 2021, but this is in line with seasonal variations seen in previous years and the rate for this winter period is less than reported over the past 5 years.					

### Staff Governance Committee Meeting Issues and Comments

The committee noted progress in relation to staff absence, with a rate of 4.43% in March, a reduction from the February figure of 5.03%. The average rate for the 2020/21 financial year was 5.04%. This is an improvement of 0.53% from the average rate within the previous financial year and is the best yearly average since 2016/2017.

It was noted that COVID-19 related absence affected approximately 1% of the NHS Fife workforce in March 2021.

Although not specifically covered by the Integrated Performance & Quality Report, the committee also wished "To commend staff for their continued efforts in respect of the pandemic, particularly during the extended lock down period and also in respect of their efforts during the past winter, reflected within the Winter Plan."

**MARGO McGURK**

Director of Finance & Performance

18<sup>th</sup> May 2021

Prepared by

**SUSAN FRASER**

Associate Director of Planning and Performance



## Report to the Board on 25 May 2021

### BOARD DEVELOPMENT SESSION – 27 April 2021

#### **Background**

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

#### **April Development Session**

4. The most recent Board Development Session took place via MS Teams on Tuesday 27 April 2021. There were two main topics for discussion, NHS Fife as an Anchor Institution and Development of a Population Health & Wellbeing Strategy for Fife.

#### **Recommendation**

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

**TRICIA MARWICK**  
Board Chairperson  
28 April 2021



<b>Meeting:</b>	<b>NHS Fife Board</b>
<b>Meeting date:</b>	<b>25 May 2021</b>
<b>Title:</b>	<b>COVID-19 Vaccination</b>
<b>Responsible Executive:</b>	<b>Scott Garden, Director of Pharmacy &amp; Medicines</b>
<b>Report Authors:</b>	<b>Ben Hannan, Chief Pharmacist</b> <b>Jason Cormack, Pharmacy Business Manager</b>

## 1 Purpose

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

- Discussion

**This report relates to a:**

- Government policy/directive

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

- Safe
- Effective
- Person Centred

## 2 Report summary

**Please note – this paper was written on 14<sup>th</sup> May. Data and information within it is accurate at that date and subject to change given the nature of this fast moving programme.**

### 2.1 Situation

Mass vaccination of the population for COVID-19 vaccine is progressing at pace. At time of writing (14th May 2021), the Board has given 323,000 doses of vaccine, including almost 110,000 completed courses. The vast majority of health and social care workers, care home residents, clinically extremely vulnerable and those over the age of 65 have had both doses of vaccination. Additionally, the Board has opened four new larger scale vaccination clinics and begun vaccinating those aged 40-49 within these sites, with those over the age of 40 due to be completed on Sunday 16<sup>th</sup> May.

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

## **2.2 Background**

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

### **Availability of Vaccine**

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

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

### **Vaccine Approval**

There have been no additional vaccines given regulatory approval since the previous update.

Advice for vaccination choice for those under the age of 40 has been revised by the Joint Committee on Immunisation and Vaccination (JCVI). Taking a precautionary approach in relation to the extremely small risk of thrombosis and thrombocytopenia following the first dose of the Oxford/AstraZeneca vaccine, and based on the current epidemiological situation, and taking into account projected vaccine supply, JCVI are advising a preference for a vaccine other than AstraZeneca to be offered to healthy people under 40 years of age, including health and social care workers, unpaid carers and household contacts of immunosuppressed individuals. This advice may change if there is a change in the epidemiology or an interruption in the supply of the alternative vaccines. Within this age group, those who are older (over 30 years of age), male, from certain minority ethnic backgrounds, in certain occupations at high risk of exposure, and those who are obese, remain at high risk of COVID-19. In the absence of a suitable alternative these individuals should still be offered the AstraZeneca vaccine, and may choose to receive the vaccine, provided they have been informed and understand the relative risks and benefits.

## **Prioritisation of Cohorts**

The Board continues to follow Scottish and UK Government direction on prioritisation of cohorts. This is in line with the Joint Committee on Vaccination and Immunisation. At time of writing (14<sup>th</sup> May), the Board is currently vaccinating cohort 10 (those aged 40-49), and providing second doses those over the age of 65 and in shielding categories. Eligibility will be continued to be determined by declining age bands.

## **2.3 Assessment**

A review of programme management arrangements is ongoing, with fortnightly updates provided through the NHS Fife Executive Directors Group. Future programme management structures will be cognisant of the possibility of delivery of booster doses for COVID-19 vaccination in parallel with seasonal influenza vaccination.

### **Programme Management Office**

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

### **Logistics**

The programme entered a new phase with the parallel running of first in second doses from April. Existing venues are in use for second doses for cohorts 1-9 to ensure continuity for citizens in these cohorts.

To enable capacity and continued delivery for Cohorts 10-12 four larger scale vaccination venues were opened in Dunfermline, Kirkcaldy, Levenmouth and Glenrothes, which have created capacity to run first doses for new cohorts in parallel. The programme team have kept venue locations under review to ensure we are able to get access to and safely staff a range of appropriately sized venues that meet the needs of the local population and each priority cohort appointment allocation. Based on the analysis undertaken for the larger Cohort 11 (starting from 31<sup>st</sup> May) the programme will provide an additional venue in Dunfermline and St Andrews.

### **Scheduling**

The Board continues to be engaged in the national scheduling system. Scheduling for Cohort 11 is imminent, with first doses for this cohort due for completion by 13th June.

For Cohort 12, a national 'self-registration' portal will be launched, to allow this Cohort to 'pre-register' for an appointment. This approach will have some advantages, including

testing future digital models of vaccine appointing, as well as providing boards with contact details for this cohort to allow information to be communicated in a timely manner.

The online portal for self-registration as an unpaid carer closed on 25<sup>th</sup> April, however those still to book an appointment can contact the National Vaccination helpline.

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

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

### **2.3.2 Workforce**

The team continue to work to deliver a robust substantive workforce. The Board has recruited significant numbers of healthcare support worker vaccinators and is supporting national work looking at a sustainable vaccination workforce. The healthcare support worker vaccinator role continues to support the substantive registrant workforce.

### **2.3.3 Financial**

The Programme Management Office continues to review and submit costs to Scottish Government.

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

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

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

An Equality Impact Assessment (EQIA) has been developed and approved by the programme: it is hosted on the public facing website. An inclusivity group has been formed, led by Public Health colleagues, overseeing and ensuring delivery against noted actions from the EQIA.

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

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

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

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

- NHS Fife Clinical Governance Committee – 30<sup>th</sup> April 2021
- Executive Directors Group – 20<sup>th</sup> May 2021

## 2.4 Recommendation

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

## 3 List of appendices

No appendices provided

### Report Contact

Benjamin Hannan

Chief Pharmacist

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**Meeting:** NHS Fife Board  
**Meeting date:** 25 May 2021  
**Title:** Annual Review of Code of Corporate Governance  
**Responsible Executive:** Margo McGurk, Director of Finance & Strategy  
**Report Author:** Gillian MacIntosh, Board Secretary

## 1. Purpose

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

- Assurance

**This report relates to a:**

- Local policy

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

- Effective

## 2. Report Summary

### 2.1 Situation

The Fife NHS Code of Corporate Governance is an all-encompassing suite of documents setting out the Board's Standing Orders, Scheme of Delegation, Standing Financial Instructions and Code of Conduct for Board Members. It is therefore important that it remains current and correct.

The amended Code of Corporate Governance, provided as an appendix to this paper, incorporates recent reviews by each Board Committee of their individual Terms of Reference.

Also proposed are a number of clarifying changes to the Standing Financial Instructions (SFIs), recommended by the Director of Finance and Head of Financial Services & Procurement. These amendments seek to bring the current version of the Code up-to-date and reflective of current practice. The first amendment (p.48) relates to a request from the Counter Fraud Services (CFS) Steering Group for Boards to make explicit in their SFIs that CFS staff have right of access to any necessary information or material required in the course of progressing an investigation into fraud (this has been achieved by amending an existing clause). The second amendment (p.53) established

separate project bank accounts for large scale capital projects, as the Board has approved previously (at its meeting in January 2021) for the Elective Orthopaedic Centre.

## **2.2 Background**

The most recent version of the Board's Code of Corporate Governance was formally approved in September 2020. At agreed previously, an annual update of the Code is considered by the Audit & Risk Committee and thence the Board.

## **2.3 Assessment**

In addition to containing each Board Committee's reviewed remits, the attached version of the Code has been reviewed to ensure that the current text reflects present structures, terminology and job titles. Proposed textual changes of note have been tracked in the document for ease of identification.

The Committee should note that further changes to the Code will likely be required in the near future to reflect the work currently underway aligned to the ongoing implementation of the [NHS Scotland Blueprint for Good Governance](#). It is expected that this will produce 'template' Schemes of Delegation and Standing Financial Instructions on a 'Once for Scotland' approach, which individual Boards will be expected to adopt locally as part of implementing the Blueprint, as has already been achieved for the Board's Standing Orders. Additionally, standard Terms of Reference for 'mandatory' Board committees (i.e. Audit, Clinical Governance and Staff Governance) are presently being discussed, again to be adopted locally when finalised by the national group. This work has been delayed due to coronavirus pressures across Boards and limited meetings of the Corporate Governance Steering Group during the pandemic, though it is anticipated these workstreams will be revived in due course.

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

Delivering robust governance across the organisation is supportive of enhanced patient care and quality standards.

### **2.3.2 Workforce**

N/A.

### **2.3.3 Financial**

Ensuring appropriate scrutiny of NHS Fife's financial accounting processes is a core part of the Board's remit.

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

The identification and management of risk is an important factor in the Audit & Risk Committee providing appropriate assurance to the NHS Board.

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

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. 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 in draft by the Director of Finance & Strategy and takes account of any initial comments thus received.

Each Board Committee reviewed their respective remits and agreed any changes thereto at the cycle of meetings held in March 2021.

The Audit & Risk Committee considered the full update to the Code at their meeting on 13 May 2021 and recommended its approval.

### **2.4 Recommendation**

The paper is provided for:

- **decision** – approval of the updated Code of Corporate Governance as per its annual review cycle.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1 – Revised Code of Corporate Governance

#### **Report Contact**

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

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## CODE OF CORPORATE GOVERNANCE

FIFE NHS BOARD

Reviewed by: Board Secretary  
Date of Board Approval: \*\*\*  
Next Review Date: April 202~~2~~<sup>4</sup>

**Issue no. 1~~7~~<sup>6</sup> – Master**

## CONTENTS

<b>NHS Fife Strategic Framework</b>	<b>3</b>
-------------------------------------	----------

<b>Standing Orders for Fife NHS Board</b>	<b>4</b>
---	----------

<b>Appendix 1 - NHS Fife Board Committee Structure</b>	<b>14</b>
--	-----------

### Appendix 2 - Board Committee Terms of Reference

Annex 2.1 - Audit and Risk	19
Annex 2.2 - Clinical Governance	27
Annex 2.3 - Finance, Performance and Resources	31
Annex 2.4 - Remuneration	35
Annex 2.5 - Staff Governance	38

<b>Appendix 3 - Standing Financial Instructions</b>	<b>42</b>
---	-----------

<b>Appendix 4 - Scheme of Delegation</b>	<b>71</b>
--	-----------

<b>Appendix 5 - South East And Tayside (SEAT) Regional Planning Group</b>	<b>91</b>
---	-----------

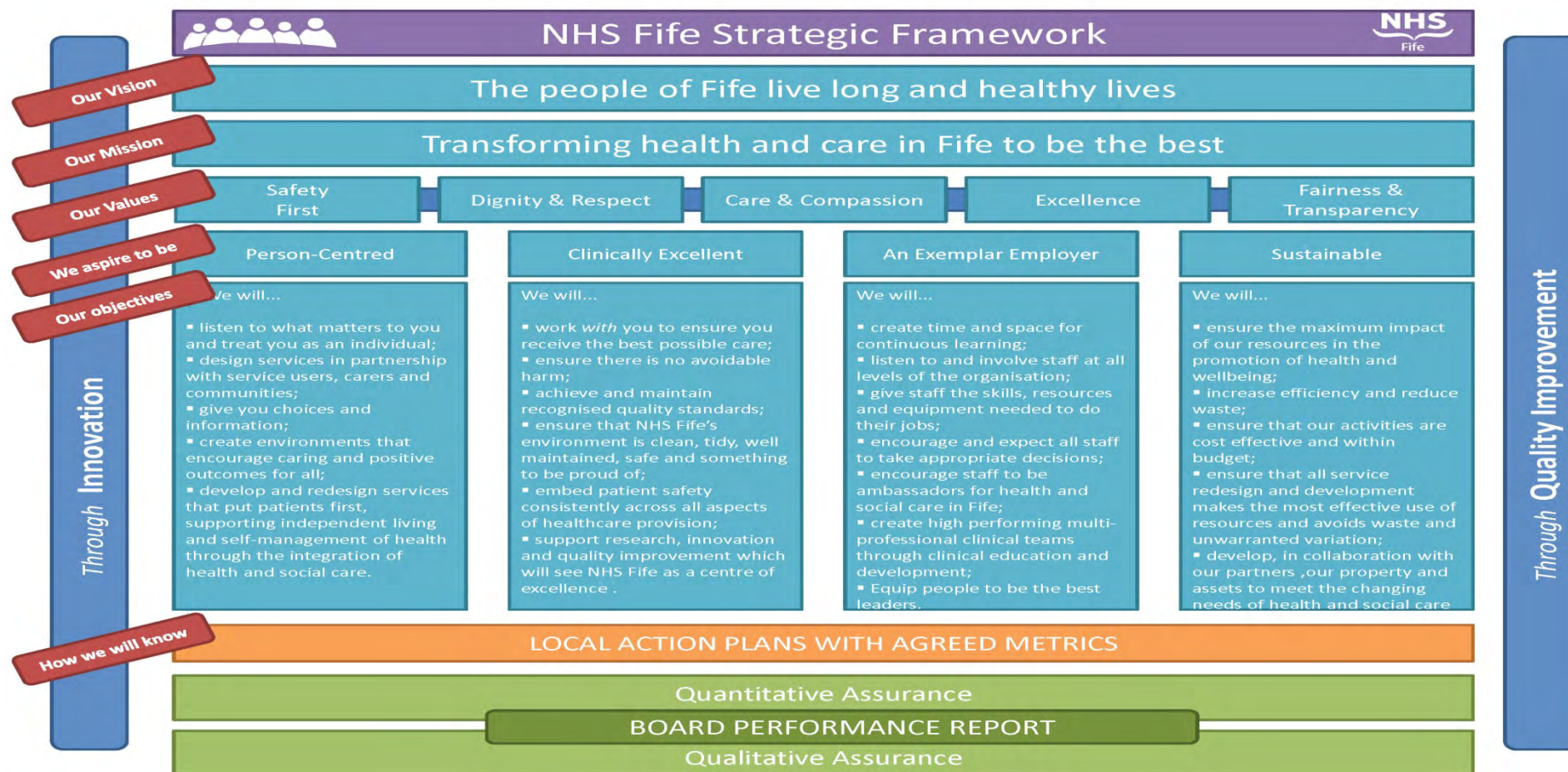
Annex 5.1 - Expected Standards of Corporate Governance and Internal Control	101
---	-----

<b>Appendix 6 - Code of Conduct for Board Members</b>	<b>103</b>
---	------------

Annex 6.1 - Sanctions available to the Standards Commission for breach of the Code	119
Annex 6.2 – Definitions	120

## NHS FIFE STRATEGIC FRAMEWORK

The Strategic Framework underpins all that NHS Fife as an organisation does. It highlights NHS Fife's key principles and provides a basis for all strategies and plans - each strategy needs to wrap around the principles set out in the framework. The organisation has worked closely with staff to develop the Framework, and it has been endorsed by the NHS Fife Board and staff groups



## STANDING ORDERS FOR THE PROCEEDINGS AND BUSINESS OF FIFE NHS BOARD

### 1 General

- 1.1 These Standing Orders for regulation of the conduct and proceedings of [Fife] NHS Board, the common name for Fife Health Board, [the Board] and its Committees are made under the terms of The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 (2001 No. 302), as amended up to and including The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016 (2016 No. 3).

Healthcare Improvement Scotland and NHS National Services Scotland are constituted under a different legal basis, and are not subject to the above regulations. Consequently those bodies will have different Standing Orders.

The NHS Scotland Blueprint for Good Governance (issued through [DL 2019 02](#)) has informed these Standing Orders. The Blueprint describes the functions of the Board as:

- Setting the direction, clarifying priorities and defining expectations.
- Holding the executive to account and seeking assurance that the organisation is being effectively managed.
- Managing risks to the quality, delivery and sustainability of services.
- Engaging with stakeholders.
- Influencing the Board's and the organisation's culture.

Further information on the role of the Board, Board members, the Chair, Vice-Chair, and the Chief Executive is available on the NHS Scotland [Board Development website](#).

- 1.2 The Scottish Ministers shall appoint the members of the Board. The Scottish Ministers shall also attend to any issues relating to the resignation and removal, suspension and disqualification of members in line with the above regulations. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.
- 1.3 Any statutory provision, regulation or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.
- 1.4 Any one or more of these Standing Orders may be varied or revoked at a meeting of the Board by a majority of members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition or amendment. The Board will annually review its Standing Orders.
- 1.5 Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances. The Scottish Ministers may by determination suspend a

member from taking part in the business (including meetings) of the Board. Paragraph 5.4 sets out when the person presiding at a Board meeting may suspend a Board member for the remainder of a specific Board meeting. The Standards Commission for Scotland can apply sanctions if a Board member is found to have breached the Board Members' Code of Conduct, and those include suspension and disqualification. The regulations (see paragraph 1.1) also set out grounds for why a person may be disqualified from being a member of the Board.

### Board Members – Ethical Conduct

- 1.6 Members have a personal responsibility to comply with the Code of Conduct for Members of Fife Health Board. The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Board will have appointed a Standards Officer. This individual is responsible for carrying out the duties of that role, however he or she may delegate the carrying out of associated tasks to other members of staff. The Board's appointed Standards Officer shall ensure that the Board's Register of Interests is maintained. When a member needs to update or amend his or her entry in the Register, he or she must notify the Board's appointed Standards Officer of the need to change the entry within one month after the date the matter required to be registered.
- 1.7 The Board's appointed Standards Officer shall ensure the Register is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.
- 1.8 Members must always consider the relevance of any interests they may have to any business presented to the Board or one of its committees. Members must observe paragraphs 5.6 - 5.10 of these Standing Orders, and have regard to Section 5 of the Code of Conduct (Declaration of Interests).
- 1.9 In case of doubt as to whether any interest or matter should be declared, in the interests of transparency, members are advised to make a declaration.
- 1.10 Members shall make a declaration of any gifts or hospitality received in their capacity as a Board member. Such declarations shall be made to the Board's appointed Standards Officer who shall make them available for public inspection at all reasonable times at the principal offices of the Board and on the Board's website. The Register of Interests includes a section on gifts and hospitality. The Register may include the information on any such declarations, or cross-refer to where the information is published.
- 1.11 The Board's Secretary shall provide a copy of these Standing Orders to all members of the Board on appointment. A copy shall also be held on the Board's website.

## **2 Chair**

- 2.1 The Scottish Ministers shall appoint the Chair of the Board.

### **3 Vice-Chair**

- 3.1 The Chair shall nominate a candidate or candidates for vice-chair to the Cabinet Secretary. The candidate(s) must be a Non-Executive member of the Board. A member who is an employee of a Board is disqualified from being Vice-Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as Vice-Chair. Any person so appointed shall, so long as he or she remains a member of the Board, continue in office for such a period as the Board may decide.
- 3.2 The Vice-Chair may at any time resign from that office by giving notice in writing to the Chair. The process to appoint a replacement Vice-Chair is the process described at paragraph 3.1.
- 3.3 Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board's Secretary should refer this to the Scottish Government. The Cabinet Secretary will confirm which member may assume the role of interim chair in the period until the appointment of a new chair, or the return of the appointed chair. Where the Chair is absent for a short period due to leave (for whatever reason), the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board. In either of these circumstances references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to either the interim chair or the Vice-Chair. If the Vice-Chair has been appointed as the Interim Chair, then the process described at paragraph 3.1 will apply to replace the Vice-Chair.

### **4 Calling and Notice of Board Meetings**

- 4.1 The Chair may call a meeting of the Board at any time and shall call a meeting when required to do so by the Board. The Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates.
- 4.2 The Chair will determine the final agenda for all Board meetings. The agenda may include an item for any other business, however this can only be for business which the Board is being informed of for awareness, rather than being asked to make a decision. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency.
- 4.3 Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair elects to agree to the request, then the Chair may decide whether the item is to be considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting. The Chair will inform the member which meeting the item will be discussed. If any member has a specific legal duty or

responsibility to discharge which requires that member to present a report to the Board, then that report will be included in the agenda.

- 4.4 In the event that the Chair decides not to include the item of business on the agenda of a Board meeting, then the Chair will inform the member in writing as to the reasons why.
- 4.5 A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be transacted. The Chair is required to call a meeting within 7 days of receiving the requisition. If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.
- 4.6 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be circulated to every member so as to be available to them at least three clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.
- 4.7 With regard to calculating clear days for the purpose of notice under 4.6 and 4.9, the period of notice excludes the day the notice is sent out and the day of the meeting itself. Additionally only working days (Monday to Friday) are to be used when calculating clear days; weekend days and public holidays should be excluded.

Example: If a Board is meeting on a Wednesday, the notice and papers for the meeting should be distributed to members no later than the preceding Thursday. The three clear days would be Friday, Monday and Tuesday. If the Monday was a public holiday, then the notice and papers should be distributed no later than the preceding Wednesday.

- 4.8 Lack of service of the notice on any member shall not affect the validity of a meeting.
- 4.9 Board meetings shall be held in public. A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held. The notice and the meeting papers shall also be placed on the Board's website. The meeting papers will include the minutes of committee meetings which the relevant committee has approved. The exception is that the meeting papers will not include the minutes of the Remuneration Committee. The Board may determine its own approach for committees to inform it of business which has been discussed in committee meetings for which the final minutes are not yet available. For items of business which the Board will consider in private session (see paragraph 5.22), only the Board members will normally receive the meeting papers for those items, unless the person presiding agrees that others may receive them.

- 4.10 Any individual or group or organisation which wishes to make a deputation to the Board must make an application to the Chair's Office at least 21 working days before the date of the meeting at which the deputation wish to be received. The application will state the subject and the proposed action to be taken.
- 4.11 Any member may put any relevant question to the deputation, but will not express any opinion on the subject matter until the deputation has withdrawn. If the subject matter relates to an item of business on the agenda, no debate or discussion will take place until the item is considered in the order of business.
- 4.12 Any individual or group or organisation which wishes to submit a petition to the Board will deliver the petition to the Chair's Office at least 21 working days before the meeting at which the subject matter may be considered. The Chair will decide whether or not the petition will be discussed at the meeting.

## **5 Conduct of Meetings**

### Authority of the Person Presiding at a Board Meeting

- 5.1 The Chair shall preside at every meeting of the Board. The Vice-Chair shall preside if the Chair is absent. If both the Chair and Vice Chair are absent, the members present at the meeting shall choose a Board member who is not an employee of a Board to preside.
- 5.2 The duty of the person presiding at a meeting of the Board or one of its committees is to ensure that the Standing Orders or the committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.
- 5.3 The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, e.g. video-conferencing, teleconferencing. For the avoidance of doubt, those members using such facilities will be regarded as present at the meeting.
- 5.4 In the event that any member who disregards the authority of the person presiding, obstructs the meeting, or conducts himself/herself inappropriately the person presiding may suspend the member for the remainder of the meeting. If a person so suspended refuses to leave when required by the person presiding to do so, the person presiding will adjourn the meeting in line with paragraph 5.12. For paragraphs 5.5 to 5.20, reference to 'Chair' means the person who is presiding the meeting, as determined by paragraph 5.1.

### Quorum

- 5.5 The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board. The quorum for



committees will be set out in their terms of reference, however it can never be less than two Board members.

- 5.6 In determining whether or not a quorum is present the Chair must consider the effect of any declared interests.
- 5.7 If a member, or an associate of the member, has any pecuniary or other interest, direct or indirect, in any contract, proposed contract or other matter under consideration by the Board or a committee, the member should declare that interest at the start of the meeting. This applies whether or not that interest is already recorded in the Board Members' Register of Interests. Following such a declaration, the member shall be excluded from the Board or committee meeting when the item is under consideration, and should not be counted as participating in that meeting for quorum or voting purposes.
- 5.8 Paragraph 5.7 will not apply where a member's, or an associate of theirs, interest in any company, body or person is so remote or insignificant that it cannot reasonably be regarded as likely to affect any influence in the consideration or discussion of any question with respect to that contract or matter. In March 2015, the Standards Commission granted a dispensation to NHS Board members who are also voting members of integration joint boards. The effect is that those members do not need to declare as an interest that they are a member of an integration joint board when taking part in discussions of general health & social care issues. However members still have to declare other interests as required by Section 5 of the Board Members' Code of Conduct.
- 5.9 If a question arises at a Board meeting as to the right of a member to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting be referred to the Chair. The Chair's ruling in relation to any member other than the Chair is to be final and conclusive. If a question arises with regard to the participation of the Chair in the meeting (or part of the meeting) for voting or quorum purposes, the question is to be decided by the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.
- 5.10 Paragraphs 5.6-5.9 shall equally apply to members of any Board committees, whether or not they are also members of the Board, e.g. stakeholder representatives.
- 5.11 When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.

### Adjournment

- 5.12 If it is necessary or expedient to do so for any reason (including disorderly conduct or other misbehaviour at a meeting), a meeting may be adjourned to

another day, time and place. A meeting of the Board, or of a committee of the Board, may be adjourned by the Chair until such day, time and place as the Chair may specify.

## Business of the Meeting

### *The Agenda*

- 5.13 If a member wishes to add an item of business which is not in the notice of the meeting, he or she must make a request to the Chair ideally in advance of the day of the meeting and certainly before the start of the meeting. The Chair will determine whether the matter is urgent and accordingly whether it may be discussed at the meeting.
- 5.14 The Chair may change the running order of items for discussion on the agenda at the meeting. Please also refer to paragraph 4.2.
- 5.15 For Board meetings only, the Chair may propose within the notice of the meeting “items for approval” and “items for discussion”. The items for approval are not discussed at the meeting, but rather the members agree that the content and recommendations of the papers for such items are accepted, and that the minutes of the meeting should reflect this. The Board must approve the proposal as to which items should be in the “items for approval” section of the agenda. Any member (for any reason) may request that any item or items be removed from the “items for approval” section. If such a request is received, the Chair shall either move the item to the “items for discussion” section, or remove it from the agenda altogether.

### *Decision-Making*

- 5.16 The Chair may invite the lead for any item to introduce the item before inviting contributions from members. Members should indicate to the Chair if they wish to contribute, and the Chair will invite all who do so to contribute in turn. Members are expected to question and challenge proposals constructively and carefully to reach and articulate a considered view on the suitability of proposals.
- 5.17 The Chair will consider the discussion, and whether or not a consensus has been reached. Where the Chair concludes that consensus has been reached, then the Chair will normally end the discussion of an item by inviting agreement to the outcomes from the discussion and the resulting decisions of the Board.
- 5.18 As part of the process of stating the resulting decisions of the Board, the Chair may propose an adaptation of what may have been recommended to the Board in the accompanying report, to reflect the outcome of the discussion.
- 5.19 The Board may reach consensus on an item of business without taking a formal vote, and this will be normally what happens where consensus has been reached.

- 5.20 Where the Chair concludes that there is not a consensus on the Board's position on the item and/ or what it wishes to do, then the Chair will put the decision to a vote. If at least two Board members ask for a decision to be put to a vote, then the Chair will do so. Before putting any decision to vote, the Chair will summarise the outcome of the discussion and the proposal(s) for the members to vote on.
- 5.21 Where a vote is taken, the decision shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the Chair shall have a second or casting vote. The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.
- 5.22 While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

#### *Board Meeting in Private Session*

- 5.23 The Board may agree to meet in private in order to consider certain items of business. The Board may decide to meet in private on the following grounds:
- The Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.
  - The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.
  - The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.
  - The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.
- 5.24 The minutes of the meeting will reflect when the Board has resolved to meet in private.

#### Minutes

- 5.25 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded in the minute of the meeting. The names of other persons in attendance shall also be recorded.
- 5.26 The Board's Secretary (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall review the draft minutes at the following meeting. The person presiding at that meeting shall sign the approved minute.

## **6 Matters Reserved for the Board**

### Introduction

- 6.1 The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved at an NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.
- 6.2 This section summarises the matters reserved to the Board:
- a) Standing Orders
  - b) The establishment and terms of reference of all its committees, and appointment of committee members
  - c) Organisational Values
  - d) The strategies for all the functions that it has planning responsibility for, subject to any provisions for major service change which require Ministerial approval.
  - e) The Annual Operational Plan for submission to the Scottish Government for its approval. (Note: The Board should consider the draft for submission in private session. Once the Scottish Government has approved the Annual Operational Plan, the Board should receive it at a public Board meeting.)
  - f) Corporate objectives or corporate plans which have been created to implement its agreed strategies.
  - g) Risk Management Policy.
  - h) Financial plan for the forthcoming year, and the opening revenue and capital budgets.
  - i) Standing Financial Instructions and a Scheme of Delegation.
  - j) Annual accounts and report. (Note: Note: This must be considered when the Board meets in private session. In order to respect Parliamentary Privilege, the Board cannot publish the annual accounts or any information drawn from it before the accounts are laid before the Scottish Parliament. Similarly the Board cannot publish the report of the external auditors of their annual accounts in this period.)
  - k) Any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval. The Board shall comply with the [Scottish Capital Investment Manual](#).
  - l) The Board shall approve the content, format, and frequency of performance reporting to the Board.
  - m) The appointment of the Board's chief internal auditor. (Note: This applies either when the proposed chief internal auditor will be an employee of the Board, or when the chief internal auditor is engaged through a contract with an external provider. The audit committee should advise the Board on the appointment, and the Board may delegate to the audit committee oversight of the process which leads to a recommendation for appointment.)
  - n) The contribution to Community Planning Partnerships through the associated improvement plans.
  - o) Health & Safety Policy
  - p) Arrangements for the approval of all other policies.
  - q) The system for responding to any civil actions raised against the Board.
  - r) The system for responding to any occasion where the Board is being investigated and / or prosecuted for a criminal or regulatory offence.

- 6.3 The Board may be required by law or Scottish Government direction to approve certain items of business, e.g. the integration schemes for a local authority area.
- 6.4 The Board itself may resolve that other items of business be presented to it for approval.

## **7 Delegation of Authority by the Board**

- 7.1 Except for the Matters Reserved for the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees. In practice this is achieved primarily through the Board's approval of the Standing Financial Instructions and the Scheme of Delegation.
- 7.2 The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair should inform the Board of any decision or action subsequently taken on these matters.
- 7.3 The Board and its officers must comply with the [NHS Scotland Property Transactions Handbook](#), and this is cross-referenced in the Scheme of Delegation.
- 7.4 The Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself. The Board may withdraw any previous act of delegation to allow this.

## **8 Execution of Documents**

- 8.1 Where a document requires to be authenticated under legislation or rule of law relating to the authentication of documents under the Law of Scotland, or where a document is otherwise required to be authenticated on behalf of the Board, it shall be signed by an executive member of the Board or any person duly authorised to sign under the Scheme of Delegation in accordance with the Requirements of Writing (Scotland) Act 1995. Before authenticating any document the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board's procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.
- 8.2 Scottish Ministers shall direct which officers of the Board can sign on their behalf in relation to the acquisition, management and disposal of land.
- 8.3 Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board, without further intimation or action by the Board.

## **9 Committees**

- 9.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. NHS Scotland Board

Development [website](#) will identify the committees which the Board must establish.

- 9.2 The Board shall appoint the chairs of all committees. The Board shall approve the terms of reference and membership of the committees. The Board shall review these as and when required, and shall review the terms within 2 years of their approval if there has not been a review.
- 9.3 The Board shall appoint committee members to fill any vacancy in the membership as and when required. If a committee is required by regulation to be constituted with a particular membership, then the regulation must be followed
- 9.4 Provided there is no Scottish Government instruction to the contrary, any Non-Executive Board member may replace a Committee member who is also a Non-Executive Board member, if such a replacement is necessary to achieve the quorum of the committee.
- 9.5 The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to committee meetings where the committee's membership consist of or include all the Board members. Where the committee's members includes some of the Board's members, the committee's meetings shall not be held in public and the associated committee papers shall not be placed on the Board's website, unless the Board specifically elects otherwise. Generally Board members who are not members of a committee may attend a committee meeting and have access to the meeting papers. However if the committee elects to consider certain items as restricted business, then the meeting papers for those items will normally only be provided to members of that committee. The person presiding the committee meeting may agree to share the meeting papers for restricted business papers with others.
- 9.6 The Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Board.
- 9.7 The Board may authorise committees to co-opt members for a period up to one year, subject to the approval of both the Board and the Accountable Officer. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of Fife NHS Board and is not to be counted when determining the committee's quorum.

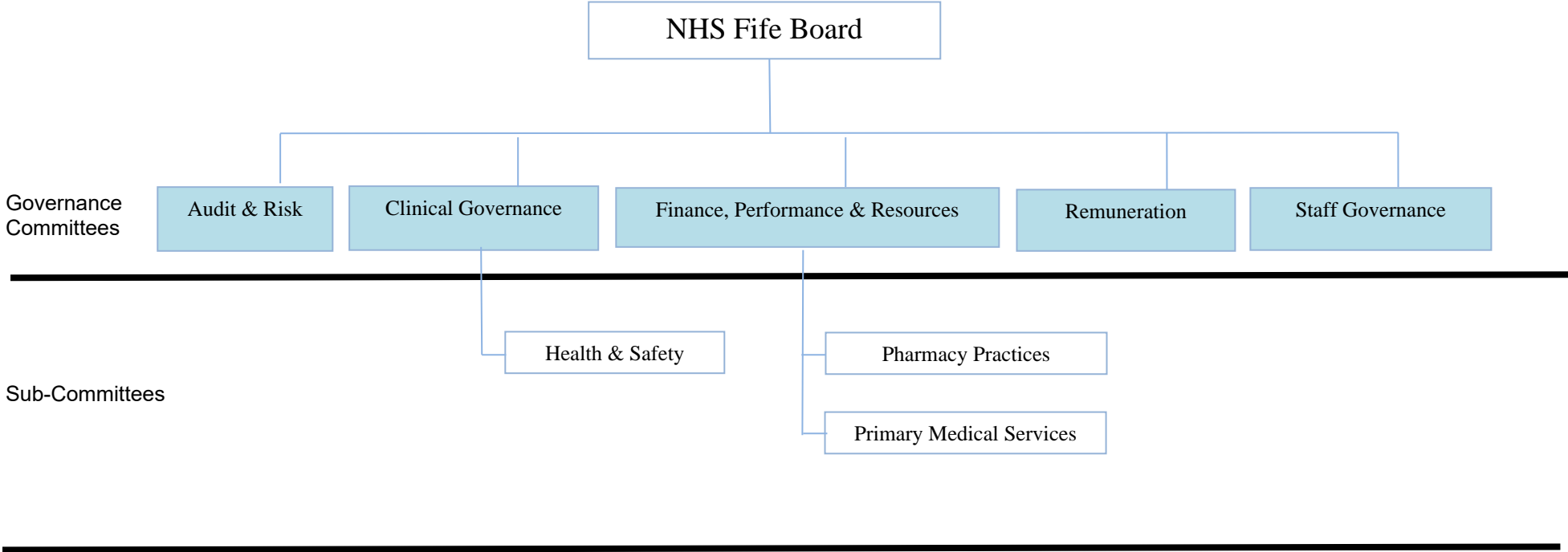
#### List of Appendices

- Appendix 1 – Board Committee Structure
- Appendix 2 – Terms of Reference for Board Committees
- Appendix 3 – Standing Financial Instructions
- Appendix 4 – Scheme of Delegation
- Appendix 5 – SEAT Framework of Governance
- Appendix 6 – Code of Conduct for Board Members





NHS FIFE BOARD COMMITTEE STRUCTURE





## TERMS OF REFERENCE FOR BOARD COMMITTEES

<b>Governance Committees</b>	<b>Page</b>
2.1 Audit & Risk Committee (A&R)	18
2.2 Clinical Governance Committee (CG)	26
2.3 Finance, Performance & Resources Committee (FP&R)	30
2.4 Remuneration Committee (RG)	33
2.5 Staff Governance Committee (SG)	36
<b>Sub- Committees</b>	
Health and Safety (CG)	
Pharmacy Practices (FP&R)	
Primary Medical Services (FP&R)	
<b>Partnerships and Other Committees (minutes reporting into Governance Committees)</b>	
Acute Services Division Clinical Governance Group (CG)	
Area Clinical Forum (CG)	
Area Drug & Therapeutics Group (CG)	
Area Partnership Forum (SG)	
Area Radiation Protection Committee (CG)	
East Region Programme Board (Board)	
eHealth Board (CG)	
Fife Health & Wellbeing Alliance (Board)	
Fife Partnership Board (Board)	
Fife Research Governance Group (CG)	
H&SCP Clinical & Care Governance Committee (CG)	
H&SCP Integration Joint Board (Board)	
Infection Control Committee (CG)	
Information & Security Governance Group (CG)	
Integrated Transformation Board (CG)	
Public Health Assurance Committee (CG)	
NHS Fife Clinical Governance Steering Group (CG)	
NHS Fife Resilience Group (CG)	

## AUDIT AND RISK COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: \*\*\*

### 1. PURPOSE

- 1.1 To provide the Board with the assurance that the activities of Fife NHS Board are within the law and regulations governing the NHS in Scotland and that an effective system of internal control is maintained. The duties of the Audit and Risk Committee shall be in accordance with the [Scottish Government Audit & Assurance Handbook](#), dated April 2018.

### 2. COMPOSITION

- 2.1 The membership of the Audit and Risk Committee will be:
- Five Non-Executive or Stakeholder members of Fife NHS Board (one of whom will be the Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or the Area Clinical Forum).
- 2.2 The Chair of Fife NHS Board cannot be a member of the Committee.
- 2.3 In order to avoid any potential conflict of interest, the Chair of the Audit and Risk Committee shall not be the Chair of any other governance Committee of the Board.
- 2.4 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 Directors and other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:
- Chief Executive
  - Director of Finance (who is also Executive Lead for Risk Management)
  - Chief Internal Auditor or representative
  - ~~Executive Lead for Risk Management~~
  - Statutory External Auditor
  - Head of Financial Services & Procurement
  - Board Secretary
- 2.5 The Director of Finance shall serve as the Lead Executive Officer to the Committee.
- 2.6 The Board shall ensure that the Committee's membership has an adequate range of skills and experience that will allow it to effectively discharge its responsibilities. With regard to the Committee's responsibilities for financial reporting, the Board shall ensure that at least one member can engage

competently with financial management and reporting in the organisation, and associated assurances.

### **3. QUORUM**

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

### **4. MEETINGS**

- 4.1 The Committee shall meet as necessary to fulfil its remit but not less than four times 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.
- 4.4 If necessary, meetings of the Committee shall be convened and attended exclusively by members of the Committee and, if relevant, the External Auditor and/or Chief Internal Auditor.
- 4.5 If required, the Chairperson of the Audit and Risk Committee may meet individually with the Chief Internal Auditor, the External Auditor and the Accountable Officer.

### **5. REMIT**

- 5.1 The main objective of the Audit and Risk Committee is to support the Accountable Officer and Fife NHS Board in meeting their assurance needs. This includes:
- Helping the Accountable Officer and Fife NHS Board formulate their assurance needs, via the creation and operation of a well-designed assurance framework, with regard to risk management, governance and internal control;
  - Reviewing and challenging constructively the assurances that have been provided as to whether their scope meets the needs of the Accountable Officer and Fife Health Board;
  - Reviewing the reliability and integrity of those assurances, i.e. considering whether they are founded on reliable evidence, and that the conclusions are reasonable in the context of that evidence;

- Drawing attention to weaknesses in systems of risk management, governance and internal control, and making suggestions as to how those weaknesses can be addressed;
- Commissioning future assurance work for areas that are not being subjected to significant review
- Seeking assurance that previously identified areas of weakness are being remedied.

The Committee has no executive authority, and is not charged with making or endorsing any decisions. The only exception to this principle is the approval of the Board's accounting policies and audit plans. The Committee exists to advise the Board or Accountable Officer who, in turn, makes the decision.

- 5.2 The Committee will keep under review and report to Fife NHS Board on the following:

**Internal Control and Corporate Governance**

- 5.3 To evaluate the framework of internal control and corporate governance comprising the following components, as recommended by the Turnbull Report:
- control environment;
  - risk management;
  - information and communication;
  - control procedures;
  - monitoring and corrective action.
- 5.4 To review the system of internal financial control, which includes:
- the safeguarding of assets against unauthorised use and disposition;
  - the maintenance of proper accounting records and the reliability of financial information used within the organisation or for publication.
- 5.5 To ensure that the activities of Fife NHS Board are within the law and regulations governing the NHS.
- 5.6 To monitor performance and best value by reviewing the economy, efficiency and effectiveness of operations.
- 5.7 To review the disclosures included in the Governance Statement on behalf of the Board. In considering the disclosures, the Committee will review as necessary and seek confirmation on the information provided to the Chief Executive in support of the Governance Statement including the following:
- Annual Statements of Assurance from the main Governance Committees and the conclusions of the other sub-Committees, confirming whether they have fulfilled their remit and that there are adequate and effective internal controls operating within their particular area of operation;

- Annual Statement of Assurance from the Integration Joint Board, confirming all aspects of clinical, financial and staff governance have been fulfilled, with appropriate and adequate controls and risk management in place;
  - Details from the Chief Executive on the operation of the framework in place to ensure that they discharge their responsibilities as Accountable Officer as set out in the Accountable Officer Memorandum;
  - Confirmation from Executive Directors that there are no known control issues nor breaches of Standing Orders/Standing Financial Instructions other than any disclosed within the Governance Statement;
  - Summaries of any relevant significant reports by Healthcare Improvement Scotland (HIS) or other external review bodies.
- 5.8 To present an annual statement of assurance on the above to the Board, to support the NHS Fife Chief Executive's Governance Statement.

### **Internal Audit**

- 5.9 To review and approve the Internal Audit Strategic and Annual Plans having assessed the appropriateness to give reasonable assurance on the whole of risk control and governance.
- 5.10 To monitor audit progress and review audit reports.
- 5.11 To monitor the management action taken in response to the audit recommendations through an appropriate follow-up mechanism.
- 5.12 To consider the Chief Internal Auditor's annual report and assurance statement.
- 5.13 To approve the Fife Integration Joint Board Internal Audit Output Sharing Protocol.
- 5.14 To review the operational effectiveness of Internal Audit by considering the audit standards, resources, staffing, technical competency and performance measures.
- 5.15 To ensure that there is direct contact between the Audit and Risk Committee and Internal Audit and that the opportunity is given for discussions with the Chief Internal Auditor at least once per year (scheduled within the timetable of business) and, as required, without the presence of the Executive Directors.
- 5.16 To review the terms of reference and appointment of the Internal Auditors and to examine any reason for the resignation of the Auditors or early termination of contract/service level agreement.

### **External Audit**

- 5.16 To note the appointment of the Statutory Auditor and to approve the appointment and remuneration of the External Auditors for Patients' Funds and Endowment Funds.
- 5.17 To review the Audit Strategy and Plan, including the Best Value and Performance Audits programme.
- 5.18 To consider all statutory audit material, in particular:
- Audit Reports;
  - Annual Reports;
  - Management Letters
- relating to the certification of Fife NHS Boards Annual Accounts and Annual Patients' Funds Accounts.
- 5.19 To monitor management action taken in response to all External Audit recommendations, including Best Value and Performance Audit Reports.
- 5.20 To hold meetings with the Statutory Auditor at least once per year and as required, without the presence of the Executive Directors.
- 5.21 To review the extent of co-operation between External and Internal Audit.
- 5.22 To appraise annually the performance of the Statutory and External Auditors and to examine any reason for the resignation or dismissal of the External Auditors.

### **Risk Management**

- 5.23 The Committee has no executive authority, and has no role in the executive decision-making in relation to the management of risk. The Committee is charged with ensuring that there is an appropriate publicised Risk Management Framework with all roles identified and fulfilled. However the Committee shall seek assurance that:
- There is a comprehensive risk management system in place to identify, assess, manage and monitor risks at all levels of the organisation;
  - There is appropriate ownership of risk in the organisation, and that there is an effective culture of risk management;
  - The Board has clearly defined its risk appetite (i.e. the level of risk that the Board is prepared to accept, tolerate, or be exposed to at any time), and that the executive's approach to risk management is consistent with that appetite;
  - A robust and effective Board Assurance Framework is in place.
- 5.24 In order to discharge its advisory role to the Board and Accountable Officer, and to inform its assessment on the state of corporate governance, internal control and risk management, the Committee shall:

- Receive and review a quarterly report summarising any significant changes to the Board's Corporate Risk Register, and what plans are in place to manage them;
- Assess whether the Corporate Risk Register is an appropriate reflection of the key risks to the Board, so as to advise the Board;
- Consider the impact of changes to the risk register on the assurance needs of the Board and the Accountable Officer, and communicate any issues when required;
- Receive and review a quarterly update on the Board Assurance Framework;
- Assess whether the linkages between the Corporate Risk Register and the Board Assurance Framework are robust and enable the Board to identify gaps in control and assurance;
- Reflect on the assurances that have been received to date, and identify whether entries on the Board's risk management system requires to be updated;
- Receive an annual report on risk management, confirming whether or not there have been adequate and effective risk management arrangements throughout the year, and highlighting any material areas of risk;
- The Committee shall seek assurance on the overall system of risk management for all risks and risks pertinent to its core functions.
- The Committee may also elect to request information on risks held on any risk registers within the organisation.

### **Standing Orders and Standing Financial Instructions**

- 5.25 To review annually the Standing Orders and associated appendices of Fife NHS Board and advise the Board of any amendments required.
- 5.26 To examine the circumstances associated with any occasion when Standing Orders of Fife NHS Board have been waived or suspended.

### **Annual Accounts**

- 5.27 To review and recommend approval of draft Fife NHS Board Annual Accounts and Patient Funds Accounts to the Board.
- 5.28 To review the draft Annual Report and Financial Review of Fife NHS Board as found within the Directors Report incorporated within the Annual Accounts.
- 5.29 To review annually (and approve any changes in) the accounting policies of Fife NHS Board.

- 5.30 To review schedules of losses and compensation payments where the amounts exceed the delegated authority of the Board prior to being referred to the Scottish Government for approval.

**Other Matters**

- 5.31 The Committee has a duty to review its own performance, effectiveness, including its running costs, and terms of reference on an annual basis.
- 5.32 The Committee has a duty to keep up-to-date by having mechanisms to ensure topical legal and regulatory requirements are brought to Members' attention.
- 5.33 The Committee shall review the arrangements for employees raising concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow-up action.
- 5.34 The Committee shall review regular reports on Fraud and potential Frauds.
- 5.35 The Chairperson of the Committee will submit an Annual Report of the work of the Committee to the Board following consideration by the Audit and Risk Committee in June.
- 5.36 The Chairperson of the Committee should be available at Fife NHS Board meetings to answer questions about its work.
- 5.37 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.
- 5.38 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".
- 5.39 The Committee shall seek assurance that the Board has systems of control to ensure that it discharges its responsibilities under the Freedom of Information (Scotland) Act 2002.
- 5.40 The Committee shall review the Board's arrangements to prevent bribery and corruption within its activities. This includes the systems to support Board members' compliance with the NHS Fife Board Code of Conduct (Ethical Standards in Public Life Act 2000), the systems to promote the required standards of business conduct for all employees and the Boards procedure to prevent Bribery (Bribery Act 2000).

**6. AUTHORITY**

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



- 6.2 In order to fulfil its remit, the Audit and Risk Committee may obtain whatever professional advice it requires, and may require Directors or other officers of the Board to attend meetings.
- 6.3 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.
- 6.4 The Committee's authority is included in the Board's Scheme of Delegation and is set out in the Purpose and Remit of the Committee.

## **7. REPORTING ARRANGEMENTS**

- 7.1 The Audit and Risk Committee reports directly to the Fife NHS Board on its work. Minutes of the Committee are presented to the Board by the Committee Chairperson, 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 The Audit and Risk Committee will advise the Scottish Parliament Public Audit Committee of any matters of significant interest as required by the Scottish Public Finance Manual.

## **CLINICAL GOVERNANCE COMMITTEE CONSTITUTION AND TERMS OF REFERENCE**

Date of Board Approval: \*\*\*

### **1. PURPOSE**

- 1.1 To oversee clinical governance mechanisms in NHS Fife.
- 1.2 To observe and check the clinical governance activity being delivered within NHS Fife and provide assurance to the Board that the mechanisms, activity and planning are acceptable.
- 1.3 To oversee the clinical governance and risk management activities in relation to the development and delivery of the Clinical Strategy.
- 1.4 To assure the Board that appropriate clinical governance mechanisms and structures are in place for clinical governance to be supported effectively throughout the whole of Fife NHS Board's responsibilities, including health improvement activities.
- 1.5 To assure the Board that the Clinical and Care Governance Arrangements in the Integration Joint Board are working effectively.
- 1.6 To escalate any issues to the NHS Fife Board, if serious concerns are identified about the quality and safety of care in the services across NHS Fife, including the services devolved to the Integration Joint Board.

### **2. COMPOSITION**

- 2.1 The membership of the Clinical Governance Committee will be:
  - Six Non-Executive or Stakeholder members of the Board (one of whom will be the Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or the Area Clinical Forum)
  - Chief Executive
  - Medical Director
  - Nurse Director
  - Director of Public Health
  - One Staff Side representative of NHS Fife Area Partnership Forum
  - One Representative from Area Clinical Forum
  - One Patient Representative
- 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 Acute Services
- Director of Health & Social Care
- Director of Pharmacy & Medicines
- Associate Medical Director, Acute Services Division
- Associate Medical Director, Fife Health & Social Care Partnership
- Associate Medical Director, Women & Children's Services
- Head of Quality & Clinical Governance
- Board Secretary

2.3 The Medical Director shall serve as the lead officer to the Committee.

### 3. QUORUM

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

### 4. MEETINGS

4.1 The Committee shall meet as necessary to fulfil its remit but not less than six 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 Clinical Governance Committee is to:

- monitor progress on the health status targets set by the Board.
- provide oversight of the implementation of the Clinical Strategy in line with the NHS Fife Strategic Framework and the Care and Clinical Governance Strategy.
- receive the minutes of meetings of:
  - Acute Services Division Clinical Governance Committee
  - Area Clinical Forum
  - Area Drug & Therapeutics Committee
  - Area Radiation Protection Committee
  - Digital & InformationeHealth Board
  - Fife Research Committee
  - Health & Safety Sub Committee

- H&SCP Clinical & Care Governance Committee
  - H&SCP Integration Joint Board
  - Infection Control Committee
  - Information Governance & Security Group
  - Integrated Transformation Board Public Health Assurance Committee
  - NHS Fife Clinical Governance Steering Group
  - NHS Fife Resilience Forum
- The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit and Risk Committee. The proposed 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.
  - Receive updates on and oversee the progress on the recommendations from relevant external reports of reviews of all healthcare organisations, including clinical governance reports and recommendations from relevant regulatory bodies which may include Healthcare Improvement Scotland (HIS) reviews and visits.
  - Issues arising from these Committees will be brought to the attention of the Chair of the Clinical Governance Committee for further consideration as required.
  - To provide assurance to Fife NHS Board about the quality of services within NHS Fife.
  - To undertake an annual self-assessment of the Committee's work and effectiveness.
  - The Committee shall review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's responsibility.
- 5.2 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".
- 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.
- 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 Clinical Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

## **7. REPORTING ARRANGEMENTS**

- 7.1 The Clinical Governance Committee reports directly to Fife NHS Board. 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.

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

Date of Board Approval: \*\*\*

### 1. PURPOSE

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

### 2. COMPOSITION

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

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

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

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

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

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

### 3. QUORUM

- 3.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive members or Stakeholder members are present. There



may be occasions when due to the unavailability of the above Non-Executive members, the Chair will ask other Non-Executive members to act as members of the committee so that quorum is achieved. This will be drawn to the attention of the Board.

#### **4. MEETINGS**

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

#### **5. REMIT**

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

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

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

#### **Allocation and Use of Resources**

- 5.3 The Committee has key responsibilities for:

- reviewing the development of the Board's Financial Strategy in support of the Annual Operational / Remobilisation Plan, and recommending approval to the Board;
  - reviewing all resource allocation proposals outwith authority delegated by the Board and make recommendations to the Board thereon;
  - monitoring the use of all resources available to the Board; and
  - reviewing all matters relating to Best Value.
- 5.4 Specifically, the Committee is charged with recommending to the Board annual revenue and capital budgets and financial plans consistent with its statutory financial responsibilities. It shall also have responsibility for the oversight of the Board's Capital Programme (including individual Business Cases for Capital Investment) and the review of the Property Strategy (including the acquisition and disposal of property), and for making recommendations to the Board as appropriate on any issue within its terms of reference.
- 5.5 The Committee will receive minutes from the Pharmacy Practices Committee and the Primary Medical Services Committee. Issues arising from these Committees will be brought to the attention of the Chair of the Finance, Performance and Resources Committee for further consideration as required.
- 5.6 The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit and Risk Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.
- 5.7 The Annual Report will include the Committee's assessment and conclusions on its effectiveness over the financial year in question.
- 5.8 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.
- 5.9 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".
- 6. AUTHORITY**
- 6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.
- 6.2 In order to fulfil its remit, the Finance, Performance and Resources Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

- 6.3 The authority of the Committee is included in the Board's Scheme of Delegation, as set out in the Purpose and Remit of the Committee.

**7. REPORTING ARRANGEMENTS**

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

## REMUNERATION COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: \*\*\*

### 1. PURPOSE

- 1.1 To consider and agree performance objectives and performance appraisals for staff in the Executive cohort and to oversee performance arrangements for designated senior managers.
- 1.2 To direct the appointment process for the Chief Executive and Executive Members of the Board.

### 2. COMPOSITION

- 2.1 The membership of the Remuneration Committee will be:
  - Fife NHS Board Chairperson
  - Two Non-Executive Board members
  - Chief Executive
  - Employee Director
- 2.2 The Director of Workforce shall act as Lead Officer for the Committee.
- 2.3 The NHS Fife Chief Executive will leave the meeting when there is any discussion with regard to their own performance. The Director of Workforce will leave the meeting when there is any discussion with regard to their own performance.

### 3. QUORUM

- 3.1 Meetings will be quorate when at least three members are present, at least two of whom are Non-Executive members.

### 4 MEETINGS

- 4.1 The Committee shall meet as necessary, but not less than three times a year.
- 4.2 The Fife NHS Board Chairperson will chair the Committee. If the Chairperson is absent from the meeting, one of the other Non-Executive members will chair the meeting.
- 4.3 The agenda and supporting papers for each meeting will be sent out at least five clear days before the meeting.
- 4.4 The full minutes will be circulated to all Committee members. Minutes edited to remove all personal details will be circulated to the Board.

**5 REMIT**

5.1 The remit of the Remuneration Committee is to consider:

- job descriptions for the Executive cohort;
- other terms of employment which are not under Ministerial direction;
- to hear and determine appeals against the decisions of the Consultant Discretionary Awards Panel. The Remuneration Committee can make decisions regarding Discretionary Points in exceptional circumstances;
- agree performance objectives and appraisals directly for the Executive cohort only, and oversee arrangements for designated senior managers;
- redundancy, early retiral or termination arrangement in respect of all staff in situations where there is a financial impact upon the Board (this excludes early retiral on grounds of ill health) and approve these or refer to the Board as it sees fit.

5.2 The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit & Risk Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the Committee by the end of May each year for presentation to the Audit & 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 will undertake an annual self-assessment of its work and effectiveness.

5.5 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 Remuneration 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 and Standing Financial Instructions and is set out in the Purpose and Remit of the Committee.

**7. REPORTING ARRANGEMENTS**

- 7.1 The Remuneration Committee reports directly to the Fife NHS Board on its work. Minutes of the Committee, edited to remove all personal details, are presented to the Board by the Committee Chairperson, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.

## 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
- 2.2 Each member shall give notification if they are unable to attend a meeting. For Non-Executive members, they shall notify the Chair, who may ask other Non-Executive members to act as members of the Committee to achieve a quorum. Foref the 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.
- 2.3 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:
  - Director of Workforce
  - Director of Acute Services
  - Director of Health & Social Care
  - Board Secretary

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

2.4 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~~ present.

There may be occasions when due to unavailability of the above Non-Executive members the Chair will ask other Non-Executive members to act as members of the Committee so that quorum is achieved. 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 proposed 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.

## STANDING FINANCIAL INSTRUCTIONS

## INDEX

	Page No.
1. <a href="#">Introduction</a>	39
2. <a href="#">Key Responsibilities for Financial Governance</a>	40
3. <a href="#">Audit</a>	44
4. <a href="#">Financial Management</a>	47
5. <a href="#">Annual Accounts and Reports</a>	50
6. <a href="#">Banking and Cash Handling</a>	50
7. <a href="#">Security of Assets</a>	52
8. <a href="#">Pay</a>	52
9. <a href="#">Non Pay</a>	53
10. <a href="#">Primary Care Contractors</a>	60
11. <a href="#">Income and Scottish Government Allocations</a>	61
12. <a href="#">Financial Management System</a>	61
13. <a href="#">Condemnations, Losses and Special Payments</a>	62
14. <a href="#">Risk Management</a>	63
15. <a href="#">Retention of Documents</a>	64
16. <a href="#">Patient's Property and Funds</a>	64
17. <a href="#">Stores</a>	65
18. <a href="#">Authorisation Limits</a>	66
19. <a href="#">Endowment Funds</a>	66

## 1. INTRODUCTION

1.1 Standing Financial Instructions (SFIs) are issued in accordance with the financial directions made under the provisions of the NHS (Financial Provisions) (Scotland) Regulations 1974, and all other enabling powers, for the regulation of the conduct of the Board, its members, officers and agents in relation to all financial matters. These SFIs form part of the Standing Orders and should be used along with the Standing Orders and Scheme of Delegation.

### 1.2 Terminology

Any expression to which a meaning is given in the Health Service Acts, Scottish Statutory Instrument number 302 (2001) which brought NHS Boards into being, or in the financial regulations made under the Acts shall have the same meaning in these Instructions; and:

- (a) "NHS Fife" means all elements of the NHS under the auspices of Fife Health Board.
- (b) "Board" and "Health Board" mean Fife NHS Board, the common name of Fife Health Board.
- (c) "Budget" means a resource expressed in financial terms and set by the Board for the purposes of carrying out for a specified period any or all functions of the Health Board.
- (d) "Chief Executive" means the Chief Officer of the Health Board.
- (e) "Director of Finance" means the Chief Financial Officer of the Health Board.
- (f) "Budget Holder" means any individual with delegated authority to manage finances (Income and/or expenditure) for a specific area of the Board.

1.3 All staff individually and collectively are responsible for the security of the property of the Board, for avoiding loss, for economy and efficiency in the use of the resources and for conforming with the requirements of the Code of Corporate Governance, including Standing Orders, Standing Financial Instructions and Financial Operating Procedures.

1.4 The Director of Finance, on behalf of the Chief Executive, shall be responsible for supervising the implementation of the Board's Standing Financial Instructions and Financial Operating Procedures and for co-ordinating any action necessary to further these as agreed by the Chief Executive. The Director of Finance shall review these at least every three years and be accountable to the Board for these duties.

1.5 Wherever the title, Chief Executive, Director of Finance, or other nominated officer is used in these Instructions, it shall be deemed to include such other staff who have been duly authorised to represent them.

1.6 All relevant employees and agents shall be provided with a copy of these SFIs and are required to complete a form stating that these Instructions have been read and understood and that the individual will comply with the Instructions. They must also sign for any amendments.

- 1.7 Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Director of Finance must be sought before acting.
- 1.8 Failure to comply with Standing Financial Instructions is a disciplinary matter, which could result in dismissal.
- 1.9 The Standing Financial Instructions along with the Scheme of Delegation and Financial Operating Procedures provide details of delegated financial responsibility and authority.

## **2. KEY RESPONSIBILITIES FOR FINANCIAL GOVERNANCE**

### **The Board and Audit and Risk Committee**

- 2.1 The Board shall approve these SFIs and Scheme of Delegation
- 2.2 The Board shall ensure and be assured that the SFIs and Scheme of Delegation are complied with at all times.
- 2.3 The Board shall agree the terms of reference of the Audit and Risk Committee, which must conform with extant Scottish Government Instruction and other guidance on good practice.
- 2.4 The Board shall perform its functions within the total funds allocated by the Scottish Government.

### **The Chief Executive (Accountable officer)**

- 2.5 The Chief Executive as Accountable Officer for the organisation is ultimately responsible for ensuring that the Board meets its obligations to perform its functions within the allocated financial resources. The Director of Finance is responsible for providing a sound financial framework that assists the Chief Executive when fulfilling these commitments.
- 2.6 The Board shall delegate executive responsibility for the performance of its functions to the Chief Executive. Board Members shall exercise financial supervision and control by requiring the submission and approval of budgets within approved allocations, by defining and approving essential features of the arrangements in respect of important procedures and financial systems, including the need to obtain value for money, and by defining specific responsibilities placed on individuals.
- 2.7 It shall be the duty of the Chief Executive to ensure that existing staff and all new employees and agents are notified of their responsibilities within these Instructions.

## **The Director of Finance**

- 2.8 Without prejudice to any other functions of employees of the Board, the duties of the Director of Finance shall include the provision of financial advice to the Board and its employees, the design, implementation and supervision of systems of financial control and preparation and maintenance of such accounts, certificates, estimates, records and reports as the Board may require for the purpose of carrying out its statutory duties.
- 2.9 The Director of Finance shall keep records of the Board's transactions sufficient to disclose with reasonable accuracy at any time the financial position of the Board.
- 2.10 The Director of Finance shall require any individual who carries out a financial function to discharge his duties in a manner, and keep any records in a form, that shall be to the satisfaction of the Director of Finance.
- 2.11 The Director of Finance shall prepare, document and maintain detailed financial procedures and systems incorporating the principles of separation of duties and internal checks to supplement these Standing Financial Instructions.
- 2.12 The Director of Finance shall be responsible for setting the Board's accounting policies, consistent with the Scottish Government and Treasury guidance and generally accepted accounting practice.
- 2.13 The Director of Finance will either undertake the role of Fraud Liaison Officer or nominate another senior manager to the role, to work with Counter Fraud Services and co-ordinate the reporting of Fraud and Thefts.
- 2.14 The Director of Finance is entitled without necessarily giving prior notice to require and receive:-
- access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
  - access at all reasonable times to any land, premises or employee of the health board;
  - the production of any cash, stores or other property of the health board under an employee's control; and
  - explanations concerning any matter under investigation.

## **All Directors and Employees**

- 2.15 All directors and employees, individually and working together, are responsible for:

- Keeping the property of the Board secure, and to apply appropriate routine security practices as may be determined by the Board. This includes:-
  - a. ensuring that the assets within their area of responsibility are included within the appropriate asset register (see Section 7);
  - b. ensuring that asset records/registers are kept up-to-date;
  - c. performing verification exercises to confirm the existence and condition of the assets, and the completeness of the appropriate asset register; and
  - d. following any prescribed procedures to notify the organisation of any theft, loss or damage to assets.
- Avoiding loss;
- Securing Best Value in the use of resources; and
- Following these SFIs and any other policy or procedure that the Board may approve.

2.16 All budget holders shall ensure that:-

- Information is provided to the Director of Finance to enable budgets to be compiled;
- Budgets are only used for their stated purpose; and
- Budgets are never exceeded.

2.17 When a budget holder expects his expenditure will exceed his delegated budget, he must secure an increased budget, or seek explicit approval to overspend before doing so.

2.18 All NHS staff who commit NHS resources directly or indirectly must be impartial and honest in their conduct of business and all employees must remain beyond suspicion.

2.19 All employees shall observe the requirements of MEL (1994) 48, which sets out the Code of Conduct for all NHS staff. There are 3 crucial public service values which underpin the work of the health service:-

### **Conduct**

There should be an absolute standard of honesty and integrity which should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers; in the use of information acquired in the course of NHS duties; in dealing with the assets of the NHS.

### **Accountability**

Everything done by those who work in the NHS must be able to stand the test of parliamentary and public scrutiny, judgements on propriety and professional codes of conduct.

**Openness**

The Board should be open about its activities and plans so as to promote confidence between the component parts of NHS Fife, other health organisations and its staff, patients and the public.

**2.20 All employees shall:-**

- Ensure that the interest of patients remain paramount at all times;
- Be impartial and honest in the conduct of their official business;
- Use the public funds entrusted to them to the best advantage of the service, always ensuring value for money; and
- Demonstrate appropriate ethical standards of personal conduct.

**2.21 Furthermore all employees shall not:-**

- Abuse their official position for the personal gain or to the benefit of their family or friends;
- Undertake outside employment that could compromise their NHS duties; and
- Seek to advantage or further their private business or interest in the course of their official duties.

**2.22 The Director of Finance shall publish supplementary guidance and procedures in the form of Financial Operating Procedures to ensure that the above principles are understood and applied in practice.****2.23 The Chief Executive shall establish procedures for voicing complaints or concerns about misadministration, breaches of the standards of conduct, suspicions of criminal behaviour (e.g. theft, fraud, bribery) and other concerns of an ethical nature.****2.24 All employees must protect themselves and the Board from any allegations of impropriety by seeking advice from their line manager, or from the appropriate contact point, whenever there is any doubt as to the interpretation of these standards.****3. AUDIT**



### **Audit and Risk Committee**

- 3.1 In accordance with Standing Orders the Board shall formally establish an Audit and Risk Committee, with clearly defined terms of reference.
- 3.2 Where the Audit and Risk Committee feels there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the committee wish to raise, the Chairperson of the Audit and Risk Committee should raise the matter at a full meeting of the Board. In considering whether to do so, the Committee must be mindful of the arrangements with NHS Counter Fraud Services (CFS) and the role of the Fraud Liaison Officer (FLO). Exceptionally, the matter may need to be referred to the Scottish Government Health & Social Care Directorates (SGHSCD).
- 3.3 It is the responsibility of the Audit and Risk Committee to ensure an effective internal audit service is provided and this will be largely influenced by the professional judgement of the Director of Finance.

### **Director of Finance**

- 3.4 The Director of Finance is responsible for:
  - a. Ensuring there are arrangements to measure, evaluate and report on the effectiveness of internal control and efficient use of resources, including the establishment of a professional internal audit function headed by a Chief Internal Auditor;
  - b. Ensuring that Internal Audit is adequate and meets the mandatory NHS internal audit standards;
  - c. Taking appropriate steps, in line with SGHSCD guidance, to involve CFS and/or the Police in cases of actual or suspected fraud, misappropriation, and other irregularities;
  - d. Ensuring that the Chief Internal Auditor prepares the following risk based plans for approval by the Audit and Risk Committee:
    - Strategic audit plan covering the coming four years,
    - A detailed annual plan for the coming year.
  - e. Ensuring that an annual internal audit report is prepared by the Chief Internal Auditor, in accordance with the timetable laid down by the Audit and Risk Committee, for the consideration of the Audit and Risk Committee and the Board.

The report should include:

- A clear statement on the adequacy and effectiveness of internal control;
- Main internal control issues and audit findings during the year;

- Extent of audit cover achieved against the plan for the year.
  - f. Progress on the implementation of internal audit recommendations including submission to the Audit and Risk Committee.
- 3.5 The Director of Finance shall refer audit reports to the appropriate officers designated by the Chief Executive and failure to take any necessary remedial action within a reasonable period shall be reported to the Chief Executive.

### Internal Audit

- 3.6 Internal Audit shall adopt the Public Sector Internal Audit Standards (PSIAS), which are mandatory and which define internal audit as “an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.”

Minor deviations from the PSIAS should be reported to the Audit and Risk Committee. More significant deviations should be considered for inclusion in the Annual Governance Statement.

- 3.7 Internal Audit activity must evaluate and contribute to the improvement of governance, risk management and control processes using a systematic and disciplined approach. Internal Audit activity and scope is fully defined within the Audit plan, approved by the Audit & Risk Committee.
- 3.8 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Director of Finance, as the FLO, must be notified immediately, and before any detailed investigation is undertaken.
- 3.9 The Chief Internal Auditor (or Counter Fraud Services staff, acting on the Director of Finance’s behalf on any matters related to the investigation of fraud) is entitled without necessarily giving prior notice to require and receive:
- (a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature (in which case he shall have a duty to safeguard that confidentiality), within the confines of the data protection act.
  - (b) Access at all reasonable times to any land, premises or employees of the Board;

- (c) The production or identification by any employee of any cash, stores or other property of the Board under an employee's control; and
  - (d) Explanations concerning any matter under investigation.
- 3.10 The Chief Internal Auditor, or appointed representative, will normally attend Audit and Risk Committee meetings; and has a right of access to all Audit Committee members, the Chairperson and Chief Executive of the Board.
- 3.11 The Chief Internal Auditor shall be accountable to the Director of Finance. The reporting and follow-up systems for internal audit shall be agreed between the Director of Finance, the Audit and Risk Committee and Chief Internal Auditor. The agreement shall comply with the guidance on reporting contained in Government Internal Audit Standards.

### **External Audit**

- 3.12 The External Auditor is concerned with providing an independent assurance of the Board's financial stewardship including value for money, probity, material accuracy, compliance with guidelines and accepted accounting practice for NHS accounts. Responsibility for securing the audit of the Board rests with Audit Scotland. The appointed External Auditor's statutory duties are contained in the Public Finance and Accountability (Scotland) Act 2000 which supersedes the Local Government (Scotland) Act 1973 (Part VII) as amended by the National Health Services and Community Care Act 1990.
- 3.13 The appointed auditor has a general duty to satisfy himself that:
- (a) The Board's accounts have been properly prepared in accordance with the Direction of the Scottish Ministers to comply with the accounting principles and disclosure requirements of the edition of the Government Financial Reporting Manual (FReM) which is in force for the year for which the statement of accounts are prepared;
  - (b) Proper accounting practices have been observed in the preparation of the accounts;
  - (c) The Board has made proper arrangements for securing economy, efficiency and effectiveness in the use of its resources.
- 3.14 In addition to these responsibilities, Audit Scotland's Code of Audit Practice requires the appointed auditor to consider:
- (a) Whether the statement of accounts presents fairly the financial position of the Board;
  - (b) The Board's main financial systems;
  - (c) The arrangements in place at the Board for the prevention and detection of fraud and corruption;
  - (d) Aspects of the performance of particular services and activities;

- (e) The Board's management arrangements to secure economy, efficiency and effectiveness in the use of resources.
- 3.15 The Board's Audit and Risk Committee provides a forum through which Non-Executive Members can secure an independent view of any major activity within the appointed auditor's remit. The Audit and Risk Committee has a responsibility to ensure that the Board receives a cost-effective audit service and that co-operation with Board senior managers and Internal Audit is appropriate.
- 3.16 The External Auditor, or appointed representative, will normally attend Audit and Risk Committee meetings; and has a right of access to all Audit and Risk Committee members, the Chairperson and Chief Executive of the Board.

#### **4. FINANCIAL MANAGEMENT**

This section applies to both revenue and capital budgets.

##### **Planning**

- 4.1 The Scottish Government has set the following financial targets for all boards:-
  - To operate within the revenue resource limit.
  - To operate within the capital resource limit.
  - To operate within the cash requirement.
- 4.2 The Chief Executive shall produce an Annual Operational Plan. The Chief Executive shall submit a Plan for approval by the Board that takes into account financial targets and forecast limits of available resources. The Annual Operational Plan shall contain:-
  - a statement of the significant assumptions within the Plan; and
  - details of major changes in workload, delivery of services or resources required to achieve the plan.
- 4.3 Before the financial year begins, the Director of Finance shall prepare and present a financial plan to the Board. The report shall:-
  - show the total allocations received from the Scottish Government and their proposed uses, including any sums to be held in reserve;
  - be consistent with the Annual Operational Plan;
  - be consistent with the Board's financial targets;
  - identify potential risks;

- identify funding and expenditure that is of a recurring nature; and
  - identify funding and expenditure that is of a non-recurring nature.
- 4.4 The Health Board shall approve the financial plan for the forthcoming financial year.
- 4.5 The Director of Finance shall continuously review the financial plan, to ensure that it meets the Board's requirements and the delivery of financial targets.
- 4.6 The Director of Finance shall regularly update the Board on significant changes to the allocations and their uses.
- 4.7 The Director of Finance shall keep the Chief Executive and the Board informed of the financial consequences of changes in policy, pay awards and other events and trends affecting budgets and shall advise on the financial and economic aspects of future plans and projects.
- 4.8 The Director of Finance shall establish the systems for identifying and approving how the Board's capital allocation will be used, consisting of proposals for individual schemes, major equipment, IT developments, backlog maintenance, statutory compliance works and minor scheme provision. The approval of business cases shall be as described in the Scheme of Delegation.
- 4.9 The Director of Finance shall release capital funds allowing for project start dates and phasing.

### **Budgetary Control**

- 4.10 The Board shall approve the opening budgets for each financial year on an annual basis.
- 4.11 The Chief Executive shall delegate the responsibility for budgetary control to designated budget holders. The Scheme of Delegation sets out the delegated authorities to take decisions and approve expenditure for certain posts.
- 4.12 Employees shall only act on their delegated authority when there is an approved budget in place to fund the decisions they make.
- 4.13 Delegation of budgetary responsibility shall be in writing and be accompanied by a clear definition of:-
- the amount of the budget;
  - the purpose(s) of each budget heading;
  - what is expected to be delivered with the budget in terms of organisational performance; and
  - how the budget holder will report and account for his or her budgetary performance.

- 4.14 The Chief Executive may agree a virement procedure that would allow budget holders to transfer resources from one budget heading to another. The Board shall set the virement limits for the Chief Executive and the Chief Executive shall ensure these are not exceeded
- 4.15 If the budget holder does not require the full amount of the budget delegated to him for the stated purpose (s), and virement is not exercised, then the amount not required shall revert back to the Chief Executive.
- 4.16 The Director of Finance shall devise and maintain systems of budgetary control. These will include:-
- monthly financial reports to the Board in a form approved by the Board containing:-
    - a. net expenditure of the Board for the financial year to date; and
    - b. a forecast of the Board's expected net expenditure for the remainder of the year on a monthly basis from (at the latest) the month 6 position onwards.
    - c. capital project spend and projected outturn against plan;
    - d. explanations of any material variances from plan and/or emerging trends;
    - e. details of any corrective action where necessary and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;
  - the issue of timely, accurate and comprehensible advice and financial reports to each holder of a budget, including those responsible for capital schemes, covering the areas for which they are responsible;
  - investigation and reporting of variances from agreed budgets;
  - monitoring of management action to correct variances and/or emerging adverse trends; and
  - ensuring that adequate training is delivered on an on-going basis to budget holders.

### **Monitoring**

- 4.17 The Director of Finance shall provide monthly reports in the form requested by the Cabinet Secretary showing the charge against the Board's resource limits on the last day of each month.

## **5. ANNUAL ACCOUNTS AND REPORTS**

- 5.1 The Director of Finance, on behalf of the Board, shall prepare, certify and submit audited Annual Accounts to the SGHSCD in respect of each financial year in such a form as the SGHSCD may direct.
- 5.2 The Director of Finance will ensure that the Annual Accounts and financial returns are prepared in accordance with the guidance issued in the Government Financial Reporting Manual (FReM), detailing the accounts and returns to be prepared, the accounting standards to be adopted and the timetable for submission to the SGHSCD.
- 5.3 The Audit and Risk Committee will ensure that the Annual Accounts are reviewed and submitted to the Board for formal approval and the Chief Executive will ensure that they are recorded as having been so presented. The Annual Accounts will be subject to statutory audit by the external auditor appointed by Audit Scotland.
- 5.4 The Director of Finance shall prepare a Financial Statement for inclusion in the Board's Annual Report, in accordance with relevant guidelines, for submission to Board members and others who need to be aware of the Board's financial performance.
- 5.5 The Board shall publish an Annual Report, in accordance with the Scottish Government's guidelines on local accountability requirements.

## 6. BANKING AND CASH HANDLING

- 6.1 The Director of Finance shall manage the Board's banking arrangements and advise the Board on the provision of banking services and operation of accounts. This advice shall take into account guidance/Directions issued from time to time by the Scottish Government.
- 6.2 The Director of Finance shall ensure that the banking arrangements operate in accordance with the Scottish Government banking contract and Government Banking Service (GBS) and the Scottish Public Finance Manual.
- 6.3 The Board shall approve the banking arrangements. No employee may open a bank account for the Board's activities or in the Board's name, unless the Board has given explicit approval.
- 6.4 The Director of Finance shall:-

- Establish separate bank accounts for non-exchequer funds;
- Establish a separate bank account for all capital building projects where the budget is over £2m. This account will be used solely to process payments to Preferred Supply Chain Partners (PSCP);
- Ensure payments made from bank or GBS accounts do not exceed the amount credited to the account, except where arrangements have been made;

- Ensure money drawn from the Scottish Government against the Cash Requirement is required for approved expenditure only, and is drawn down only at the time of need;
  - Promptly bank all monies received intact. Expenditure shall not be made from cash received that has not been banked, except under exceptional arrangements approved by the Director of Finance; and
  - Report to the Board all arrangements made with the Board's bankers for accounts to be overdrawn.
- 6.5 The Director of Finance shall prepare detailed instructions on the operation of bank and GBS accounts, which must include:-
- The conditions under which each bank and GBS account is to be operated;
  - Ensuring that the GBS account is used as the principal banker and that the amount of cleared funds held at any time within exchequer commercial bank accounts is limited to a maximum of £50,000 (of cleared funds). The bank account for capital building projects will only hold funds transferred from the GBS principal account to the value of the certified payment due at that time;
  - The limit to be applied to any overdraft;
  - Those authorised to sign cheques or other orders drawn on the Board's accounts; and
  - The required controls for any system of electronic payment.
- 6.6 The Director of Finance shall:-
- Approve the stationery for officially acknowledging or recording monies received or receivable, and keep this secure;
  - Provide adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and
  - Approve procedures for handling cash and negotiable securities on behalf of the Board.
- 6.7 Money in the custody of the Board shall not under any circumstances be used for the encashment of private cheques.
- 6.8 The holders of safe keys shall not accept unofficial funds for depositing in their safes other than in exceptional circumstances. Such deposits must be in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Board is not to be held liable for any loss, and written



indemnities must be obtained from the organisation or individuals absolving the Board from responsibility for any loss.

## 7. SECURITY OF ASSETS

- 7.1 Overall responsibility for the security of the Board's assets rests with the Board's Chief Executive. All members and employees have a responsibility for the security of property of the Board and it shall be an added responsibility of senior staff in all disciplines to apply appropriate routine security practices in relation to NHS property. Any significant breach of agreed security practice should be reported to the Chief Executive.
- 7.2 Wherever practicable, items of equipment shall be marked as property of Fife NHS Board.
- 7.3 The Chief Executive shall define the items of equipment to be controlled, and officers designated by the Chief Executive shall maintain an up-to-date register of those items. This shall include separate records for equipment on loan from suppliers, and lease agreements in respect of assets held under a finance lease and capitalised.
- 7.4 The Director of Finance shall approve the form of register and the method of updating which shall incorporate all requirements extant for capital assets.
- 7.5 Additions to the fixed asset register must be added to the records based on the documented cost of the asset at the time of acquisition.
- 7.6 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorised documentation.
- 7.7 The value of each asset where applicable shall be indexed to current values and depreciated using methods and rates as suggested in the Capital Accounting Manual and notified by the SGHSCD.
- 7.8 Revaluation of land and buildings will be provided by the Board's recommended Valuation Agent on a rolling annual programme designed to ensure that all such assets are revalued once every five years.
- 7.9 Annual indexation for land and buildings not included in the revaluation exercise in any given year will be provided by the Board's recommended Valuation Agent.
- 7.10 Any damage to the Board's premises, vehicles and equipment, or any loss of equipment or supplies shall be reported by staff in accordance with the procedure for reporting losses.

## 8. PAY

### Remuneration Committee

- 8.1 The Board shall approve the terms of reference for the Remuneration Committee, in line with any extant guidance or requirements.

- 8.2 The Board shall remunerate the Chair and other Non-Executive directors in accordance with instructions issued by Scottish Government

**Processes**

- 8.3 The Chief Executive shall establish a system of delegated budgetary authority within which budget holders shall be responsible for the engagement of staff within the limits of their approved budget.
- 8.4 All time records, payroll timesheets and other pay records and notifications shall be in a form approved by the Director of Finance and shall be authorised and submitted in accordance with his/her instructions. This also includes the payment of expenses and additions to pay whether via e-Expenses, SSTS or other arrangements, including manual systems.
- 8.5 The Director of Finance shall be responsible for ensuring that rates of pay and relevant conditions are applied in accordance with current agreements. The Chief Executive, or the Board in appropriate circumstances, shall be responsible for the final determination of pay. There will be no variation to agreed terms and conditions without the prior approval of the Director of Human Resources and Director of Finance. The Director of Finance shall determine the dates on which the payment of salary and wages are to be made. These may vary due to special circumstances (e.g. Christmas and other Public Holidays). Payments to an individual shall not be made in advance of normal pay, except:
- a. To cover a period of authorised leave, involving absence on the normal pay day; or
  - b. As authorised by the Chief Executive and Director of Finance to meet special circumstances, and limited to the net pay due at the time of payment.
- 8.6 Wherever possible, officers should not compile their own payroll input. Where it is unavoidable that the compiler of the payroll input is included on that input, then the entry in respect of the compiler must be supported by evidence that it has been checked and found to be appropriate by another officer holding a higher position.
- 8.7 Under no circumstance should officers authorise/approve their own payroll input or expenses.
- 8.8 All employees shall be paid by bank credit transfer unless otherwise agreed by the Director of Finance.
- 8.9 The Board shall delegate responsibility to the Director of Workforce for ensuring that all employees are issued with a contract of employment in a form approved by the Board and which complies with employment legislation and any extant NHS policies.

**9. NON PAY**

## **Tendering, Contracting and Purchasing Procedures**

- 9.1 The Director of Finance shall prepare detailed procedural instructions on the obtaining of goods, services and works, incorporating thresholds set by the Board. The current Authorisation Limits are set out in Scheme of Delegation and the Financial Operating Procedures.
- 9.2 The Chief Executive shall designate a senior officer as the lead senior officer for procurement, and this person shall oversee the procurement of goods and services, to ensure there is an adequate approval of suppliers and their supplies based on cost and quality.
- 9.3 NSS National Procurement shall undertake procurement activity on a national basis on behalf of boards (including NHS Fife), and the Board shall implement these nationally negotiated contracts.
- 9.4 The Board shall operate within the processes established for the procurement of publicly funded construction work.
- 9.5 The Board shall comply with Public Contracts (Scotland) Regulations 2012 (and any subsequent relevant legislation) for any procurement it undertakes directly.
- 9.6 The Director of Finance shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.
- 9.7 All other aspects of procurement activity must follow the requirements of the Standing Orders and SFIs. Any decision to depart from the requirements of this section must have the approval of NHS Fife Board.
- 9.8 The Director of Finance shall:-
  - Advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained in accordance with the Public Contracts (Scotland) Regulations, as issued annually through Scottish Statutory Instrument.
  - Ensure the preparation of comprehensive procedures for all aspects of procurement activity.
- 9.9 The following basic principles shall be generally applied:-
  - Procurement activity satisfies all legal requirements;
  - Adequate contracts are in place with approved suppliers for the supply of approved products and services;
  - Segregation of duties is applied throughout the process;
  - Adequate approval mechanisms are in place before orders are raised;

- All deliveries are checked for completeness and accuracy, and confirmed before approval to pay is made; and
- All payments made are in accordance with previously agreed terms, and what the Board has actually received.

#### 9.10 Limits of Authorisation of Orders

##### (a) Up to £100,000

- All Corporate Directors, Director of Acute Services and the Director of Health & Social Care can on their own authority commit expenditure up to £100,000 provided this is within the budgets for which they have responsibility.
- All other orders with a value up to £100,000 are subject to a scheme of delegation to Designated Ordering Officers with assigned limits. This scheme is detailed in the Financial Operating Procedures

##### (b) £100,000 to £1,000,000

All orders between £100,000 and £1,000,000 submitted by any authorised officer must be countersigned by the Board Chief Executive, Director of Acute Services, Director of Health & Social Care (or a designated deputy for them), or Director of Finance.

##### (c) Above £1,000,000 and less than £2,000,000

All orders above £1,000,000 and less than £2,000,000 must be authorised by the Board Chief Executive and the Director of Finance, subject to the expenditure having been approved by the Board as part of a capital or revenue plan.

##### (d) The placing of annual orders and the acceptance of all annual contracts over £2,000,000, whether capital or revenue, is reserved to the Board and must be authorised by the Board Chief Executive and Director of Finance.

#### 9.11 For all orders raised between £2,500 and £10,000 there is a requirement for the ordering officer to obtain two written quotations. Orders over £10,000 and up to £25,000 should ensure 3 tendered quotes are received subject to the Board's tendering procedures.

In the following exceptional circumstances, except in cases where EU Directives must be adhered to, the Director of Finance and Chief Executive, as specified in the Scheme of Delegation, can approve the waiving of the above requirements. Where goods and services are supplied on this basis and the value exceeds £2,500, a "Waiver of Competitive Tender/Quotation" may be granted by completing a Single Source Justification form for approval by the

appropriate director and the Head of Procurement. Where the purchase of equipment is valued in excess of £5,000 and where the purchase of other goods and services on this basis exceeds £10,000, the completed Single Source Justification Form shall be endorsed by the Director of Finance and Chief Executive and submitted to the Audit and Risk Committee.

At least one of the following conditions must be outlined in the Single Source Justification Form:

1. where the repair of a particular item of equipment can only be carried out by the manufacturer;
2. where the supply is for goods or services of a special nature or character in respect of which it is not possible or desirable to obtain competitive quotations or tenders;
3. a contractors special knowledge is required;
4. where the number of potential suppliers is limited, and it is not possible to invite the required number of quotations or tenders, or where the required number do not respond to an invitation to tender or quotation to comply with these SFIs;
5. where, on the grounds of urgency, or in an emergency, it is necessary that an essential service is maintained or where a delay in carrying out repairs would result in further expense to NHS Fife.

In the case of 1, 2, 3, and 4 above, the Waiver of Competitive Tender/Quotation Form must be completed in advance of the order being placed, but may be completed retrospectively in the case of 5.

The Head of Procurement will maintain a record of all such exceptions.

Where additional works, services or supplies have become necessary and a change of supplier/contractor would not be practicable (for economic, technical or interoperability reasons) or would involve substantial inconvenience and/or duplication of cost, an existing contractor may be asked to undertake additional works providing the additional works do not exceed 50% of the original contract value and are provided at a value for money cost which should normally be at an equivalent or improved rate to the original contract.

When goods or services are being procured for which quotations or tenders are not required and for which no contract exists, it will be necessary to demonstrate that value for money is being obtained. Written notes/documentation to support the case, signed by the responsible Budget Holder, must be retained for audit inspection.

Further detail on the ordering of goods and services and relevant documentation are set out in the Financial Operating Procedures.

The use of supplies within the Office of Government (OGC) framework agreements may negate the need for three competitive tenders. The use of this route must always be recorded. In all instances, the regulations in respect of Official Journal of the European Union (OJEU) must be followed.

- 9.12 No order shall be issued for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Executive from the overall financial resources available to the Board.
- 9.13 Orders shall not be placed in a manner devised to avoid the financial thresholds specified by the Board within the Scheme of Delegation.
- 9.14 All procurement on behalf of the Board must be made on an official order on the e-Procurement system (PECOS).
- 9.15 The Board shall not make payments in advance of need. However payment in advance of the receipt of goods or services is permitted in accordance with the SPFM and where approved by the lead senior officer for procurement who shall be a member of the Finance Directorate Senior Team. Examples of such instances are:-
- Items such as conferences, courses and travel, foreign currency transactions, where payment is to be made at the time of booking.
  - Where payment in advance of complete delivery is a legal or contractual requirement, e.g. maintenance contracts, utilities, rates.
  - Where payment in advance is necessary to support the provision of services/delivery of a project by external providers (e.g. grants to local authorities or voluntary bodies.)
- 9.16 Purchases from petty cash shall be undertaken in accordance with procedures stipulated by the Director of Finance.

### **Commissioning of Patient Services**

- 9.17 The Director of Finance, jointly with the Director of Acute Services or Director of Health & Social Care will ensure service agreements are in place with other healthcare providers for the delivery of patient services, ensuring the appropriate financial details are contained and clarity on reporting of performance, quality and safety issues.
- 9.18 The Director of Finance shall be responsible for maintaining a system for the payment of invoices in respect of patient services in accordance with agreed terms and national guidance and shall ensure that adequate financial systems are in place to monitor and control these.

### **Payment of Accounts and Expense Claims**

- 9.19 The Director of Finance shall be responsible for the prompt payment of all accounts and expense claims. The Director of Finance shall publish the Board's performance in achieving the prompt payment targets in accordance with specified terms and national guidance.
- 9.20 The Director of Finance shall be responsible for designing and maintaining a system for the verification, recording and payment of all amounts payable by

the Board. The system shall provide for authorisation by agreed delegated officers, a timetable and system for the payment of accounts and instruction to staff regarding handling, checking and payment of accounts and claims.

- 9.21 The Director of Finance shall ensure that payments for goods and services are made only after goods and services are received. Prepayments will be permitted in exceptional circumstances and with the prior approval of the Director of Finance

### **Additional Matters for Capital Expenditure**

#### **Overall Arrangements for the Approval of the Capital Plan**

- 9.22 The Board shall follow any extant national instructions on the approval of capital expenditure, such as the Scottish Capital Investment Manual. The authorisation process shall be described in the Scheme of Delegation.

- 9.23 The Chief Executive shall ensure that:-

- there is an adequate appraisal and approval process in place for determining capital expenditure priorities within the Property Strategy and the effect of each proposal upon business plans;
- all stages of capital schemes are managed, and are delivered on time and to cost;
- capital investment is not undertaken without confirmation that the necessary capital funding and approvals are in place; and
- all revenue consequences from the scheme, including capital charges, are recognised, and the source of funding is identified in financial plans.

#### **Implementing the Capital Programme**

- 9.24 For every major capital expenditure proposal the Chief Executive shall ensure:-

- that a business case as required by the Scottish Capital Investment Manual (SCIM) is produced setting out:-
  - a. an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs; and
  - b. appropriate project management and control arrangements; and
- that the Director of Finance has assessed the costs and revenue consequences detailed in the business case.

- 9.25 The approval of a business case and inclusion in the Board's capital plan shall not constitute approval of the individual elements of expenditure on any



scheme. The Chief Executive shall issue to the manager responsible for any scheme:-

- specific authority to commit expenditure; and
- following the required approval of the business case, authority to proceed to tender.

9.26 The Scheme of Delegation shall stipulate where delegated authority lies for:-

- approval to accept a successful tender; and
- where Frameworks Scotland applies, authority to agree risks and timelines associated with a project in order to arrive at a target price.

9.27 The Director of Finance shall issue procedures governing the financial management of capital investment projects (e.g. including variations to contract, application of Frameworks Scotland) and valuation for accounting purposes.

### **Public Private Partnerships and other Non-Exchequer Funding**

9.28 When the Board proposes to use finance which is to be provided other than through its capital allocations, the following procedures shall apply:-

- The Director of Finance shall demonstrate that the use of public private partnerships represents value for money and genuinely transfers significant risk to the private sector.
- Where the sum involved exceeds the Board's delegated limits, the business case must be referred to the Scottish Government for approval or treated as per current guidelines.
- Board must specifically agree the proposal.
- The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

### **Disposals of Assets**

9.29 The Director of Finance shall issue procedures for the disposal of assets including condemnations. All disposals shall be in accordance with MEL(1996)7: Sale of surplus and obsolete goods and equipment.

9.30 There is a requirement to achieve Best Value for money when disposing of assets belonging to the Health Board. A competitive process should normally be undertaken.

9.31 When it is decided to dispose of a Health Board asset, the head of department or authorised deputy will determine and advise the Director of Finance of the

estimated market value of the item, taking account of professional advice where appropriate.

9.32 All unserviceable articles shall be:-

- Condemned or otherwise disposed of by an employee authorised for that purpose by the Director of Finance.
- Recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Finance.

### **Capital Accounting**

9.33 The Director of Finance shall be notified when capital assets are sold, scrapped, lost or otherwise disposed of, and what the disposal proceeds were. The value of the assets shall be removed from the accounting records. Each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

9.34 The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

9.35 The value of each asset shall be indexed and depreciated in accordance with methods specified by the Capital Accounting Manual.

9.36 The Director of Finance shall calculate capital charges, which will be charged against the Board's revenue resource limit.

## **10. PRIMARY CARE CONTRACTORS**

10.1 In these SFIs and all other Board documentation, Primary Care contractor means:-

- an independent provider of healthcare who is registered to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in the United Kingdom (UK); or
- an employee of an National Health Service organisation in the UK who is registered to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in the UK.

10.2 The Primary Care Manager shall devise and implement systems to control the registers of those who are entitled to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in Fife. Systems shall include criteria for entry to and deletions from the registers.

10.3 The Director of Finance shall agree the Service Level Agreement (s) with NHS National Services Scotland for:-

- the development, documentation and maintenance of systems for the verification, recording and receipt of NHS income collected by or on behalf of primary care contractors; and
- the development, documentation and maintenance of systems for the verification, recording and payment of NHS expenditure incurred by or on behalf of primary care contractors.

10.4 The agreements at paragraph F10.3 shall comply with guidance issued from time to time by the Scottish Government. In particular they shall take account of any national systems for the processing of income and expenditure associated with primary care contractors.

10.5 The Director of Finance shall ensure that all transactions conducted for or on behalf of primary care contractors by the Board shall be subject to these SFIs.

## **11. INCOME AND SCOTTISH GOVERNMENT ALLOCATIONS**

11.1 The Director of Finance shall be responsible for designing and maintaining systems for the proper recording and collection of all monies due.

11.2 The Director of Finance shall take appropriate recovery action on all outstanding debts and shall establish procedures for the write-off of debts after all reasonable steps have been taken to secure payment.

11.3 The Director of Finance is responsible for ensuring the prompt banking of all monies received.

11.4 In relation to business development/income generation schemes, the Director of Finance shall ensure that there are systems in place to identify and control all costs and revenues attributed to each scheme.

11.5 The Director of Finance shall approve all fees and charges other than those determined by the Scottish Government or by Statute.

11.6 Scottish Government letters that change funding allocations must be signed by two members of the Finance Directorate Senior Team to evidence their review of the aggregate allocation received.

## **12. FINANCIAL MANAGEMENT SYSTEM**

12.1 The Director of Finance shall carry prime responsibility for the accuracy and security of the computerised financial data of the Board and shall devise and implement any necessary procedures to protect the Board and individuals from inappropriate use or misuse of any financial and other information held on computer files for which he is responsible, after taking account of all relevant legislation and guidance

12.2 The Director of Finance shall ensure that contracts for computer services for financial applications with another Board or any other agency shall clearly

define the responsibility of all the parties for the security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage.

- 12.3 The Director of Finance shall ensure that adequate data controls exist to provide for security of financial applications during data processing, including the use of any external agency arrangements.
- 12.4 The Director of Finance shall satisfy her/himself that such computer audit checks as s/he may consider necessary are being carried out.
- 12.5 The Director of Finance shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and are thoroughly tested prior to implementation.
- 12.6 Where another health organisation or any other agency provides a financial system service to the Board, the Director of Finance shall periodically seek assurances, through Audit where appropriate, that adequate controls are in operation and that disaster recovery arrangements are robust.

### **13. CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS**

- 13.1 Any employee or agent discovering or suspecting a loss of any kind shall forthwith inform his head of department, who shall immediately inform the Chief Executive and the Director of Finance. Where a criminal offence is suspected, the Director of Finance shall follow the Anti-Theft, Fraud, and Corruption Policy, as set out in the Financial Operating Procedures.
- 13.2 The Director of Finance shall notify the Audit and Risk Committee and Counter Fraud Services of all actual or suspected frauds. See 13.10 below.
- 13.3 In all instances where there is any suspicion of fraud then the guidance contained within NHS Circular, HDL (2005) 5: "Tackling Fraud in Scotland – Joint Action Programme. Financial Control : Procedures where criminal offences are suspected" must be followed. The Board's Fraud Liaison Officer (FLO) must be notified immediately of all cases of fraud or suspected fraud.
- 13.4 The Director of Finance shall issue procedures on the recording of and accounting for Losses and special payments to meet the requirements of the Scottish Public Finance Manual. These procedures shall include the steps to be taken where the loss may have been caused by a criminal act.
- 13.5 The Scheme of Delegation shall describe the process for the approval of the write-off of losses and making of special payments
- 13.6 The Director of Finance shall maintain a Losses and Special Payments Register in which details of all Category 1 and Category 2 losses shall be recorded as they are known. Category 3 losses may be recorded in summary form. Write-off action shall be recorded against each entry in the Register.
- 13.7 No special payments exceeding the delegated limits shall be made without prior approval by the SGHSCD.

- 13.8 The Director of Finance shall be authorised to take any necessary steps to safeguard the Board's interest in bankruptcies and company liquidations.
- 13.9 The Director of Finance is required to produce a report on Condemnations, Losses and Special Payments, where the delegated limits have been exceeded and SGHSCD approval has been requested, to the Audit and Risk Committee.
- 13.10 The Bribery Act came into force in 2010; it aims to tackle bribery and corruption in both the private and public sectors. The Act is fully endorsed by Fife NHS Board. NHS Fife conducts its contracting and procurement practices with integrity, transparency and fairness and has a zero tolerance policy on bribery or any kind of fraud. There are robust controls in place to help deter, detect and deal with it. These controls are regularly reviewed in line with the Standing Financial Instructions and feedback is provided to the Audit & Risk Committee. Procurement actively engage with NHS Scotland Counter Fraud Services to ensure that our team is fully trained on spotting potential signs of fraud and knowing how to report suspected fraud. As an existing or potential contractor to NHS Fife, you are required to understand that it may be a criminal offence under the Bribery Act 2010, punishable by imprisonment, to promise, give or offer any gift, consideration, financial or other advantage whatsoever as an inducement or reward to any officer of a public body and that such action may result in the Board excluding the organisation from the selected list of Potential Bidders, and potentially from all future public procurements. It is therefore vital that staff, contractors and agents understand what is expected of them and their duties to disclose and deal with any instances they find.

#### **14. RISK MANAGEMENT**

- 14.1 The Chief Executive shall ensure that the Board has a programme of risk management, which will be approved and monitored by the Board and which complies with the Standards issued by NHS Health Improvement Scotland.
- 14.2 The programme of risk management shall include:
  - a. A process for identifying and quantifying risks and potential liabilities, including the establishment and maintenance of a Risk Register;
  - b. Engendering among all levels of staff a positive attitude towards the control of risk;
  - c. Management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover and decisions on the acceptable level of retained risk;
  - d. Contingency plans to offset the impact of adverse events;
- 4. Audit arrangements including internal audit, clinical audit and health and safety review;
- 5. Arrangements to review the risk management programme.

- g.. A review by each Governance Committee of relevant risks pertaining to their business.

The existence, integration and evaluation of the above elements will provide a basis for the Audit and Risk Committee to make a statement on the overall effectiveness of Internal Control and Corporate Governance to the Board.

- 14.3 The programme of risk management will be underpinned by a Board Assurance Framework, approved, and reviewed annually by the NHS Board.

## **15. RETENTION OF DOCUMENTS**

- 15.1 The Chief Executive shall be responsible for maintaining archives for all documents in accordance with the NHS Code of Practice on Records Management.
- 15.2 The documents held in archives shall be capable of retrieval by authorised persons.
- 15.3 Documents held under the Code shall only be destroyed at the express instigation of the Chief Executive, and records shall be maintained of documents so destroyed.

## **16. PATIENTS' PROPERTY AND FUNDS**

- 16.1 The Board has a responsibility to provide safe custody, for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.
- 16.2 The Chief Executive shall be responsible for ensuring that patients or their guardians, as appropriate, are informed before, or at their admission, by: -
- Notices and information booklets
  - Hospitals' admission documentation and property records, and
  - The oral advice of administrative and nursing staff responsible for admissions, that the Board will not accept responsibility or liability for patients' monies and personal property brought into Board premises unless it is handed in for safe custody and a copy of an official patient property record is obtained as a receipt.
- 16.3 The Director of Finance shall provide detailed written instructions on the collection, custody, investment, recording, safekeeping and disposal of patients' property (including instructions on the disposal of the property of deceased patients and patients transferred to other premises), for all staff whose duty it is to administer, in any way, the property of the patients.
- 16.4 Bank accounts for patients' monies shall be operated under arrangements agreed by the Director of Finance.

- 16.5 A patients' property record, in a form determined by the Director of Finance, shall be completed.
- 16.6 The Director of Finance is responsible for providing detailed instructions on the Board's responsibility as per the Adults with Incapacity (Scotland) Act 2000 and the updated Part 5 in CEL11(2008) Code of Practice. These instructions are contained within the Financial Operating Procedures.
- 16.7 The Director of Finance shall prepare an abstract of receipts and payments of patients private funds in the form laid down by Scottish Government.

**17. STORES**

- 17.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use), should be:-
- Kept to a minimum;
  - Subject to annual stocktake; and
  - Valued at the lower of cost and net realisable value.
- 17.2 Subject to the responsibility of the Director of Finance for the systems of control, the control of stores throughout the organisation shall be the responsibility of the relevant managers. The day-to-day management may be delegated to departmental officers and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance.
- 17.3 The responsibility for security arrangements, and the custody of keys for all stores locations, shall be clearly defined in writing by the manager responsible for the stores and agreed with the Director of Finance. Wherever practicable, stock items, which do not belong to the Board, shall be clearly identified.
- 17.4 All stores records shall be in such form and shall comply with such system of control and procedures as the Director of Finance shall approve.
- 17.5 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in store at least once a year. The physical check shall involve at least one officer other than the Storekeeper, and the Director of Finance and Internal & External Audit shall be notified and may attend, or be represented, at their discretion. The stocktaking records shall be numerically controlled and signed by the officers undertaking the check. Any surplus or deficiency revealed on stocktaking shall be reported immediately to the Director of Finance, and he may investigate as necessary. Known losses of stock items not on stores control shall be reported to the Director of Finance.
- 17.6 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Director of Finance.
- 17.7 Instructions for stock take and the basis for valuation will be issued at least once a year by the Director of Finance.

## **18. AUTHORISATION LIMITS**

- 18.1 The purpose of Standing Financial Instructions is to ensure adequate controls exist for the committing and payment of funds on behalf of NHS Fife. The main principles applied in determining authorisation limits are those of devolved accountability and responsibility. The rules for financial delegation to all levels of management within the Board's established policies and priorities are set out in the Scheme of Delegation and Financial Operating Procedures
- 18.2 Areas covered by the Scheme of Delegation include:
- Limitation and Authority to vire budgets between one budget heading and another.
  - Limitation of level of Authority for the placing of orders or committing resources
  - Limitation as to the level of authority to approve receipt of orders, expenses, travel claims, payment of invoices, write off of losses.

## **19. ENDOWMENT FUNDS**

- 19.1 The Standing Financial Instructions deal with matters related to exchequer income and expenditure for NHS Fife. Whilst Endowment Funds fall outwith the scope of core exchequer funds, it is important that all relevant employees and agents are aware of the arrangements for the financial responsibility and authority for such funds.
- 19.2 Endowment Funds and are those held in trust for purposes relating to the National Health Service, either by the Board or Special Trustees appointed by the Scottish Ministers or by other persons.
- 19.3 Members of the Fife Health Board become Trustees of the Board's Endowment Funds. The responsibilities as Trustees are discharged separately from the responsibilities as members of the Board.
- 19.4 The Director of Finance shall prepare detailed procedural instructions covering the receiving, recording, investment and accounting for Endowment Funds.
- 19.5 Through the Board's Scheme of Delegation, authority will be given by the Trustees to allow for the day to day management of the funds within specified limits.
- 19.6 The Authorisation Limits are set out in the Scheme of Delegation and the Financial Operating Procedures.
- 19.7 The Director of Finance shall prepare annual accounts for the funds held in trust, to be audited independently and presented annually to the trustees.



# **FIFE NHS BOARD SCHEME OF DELEGATION**

## **1. Introduction**

### **Board's Responsibility**

The Standing Orders for the proceedings and Business of the Fife NHS Board include a section on Matters Reserved for the Board (Section 6). This section of the Standing Orders summarises all matters where decision making is reserved to the Board.

The subsequent section (Section 7) within the Standing Orders, identifies that other “matters” may be delegated to Committees or individuals to act on behalf of the Board.

The following appendix sets out:

- Committees' delegated responsibility on behalf of the Board
- Matters delegated to individuals

## 2. Committees' Delegated Responsibility on behalf of the Board

<b>2.1 Audit &amp; Risk Committee</b>	
Responsible Director for this Section	Director of Finance
Role and Remit	<ul style="list-style-type: none"> <li>Supporting the Accountable Officer and Fife NHS Board formulate their assurance needs with regard to risk management, governance and internal control;</li> <li>Drawing attention to weaknesses in systems of risk management, governance and internal control;</li> </ul> <p><b>Internal Control and Corporate Governance</b></p> <ul style="list-style-type: none"> <li>To evaluate the framework of internal control and corporate governance comprising the following components, as recommended by the Turnbull Report: <ul style="list-style-type: none"> <li>control environment;</li> <li>risk management;</li> <li>information and communication;</li> <li>control procedures;</li> <li>monitoring and corrective action.</li> </ul> </li> <li>To review the system of internal financial control, which includes: <ul style="list-style-type: none"> <li>the safeguarding of assets against unauthorised use and disposition;</li> <li>the maintenance of proper accounting records and the reliability of financial information used within the organisation or for publication.</li> </ul> </li> <li>To ensure that the activities of Fife NHS Board are within the law and regulations governing the NHS.</li> <li>To review the disclosures included in the Governance Statement on behalf of the Board.</li> <li>To present an annual statement of assurance on the above to the Board, to support the NHS Fife Chief Executive's Governance Statement.</li> </ul>

	<p><b>Internal Audit</b></p> <ul style="list-style-type: none"> <li>• To review and approve the Internal Audit Strategic and Annual Plans.</li> <li>• To monitor audit progress and review audit reports.</li> <li>• To monitor the management action taken in response to the audit recommendations through an appropriate follow-up mechanism.</li> <li>• To consider the Chief Internal Auditor's annual report and assurance statement.</li> <li>• To review the operational effectiveness of Internal Audit by considering the audit standards, resources, staffing, technical competency and performance measures.</li> </ul> <p><b>External Audit</b></p> <ul style="list-style-type: none"> <li>• To note the appointment of the Statutory Auditor and to approve the appointment and remuneration of the External Auditors for Patients' Funds and Endowment Funds.</li> <li>• To review the Audit Strategy and Plan, including the Best Value and Performance Audits programme.</li> <li>• To consider all statutory audit material, in particular:- <ul style="list-style-type: none"> <li>• Audit Reports;</li> <li>• Annual Reports;</li> <li>• Management Letters</li> </ul> relating to the certification of Fife NHS Boards Annual Accounts, Annual Patients' Funds Accounts.</li> </ul> <p><b>Risk Management</b></p> <p>The Committee shall seek assurance that:</p> <ul style="list-style-type: none"> <li>• There is a comprehensive risk management system in place to identify, assess, manage and monitor risks at all levels of the organisation.</li> <li>• There is appropriate ownership of risk in the organisation, and that there is an effective culture of risk management</li> <li>• The Board has clearly defined its risk appetite (i.e. the level of risk that the Board is prepared to accept, tolerate, or be exposed to at any time), and that the executive's approach to risk management is consistent with that appetite.</li> </ul>
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	<ul style="list-style-type: none"> <li>• The Committee will also receive and review a report summarising any significant changes to the Board's Board Assurance Framework, and what plans are in place to manage them. The Committee may also elect to occasionally request information on significant risks held on any risk registers held in the organisation.</li> <li>• Assess whether the Board Assurance Framework is an appropriate reflection of the key risks to the Board, so as to advise the Board.</li> <li>• Receive an annual report on risk management, confirming whether or not there have been adequate and effective risk management arrangements throughout the year, and highlighting any material areas of risk.</li> </ul> <p><b>Standing Orders and Standing Financial Instructions</b></p> <ul style="list-style-type: none"> <li>• To review the model Standing Orders for Boards as issued by NHS Scotland, and associated appendices of Fife NHS Board, and advise the Board of any amendments required.</li> <li>• To examine the circumstances associated with any occasion when Standing Orders of Fife NHS Board have been waived or suspended.</li> </ul> <p><b>Annual Accounts</b></p> <ul style="list-style-type: none"> <li>• To review and recommend approval of draft Fife NHS Board Annual Accounts to the Board.</li> <li>• To review the draft Annual Report and Financial Review of Fife NHS Board as found within the Directors Report incorporated within the Annual Accounts.</li> <li>• To review annually (and approve any changes in) the accounting policies of Fife NHS Board.</li> <li>• To review schedules of losses and compensation payments where the amounts exceed the delegated authority of the Board prior to being referred to the Scottish Government for approval.</li> </ul> <p><b>Other Matters</b></p> <ul style="list-style-type: none"> <li>• The Committee shall review the arrangements for employees raising concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow-up action.</li> </ul>
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	<ul style="list-style-type: none"> <li>• The Committee shall review regular reports on Fraud and potential Frauds.</li> <li>• 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".</li> <li>• The Committee shall seek assurance that the Board has systems of control to ensure that it discharges its responsibilities under the Freedom of Information (Scotland) Act 2002.</li> <li>• The Committee shall review the Board's arrangements to prevent bribery and corruption within its activities. This includes the systems to support Board members' compliance with the NHS Fife Board Code of Conduct (Ethical Standards in Public Life Act 2000), the systems to promote the required standards of business conduct for all employees and the Boards procedure to prevent Bribery (Bribery Act 2000).</li> </ul>
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<b>2.2 Clinical Governance Committee</b>	
Responsible Director for this Section	Medical Director
Sub-Committees	<ul style="list-style-type: none"> <li>• Health &amp; Safety</li> </ul>
Role and Remit	<ul style="list-style-type: none"> <li>• To monitor progress on the health status targets set by the Board.</li> <li>• The Committee will produce an Annual Statement of Assurance for submission to the Board, via the Audit &amp; Risk Committee. The proposed Annual Statement 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.</li> <li>• To capture and record all issues and risks on an operational risk register to be monitored through the Committee, and where appropriate these should be escalated to the Board for consideration in addition to the corporate risk register until mitigated to a tolerable level.</li> <li>• To receive updates on and oversee the progress on the recommendations from relevant external reports of reviews of all healthcare organisations including clinical governance reports and recommendations from relevant regulatory bodies which may include Healthcare Improvement Scotland (HIS) reviews and visits.</li> <li>• To provide assurance to Fife NHS Board about the quality of services within NHS Fife.</li> <li>• The Committee shall review regularly the sections of the NHS Fife Integrated Performance &amp; Quality Report relevant to the Committee's responsibility.</li> <li>• To undertake an annual self-assessment of the Committee's work and effectiveness.</li> <li>• 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".</li> </ul>

<b>2.3 Finance, Performance and Resources Committee</b>	
Responsible Director for this Section	Director of Finance
Sub-Committees	<ul style="list-style-type: none"> <li>• Pharmacy Practices</li> <li>• Primary Medical Services</li> </ul>
Role and Remit	<ul style="list-style-type: none"> <li>• The Committee shall have accountability to the Board for ensuring that the financial position of the Board is soundly based, having regard to: <ul style="list-style-type: none"> <li>• compliance with statutory financial requirements and achievement of financial targets;</li> <li>• such financial monitoring and reporting arrangements as may be specified from time-to-time by SGHSCD and/or the Board;</li> <li>• levels of balances and reserves;</li> <li>• the impact of planned future policies and known or foreseeable future developments on the financial position;</li> <li>• undertake an annual self-assessment of the Committee's work and effectiveness; and</li> <li>• review regularly the sections of the NHS Fife Integrated Performance &amp; Quality Report relevant to the Committee's responsibility.</li> </ul> </li> </ul> <p><b>Arrangements for Securing Value for Money</b></p> <ul style="list-style-type: none"> <li>• The Committee shall keep under review arrangements for securing economy, efficiency and effectiveness in the use of resources. These arrangements will include procedures for (a) planning, appraisal, and control, accountability and evaluation of the use of resources, and for (b) reporting and reviewing performance and managing performance issues as they arise in a timely and effective manner. In particular, the Committee will review action (proposed or underway) to ensure that the Board achieves financial balance in line with statutory requirements.</li> </ul> <p><b>Allocation and Use of Resources</b></p> <p>The Committee has key responsibilities for:</p> <ul style="list-style-type: none"> <li>• reviewing the development of the Board's Financial Strategy in support of the Annual Operational Plan, and recommending approval to the Board;</li> <li>• reviewing all resource allocation proposals outwith authority delegated by the Board and make recommendations to the Board thereon; and</li> </ul>



	<ul style="list-style-type: none"> <li>• monitoring the use of all resources available to the Board.</li> <li>• Specifically, the Committee is charged with recommending to the Board annual revenue and capital budgets and financial plans consistent with its statutory financial responsibilities. It shall also have responsibility for the oversight of the Board's Capital Programme (including individual Business Cases for Capital Investment) and the review of the Property Strategy (including the acquisition and disposal of property), and for making recommendations to the Board as appropriate on any issue within its terms of reference;</li> <li>• The Committee will produce an Annual Statement of Assurance for submission to the Board, via the Audit and Risk Committee. The proposed Annual Statement 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; and</li> <li>• 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".</li> </ul>
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<b>2.4 Remuneration Committee</b>	
Responsible Director for this Section	Director of Workforce
Role and Remit	<ul style="list-style-type: none"> <li>• The remit of the Remuneration Committee is to consider: <ul style="list-style-type: none"> <li>• job descriptions for the Executive cohort;</li> <li>• other terms of employment which are not under Ministerial direction;</li> <li>• to hear and determine appeals against the decisions of the Consultant Discretionary Awards Panel. The Remuneration Committee can make decisions regarding Discretionary Points in exceptional circumstances;</li> <li>• agree performance objectives and appraisals directly for the Executive cohort only, and oversee arrangements for designated senior managers;</li> <li>• redundancy, early retiral or termination arrangement in respect of all staff in situations where there is a financial impact upon the Board (this excludes early retiral on grounds of ill health) and approve these or refer to the Board as it sees fit; and</li> <li>• undertake an annual self-assessment of the Committee's work and effectiveness.</li> </ul> </li> <li>• The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit &amp; Risk Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the Committee by the end of May each year for presentation to the Audit &amp; Risk Committee in June.</li> <li>• 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".</li> </ul>

<b>2.5 Staff Governance Committee</b>	
Responsible Director for this Section	Director of Workforce
Role and Remit	<ul style="list-style-type: none"> <li>• The remit of the Staff Governance Committee is to: <ul style="list-style-type: none"> <li>• consider NHS Fife's performance in relation to its achievements of effective Staff Governance and its compliance with the Staff Governance Standard;</li> <li>• review action taken on recommendations made by the Committee, NHS Boards, or the Scottish Ministers on Staff Governance matters;</li> <li>• give assurance to the Board on the operation of Staff Governance systems within NHS Fife, identifying progress, issues and actions being taken, where appropriate;</li> <li>• 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;</li> <li>• encourage the further development of mechanisms for engaging effectively with all members of staff within the NHS in Fife;</li> <li>• contribute to the development of the Annual Operational Plan, in particular but not exclusively, around issues affecting staff;</li> <li>• support the continued development of personal appraisal professional learning and performance;</li> <li>• review regularly the sections of the NHS Fife Integrated Performance &amp; Quality Report relevant to the Committee's responsibility; and</li> <li>• undertake an annual self-assessment of the Committee's work and effectiveness.</li> </ul> </li> <li>• The Committee is also required to carry out a review of its function and activities and to provide an Annual Statement of Assurance. This will be submitted to the Board via the Audit and Risk Committee. The proposed Annual Statement will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the</li> </ul>

	<p>respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.</p> <ul style="list-style-type: none"> <li>• 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".</li> </ul>
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### 3. Matters Delegated to Individuals

3.1 Matters Delegated to the Chief Executive	
	<p><b>General Provisions</b></p> <p>In the context of the Board's principal role to protect and improve the health of Fife residents, the Chief Executive as Accountable Officer shall have delegated authority and responsibility to secure the economical, efficient and effective operation and management of Fife NHS Board and to safeguard its assets:</p> <ul style="list-style-type: none"> <li>• in accordance with the statutory requirements and responsibilities laid upon the Chief Executive as Accountable Officer for Fife NHS Board;</li> <li>• in accordance with direction from the Scottish Government Health and Social Care Directorates;</li> <li>• in accordance with the current policies of and decisions made by the Board;</li> <li>• within the limits of the resources available, subject to the approval of the Board;</li> <li>• and in accordance with the Code of Corporate Governance as detailed in Standing Orders and Standing Financial Instructions.</li> </ul> <p>The Chief Executive is authorised to take such measures as may be required in emergency situations, subject to advising, where possible, the Chairperson and the Vice-Chairperson of the Board, and the relevant Standing Committee Chairperson. Such measures, that might normally be outwith the scope of the authority delegated by the Board or its Standing Committees to the Chief Executive, shall be reported to the Board or appropriate Standing Committee as soon as possible thereafter.</p> <p>The Chief Executive is authorised to give a direction in special circumstances that any officer shall not exercise a delegated function subject to reporting on the terms of the direction to the next meeting of the appropriate Committee.</p> <p><b>Finance</b></p> <p>Resources shall be used only for the purpose for which they are allocated, unless otherwise approved by the Chief Executive, after taking account of the advice of the Director of Finance. The Chief Executive acting together with the Director of Finance has delegated authority to approve the transfer of funds between budget heads, including transfers from reserves and balances, up to a maximum of £2,000,000 in any one instance.</p>

	<p>The Chief Executive shall report to the Finance, Performance and Resources Committee those instances where this authority is exercised and/or the change in use of the funds relates to matters of public interest.</p> <p>The Chief Executive may, acting together with the Director of Finance, and having taken all reasonable action to pursue recovery, approve the writing-off of losses, subject to the financial limits and categorisation of losses laid down from time to time by the Scottish Government Health and Social Care Directorates.</p> <p><b>Legal Matters</b></p> <p>The Chief Executive is authorised to institute, defend or appear in any legal proceedings or any inquiry, including proceedings before any statutory tribunal, board or authority, and following consideration of the advice of the Central Legal Office of the National Services Scotland (NSS), to appoint or consult with Counsel where it is considered expedient to do so, for the promotion or protection of the Board's interests.</p> <p>In circumstances where a claim against the Board is settled by a decision of a Court, and the decision is not subject to appeal, the Chief Executive shall implement the decision of the relevant Court on behalf of the Board.</p> <p>In circumstances where the advice of the Central Legal Office is to reach an out-of-court settlement, the Chief Executive may, acting together with the Director of Finance, settle claims against the Board, subject to a report thereafter being submitted to the Finance, Performance and Resources Committee.</p> <p>The Chief Executive, acting together with the Director of Finance, may make <u>ex gratia</u> payments subject to the limits laid down from time to time by the Scottish Government Health &amp; Social Care Directorates.</p> <p>The arrangements for signing of documents in respect of matters covered by the Property Transactions Manual shall be in accordance with the direction of Scottish Ministers. The Chief Executive and the Director of Finance are currently authorised to sign such documentation on behalf of the Board and Scottish Ministers.</p> <p>The Chief Executive shall have responsibility for the safe keeping of the Board's Seal, and together with the Chairperson or other nominated Non-Executive Member of the Board, shall have responsibility for the application of the Seal on behalf of the Board.</p>
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### **Procurement of Supplies and Services**

The Chief Executive shall have responsibility for nominating officers or agents to act on behalf of the Board, for specifying, and issuing documentation associated with invitations to tender, and for receiving and opening of tenders.

Where post tender negotiations are required, the Chief Executive shall nominate in writing, officers and/or agents to act on behalf of the Board.

The Chief Executive, acting together with the Director of Finance, has authority to approve on behalf of the Board the acceptance of tenders, submitted in accordance with the Board's Standing Orders, up to an annual value of £2,000,000, within the limits of previously approved Revenue and Capital Budgets, where the most economically advantageous tender is to be accepted.

The Chief Executive through the Director of Finance shall produce a listing, including specimen signatures, of those officers or agents to whom they have given delegated authority to sign official orders on behalf of the Board.

### **Human Resources**

The Chief Executive may, after consultation and agreement with the Director of Workforce, and the relevant Director, amend staffing establishments in respect of the number and grading of posts. In so doing, the Director of Finance must have been consulted, and have confirmed that the cost of the amended establishment can be contained within the relevant limit approved by the Board for the current and subsequent financial years.

Any amendment must also be in accordance with the policies and arrangements relating to workforce planning, approved by the Board or Staff Governance Committee.

The Chief Executive has delegated authority from Fife NHS Board to approve the establishment of salaried dentist posts within NHS Fife, within the systematic approach as laid down by the Scottish Government Health & Social Care Directorates Circular No PCA(D)(2005)3.

The Chief Executive may attend and may authorise any member of staff to attend within and outwith the United Kingdom conferences, courses or meetings of relevant professional bodies and associations, provided that:

- attendance is relevant to the duties or professional development of such member of staff; and

	<ul style="list-style-type: none"> <li>• appropriate allowance has been made within approved budgets; or</li> <li>• external reimbursement of costs is to be made to the Board.</li> <li>• Under the terms of the public sector reform act the Chief Executive is required to keep a register of all such approvals.</li> </ul> <p>The Chief Executive may, in accordance with the Board's agreed Employee Conduct Policy, take disciplinary action, in respect of members of staff, including dismissal where appropriate.</p> <p>The Chief Executive shall have overall responsibility for ensuring that the Board complies with Health and Safety legislation, and for ensuring the effective implementation of the Board's policies in this regard.</p> <p>The Chief Executive may, following consultation and agreement with the Director of Workforce and the Director of Finance approve payment of honoraria to any employee.</p> <p>The Chief Executive may, in consultation with the Director of Workforce and Director of Finance, approve applications to leave the employment of the Board on grounds of early retirement by any employee provided the terms and conditions relating to the early retirement are in accordance with the relevant Board policy. All such applications and outcomes will be reported to the Remuneration sub-Committee.</p> <p><b>Patients' Property</b></p> <p>The Chief Executive shall have overall responsibility for ensuring that the Board complies with legislation in respect of patients' property. The term 'property' shall mean all assets other than land and building. (e.g. furniture, pictures, jewellery, bank accounts, shares, cash.)</p>
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<b>3.2 Matters Delegated to the Director of Finance</b>	
	<p>Authority is delegated to the Director of Finance to take the necessary measures as undernoted, in order to assist the Board and the Chief Executive in fulfilling their corporate responsibilities:</p> <p><b>Accountable Officer</b></p> <p>The Director of Finance has a general duty to assist the Chief Executive in fulfilling their responsibilities as the Accountable Officer of the Board.</p> <p><b>Financial Statements</b></p> <p>The Director of Finance is empowered to take all steps necessary to assist the Board to:</p> <ul style="list-style-type: none"> <li>• Act within the law and ensure the regularity of transactions by putting in place systems of internal control to ensure that financial transactions are in accordance with the appropriate authority;</li> <li>• Maintain proper accounting records; and</li> <li>• Prepare and submit for External Audit timeous financial statements which give a true and fair view of the financial position of the Board and its income and expenditure for the period in question.</li> </ul> <p><b>Corporate Governance and Management</b></p> <p>The Director of Finance is authorised to put in place proper arrangements to ensure that the financial position of the Board is soundly based by ensuring that the Board, its Committees, and supporting management groupings receive appropriate, accurate and timely information and advice with regard to:</p> <ul style="list-style-type: none"> <li>• The development of financial plans, budgets and projections;</li> <li>• Compliance with statutory financial requirements and achievement of financial targets;</li> <li>• The impact of planned future policies and known or foreseeable developments on the Board's financial position.</li> </ul> <p>The Director of Finance is empowered to take steps to ensure that proper arrangements are in place for:</p> <ul style="list-style-type: none"> <li>• Developing, promoting and monitoring compliance with Standing Orders and Standing Financial Instructions, and appropriate guidance on standards of business conduct;</li> <li>• Developing and implementing systems of internal control, including systems of financial, operational and compliance controls and risk management;</li> </ul>

	<ul style="list-style-type: none"> <li>• Developing and implementing strategies for the prevention and detection of fraud and irregularity;</li> <li>• Internal Audit.</li> </ul> <p><b>Performance Management</b></p> <p>The Director of Finance is authorised to assist the Chief Executive to ensure that suitable arrangements are in place to secure economy, efficiency, and effectiveness in the use of resources and that they are working effectively. These arrangements include procedures:</p> <ul style="list-style-type: none"> <li>• for planning, appraisal, authorisation and control, accountability and evaluation of the use of resources;</li> <li>• to ensure that performance targets and required outcomes are met and achieved.</li> </ul> <p><b>Banking</b></p> <p>The Director of Finance is authorised to oversee the Board's arrangements in respect of accounts held in the name of the Board with the Paymaster General Office and the commercial bankers duly appointed by the Board.</p> <p>The Director of Finance will be responsible for ensuring that the Paymaster General's Office and the commercial bankers are advised in writing of amendments to the panel of nominated authorised signatories.</p> <p><b>Tax</b></p> <p>The Director of Finance shall have delegated authority as lead officer for Tax matters, in relation to the management of taxes as they affect NHS Fife's financial affairs. This includes but is not limited to final determination in cases of off payroll working, application of the Construction Industry Scheme regulations, VAT etc.</p> <p><b>Patients' Property</b></p> <p>The Director of Finance shall have delegated authority to ensure that detailed operating procedures in relation to the management of the property of patients (including the opening of bank accounts where appropriate) are compiled for use by staff involved in the management of patients' property and financial affairs, in line with the terms of the Adults with Incapacity (Scotland) Act 2000.</p>
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<b>3.3 Matters Delegated to Other Senior Officers of the Board</b>	
	<b>Director of Acute Services and Director of Health and Social Care</b>
	<p><b>General Provisions</b></p> <p>The Director of Acute Services/Director of Health and Social Care shall have delegated authority and responsibility from the Board Chief Executive to secure the economical, efficient and effective operation and management of their services:</p> <ul style="list-style-type: none"> <li>• in accordance with the current policies and decisions made by the Board;</li> <li>• within the limits of the resources made available to the Division/IJB;</li> <li>• in accordance with the Code of Corporate Governance as detailed in the Board's Standing Orders and Standing Financial Instructions.</li> </ul> <p>The Director of Acute Services and Director of Health and Social Care have a general duty to assist the Chief Executive in fulfilling their responsibilities as the Accountable Officer of the Board.</p> <p>The Director of Acute Services and Director of Health and Social Care are authorised to take such measures as may be required in emergency situations, subject to advising, where possible, the Chairperson or the Vice-Chairperson of the Board, the Chief Executive and where appropriate the relevant Standing Committee Chairperson. Such measures, that might normally be outwith the scope of the authority delegated by the Board or its Standing Committees to the Chief Executive, shall be reported to the Board or appropriate Standing Committee as soon as possible thereafter.</p> <p>The Director of Acute Services and Director of Health and Social Care are authorised to give a direction in special circumstances that any officer within their area shall not exercise a delegated function subject to reporting on the terms of the direction to the next meeting of the Board.</p> <p><b>Finance</b></p> <p>Resources shall be used only for the purpose for which they are allocated, unless otherwise approved by the Director of Acute Services and Director of Health and Social Care, after taking account of the advice of the Deputy Director of Finance. The Director of Acute Services and Director of Health and Social Care acting together with the Deputy Director of Finance have delegated</p>

	<p>authority to approve the transfer of funds between budget heads, up to a maximum of £500,000 in any one instance. Those instances where this authority is exercised and/or the change in use of the funds relates to matters of public interest shall be notified to the Finance, Performance and Resources Committee.</p> <p><b>Legal Matters</b></p> <p>The Director of Acute Services and Director of Health and Social Care are authorised to institute, defend or appear in any legal proceedings or any inquiry, (including proceedings before any statutory tribunal, board or authority) in respect of their service areas, and following consideration of the advice of the Central Legal Office of the National Services Scotland and in consultation with the Chief Executive, to appoint or consult with Counsel where it is considered expedient to do so, for the promotion or protection of the Board's interests.</p> <p><b>Procurement of Supplies and Services</b></p> <p>The Director of Acute Services and Director of Health and Social Care shall have responsibility for nominating officers or agents to act on behalf of the Board, for specifying, and issuing documentation associated with invitations to tender, and for receiving and opening of tenders.</p> <p>The Director of Acute Services and Director of Health and Social Care shall work with the Deputy Director of Finance and the Director of Finance to produce a listing, including specimen signatures, of those officers or agents to whom he has given delegated authority to sign official orders on behalf of the Board within their areas of responsibility.</p> <p><b>Human Resources</b></p> <p>The Director of Acute Services and Director of Health and Social Care may, after consultation and agreement with Human Resources, amend staffing establishments in respect of the number and grading of posts. In so doing, the Deputy Director of Finance, must have been consulted, and have confirmed that the cost of the amended establishment can be contained within the relevant limit approved for the current and subsequent financial years. Any amendment must also be in accordance with the policies and arrangements relating to workforce planning, approved by the Board or the Staff Governance Committee.</p> <p>The Director of Acute Services and Director of Health and Social Care may, in accordance with the Board's agreed Employee Conduct Policy, take disciplinary action in respect of members of staff, including dismissal where appropriate.</p>
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	<p><b>Patients' Property</b></p> <p>The Director of Acute Services and Director of Health and Social Care shall have overall responsibility for ensuring compliance with legislation in respect of patient's property and that effective and efficient management arrangements are in place.</p>
	<p><b>3.4 Champion Roles</b></p> <p>The following roles are filled by Non-Executive Board members.</p> <ul style="list-style-type: none"> <li>• Counter Fraud Services Champion</li> <li>• Digital Champion</li> <li>• Equality &amp; Diversity Champion</li> <li>• Safety &amp; Cleanliness Champion</li> <li>• Whistle Blowing Champion (appointed nationally)</li> </ul>

## FRAMEWORK OF GOVERNANCE: SOUTH EAST AND TAYSIDE (SEAT) REGIONAL PLANNING GROUP

### 1. STATUTORY DUTY

- 1.1 The National Health Service Reform (Scotland) Act 2004 placed a statutory duty on NHS Boards to co-operate for the benefit of the people of Scotland.
- 1.2 The Scottish Executive Health Department (SEHD) letter of 13 December 2004 (HDL (2004) 46) entitled “Regional Planning”, set out a framework for NHS Boards engagement in the regional planning of health services, in support of the legislation, covering both service and workforce planning.
- 1.3 There are three Regional Planning Groups within NHS Scotland, which provide structures and mechanisms for taking forward the statutory duty. NHS Fife participates in the South East and Tayside (SEAT) Regional Planning Group, which comprises the following NHS Board areas:-
  - NHS Borders;
  - NHS Fife;
  - NHS Forth Valley;
  - NHS Lothian; and
  - NHS Tayside.

For the purposes of planning some specific services, NHS Dumfries and Galloway and NHS Highland also participate in SEAT.

- 1.4 The Framework of Governance: SEAT Regional Planning Group (Appendix A) describes how decisions in SEAT are made and how the Regional Planning Group carries out its functions and is accountable for its performance. The Framework covers the following four areas:-
  - Scheme of Delegation;
  - Terms of Reference;
  - Statement of the Expected Standards of Corporate Governance and Internal Control; and
  - Repository of control documents and operating procedures.
- 1.5 The Framework of Governance does not take precedence over the Board’s internal Code of Corporate Governance.

**SOUTH EAST AND TAYSIDE (SEAT) REGIONAL PLANNING GROUP****FRAMEWORK OF GOVERNANCE****Introduction**

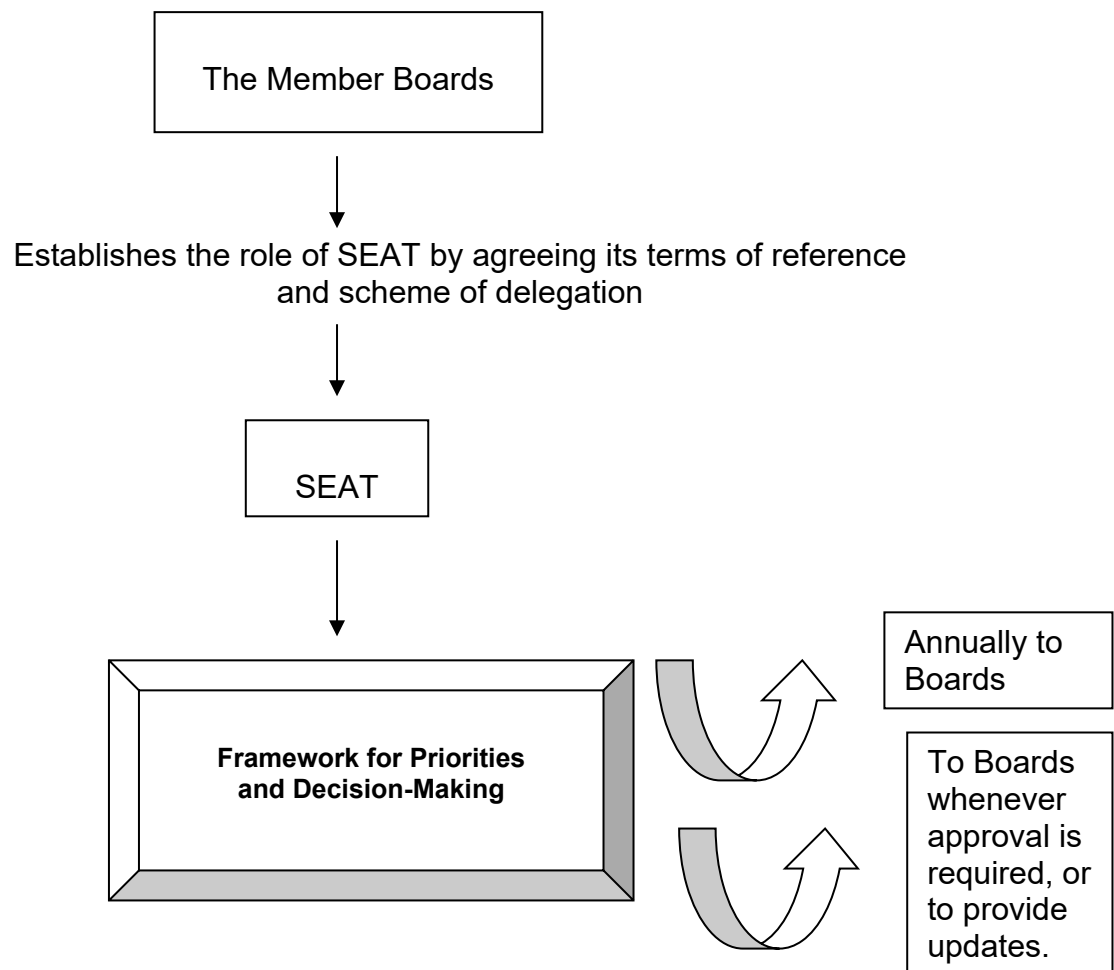
SEAT Regional Planning Group requires to have a framework of governance to describe how decisions will be made when it convenes, and how it will carry out its functions and be accountable for its performance.

This Framework has four key sections:

1. A **Scheme of Delegation**, describing the relationship between SEAT and the member boards, and how boards will delegate authority to SEAT and the individual members, namely the Chief Executives.
2. A **Terms of Reference**, describing the remit of the group, how it will make decisions, and how the different control elements of regional planning comes together to form the system of governance for SEAT.
3. A **Statement of the Expected Standards of Corporate Governance and Internal Control** that the member boards expect of each other when implementing the work of SEAT.
4. A **repository of control documents and operating procedures** that will be used to implement, monitor and account for the activities of SEAT. These together will form the system of control for SEAT operations. These will be live control documents and will not normally be presented as part of the framework of governance, but should be available upon request.

## 1. THE SCHEME OF DELEGATION

### 1.1 – The Overall Process





## 1.2 – Schedule of Delegated Authority from Member Boards to SEAT

DELEGATE	Description of Agreed Authority/ Responsibilities
<b>SEAT (through the designated Chair of SEAT)</b>	<ul style="list-style-type: none"> <li>• To take forward the member boards' objectives and responsibilities with regard to regional planning in accordance with HDL (2004) 46;</li> <li>• To operate within its terms of reference;</li> <li>• To develop a work plan for member boards' approval, and implement the Framework for Priorities and Investments (as approved by the member boards).</li> </ul>
<b>Chief Executives of Member Boards</b>	<ul style="list-style-type: none"> <li>• To represent his or her Board at SEAT and act on its behalf;</li> <li>• To operate within the terms of reference of SEAT and to ensure that the board's statutory responsibilities for regional planning are met;</li> <li>• To ensure that this Framework of Governance has been presented and agreed by his or her Board;</li> <li>• To present SEAT documents to his or her Board for approval, as required by this Framework of Governance;</li> <li>• If designated as the lead member of a project within the Framework of Priorities and Decision Making, to lead the delivery of that project with the autonomy normally granted to a Chief Executive if acting entirely within his or her own host board;</li> <li>• To be accountable for the performance of projects assigned to him or her within the Framework of Priorities and Decision Making;</li> <li>• Generally to act in such a way as to deliver the goals of regional planning.</li> </ul>
<b>SEAT Project Officers</b> (these are individuals who are identified by SEAT to lead work commissioned by them)	<ul style="list-style-type: none"> <li>• To operate within the scope of his or her job description and any further delegated authority that may be given by the lead member for the project.</li> </ul>

## **2. TERMS OF REFERENCE OF THE SEAT REGIONAL PLANNING GROUP**

### **2.1 REMIT**

2.1.1 The remit of the Group is to assist in the delivery of the following NHS Scotland objectives:

- To plan, fund and implement services across NHS Board boundaries;
- To harness and support the potential of Managed Clinical Networks;
- To develop integrated workforce planning for cross-board services;
- To facilitate the commissioning and monitoring of services which extend beyond NHS Board boundaries, services between members and out with the region on an inter-regional or national basis;
- To harmonise the NHS Board service plans at the regional level;
- To plan emergency response across NHS Board boundaries; and
- To support the delivery of NHS Boards' duty to co-operate for the benefit of the people of Scotland.

2.1.2 The above remit is to be delivered by the Group. However, the member boards remain accountable and responsible for the continued delivery of their statutory duties and general corporate governance requirements.

### **2.2 OUTCOMES FROM THE SEAT REGIONAL PLANNING GROUP ("THE GROUP")**

2.2.1 The Group maintains and works to a Framework for Priorities and Decision-Making. The members must present this to their Boards for approval on an annual basis. This is the SEAT equivalent of the "Annual Regional Planning Agenda" referred to in HDL (2004) 46.

2.2.2 The Framework will include service, workforce, financial and other appropriate planning issues.

2.2.3 It is the responsibility of the member organisations to ensure congruence between their local plans and the Framework.

2.2.4 The Framework will contain all projects that have progressed beyond initial review stage, and require approval from member boards to progress to implementation. This document will also provide an analysis of the progress of projects that have previously been approved by the Boards for implementation, and is therefore key to effective performance management of the Group's agenda.

2.2.5 The Group will prepare an Annual Report of its activities, which will be sent to all members and partner organisations, and will be used as the focus for any public accountability processes. The Annual Report, prepared in accordance with this Framework of Governance, is submitted direct to Member Boards and, therefore, does not need to comply with the Audit Committee schedule and process for the production of Annual Reports.

2.2.6 The Group will support the retained accountability duties of member organisations, by making available any information to those organisations, which will support public reporting and the development of Local Delivery Plans.

2.2.7 The principal form of reporting by the Regional Group to the Board will be through the regular presentation of its minutes to the Board by the Board Chief Executive.

## **2.3 MEMBERSHIP OF THE SEAT REGIONAL PLANNING GROUP**

2.3.1 The executive members of the SEAT Regional Planning Group are the Chief Executives of NHS Borders, NHS Fife, NHS Forth Valley, NHS Lothian and NHS Tayside.

2.3.2 Each member remains personally and legally accountable for their decisions both to their local Board and the Chief Executive of the NHS in Scotland. (This accountability incorporates the duty of regional planning as set out in SE guidance). All of the member Boards must formally recognise and approve the Scheme of Delegation in Section 1 of this Framework of Governance.

2.3.3 Once a decision is reached, each Board is bound by collective responsibility. The minutes of the meeting will reflect the decision of the Group.

2.3.4 The position of Chair of SEAT will rotate every three years as agreed by the executive members.

2.3.5 The Group will invite any other organisation or officers to attend meetings as it sees fit. Those who will be routinely invited to SEAT meetings will be:

- Directors of Planning for the member boards;
- Regional Planning Director;
- Regional Workforce Planning Director;
- Director (National Services Division);
- Representatives of:
  - the Chief Executive (NHS Scotland);
  - the Scottish Ambulance Service;
  - NHS Education Scotland;
  - Dumfries and Galloway NHS Board;
- The Postgraduate Dean for SE Scotland;
- Director of Pay Modernisation (SGHSCD);
- SEAT Workforce Champion; and
- the Lead Representative from each functional group, recognised by SEAT.

## **2.4 IMPLEMENTING THE WORK PLAN AND THE FRAMEWORK OF PRIORITIES AND DECISION MAKING**

- 2.4.1 SEAT cannot progress any item on the Work Plan or implement any project on the Framework of Priorities and Decision Making without the prior approval of member boards. This would normally be via approval of the Annual Workplan.
- 2.4.2 Once all member board approvals are in place, SEAT is free to decide how to progress its workload. Each project will have a lead member assigned to it.
- 2.4.3 Once a member has been given lead responsibility for an item in the Work Plan or Framework of Priorities and Decision Making, he or she has complete authority from SEAT to progress the matter, as if the matter was an issue contained within his or her Board. The lead member will account to the SEAT Regional Planning Group by updating the Framework of Priorities and Decision Making.
- 2.4.4 All members are required to conduct SEAT business under the same standards of internal control and corporate governance as is generally expected of Chief Executives in NHS Scotland (Section 3). The lead member for a particular SEAT project will be primarily responsible for standards of internal control for activities within the scope of the project, on the understanding that all members have established adequate systems of internal control in their organisations.
- 2.4.5 For all items in the Framework of Priorities and Decision Making, a Project Agreement will be developed. This will describe the precise scope and objectives of the project, including timescales and accountability arrangements, as well as the associated resources required to deliver the project. This Project Agreement will define the parameters within which the member with lead responsibility for the project can operate.
- 2.4.6 In the event of the SEAT Regional Planning Group being in disagreement with the aspects of the delivery of the implementation of a project agreement, or if the Group wishes to amend or discontinue an agreed project, then a resolution to overrule the lead member responsible for the project (as stated in the project agreement) or alter the project terms of reference must be approved by the Group. An event of this nature should be reported back to the member boards.

## **2.5 SCOPE OF ACTIVITY TO BE ADDRESSED BY THE SEAT REGIONAL PLANNING GROUP**

- 2.5.1 The national regional planning framework grants SEAT the authority to act on behalf of its members in the delivery of the following tasks:
  - Develop and progress a co-ordinated approach to service delivery for and on behalf of constituent NHS Boards;
  - Facilitate commissioning and monitoring of services which extend beyond NHS Board boundaries, services between members and out with the region on an inter-regional or national basis;
  - Develop strategic workforce solutions which support service delivery models;

- Commit and monitor resources, within the agreed financial framework, for the purposes for which it was approved;
- Determine commissioning policy for those services within its workplan;
- Agree a prioritisation framework for the regional planning group, reflective of those within individual NHS Boards;
- Commission reviews or other research in order to inform decisions;
- Agree. Monitor and update action plans;
- Develop delivery plans (often in collaboration with other Regional Planning Groups) for highly specialised services;
- Performance manage regional Managed Clinical Networks.
- Establish sub-groups as appropriate.

## **2.6 EXCEPTIONAL MATTERS**

- 2.6.1 There may exceptionally be decisions that require significant expenditure commitments (or controversial service changes), which would be beyond the scope of delegated authority conventionally awarded to Board Chief Executives. In these exceptional circumstances, the member NHS Boards can delegate the authority to act on their behalf to executive sub-committees of each Board as opposed to their Chief Executive. It would be for the member NHS Boards to determine the membership of this executive subcommittee. The five executive sub-committees would then meet together (as opposed to the five Chief Executives acting on their own delegated authority) to form the Regional Planning Group.
- 2.6.2 The undertaking of work not previously foreseen in the agreed Work Plan or Framework of Priorities and Decision Making can be classed as an exceptional matter. This may be because the issue relates to a matter that requires an emergency response.
- 2.6.3 In these exceptional circumstances, the Chair of each executive sub-committee will act on behalf of his or her Board.
- 2.6.4 The Chair of SEAT has the authority to make decisions in emergency situations on behalf of this group, following consultation with the other members. If the issue falls within the agreed Work Plan or Framework of Priorities and Decision Making, then it can be formally endorsed at the next meeting of the Group. If the issue is not within these documents, then it should be formally endorsed at the next meetings of the member boards.
- 2.6.5 It is intended that the members of the Regional Planning Groups will work together in order to reach consensus. In the event of a material dispute arising, a meeting will be convened between the Chief Executives and Chairs of the member boards in order to resolve the issue, recognising the back-up arrangements set out in Section 4 of Annex 3 of HDL (2004) 46.

## **3. THE EXPECTED STANDARDS OF CORPORATE GOVERNANCE AND INTERNAL CONTROL**

### **Introduction**

Paragraph 2.4.4 of the SEAT Regional Planning Group's Framework of Governance makes reference to the "standards of internal control and corporate governance as is generally expected of chief executives in NHS Scotland".

The standards of corporate governance and internal control which apply to NHS Boards will apply to the work of SEAT. In the event of a query arising about this, e.g. if wording differs between Boards' governance documents, the Chair for the time being of SEAT shall decide the issue.

### **Scope of Corporate Governance**

Six key subjects make up Corporate Governance for the member boards:-

- **Clinical Governance** – How we deliver our clinical services;
- **Patient Focus and Public Accountability** – How we inform individual patients and involve them and other stakeholders in the manner by which we deliver our clinical services;
- **Staff Governance** – How we engage our employees and their representatives;
- **Financial Governance** – How we manage our financial resources;
- **Research Governance** – How we conduct research and development;
- **Educational Governance** – How we teach and train healthcare professionals.

The principles of corporate governance are covered at slightly greater length in Annex A.

## **4. REPOSITORY OF CONTROL DOCUMENTS**

SEAT has developed standardised templates to implement the above terms of reference. The templates are maintained centrally and made widely available for use. These are then elements of the overall Framework of Governance.

Items included:

- Template for the Work Plan;
- Template for the Framework of Priorities and Decision Making.

*These are designed in a way that allows new projects and existing commitments to be presented efficiently, providing high level information to the member boards. They can be used to seek approval of new items, and present updates on progress. The detail will be in the individual Project Agreements.*

- Template for the Project Agreement

*This is the key control document to be presented to SEAT for approval. This should contain everything you need to know about the project, e.g. SMART objectives, funding requirements, service implications, lead Chief Executive, project staff, monitoring arrangements, etc.*

## ANNEX A

## THE EXPECTED STANDARDS OF CORPORATE GOVERNANCE AND INTERNAL CONTROL

### **The Principles of Corporate Governance**

In the following, the “organisation” is taken to be both the member boards individually and when they come together as the Regional Planning Group. All of the organisation’s activities, policies and procedures should be consistent with these principles. In the absence of a specific procedure, employees should comply with the requirements of these principles.

#### **General**

1. The organisation will discharge its responsibilities in accordance with the relevant legislative requirements of European Parliament, and the United Kingdom and Scottish Parliaments. The organisation will also comply with any directions or guidance issued by the Scottish Ministers.
2. No person will receive less favourable treatment regardless of individual differences or be disadvantaged by conditions or requirements which cannot be shown to be justifiable.

#### **Clinical Governance**

3. The organisation will plan for, and monitor the provision of a range of services consistent with the overall strategy of NHS Scotland, as established by Scottish Ministers.
4. The organisation will provide care in accordance with relevant and nationally recognised standards and with all due care and attention.
5. The organisation will work in partnership with others in the development of healthcare and the general well-being of the public.
6. The organisation will provide undergraduate and postgraduate education to the standards required by the relevant funding authorities.

#### **Patient Focus and Public Accountability**

7. The organisation will conduct its activities in an open and accountable manner. Its activities and organisational performance will be auditable.
8. The organisation will give patients the knowledge to make it possible for them to become active partners, with professionals, in making informed decisions and choices about their own treatment and care.
9. The organisation will establish mechanisms to inform, engage and consult patients and members of the public to inform its decision making appropriately.



**Staff Governance**

10. The organisation recognises the important of working in partnership with its staff.
11. The organisation will ensure that its employees are well informed, appropriately trained, involved in decisions that affect them, treated fairly and consistently and provided with a safe working environment.

**Financial Governance**

12. The organisation will perform its activities within the available financial resources at its disposal.
13. The organisation will conduct its activities in a manner that is cost-effective and demonstrably secures value for money.

**Research Governance**

14. The organisation will conduct research and development activity in accordance with the Research Governance Framework.

**Educational Governance**

15. This is taken forward through the applications of principles 1, 2, 6, 9 and 10.



**CODE of CONDUCT**  
**for**  
**MEMBERS**  
**of**  
**The NHS Fife Public Board**

## **CODE OF CONDUCT for MEMBERS of the NHS Fife Public Board**

### **CONTENTS**

#### **Section 1: Introduction to the Code of Conduct**

Appointments to the Boards of Public Bodies

Guidance on the Code of Conduct

Enforcement

#### **Section 2: Key Principles of the Code of Conduct**

#### **Section 3: General Conduct**

Conduct at Meetings

Relationship with Board Members and Employees of the Public Body

Remuneration, Allowances and Expenses

Gifts and Hospitality

Confidentiality Requirements

Use of Public Body Facilities

Appointment to Partner Organisations

#### **Section 4: Registration of Interests**

Category One: Remuneration

Category Two: Related Undertakings

Category Three: Contracts

Category Four: Houses, Land and Buildings

Category Five: Interest in Shares and Securities

Category Six: Gifts and Hospitality

Category Seven: Non-Financial Interests

## **Section 5: Declaration of Interests**

General

Interests which Require Declaration

Your Financial Interests

Your Non-Financial Interests

The Financial Interests of Other Persons

The Non-Financial Interests of Other Persons

Making a Declaration

Frequent Declaration of Interests

Dispensations

## **Section 6: Lobbying and Access to Members of Public Bodies**

Introduction

Rules and Guidance

## **Annexes**

Annex 6.1: Sanctions Available to the Standards Commission for Breach of Code

Annex 6.2: Definitions

## SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

- 1.1 The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. You must meet those expectations by ensuring that your conduct is above reproach.
- 1.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000, “the Act”, provides for Codes of Conduct for local authority councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant code; and establishes a Standards Commission for Scotland, “The Standards Commission” to oversee the new framework and deal with alleged breaches of the codes.
- 1.3 The Act requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. The Model Code for members was first introduced in 2002 and has now been revised in December 2013 following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was revised in 2010 following the approval of the Scottish Parliament.
- 1.4 As a member of The NHS Fife PUBLIC BOARD, “the Board”, it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct which has now been made by the Board.

### Appointments to the Boards of Public Bodies

- 1.5 Public bodies in Scotland are required to deliver effective services to meet the needs of an increasingly diverse population. In addition, the Scottish Government’s equality outcome on public appointments is to ensure that Ministerial appointments are more diverse than at present. In order to meet both of these aims, a board should ideally be drawn from varied backgrounds with a wide spectrum of characteristics, knowledge and experience. It is crucial to the success of public bodies that they attract the best people for the job and therefore it is essential that a board’s appointments process should encourage as many suitable people to apply for positions and be free from unnecessary barriers. You should therefore be aware of the varied roles and functions of the public body on which you serve and of wider diversity and equality issues. You should also take steps to familiarise yourself with the appointment process that your board will have agreed with the Scottish Government’s Public Appointment Centre of Expertise.
- 1.6 You should also familiarise yourself with how the public body’s policy operates in relation to succession planning, which should ensure public bodies have a strategy to make sure they have the staff in place with the skills, knowledge and experience necessary to fulfil their role economically, efficiently and effectively.

### Guidance on the Code of Conduct

- 1.7 You must observe the rules of conduct contained in this Code. It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Code of Conduct.
- 1.8 The Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. The Standards Commission may also issue guidance. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should seek advice from the public body. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.
- 1.9 You should familiarise yourself with the Scottish Government publication “On Board – a guide for board members of public bodies in Scotland”. This publication will provide you with information to help you in your role as a member of a public body in Scotland and can be viewed on the Scottish Government website.

## Enforcement

- 1.10 Part 2 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 sets out the provisions for dealing with alleged breaches of this Code of Conduct and where appropriate the sanctions that will be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in **Annex 6.1**.

## SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

- 2.1 The general principles upon which this Code is based should be used for guidance and interpretation only. These general principles are:

### Duty

You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of the public body of which you are a member and in accordance with the core functions and duties of that body.

### Selflessness

You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

### Integrity

You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

### Objectivity

You must make decisions solely on merit and in a way that is consistent with the functions of the public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

**Accountability and Stewardship**

You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that the public body uses its resources prudently and in accordance with the law.

**Openness**

You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

**Honesty**

You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

**Leadership**

You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the public body and its members in conducting public business.

**Respect**

You must respect fellow members of your public body and employees of the body and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of your public body.

- 2.2 You should apply the principles of this Code to your dealings with fellow members of the public body, its employees and other stakeholders. Similarly you should also observe the principles of this Code in dealings with the public when performing duties as a member of the public body.

**SECTION 3: GENERAL CONDUCT**

- 3.1 The rules of good conduct in this section must be observed in all situations where you act as a member of the public body.

**Conduct at Meetings**

- 3.2 You must respect the chair, your colleagues and employees of the public body in meetings. You must comply with rulings from the chair in the conduct of the business of these meetings.

**Relationship with Board Members and Employees of the Public Body (including those employed by contractors providing services)**

- 3.3 You will treat your fellow board members and any staff employed by the body with courtesy and respect. It is expected that fellow board members and employees will show you the same consideration in return. It is good practice for employers to provide examples of what is unacceptable behaviour in their organisation. Public bodies should promote a safe, healthy and fair working environment for all. As a board member you should be familiar with the policies of the public body in relation to bullying and harassment in the workplace and also lead by exemplar behaviour.

### **Remuneration, Allowances and Expenses**

- 3.4 You must comply with any rules of the public body regarding remuneration, allowances and expenses.

### **Gifts and Hospitality**

- 3.5 You must not accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term “gift” includes benefits such as relief from indebtedness, loan concessions or provision of services at a cost below that generally charged to members of the public.
- 3.6 You must never ask for gifts or hospitality.
- 3.7 You are personally responsible for all decisions connected with the offer or acceptance of gifts or hospitality offered to you and for avoiding the risk of damage to public confidence in your public body. As a general guide, it is usually appropriate to refuse offers except:
- (a) isolated gifts of a trivial character, the value of which must not exceed £50;
  - (b) normal hospitality associated with your duties and which would reasonably be regarded as appropriate; or
  - (c) gifts received on behalf of the public body.
- 3.8 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision your body may be involved in determining, or who is seeking to do business with your organisation, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit in your capacity as a member of your public body then, as a general rule, you should ensure that your body pays for the cost of the visit.
- 3.9 You must not accept repeated hospitality or repeated gifts from the same source.



- 3.10 Members of devolved public bodies should familiarise themselves with the terms of the Bribery Act 2010 which provides for offences of bribing another person and offences relating to being bribed.

### **Confidentiality Requirements**

- 3.11 There may be times when you will be required to treat discussions, documents or other information relating to the work of the body in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. You must always respect the confidential nature of such information and comply with the requirement to keep such information private.
- 3.12 It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purposes of personal or financial gain or for political purposes or used in such a way as to bring the public body into disrepute.

### **Use of Public Body Facilities**

- 3.13 Members of public bodies must not misuse facilities, equipment, stationery, telephony, computer, information technology equipment and services, or use them for party political or campaigning activities. Use of such equipment and services etc. must be in accordance with the public body's policy and rules on their usage. Care must also be exercised when using social media networks not to compromise your position as a member of the public body.

### **Appointment to Partner Organisations**

- 3.14 You may be appointed, or nominated by your public body, as a member of another body or organisation. If so, you are bound by the rules of conduct of these organisations and should observe the rules of this Code in carrying out the duties of that body.
- 3.15 As a member of the Board, you are appointed, ex officio, as a Trustee of the Endowment Fund. You do not need to declare an interest in the Endowment Fund when participating in Board meetings or vice versa in the Board of Trustees but you must act in only the discrete interests of each.
- 3.16 Members who become directors of companies as nominees of their public body will assume personal responsibilities under the Companies Acts. It is possible that conflicts of interest can arise for such members between the company and the public body. It is your responsibility to take advice on your responsibilities to the public body and to the company. This will include questions of declarations of interest.

## **SECTION 4: REGISTRATION OF INTERESTS**

- 4.1 The following paragraphs set out the kinds of interests, financial and otherwise which you have to register. These are called “Registerable Interests”. You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require change or an addition to your entry in the body’s Register. It is your duty to ensure any changes in circumstances are reported within one month of them changing.
- 4.2 The Regulations<sup>1</sup> as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. **Annex 6.2** contains key definitions and explanatory notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

### Category One: Remuneration

- 4.3 You have a Registerable Interest where you receive remuneration by virtue of being:
- employed;
  - self-employed;
  - the holder of an office;
  - a director of an undertaking;
  - a partner in a firm; or
  - undertaking a trade, profession or vocation or any other work.
- 4.4 In relation to 4.3 above, the amount of remuneration does not require to be registered and remuneration received as a member does not have to be registered.
- 4.5 If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, “Related Undertakings”.
- 4.6 If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.
- 4.7 When registering employment, you must give the name of the employer, the nature of its business, and the nature of the post held in the organisation.
- 4.8 When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.
- 4.9 Where you undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you

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<sup>1</sup> SSI - The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 Number 135, as amended.

write for a newspaper, you must give the name of the publication, and the frequency of articles for which you are paid.

- 4.10 When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.
- 4.11 Registration of a pension is not required as this falls outside the scope of the category.

### **Category Two: Related Undertakings**

- 4.12 You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a subsidiary of, or a parent of, a company (or other undertaking) in which you hold a remunerated directorship.
- 4.13 You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which you are a director and from which you receive remuneration.
- 4.14 The situations to which the above paragraphs apply are as follows:
  - you are a director of a board of an undertaking and receive remuneration declared under category one – and
  - you are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

### **Category Three: Contracts**

- 4.15 You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 4.19 below) have made a contract with the public body of which you are a member:
  - (i) under which goods or services are to be provided, or works are to be executed; and
  - (ii) which has not been fully discharged.
- 4.16 You must register a description of the contract, including its duration, but excluding the consideration.

### **Category Four: Houses, Land and Buildings**

- 4.17 You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed.
- 4.18 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any

interests in houses, land and buildings could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision making.

### Category Five: Interest in Shares and Securities

4.19 You have a registerable interest where you have an interest in shares comprised in the share capital of a company or other body which may be significant to, of relevance to, or bear upon, the work and operation of (a) the body to which you are appointed and (b) the **nominal value** of the shares is:

- (i) greater than 1% of the issued share capital of the company or other body; or
- (ii) greater than £25,000.

Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount or value of the shares does not have to be registered.

### Category Six: Gifts and Hospitality

4.20 You must register the details of any gifts or hospitality received within your current term of office. This record will be available for public inspection. It is not however necessary to record any gifts or hospitality as described in paragraph 3.7 (a) to (c) of this Model Code.

### Category Seven: Non-Financial Interests

4.21 You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described.

4.22 In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non-financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making.

## SECTION 5: DECLARATION OF INTERESTS

### General

5.1 The key principles of the Code, especially those in relation to integrity, honesty and openness, are given further practical effect by the requirement for you to declare certain interests in proceedings of the public body. Together with the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions.

- 5.2 Public bodies inevitably have dealings with a wide variety of organisations and individuals and this Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in the public body and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason.
- 5.3 In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must, however, always comply with the **objective test** (“the objective test”) which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a member of a public body.
- 5.4 If you feel that, in the context of the matter being considered, your involvement is neither capable of being viewed as more significant than that of an ordinary member of the public, nor likely to be perceived by the public as wrong, you may continue to attend the meeting and participate in both discussion and voting. The relevant interest must however be declared. It is your responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration and you are advised to err on the side of caution. If a board member is unsure as to whether a conflict of interest exists, they should seek advice from the board chair.
- 5.5 As a member of a public body you might serve on other bodies. In relation to service on the boards and management committees of limited liability companies, public bodies, societies and other organisations, you must decide, in the particular circumstances surrounding any matter, whether to declare an interest. Only if you believe that, in the particular circumstances, the nature of the interest is so remote or without significance, should it not be declared. You must always remember the public interest points towards transparency and, in particular, a possible divergence of interest between your public body and another body. Keep particularly in mind the advice in paragraph 3.15 of this Model Code about your legal responsibilities to any limited company of which you are a director.

### Interests which Require Declaration

- 5.6 Interests which require to be declared if known to you may be financial or non-financial. They may or may not cover interests which are registerable under the terms of this Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration. The paragraphs which follow deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.
- 5.7 You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role as a member of a public body. In the context of any particular matter you will need to decide whether to declare an interest. You should declare an interest unless you believe that, in

the particular circumstances, the interest is too remote or without significance. In reaching a view on whether the objective test applies to the interest, you should consider whether your interest (whether taking the form of association or the holding of office) would be seen by a member of the public acting reasonably in a different light because it is the interest of a person who is a member of a public body as opposed to the interest of an ordinary member of the public.

### **Your Financial Interests**

5.8 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Code). If, under category one (or category seven in respect of non-financial interests) of section 4 of this Code, you have registered an interest

- (a) as an employee of the Board; or
- (b) as a Councillor or a Member of another Devolved Public Body where the Council or other Devolved Public Body, as the case may be, has nominated or appointed you as a Member of the Board;

you do not, for that reason alone, have to declare that interest.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

### **Your Non-Financial Interests**

5.9 You must declare, if it is known to you, any non-financial interest if:

- (i) that interest has been registered under category seven (Non- Financial Interests) of Section 4 of the Code; or
- (ii) that interest would fall within the terms of the objective test.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

### **The Financial Interests of Other Persons**

- 5.10 The Code requires only your financial interests to be registered. You also, however, have to consider whether you should declare any financial interest of certain other persons.

You must declare if it is known to you any financial interest of:-

- (i) a spouse, a civil partner or a co-habitee;
- (ii) a close relative, close friend or close associate;
- (iii) an employer or a partner in a firm;
- (iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
- (iv) a person from whom you have received a registerable gift or registerable hospitality;
- (v) a person from whom you have received registerable expenses.

There is no need to declare an interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

- 5.11 This Code does not attempt the task of defining “relative” or “friend” or “associate”. Not only is such a task fraught with difficulty but is also unlikely that such definitions would reflect the intention of this part of the Code. The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your responsibilities as a member of the public body and, as such, would be covered by the objective test.

### **The Non-Financial Interests of Other Persons**

- 5.12 You must declare if it is known to you any non-financial interest of:-

- (i) a spouse, a civil partner or a co-habitee;
- (ii) a close relative, close friend or close associate;
- (iii) an employer or a partner in a firm;
- (iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
- (v) a person from whom you have received a registerable gift or registerable hospitality;
- (vi) a person from whom you have received registerable election expenses.

There is no need to declare the interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

There is only a need to withdraw from the meeting if the interest is clear and substantial.

**Making a Declaration**

- 5.13 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed you must declare the interest as soon as you realise it is necessary.
- 5.14 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words “I declare an interest”. The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest but need not give a detailed description of the interest.

**Frequent Declarations of Interest**

- 5.15 Public confidence in a public body is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If you would have to declare interests frequently at meetings in respect of your role as a board member you should not accept a role or appointment with that attendant consequence. If members are frequently declaring interests at meetings then they should consider whether they can carry out their role effectively and discuss with their chair. Similarly, if any appointment or nomination to another body would give rise to objective concern because of your existing personal involvement or affiliations, you should not accept the appointment or nomination.

**Dispensations**

- 5.16 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial interests which would otherwise prohibit you from taking part and voting on matters coming before your public body and its committees.
- 5.17 Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is sought. You should not take part in the consideration of the matter in question until the application has been granted.

**SECTION 6: LOBBYING AND ACCESS TO MEMBERS OF PUBLIC BODIES****Introduction**



- 6.1 In order for the public body to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which the public body conducts its business.
- 6.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals in order to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Code set out how you should conduct yourself in your contacts with those who would seek to influence you. They are designed to encourage proper interaction between members of public bodies, those they represent and interest groups.

### Rules and Guidance

- 6.3 You must not, in relation to contact with any person or organisation that lobbies do anything which contravenes this Code or any other relevant rule of the public body or any statutory provision.
- 6.4 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon the public body.
- 6.5 The public must be assured that no person or organisation will gain better access to or treatment by, you as a result of employing a company or individual to lobby on a fee basis on their behalf. You must not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which you accord any other person or organisation who lobbies or approaches you. Nor should those lobbying on a fee basis on behalf of clients be given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming from another member of the public body.
- 6.6 Before taking any action as a result of being lobbied, you should seek to satisfy yourself about the identity of the person or organisation that is lobbying and the motive for lobbying. You may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that you know the basis on which you are being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code.
- 6.7 You should not accept any paid work:-
  - (a) which would involve you lobbying on behalf of any person or organisation or any clients of a person or organisation.
  - (b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the public body and its members. This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of the public body, such as journalism

or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

- 6.8 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of the public body.

## **ANNEX 6.1**

### **SANCTIONS AVAILABLE TO THE STANDARDS COMMISSION FOR BREACH OF THE CODE**

- (a) Censure – the Commission may reprimand the member but otherwise take no action against them;
- (b) Suspension – of the member for a maximum period of one year from attending one or more, but not all, of the following:
  - i) all meetings of the public body;
  - ii) all meetings of one or more committees or sub-committees of the public body;
  - (iii) all meetings of any other public body on which that member is a representative or nominee of the public body of which they are a member.
- (c) Suspension – for a period not exceeding one year, of the member's entitlement to attend all of the meetings referred to in (b) above;
- (d) Disqualification – removing the member from membership of that public body for a period of no more than five years.

Where a member has been suspended, the Standards Commission may direct that any remuneration or allowance received from membership of that public body be reduced, or not paid.

Where the Standards Commission disqualifies a member of a public body, it may go on to impose the following further sanctions:

- (a) Where the member of a public body is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from their public body and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.
- (b) Direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members' code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

In some cases the Standards Commission do not have the legislative powers to deal with sanctions, for example if the respondent is an executive member of the board or appointed by the Queen. Sections 23 and 24 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 refer.

Full details of the sanctions are set out in Section 19 of the Act.

### **ANNEX 6.2**

#### **DEFINITIONS**

**“Chair”** includes Board Convener or any person discharging similar functions under alternative decision making structures.

**“Code”** code of conduct for members of devolved public bodies

**“Cohabitee”** includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.

**“Group of companies”** has the same meaning as “group” in section 262(1) of the Companies Act 1985. A “group”, within s262 (1) of the Companies Act 1985, means a parent undertaking and its subsidiary undertakings.

**“Parent Undertaking”** is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking’s memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the rights in the undertaking.

**“A person”** means a single individual or legal person and includes a group of companies.

**“Any person”** includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.

**“Public body”** means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

**“Related Undertaking”** is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

**“Remuneration”** includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

**“Spouse”** does not include a former spouse or a spouse who is living separately and apart from you.

**“Undertaking”** means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

<b>Meeting:</b>	<b>Fife NHS Board</b>
<b>Meeting date:</b>	<b>25 May 2021</b>
<b>Title:</b>	<b>Update on NHS Fife Board Assurance Framework</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance and Strategy</b>
<b>Report Author:</b>	<b>Pauline Cumming, Risk Manager</b>

## 1 Purpose

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

- Decision

**This report relates to a:**

- NHS Board/Integration Joint Board Strategy or Direction
- Local policy

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Board Assurance Framework (BAF) identifies risks to the delivery of NHS Fife's strategic objectives and priorities, including the NHS Fife Strategic Framework, the NHS Fife Clinical Strategy and the Fife Health & Social Care Integration Strategic Plan. The BAF integrates information on strategic risks, related operational risks, controls, assurances, mitigating actions and an assessment of current performance. This is an update since the last report to the Board on 25 November 2020.

### 2.2 Background

This paper fulfils the requirement to report at least bi - annually, to the Board on the status of the BAF and on any relevant developments.

### 2.3 Assessment

The BAF currently has 7 components.

- Financial Sustainability

- Environmental Sustainability
- Workforce Sustainability
- Quality & Safety
- Strategic Planning
- Integration Joint Board (IJB)
- Digital and Information

The risk levels and ratings are summarised in Table 1.

**Table 1 - Risk Level and Rating over time**

Risk ID	Risk Title	Initial Risk Level & Rating LxC	Likelihood (L)	Consequence (C)	Current Level & Rating Oct/Nov0 2020	Current Level & Rating Dec2020- /Jan2021 20	Current Level & Rating Jan/Feb 2021	Current Level & Rating April / May 2021
1413	<b>Financial Sustainability</b>	High 16	Likely 4	Major 4	16 (4x 4) High	16 (4x 4) High	16 (4x 4) High	12 (3x 4) Mod
1414	<b>Environmental Sustainability</b>	High 20	Likely 4	Extreme 5	20 (4x 5) High	20 (4x 5) High	20 (4x 5) High	20 (4x 5) High
1415	<b>Workforce Sustainability</b>	High 20	Almost certain 5	Major 4	16 (4x 4) High	16 (4x 4) High	16 (4x 4) High	16 (4x 4) High
1416	<b>Quality &amp; Safety</b>	High 20	Likely 4	Extreme 5	15 (3x 5) High	15 (3x 5) High	15 (3x 5) High	15 (3x 5) High
1417	<b>Strategic Planning</b>	High 16	Likely 4	Major 4	16 (4 x 4) High	16 (4 x 4) High	16 (4 x 4) High	12 (3x 4) Mod
1418	<b>Integration Joint Board</b>	High 16	Likely 4	Major 4	12 (3 x 4) Mod	12 (3 x 4) Mod	12 (3x4)) Mod	12 (3x4)) Mod
1683	<b>Digital and Information</b>	High 20	Possible 3	Major 5	15 (3x5) High	15 (3x5) High	15 (3x5) High	15 (3x5) High

Since the last report to the Board, the BAF risks have been considered as part of the January and the April and May 2021 committee cycles. The BAFs were not considered at the March 2021 committees as a decision was taken to focus on other priority business. This update summarises the key points from the most recent reports to the committees. The BAFs are provided separately in appendices.

## Key points

### Financial Sustainability BAF

The Director of Finance and Strategy reported on the BAF to the Finance, Performance & Resources (FP&R) Committee on 11 May 2021. The BAF current score has reduced from High to Moderate. The score reflects the position for the 2020/21 financial year where, following confirmation of the return of offsetting savings to Scottish Government (SG); and receipt of full funding of unmet Health and Social Care savings, we are on track to deliver a near balanced RRL position.

The position for 2021/22 financial year and beyond remains challenging with an opening budget savings requirement of c£22m for Health Board retained. Whilst we have highlighted in the financial plan for 2021/22 to SG a funding requirement of c£14m for unmet 'long Covid' saving, SG plan to review the position as part of a formal quarter one review. The risk level for 2021/22 will be reassessed at the end of quarter one.

### **Environmental Sustainability BAF**

The Director of Property and Asset Management reported on the above to the FP& R Committee on 11 May 2021. Property & Asset Management continue to mitigate the risks in this area. There has been no substantive change to this BAF.

### **Workforce Sustainability BAF**

The Director of Workforce reported on the above to the Staff Governance (SG) Committee on 29 April 2021; there were no significant changes to the BAF; linked operational risks remain around the National Shortage of Radiologists and Medical Staff Recruitment and Retention.

### **Quality & Safety BAF**

The Medical Director reported on the above to the Clinical Governance Committee (CGC) on 30 April 2021. There has been no substantive change to the BAF. The risk level remains high. Two linked operational risks have been closed:

- Infusion pumps, volumisers and syringe drivers in Paediatrics and Neonatal Units; and
- Impact of the UK's withdrawal from the EU on the availability and cost of medicines and medical devices.

The Internal Audit plan for 2021-22 will consider the Quality & Safety BAF in line with assurance mapping principles, and assess whether the risk has been suitably updated to take account of the impact of COVID-19.

### **Strategic Planning BAF**

The Director of Finance & Strategy reported on the above to the CGC on 30 April 2021 and to FP&R on 11 May 2021. This BAF has been updated to reflect the changes over the COVID period, the work underway to develop our strategic planning capacity and capability and also the development of the new Population Health and Wellbeing Strategy for NHS Fife.

The previous risk which has been in place since 2017 was:

*There is a risk that NHS Fife will not deliver the recommendations made by the Clinical Strategy within a timeframe that supports the service transformation and redesign required to ensure service sustainability, quality and safety at lower cost.*

The proposed new risk is:

*There is a risk that the development and the delivery of the new NHS Fife Population Health and Wellbeing strategy is not adequately supported by the required planning and programme management capacity, capability and governance arrangements.*

The BAF also describes how the Corporate Objectives have been derived from the Strategic Planning and Resource Allocation (SPRA) process, and the Strategic Priorities form part of the strategic planning direction going forward for NHS Fife. The current risk level has reduced from High to Moderate and the target risk level has reduced from Moderate 12 to Moderate 9.

### **Digital and Information BAF**

The Medical Director reported on the above risk to the CGC on 30 April 2021. The title has changed from eHealth Delivering Digital and Information Security to Digital & Information.

The risk level and target level remain high and moderate respectively.

Since the last report to the Board, two risks are no longer linked to the BAF:

- Inability to audit nhs.scot mail accounts - risk closed as audits and monitoring in place.
- Deliberate unauthorised access or misuse to email by outsiders (Hackers etc.) - risk reduced to 'moderate' after review based on implementation of improved security software upgrades and improvement in 'exposure' scores.

The assurance mapping exercise being undertaken on this BAF has been reinstated although at a slow pace due to COVID.

### **Integration Joint Board (IJB) BAF**

The Director of Health and Social Care provides the following update to the Board.

The IJB Code of Corporate Governance was approved in June 2018. It forms part of a consolidated governance framework and is supported by an annual action plan and assurance map. As part of the framework, Financial Regulations have been drafted and the Scheme of Delegation has been reviewed. The framework will ensure that all risks, responsibilities and other appropriate matters are understood by all parties and considered effectively for ongoing assurance and the annual Governance Statement.

A Governance Manual is currently being finalised. This seeks to bring all relevant governance information into one reference document for all IJB members and officers.

In response to the Ministerial Strategic Group for Health and Community Care's report – Review of Progress with Integration of Health and Social Care published in February 2019 and the proposals therein, the IJB and its partners reviewed these to ensure their incorporation within Fife. An Integration stock take/self-assessment exercise took place and responses were sent to the Scottish Government (SG) in May 2019. Thereafter an action plan was produced which set out actions to improve governance arrangements including initiation of discussions with partners to provide further clarity on the integration Scheme. This was submitted to SG in August 2019.

An initial development session for officers and IJB members was held in Nov 2019. This was facilitated by the Director of Delivery, Health and Social Care Integration, SG, and focussed on Governance. A programme of development days has been progressed since May 2020. Four sessions have been completed to date with further sessions planned. Topics covered include: Governance, Directions, Roles and Responsibilities, the IJB Annual report, Remobilisation of Services, Leadership and Structures, Best Value and Performance.



A group, including representatives from NHS Fife, Fife Council and the HSCP, was set up to review the Integration Scheme. This review is focussing on governance arrangements and taking into account the actions from the Ministerial Strategic Group action plan and also SG's Model Scheme for Integration. Although progress was hampered by the coronavirus outbreak, work on the review has continued.

Feedback on the revisions to the draft Integration Scheme was received from NHS Fife and Fife Council in February 2021. These have mostly been agreed and concluded, with the exception of an element of the Finance Section.

A review letter from the Chief Executives of Fife Council and NHS Fife was sent to SG on 24 March 2021 advising on the progress being made in Fife and highlighting the revised timeframes in line with the impact of the pandemic. The current scheme remains in place until the updated scheme is formally submitted.

A meeting is arranged with the Chief Officer of the IJB and the Chief Executives of Fife Council and NHS Fife to agree the timescale for conclusion through formal governance structures.

In view of the fact there is ongoing dialogue with SG and partners, the risk remains at a moderate level. Once the actions as set out in the BAF have been completed, it is likely the risk score will reduce. Regular updates continue to be provided to the IJB and its Governance Committees and NHS Fife EDG and the HSCP SLT.

### **Developments**

In the next 6 months, the focus will be to further review and strengthen the Board's risk management arrangements, particularly the processes through which assurance is provided that these are operating effectively. This will include:

- assessing the extent to which the organisation's risk profile aligns with strategic planning
- updating the Board's risk appetite statement

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

Risks to quality and safety are detailed in Appendix 4.

#### **2.3.2 Workforce**

Risks to workforce sustainability are detailed in Appendix 3.

#### **2.3.3 Financial**

Risks to financial sustainability are detailed in Appendix 1.

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

Risk management is a key component of the Board's Code of Corporate Governance, a core part of each Committee's individual remit and intrinsic to the BAF.

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

It is expected, that the assessment of equality or diversity implications is intrinsic to the analysis of the BAF risks and thus reflected in the content of the appendices.

### **2.3.6 Other impact**

Appendices 2, 5, 6 and 7 describe impacts relating to Environmental Sustainability, Strategic Planning, Integration Joint Board, and Digital & Information.

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

This report and the appendices reflect the iterative process involving the Executive Directors Group, their teams, Non Executives and other stakeholders.

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

Via Margo McGurk, Director of Finance and Strategy on 17 May 2021.

## **2.4 Recommendation**

The paper is presented for decision. The Board is asked to approve the BAF.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1, NHS Fife BAF Financial Sustainability - FP& RC 110521
- Appendix 2, NHS Fife BAF Environmental Sustainability - FP& RC 110521
- Appendix 3, NHS Fife BAF Workforce Sustainability - SGC 290421
- Appendix 4, NHS Fife BAF Quality & Safety - CGC 300421
- Appendix 5, NHS Fife BAF Strategic Planning - CGC 300421 & FP&RC 110521
- Appendix 6, NHS Fife BAF Integration Joint Board (IJB) at 060421
- Appendix 7, NHS Fife BAF Digital and Information - CGC 300421

### **Report Contact**

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NHS Fife Board Assurance Framework (BAF)

					Initial Score		Current Score												Target Score								
Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	Rationale for Target Score

Board Assurance Framework (BAF) - Financial Sustainability

1671	Sustainable	15/04/2021	30 June 2021	There is a risk that the funding required to deliver the current and anticipated future service models, particularly in the context of the COVID 19 pandemic, will not match costs incurred. Thereafter there is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework would result in the Board being unable to deliver on its required financial targets.	LIKELY	MAJOR	16	HIGH	POSSIBLE	MAJOR	12	MODERATE	Current financial climate across NHS/public sector. This risk must now be considered in the context of managing the financial impact of the COVID 19 pandemic.	Margo McGurk Director of Finance	Finance, Performance & Resources (F,P&R) Rona Laing	<i>Ongoing actions designed to mitigate the risk including:</i>  We are working towards a balanced position for both core and covid positions for the 20/21 financial year (confirmation of return of offsetting savings to SG; and full funding of unmet Health and Social Care savings received. The position for 21/22 financial year and beyond remains challenging with an opening budget savings requirement of c£22m for Health Board retained. We have signalled a funding requirement of c£14m of unmet savings for the 21/22 financial year however SG will review the position as part of a formal quarter one review. To that end the BAF risk remains at a moderate risk rating level.	Nil	1. Continue a relentless pursuit of all opportunities identified through the transformation programme in the context of sustainability & value.  Responsible Person: Director of Finance / Director of Acute Services / Director of Health & Social Care Timescale: Ongoing  2. Continue to maintain an active overview of national funding streams to ensure all NHS Fife receives a share of all possible allocations.  3. Continue to scrutinise and review any potential financial flexibility.  4. Engage with H&SC / Council colleagues on the risk share methodology and in particular ensure that EDG, FP&R and the Board are appropriately advised on the options available to manage any overspend within the IJB prior to the application of the risk share arrangement  Responsible Person: Director of Finance Timescale: Ongoing	1. Produce monthly reports capturing and monitoring progress against financial targets and efficiency savings for scrutiny by all responsible managers and those charged with governance and delivery.  2. Undertake regular monitoring of expenditure levels through managers, Executive Directors' Group (EDG), Finance, Performance & Resources (F,P&R) Committee and Board. As this will be done in parallel with the wider Integrated Performance Reporting approach, this will take cognisance of activity and operational performance against the financial performance.	1. Internal audit reviews on controls and process; including Departmental reviews.  2. External audit review of year end accounts and governance framework.	1. Enhanced reporting on various metrics in relation to supplementary staffing.  2. Confirmation via the Director of Health & Social Care on the the social care forecasts and the likely outturn at year end.	The response to the COVID 19 pandemic required the organisation to focus all our efforts initially on mobilising the response plan and then on remobilising services; winter and the second COVID 19 peak. The financial impact of COVID 19 is significant however we have now received full funding for 2020/21. Given this funding was based on Q3; and made assumptions for Q4, there is still work to be done to ensure delivery of a balanced position. The funding allocation was: net of the return of offsetting cost reductions; and fully funded unachieved savings. This will allow a budget realignment exercise to take place from Health Delegated to Social Care; and, all things being equal, will all but eliminate the previously reported risk share cost.	POSSIBLE	MAJOR	12	MODERATE	Financial risks will always be prevalent within the NHS / public sector however it would be reasonable to aim for a position where these risks can be mitigated to an extent.
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1672	Clinically Excellent, Sustainable	26/03/2021	4 June 2021	There is a risk that Environmental & Sustainability legislation is breached which impacts negatively on the safety and health of patients, staff and the public and the organisation's reputation.	Likely	Extreme	20	High Risk	Likely	Extreme	20	High Risk	Estates currently have significant high risks on the E&F risk register; until these have been eradicated this risk will remain. Action plans have been prepared and assuming capital is available these will be reduced in the near future.	Neil McCormick Director of Property & Asset Management Finance, Performance & Resources (F,P&R).  Rona Laing.	<i>Ongoing actions designed to mitigate the risk including:</i>  1. Operational Planned Preventative Maintenance (PPM) systems in place  2. Systems in place to comply with NHS Estates  3. Action plans have been prepared for the risks on the estates & facilities risk register. These are reviewed and updated at the monthly risk management meetings. The highest risks are prioritised and allocated the appropriate capital funding.  4. The SCART (Statutory Compliance Audit & Risk Tool) and EAMS (Estates Asset Management System) systems record and track estates & facilities compliance.  5. Sustainability Group manages environmental issues and Carbon Reduction Commitment(CRC) process is audited annually.  6. Externally appointed Authorising Engineers carry out audits for all of the major services i.e. water safety, electrical systems, pressure systems, decontamination and so on.	Nil	1. Capital funding is allocated depending on the E&F risks rating  Responsible person: Director of Estates, Facilities & Capital Services Timescale: Ongoing as limited funding available  2. Increase number of site audits  Responsible person: Estates Compliance Manager Timescale: Ongoing	1. Capital Investment delivered in line with budgets  2. Sustainability Group minutes.  3. Estates & Facilities risk registers.  4. SCART & EAMS.  5. Adverse Event reports..	1. Internal audits  2. External audits by Authorising Engineers  3. Peer reviews.	None.	High risks still exist until remedial works have been undertaken, but action plans and processes are in place to mitigate these risks.	Remote	Extreme	5	Low Risk	All estates & facilities risk can be eradicated with the appropriate resources but there will always be a potential for failure i.e. component failure or human error hence the target figure of 5..
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[illegible]



NHS Fife Board Assurance Framework (BAF)

					Initial Score				Current Score												Target Score						
Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	Rationale for Target Score

Board Assurance Framework (BAF) - Quality & Safety

1674	Clinically Excellent, Person Centred	30/12/2020	30/04/21	There is a risk that due to failure of clinical governance, performance and management systems (including information & information systems), NHS Fife may be unable to provide safe, effective, person centred care.	4 – Likely – Strong possibility this could occur	5 – Extreme	20	High Risk	3 – Possible – May occur occasionally – reasonable chance	5 – Extreme	15	High Risk	Failure in this area could have a direct impact on patients' health, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme harm can occur daily, the proportion of these in relation to overall patient activity is very small.	Christopher McKenna Medical Director	Clinical Governance Christina Cooper	<i>Ongoing actions designed to mitigate the risk including:</i>  1. Strategic Framework 2. Clinical Strategy 3. Clinical Governance Structures and operational governance arrangements 4. Clinical & Care Governance Strategy 5. Participation & Engagement Strategy 6. Risk Management Framework 7. Governance arrangements established to support delivery of the UK Coronavirus (COVID-19) action plan 8. Processes established for reporting and escalation of COVID-19 related incidents & risks 9. Remobilisation plan for clinical services  These are supported by the following: 10. Risk Registers 11. Integrated Performance and Quality Report (IPQR), Performance reports dashboard data 12. Performance Reviews 13. Adverse Events Policy 14. Scottish Patient Safety Programme 15. Implementation of SIGN and other evidence based guidance 16. Staff Learning & Development 17. System of governance arrangements for all clinical policies and procedures 18. Participation in relevant national and local audit 19. Complaints handling process 20. Using data to enhance quality control 21. HIS Quality of Care Approach & Framework, Sept 2018 22. Implementing Organisational Duty of Candour legislation 23. Adverse event management process 24. Sharing of learning summaries from adverse event reviews 25. Implementing Excellence in Care 26. Using Patient Opinion feedback 27. Acting on recommendations from internal & external agencies 28. Revalidation programmes for professional staff 29. Electronic dissemination of safety alerts	1.Reviewing together of patient experience, complaints, adverse events and risk information to provide an overview of good practice, themes, trends, and exceptions to the norm.  2.Weaknesses in the process for recording completion of actions from adverse event reviews including evidence of steps taken to implement and share learning from actions.  3.Weaknesses in related oversight and monitoring processes at operational level.  4.Risk Management Framework has been updated but to be rolled out.	1. Give due consideration to how to balance the remobilisation of clinical services and manage staff and public expectations, while dealing with the ongoing COVID-19 pandemic.  2. Continually review the Integrated Performance and Quality (IPQR) to ensure it provides an accurate, current picture of clinical quality / performance in priority areas.  3. Refresh the extant Clinical Governance structures and arrangements to ensure these are current and fit for purpose.  4..Review the coverage of mortality & morbidity meetings in line with national developments and best practice guidance  5. Review and refresh the current content and delivery models for key areas of training and development e.g. corporate induction, in house core, quality improvement, leadership development, clinical skills, interspecialty programmes.  6. Review annually, all technology & IT systems that support clinical governance e.g. Datix, Formic Fusion Pro.  7. Review our position against the Quality of Care Framework and understand our state of readiness.  8. Further develop the culture of person centred approach to care.  9. Only Executive commissioning of reviews as appropriate e.g. internal audit, external peer and 'deep dives'.	1. Assurance statements from clinical & clinical & care governance groups and committees.  2. Assurances obtained from all groups and committees that: i. they have a workplan ii. all elements of the work plan are addressed in year  3. Annual Assurance Statement  4. Annual NHS Fife CGC Self assessment  5. Reporting bi annually on adequacy of systems & processes to Audit & Risk Committee  6. Accreditation systems e.g.. Unicef - Accredited Baby Friendly Gold. UKAS Inspection for Labs.  7. External agency reports e.g. GMC  8. Quality of Care review	1. Internal Audit reviews and reports  2. External Audit reviews  3. HIS visits and reviews  4. Healthcare Environment Inspectorate (HEI) visits and reports  5. Health Protection Scotland (HPS) support  6. Health & Safety Executive  7. Scottish Patient Safety Programme (SPSP) visits and reviews  8. Scottish Govt DoC Annual Report  9. Scottish Public Service Ombudsman (SPSO)  10. Patient Opinion  11. Specific National reporting	1.Key performance indicators relating to corporate objectives e.g. person centred, clinically excellent, exemplar employer & sustainable.  2.We require additional assurances that there is a system in place for oversight of actions from a variety of sources e.g. audit, adverse events, SPSO.  3.We require additional assurances that there are systems in place for oversight of operational risks.	Overall, NHS Fife has in place sound systems of clinical governance and risk management as evidenced by Internal Audit and External Audit reports and the Statement of Annual Assurance to the Board.	2 – Unlikely – Not expected to happen – potential exists	5 – Extreme	10	Moderate Risk	The organisation can identify the actions required to strengthen the systems and processes to reduce the risk level.
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NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score				Current Score				Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score				Rationale for Target Score
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)											Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	

Board Assurance Framework (BAF) - Strategic Planning

1675	Clinically Excellent, Exemplar Employer, Person Centred, Sustainable	03/03/2021	1 July 2021	<p><b>Proposed New Risk</b> There is a risk that the development and the delivery of the new NHS Fife Population Health and Wellbeing strategy is not adequately supported by the required planning and programme management capacity, capability and governance arrangements.</p> <p><b>Remove Historic Risk(s)</b> There is a risk that NHS Fife will not deliver the Clinical Strategy within a timeframe that supports the service transformation and redesign required to ensure service sustainability, quality and safety at lower cost with the consequence that the Clinical Strategy does not reflect current priorities.</p> <p><b>Key Risks</b> 1. Community/Mental Health redesign is the responsibility of the H&amp;SCP/IJB which hold the operational plans, delivery measures and timescales 2. Governance of the transformation programmes remains between IJB and NHS Fife. 3. Regional Planning - risks around alignment with regional plans are currently reduced as regional work is focussed on specific workstreams 4. Clinical Strategy does not reflect that the strategic direction of the organisation following the COVID-19 pandemic.</p>	Likely	Major	16	High risk	Unlikely	Major	12	Medium risk	<p>The Board remains under the direction of Scottish Government will clear priorities established for 2021/22.</p> <p>The RMP3 sets out those priorities and is likely to be reviewed in September 2021.</p>	Margo McGurk    Director of Finance	Clinical Governance. Christina Cooper.	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>20/4/21</p> <p>1. NHS Fife has commenced the development of an approach and timeline to deliver a new Population Health and Wellbeing Strategy by 31 March 2022.</p> <p>2. Investment in redesigning our programme management capacity and capability and governance has been prioritised through the Strategic Planning Resource Allocation (SPRA) process.</p> <p>3. Development of corporate objectives is ongoing and has been informed through the 2021/22 SPRA process.</p>	EDG Strategy meetings will provide the required leadership and executive support to enable strategy development.	<p>EDG will engage in monthly sessions to ensure the ongoing development of the new strategy.</p> <p>The NHS Fife Board and Governance Committees will be fully engaged in this process throughout 2021/22 and will be responsible for approval of the emerging strategy.</p> <p>Work is ongoing to develop clarity on the system-wide governance arrangements in terms of the developing strategy.</p> <p>Joint session planned with NHS Fife and Fife Council Executive Teams for May 2021.</p> <p>Responsible Person: Director of Finance</p> <p>Timescale: 31/03/2022</p>	<p>1. Minutes of meetings record attendance, agenda and outcomes.</p> <p>2. Reporting of key priorities to governance groups from the SPRA process.</p>	<p>1. Internal Audit Report on Strategic Planning (no. B10/17)</p> <p>2. Governance Committee scrutiny and reporting.</p>	Governance of new arrangements will be agreed to deliver the required assurance.	<p>Work is ongoing to agree the corporate objectives through SPRA process and the development of the Population Health and Wellbeing Strategy.</p> <p>This will be supported by the corporate PMO.</p>	Unlikely	Moderate	9	Low risk	-
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NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score				Current Score				Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score				Rationale for Target Score
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)											Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	

Board Assurance Framework (BAF) - Integration Joint Board																												
1676	Sustainable	09/04/2021	04/06/2021	There is a risk that the Fife Integration Scheme does not clearly define operational responsibilities of the Health Board, Council and Integration Joint Board (IJB) resulting in a lack of clarity on ownership for risk management, governance and assurance.	4 – Likely – Strong possibility this could occur	4 – Major	16	High Risk	3 – Possible – May occur occasionally – reasonable chance	4 – Major	12	Moderate Risk	The level of risk has been actively reviewed and, following feedback from colleagues, as there is considerable work ongoing to support the conclusion of the review and this is being regularly monitored, the risk score has been maintained at a moderate level	Nicky Connor	Director of Health & Social Care	NHS Fife Board. Tricia Marwick.	<i>Ongoing actions designed to mitigate the risk including:</i>  1. IJB reviewed its Integration Scheme in March 2018 to reflect the implementation of the Carers (Scotland) Act 2016 as required by the Scottish Government. 2.The revised NHS Fife Code of Corporate Governance was approved by the NHS Fife Board in March 2018. 3. A Code of Corporate Governance for the IJB was approved in June 2018. The IJB Code of Corporate Governance forms part of a consolidated governance framework, including an action plan and assurance map. This will ensure all risks, responsibilities and other appropriate matters are understood by all parties and considered effectively for ongoing assurance and the annual Governance Statement. 4. A Governance Manual, bringing all relevant governance information in to one reference document for all IJB members and officers is currently being finalised. 5. Key recommendations and proposals from the Audit Scotland report of November 2018 and the Ministerial Strategic Group review of February 2019 were considered by the IJB and its partners. An integration stocktake self assessment was submitted to the Scottish Government in May. Subsequently an action plan was produced to drive forward changes. This was submitted to the Scottish Government in August 2019. The Action plan sets out actions to improve governance arrangements including initiation of discussions with partners to provide further clarity on the Integration Scheme. 6. A group, including representatives from NHS Fife, Fife Council and the HSCP, was set up to review the Integration Scheme. This review will focus on governance arrangements and take into account the actions from the Ministerial Strategic Group action plan and also the Scottish Government's Model Scheme for Integration. Following the review of the Integration Scheme the IJB will undertake a further review of its Governance Framework and structures. 7. A development session for officers and IJB members was held in Nov 2019. This was facilitated by David Williams, Director of Delivery, Health and Social Care Integration, Scottish Government and focussed on Governance. A programme of development days has been progressed since May 2020. Four sessions have been completed to date with further sessions planned. Topics covered include: Governance, Directions, Roles and Responsibilities, the IJB Annual report, Remobilisation of Services, Leadership and Structures, Best Value and Performance. 8. Feedback on the revisions to the IS was received from NHS Fife and Fife Council in February 2021. These have mostly been agreed and concluded with the exception of an element of the Finance Section. 9. A review letter from the Chief Executives of Fife Council and NHS Fife was sent to the Scottish Government on 24 March 2021 advising on the progress being made in Fife and highlighting the revised timeframes in line with the impact of the pandemic. The current scheme remains in place until the updated scheme is formally submitted. A meeting is arranged with the Chief Officer of the IJB and the Chief Executives of Fife Council and NHS Fife to agree the timescale for conclusion through formal governance structures. 10. An update on this position was taken to a private session of NHS Fife Board on 31 March 2021. 11. In view of the fact there is ongoing dialogue with Scottish Government and partners, the risk remains at a moderate level	Nil	Nothing more to be done than the ongoing actions set out.  Responsible Person: Director of Health & Social Care	1. Through regular updates to SLT and EDG about the progress of the reviews.  2. Updates to Audit & Risk Committees, the Integration Joint Board (IJB) and NHS Fife.	1. • The views of auditors will be the key independent assurance mechanism around this risk. We will involve them in the work to clarify governance arrangements as it progresses.  2. • Scottish Government will also provide useful advice and an independent perspective on the work to be carried out.	None.	The problem should be largely resolved with the action taken.	1 – Remote – Can't believe this event would happen	4 – Major	4	Low Risk	Once resolved and given effect to in IJB integration scheme and NHS Fife corporate governance arrangements, the issue should largely be resolved. But given maturity of relationships and dynamics around regional approaches a remaining risk will remain.

NHS Fife Board Assurance Framework (BAF)

				Initial Score		Current Score												Target Score											
Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	Rationale for Target Score		
Board Assurance Framework (BAF) - Digital & Information																													
				There is a risk that the organisation will fail to recognise and afford the financial investment necessary to deliver its D&I Strategy and enable transformation across Health and Social care to deliver sustainable and integrated services that are safe, secure and compliant with governance frameworks and associated legislation.									Failure in this area could have a direct impact on patients care, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme can occur daily, the proportion of these in relation to overall activity is very small and reporting to competent authorities is minimal.			<i>Ongoing actions designed to mitigate the risk including:</i>  1. Consistent alignment of the D&I Strategy with the NHS Fife Strategic Framework and Clinical Strategy 2. Digital & Information Board Governance improvement with ongoing review 3. Information Governance & Security Governance improvement with ongoing review 4. Caldicott - register maintained and reviewed 5. Review of financial impact of D&I Strategy as part of annual deliver planning 6. Operational governance lead through SLT focussing on operation controls, lifecycle management, policy/procedure implementation and adherence 7. Risk management arrangements underpinned by: Policy & Process, Adverse event management, Asset Management Controls, Monitoring and Detection, Defence in Depth security measures and technology; all of which are receiving a higher percentage of budget allocation. 8. Directive on security of network and information systems (NIS) & Cyber Essentials Compliance. 9. FOI, records management, DPA 10. Senior Management Team consideration of policy and procedure impact and associated implementation 11. Monthly risk reviews with Operational Leads and escalation/reporting to Governance Groups as necessary 12. Performance Review 13. Participation in national and local audit e.g. NISD Audit 14. Commitment to ensure appropriate implementation of Cyber Defence Measures, including support of national centralised cyber incident reporting and coordination protocols. 15. Staff Learning & Development, both Digital staff and the wider organisation including leadership skills. 16. Business Case development to include costed resilience by design and ongoing support activities. 17. Enhancing monitoring of our digital systems.	Lack of long term financial, lifecycle and workforce planning - plan to address is in development (Target October 2021)  Lack of systems to maintain ongoing monitoring of compliance with the key controls: GDPR/DPA 2018 - Improvements noted in IG&S Assurance Report (Target June 2021) NIS Directive - Improvements to be planned following April 2021 Audit feedback Cyber Essentials Plus - Incorporated in NIS D Audit  Lack of training and education resource to ensure our staff and patients are digitally ready - Business Case in consideration  Lack of resilience of key digital systems and technical recovery procedures and regular failover (DR) testing. - Plan to address agreed with EDG - April 2021  Governance and procedures do not fully follow ITIL professional standards - Await Internal Audit Findings	1. Improving and maintaining strong governance and procedures following Information Technology Infrastructure Library (ITIL) professional standards within early adoption of continuous improvement assessment  2. Develop long term financial, lifecycle and workforce planning - plan to address is in development (Target October 2021)  3. Ensure existing systems are considered first prior to new systems introduced without sufficient skilled resources to maintain on an ongoing basis. The continual use of business case development and governance of digital request by D&I Board will support this mitigation  4. Work to become fully compliant with GDPR, DPA 2018, NIS Directive, Information Security Policy Framework and thereafter maintain compliance.	Second line of Assurance: 1. Reporting to D&I SLT, D&I Board, Information Governance & Security Steering Group (IG&SG), EDG & Clinical Governance groups and committees. 2. Annual Assurance Statements for the D&I Board and IG&S Steering Group. 3. Locally designed subject specific audits. 4. Compliance and monitoring of policies & procedures to ensure these are up to date via D&I Senior Management Team. 5. Reporting bi annually on adequacy of risk management systems and processes to Audit & Risk Committee. 6. Monthly SIRO report 7. SGHSCD Annual review 8. SG Resilience Group Annual report on NIS & Cyber compliance 9. Quarterly performance report. 10. Accreditation systems. 11. Locally designed subject specific audits. 12. Update to Assessment following June 2019-Digital Maturity Assessment	Third line of Assurance : 1. Internal Audit reviews and reports on controls and process; including annual assurance and governance review / departmental reviews. 2. External Audit reviews. 3. Formal resilience testing / DR testing using an approved scope and measured success and mechanism for lessons learned and action plans. 4. Cyber Essentials/Plus Assessments. 5. NISD Audit Commissioned by the Competent Authority for Health. 6. Benchmarking with NHS Scotland's Boards	1. The D&I Strategy has not undergone a financial assessment against delivery. This work is now being progressed - target completion July 2021 2. Continual development of data assured performance is ongoing across all D&I Domains. Development of workplans aligned to risk continue to be developed. Assurance reports are consistently provided to D&I SLT monthly and development of data reports to Governance Groups continue to be developed. Well developed reporting, which can highlight potential vulnerabilities and provide assurances (including assurances that confirm compliance with GDPR, DPA 2018, NIS Directive, the Information Security Policy Framework is being maintained). 3. As the requirements are defined the reporting is developed accordingly and then undergoes consistent review. Implementation of improvements as recommended in Internal and external Audit Reports and an internal follow-up mechanism to confirm that these have addressed the recommendations made. 4. Improvements to SLA's (in line with 'affordable performance')is that output still awaited from 4 to provide assurance or otherwise 5. Output from national Digital maturity is	Overall, NHS Fife Digital has in place a sound systems of 1. Governance - agreed ToR and reporting 2. Improving security defences and risk management as evidenced by Internal Audit and External Audit reports 3. Attainment of the ISO27001 standard in the recent past and the Statement of Annual Assurance to the Board. 4. Investment has been made to support NIS, GDPR and Cyber resilience and some tools which will improve visibility of the Network. 5. Engagement with EDG in relation to FOI compliance (February 2021) 6. Meeting visibility through provision of minutes and delivery plans to EDG/CGC						1. Difficulty in securing investment in people, tools and maintaining systems that are resilient and always within support cycles. 2. Fully implementing resistance to attack through 'resilience by design', well practised response plans and recovery procedures. 3. Reduce the 'human factor' through ongoing 'user base education' and improving organisational digital readiness. 4. Enhanced controls and continuing improvements to systems and processes for improved usage, monitoring, reporting and learning are continually being put in place.  Aim for Moderate Risk as target rather than Low Risk is due to the fact that likelihood whilst unlikely may still happen and consequence will be extreme due to level of fines that may be imposed, reputational damage and patient harm.	



Meeting:	NHS Fife Board
Meeting date:	25 May 2021
Title:	Joint Remobilisation Plan 2021/22
Responsible Executive:	Margo McGurk, Director of Finance and Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

## 1 Purpose

This is presented to the Board for:

- Awareness

This report relates to the:

- Fife Joint Remobilisation Plan 2021/22

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

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

The third Joint Remobilisation Plan for Health and Care services delivered by NHS Fife and Fife Health and Social Care Partnership (HSCP) for the period 2021/22 was submitted to the Scottish Government on 26 February 2021. The purpose of this document was to set out a one-year plan (2021/22) and describe how clinical services, supported by corporate and non-clinical services, will be recommenced safely moving from the COVID-19 pandemic in 2020/21 when emergency planning measures were in place.

Feedback and sign off was received from Scottish Government on 2<sup>nd</sup> April 2021.

### 2.2 Background

The Scottish Government letter dated 14 December 2020 titled NHS Board Remobilisation Plans 2021/22 commissioned the next iteration from NHS Boards of the Remobilisation

Plan. A one-year plan was commissioned instead of the planned medium term 3-year plan reflecting the difficulties in planning in current environment and the significant pressure on health and social care systems.

## **2.3 Assessment**

Feedback and sign off was received from Scottish Government on 2<sup>nd</sup> April. Feedback has been and will continue to be provided to Services by individual policy teams within the Health & Social Care Directorate.

An Action Tracker has been created and will be updated routinely throughout 2021/22.

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

Quality of patient care and safety are at the heart of the Remobilisation Plan.

### **2.3.2 Workforce**

Oversight to workforce implications during remobilisation have been considered and form part of the Strategic Planning and Resource Allocation process.

### **2.3.3 Financial**

Oversight to financial implications during remobilisation have been considered and form part of the Strategic Planning and Resource Allocation process.

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

Risk Assessment is contained within the Remobilisation Plan.

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

Remobilisation Plan included the appropriate equality and diversity impact assessment process as part of the restart process.

### **2.3.6 Other impact**

N/A.

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

Appropriate communication, involvement, engagement and consultation within the organisation and with key external stakeholders is integral to the implementation of the Remobilisation Plan.

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

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

- NHS Fife Staff Side Group 17 February 2021

- EDG 18 February 2021
- NHS Fife Board Development Session 24 February 2021
- Chief Executive 24 February 2021
- Staff Governance Committee 29 April 2021
- Clinical Governance Committee 30 April 2021
- Finance, Performance and Resource 11 May 2021

## 2.4 Recommendation

The Board is asked to:

- **Note and agree** the Remobilisation Plan for 2021/22 and the actions contained within.

## 3 List of appendices

The following appendices are included with this report:

- Joint Remobilisation Plan for Fife: 2021/22 (FINAL DRAFT)

### Report Contact

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# Joint Fife Remobilisation Plan

## 2021/22

**Revised draft V4.0: 24 March 2021**  
*(following draft SG submission 26 February 2021)*

## VERSION CONTROL

Draft V 0.4	10/2/21	Distributed for comment to local Remobilisation Plan Forum (RMF)
Draft V 1.0	16/2/21	First draft sent to EDG for comments
Draft V 1.1	18/2/21	Second draft sent to EDG and RMF for comments Returns: CD, LD, MM, Updates: Pharmacy, Workforce, ICPT
Draft v1.3	23/2/21	Draft to CEO
		Update: Regional
Draft v2.0	24/2/21	Draft to CEO Update: Planning
Draft v2.2	25/2/21	Draft to CEO Update: Digital, Acute, Dental
Draft SG Submission (v3.0)	26/2/21	
Draft v3.1	19/3/21	Revision from CEO
Draft v3.2	23/3/21	Update by DoF Update to Primary Care section by HH
Draft v4.0	24/3/21	Version to NHS Fife Board



# Table of Contents

## Contents

1	Introduction .....	1
2	Background .....	1
3	Approach to Planning for 2021/22 .....	2
3.1	Planning Assumptions .....	2
4	Key Priorities for Fife 2021/22 .....	4
4.1	Strategic Planning and Resource Allocation .....	4
4.2	Governance arrangements for delivery of Plan .....	5
4.3	Engagement with partners and stakeholders .....	6
4.4	Once for Scotland governance model .....	6
5	Supporting Staff Wellbeing .....	7
5.1	Contributors/Enablers to Wellbeing .....	8
6	Current Status of Health and Social Care in Fife .....	10
6.1	COVID-19 Hospital analysis .....	10
6.2	Unscheduled Care .....	11
6.3	COVID-19 Testing .....	12
6.4	Waiting Times Position .....	13
6.5	Update on Trajectory submitted 30 June 2020 .....	16
7	Living with COVID .....	17
7.1	Infection Prevention and Control (IPC) .....	17
7.2	A Sustainable Longer-Term Vaccination Programme .....	20
7.3	Maintaining and Extending the Testing Programme .....	21
7.4	Supporting the Safe Provision of Adult Social Care .....	22
7.5	COVID-19 Look Back 2020/21 .....	25
8	Delivering Essential Services .....	28
8.1	Acute Services .....	28
8.2	Redesign of Urgent Care (RUC) .....	37
8.3	The Key Role of Primary and Community Care .....	40
8.4	A Whole System Approach to Mental Health and Wellbeing .....	53
8.5	Winter Planning .....	57
8.6	Patient Experience .....	57
9	Population Health .....	59
9.1	Addressing Inequalities .....	59
9.2	Equality and Human Rights Strategy .....	60
9.3	Public Health Priorities .....	61
9.4	Increasing Public Health Capacity – Workforce and Planning .....	62

10	Digital Health .....	64
10.1	Digital Capacity and IT Transformation .....	64
10.2	Digital Transformation .....	65
11	Innovation .....	67
12	Regional Working and Mutual Aid Arrangements .....	68
12.1	Mutual Aid .....	68
12.2	Cancer .....	68
12.3	Health Protection .....	69
12.4	Innovation in Mental Health .....	69
13	A Sustainable Workforce .....	70
13.1	Workforce Planning .....	70
13.2	Workforce Resourcing .....	71
13.3	Workforce Mobilisation .....	71
13.4	Workforce Development .....	72
14	Finance and Capital .....	73
14.1	Medium Term Health and Social Care Financial Framework .....	73
14.2	Key Financial Planning Assumptions .....	73
14.3	Forecast Financial Position Revenue .....	74
14.4	Forecast Financial Position Capital .....	74
15	Summary .....	75
	Appendices .....	76
	Appendix 1: Template 1 – Projections & Historical Diagnostic Activity .....	76
	Appendix 2: Template 2 – Monthly Planned Activity by Specialty .....	77
	Appendix 3: Template 3 – Clinical Prioritisation .....	80

## 1 Introduction

This is the third Joint Remobilisation Plan for Health and Care services delivered by NHS Fife and Fife Health and Social Care Partnership (HSCP) for the period 2021/22. Unlike previous versions, this plan will be considered as the Annual Operational Plan for 2021/22.

The purpose of this document is to set out the one year plan (2021/22) and will describe how clinical services supported by corporate and non clinical services will be recommenced safely moving from the COVID-19 pandemic in 2020/21 when emergency planning measures were in place. At the time of writing, the third wave of the pandemic is continuing to impact health and care services across Scotland.

The Remobilisation Plan has been presented to NHS Fife Board Development Session on 24 February 2021 and will then formally go to the Board in March 2021 following feedback from NHS Fife's Executive Directors Group and colleagues in Scottish Government Health & Social Care Directorates (SGHSCD) before final approval. Updates will be provided to other key stakeholders including the Area Partnership Forum and Integration Joint Board (IJB).

## 2 Background

Fife submitted the first Joint Mobilisation Plan to Scottish Government Health & Social Care Directorates in response to the declared worldwide COVID-19 Pandemic in March 2020. In June 2020, the second iteration of the Fife Joint Remobilisation Plan was submitted sharing plans to restart services in a COVID-19 environment. The draft copies of the plans were shared with members of Fife NHS Board and IJB.

The Scottish Government letter dated 14 December 2020 titled *NHS Board Remobilisation Plans 2021/22* commissioned the next iteration from NHS Boards of the Remobilisation Plan. A one-year plan was commissioned instead of the planned medium term 3-year plan reflecting the difficulties in planning in current environment and the significant pressure on health and social care systems.

### 3 Approach to Planning for 2021/22

In order to capture and make sustainable the changes that have taken place and to protect the new ways of working and prioritisation, a methodology was adopted to ensure NHS Fife and Fife HSCP provides safe and resilient services going forward. This is aligned to the guiding principles which are whole system, safe and person centred care, clinical prioritisation, agile, flexible and responsive, realistic medicine/care, protecting our workforce, digitally enabled and data enabled.

The national roadmap Re-mobilise, Recover, Re-design: The Framework for NHS Scotland describes the aims of the framework and 7 principles for remobilising clinical services. As we come out of the third wave of the pandemic, the initial focus will be to allow staff to rest and recover before planning the remobilisation of services.

We are implementing a refreshed approach to strategic planning over the coming months and this will develop in parallel with further development of our immediate term plans as described in this Remobilisation Plan for 2021/22. Further detail is set out in section 5.1. It is our intention to develop a refreshed clinical strategy – a *population health and wellbeing strategy* – by March 2022, to drive forward the redesign of health and healthcare for the population of Fife for the next 5 – 10 years. We welcome the Care Programmes approach developing within SGSHCD and through the Centre for Sustainable Development, and we look forward to working with colleagues across Scotland on these programmes, to bring positive impact for the population, staff and broader health system in Fife. We support an approach that seeks to maximise value for the population, to promote reform, to build capability, to learn from best practice, and to truly embed improvement and innovation in everything we do as we build back fairer for the local population.

#### 3.1 Planning Assumptions

Following on from the approach and methodology taken by NHS Fife, the high-level planning assumptions for the delivery of this plan are:

- **Test and Protect:** Test and Protect service in place to prevent the spread of COVID-19 by tracing and isolating any community transmission and community asymptomatic community testing.
- **Staff and Patients Testing:** Continuation of testing of staff and patients in health and social care as well as Care Homes.
- **COVID-19 Vaccination:** Vaccination programme will be well underway into 2021/22 with the aim of vast vaccination of the population of Fife
- **Future Surges:** Contingency plans in place to mobilise inpatient areas and clinical services if faced with a second COVID-19 surge including ITU capacity
- **Health Inequalities:** There is evidence to suggest greater health inequalities as a result of COVID-19 in terms of Long COVID-19 and mental health
- **Workforce:** There continues to be demand and supply challenges (demographics of current workforce, impact of pensions, retirement numbers increasing)

- **EU Exit:** Any changes that will affect health and care services will have been identified as formed part of the national and local risk register.

The specific COVID-19 planning assumptions include:

- Future planning will assume a level of COVID-19 vaccination across the population in 2021/22.
- Physical distancing will remain in place and redesign of services will account for this. Clinical capacity will be reduced as a result of physical distancing and clinical services will be prioritised.
- Pathways for shielded patients will be included in any redesign work
- Contingency plan in place if faced with future COVID-19 surges including ITU capacity
- COVID-19 workforce impacts will be captured separately and reported through the Directors of HR/Workforce and the Interim Workforce Plan 2021/22.
- COVID-19 costs will continue to be captured separately and reported through Directors of Finance and the COVID-19 Financial Mobilisation Return

## 4 Key Priorities for Fife 2021/22

### 4.1 Strategic Planning and Resource Allocation

We are in the process of developing a new Strategic Planning and Resource Allocation Process (SPRA) to support financial and organisational planning. This process will be considered by the NHS Fife Board in May 2021 however the Executive Team has begun some initial assessment and this has supported the development of the financial plan for 2021/22.

The SPRA guiding principles ensure alignment of our workforce, financial and operational planning. There is also a key focus on digital and the opportunities it brings to service redesign and delivery.

Our SPRA process is committed to delivering services as safely, effectively and efficiently as possible. It will enhance our strategic planning with an initial focus on developing a 3-year medium term plan. Through our planning we seek to deliver authentic and meaningful prioritisation and support to Equality, Public Health and Prevention and to drive value-based resource allocation across all our services.

The process will recognise and prioritise both investment and disinvestment to support the delivery of our objectives. Disinvestment requires the development of plans to release cash savings and productive opportunities. We are also planning to develop the capacity and capability of our Corporate PMO arrangements to support service transformation.

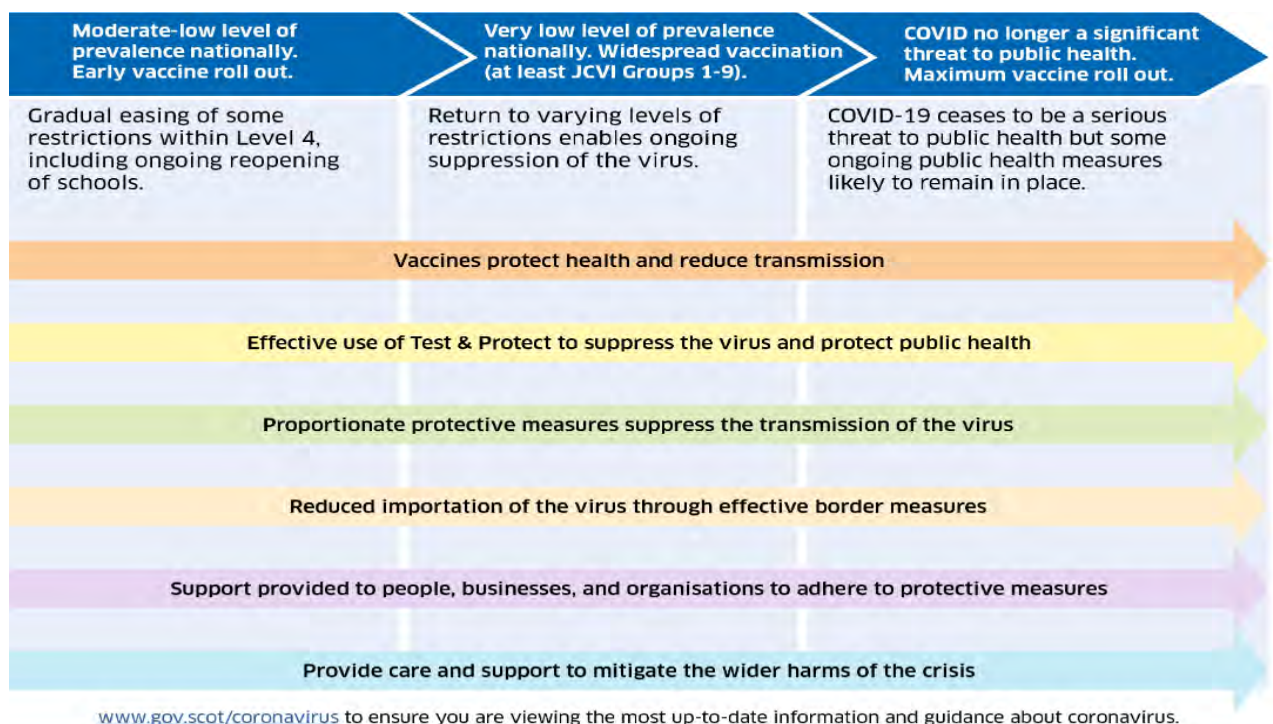
The production of the financial plan involved close engagement with Fife Health & Social Care Partnership. Discussions are ongoing to take account of known pressures within Partnerships and any resulting obligations as set out in the Integration Scheme.

Locally these priorities will form the Board Corporate Objectives for 2021/22 and will be agreed with the Executive Leadership Team and the NHS Fife Board.

The key themes detailed below have been proposed taking into consideration the COVID-19 environment and the recovery of health and care services that will occur throughout 2021/22. These support the Scottish Government's Framework for NHS Scotland, in respect of *Remobilise, Recover, and Redesign*:

1. Minimise transmission of COVID-19 and support health protection (delivered via the C19 vaccine programme; test & protect; care home support)
2. Improve whole system capacity and flow to ensure timely and appropriate access to health care when required (delivered via the RUC, planned care and cancer programmes; plus care home support)
3. Prevent and tackle health inequalities (delivered via Anchor Institution work and Mental Health redesign)
4. Support our workforce resilience and wellbeing

These are aligned to the recently published Scottish Government routemap:



In addition to these priorities, a number of key programmes to be delivered in 2021/22 and beyond have been identified through the SPRA process. These programmes will embrace new ways of working and will drive to embed changes in a sustainable way.

The key programmes for Fife health and social care services are:

1. Redesign of Urgent Care
2. COVID-19 Immunisation
3. Test and Protect
4. Elective Care Centre
5. Mental Health Programme (including Mental Health Capital Prog)
6. Implementation of HEPMA
7. Elective Recovery Programme (including Cancer)

We will continue to work across the services provided by NHS Fife and Fife HSCP to review and redesign services as a whole system and prioritising where the greatest need is. Our programmes are underpinned with a focus on value and sustainability as we develop our medium term financial plan, and on maximising the use of digital solutions and innovation.

We have a good history of working in a partnership and consulting with our key stakeholders in an open and transparent manner.

## 4.2 Governance arrangements for delivery of Plan

The governance of the Remobilisation Plan is currently with Gold Command and the Clinical Prioritisation subgroup in NHS Fife. The Chief Executives of both NHS Fife and Fife Council have had leadership and oversight of this plan.



When Gold Command is stepped down, the governance of the delivery of this plan, through to the Board, will be via the Executive Directors Group (EDG) and Board Committee structure. We are currently undertaking a review and mapping exercise of the emergency planning Command Structure implemented in response to the pandemic, to ensure appropriate and effective governance of ongoing individual work programmes related to COVID-19, within 'business as usual' arrangements.

#### 4.3 Engagement with partners and stakeholders

The Remobilisation Plan has been discussed and shared with the key stakeholders and partners across Fife. The timeline for some meetings is beyond the SG submission date but the Remobilisation Plan will continue to be discussed beyond this time.

##### ***Timeline for sharing Remobilisation Plan with key groups***

17 February	Presentation to Staff Side Group
18 February	Presentation to EDG
24 February	Presentation to Board development session
<u>Future Dates</u>	
12 March	Presentation to IJB
24 March	Presentation to APF
31 March	Presentation to NHS Board
TBC	Presentation to ACF

#### 4.4 Once for Scotland governance model

The Board has appropriately adapted its routine governance structures during the pandemic period, ensuring that transparency and openness remain central to decision-making and following examples of good practice nationally. As we remobilise our services, our existing groups and committees are carefully assessing the need to receive enhanced assurance on areas central to remobilisation, and on new areas of responsibility such as care homes and testing.



## 5 Supporting Staff Wellbeing

NHS Fife recognises that employee wellbeing will be crucial in terms of our ability to successfully emerge from the COVID-19 response and remobilise our services to continue to deliver effectively as an organisation. Our response to staff wellbeing will be built on the successful roll out of our Staff Vaccination programme, and the establishment and maintenance of a comprehensive Staff Testing provision. In both respects, arrangements will continue to evolve in line with the developing knowledge and evidence basis which will be inform national guidelines.

With our successful track record as a Gold Healthy Working Lives (HWL) Award holder, we are committed to promoting health & wellbeing as we complete a refresh of our existing framework for Staff Health and Wellbeing and underpinning action plan. Our plans will be adopted during 2021/22 with alignment to the national discussions on employee wellbeing support. Additionally, this work will contribute to the co-creation of the Workforce Strategy 2022-2025.

“Well @Work” is the branding of NHS Fife’s employee Health and Wellbeing programme and prior to the pandemic we had outlined our ambitions to improve our approach in our “Going Beyond Gold” plan. We will build on our support for employee wellbeing with three aspects of plan for organisational support to achieve a culture of kindness and a shift in organisational culture by:

- creating a kinder, more mindful organisation
- adopting a “Personal Outcomes Approach” supporting what matters to the individual
- developing resilience, by implementing a model of resilient practice.

Our emphasis on wellbeing in the past year will continue, building on positive reaction to the introduction of Staff Support Hubs across Fife, creating the right physical environment accessible to all health and social care staff for sustaining wellbeing. As services return to a new normal, we will consider how to meet the challenge of sustaining the Hubs developing the format to meet the new paradigm, considering work from last year including the new Pause Pod at Whyteman’s Brae Hospital to inform the development of services. As part of this commitment, funding has been secured to refurbish the Hubs at the Victoria Hospital and Queen Margaret Hospital sites and within our Community Hospitals throughout Fife. We are working in partnership with the Fife Health Charity on these important developments.

Taking account of staff side feedback about practical support, the Hubs and recognised staff rooms on our NHS Fife and Fife Health & Social Care Partnership sites are being supplied with refreshments and snacks. We continue to seek feedback on our approach to rest and recuperation as we ensure all guidance supporting staff to maintain personal resilience and wellbeing, e.g. taking leave, is adopted. We value the partnership involvement from staff side colleagues as we work to ensure we are responsive to the views expressed by staff. As well as the national Pulse Survey feedback informing our work, the Local and Area Partnership Forums/Fora will continue to review local information in order to prioritise and promote our staff wellbeing aims.

Other initiatives which have been made available to staff will also form part of our plans including the extended Staff Listening Service (from our small Spiritual Care team), a telephone service offering Psychology Staff Support, a COVID-19 related Staff Wellbeing Resource pack and a Psychology Support pack for staff, and peer support sessions for shielding staff. Our internal pathway with Occupational Health and Psychology support is in place for those staff identified as requiring additional support.

Alongside these locally delivered initiatives, we have promoted and signposted staff to the new NHS Scotland National Digital wellbeing hub (ProMIs). We have two representatives (one from NHS Fife and one from H&SCP) at the national Workforce Wellbeing Champions Network and this input is shaping our thoughts on the future strategy and approach.

Investment is required to sustain the level of local input which has been provided during the pandemic in terms of input by our services e.g. Occupational Health, Psychology and Spiritual Care, and to deliver the environment and culture that supports staff resilience and wellbeing. Evidence suggests that it is important to have provision in place to support staff in the longer term.

In terms of the three strands of our Going Beyond Gold plan, we will promote a range of additional wellbeing options for staff in 2021/22 which will include:

- Approaches to bring mindfulness into workplace, building on successful introduction of mindfulness training last year, which has shown clear evidence of increased ability amongst staff to manage their own stress levels and improve their sense of wellbeing.
- Development of our Personal Outcomes Approach, through which we will explore the extension of good conversations approach using an asset-based philosophy.
- Building resilience with work consider how to implement a model of resilient practice for improved psychological wellbeing.

## **5.1 Contributors/Enablers to Wellbeing**

In addition to the specific work in health & wellbeing outlined above, we recognise these additional themes as important contributors or enablers to the work we will undertake to support staff this year:

### **5.1.1 Workforce and workplace**

Beyond the initial focus on workplace environment adaptation to manage infection control, determining what the future nature of work will be and create a working environment to support and develop a workforce that is able to thrive will be a continuing theme. This will include:

- the (re)design of services, roles and teams,
- the reconfiguration of physical workspaces and workplaces
- responding to the changing opportunities to facilitate digitally enabled home and remote working, reducing or eliminating travel to work to improve health outcomes and enhance carbon credentials

We are working in partnership with staff side colleagues on the early development of an approach to embed agile working.

### **5.1.2 Culture and Values**

We have seen our values and the spirit of “Team Fife” demonstrated repeatedly in the last year. A ‘road map’ of how we will ensure our values are embedded and every member of “Team Fife” owns and displays them is being co-created. We plan to embed Organisational Values in NHS Fife with the first phase of work to develop a behavioural framework to inform our practice planned for 2021/22. This will be an essential part of how our culture continues to be developed and will provide a platform to action the outputs/recommendations of the Ministerial short life working group on Culture.

### **5.1.3 Delivering Workforce Services**

The range of services delivered to prospective and current employees of NHS Fife and the organisation throughout the whole employee life cycle continues to evolve and be informed by our recent experiences. To provide a more person centric and self-managed services focused on staff experience we will develop or embed the technology enabled services developed in response to COVID. Digital innovation in service delivery will be enhanced, which will be complemented by the extended utilisation of national systems and continued transformation at both regional and national levels. This will include:

- Once for Scotland model for workforce policy and implementation
- Operational and Recruitment Functions: -
  - Agile recruitment processes;
  - Flexible process and protocol to manage the supplementary workforce and its mobilisation;
  - job evaluation, enabled by technology;
  - development of advice and advisory services to support staff and managers in a COVID-19 world.

## 6 Current Status of Health and Social Care in Fife

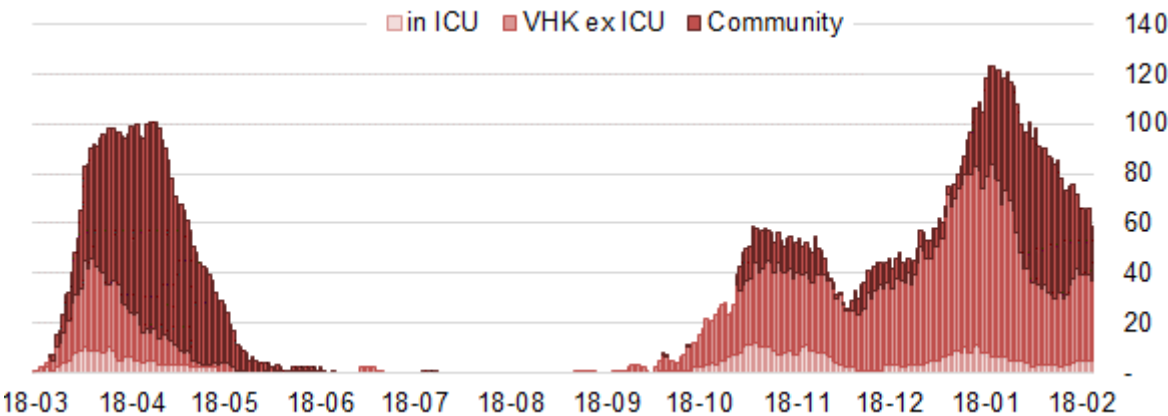
### 6.1 COVID-19 Hospital analysis

#### 6.1.1 COVID-19 Occupancy including ITU (data based on SG definition Sep-20)

The peak COVID-19 occupancy in Acute setting during first wave was 46 patients on 6<sup>th</sup> April with peak across all hospital sites, 101 in the final week of April. Patient numbers exceeded 80 in Acute setting and 120 in all hospital sites during the second wave in January 2021.

COVID-19 cases requiring an ITU bed exceeded first wave peak at the start of November. Numbers did not drop below base ITU capacity until the end of the month. Numbers began to increase again from mid-December before peaking in mid-January 2021.

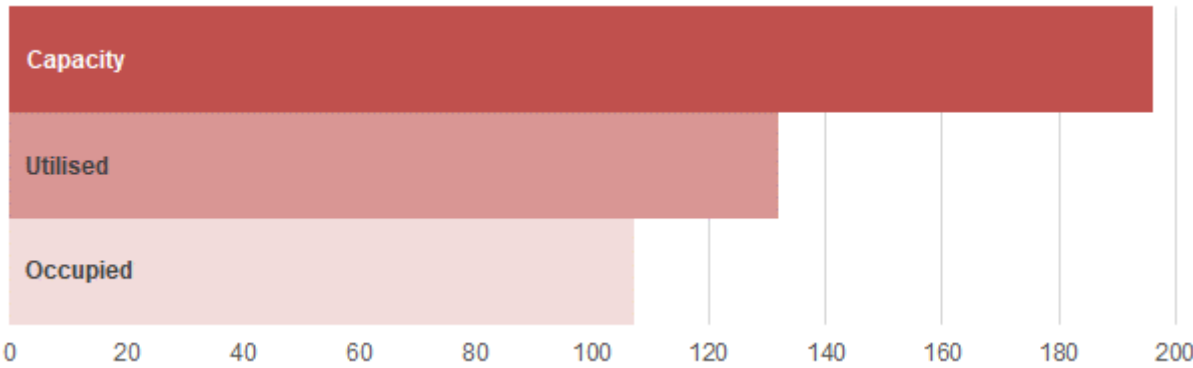
**Chart 1: Number of COVID-19 patients in NHS Fife Hospitals**



#### 6.1.2 Hospital Beds

Planned maximum capacity for COVID-19 beds was defined at 196 within Victoria Hospital. Actual beds utilised was 67% of this total with maximum occupancy 81%.

**Chart 2: Maximum Capacity and Utilised COVID-19 Beds**

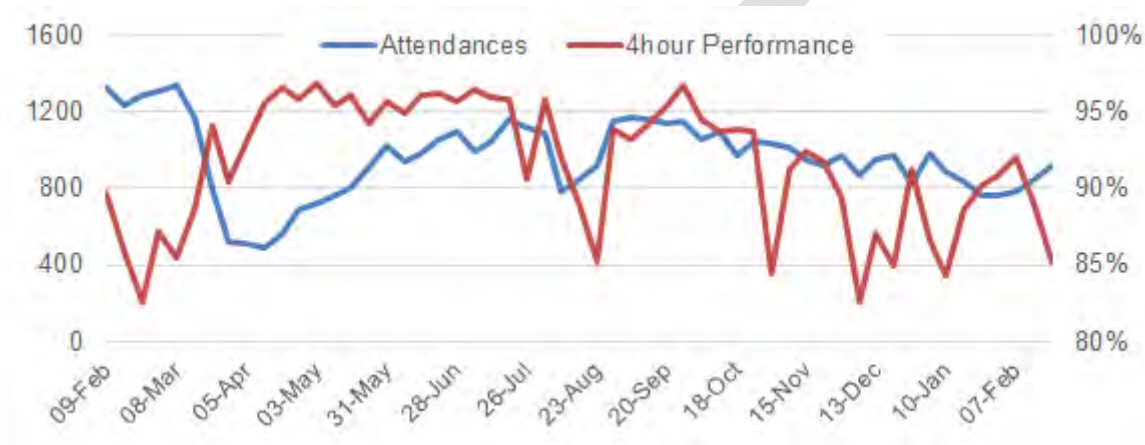


## 6.2 Unscheduled Care

### 6.2.1 Accident & Emergency

The number of A&E attendances in Victoria Hospital dropped from average of 1,300 per week to under 500 in the second week of lockdown. The sharp decrease in attendances led to an increase in performance against the 4-hour Standard. Performance generally remained above 95% as attendances gradually increased until peaking at just over 1,200 by Week Ending 23<sup>rd</sup> August. Since then, attendances and performance have been in decline due to acuity of patients and pressure on hospital capacity. Figures from December 2020 are affected by Redesign of Urgent Care where figures exclude any planned activity.

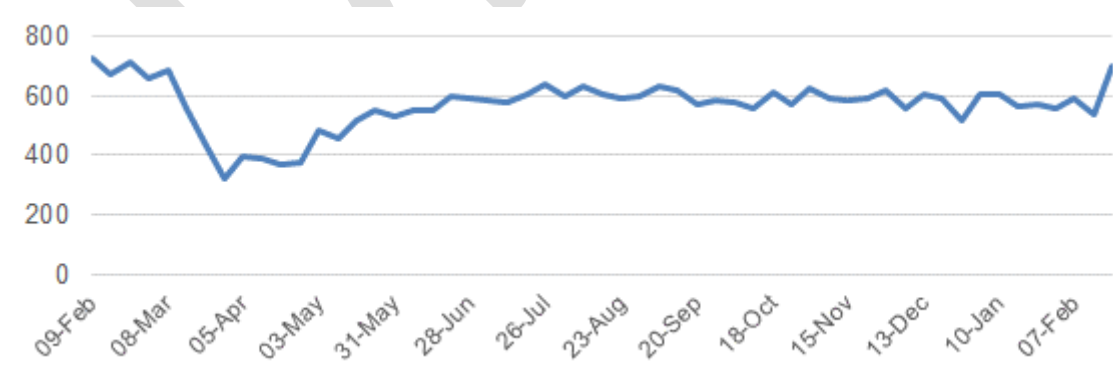
**Chart 3: Number of A&E Attendances and 4-hour Performance**



### 6.2.2 Emergency Admissions

Like attendances at A&E, Emergency Admissions also decreased sharply leading up to lockdown, dropping nearly 50% to under 350 a week. They have gradually increased since and have been averaging around 600 per week since Week Ending 24<sup>th</sup> June.

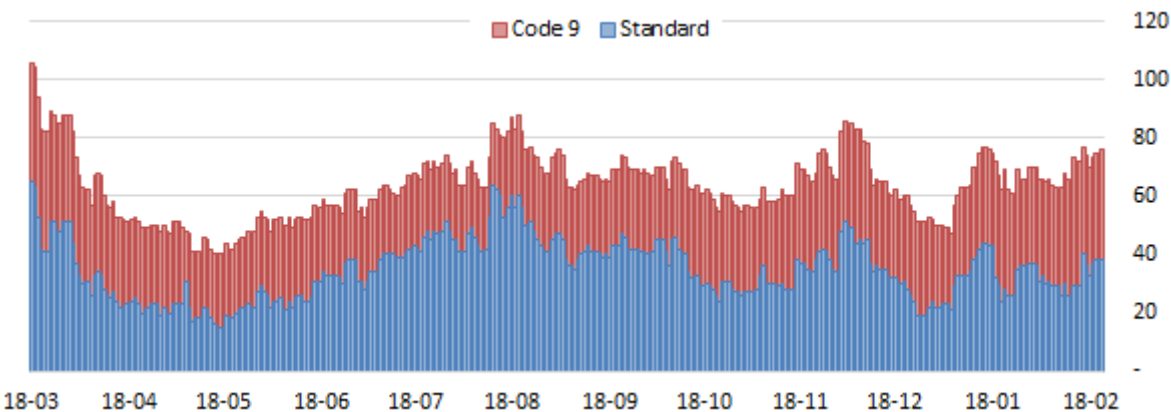
**Chart 4: Number of Emergency Admissions**



6.2.3 Delayed Discharges

Delayed Discharges had decreased substantially from over 100 on 18<sup>th</sup> March to below 50 by 22<sup>nd</sup> April; numbers in Community and Mental Health were reduced by 50%. Numbers began to increase until August which was followed by a decrease to below 60 at the end of October. This pattern has occurred twice more to peaks at start of December and mid-January. Delayed Discharges in Acute setting has generally been kept below five patients since July.

Chart 5: Number of Delayed Discharges



6.3 COVID-19 Testing

6.3.1 People Tested and People Testing Positive

There were 99,579 people in NHS Fife that have been tested for COVID-19 with the number of people testing positive at 9,675 as of 21<sup>st</sup> February 2021. The 7-day average exceeded 700 at the end of August and into the beginning of September. The highest 7-day average was 786 with most on single day at 971.

Chart 6: Daily number of people tested for COVID-19



There were 9,675 people in NHS Fife that had tested positive for COVID-19 as of 21<sup>st</sup> February 2021. Following the first wave, the 7-day moving average remained below 5 from



mid-May until mid-September. This increased to just below 80 by November and exceeded 100 for first two weeks in 2021. The highest 7-day average was 126 with most on single day at 158.

**Chart 7: Daily number of people testing positive for COVID-19**

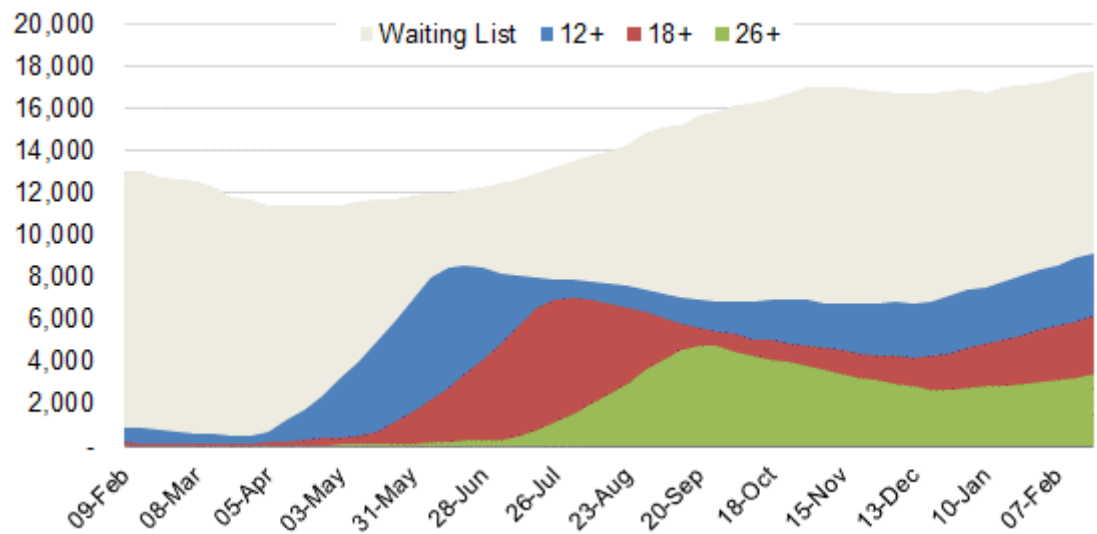


## 6.4 Waiting Times Position

### 6.4.1 New Outpatients

The number of patients waiting 12 weeks and over has increased from just over 500 just before lockdown to over 8,000 by mid-June, equating to 70% of the total waiting list. Patients waiting 18 weeks and over peaked at over 7,000 at beginning of August 2020 with peak of 26 weeks by end of September. Patients waiting more than 12, 18 and 26 weeks have been increasing since the end of 2020 with over 9,000 patients now waiting 12 weeks or more. The total number of patients on the waiting list is also increasing and approaching 18,000 patients.

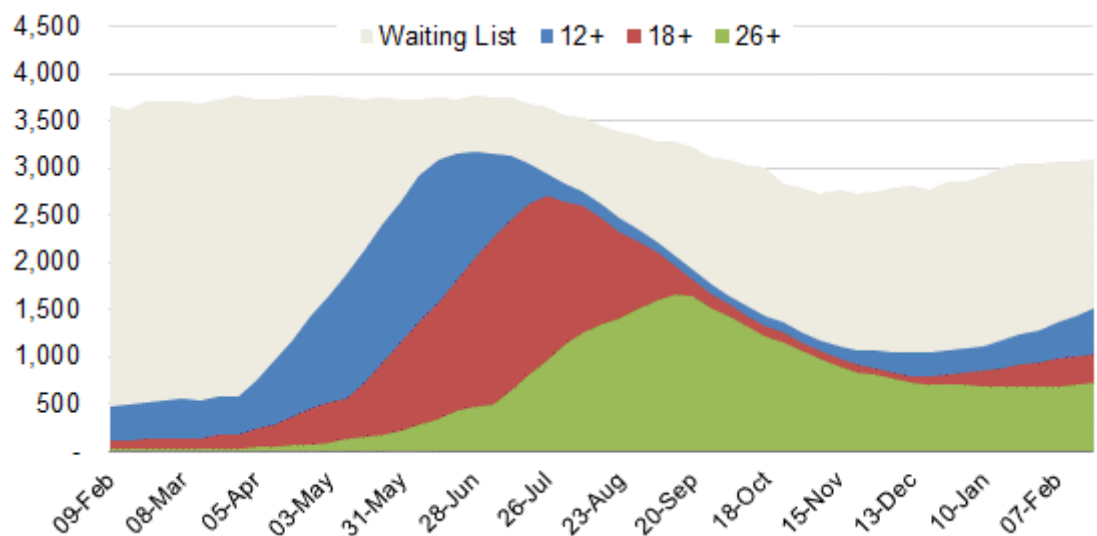
**Chart 8: Patients Waiting for New Outpatient Appointment**



### 6.4.2 Patient TTG

The number of patients waiting 12 weeks and over has increased from just under 600 just before lockdown to over 3,000 by mid-June, equating to nearly 85% of the total waiting list. Patients waiting 18 weeks and over peaked at 2,703 at the end of July with peak of 26 weeks by mid-September. Patients waiting more than 12 and 18 weeks have increased throughout January 2021. The total number of patients on the waiting list decreased by around 1,000 between July and November but has increased to over 3,000 during January 2021 due to pressures of the pandemic when ITU capacity trebled which impacted on theatres and out-patient activity, urgent and urgent cancer.

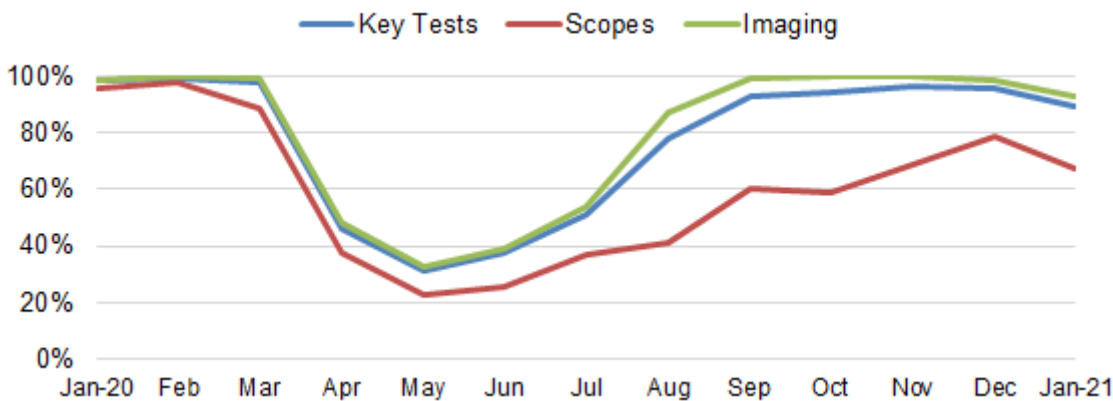
Chart 9: Patient TTG Waiting



### 6.4.3 Key Diagnostic Tests

The number of patients waiting 6 weeks and over has increased from 18 at end of February to 3,308 by end of May, the overall waiting list increased to over 5,000 by June. Performance increased to over 95% by November but has dropped below 90% by January 2021 with Imaging 92.7% and Scopes under 70% at 67.5%.

Chart 10: Key Diagnostic Tests <6 weeks

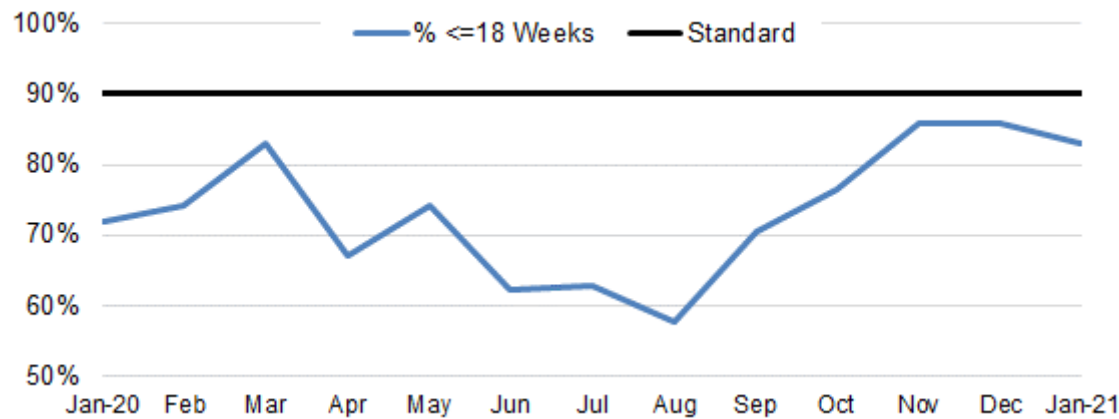




6.4.4 CAMHS

Performance against 18-week Referral to Treatment Standard dropped below 60% in August but has recovered to over 80% by November. The number of children waiting, as of 31<sup>st</sup> January 2021, was 398 with 56% waiting within 18 weeks since referral. The waiting list was 524 in March, reducing to 303 by end of July.

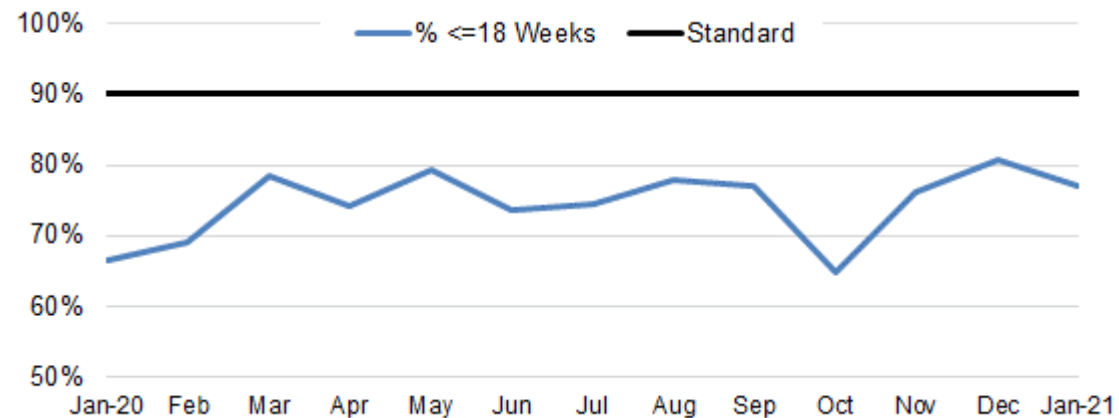
Chart 11: CAMHS Performance 18-week Referral to Treatment



6.4.5 Psychological Therapies

Performance against 18-week Referral to Treatment Standard has been above 70% each month since March 2020 apart from October, achieving 80% in December. This contrasts with year previous when performance was generally below 70%. The number of patients waiting, as of 31<sup>st</sup> January 2021, was 2358 with 41.6% waiting within 18 weeks since referral. The waiting list is down considerably from nearly 3,500 in February with number under 18 weeks nearly doubling since July.

Chart 12: Psychological Therapies Performance 18-week Referral to Treatment



## 6.5 Update on Trajectory submitted 30 June 2020

"Better" than Projected | "Worse" than Projected

TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected Actual Variance
OP Referrals Accepted (Definitions as per Waiting Times Datamart)	Projected Actual Variance
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected Actual Variance
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected Actual Variance
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected Actual Variance
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected Actual Variance
Number of A&E 4-Hour Breaches (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected Actual Variance
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected Actual Variance
Admissions via A&E (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected Actual Variance
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected Actual Variance
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected Actual Variance
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected Actual Variance
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected Actual Variance

Quarter End	Quarter End
Sep-20	Dec-20
2,040	3,044
2,587	2,927
547	-117
14,042	22,565
15,801	17,799
1,759	-4,766
13,602	20,630
11,852	15,560
-1,750	-5,070
1,648	2,296
1,110	1,258
-538	-1,038
10,074	11,450
11,264	10,835
1,190	-615
21,495	21,705
20,303	17,073
-1,192	-4,632
775	1,000
815	1,310
40	310
9,225	10,100
8,752	8,649
-473	-1,451
4,354	4,350
4,467	4,227
113	-123
2,195	2,140
2,097	2,481
-98	341
309	309
275	281
-34	-28
325	356
274	314
-51	-42
970	1,956
1,233	1,498
263	-458

Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) <sup>1</sup>	Projected Actual Variance
--	---------------------------------

Month End	Month End
Sep-20	Dec-20
79	79
75	51
-4	-28

## 7 Living with COVID

### 7.1 Infection Prevention and Control (IPC)

NHS Fife welcome to participate in National Collaborative Engagement Events to initiate a review and identify a national IPC workforce strategy. This work involves joint input between SG policy teams and all relevant external stakeholders, on how this specialist workforce can be maximised in the short-term, whilst planning for a more sustainable longer-term position is undertaken.

The NHS Fife Prevention and Control of Infection Annual Work Programme for 2021-2022 shall ensure compliance with national and local requirements for the prevention and control of infection and the management of Healthcare Associated Infection (HCAI) The aim is to provide a structured delivery programme with priorities for nursing staff, clinical support staff, clinicians and managers to minimise the spread of infection, support the reduction of HCAI and to meet the *NHS Healthcare Improvement Scotland (NHS HIS) Standards (2015)*.

#### Patient centred

Control and prevention of HCAI measures will be proportionate and appropriate for the person receiving healthcare and the environment that healthcare is delivered, and will take full cognisance of the emotional, psychological and physical impact HCAs have on patients, relatives and carers.

#### Safe

A clean safe environment, the control and prevention of HCAI and antimicrobial resistance will reduce the risk of the population being exposed to or acquiring an HCAI (including resistant organisms) within any setting that healthcare is delivered, this includes a zero tolerance to avoidable infections

#### Effective

Measures and programmes aimed at prevention and control of HCAI and antimicrobial resistance, including prudent use of antimicrobial agents, surveillance, new technologies, education, training and research will support reliable, consistent and equitable delivery of effective healthcare.

The Work Programme will adhere to the following principles in line with the National Delivery Plans:

- focus on prevention of infection as well as control
- sustain and build on achievements and strengths to date
- ensure requirements for prevention and control of HCAI across the community are addressed
- ensure we prepare for the future and respond to emerging threats
- demonstrate our commitment to sustainable improvement
- promote a culture of zero tolerance of avoidable infections
- ensure there is a means to critically review and learn from incidents and outbreaks where HCAI occurs

NHS Fife has applied the infection prevention and control guidance as per the National Infection Prevention and Control Manual (NIPCM) and the Scottish COVID-19 Infection

Prevention and Control Addendum for Acute settings, first published 26/10/2020. Which provides Scottish context to the UK COVID-19 IPC remobilisation guidance, some deviations exist for Scotland and these have been agreed through consultation with NHS Boards and approved by the CNO Nosocomial Review Group. Guidance recommendations are bounded by current evidence and best practice at the time of writing and so will be subject to change as further developments are made in this field.

#### **7.1.1 Maintaining and Extending the COVID-19 Testing Programme**

NHS Fife has implemented the testing expansion of the following:

- All emergency admissions
- All planned admissions to hospitals
- Routine testing of asymptomatic, patient facing healthcare workers

Through our Care Home Oversight Group, we have also reviewed the testing requirements set out in the letter *Promoting Partnership – Support for Care Homes & Delayed Discharge Winter 2021* issued by the NHS Scotland Chief Operating Officer on 22 January 2021. Our response of 8 January describes our approach.

Processes are in place to capture and identify quickly patients and healthcare workers with a positive result via ICNET and daily reporting systems. Collaborative working between IPCT, Test and Protect and Occupational Health continue to be strengthened.

#### **7.1.2 Patient placement/assessment of risk**

To enable early recognition of COVID-19 cases triaging of patients within all healthcare facilities is undertaken in NHS Fife.

NHS Fife has introduced the 3 defined pathways established to ensure segregation of patients determined by their risk of COVID-19.

- High-risk COVID-19 pathway in the UK IPC remobilisation guidance. It is more commonly known as the red pathway in many boards within Scotland.
- Low-risk COVID-19 pathway in the UK IPC remobilisation guidance. Commonly known as the green pathway
- Medium-risk COVID-19 pathway in the UK IPC remobilisation guidance. Commonly known as the amber pathway

#### **7.1.3 Local and National prevalence data**

NHS Fife's escalation action plan is in place ready to deploy should prevalence increase, triggering a review (and potential cessation) of elective services and an increase in high risk pathway capacity. Local and national monitoring of prevalence and incidence data is used to inform the pandemic plan, to determine the need to employ the escalation action plans as required.

Standard infection prevention and control precautions (SICPs) and transmission based precautions (TBPs) along with the COVID-19 Addendums guidance shall be applied as appropriate to all patients, by all healthcare professionals in all care settings to ensure the safety of those being cared for.

#### **7.1.4 Hierarchy of Controls**

As well as SICPs and TBPs the hierarchy of controls (controlling exposure to occupational hazards) is fundamental to protecting healthcare workers and remobilising services safely. NHS Fife employs (where practicable) the most effective method of control first and where this is not possible all other controls considered. Below outlines the current hierarchy of controls, NHS Fife shall continue to follow national guidance as this evolves with growing body of evidence and different stages of the pandemic.

##### **Elimination**

- Where possible patients must not attend for an appointment if they have symptoms of COVID-19 or have been advised to self-isolate
- Staff must not report to work if they have symptoms of COVID-19 or have been advised to self-isolate
- Staff who can work from home are supported to do so

##### **Substitute**

- Patient consultations over phone or Near Me video consultations as far as possible rather than in person

##### **Engineering controls**

- Installations of partitions at appropriate places (e.g. reception desks)
- 2 metre physical distancing promoted throughout NHS Fife
- Efforts made to reduce number of people on premises at any one time
- reduce waiting time for individuals in outpatient areas/clinics where practicable
- improve ventilation by opening windows on the premises where able
- Aim to meet optimal bed spacing and chair spacing

##### **Administrative Controls**

- development of pathways/one way systems on the premises where applicable
- use of various COVID-19 related signage
- increased cleaning

##### **PPE**

- The use of appropriate PPE for staff, carers, patients and visitors will follow national guidelines.

##### **Physical distancing**

- All staff working within NHS Fife healthcare facilities and care at home, must maintain 2 metres physical distancing wherever possible. However, this does not apply to the provision of direct patient care where appropriate PPE should be worn

#### **7.1.5 Extended use of face masks for staff, visitors, outpatients and inpatients**

As new and emerging scientific evidence suggests that COVID-19 may be transmitted by individuals who are not displaying any symptoms of the illness (asymptomatic or pre-symptomatic). NHS Fife follows the national guidance for the extended use of facemasks by health and social care workers and by visitors, to protect staff and patients.

The use of a facemask to be worn by all inpatients across all pathways where it can be tolerated and does not compromise their clinical care for example when receiving oxygen therapy, is being promoted through NHS Fife.

## **7.2 A Sustainable Longer-Term Vaccination Programme**

### **7.2.1 Seasonal Influenza Vaccination Programme**

Responsibility for delivery of the adult seasonal influenza vaccination programme for the 2021-22 season will be transferred from General Practice as part of the national Vaccine Transformation Programme. Learning from both delivery of the 2020-21 influenza programme and the initial phases of the COVID-19 vaccination programme will inform the planning of the delivery model. Plans for 2021-22 will be progressed in more detail when we know more about the extent of the influenza vaccination programme and the potential requirement to integrate delivery with an ongoing COVID-19 vaccination programme.

### **7.2.2 COVID-19 Vaccination Programme**

Maximising the uptake of COVID-19 vaccination by the community will be essential to exiting the COVID-19 pandemic.

COVID-19 vaccination in Fife is currently being undertaken primarily in 13 community vaccination clinics. These locations have been agreed on the basis of capacity and accessibility, following an Equality Impact Assessment and use of Geomapping software. The non-NHS sites have been secured until September 2021 giving the Board assurance for the immediate future. There is limited capacity to expand these sites beyond the current capacity, however they have been suitable for existing Government direction on pace. Those sites which are on NHS premises will not have a material impact on frontline services.

In line with direction, the Board is giving consideration to rationalisation of venue sites as we progress towards vaccination of the general population, particularly the working population. It should be made clear that second doses will be offered at the same sites as first doses, in the interests of avoiding public confusion. However, the Board is looking closely at ~4 larger scale venues in the major population centres to support the next phase. The EQIA and Geomapping will be reviewed to support this work and careful consideration will be given to transport requirements and the needs of more vulnerable groups.

Newly recruited vaccine staff have been secured on contracts lasting until March 2022 and the programme has established processes to facilitate proactively targeted, rapid recruitment as required when contractors (including pharmacists, GPs, dentists, and optometrists) return to their core roles as these services remobilise. The Board has made extensive efforts to avoid any impact of recruitment for COVID-19 vaccination staff upon frontline services by targeting the recruitment of staff via the NES portal and a social media campaign. The period in late February and early March will be critical in establishing this new workforce and embedding relevant processes.

NHS Fife has engaged with the national scheduling system and will ensure links are made in mid-2021 to facilitate scheduling alongside the coming influenza campaign. However, it



is vital that Board receives timely clarity on national planning for the upcoming flu season and the synergies with COVID-19 vaccination.

The Board has met all Government directions on timelines and crossed the 100,000 vaccinations milestone on 23 February 2021. This is approaching one third of the total eligible population.

The support provided by Community Pharmacy during the 2020/21 influenza vaccine programme was critical to success: the Board acknowledges that the network is likely to be particularly valuable in addressing the needs of more vulnerable and deprived groups in a person-centred approach as the scale of the programme continues to increase.

GP Practices have given first doses of the vaccine to the over 80s cohort in Fife in an efficient manner, with all local practices participating and have provided dates for second doses to this population. No concerns have been raised to date regarding impact of this upon other aspects of general practice operations. Practices have also been central to vaccination of the housebound population.

A plan is in place for provision of second doses in care homes. A rolling programme is in place providing vaccination to those newly resident in care homes, or who have not yet received their first dose (due for example to having been COVID-19 positive). Work to vaccinate inpatients before discharge to care homes is progressing.

An immediate local priority is the separation of planning and operational functions for COVID-19 vaccination, and a revised structure is being agreed for urgent implementation (February 2021). We will reflect on the recent changes in the national programme structure to ensure the most appropriate alignment of our arrangements locally.

### **7.3 Maintaining and Extending the Testing Programme**

The National Strategy: COVID-19 – Test, Trace, Isolate, Support: A Public Health approach to maintaining low levels of community transmission of COVID-19 in Scotland was published in May 2020.

To provide oversight of the Test and Protect Programme, a Test and Protect Oversight Group was established to ensure the different elements of the cross-sectoral Test and Protect programmes are working together and are capable of scaling up or down depending on circumstances.

The Group has a governance role to ensure the programme meets the required standards and provides assurance to NHS Fife that the national Public Health approach of Test, Trace, Isolate and Support in Fife is delivered effectively, risks are managed adequately and the programme is demonstrating improvements in performance over time.

Additional planning is being progressed in response to the Testing Expansion Plan for all emergency admission to hospitals, planned admissions to hospitals, routine testing of asymptomatic, patient-facing healthcare works, visitors to care homes, professionals visitors to care homes and the care at home workforce.

The key steps identified for delivery of the strategy, are detailed below.

*1. Effective disease surveillance*

We need to understand COVID-19 in Scotland and identify patterns in disease activity, such as local outbreaks

*2. Early identification and isolation of possible cases*

We need everyone to be aware of the symptoms of COVID-19 and understand what they need to do themselves to support our test, trace, isolate, support approach.

*3. Early and rapid testing of possible cases*

We are working towards ensuring that everyone who needs a test can get one, regardless of whether they can travel to a drive-through test centre, need to be seen by a healthcare professional or can self-administer a test at home

*4. Early and effective tracing of close contacts of a confirmed case*

This will involve people providing information about who they have been in close contact with, supported by dedicated staff as required and technology where appropriate. This process may start before the person has their test result.

*5. Early and effective tracing of close contacts of a confirmed case*

This will involve people providing information about who they have been in close contact with, supported by dedicated staff as required and technology where appropriate. This process may start before the person has their test result.

## **7.4 Supporting the Safe Provision of Adult Social Care**

A dedicated care home liaison team has been developed under the leadership of a Head of Nursing with oversight from the HSCP Associate Nurse Director. This team provide an immediate response during early stages of an outbreak similar to the acute care setting where the focus is on early containment. This team has been built on the existing care home liaison team working closely with the IPC team and outbreak testing team. The HPT continue to manage and monitor care home outbreaks and advise on the need for extended outbreak investigation and testing. Advice and support on IPC/ PPE and general management is provided via a direct face to face approach from within this team.

This team are able to respond timeously to escalating concerns and also undertake a proactive programme of work to ascertain current position across the care home sector in relation to IPC, PPE, workforce and wider care needs of residents allowing effective prevention and support strategies to be developed.

The role of the team has evolved as the needs of the homes have changed as well as the core functions of the team. The team primarily provides professional support including analysis of issues, development and implementation of solutions required to ensure care homes remain able to sustain services during the pandemic. The team has been developed from multi partnership agencies/services and was formed in a direct response to COVID-19 and are currently hosted in West Division HSCP.



Their current role includes:

- Gathering daily data on each care home situation in relation staffing, resident health, and outbreak activity.
- Triage, support and resolve any issues the homes or others raise.

The team currently support the tri-weekly Safety Huddle which has representation from across the system including:

- |                                    |                        |
|------------------------------------|------------------------|
| • Testing                          | • Social Care          |
| • Urgent Care                      | • Commissioning        |
| • Health Protection                | • Clusters             |
| • Infection Control and Prevention | • Professional Nursing |
| • Community Nursing                | • Discharge Hub        |
| • Nurse Bank                       |                        |

Other supports/ functions include:

- Collation of weekly testing data
- Coordination of Assurance Visit including reports and subsequent actions
- Coordination of information – calls from homes, daily safety huddle returns
- Coordination of additional support e.g. IPCT input to a named home
- Coordinate services and act as liaison between NHS, HSCP, care home providers and Care Inspectorate.

As part of the pandemic response, various staff groups have also mobilised to support care home assurance as follows;

- Community Nursing Teams providing practical education and support to all 76 care homes within local clusters
- Community ANPs supporting care home visiting model
- HPS Teams providing outbreak support
- Infection Prevention and Control Team to providing specific expert advice to identified care homes
- Mental Health Care Home Liaison team providing support to care homes to manage stress and distress within residents.
- Professional to professional support line for advice in relation to COVID-19 activity
- Palliative care line to support end of life care in the care homes

Governance and care assurance infrastructure to support the additional requirements as outlined by the Cabinet Secretary to NHS or HSCP have been identified and tested and are being implemented to provide additional assurance.

Social care packages were never reduced over the past year and they are still fully mobilised.

Respite and day care service reduced significantly over the period of the pandemic, with services only available in an emergency situation. Work is underway to remobilise these services in line with public health guidance. This includes the need for robust risk assessments, measures to manage physical distancing and the requirement to consider

transport arrangements as well as the inclusion of day centre staff in the regular testing of health and social care workers.

Work is also underway with our voluntary sector partners to consider the future and how we will reimagine the services as we start to mobilise all of our services, working in partnership with the organisation in different areas will commence in early March.

#### **7.4.1 IPCT Support**

A programme of IPC support for 2021-2022 is currently in development with the aim to provide a structured delivery programme of support and education to minimise the spread of infection, support the reduction of HCAI and to meet the NHS Healthcare Improvement Scotland (NHS HIS) Standards (2015) (which are currently under review nationally).

NHS Fife IPCT shall work as part of a multi-disciplinary team (including the HSCP, Health Protection Team, Care Commission etc) to support Care at Home and Care Homes to ensure patient safety remains the top priority at all times and in line with the National Infection Prevention and Control Manual and the Scottish COVID-19 Care Home Infection Prevention and Control Addendum.

IPCT support is part of a provision of enhanced community support to support home care and avoids hospital admission e.g. hospital at home, enhanced community nursing and AHP and social care support

IPCT support Care Home Safety Huddles and offer remote support and advice in line with national guidance as per the NIPCM. Educational events are continuing through virtual events, eLearning and webinars (both nationally and locally) offering a blended approach to IPC training.

Recruitment for an additional IPC Nurse support for care homes and care at homes is in progress for 2021/2022 to further strengthen the planned programme.

#### **7.5 COVID-19 Look Back 2020/21**

Teams across NHS Fife and Fife HSCP were asked to consider what went well in terms of service delivery and support for staff in 2020/21 and what improvements could be made going forward. The table below summaries the responses received which included patient participation surveys.

	What went well that we will continue in 2021/22	What didn't go well in 2020/21, that have led to improvements and will take into 2021/22
Service Resilience & Development	<ul style="list-style-type: none"> <li>• Patient Feedback - Coordinated accessing to hospital site for urgent care appointments</li> <li>• Use of the 4 harms approach and reminding ourselves of the harms of not doing key public health priorities work and purely focussing on the immediate response to COVID-19. We will continue to allocate some resource to reducing and mitigating inequalities, improving health etc. as part of our strategic goals</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen process for service reprioritisation should there be a further wave of COVID-19, need to apply resilience arrangements in support of competing organisational priorities</li> <li>• Continuity during bad weather on top of existing workforce pressures</li> <li>• Restricted access to visitors - virtual visiting and local guidance implemented</li> <li>• Continue to be agile and flexible and build resilience into the rotas, identifying ways to step capacity up and down as needed</li> <li>• Increasing the scope and size of services/departments at pace was a challenge. It has been important to develop the team and understanding of roles and remits including how to effectively use management and clinical leads to their full potential</li> <li>• Pressures placed from Scottish Government at short notice caused significant problems. Capacity was increased to respond to these situations but would also welcome a discussion about how to manage this better from both sides of policy and implementation</li> </ul>
Staff Resilience & Development	<ul style="list-style-type: none"> <li>• Engagement with the Local Partnership Forum and focus on supporting staff health and wellbeing</li> <li>• Developing team and individuals' potential to step up and take on new roles, we will continue with creating these opportunities for staff</li> <li>• In light of the responsive way that staff have risen to the challenge of rapid change, and the adjustments to 'normal' working arrangements we are in a strong position to build this agility into our business as usual state (without underestimating the cultural challenges which will arise from designing new sustainable working approaches).</li> <li>• Working from home where possible kept the footfall in Acute down and, for many, has increased productivity and work/life balance. Consideration will be given to keeping this going in a number of areas for a appropriate staff</li> <li>• Staff were very much prepared to work differently through the additional technology, but also to step into different roles to support e.g. the vaccination programme, Test &amp; Protect etc</li> <li>• Staff resilience has been high in the face of significant and ongoing challenges which change almost daily</li> </ul>	<ul style="list-style-type: none"> <li>• Although staff resilience has been strong, the extended period of reliance on a number of staff providing 'above and beyond' needs to be considered going forward to ensure sustainable service delivery and to consider longer term health &amp; wellbeing needs</li> <li>• The changing workforce mobilisation needs have been well handled at a local level through the last year. However, as noted above the context changes arising from remobilisation will bring even more challenging decisions about how to prioritise staff deployment as we have increasing levels of normal service provision alongside the continuing COVID-19 specific longer term requirements.</li> </ul>

	What went well that we will continue in 2021/22	What didn't go well in 2020/21, that have led to improvements and will take into 2021/22
Communication	<ul style="list-style-type: none"> <li>Improved communication through the Directors' brief to share information and strengthen connections across the Health &amp; Social Care Partnership</li> <li>Connecting the whole Health &amp; Social Care Partnership through the Extended Leadership Team</li> <li>Regular and empathetic communication from the Chief Executive was greatly appreciated by staff</li> </ul>	<ul style="list-style-type: none"> <li>Patient Communication with hard to reach communities. New inclusive communication plans developed. Accessible communication group established</li> </ul>
Technology	<ul style="list-style-type: none"> <li>Use of technology for meetings and care delivery</li> <li>Patient Feedback re Video consultation</li> <li>Rapid roll-out of MS Teams allowed operational and strategic discussions to continue almost seamlessly</li> <li>Near Me and Virtual Clinics have worked well and will remain in many areas, although they do come with a significance increase in admin and clerical resource required</li> </ul>	
Governance	<ul style="list-style-type: none"> <li>The decision-making structures put in place allowed robust governance to enable agile response while considerably speeding up the change process</li> </ul>	

## 8 Delivering Essential Services

### 8.1 Acute Services

#### 8.1.1 Safe/segregated pathways

The Acute Services Division operates three segregated care pathways across the hospital. The red pathway supports patients who have or are suspected to have COVID-19. The amber pathway supports patients who have been admitted as an emergency due to non-COVID-19 related reasons and lastly the green pathway supports the elective surgical programme and requires patients to self-isolate prior to admission and to be COVID-19 negative prior to admission.

Due to capacity pressures as a result of the pandemic the elective (green) pathway has been curtailed since December. Detailed plans are now underway to remobilise the elective pathway in a phased manner from late February, with routine outpatients also being gradually reintroduced over the coming weeks. The remobilisation of the green pathway will be dependent on pressures across the hospital with the need to maintain adequate and red and amber capacity.

#### 8.1.2 Critical Care

NHS Fife has developed a Critical Care Additional Wave Response Plan. The plan clearly sets out an incremental scale up or down of critical care capacity in order to respond to COVID-19 situational change. Triggers and stages are clearly described in the plan as are workforce and equipment requirements.

This approach enables NHS Fife to meet the remobilisation requirement to surge the Intensive Care Unit (ICU) to double capacity within 24 hours and treble capacity in 48 hours.

The workforce requirement for the plan is significant and when triggered impacts on the workforce across the organisation and theatres in particular. This in turn impacts on the elective programme. This is closely monitored and managed through a Silver Command.

#### 8.1.3 ICU Rehabilitation/Long COVID

The Medical Director has established an expert group to support and develop the NHS Fife response to Long COVID. The ASD has representatives on this group.

In addition, NHS Fife delivers InS:PIRE, an Intensive Care Unit (ICU) follow-up is a multi-disciplinary programme which usually runs in NHS Fife three times a year. Groups of around 10 patients and their carers are invited to attend sessions over 5 weeks where they receive personally tailored interventions to address the complex issues that patient's often experience once they are discharged home.

Each individual has a consultation with an ITU Consultant and Nurse and, if they agree, a written lay summary of their stay in ICU. Each patient's input from Pharmacy, Psychology and Physiotherapy will be based on their individual issues as identified during the group sessions and at the medical consultation. The aim of the programme is to offer support and information about the patient's ITU stay over a defined time period. Patients are encouraged to goal set and are given resources and signposting to self-manage their issues once programme is complete.

The team have worked hard to deliver the programme following COVID-19 guidance and are feeding into the Long COVID-19 group.

The ASD works in close partnership with HSCP to ensure that patients who require ongoing rehabilitation following COVID-19 receive support in the community either at home or in a community hospital setting. This includes access to a rehabilitation service for people aged under 65.

#### **8.1.4 Elective Care**

##### ***8.1.4.1 Waiting List Approach***

The waiting list position in Fife has grown considerably through COVID-19, with particular impact through the second wave as a result of increased critical care demand and a requirement to release staff to support. A current position of 1,500+ and 9,000+ patients waiting >12 weeks for TTG and NOP respectively requires consolidated effort to address.

To create a sustainable position in Fife, waiting list funding has been previously directed to substantively recruited posts, enabling us to build our capacity over time and create a value-based service.

Plans are built on the immediate-term assumption that we will continue to follow extant guidance on physical distancing of 2m, infection control procedures remain the same and a proportion of our staff remain unavailable due to COVID-19 related absence/shielding.

Therefore, our projected activity beyond Q2 is heavily caveated and likely subject to change as the dynamic situation with COVID evolves. We will remain in continual dialogue with the Access Support Team over the coming months as our planning horizon improves.

Template 2 sets out our projected activity, based upon core activity plus the foundation of staffing previously funded (£6.7m). Our financial submission also includes an additional £9.4m to increase capacity and enable waiting list reduction. This provides additional activity of c.16,500 NOP, c.1,000 TTG and c.2,800 Diagnostics for 2021/22. Additions include additional theatre lists, insource activity, 7 day working for some specialties and staffing offset for those most impacted through COVID. A full breakdown of additional activity and associated costing has been shared with the Access Support Team for transparency.

##### ***8.1.4.2 Managing Outpatient capacity***

Restarting scheduled care and unscheduled care clinics has had to consider the emergency planning measures in places such as physical distancing.

A modelling tool was developed as part of the management and scrutiny function of approving the restart and expansion of outpatient clinic activity. The tool allows variables such as social distancing, front door screening, waiting room and clinical area capacity to be modelled. This then allows a measured view on the impact of current and proposed clinics in terms of outpatient capacity and flow and also identify and mitigate potential bottlenecks during the planning process. This tool is now part of the Clinic Restart checklist.

### 8.1.4.3 Theatre Plan

In response to the second wave of COVID-19, there was a reduction in the number of theatres allocated to surgical specialities in order to support staffing requirements into Critical Care.

Across NHS Fife, theatres would normally have the following capacity:

1. **VHK Phase 3 Electives:** 7 elective theatres, Monday – Friday = 35 Full day lists/ week (shared by the following specialities General Surgery, OMFS, ENT, Urology, Gynaecology, Vascular, Surgical paediatrics and Ophthalmology)
2. **VHK Phase 3 Emergency:** 3 emergency theatres, Monday- Friday= 15 theatres /week (CEPOD, Trauma and Emergency Obstetrics). The CEPOD and Obstetric theatres are covered 24 hours a day, 7 days a week.

Trauma theatres are covered Monday to Friday with 2 sessions per day (included above), 4 sessions are also supported on Saturday, Sunday, Monday and Thursday.

This totals **17 emergency theatres per week**.

There is variation in the use of theatre 5 therefore the 7 elective theatres can drop to 6 elective theatres dependent on emergency/trauma allocation.

Approximately 5000 procedures are performed per year in Phase 3 VHK theatres; these numbers exclude trauma, CEPOD and emergency obstetrics, (**416 operations per month; 96 operations per week**)

3. **VHK Phase 3: Interventional theatre** supports cardiology and respiratory
4. **VHK Phase 2 (elective Orthopaedics):** 2 elective theatres/day, Monday – Friday and Saturday = 11 Full day lists, available capacity to run 2 elective theatres, Monday – Friday and 1 theatre on a Saturday.

Approximately 1600 procedures are performed per year in these theatres. (**133 operations per month; 30 operations per week**)

5. **QMH theatres:** 5 elective theatres/day, Monday – Friday= **25 theatres/ week** with the following specialities using these theatres; General Surgery, OMFS, Urology, Gynaecology, Orthopaedics, Plastics Breast and Ophthalmology. Approximately 8400 procedures are performed per year in these theatres. (700 operations per month; 161 operations per week)

The collective theatre activity in Fife, excluding any emergency surgery is **15,000 operations per year (1250 operations per month; 288 operations per week)**. This is delivered through 71 lists per week. Currently our weekly utilisation is 20 lists/week, equating to **28%** of our normal capacity.

In order to recover activity levels back towards normality, a phased approach has been agreed by the Executive Team, to incrementally increase activity:



## Theatre Resource Summary

Date	Phase 2, VHK		Phase 3, VHK			QMH		
	Capacity - 2 theatres		Capacity- 7 elective theatres plus interventional theatre			Capacity - 6 theatres plus 2 cat theatres, with 4 sessions of Jack and Jill		
	Current no. theatres	Theatres added	Current elective no. theatres	Interventional theatre	Theatres added	Current no. theatres	Theatres added	Ophth theatres
8 <sup>th</sup> Feb-21	0		2	1		2		2
22 <sup>nd</sup> Feb-21					1	2		
NB 1 <sup>st</sup> Mar-21		1						
NB 15 <sup>th</sup> Mar-21		1						
NB 1 <sup>st</sup> Apr-21					2			
NB 1 <sup>st</sup> May-21					2		2*	
<b>Total theatres</b>		<b>2</b>		<b>1</b>	<b>7</b>		<b>6</b>	

\*Theatre refurb works at QMH prevent us increasing capacity further until 1 May 21.

To continue to develop and improve our elective surgery programme, we have developed a business case to support the introduction of Robotic Assisted Surgery. The benefits of RAS arise from the conversion from open surgery to minimally-invasive procedures with potential improvement in outcomes and efficiencies including:

- Less invasive/shorter recovery times for patients;
- Less complications for patients;
- Shorter length of stay;
- Increased theatre capacity (assuming Boards can “sweat the asset”);
- Reduced waiting times (there are particular pressures around colorectal cancer currently);
- shorter surgery times and less physically demanding for surgeons;
- Shorter training times compared to open/laparoscopic;

All of the above will support improved clinical outcomes with more cost-effective use of the limited staffing and operating theatre resources. This proposal fits well with NHS Fife objectives through:

- providing technology to help improve safety and quality of surgery. This is achieved through superior vision and advanced instrumentation which bridges the technical difficulties and invasiveness of open and laparoscopy surgery
- this will enable NHS Fife to continue to attract and retain high-quality clinical staff and surgical trainees.



### 8.1.5 Clinical Prioritisation

A Clinical Prioritisation Group (CPG) was established at the start of the pandemic to ensure objective decision making on theatre use. All surgical waiting lists have been re-triaged, and prioritised, using the priority categories from the Intercollegiate Guidelines on urgency of operations April 2020. The CPG considers this prioritisation alongside a Framework for Recovery of Cancer Surgery – Version 3: Prioritisation of cancer surgery.

The CPG meets on a weekly basis to discuss the allocation of theatre resources to the individual services. This allocation is based on the cancer workload and the clinical prioritisation of patients. The CPG comprises the following members:

- Clinical Directors (CD) for Planned Care directorate, Women, Children and Clinical Services & Anaesthetics and Critical care
- General Managers for Planned care & Women, Children and Clinical Services
- Service Managers for Planned care & Women, Children and Clinical Services
- Theatre Manager
- Anaesthetic Rota co-ordinator
- Cancer Services Improvement Manager
- Opera System Administrator

In addition to the CPG there is a daily surgical huddle at 1600, with CPG representatives, to consider Green Elective activity for the following day's theatre list in conjunction with bed availability for both ward-based and level 2 critical care.

### 8.1.6 Endoscopy

Endoscopy services have re-commenced at VHK and QMH (Regional Endoscopy Unit) with planned scope patients being admitted on a low risk green pathway. At VHK arrangements are in place to accommodate amber and red patients. Patient priorities at this time remain USC, urgent and Bowel Screening patients. The national Bowel Screening programme re-commenced in October 2020. With the publication of HPS/SIGN/HIS guidelines in January 2021, physical distancing in the recovery area for low risk pathway patients can be reduced which will support an increase in activity levels accommodating routine and surveillance patients. With funding support from the Scottish Government, NHS Fife have successfully introduced Cytosponge which is an innovative test for Barrett's oesophagus - a condition that can increase a person's risk of developing oesophageal cancer. NHS Fife continue to increase the number of Nurse Endoscopist posts which is one of the priorities to creating a future sustainable workforce.

### 8.1.7 Remobilisation of Maternity Services

As an essential service Maternity Services have been maintained with a full range of birth options available including care in AMU/FMU, obstetric unit and homebirth available alongside the MLU.

Schedule for antenatal scan appointments has been reintroduced as directed by Scottish Government but all antenatal and postnatal Group Sessions continue to be on hold due to

the need for physical distancing. Additional support through virtual groups continues to be on offer, including the National online programme.

One designated visitor to accompany woman to scans/antenatal appointments as per national guidance subject to local risk assessment. Priority should be given to situations where women likely to need additional support. Where visitor attendance is not possible, virtual visiting options are considered. Women are able to identify one person to be present at the birth, subject to local risk assessment and following National guidelines. Those who accompany women in childbirth must wear face masks where two metre distance cannot be maintained.

New-born screening services have been reinstated with Near Me and telephone used for selected antenatal and postnatal clinic patients. Remote BP monitoring is continuing with a view to being extended to further support care delivery in the home setting.

Routine post-natal care ongoing as per the QIS Pathways for Care and all aspects of bereavement care including access to bereavement rooms have resumed.

NLS reinstated on a monthly basis with reduced numbers of attendees with core mandatory training plan reviewed and updated.

All national clinical audits, confidential enquiries data submission resumed from 1 August.

### **8.1.8 Remobilisation of Children's Services**

#### **8.1.8.1 Acute Paediatrics**

Outpatient activity has recommenced across both QMH and VHK Paediatric OP areas for those requiring a face to face appointment, footfall has reduced substantially. All new patients on list are to be re-triaged to identify priority and plan remains to introduce PIR (Patient Initiated Review).

Blended face to face and virtual clinics to accommodate approximately 75% of previous activity with reduced face to face capacity with dedicated telephone line for parents/carers to call if the child's symptoms worsen or have concerns due to long waits.

Currently urgent sleep studies are being delivered in the community with the long-term plan of extending to all sleep studies, these discussions are on hold due to review of Children's Community Nursing Service.

There is also a plan to deliver a biometric clinic to identify effectiveness through a test of change with support from Community Paediatric Nursing Service.

Introduction of home spirometry is still to commence but development of Dietetic-led Coeliac service has commenced.

#### **8.1.8.2 Neonatal Service**

For the most part services continued throughout the pandemic with high risk inpatient care being maintained. Routine baby clinics have been reinstated and run as blended clinics with both face to face and near me appointments.

All patients on lists are reviewed and re-triaged in terms of first appointment needs.

#### 8.1.8.3 Community Paediatrics

Child Protection medicals were identified as a priority service and will continue to be so.

Community Paediatrics has continued to utilise Near Me and telephone as a means of assessing new patients and reviewing patients. There is a plan in place to adopt a blended approach to service delivery through face to face and virtual appointments when current restrictions are lifted.

Involvement in Adoption and Fostering continues to work virtually using Near Me with Adoption Panels also taking place virtually.

Advice to Special Schools continues to be provided with Near Me and telephone consultations with parents and schools. Where a physical examination is urgent there is support from the Special School Nurses in the first instant and then the Consultant Community Paediatrician as required. There will be a requirement for face to face appointments with parents where young people are transitioning from Special School and forms require to be signed and witnessed.

Developmental assessments for Global Developmental Delay have been put on hold as they require face to face interaction with the child. This will be re-established as restrictions are lifted.

The process of issuing repeat prescriptions for patients on ADHD/sleep medication was changed before the first lockdown last year where requests from families are to come into our Single Point of Access and then distributed to the relevant doctor to complete. In April 2020, Scottish Ambulance Service delivered scripts to Pharmacies across Fife specified by parents to reduce the footfall of parents coming to hospital sites. This has worked extremely well and continues with Fife Voluntary Action now helping with the collection of scripts. As time progresses, we will review the model of collection.

#### 8.1.9 Radiology

The current position, at as 31<sup>st</sup> January, of the waiting lists for radiology is shown below. Currently performing Urgent and USOC examinations only. All routine work is paused although a plan will be considered in early March for the gradual re-introduction of routine activity.

	Waiting List	Waiting >4 weeks	Waiting >6 weeks	Urgent Average Wait	Routine Average Wait
MRI	821	288	178	10 days	9 weeks
CT	734	79	37	10 days	10 weeks
US	1439	72	3	10 days	7 weeks

Reporting turnaround times have sustained a good performance although acquisition capacity is stretched.

Risks	Mitigation
Increase in number of urgent referrals	There is ability to flex CT and US to meet urgent demand. MRI at maximum capacity/van does not offer ability for complex imaging. Most urgent requests are complex/contrast enhanced studies. Van will address WL but not necessarily WT
Ability to retain the services of the Lothian SpR for US support	NHSL offering WLI (more convenient for travel etc) Efforts made to recruit locum sonographers for OOH (cost)
Increase in number of overall referrals when OP services remobilise	MRI currently 85% of previous demand CT currently 98% of previous demand US currently 96% of previous demand
Continuation of 2m SD guidance	IPC Guidance – increased scan times (decontamination) and reduced waiting area capacity

As at end of December 2020 capacity is at 85% for CT, 80% for MRI and 85% for Ultrasound of previous activity due to staffing constraints and IPC guidance.

From 11th January, Radiology paused all non-urgent imaging and reduced OP activity to focus on supporting hospital flow and urgent imaging.

NHS Fife maintained full Diagnostic Radiology and Interventional Radiology service for emergency patients at VHK and a limited outpatient Diagnostic Radiology service at VHK, QMH and St Andrews for urgent and urgent suspicious of cancer patients throughout.

Outpatient and primary care referrals are accepted and prioritised by consultant Radiologists:

- Urgent category patients are booked within 2 weeks
- Patients in the routine category are placed on the Radiology waiting list now that our waiting times are reducing and re vetted after 10 weeks, with communication back to the referrer
- Planned and follow up requests are all being seen within appropriate time frames to ensure treatment planning

It was anticipated that demand for GP and Outpatient key diagnostic tests (MRI/CT/US) would return to previous levels by December 2020. Data reviewed from 1st Oct-31st Dec demonstrates demand has returned to 85% of previous demand for MRI and 99% of previous demand for CT and US.

Whilst CT/US and MRI OP demand continues to grow, Radiology activity is significantly reduced and the waiting list for routine CT/MRI and US is growing.

MRI activity in January has reduced to 50% of activity recorded in Oct-Dec 2020, with Ultrasound activity dropping to 60% when compared with previous months. CT activity has stayed stable, reflecting the demand for urgent imaging.

It is proposed that if the prevalence of COVID-19 within our hospitals and community continues to reduce then radiology can reduce the number of staff currently supporting the COVID-19 emergency OOH rota and increase OP activity for CT MR and US routine examinations.

#### 8.1.10 Laboratories

##### 8.1.10.1 Microbiology

Molecular workload has significantly increased with the advent of COVID-19 and, with Point of Care Testing (POCT) has almost doubled. Staff have been moved from areas seeing reduced activity to support.

Routine workload continues to increase and is currently at 85% of pre-COVID-19 levels

Taken together, Microbiology workload is now at 144% of pre-COVID-19 levels.

Molecular POCT was introduced in A&E and ED in December 2020 and was expanded in January 2021 to support GP referrals and community hospital transfers.

##### 8.1.10.2 Blood Sciences

Routine activity is almost back to pre-COVID-19 levels for most disciplines and there is a 44% increase in serology workload which is attributable to COVID-19 antibody testing.

Full 24/7 service maintained throughout pandemic

Normal staffing patterns have been retained since the start of July with appropriate physical distancing measures in place.

Workload is currently sitting at the following levels compared to pre-pandemic:

Sub Speciality	Workload % Compared to Pre COVID-19
Chemistry	92%
Haematology	79%
Blood Transfusion Service	85%
Serology	144%

##### 8.1.10.3 Histopathology

Support for cancer diagnostics remains a key priority.

Service provision has been challenging since initiation of the second lockdown due to a decrease in staffing levels as a result of special (shielding and carers) leave, sick leave and unfilled vacancies.

Currently exploring Locum Consultant recruitment options and implementation of Digital Pathology.

The Mortuary contingency plan was activated at the beginning of the year and used throughout January to cope with the increasing numbers of non COVID-19 deceased. The number of deaths registered in Fife in January was 489 compared to 369 in January 2019.

Workload is currently sitting at the following levels compared to pre-pandemic:

Histopathology Work	Workload % Compared to Pre COVID-19
Requests	42%
Blocks	34%
Special Stains	37%
Levels	9%
Immunohistochemistry	106% (complexity of cases)

## 8.2 Redesign of Urgent Care (RUC)

### 8.2.1 Programme Setup and Governance

The national review of Urgent Care commenced in September 2020 in response to CEL August 2020.

Locally, in response to this national work, the Urgent Care Redesign Group (Silver Command) was established and led by the Medical Director as Executive Lead with the members of the Silver Command representing all parts of the system – acute services, health and social care partnership and Fife Council. The Flow Navigation Hub Workstream, was set up in September 2020 to oversee the delivery and implementation of NHS Fife's Flow Navigation Hub. In addition, RUC Pathway workstreams, led by the Clinical Leads were formed to support the review of all existing pathways and ensure introduction of the new FNH was integrated in a seamless way and identifying transformational changes that improve the pathways and opportunities provided by digital healthcare. There are also subgroups convened to support these workstreams including a workforce and digital subgroup. The focus of these subgroups being effective workforce planning and engagement and enabling the digital first approach with a further emphasis on robust data reporting and analysis to support effective service planning and delivery.

Following significant work, effective engagement and commitment from the workstreams to the programme, the Flow Navigation Hub was launched in line with the national directive on 1<sup>st</sup> of December 2020. The initial focus has been on safe and effective scheduling to the emergency department and MIUs across Fife before the further work being modelled by the workstreams is progressed to maximise scheduling of unscheduled care across services both within NHS Fife and the Health and Social care partnership and external health care partners.

An evaluation based on a national template will be submitted to Scottish Government by 31/03/21 with the predictions this will evidence the success of the local programme within Fife in line with the national and locally agreed objectives

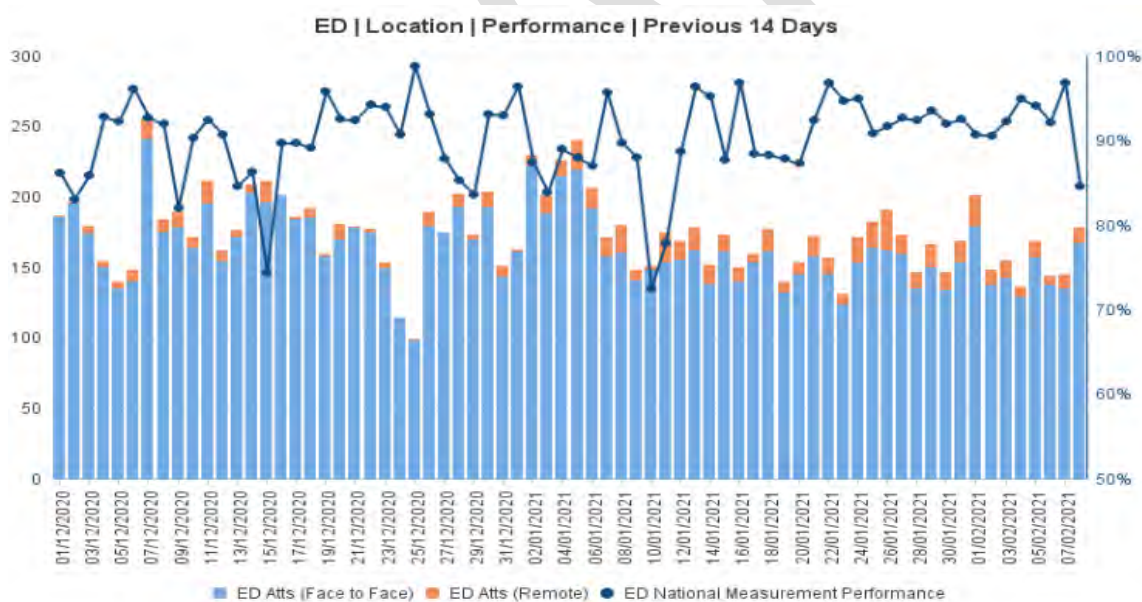
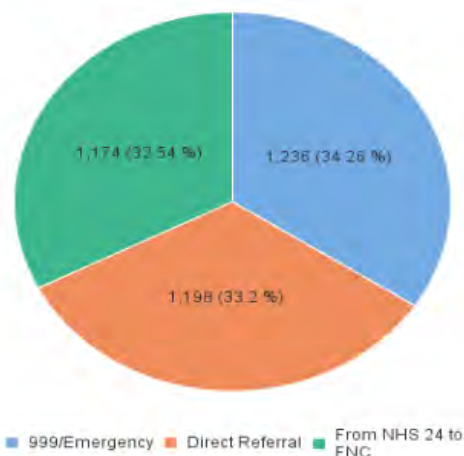


### 8.2.2 Current Data

The following data represents a soft start and allows for issues with data input due to new process and new staff.

Table 1: FNH activity from 1 Dec 2020 to 8 Feb 2021 inclusive

Total NHS 24 Referrals	3608
999 Ambulance	1236
Direct ED Referral	1198
FNH Call back 4 hrs	1174
Attend ED scheduled 4hr	792 (67%)
Remote consult by FNC	295 (25%)
Other	87 (7%)



### 8.2.3 Approach

Building on the work of the Urgent Care Services Fife Out of Hours (UCSF OOH) which is a well-established, clinically led service has provided knowledgeable skilled staff to support the development of the Flow Navigation Hub (FNH) supported by GPs and SAS. Clinical Pathways and Algorithms were already working successfully with UCSF between NHS24, and other key local pathways, e.g. SAS, Mental Health etc. Digital pathways and algorithms were reviewed and tested where appropriate. Emergency Department (ED) developed clinical protocols once presentations types known to further support safe and effective

direction. Clinical decision maker input from ED was supported by a virtual model working collaboratively with the FNH Clinical Co-ordinator.

#### **8.2.4 Workforce**

A Multi-Disciplinary Team is tasked with identifying and implementing our Workforce Model, working in collaboration. This has proved challenging due to the soft start and unknown activity at present. Skilled dispatcher and Clinical Co-ordinator roles are invaluable in supporting safe direction and care management. Consultants and senior nursing staff within our ED support virtual model as accessible senior decision makers. Staffing issues in relation to the Clinical Co-ordinator is currently being supported by SAS paramedics.

#### **8.2.5 Achievements**

The soft launch from 1<sup>st</sup> December has allowed us time to test the system and processes, find solutions to challenges and acknowledge lessons learned. Key achievements over this time include:

- The implementation of the FNH has been a good example and experience of effective, collaborative and integrated working
- EQIA has been published and outputs built into workstream action plans. Fife's process was seen as an exemplar and other Boards have requested the template to inform their process
- NHS Fife Information Services have undertaken focussed work re data quality which has resulted in producing good data for the programme both locally and nationally.
- Consistent and proactive internal communications – good practice, positive feedback via the local partnership forum
- FNH huddles throughout the week facilitates real time problem solving
- Proactive approach to public engagement
- Supporting a digitally engaged workforce with an ongoing training programme.
- Implementing local solutions whilst awaiting national solutions.
- Test of change for cross boundary process between Fife and Tayside.
- Adastra system – transition to hosted service which will give stability and confidence in system.

#### **8.2.6 Plan for 2021/22**

In terms of the plan for next year we are awaiting national information regarding Phase 2 of the RUC Programme. This information which is due in February 2021 will subsequently inform local objectives and plans going forward. Phase 2 of the RUC Programme will also inform further clinically led engagement across multi disciplines and services, enabling outcome and solution focussed decisions to ensure safe and effective person-centred care.



Considering, lessons learned and patient and staff experience from the launch, current high-level objectives for 2021/22 include:

1. Continue delivery of a safe and effective flow Centre in Fife that will receive clinical referrals from NHS 24 and progress to referrals from other areas e.g. GPs, Community Pharmacy, Paediatrics etc.
2. Optimise digital healthcare where possible.
3. Establish scheduling process where appropriate
4. Review and redefine urgent care pathways.
5. Identify and establish resources to support new pathways.
6. Further develop communication and stakeholder engagement strategy

### **8.3 The Key Role of Primary and Community Care**

#### **8.3.1 Interface working between primary and secondary care**

Recognising the critical importance of robust collaboration and joint working across the interface of primary and secondary care, we have sought to embed this within our ways of working as we remobilise.

Examples of this are the fortnightly meetings open to all general practitioners which are chaired by the medical director and attended by associate medical and clinical directors for HSCP and Acute services. This has provided a real time platform for discussion on interface matters as remobilisation continues and has enabled whole system thinking around remobilisation.

There is a similar meeting on the alternate week for secondary care consultants chaired by the medical director and providing real time discussion of interface matters.

Both these meetings allow a system wide approach to waiting times as we remobilise and allows the ability for expectations to be set for patients at the point of referral.

The work on the flow and navigation hub and attendant pathways have seen a systematic approach taken which uses multidisciplinary expertise and has good representation from primary and secondary care. This allows these pathways to be designed to allow the patient journey to be at the heart of this work. The multidisciplinary approach to this work has allowed this redesign to seek to have the right professional seeing the patient first time as often as possible.

As part of our COVID-19 paediatric pathway, there was close working between secondary care paediatric colleagues and primary care to ensure safe pathways for children. This pathway was for children who had symptoms fulfilling the case definition for COVID-19 but who due to undifferentiated presentation may be better initially assessed in primary care. Admission to secondary care only occurred if clinically necessary ensuring safety for the child's care but avoiding unnecessary secondary care assessments.

With the refresh of the primary care improvement plan following the joint Cabinet Secretary/BMA letter, we have had an opportunity to have an NHS Fife and Fife HSCP wide discussion on the multidisciplinary approach to this redesign work. An example of our early plans is to seek to bring together the phlebotomy clinics. We have set these clinics up closer

to patient's homes for secondary care blood testing with our community care and treatment service as it develops.

There has been an introduction of a daily huddle between Acute and HSCP to discuss flow and capacity, this has been very successful in improving communication and supporting flow.

Across our primary and community services, all staff have access to lateral flow testing and the COVID-19 vaccination programme.

We will continue to embed this joint approach as we remobilise further.

### **8.3.2 Continued support for COVID-19 /Community Hubs and assessment centres**

UCSF (Urgent Care Services Fife) continues to deliver safe access to urgent care in the out of hours period at 3 sites across Fife: QMH, SACH and VHK. The service continues to provide a home visiting service, treatment centre appointments and has a digital first approach to consultation either via telephone or near me assessment. Activity remains consistent and overall is similar to pre COVID-19 activity however the majority of contacts are managed via telephone consultation initially to ensure care is delivered in the right place at the right time. Workforce development continues also in line with the objectives of the urgent care transformation programme and in support of the multidisciplinary model to ensure a sustainable model of service delivery with a team-based approach. Staffing remains challenging primarily as a result of the pandemic and known issues nationally regarding workforce, but the service continues to be delivered with no suspensions and it is believed to be in a good position due to the transformation programme.

UCSF continue to host the COVID-19 assessment centre and triage hub for Fife 24/7. Activity remains consistent and is supported primarily by UCSF staff, Primary care GPs and Advanced Nurse Practitioners. This has evidenced a safe patient journey for persons who are confirmed or suspected as having symptoms of COVID-19 to again ensure care is delivered in the right place at the right time. This has seen the development of pathways of care also for care homes, palliative care services, hospital at home and the palliative care line is now delivered 24/7 to ensure prompt access to care for persons who are requiring end of life care. Professional to professional access is also facilitated within the hub to support effective flow and referral for both primary and secondary care colleagues.

UCSF now ensure all staff have access to lateral flow testing, the COVID-19 vaccination programme and are also supporting the national testing strategy for patients who attend the service.

### **8.3.3 General Practice**

General Practice continues to maintain primary medical services. They have embraced new ways of working with most patients being initially triaged via telephone or email and then those who need face to face assessment are seen in the practice as clinically needed. Use of near me consultations continues to grow particularly for review appointments and for mental health reviews in particular as those seldom require examination but increased ability to gain enhanced assessment through reading of expression and body language is beneficial.

Work continues on the primary care improvement plan and a review has been undertaken following the joint Scottish Government and British Medical Association letter in December 2020 to ensure that plans are all still fit for purpose.

General practice has worked with sexual health services to ensure that access to cervical screening is as robust as possible throughout life.

All Fife GP practices have been involved in the COVID-19 vaccination programme for the over 80s cohort.

As the urgent care redesign continues there has been considerable work on the patient pathways to ensure a whole system approach is taken to the management of patients needing urgent care both in and out of hours.

#### **8.3.4 Prevention of Delay and Admission**

A HomeFirst discharge model is fundamental to address some of the delay reasons and a short life working group has been established to guide transformation. To identify availability within Homecare more quickly there has been investment in a new Business Intelligence platform which is already enabling capacity to be created across the system by matching demand with the resource available.

There has been a reduction in unplanned admissions to an acute setting from March 2020. Targeted prevention of admission with ICASS, H@H, High Health Gain, and palliative care teams have supported people to remain at home with care provided directly to them at home.

##### **8.3.4.1 ICASS/ICT**

ICASS and ICT continue to provide the HomeFirst model and a providing a 7-day service focusing on step down from VHK and prevention of admission. ICT have some increased resources to support the daily care over winter until 31<sup>st</sup> March 2021. The ICT Teams are prioritising daily care to improve flow; however, they are continuing with Community rehabilitation. To sustain and provide this there has been excellent integrated working across the community services Fife wide.

##### **8.3.4.2 Hospital @ Home**

H@H are continuing to provide the HomeFirst model. H@H have been able to continue providing a 7-day access to the service focusing on step down from VHK and prevention of admission. H@H has received increased resource over winter to increase capacity and support flow. This has resulted in a reduction in the number of times the teams have reached maximum capacity significantly since December 2020. To provide this service there have been increased excellent integrated working across the community nursing and day hospital services to reduce the footfall within Care Homes. H@H continues to provide symptomatic COVID-19 testing for their caseload in the Community and in Care Homes.

##### **8.3.4.3 High Health Gains**

For the High Health gain client group critical service remains, the team will continue to deliver a critical service and in addition they are providing a Nurse led advice service which has been implemented taking up to 200 calls per week.

There are additional fast track pathways in place with the following teams H@H, Palliative Care and Mental Health.

### **8.3.5 Mental Health Delivery in Primary Care**

Fife's response to Primary Care mental health incorporates universal provision of information (web-based, book prescription scheme, mental health promotion) early intervention including with children and families, prevention and self-care.

Practice-based mental health nurses provide psychological advice, signposting and triage.

Psychology services provide range of evidence-based psychological therapies (individual, group and internet-based), with staff based in GP Practices, health centres and community hospitals.

The Access Therapies Fife website facilitates rapid, high volume access to transdiagnostic group programmes and online cCBT and provides resources to support self-help, GPs and nursing staff.

In response to COVID, the Access Therapies Fife groups programmes are now delivered digitally or have been modified for brief 1:1 delivery using Near Me.

In 2021 we will complete the re-development of the Moodcafe website to facilitate information-giving and support self-help across the life span and for people with long term health conditions.

### **8.3.6 Primary Care and Care Homes**

Care home safety huddles are attended by all Fife GP Cluster Quality Leads (CQLs). Huddles are informed by Primary Care, Out of Hours Urgent Care, Social Work, Community Nursing and Infection Prevention and Control service, supported by sitrep report with escalation to the Executive Directors Group when required. A Care Home Oversight Group meets regularly to discuss Primary Care support to Care Homes including improvements and smooth transition to Secondary Care Services hospital at home if required. There have been no changes to Primary Care 'Care Home Local Enhanced Service (LES)' contracts during the COVID-19 pandemic, however the intention is to review the arrangements during 2021-22 including strengthening good quality anticipatory care planning.

Hospital at Home clinicians are currently trialling access to GP clinical systems to improve polypharmacy safety for all hospital at Home patients and is also likely to be of particular benefit to Care Home patients.

Care Homes now have direct access to a palliative care support line improving links with hospital clinical systems.

### **8.3.7 Rehabilitation services (including for long COVID)**

#### **8.3.7.1 Rehabilitation**

Community Rehabilitation has been developed into a more integrated service developing a more integrated rehabilitation service across day hospitals, ICT, Community Ward and Community OT. There is a pilot currently started with Chest, Heart and Stroke for people

with Long COVID. We are continuing to ensure we are providing a robust rehabilitation service for people who have had other conditions since 2020.

#### *8.3.7.2 Respiratory work*

The Service is developing a Specialist Respiratory team to support a wide range of respiratory conditions to work collaboratively with the wider Community Teams to support patients, both acutely and long term with COVID.

The Pulmonary Rehab team have successfully developed and implemented virtual classes. The plan is to continue with this model.

#### *8.3.7.3 Cardiac Rehab*

We have developed a nurse led programme which includes a chest, heart and stroke app to facilitate cardiac rehab.

#### *8.3.7.4 Pain management*

We will continue to prioritise pain treatment and access to services as required by those in need. Our Pain Service has continued throughout this year to proactively manage existing waiting lists. We have utilised new digital technologies to offer an innovative new service pathway involving initial digital triage, followed by treatment offered in the pain service based on identified clinical need. This continues to include a Fife-wide multi-disciplinary service. Despite challenges presented due to COVID-19, the pain service has reinvented their pathways to ensure continued good quality and timely care and their waiting list time continues to be less than 12 weeks from referral to treatment.

For those individuals in need of immediate pain management whilst waiting for elective care NHS Fife will continue to offer this as required and in a timely fashion. Much work has been done in combination with our Pain Service to educate healthcare professionals, including General Practitioners, across Health and Social Care on early pain management, including medication requirements and use of self-management tools. In addition, specialist Pharmacists have undergone training in the Community across Fife with Pain Service Pharmacists to be able to offer medication management in the community outside of traditional GP practices. Further, referrals can be made electronically from local health centres and GP Practices to pain support groups such as Pain Association (Scotland), along with all Fife libraries containing a standardised and comprehensive list of books related to the self-management of pain. It is known that early access and use of these resources assists patients in self-managing their pain and reduces their requirement for specialist pain services.

In this current lockdown we will continue provision for specialised pain management in both in-and out-patient settings across NHS Fife. Should lockdown prevent direct face-to-face contact with service users, our Pain Service has developed a number of online/electronic resources and a digital triage pathway that will allow immediate continuation of support for those in need. These resources have been trialled with patients in the Fife Pain Service since March 2020, and recent online survey feedback has demonstrated overwhelming satisfaction with their use.



### 8.3.8 Dental Services

Independent dental practices (primary care) are in phase 4 of mobilisation and remain open and able to see and treat all NHS patients (unless displaying symptoms or confirmed COVID-19 positive) and carry out urgent and non-urgent AGPs. Primary care dental teams are also instrumental in assessing patients and ensuring that the urgent suspicion of cancer route for oral cancer remains open.

Public Dental Service (PDS)-have remobilised services for their 21,000 listed NHS patients and also the referral services they offer (dental anxiety, oral surgery, special needs, and dental GAs). The Public Dental Service were instrumental in delivering urgent dental care since independent dental contractors were told to shut their doors on 23 March 2020. The Public Dental Service rapidly established (over-night) urgent dental care centres across NHS Fife and offered urgent dental care. The PDS operate the Dental Adviceline to address the urgent and emergency care needs of unregistered patients and manages the Emergency Dental Service that operates over the weekend. The PDS is a referral service for dental practices who have patients displaying COVID-19 symptoms or have tested positive for COVID-19 where advice, analgesics and antibiotics has failed. Nationally, a pragmatic approach has been taken to delay the National Dental Inspection Programme until at April 2021 after the Easter holidays. This programme would help address inequalities and we are working with education colleagues to remobilise as soon as is reasonably possible. Oral health improvement programmes for vulnerable groups are suspended due to access restrictions to premises. Childsmile will restart in a phased manner and is dependent on capacity of both NHS and education staff.

CDO issued a letter on 5 January confirming practices can remain open for routine and urgent NHS care. PPE is supplied by NSS for NHS patients up to a maximum of 10 patients per day per surgery (including 5 AGPs). Enhanced PPE supplies from NSS covers 113 stood up surgeries in Fife. Fife has a total of 220 surgeries. Constraints in relation to how many patients they can see due to fallow time after AGPs and physical distancing measures, so footfall is limited. Individual practices have carried out a prioritisation exercise to determine who to see. It is important to note the mixed economy status of many practices and we have no jurisdiction over the private aspect of practices, although DPH provide contact tracing and risk assessment for COVID-19 incidents in mixed economy and private practice on behalf of health protection. Over 60 dentists have signed up to be vaccinators.

Hospital Orthodontic Service and OMFS services are part of the wider dental workforce and managed under acute services. During the first lockdown we used CTs (supervised) from OMFS in the Urgent Dental Care Centres to manage patients in the primary care setting to reduce pressure in the acute setting. By keeping primary care services open we aim to keep dental/oral-facial issues out of A&E and OMFS and the need to admit patients and use theatre capacity.

### 8.3.9 Optometry

All optometry practices have reopened and are seeing patient when face to face assessment is needed however use of Near Me and telephone discussion continues. Close work with secondary care and community pharmacy and general practice continues to ensure that the pathways for patient care are robust.

Optometrists are being trained to take part in the COVID-19 vaccination programme.

Within community pharmacy, there is continued work around the launch of Pharmacy First and work to improve repeat prescription management will allow improved patient care and patients being able to access the right health professional at the right time for their needs.

#### **8.3.10 Pharmacy First**

Community pharmacies in Fife provided a total of 18,500 vaccinations this winter, significantly more than was initially planned. They represent the final service offering flu vaccination in the Board and will do so until the end of March.

Community Pharmacies continue to deliver the Pharmacy First service, launched in July 2020. They are on average conducting 2780 consultations per week in NHS Fife. This constitutes a 48% increase in activity over the previous Minor Ailments Service. NHS Fife have five pharmacies providing the extended Pharmacy First Plus service utilising the independent prescribing skills of these pharmacists. Both services contribute to enabling the 'right care right place' campaign, treating patients in the most accessible setting.

The Board is focussing on driving serial prescribing uptake and has put into place an incentive scheme to support the roll out both with Community Pharmacies and GP Practices. Uptake has been variable, partly due to historic issues and current pandemic workload. However, engagement will continue throughout 2021 focussing on sharing best practice and experience, partly via the Healthcare Improvement Scotland collaborative. The Board is supportive of the benefits to patients and to effective workflow for all partners. While the Board has ambitious plans, Fife currently has a midranking for uptake nationally and is therefore well placed to deliver.

The full business case for HEPMA was approved by the NHS Fife Board in December 2020. It represents a key digital enabler, promoting safe use of medicines, quality of prescribing, and will release time to care for a range of clinicians. Implementation planning will start in April 2021, with roll out taking place later in 2021 and phased over a number of years across hospital settings. This is the first step of the journey in a digital medicines programme, facilitating seamless care across clinical areas.

#### **8.3.11 Podiatry Service**

Critical wound care continues to be prioritised and staff are working in locality teams to ensure complex care is led by clinicians with the appropriate skills and knowledge. The service has opened up to also support non urgent care for patients whose conditions are impacting on their health and wellbeing. Diabetes foot screening clinics remain suspended which has enabled podiatry health care support workers to be mobilised to support the COVID-19 vaccination programme and podiatrists are ready to stop all non-urgent care to support the release of district nursing colleagues again if required.

The podiatry service will continue to support people to manage the risk and impact associated with poor foot health and will further develop its role in anticipatory care. As we progress to stage 3 of our mobilisation plan, we will continue to expand our use of mobile technology (Attend Anywhere and MS Teams) to support remote consultations and to enable staff to work from home when appropriate. We anticipate a smooth transition from

TIARA to MORSE which will enable electronic clinical recording and scheduling to continue safely and effectively. We will gain a better understanding during 2021 of the impact of treatment suspension on the population's lower limb health and of the likelihood of long COVID-19 conditions affecting the vascular status of the foot.

### **8.3.12 Diabetic Eye Screening (DES)**

DES high-risk patients have been identified and invited for screening.

The Revised Screening Intervals was implemented on 1st January 2021 for people with diabetes who are at low risk of sight lost and those patients will now be screened for diabetic retinopathy every two years, rather than every year. The current one-year (and in some cases, six monthly) interval will remain unchanged for those at higher risk of sight loss.

Also, from 1st January 2021, Optical Coherence Tomography (OCT) is incorporated into the DES Programme and will be delivered by the DES Team in Fife, instead of requiring referral to Ophthalmology. OCT Clinics are proposed to commence in February 2021.

DES previously delivered screening at nine NHS sites, however, since remobilisation are providing screening at four sites only i.e. Queen Margaret Hospital, Randolph Wemyss Hospital, St Andrews and Adamson Hospital.

The plan this year will be for DES to introduce additional sites where screening may be delivered, and dialogue has commenced with our Council colleagues to take this proposal forward.

### **8.3.13 Speech & Language Therapy**

Speech & Language Therapy (SaLT) has continued to provide critical care activity and essential management/intervention throughout the pandemic, adopting a remote first mode of delivery supported with risk assessments. Where identified, risk assessed face to face visits to meet clinical need continue to be delivered. Some aspects of the service have remained relatively unchanged, including input for acute onset /deteriorating or unmanaged dysphagia and service delivery supporting patient flow and discharge within and across hospital sites. Data indicates that, service wide, we have returned to 70% of pre-pandemic activity.

SaLT have continued to provide speech, language, communication and swallowing rehabilitation and support to enable more proximal support and self-care for children and adults. In addition, the service has set up advice and enquiry lines for health and education colleagues to reduce footfall in other settings. The mode has changed to a digital first approach however the individual's personal outcomes remain the focus.

Support management of eating, drinking and swallowing difficulties will continue with care home residents, those receiving care at home, adults in supported living settings as well as children and young people in their own homes. The focus has been on enabling proximal carers to provide safe care and implement recommendations through remote service delivery, reducing footfall and risk of transmission of COVID. This is working well and there will be a review of the on-going service delivery in the light of our learning.



The head and neck SLT cancer service has continued and we are developing a new Fife laryngectomy service with our colleagues in acute.

Routine therapeutic support to children and adults with a range of communication difficulties has been reduced. This is largely due to difficulties delivering speech & language therapy whilst adhering to IPC measures, risk assessments and site risk assessments as well as challenges for patients and families, e.g. school closures, digital poverty, shielding, COVID-19 anxiety. There are well recognised links between mental health and communication competence as it is necessary to have a robust language system to be able to engage in self-help and formalised treatment. The team are working towards a return to this routine therapeutic support as soon as restrictions allow e.g. securing of IPC compliant clear masks, vaccination of staff.

The diagnostic pathways for children and young people's autism diagnosis was paused due to all staff involved being required for their own service delivery. The team have introduced telephone support to the families whilst the pathway is paused and have trialled remote assessment, however due to the nature of their difficulties this is not always appropriate and telephone support will reach more families. The team are working towards reinstatement of this diagnostic pathway April/May 2021, subject to restrictions and guidance.

Many aspects of our service delivery will continue to be significantly affected by IPC requirements for staff and patients to wear a fluid resistant surgical mask within a 2-metre distance. A solution must be sought in order for us to make progress with our remobilisation plan i.e. clear masks.

#### **8.3.14 Fife-wide Community Physiotherapy Services**

The Fife-wide Community Physiotherapy services (Musculoskeletal, first contact practitioners in GP practices, Children and Young People, Learning Disabilities and Pain Management teams) continue to provide essential services to patients referred to the services. There is a phased remobilisation plan in place which was actioned during summer 2020 which is underpinned by our business continuity plan and service priorities. At present all of the Essential and high priority elements of the services are being delivered and will continue to do so on an ongoing basis. There is a 'digital first' approach utilising telephone and video calling in the first instance, with a risk management procedure in place to determine those who require to be seen for Face to face follow up (clinic based and community visits). At present face to face capacity is significantly reduced due to COVID-19 safety measures and some staff deployment to support other critical services, however all referrals are still being accepted and receive assessment and advice as a minimum. Group sessions and some treatment modalities such as hydrotherapy are unable to be delivered due to COVID-19 safety issues but these will be reintroduced as risk assessment allows. Our phased remobilisation plan remains in place and phase 3 (return to majority of previous service provision) will be implemented when safety measures such as social distancing can be relaxed. The Learning Disability and Children and Young Peoples services continue to support their clients with complex needs and vulnerable families on the longer-term caseloads in addition to addressing the ongoing referrals.

### **8.3.15 Nutrition & Dietetics**

Continuing to provide an inpatient service for patients requiring artificial nutrition and therapeutic interventions and ensuring staffing is available to support COVID-19 patients in ICU. Continue with outpatient clinics using Near Me and telephone assessments; particularly for the new service developments in IBS and for the head and neck cancer. Group work activities e.g. Adult weight management, diabetes and breast and infant feeding have all been stopped. This includes clinical work in multidisciplinary teams in GP practice e.g. Diabetes.

Maintaining patients who require artificial feeding and support for malnutrition this includes patients with cancer, MND, Parkinson's and other neurological disorders.

### **8.3.16 Phlebotomy Service**

Phlebotomy Service redesign all practices in Fife now have a Phlebotomist through GMS Contract funding. Currently the team is working with Acute in developing secondary care Phlebotomy Service of which four clinics have been established.

The Service provided by NHS for Treatment rooms within GP practices continues as before.

### **8.3.17 Rheumatology Service**

The Rheumatology Service across Fife has continued to deliver services over the last year by changing the way it interacts with the patients. Patients have been assessed and reviewed using Near Me technology. Telephone calls and face to face consultations have taken place where appropriate, particularly for New Urgent patients where assessment has yet to be undertaken and where an appointment may reduce the chance of hospital admission. Future face to face services will continue to be delivered from key sites but services will also continue to be delivered by telephone and Near Me reducing the number of patients required to travel for appointments.

While the number of referrals into the service has reduced over the last year, this is likely to be a temporary situation and we anticipate the volume of referrals to return to that prior to COVID-19.

The Rheumatology patient helpline has provided a great support to patients managing their condition during lockdown, including signposting and onward referral to members in the wider Team.

A 'self-management' model was developed and piloted during Wave 1 of the COVID-19 pandemic. When a New patient is first assessed by the Consultant Rheumatologist and diagnosed with Rheumatoid Arthritis, Early Inflammatory Arthritis or Psoriatic Arthritis they are sent a pack of information including details of how to access specific online resources. All patients are referred to the Psychology Assistant who will then contact the patient 2 weeks later to undertake a 45-minute interview to check their understanding and access to the online material. A Near Me appointment is then arranged 6-8 weeks later with OT/Physio to assess patient need and requirements for further intervention. Further information is gathered around medication and this is then taken to the multi-disciplinary team discussion to agree the treatment plan moving forward. Team and patient feedback has been excellent.

Some workforce has been deployed to support Acute Services. The recruitment of Consultant Rheumatologists continues to be challenging due to a national shortage of suitably trained individuals. For this reason, the service is looking to redesign by recruiting 2 Advanced Nurse Practitioners who can support the Consultant Rheumatologists in the delivery of the service. The ANP's will be able to assess new routine patients and assist with the medical reviews of review patients. This will reduce the reliance on agency medical locum staffing.

The service continues with its drive to become paperlite in preparation to moving to MORSE by 2023. Case notes, blood results and all patient contact information is being scanned onto Clinical Portal with the support of the Scanning Team in Health Records. This is an exciting and excellent development allowing staff to access the notes and treatment plans via clinical portal at home or at work when seeing a patient.

For a number of Rheumatology patients their condition can be extremely acute in terms of inflammation and pain. The service is crucial to the continued delivery of care delivered within the local community rather than patients being admitted to hospital for treatment.

#### **8.3.18 Sexual Health Service**

The service has maintained a focus on staff welfare during the pandemic by implementing measures to maintain staff morale and wellbeing. These include regular Teams catch ups with remote and home workers, implementing a service "thank you" tree and use of social media to keep in touch with redeployed staff.

Staff effectively adopted PPE, physical distancing, and ventilation measures across our sites. The capacity for home working has increased, as has the use innovative methods of service delivery to minimise patient contact and non-essential travel. One example is the development of a postal patient self-test service for STIs. Over 800 test kits have been ordered since 30<sup>th</sup> June 2020. The positivity rate has been consistently below 20%, meaning the majority of patients were able to find out their status without the anxiety, risk and inconvenience of a clinic visit.

Service improvement and redesign has also allowed for significant support to COVID-19 work. Staff have been, and continue to be, deployed to a range of duties including ICU, community hospitals, contact tracing, health protection and workforce hubs. A rapid breakdown of our clinic in QMH to form Ward 8a was delivered in the first COVID-19 wave and again in the autumn of 2020 after a short period of remobilisation.

The service developed a sliding scale for face-to-face service provision from essential (core provision maintained up to and including full lockdown) to routine care. This framework also recognises and accounts for health inequalities and exclusion affecting groups and individuals. Essential care includes a wide range of interventions from Gender Based Violence support, HIV and Hepatitis treatment and care and treatment of acute sexually transmitted infections. The sliding scale switched to essential face to face services in response to the move to a national level 4 COVID-19 status on 19th December 2020.

Service delivery remains orientated to support Primary Care and Community based services. We have maintained our footprint of local clinics and continue to support primary

care colleagues though our provision of sexual health and contraceptive services. This includes providing routine cervical screening and emergency and long acting contraception to women whose general practice is unable to offer this service.

#### **8.3.19 Children and Young People Service**

Our main challenge will be the impact of COVID-19 on children and young people's wellbeing (all aspects as per SHANARRI (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included)). We know that the attainment gap will have widened and our vulnerable children further disadvantaged. A partnership approach will be required to target support and improve outcomes.

Data collection and use to ensure services / supports are targeted where they are required, for example Balanced System.

The equalities agenda and reducing the impact of poverty on our children will be key to the support that we provide now and in the future. Fife Poverty Strategy. Workforce training on income maximisation.

GIRFEC and UNCRC will remain core to our practices, ensuring each child and young person is looked at through this lens. Review of GIRFEC practices and wellbeing pathway to increase effectiveness and impact. Working closely with our partners in education and social work to get it right for each child and young person.

There are various Scottish government and national papers / reports being shared outlining the impact of the pandemic on our CYP and families. These reports highlight priorities going forward and should be reviewed in line with local priorities.

Children and young people may have parents/carers who have long COVID-19 and need additional support from their children resulting in more CYP being young carers. There is a robust strategy in Fife around how we identify and support young carers and it will be pertinent to ensure that this is being effectively implemented across the region.

The ongoing use of resources developed to support CYP, families and education staff during COVID-19 at a universal, targeted and specialist level. for example, ongoing test of change with regards to an enquiry line for professionals to support easy access to AHP services for advice, guidance, and reassurance. This will likely extend to CYP and their families.

#### **8.3.20 Children and Young People Community Nursing Service**

The Children & Young people's community nursing service has continued to deliver essential / critical function throughout the pandemic in line with all ICP guidance. Much of the work has continued to be face to face. However other areas have embraced remote virtual platforms such as Near Me and telephone consultation. DNA rates have significantly decreased in some areas such as ADHD and continence where in fact compliance has markedly improved with improved outcomes as a result. Most of the teams have seen a marked increase in referrals over this period.

All staff within the service have adapted well to the new ways of working and taken rich learning from this as we begin on our road map journey out of COVID-19.

Feedback from service users have been extremely positive finding staff more accessible, no journeys or waiting in hospital and most importantly less time required out of education

There has been some staff deployed to the Health Visiting service during the initial lockdown, the immunisation team assisting with the delivery of the flu vaccine and now the COVID-19 vaccination programme. Some workforce has been deployed to support Acute Services.

The Community Children's Nursing Service / Acute Home visiting Nursing continue to deliver essential visits using embedded risk assessment processes. Where possible children may be asked to be reviewed at our newly developed hubs, as part of our initial redesign that had to take place in response to the pandemic to allow CYP to be reviewed in a safe and effective way. Near me technology is also utilised where appropriate.

The 5 Special Schools have remained open for the majority of the pandemic where our staff have accommodated some of our most vulnerable children and young people. Our Education team have continued to deliver a programme of emergency medication training and other clinical skills teaching which have been essential to allow our more complex/ vulnerable children to access school.

The service continues with its drive to become paperlite and many of the service areas transitioned to MORSE in March 2020 as we began our COVID-19 response which proved challenging initially but with increased remote working this has actually proved highly successful.

Across CYPCNS much of our work has continued to be delivered, although in some cases in different ways. The only areas that have been significantly impacted are our joint respite provision with SW this has been closed for long periods but hopefully will resume as soon as we can progress forward.

The Child Development Centres have been delivering services in innovative ways as sessions within the CDCs could not happen. We will continue to follow our remobilisation plan when easing of restrictions allows.

#### **8.3.21 School Nursing Service**

The school nursing service has moved to critical function as directed by the CNO and the Scottish Government with 80% of the workload on hold

Some workforce has been deployed to vaccination services to support the central delivery of seasonal flu campaign and COVID-19 vaccination.

The team have been offering near me and telephone consultations with future priorities of emotional health and wellbeing of young people.

There is a considerable backlog in relation to P1 screening due to limited access to schools. This will be progressed when there is agreement with education to take forward



### 8.3.22 Health Visiting and Breastfeeding Service

The service has continued to operate at 100% in line with Scottish Government COVID-19 National Clinical Guidance for Health Visiting, Family Nurse Partnership staff and AHP working with Children and Families.

Many of the staff bases cannot accommodate all staff working in them at the same time. This results in challenges in meeting all stipulated pathway contacts due to paper-based records

Recovery will be in line with referenced guidance as we follow through the national tier system

The timescale for the service moving into the next tier of the guidance will be informed by further SG guidance of when it is safe to do so.

## 8.4 A Whole System Approach to Mental Health and Wellbeing

Fife HSCP continues to make every effort to maintain current mental health provision and to safely meet the mental health and wellbeing requirements of the population whilst implementing robust infection control measures and maintaining a COVID-19 response.

All Mental Health sub services have a business continuity plan and a remobilisation plan. These are working documents and are revised 3 monthly, or more frequently in line with changing guidelines, whilst still responding to the pandemic.

We continue to use a blend of assessment and treatment processes across all services. We have embedded the digital first philosophy and have provided all staff with IT kit to support this. We are also in the process of rolling out an electronic recording system – this roll out should be concluded by 31 October 2021.

Across our inpatient services we are maintaining capacity and flow in line with revised admission and discharge thresholds and reduced bed numbers. This is supported by daily ward rounds and MDT discussions.

Work has recommenced on the redesign and development of our Inpatient services. We are in the Initial Agreement phase of a capital investment programme for these services - an option appraisal has been developed and the project team are at the point of progressing with public consultation.

Redesign of our CMHTS for Adults and Older Adults is ongoing. This is underpinned by the development of care pathways and operational frameworks. Some of our key result areas are:

- Merge of Day Hospitals and CMHTs
- Implementation of duty worker system
- Development of physical health care monitoring clinics
- Development of locality models
- Development of the MDT model – embedding AHPs within Teams

- Standardisation of systems and processes
- Revision of specialist roles and functions
- Rollout of Decider training

Work is ongoing in relation to the redesign of our Eating Disorder Service and the development of a Personality Disorder Pathway and a Neurodevelopmental Disorder Pathway. Plans are also in place to rollout Structured Clinical Management Training from May 2021.

#### **8.4.1 Unscheduled Care**

Mental Health Services have been working closely at the interface with acute hospital staff, primary care staff, SAS, Police Scotland and third sector staff to develop patient pathways and support the development and implementation of the local Unscheduled Care Hub. Proposals have been developed to implement a Mental Health Advanced Nurse Practitioner support model within the Emergency Department and to develop the existing Mental Health Unscheduled Care Team.

#### **8.4.2 Mental Health Strategy**

The Fife Mental Health Strategy (March 2020) sets out six commitments which are underpinned by work streams.

1. Prevention and Mental Wellbeing
2. Rebalancing Care
3. Access to Treatment and Joined Up Accessible Supports and Services
4. Technology Enabled Care
5. Participation and Engagement
6. Rights, Information Use and Planning

Work restarted in October 2020 to progress these work streams and work stream leads have been identified. Groups are comprised of NHS, Local Authority and third sector representatives. There is a lot of energy and motivation in relation to progressing this work and it is a very exciting time within Fife in relation to reshaping and developing mental health services.

#### **8.4.3 Addiction Services**

The service continues to use a blend of approaches to assess, treat and review patients. Case load numbers continue to rise and service redesign is planned to support patient flow and recovery. In terms of service developments, Bupropion treatment commenced in December 2020. Treatment initiation is now being achieved within 10 days of referral across the service. Work is ongoing to implement a revised primary care support model in an area of significant deprivation and need and it is hoped that this model will result in immediate treatment initiation. The Addictions Hospital Liaison Service has also been reviewed and strengthened in an effort to initiate early intervention for people with addiction issues and to support the development and knowledge of acute hospital staff in relation to addictions management. The Cluster Review Process has been implemented to examine deaths in service with the purpose of sharing learning and strengthening governance.

#### 8.4.4 CAMHS

Fife Child & Adolescent Mental Health Services (CAMHS) continues to strive to provide timely, specialist assessment and therapeutic, evidence-based interventions to individuals, groups, families and carers. Children and young people with the most complex and severe mental health issues continue to be prioritised alongside prompt initial assessment for all those referred via GP's to ensure the right support is identified to meet children and young people's mental health needs.

CAMHS continues to deliver its full range of services including: Sexual Trauma Service, Looked After Children's services, Core geographically based teams, Family Therapy Service, Self-Harm Support Service and Intensive Home Treatment Service.

In addition to direct, specialist interventions CAMHS provide an Early Intervention Service offering Initial Needs Assessments, effective signposting to Universal, Additional and Intensive service providers who are best placed to provide support. At the same time CAMHS delivers training, consultation and supervision to the wider network of professionals who support children and young people with mental health issues.

Delivery of therapeutic interventions during COVID-19 pandemic has been provided face-to-face, via Video link (Near-Me) or telephone, dependant on clinical risk, clinical need and patient preference.

The maintenance of support to Universal and Additional service providers remains key to ensuring that capacity exists across wider children services. Virtual training, virtual consultation and an expansion of telephone support lines for professionals has been developed and continues to be delivered by the CAMHS Early Intervention Team.

Positive service developments from the first lockdown phase have been integrated into mainstream practice including: virtual therapeutic group delivery (Anxiety Management & Decider Skills), Single point of referral and centralised allocation system, Available Clinician and Available Psychiatrist rota, Redesigned Self Harm Support service improving responsiveness, Enhanced online resource for children, parents and professionals accessed via Hands On Website.

A service-wide, prioritised patient list which highlights those with the most significant need is maintained should there be an impact on the capacity of the service to deliver during ongoing COVID-19 pandemic.

Ongoing review of the capacity to meet the increasing demand is underway which has been supported and prioritised by Fife Health & Social Care Partnership. A detailed improvement plan has been developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit to identify the staffing resource required to meet the national target as outlined in Fife's previous Annual Operating Plan and prioritised in Fife's Mental Health Strategy 2020-2024. The plan builds on current improvement work and sets out a trajectory to meet the national RTT access target and ensure timely ongoing support where this is indicated over a 2-year period. The plan will be considered as part of the IJB financial plan for 2021/22.



The service remains integral to the Fife children and young people's framework for emotional and mental wellbeing: Our Minds Matter (OMM). OMM ensures that clear pathways exist to support children and young people who experience emotional and mental health issues. It promotes clear points of access, early intervention and broad ranging strategies to enhance mental health through all agencies. OMM is key in delivering the objectives of the Scottish Governments Community Mental Health & Wellbeing Framework for children and young people.

#### 8.4.5 Psychological Therapies

The overall referral rate for psychological therapies (PTs) is returning to pre pandemic levels with 846 people referred in November 2020 compared to average monthly rate of 880 between Jan 2019- Feb 2020. Activity levels within the psychology service are approaching a return to pre-pandemic levels for low and high intensity provision in both Primary and Secondary care services. Plans are in place for resumption of activity in AMH Day Hospitals. Almost all PTs are being delivered digitally with Near Me (or telephone) being the default for 1:1 work. Some in-patient work, urgent assessments and elements of neuropsychological testing include face to face work, but this is being kept to a minimum.

The length of the waiting list for PTs has decreased since the start of the pandemic response period (from 3426 in March 2020 to 2477 in November 2020). During this time when referrals had decreased, services utilised any capacity not required within services to which their staff had been re-deployed, to offer appointments to longest waiting patients. The improvement in the waiting list is not evenly spread across all clinical areas owing to the nature of re-deployment of psychology staff.

Increasing the delivery of group PTs was a core element of the pre-pandemic recovery plan. The cessation of face to face provision due to the pandemic, significantly reduced capacity to deliver groups. In response, some groups were modified for digital delivery (and launched once suitable platforms had been agreed), others were modified to become brief 1:1 interventions, delivered via Near Me and supported by online materials however, others remain suspended due to being either unsuitable for/inefficient with, any form of digital delivery. This continues to impact capacity for delivery within the psychology service. Roll out of the integrated care pathway for patients with complex needs/diagnosis of personality disorder was another element of improvement work impacted by the pandemic. A webinar to support the delivery of interventions within the Mental Health Day Hospitals, one aspect of this pathway, is about to be launched. Similarly, psychology staff are rolling out a structured programme of training and coaching to support CMHT staff with individual delivery of interventions for this patient group.

During the pandemic there was a significant expansion of computerised CBT options made available on the Access Therapies Fife website. This was enabled by the Scottish Government national roll out of Silvercloud. The referral rate for cCBT has now increased significantly to a monthly average of 235 for July-November 2020 compared to 84 during 2019. A further new suite of modules (Sleepio and Daylight) will be launched during January 2021. The pandemic also saw development and roll out of protocols for brief psychological interventions based on principles of psychological first aid. These have continued to be

employed within the AMH Psychology Brief Interventions Service. Similarly, a brief psychological intervention is now being used by psychology staff within the Unscheduled Care service.

As a consequence of Scottish Government funding, capacity for delivery of PTs has been increased within perinatal services, maternity and neonatal services and to the Health and Social care workforce. Within the high volume AMH and Clinical Health psychology services, improvement plans to further increase capacity include trialling skill mix models and development of further group work. The impact of COVID-19 has meant that the balance of PT delivery shifted away from group work towards individual digital delivery. It is anticipated that this will change during 2021/22.

The psychology service worked with the Scottish Government Mental Health Improvement and Support Team in January and February 2020. The capacity modelling work completed at this time has now been re-started with a focus on a recovery plan for PT delivery across the whole mental health system as well as community and acute medical settings. Modelling to date shows that some areas of service will be brought into balance once vacancies are filled, whereas other areas, even after improvement actions are implemented, will require additional resource to achieve balance and be able to address the waiting list. The capacity modelling shows that, without additional resource, the waiting list will start to increase again during 2021 and that it is not possible for services to deliver on the RTT waiting times target.

In light of this and the projected increase in demand, a detailed improvement plan has been developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit to identify the staffing resource required to meet the national target as outlined in Fife's Annual Operating Plan and prioritised in Fife's Mental Health Strategy 2020-2024. The plan builds on current improvement work and sets out a trajectory to meet the national RTT access target and ensure timely ongoing support where this is indicated over a 2-year period. The plan will be considered as part of the IJB financial plan for 2021/22.

## 8.5 Winter Planning

In addition to our prevention activity related to the delivery of the seasonal flu vaccination programme, there are further prevention activities that can be taken in order to reduce winter related morbidity.

It is important to raise awareness amongst NHS Fife staff of the impact of winter on vulnerable populations.

Within the acute sector in particular we need staff to recognise patients who might be at risk of fuel poverty at discharge, to link patients into access to information and support on fuel advice and links to Cosy Kingdom (part of Greener Kirkcaldy). Staff can proactively link patients to existing supports such as access to travel cost reimbursement to appointments. There is a role for Good Conversations training in reducing health inequalities generally and in supporting staff to ask what are sometimes perceived as difficult questions about income and ability to heat the home. We can use opportunities such as Challenge Poverty Week to work with staff and the public about the impact of poverty on health and link winter services such as flu clinics to advice and information on income maximisation.

Working with our Community Planning Partners we will raise awareness of the impact of winter on people in Fife building on existing resources and developing community safety work with older people and families with young children in particular. With Fife Voluntary Action we can work with voluntary organisations on the issues the people they work with face over winter and with Frontline Fife learn from work on discharging those who are homeless during the winter.

## **8.6 Patient Experience**

Whilst services had to be rapidly reconfigured in light of the pandemic to ensure public safety; NHS Fife is committed to their statutory duty to involve and consult the public as services are remobilised.

Effective approaches for community engagement and participation are critical in ensuring our services are fit for purpose and support better outcomes for people using services, carers and local communities.

The Participation and Engagement Advisory Group (PEAG) is key to delivering this; comprised of staff from NHS Fife, Fife HSCP, Fife Voluntary Action and Healthcare Improvement Scotland – Community Engagement, the PEAG advises services on the most appropriate means and levels of engaging with communities. The PEAG maintains a Directory; a virtual group of patients, carers, members of the public, and community groups who have an interest in knowing about and improving local health and care services in Fife. Over the last year, the PEAG has gathered views from the Directory about people's experiences of accessing healthcare throughout the pandemic. The information was shared with services to support in the design/redesign of services while remobilising. We have also supplement this; with patient experiences drawn from complaints, feedback and comments to inform pathways and service design. We plan to continue using this approach to support remobilisation.

The patient voice is a core element of all our equality and human rights practice, and forms part of our patient centred care approach, informing our Equality Impact Assessments and supporting positive health outcomes. The PANEL principles are used to ensure that people's human rights are put at the very centre of policies and practice, through Participation, Accountability, Non-Discrimination & Equality, Empowerment and Legality.

## 9 Population Health

### 9.1 Addressing Inequalities

Over the past year it has become clear that COVID-19 has impacted certain population groups more severely than others. Remobilisation of services needs to continue to consider the potential impact on specific population groups. Equality Impact Assessments undertaken during the past year for example for Urgent Care and for the COVID-19 vaccination programme have been enhanced to take into account the groups most effected by COVID-19, and this will need to continue within approval plans to influence prioritisation of services and reduce inequity of service access.

Older people and those with certain medical conditions continue to be at increased risk of severe illness from the virus. People affected by chronic kidney disease, COPD, those with an immunocompromised state, with a BMI of 30 or over, serious heart conditions, cardiomyopathies, sickle cell disease or Type 2 diabetes mellitus are at risk of severe illness from COVID-19.

Across Scotland excess deaths have been noted in those with respiratory conditions, circulatory conditions, dementia/Alzheimer and cancer, with most excess deaths occurring in older people. The above conditions will also inform the prioritisation of service mobilisation. In addition to these conditions it is going to be important to establish the extent to which deaths by suicide and drug related deaths have increased due to the impact of COVID-19 or as excess deaths.

As services renew and remobilise the priority order in which this is done and the potential impact on specific population groups needs to be considered. These populations include:

- People living in the most deprived areas where levels of income deprivation and child poverty are highest
- People experiencing substance use or mental health issues
- People who are vulnerable and excluded such as the homeless and gypsy travellers
- Black and Minority Ethnic groups
- People living with dementia
- People who are newly impoverished
- People who are digitally excluded
- People experiencing homelessness
- women who are pregnant or breastfeeding
- People with disabilities
- People with developmental and behavioural disorders

The burden of disease overlaps strongly with deprivation, so prioritising services which treat particular conditions is likely to have the largest impact and contribute to reducing health inequalities. There is also a strong overlap between the following group of diseases and Scottish excess death data:

- Lung cancer
- Ischaemic heart disease

- Alzheimer's and other dementias
- Depression
- Neck and lower back pain

During the course of the past year it has become clear that mental health problems have been greatly exacerbated by the pandemic. In order to reduce inequalities and to have an impact on physical health, services which promote good mental wellbeing and/or treat mental illness should be a priority. The ways in which NHS Fife as a whole and individual services remobilise can also have an impact on reducing health inequalities including:

- Maximising engagement, consultation and co-production with marginalised groups
- Adopting a strategic approach and action plan to embed the principles of becoming an anchor institution across the organisation.
- Taking a rights-based approach and using PANEL principles.
- Identifying synergies in multi-agency prioritisation of services where benefits would be increased across population groups and local areas.
- Drawing on learning from for example integrated cancer journey team and homeless discharge team about how supports around access to funding for travel to and from appointments, fuel poverty, income maximisation services, befriending and other social supports can be linked in a meaningful way into services.

## 9.2 Equality and Human Rights Strategy

NHS Fife through its Equality and Human Rights Strategy has set an equality outcome to improve the health of the Black and Minority Ethnic Community, which includes the following actions:

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

Our Equality and Diversity Lead sits on the national group looking at improving data collection discussion so far has included: looking at quality of SMR data, mandatory inclusion of CHI linkage, maximising primary health care data from registration, records and updates, census linkage to high quality recording, including support from people and communities whose data, involvement and experience of service we want to improve, using other data collection opportunities such as screening programmes and vaccination programmes and taking co-ordinated action to contribute towards a National Performance Framework.

Within NHS Fife, a Black and Minority Ethnic staff forum has been established and will consider the impact that working within NHS Fife has on staff from minority ethnic



backgrounds. The staff network is being supported by a national toolkit. Other staff networks including for those employees with a disability are planned. It is envisaged that these staff networks will help NHS Fife to improve the working lives of staff but should also help to better understand ways in which information on ethnicity can be gathered in order to embed the process of ethnicity data collection within NHS Fife.

NHS Fife recognizes that staff, through training, need to feel confident in asking questions about ethnicity and to understand the importance of collecting that information. This is true for improving collection of data around other protected characteristics.

NHS Fife has a strong Equality and Diversity Strategy Group, membership of which includes Fife's Centre for Equalities and has good working links with Public Health Scotland. The group is well placed to take forward the recommendations from the Independent Expert Reference Group on COVID-19 and Ethnicity on behalf of NHS Fife. NHS Fife has a strong patient engagement structure which has been noted as worthy of sharing as an example of good practice with other boards. Equality and Diversity staff are currently working with a transgender patient forum in Lothian. An expected outcome of this is the development of staff training including language and collection of information. Such training could be adapted to skill staff in being confident in data collection of protected characteristic groups. In addition, we are looking at alternative ways of patients completing the information on data themselves as this has proven to be more effective in reporting and gathering of data.

### 9.3 Public Health Priorities

It is evident that we need to maintain our focus and increase our efforts on reducing inequality in Fife, with public and third sector partners working together to support those facing the highest levels of inequality.

In areas such as health protection, screening and immunisation we will continue to ensure delivery of high-quality prevention and response activities in 2021/22. This will include:

- Delivery of COVID-19 vaccine programme in line with Scottish Government guidance
- Delivery of an effective Test and Protect Function to enable rapid contact of cases and isolation of contacts. This includes an increased capacity for COVID-19 testing in Fife
- Delivery of an effective health protection function to prevent and reduce ill health from communicable diseases and environmental exposure

However, the greatest gains for those facing the highest levels of inequality, which have been further exacerbated during the COVID-19 pandemic, will come from addressing the social and economic determinants of health. As such, our **priorities for 2021/22** will be to continue with and prioritise

- Work to address poverty and inequality through income, housing, education and employment programmes as part of the Plan 4 Fife
- Establishing NHS Fife as an Anchor Institution using our influence and procurement and employment policies to support the economic situation in Fife
- Delivery of the Fife Child Poverty Plan with Fife Council and other partners

- Support NHS Fife to achieve Living Wage accreditation<sup>1</sup>
- Create new programmes of employability within NHS Fife through a policy of Apprenticeship First and other support into employment opportunities<sup>1</sup>
- Support the creation and delivery of a prevention focused winter plan working with NHS Fife and its partners, including the Local Resilience Partnership
- Support the economic regeneration of the Levenmouth area taking a local place plan approach involving the whole system that incorporates the River Leven and new railway developments
- Establishing a new system for the review of drug related deaths and increase prevention activity jointly with the Alcohol and Drug Partnership
- Partnership working via the Fife Suicide Prevention Core Group, including establishing a multi-disciplinary suicide review group and further developing the Fife Suicide Prevention action plan
- Supporting the development of a dual diagnosis approach to mental health and substance use disorders
- Coordinated, evidenced based approach to social prescribing and the use of link workers in Fife
- Collaborate in the East of Scotland Partnership for the prevention and reversal of Type 2 Diabetes

#### 9.4 Increasing Public Health Capacity – Workforce and Planning

During the period of the COVID-19 pandemic response, Public Health departments across Scotland have faced significant challenges and pressures and have been given additional duties to undertake, some on a short term basis, such as increased support to outbreaks in care homes and others that are to be built into plans for 2 years, such as the Test and Protect Programme. There is a need to increase capacity and resilience rapidly and to set out our approach to living and working with COVID-19: this will form part of a strategic framework that all Public Health departments will produce, including how we will respond to and manage COVID-19 clusters and outbreaks whilst also delivering on our public health priorities, our immunisation programmes and preparing for a period of multiple threats across the winter period. The task is not insignificant.

The areas of workforce that have increased relate to Health Protection, Test and Protect and the transfer of the Community Testing Team to the Public Health Department.

Additional staff have been identified and are currently being recruited to, in response to COVID-19 pandemic:

- Health Protection Nurses to provide specialist advice on public health surveillance, prevention and control of communicable diseases and to support outbreaks in care homes, workplaces, schools and community settings.
- Intelligence Officers who provide specialist public health intelligence advice and practical support to the Public Health department and other colleagues.
- Contact Tracing Team Leads who will provide support and leadership to the Contact Tracing Practitioners.

- The Community Testing Team has been transferred to Public Health. We have recently undertaken a recruitment campaign to strengthen service delivery by recruiting testers and admin staff on a fixed term/secondment basis.
- Health Protection Consultant who will also be our Immunisation Co-ordinator to provide strategic planning to support the roll-out of the future waves of the COVID-19 vaccination programme and completion of the Vaccine Transformation Programme, including an extended seasonal flu programme.
- COVID-19 Vaccination Programme Manager to lead the planning and roll out of Wave 2 and 3 of the COVID-19 vaccination programme.

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## 10 Digital Health

The digital response to COVID-19 has been significant with a rapid alignment to 'Digital First' and a more 'agile' approach to delivery when approaching the redesign of services, supporting new ways of delivering care and operational support as we remobilise. It is recognised that the accelerated enablement over the past 12 months provides opportunity and risk, as we continue to embed the existing digital developments and implement additional digital capability in support of remobilisation. This will be challenging as we consolidate and stabilise, particularly with managing risks that were already inherent within our digital infrastructure.

The following provides key plans for 2021/22 which were identified within the Digital Strategy and following the pandemic have been added to the delivery plan for Digital and Information. This list is not exhaustive but contains the focus areas, some of which are subject to funding allocations:

### 10.1 Digital Capacity and IT Transformation

**ServiceNow** – a joint South-East activity to modernise the IT Service Management suite offering improved automation and slicker processes for activities such as 'Joiners, movers and leavers' consistent SLA/OLA's and much improved self-help solutions. NHS Lothian are live; NHS Fife are expected to migrate April 21 with NHS Borders shortly after.

**ITIL Process Maturity Improvement** – Assess and benchmark our maturity against the 5 lifecycles and 27 processes of ITIL. Prioritise key processes for improvement and ensure that consistent documentation exists along with awareness and adherence across the teams. Also consider the benefits ITIL v4 and carry and a training analysis.

**Remote working** – continue supporting remote working, ensuring that all remote workers can access all required systems and utilise their own extension on a 'virtual' desk phone. This has allowed the organisation to continue to provide high levels of Service while allowing flexibility on ways of working both during the response and now into the recovery phase. It is likely this requirement will increase to support remobilisation and we are continually monitoring our capacity and increasing the infrastructure as demand increases to support this.

**Digital Business Continuity and Disaster Recovery (BC/DR) Plan** - Creating and maintaining a robust organisational BC/DR plan is not only good practice, but a legislative requirement under The Civil Contingencies Act 2004, and directives within the Network and Information Systems (NIS) Regulations 2018. Following initial review, a significant risk was identified as the current plans were found to be very narrow and infrastructure focussed, therefore a more holistic approach is required, particularly in light of the increased reliance on digital and real time data/information. This programme will have a strong emphasis on full business impact analysis to understand the impact of services not being available on the organisation.

**Infrastructure and Network Connectivity** – We have initiated an architectural review of our infrastructure to support remobilisation including a review of licensing to ensure we have sufficient capacity to support the increase in digital usage. Network Connectivity and

bandwidth capacity is crucial and further work is essential across some locations as performance at some of our sites would benefit from improvements given the levels of adoption of new technologies and reliance on wireless access. In response to COVID-19, we have added additional connectivity and increased bandwidth at key sites, increased remote access capacity and improved Internet bandwidth, but more is required. We need to consolidate and future proof our network to support future working practices.

## 10.2 Digital Transformation

**Contact Test and Trace** – Continue Digital and Information support to contact tracing and testing, particularly the recent addition of community testing and programmes of work which are scheduled to be undertaken as lockdown eases.

**COVID-19 Vaccination** – Continue Digital and Information's support to the programme, recognising the requirements for a sustainable long-term delivery model. Areas of support include data analysis/dashboards, patient cohort validation, venue enablement and support and system support. Focus remains on ensuring data quality and reporting whilst maintaining the infrastructure at sites with safe & secure remote access to allow patient records to be updated in real time.

**Near Me Phase 2** – Uptake has been excellent with Near Me rolled out across the estate in a variety of settings, with reception support. Uptake in Acute has been slower than expected and therefore work is ongoing to remove barriers and support uptake within this area. Near Me within Fife has received excellent feedback on meeting requirements of Equality and Diversity. Near Me continues to lack group and proactive consultation functionality which is impacting on several services particularly within Mental Health and GP services. The Digital and Information Board (Feb 21) approved a business case to support a Phase 2, which will support the establishment of Near Me rooms within a community setting and serve several purposes. They would either be used for patients who do not have access to equipment or provide patients previously considered "hard to reach" with a personal space for a private consultation or staffed with a nursing or healthcare support worker undertaking tests to support clinical decision making reducing travel for clinical staff.

**Patient Self-Booking** – a key enabler in support of remobilisation, post a successful pilot within the community environment approval has been given to proceed to a Business Case in support of Patient Self-Booking across acute and community services. Linked to the Digital Hub is also the emerging capability for pathways to be enhanced by Remote Health Pathways, with COVID discharge and Pre-operative Assessment being identified as high impact areas for consideration.

**Digital Pathology** – Support creation of a business case, which if approved will lead to the Introduction of digital pathology to support a more resilient and sustainable service by improving efficiency, patient safety and delivering value for money.

**HEPMA** – Currently in contract negotiations with preferred supplier and resource recruitment underway to initiate implementation programme from April 21.

**ACRT and PIR** – Following a favourable pilot rollout has commenced and will continue throughout 21/22 to all appropriate services.

**Paperlite** – Subject to agreed funding, the reflection during the initial COVID period of the challenges with a paper health record, the ambition within NHS Fife is to accelerate the Paperlite programme. There are 3 strands to this programme of work: -

1. Reducing paper to the patient – This will be achieved through the implementation of Digital Hub
2. Reducing paper to the clinician a new scanning solution has been implemented with pilot of ED cards scanning complete, planning commenced to include other document types on a phased approach alongside the third strand with the overall aim is to 'scan on exception'. Focus remains on remobilisation of outpatients, pre-COVID-19 we were prepping and moving circa 30,000 records a month between the Victoria and Queen Margaret Hospitals
3. Reducing the need for paper – Development of core systems to ensure data is entered, at the point of care. This will significantly reduce the casenote and ensure patient portal is updated 'real-time'. There is identified as an ambition for the new Orthopaedic Elective Centre

**Information Governance and Security** – Continue with improvements in compliance with Information Governance legislation and Information Security with emphasis on the compliance with the Scottish Information Performance Framework.

**Business Intelligence** – We will continue to provide dashboards to support the organisation's wider remobilisation plan, including redesign activities such as Urgent Care to ensure NHS Fife makes best use of data to drive action. A move to data driven services is key to supporting remobilisation.

In addition, COVID-19 has provided a positive shift to the value and impact of digital enablement within the workforce, resulting in significant requests from across the Health and Care system, including Hospital, Community and Primary Care settings, to support the adoption of existing and new digital services, as the organisation remobilises and seeks to deliver services differently. The demand is increased further as national programmes and projects continue at pace and with expectations of assurance and progress being necessary.

As part of our digital approach, we are cognisant of the impact for our citizens and staff. Our work on health inequalities highlights the risk of digital poverty for some of our hard to reach communities and we are mindful, therefore, of the importance of Equality Impact Assessments and mitigation plans for any digital or service led developments. Consideration of the staff governance standard also ensure that training and education for the adoption of digital technologies and services is designed into the implementation and evaluated.

## 11 Innovation

NHS Fife has moved to include Innovation (I) within the Research and Development (R&D) portfolio, in early 2021 a review of organisational structure will be undertaken to integrate and refine all streams and teams and to develop a collaborative working model to achieve shared and separate objectives for Innovation and R&D. In consultation with relevant business units (e.g. Quality Improvement, Clinical Effectiveness, Digital and Information, Information Governance) we will develop a framework for Innovation adoption, generation, development, monitoring and evaluation. An Innovation point of contact will be identified in each aligned business unit to facilitate rapid assessment and adoption of National Innovation programs and to provide input on NHS Fife challenges.

NHS Fife is an actively contributing member of the Health Innovation South East Hub (HISES) at the governance and oversight level and as an Innovation project lead and test bed. An Innovation Manager will be selected and appointed in first quarter 2021 to further concrete Fife's engagement with HISES and to support the internal Innovation framework and the regional project pipeline priorities of mental health challenges, COPD, paediatric asthma and frailty. This will include prioritization of projects supporting integrated planned care.

## 12 Regional Working and Mutual Aid Arrangements

### 12.1 Mutual Aid

As the constituent core Boards in the East Region Planning Group, NHS Borders, Fife and Lothian enjoy a long standing and mature relationship in collaborative working. The Chief Executives have confirmed their commitment to ensuring that the populations served by their respective Health Boards continue to receive the best possible healthcare in as equitable a manner as possible, with pre-existing arrangements whereby partner Boards offer assistance and support should there be an untoward or isolated service delivery issue.

Each Board has in place an agreed local framework and process to support identification, assessment and escalation of service pressure and delivery risk, with corresponding Board level actions and mitigations. Where there is major system demand which cannot be managed within Boards, Boards can request mutual aid from partner Boards which will be considered in the spirit of delivering the commitment above.

### 12.2 Cancer

The Regional Cancer Surgical Prioritisation Group continues to support the SCAN Boards (NHS Lothian, Fife, Borders and Dumfries and Galloway) with the regional implementation of the **Framework for Recovery of Cancer Surgery** (July 2020) and the **National Approach to Clinical Prioritisation** as set out in the Scottish Government letter in July 2020. These documents provide NHS Scotland with guidance for the recovery of cancer surgery whilst ensuring appropriate COVID-19 safety measures are in place. The guidance sets out the following principles:

- Identify and prioritise patients appropriately
- Maintain equitable access to care for patients across NHS Scotland
- Deliver care in the safest possible environment
- Ensure a consistent national approach to clinical prioritisation for elective activity, while allowing for flexibility to reflect local circumstances

The Regional Cancer Surgical Prioritisation Group meets monthly with a remit to:

- Ensure all MDTs apply the same clinical prioritisation for all patients listed for surgery, including cancer, and as identified in the **Clinical Guide to Surgical Prioritisation during the Coronavirus Pandemic** that has been jointly developed by the Surgical Royal Colleges across the UK
- Provide an escalation route for NHS boards' local clinical prioritisation groups for any issues that require regional working
- Facilitate cross-board working where required, which may require the transfer of patients or staff, or both, to adjacent and/or co-located boards within the region
- Inform the Regional Cancer Planning Group, the National Cancer Treatment Group and National Cancer Recovery Group of local or regional service pressures and when local and regional solutions are not immediately available
- Cascade any national and regional communications within their own board as required

The Regional Cancer Recovery Dashboard is made available to boards' service management teams and will continue to inform recovery planning and monitoring of the delivery of cancer services across the SCAN Boards. The dashboard brings together the latest data available from Audit and Cancer Waiting Times sources on the Detecting Cancer Early (DCE) tumour groups - Lung, Colorectal and Breast. This presents a suite of indicators which captures the demand for cancer services across the region and compares trends by cancer type. Updates to the dashboard are released on a monthly basis with ChemoCare and Radiotherapy data to be added as well.

### **12.3 Health Protection**

Health Protection services are an integral part of NHS Board's Public Health function, with multidisciplinary teams in each Board protecting citizens through surveillance, investigation and control of communicable disease and non-infectious environmental hazards. The COVID-19 global pandemic has put significant pressure on Health Protection services in maintaining this essential 24/7 service, with a recognition that there are elements duplicated across all Boards which have the potential to be coordinated and delivered more sustainably through a regional model.

NHS Fife, Borders, Lothian and Forth Valley are exploring options for a regional Health Protection model which will support sustainability and resilience and have in place a function that is fit for the future and designed to respond effectively to 21<sup>st</sup> Century Health Protection challenges.

A formal appraisal of options will be undertaken during March with involvement of Health Protection professionals from each Board including Partnership representation. The outcome of the Options Appraisal will be presented to Boards for consideration at the end of March 2021.

### **12.4 Innovation in Mental Health**

The regional innovation collaboration, Health Innovation South East Scotland (HISES), is leading on the development of Mental Health innovation challenges over the next 24 months, recognising the priority status of mental health in remobilisation and recovery planning. This work will be supported by dedicated clinical leadership in each Board and a project management resource.

This recent initiative has commenced a programme of engagement with regional specialist mental health services to scope key innovation challenges with mental health services in Perinatal Mental Health, Specialist CAMHS, Eating Disorders and Learning Disabilities with a range of service delivery constraints identified. These will be collated and developed as part of the innovation challenge development process.



## 13 A Sustainable Workforce

### 13.1 Workforce Planning

NHS Fife, as other colleague organisations across the Health & Social Care sector continues to reflect on the learning from our COVID-19 experience which will influence our workforce aims in 2021/22. We recognise the need to re-think our strategic workforce ambitions to reflect the both the change in delivery requirements which will have longer term implications on workforce, and to build in the aspects of the positive working practice changes which will continue to support modern, agile and digitally enabled organisational functions.

Our key focus in this year is consolidate our workforce sustainability planning, with employee wellbeing at the heart of everything we do. As indicated in our second remobilisation return, although our strategic workforce aims remain relevant, we will review the workforce plans to consider the impact on service re-design, technology enable care and digital ways of working. The Workforce Strategy for NHS Fife (2019 -2022) will be updated, specifically taking account of the matters that arise from the pandemic including building and retaining our public health capacity. Our workforce remobilisation aims outlined within the plan will be further detailed through the development and submission of our Interim Workforce Plan for 2021/22.

The fundamental supply and demand challenges across the H&SC sector remain but risks and mitigations will need to be revisited to reflect the experience of the last 12 months and to anticipate the longer-term implications which will require action not only locally, but regionally and nationally. NHS Fife has established arrangements for workforce planning and review to support the delivery of services. The work required will be overseen by the Board's Strategic Workforce Planning Group, supported by the Operational Workforce Planning Group and underpinning infrastructure.

Services have continued to be informed by workforce tools e.g. Nursing modelling to keep the workforce requirements under review throughout the emergency period. Plans have been created and reviewed to reflect workforce requirements from the initial Remobilisation Plan (including Winter Planning), Test and Protect, Immunisation and Vaccination Programmes.

NHS Fife will look to harness the benefits of the latest NHS Education and Public Health Scotland (PHS) developments on workforce modelling to support our service planning arrangements and delivery of workforce plans.

Rapid national workforce guidance changes (albeit at times understandable) have provided challenge in terms of communication and management of staff needs. Thoughtful and planned changes to interim national guidance will be required to allow effective local decision making in 2021/22 as we manage our way back to core terms & conditions application.

While recognising the disruption to planned implementation of the Safe Staffing legislation preparations, we will continue to consider the intention of the legislation in terms of the

workforce decisions we continue to make in managing the pandemic response, and to gear up our infrastructure to develop our governance of the legislation in the course of 2021/22.

Long term COVID-19 health issues for staff will need careful consideration in 2021/22. Guidance on Special Leave and other management handling direction has been helpful in the shorter term, but the consequence is that this has deferred potentially difficult decisions which will need to be addressed in the coming year.

Within our 2021/22 plans we will build on the workforce deployment arrangements which were established in 2020 to support our pandemic response. In terms of our sustainable workforce theme, we will consider how these arrangements need to be developed and adjusted to meet ongoing workforce needs.

### **13.2 Workforce Resourcing**

In addition to managing the 1000+ applicants from local recruitment campaigns, we appointed 212 student nurses, with most remaining in our employment.

Throughout the pandemic, NHS Fife has successfully completed several Board-level recruitment campaigns (Return to NHS Fife, Test & Protect, Vaccination and Testing) and the Board was fully engaged in the Acceleration Recruitment Portal managed via NES. These campaigns have provided a supplementary workforce that could be deployed via the deployment hubs (see below). Additional workforce has also been available via the Nurse Bank.

The Board has ensured that staff have been redeployed across the organisation to meet emerging and ongoing needs and has also deployed staff who were shielding but could work from home to undertake other duties, e.g. contact tracing.

In 2021/22 we will consolidate the above activity into our resourcing model, while progressing changes arising from:

- Completing the phased changes to adopt our East Region Shared Services model, which will include both Recruitment and Payroll.
- The consolidation of our Bank management arrangements.

This work will create a foundation for delivering sustainable, consistent and high-quality services to our workforce. The change process will be carefully handled particularly considering the additional pressures which both functions have had managed and will continue to be a factor for the foreseeable future.

### **13.3 Workforce Mobilisation**

Two Workforce Deployment hubs for H&SC / Care services and Acute / Health services have operated during the pandemic and reported into the Silver Workforce Group and other Silver Groups within our COVID-19 command structure. The Hubs match the demand for workforce with the supply provided by supplementary workforce, bank workers and those seeking redeployment. This approach has been utilised for the Immunisation and



Vaccination programmes and the Test and Protect workforce demands. The Hubs are actively managed to ensure candidates pipelines are sustained. Work will continue to ensure the Hubs are robust and flexible to adapt to the challenges which have emerged from the multiple demands in the winter period and as the pandemic continues.

In the early 2021 we introduced a Workforce Planning & Mobilisation Silver Group to identify workforce deployment issues arising from other command structures and to propose, consider and assess whole system solutions which balance competing workforce needs. We will continue with these arrangements into 2021/2022 and review workforce deployment mechanisms to address the changing workforce needs across the year.

### 13.4 Workforce Development

A key aspect of the above rapid deployment activity has been the need to adapt our onboarding and development delivery approach to sustain the changing workforce mobilisation requirements. This work will continue to be a feature of our plans this year with the use of e-enabled, fast-track induction and other training being built into our core learning delivery approaches.

Staff personal/professional development needs that have been delayed or restricted due to COVID-19 response to be prioritised as restrictions are eased. This will include ensuring the opportunity for reflection on development staff have benefitted from through the experiential learning throughout our response, as well assessment of new/refreshed development needs to re-build service provision in its new form.

Our workforce will need different/different levels of digital skills working with services, as we restart and transform, we will identify the learning needs and how we can address these.

## 14 Finance and Capital

### 14.1 Medium Term Health and Social Care Financial Framework

The planning and performance cycle associated with the framework applied from 2019-20 and requires Boards to deliver break-even over a three-year period. Where Boards are able to demonstrate financial balance over the period, additional flexibility to underspend or overspend by up to one per cent of annual resource budgets will be provided.

All Boards must develop a balanced plan over a three-year period in order to benefit from this increased flexibility. Scottish Government recognise 2020/21 has however been an exceptional year in terms of response to COVID-19 and the impact this has had on service delivery as well as finances. Due to these circumstances, Scottish Government are only requesting a one-year financial plan for 2021-22. Given the lead in times associated with service change and transformation and to support financial balance over three-year period, we are developing a three-year initial plan to release cash efficiency savings. This will be supported by the revised approach to strategic planning through the development of our Strategic Planning and Resource Allocation methodology.

### 14.2 Key Financial Planning Assumptions

A financial plan for 2021/22 was submitted separately to Scottish Government, the key planning assumptions within the plan are noted below:

- Planning for one-year but focus on the development of the Strategic Planning & Resource Allocation (SPRA) methodology during Q1 to inform the medium-term financial plan
- Adopting SG Medium Term Financial Framework principles (balanced budget over 3 years); 1% flexibility in relation to delivery of savings
- Assumes SG funding for previous year undelivered savings associated with the impact of COVID-19
- Assumes baseline funding uplift of 1.5% plus £1.9m NRAC parity funding
- Pay inflation per public sector pay policy – AFC 1% negotiation unlikely to conclude before June 2021, additional cost pressure will be funded by SG
- Assumes continuation of SG funding for COVID-19 costs, albeit this is currently non-recurring funding
- Public Health expansion costs covered for 2021/22 COVID-19 funding but require recurring commitment over the medium term
- Medium-term assessment of emerging cost pressures included to inform forward planning
- New Medicines Fund Scottish Government allocation reduced by £2m, expenditure budget maintained at £5m. Review of utilisation to determine recurring nature of costs during 2021/22
- Separate funding nationally for Redesign of Urgent Care subject to national evaluation of Phase 1, March 2021
- Assumes an in-year savings target and initial areas of focus, varying levels of risk. Key focus also on medium term plan to deliver c/f undelivered savings, PMO critical to assessment of options and delivery
- Expenditure plan assumes normal service levels will resume in 2021/22, given the current uncertainties around full service delivery, offset may occur in-year

### 14.3 Forecast Financial Position Revenue

The Scottish Government confirmed funding uplift for 2021/22 is £16.2m which delivers a core baseline recurring budget of £713m. The increase in planned expenditure however is £25.8m, resulting in an in-year financial gap of £9.6m, of which £8m relates to Health Board retained and £1.5m relates to the Health Delegated Partnership budget. There is also a significant legacy efficiency savings challenge for the Health Board retained budget brought forward from 2020/21 of £13.7m.

The IJB Board will consider the Health and Social Care Partnership draft budget on 26 March. The current planning assumption is that, following agreement on a range of savings proposals for 2021/22, that the partnership will confirm a balanced budget for 2021/22. The savings proposals include plans to manage the Health Delegated in-year gap as detailed above. The partnership will also take a significant level of earmarked reserve into 2021/22 as a result of anticipated COVID related and other planned costs in 2021/22.

The Health Board Retained budget assumptions include savings proposals to manage the in-year gap of £8m. The current assumption is that Scottish Government will provide COVID funding in 2021/22 to support the pandemic impact on delivery of legacy savings of £13.7m. NHS Fife will develop a medium-term plan to achieve full delivery of the legacy savings by 2023/24 as part of the SPRA process. It is likely that we will also require annual plans to be developed to support any in-year financial gaps arising in 2022/23 and 2023/24. It is vital that the Programme Management Office (PMO) investment is secured and embedded as part of the strategic planning arrangements in 2021 to ensure corporate focus on progressing the service redesign required to release both cash savings and productive opportunities over the medium-term.

Scottish Government have given initial feedback on the draft financial plan and confirmed support for the majority of the high-level planning assumptions however it is unlikely they will agree the legacy savings funding as part of the sign-off of the plan which is expected on 31 March 2021. They have advised that they will note the legacy savings position as the current forecast financial gap and work with us during Q1 2021/22 to determine the support available.

Additionally the financial plan also assumes COVID response costs and additional funding for 2021/22 of £32.4m, of which £23.6m relates to Health Board Retained and £8.8m to Health Delegated. This cost will be continuously reviewed throughout the year as the impact of the vaccination programme reduces levels of hospital admission and transmission of the virus.

### 14.4 Forecast Financial Position Capital

Planned capital expenditure and funding for 2021/22 is £30.3m of which £18.5m relates to the Fife Elective Orthopaedic Centre construction costs. Also included is an initial cost estimate of £2m in relation to the development of the Lochgelly and Kincardine Health Centres and £0.9m for the Mental Health Programme. A further £1.7m is included to cover HEPMA and Trackcare costs.

The Finance and Performance Committee was presented with the detailed financial plan submission to Scottish Government on 16 March 2021. The Committee considered and endorsed the plan for Board approval.

## 15 Summary

The Remobilisation Plan 3 outlines the 2021/22 plan following the emergency planning measures that were in place throughout 2020/21. NHS Fife has adopted a flexible approach to remobilisation that prioritises clinical services in a COVID-19 sensitive environment. It is recognised that longer term planning is difficult in these times and the plan will be reviewed at regular basis throughout 2021/22.

The remobilisation will be agile with a whole system approach which is clinically led, COVID-19 sensitive, person centred and digitally enabled with the Plan being a dynamic document subject to review and updating.

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## Appendices

### Appendix1: Template 1 – Projections & Historical Diagnostic Activity Projections

Projections (Refer to Definitions datasheet)	Quarter ending 30/06/2021	Quarter ending 30/09/2021	Quarter ending 31/12/2021	Quarter ending 31/03/2022
A&E Attendances (Definitions as per Core Sites, unplanned attendances only)	17,110	19,110	18,370	18,490
Total Emergency Admissions (Definitions as per RAPID Datamart)	8,040	8,320	8,680	8,830
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	5.82	5.85	5.63	5.73
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	2,470	2,610	2,610	2,610
31 Day Cancer - First Treatment Patients Treated (Definitions as per published statistics)	415	435	435	435
CAMHS - First Treatment Patients Treated (Definitions as per published statistics)	306	290	346	298
Psychological Therapies - First Treatment Patients Treated (Definitions as per published statistics)	1,369	1,421	1,905	1,780

	Month ending 30/06/2021	Month ending 30/09/2021	Month ending 31/12/2021	Month ending 31/03/2022
Delayed Discharges at Month End (Total Delayed Discharges of Any Reason or Duration, per the Definition for Published Statistics)	65	63	70	70

### Historical Diagnostic Activity

8 Key Diagnostic Tests - Activity (new elective tests only, excludes planned repeats) Refer to Definitions datasheet	Quarter ending 30/06/2020	Quarter ending 30/09/2020
Upper Endoscopy	97	461
Lower Endoscopy (other than colonoscopy)	36	182
Colonoscopy	279	430
Cystoscopy	22	37

## Appendix 2: Template 2 – Monthly Planned Activity by Specialty

### Key Diagnostic Tests

8 Key Diagnostic Tests (new patients only, excludes planned repeats)		Month Ends											
		Apr-21 Planned	May-21 Planned	Jun-21 Planned	Jul-21 Planned	Aug-21 Planned	Sep-21 Planned	Oct-21 Planned	Nov-21 Planned	Dec-21 Planned	Jan-22 Planned	Feb-22 Planned	Mar-22 Planned
Elective scope activity (Definitions as per Diagnostic Monthly Management Information)	total	579	611	611	611	611	611	611	611	611	611	611	611
	urgent suspected cancer	116	123	123	123	123	123	123	123	123	123	123	123
	urgent	197	207	207	207	207	207	207	207	207	207	207	207
	routine	186	201	201	201	201	201	201	201	201	201	201	201
	bowel screening	80	80	80	80	80	80	80	80	80	80	80	80
Elective colonoscopy activity (Definitions as per Diagnostic Monthly Management Information)	total	250	260	260	260	260	260	260	260	260	260	260	260
	urgent suspected cancer	55	60	60	60	60	60	60	60	60	60	60	60
	urgent	55	60	60	60	60	60	60	60	60	60	60	60
	routine	60	60	60	60	60	60	60	60	60	60	60	60
	bowel screening	80	80	80	80	80	80	80	80	80	80	80	80
Elective lower endoscopy activity (Definitions as per Diagnostic Monthly Management Information)	total	78	90	90	90	90	90	90	90	90	90	90	90
	urgent suspected cancer	8	10	10	10	10	10	10	10	10	10	10	10
	urgent	30	35	35	35	35	35	35	35	35	35	35	35
	routine	40	45	45	45	45	45	45	45	45	45	45	45
	total	230	240	240	240	240	240	240	240	240	240	240	240
Elective upper endoscopy activity (Definitions as per Diagnostic Monthly Management Information)	urgent suspected cancer	50	50	50	50	50	50	50	50	50	50	50	50
	urgent	100	100	100	100	100	100	100	100	100	100	100	100
	routine	80	90	90	90	90	90	90	90	90	90	90	90
	total	21	21	21	21	21	21	21	21	21	21	21	21
	urgent suspected cancer	3	3	3	3	3	3	3	3	3	3	3	3
Elective cystoscopy activity (Definitions as per Diagnostic Monthly Management Information)	urgent	12	12	12	12	12	12	12	12	12	12	12	12
	routine	6	6	6	6	6	6	6	6	6	6	6	6
	total	3450	3650	3750	3750	3750	3750	3750	3750	3750	3750	3750	3750
	urgent suspected cancer	105	112	114	114	114	114	114	114	114	114	114	114
	urgent	1050	1130	1150	1150	1150	1150	1150	1150	1150	1150	1150	1150
Elective MRI activity (Definitions as per Diagnostic Monthly Management Information)	routine	2295	2408	2486	2486	2486	2486	2486	2486	2486	2486	2486	2486
	total	750	850	850	850	850	850	850	850	850	850	850	850
	urgent suspected cancer	37	42	42	42	42	42	42	42	42	42	42	42
	urgent	150	170	170	170	170	170	170	170	170	170	170	170
	routine	563	638	638	638	638	638	638	638	638	638	638	638
Elective CT activity (Definitions as per Diagnostic Monthly Management Information)	total	900	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
	urgent suspected cancer	23	25	25	25	25	25	25	25	25	25	25	25
	urgent	540	600	600	600	600	600	600	600	600	600	600	600
	routine	337	375	375	375	375	375	375	375	375	375	375	375
	total	1800	1800	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Elective non-obstetric ultrasound activity (Definitions as per Diagnostic Monthly Management Information)	urgent suspected cancer	45	45	47	47	47	47	47	47	47	47	47	47
	urgent	360	360	380	380	380	380	380	380	380	380	380	380
	routine	1395	1395	1473	1473	1473	1473	1473	1473	1473	1473	1473	1473
	total												
	urgent suspected cancer												
Elective barium studies activity (Definitions as per Diagnostic Monthly Management Information)	urgent												
	routine												



## New Outpatient Activity

New Outpatient (12 Week Standard) Activity Projections		Month Ends											
		Apr-21 Planned	May-21 Planned	Jun-21 Planned	Jul-21 Planned	Aug-21 Planned	Sep-21 Planned	Oct-21 Planned	Nov-21 Planned	Dec-21 Planned	Jan-22 Planned	Feb-22 Planned	Mar-22 Planned
All Specialties	Total	3745	3735	3716	3747	3766	3796	3951	4071	3896	4071	4106	4116
	Urgent	970	970	971	992	993	993	1041	1041	1041	1041	1041	1041
	Routine	2775	2765	2745	2755	2773	2803	2910	3030	2855	3030	3065	3075
Anaesthetics	Total	0	0	0	0	0	0	0	0	0	0	0	0
	Urgent												
	Routine												
Cardiology	Total	68	69	70	71	72	73	73	73	73	73	73	73
	Urgent												
	Routine	68	69	70	71	72	73	73	73	73	73	73	73
Dermatology	Total	390	391	392	393	394	395	395	395	395	395	395	395
	Urgent												
	Routine	390	391	392	393	394	395	395	395	395	395	395	395
Diabetes/Endocrinology	Total	46	47	48	49	50	51	51	51	51	51	51	51
	Urgent												
	Routine	46	47	48	49	50	51	51	51	51	51	51	51
ENT	Total	450	450	450	450	450	450	450	450	450	450	450	450
	Urgent	80	80	80	80	80	80	80	80	80	80	80	80
	Routine	370	370	370	370	370	370	370	370	370	370	370	370
Gastroenterology	Total	112	92	62	62	70	90	90	90	90	110	110	110
	Urgent												
	Routine	112	92	62	62	70	90	90	90	90	110	110	110
General Medicine	Total	0	0	0	0	0	0	0	0	0	0	0	0
	Urgent												
	Routine												
General Surgery (inc Vascular)	Total	550	550	550	550	550	550	520	570	490	570	570	570
	Urgent	315	315	315	315	315	315	315	315	315	315	315	315
	Routine	235	235	235	235	235	235	205	255	175	255	255	255
Gynaecology	Total	239	239	239	239	239	239	308	308	308	308	308	308
	Urgent	151	151	151	151	151	151	195	195	195	195	195	195
	Routine	88	88	88	88	88	88	113	113	113	113	113	113
Neurology	Total	148	149	150	151	152	153	153	153	153	153	153	153
	Urgent												
	Routine	148	149	150	151	152	153	153	153	153	153	153	153
Neurosurgery	Total	0	0	0	0	0	0	0	0	0	0	0	0
	Urgent												
	Routine												
Ophthalmology	Total	470	470	470	470	470	470	470	470	470	470	470	470
	Urgent	50	50	50	50	50	50	50	50	50	50	50	50
	Routine	420	420	420	420	420	420	420	420	420	420	420	420
Oral & Maxillofacial Surgery	Total	110	110	110	110	110	110	110	110	110	110	110	110
	Urgent	30	30	30	30	30	30	30	30	30	30	30	30
	Routine	80	80	80	80	80	80	80	80	80	80	80	80
Oral Surgery	Total	0	0	0	0	0	0	0	0	0	0	0	0
	Urgent												
	Routine												
Orthodontics	Total	57	57	57	57	57	57	57	57	57	57	57	57
	Urgent	10	10	10	10	10	10	10	10	10	10	10	10
	Routine	47	47	47	47	47	47	47	47	47	47	47	47
Other	Total	514	518	523	548	553	557	559	559	559	564	564	564
	Urgent	149	149	150	171	172	172	176	176	176	176	176	176
	Routine	365	369	373	377	381	385	383	383	383	388	388	388
Pain Management	Total	46	47	48	49	50	51	60	65	60	65	65	65
	Urgent												
	Routine	46	47	48	49	50	51	60	65	60	65	65	65
Plastic Surgery	Total	35	35	35	35	35	35	55	75	55	75	75	75
	Urgent	25	25	25	25	25	25	25	25	25	25	25	25
	Routine	10	10	10	10	10	10	30	50	30	50	50	50
Respiratory Medicine	Total	55	55	55	55	55	55	70	70	70	70	80	90
	Urgent												
	Routine	55	55	55	55	55	55	70	70	70	70	80	90
Restorative Dentistry	Total	0	0	0	0	0	0	0	0	0	0	0	0
	Urgent												
	Routine												
Rheumatology	Total	0	0	0	0	0	0	0	0	0	0	0	0
	Urgent												
	Routine												
Trauma & Orthopaedics	Total	120	121	122	123	124	125	120	140	120	140	140	140
	Urgent												
	Routine	120	121	122	123	124	125	120	140	120	140	140	140
Urology	Total	335	335	335	335	335	335	410	435	385	410	435	435
	Urgent	160	160	160	160	160	160	160	160	160	160	160	160
	Routine	175	175	175	175	175	175	250	275	225	250	275	275

## TTG Activity

TTG Activity Projections		Month Ends											
		Apr-21 Planned	May-21 Planned	Jun-21 Planned	Jul-21 Planned	Aug-21 Planned	Sep-21 Planned	Oct-21 Planned	Nov-21 Planned	Dec-21 Planned	Jan-22 Planned	Feb-22 Planned	Mar-22 Planned
All Specialties	Total	786	866	905	799	819	929	839	954	829	959	959	959
	Urgent	83	83	83	83	83	83	83	83	83	83	83	83
	Routine	703	783	822	716	736	846	756	871	746	876	876	876
ENT	Total	60	60	80	80	80	80	100	100	100	100	100	100
	Urgent	40	40	40	40	40	40	40	40	40	40	40	40
	Routine	20	20	40	40	40	40	60	60	60	60	60	60
Gastroenterology	Total												
	Urgent												
	Routine												
General Surgery (inc Vascular)	Total	153	153	153	123	123	153	133	153	123	153	153	153
	Urgent	13	13	13	13	13	13	13	13	13	13	13	13
	Routine	140	140	140	110	110	140	120	140	110	140	140	140
Gynaecology	Total	50	70	85	90	90	95	100	100	100	105	105	105
	Urgent												
	Routine	50	70	85	90	90	95	100	100	100	105	105	105
Neurology	Total												
	Urgent												
	Routine												
Ophthalmology	Total	210	250	250	210	210	250	210	250	210	250	250	250
	Urgent	10	10	10	10	10	10	10	10	10	10	10	10
	Routine	200	240	240	200	200	240	200	240	200	240	240	240
Oral & Maxillofacial Surgery	Total	40	40	40	50	50	50	50	50	50	50	50	50
	Urgent	20	20	20	20	20	20	20	20	20	20	20	20
	Routine	20	20	20	30	30	30	30	30	30	30	30	30
Oral Surgery	Total												
	Urgent												
	Routine												
Orthodontics	Total	0	0	0	0	0	0	0	0	0	0	0	0
	Urgent												
	Routine												
Plastic Surgery	Total	15	15	15	10	10	15	10	15	10	15	15	15
	Urgent	0	0	0	0	0	0	0	0	0	0	0	0
	Routine	15	15	15	10	10	15	10	15	10	15	15	15
Rheumatology	Total	0	0	0	0	0	0	0	0	0	0	0	0
	Urgent												
	Routine												
Trauma & Orthopaedics	Total	120	140	140	120	140	140	120	140	120	140	140	140
	Urgent												
	Routine	120	140	140	120	140	140	120	140	120	140	140	140
Urology	Total	130	130	130	100	100	130	100	130	100	130	130	130
	Urgent	0	0	0	0	0	0	0	0	0	0	0	0
	Routine	130	130	130	100	100	130	100	130	100	130	130	130
OTHER	Total	8	8	12	16	16	16	16	16	16	16	16	16
	Urgent	0	0	0	0	0	0	0	0	0	0	0	0
	Routine	8	8	12	16	16	16	16	16	16	16	16	16



### Appendix 3: Template 3 – Clinical Prioritisation

Clinical Priorities	As at 31-Dec 20
P1 (% capacity used)	36%
P2 (number waiting)	305
P3 (number waiting)	882
P4 (number waiting)	1,679

Clinical Priorities Key	
P1a Emergency	Needs operation within 24 hours
P1b Urgent	Needs operation within 72 hours
P2 Requires Surgery	Can be undertaken within 4 weeks
P3 Requires Surgery	Can be undertaken within 3 months
P4 Requires Surgery	Can be undertaken > 3 months

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Audit & Risk Committee: Chair and Committee Comments

<p><b>NHS FIFE AUDIT &amp; RISK COMMITTEE</b></p> <p><b>13 MAY 2021</b></p>
<p>There were no items for escalation to the Board.</p>

**MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON 13 MAY 2021 AT 2 PM VIA MS TEAMS**

**Present:**

M Black, Non-Executive Member & Chair

S Braiden, Non-Executive Member

Cllr D Graham, Non- Executive Member (part)

A Lawrie, Non-Executive Member

K Macdonald, Non-Executive Member

**In Attendance:**

C Potter, Chief Executive

K Booth, Head of Financial Services & Procurement

A Clyne, Audit Scotland

P Cumming, Risk Manager

P Fraser, Audit Scotland

P King, minutes

T Gaskin, Chief Internal Auditor

B Hudson, Regional Audit Manager

Dr G MacIntosh, Head of Corporate Governance & Board Secretary

M McGurk, Director of Finance & Strategy

H Thomson, Observer

**1. Welcome / Apologies for Absence**

The Chair welcomed everyone to the meeting, in particular Kirstie Macdonald, the new Non-Executive Whistleblowing Champion, as a new member of the Committee, Pauline Cumming as a regular attendee at the Committee going forward, and Hazel Thomson who will provide the secretariat to the Committee from June 2021, after she joins NHS Fife as the new Board Committee Support Officer.

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

There were no apologies for absence.

**2. Declaration of Members' Interests**

There were no declarations of interest made by members.

**3. Minute of the last Meeting held on 18 March 2021**

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

**4. Action List / Matters Arising**

The Committee **noted** the outstanding action, which would remain a standing item until it had been resolved at year end.

## **5. GOVERNANCE - GENERAL**

### **5.1. Committee Assurance Principles**

Mr Gaskin introduced the paper, which outlined the development of a consistent and coherent approach to the provision of assurance in line with the governance mapping principles recommended for adoption by all NHS Scotland Health Boards, under the Scottish Public Finance Manual. The main purpose of the paper was to inform the Board and Committees' approach to considering ways in which to focus attention on key areas and giving clear guidance on how to support delivering strong assurance and due prominence to risk awareness and risk management. The Committee Assurance principles were attached as Appendix 1 of the paper.

It was noted that the paper had previously been considered by the Executive Directors' Group and had received full support. Initial discussion had also taken place with the Board Chair and Vice Chair about how to introduce it wider across committees. It was proposed to discuss with individual Committee Chairs in the first instance, as a means to aiding the agenda planning process with Executive Leads, and then with a view to bringing to the Board as part of the work being undertaken in the Autumn around active governance, which will cover how the Board should continue to best seek assurance and undertake scrutiny.

The Committee **considered** the principles and **endorsed** them for use by committees in the manner described in the paper, following further discussion with Committee Chairs.

Cllr Graham joined the meeting.

### **5.2. Committee Annual Workplan 2021/22**

The Annual Workplan 2021/22 was presented to the Committee. It was noted that the workplan for the year reflected the September 2021 date for consideration of this year's annual accounts and a timetable had been agreed with Audit Scotland. Work was progressing and draft accounts were due to be passed to Audit Scotland by 31 May 2021.

Ms Fraser asked that the workplan be updated under the Annual Accounts section to include the ISA260 report to those charged with governance, and this was agreed.

**Action: G MacIntosh**

The Committee **approved** the Annual Workplan 2021/22, with the addition of the ISA260 report noted above and subject to any necessary changes being made to reflect potential scheduling alterations due to the current Coronavirus pandemic.

### **5.3. Audit & Risk Committee Self-Assessment Report**

Dr MacIntosh introduced the self-explanatory report, which is undertaken across all committees each spring. It was noted that the response rate across committees as a whole was not as good as previous years, as a result of operational pressures on staff due to Covid-19 at the time responses were being sought. Full details on the outcome of the self-assessment exercise were listed in the Appendix to the paper.

The areas for improvement were highlighted, namely membership vacancies (which had largely since been addressed, though noting that the current recruitment round for a new Non Executive Board Member is expected to include a specific request for financial skills as part of that recruitment campaign). There was an appetite for further training opportunities and a session had been agreed with the External Auditors for June 2021. Members were asked to send on any potential topics for future sessions to either the Chair or Board Secretary. Members were also encouraged to complete various audit & risk associated modules on the e-learning platform Turas, links to which had been previously circulated to members.

The Committee **noted** the outcome of the Committee's recent self-assessment exercise and **agreed** the actions to be implemented.

#### **5.4. Draft Audit & Risk Committee Annual Statement of Assurance 2020/21**

Dr MacIntosh advised that this was a draft version of the Audit & Risk Committee Annual Statement of Assurance and this was presented for Members' comments, before coming back to the Committee in final form at the September meeting, once final statements of assurance had been received from the other Board committees and the Integration Joint Board. The difference in the timing for the annual accounts process of the Integration Joint Board was commented upon, but it was noted this was due to Councils having a later timeframe for annual accounts than NHS Boards. Margo McGurk confirmed that work continued to integrate and co-ordinate with the Integration Joint Board as much as possible, though the disconnect on timing was unlikely to be resolved.

Noting the content, the Audit & Risk Committee **approved** the content of the draft Audit & Risk Committee Annual Statement of Assurance as it currently stands and asked that any comments, amendments or additions be forwarded to the Board Secretary.

#### **5.5. Payments to Primary Care Practitioners**

Mrs McGurk presented the annual report for assurance to the Committee around the accuracy and validity of all payments made to Primary Care Practitioners, which is a key element of the financial control arrangements across that aspect of our resources.

As a consequence of Covid-19, it was noted that NHS Fife had not met routinely with representatives from Practitioner Services Division (PSD) to monitor the payment verification work undertaken by PSD on behalf of the Health Board for Medical, Dental or Ophthalmic services. The majority of visits had been suspended nationally during lockdown, with staff redirected to essential work related to the pandemic, in particular Test and Protect. A number of local review activities did continue and where there were issues there was nothing of significance to report. Section 2.3 of the report detailed the range of updates received throughout the year. Of particular note, the Primary Medical Services (Directed Enhanced Services) Directions 2018 had been amended to include

the Covid-19 vaccination programme, which can be aligned with the level of reporting and scrutiny to the committees of the Board and the Board itself as a key area of focus.

In summary, the report provided an update on the process for payments to Practitioner Services, with an assurance that whilst the payment verification element was suspended, local controls were maintained and close attention paid to any process changes in year.

A few drafting comments had been left on the report and the report would be amended to ensure these were removed prior to the papers being published.

**Action: M McGurk**

The Committee **noted** the findings of the report.

## **5.6. Annual Review of Code of Corporate Governance**

Dr MacIntosh presented the updated Code of Corporate Governance, which incorporated recent reviews by each Board committee of their individual Terms of Reference and ensured the current text reflected present structures, terminology and job titles. It also proposed clarifying changes to the Standing Financial Instructions, recommended by the Director of Finance and Head of Financial Services & Procurement, bringing the Code up-to-date and reflective of current practice.

Mr Booth stated that a review of the underlying Financial Operating Procedures would be undertaken in late summer/early autumn, which might prompt further review of the Standing Financial Instructions thereafter.

The Committee **recommended approval** of the updated Code to the NHS Fife Board.

## **5.7. NHS Fife Strategy Development**

It was noted that this work is in the early stages of development and an update will be provided to the next meeting of the Committee. Any reflections or comments since the presentation to the Board Development Session held in April could be forwarded to the Chief Executive or Director of Finance & Strategy.

The Committee **noted** that an update would be provided to the next meeting of the Committee.

## **6. GOVERNANCE – INTERNAL AUDIT**

### **6.1. Internal Audit Progress Report and Summary Report**

Mr Hudson spoke to the paper, which provided comprehensive assurance to the Committee on the progress of the 2020/21 Internal Audit Plan. Internal Audit had experienced some delays in progressing audits but Members were assured that all work will be completed to allow consideration as part of the Annual Report for 2020/21. Section 2.3 of the SBAR provided details of further advice/input provided to NHS Fife, together with ongoing improvement activities undertaken since the last meeting of the Committee in March 2021. These were highlighted to the Committee.

Appendix A provided detail around the internal audit progress and showed those reports which are at the stages of finalised draft and work in progress.

Mrs McGurk took the opportunity to thank both Mr Gaskin and Mr Hudson for the positive engagement in terms of the categorisation of findings and for including the additional category of Moderate. She also thanked them for the advice, guidance and support received over the past few months and in particular for securing solid improvements in the area of information governance and security.

The Committee **noted** the ongoing progress on the delivery of the Internal Audit Plan and **approved** the revised recommendation priorities and assurance definitions for use in all future audit reports as set out in Appendix B.

## 6.2. Draft Internal Audit Plan 2021/22

Mr Gaskin reported that Internal Audit had produced a draft operational plan for 2021/22, which has been mapped to the extant Board Assurance Framework and the highest risks from the risk register and Covid-19 risk register. The Plan is different in style from previous years, reflecting the impact of Covid on business-as-usual activities, and that areas for review have been based on discussions with the Director of Finance & Strategy with input from the wider Executive Directors' Group. Given that NHS Fife is in the process of revisiting the risk profile and reassessing the Corporate Risk Register, the plan focuses on short-term needs and known strategic objectives for the year. It was highlighted that this is an interim plan, which will require to be reviewed later in the year based on the updated risk register. Members were asked to feedback any comments/observations to Mr Gaskin.

The Audit & Risk Committee **discussed** and **approved** the current iteration of the draft Internal Audit Plan 2021/22.

## 6.3. Internal Audit – Follow Up Report

Mr Hudson spoke to the standard follow-up report provided by Internal Audit showing the status of all remaining internal audit recommendations as at 28 April 2021. He advised that work continued to evolve and enhance the audit report, taking on board feedback received, noting in particular the outcome of the review of historic recommendations and an enhancement to Appendix C whereby audit has assessed progress made in relation to recommendations with extended target dates and the inclusion of 'Red / Amber / Green' (RAG) status in Appendix F. The Audit Follow-Up Protocol had also been amended to reflect a change in focus to address outstanding recommendations and improve response times. Feedback on the report style was welcomed from Members of the Committee.

In response to a query, Mrs McGurk directed Members to Appendix C and the column entitled 'original and extended due dates' as the area of particular interest in terms of Audit & Risk scrutiny on progress. Mr Gaskin suggested that once the current outstanding actions had been completed, a colour coding system could be used to highlight the recommendations that had been extended for some time and this was agreed.

The Committee **considered** the current status of recommendations detailed in the report; **noted** the exercise undertaken to rationalise recommendations; and **approved** the revised internal audit follow-up protocol.

## **7. GOVERNANCE - EXTERNAL AUDIT**

### **7.1. Audit Planning Memorandum – Patients’ Private Funds**

Mr Booth explained that the report set out the timeframe and proposed approach for the external audit of Patients’ Private Funds Abstract of Receipts and Payments for 2020/21, carried out by Thomson Cooper Accountants. Attention was drawn to section 2.3 of the covering SBAR, which referred to the term “limitation of scope”. This meant that the auditors may be unable to do the level of testing that they would normally do to validate the financial position of the Patients’ Private Funds, as there are potential restrictions around access to wards due to Covid-19, although the auditors were planning to visit Queen Margaret and Lynebank Hospitals. This is a national issue and there will be a national co-ordination of how this is reflected in the annual accounts.

The Committee **noted** the Audit Planning Memorandum for the Patients’ Private Funds.

### **7.2. Audit Planning Memorandum – Fife Health Charity**

Mr Booth noted that this report was similar in content to the previous paper and advised that the audit will be carried out by Thomas Cooper Accountants. Attention was once again drawn to section 2.3 in the cover paper related to the potential “limitation of scope”.

The Committee **noted** the external Audit Planning Memorandum for Fife Health Charity.

## **8. RISK**

Mrs McGurk introduced the suite of papers related to risk, noting this was an important area of focus and consideration by the Committee. She commented that the sequencing of the Board Assurance Framework (BAF) and supporting documentation was largely out-of-date, as the versions provided referenced the position at the end of January (as the BAF was not considered at the March Committee meetings due to the reprioritisation of agendas in the light of Covid-19). As part of the broader work on risk management, the sequencing and timing of submitting the BAF to this Committee will be reviewed to bring in line with reporting to other Board committees, thus ensuring Audit & Risk had the most recent iterations.

Ensuring NHS Fife’s commitment as an organisation to embed an effective risk culture, a detailed review of the current arrangements supporting the co-ordination of risk management across the organisation was undertaken. The Executive Directors’ Group approved a recent proposal to elevate the profile of risk management and fully integrate with the strategic planning process and a paper would be submitted to the next meeting of the Committee detailing this.

### **8.1. Board Assurance Framework**



Mrs McGurk introduced this report.

There were two proposed changes related to the Financial Sustainability BAF, where the risk score was lowered from high to moderate on the basis that NHS Fife had confirmed a small underspend position in 2020/21. A more strategic term risk for financial sustainability was being considered and would be reported to the next meeting. A change was also being proposed to the Strategic Planning BAF to reflect work on the development of a new Health and Wellbeing Strategy.

Questions were asked in relation to the number of high risks that had been at that level for over one year, the risk around cyber security and the rationale for introducing a Corporate Risk Register and these were responded to. It was noted that future reports to the Committee would provide more detail on the Corporate Risk Register. The detailed review underway would also enable a more structured focus to understand the arrangements and processes in place with a view to informing discussion, considering the risk appetite of the organisation to try and manage down the level of risks.

Discussion also took place around the connections and linkages between directions from the Integration Joint Board and the resulting impact on the NHS Fife risk profile. As Chief Internal Auditor of the IJB from April 2021, Mr Gaskin assured Members that one of the key areas of his work in that sphere would be on the IJB Risk Management Strategy, which should reflect the relationship of the IJB as a commissioning body and NHS Fife as a delivery body.

The Committee **noted** the report and **noted** the developments on the key risk ratings.

## **8.2. Risk Management Key Performance Indicators (KPIs)**

Mrs Cummings spoke to the update report on performance since the previous report in January 2021 and referred Members to Appendix 1, which provided an assessment of compliance against the KPIs. These are in place and are used to measure if the organisation is on track to meet its objectives. There are currently seven indicators within this dashboard.

Work on the KPIs would be further developed, given the increased focus on the risk management agenda, and a key part of that work will be to engage more with the services. Attention was drawn to section 2.3 of the covering SBAR and the improvement actions agreed in response to the Adverse Event Management audit. An update report would be provided to a future committee meeting.

The Committee **noted** the report.

## **8.3. Update on Risk Management Workplan 2020/21**

The paper provided the Committee with an update on progress against the NHS Fife Risk Management Workplan 2020/21.

The Committee **noted** the delivery of the Workplan 2020/21 and thanked Mrs Cumming for her input.

## **9. OTHER**

### **9.1. Issues for Escalation to NHS Board**

There were no issues to highlight to the Board.

## **10. ANY OTHER BUSINESS**

None.

**Date of Next Meeting:** 17 June 2021 at 2pm via MS Teams

Clinical Governance Committee: Chair and Committee Comments

**NHS FIFE CLINICAL GOVERNANCE COMMITTEE**

**30 APRIL 2021**

There were no items for escalation.

## MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON 30 APRIL 2021 VIA MS TEAMS

### Present:

Christina Cooper, Chair  
Sinead Braiden, Non-Executive Member  
Chris McKenna, Medical Director  
Janette Owens, Nurse Director

Martin Black, Non-Executive Member  
David Graham, Non-Executive Member  
Dona Milne, Director of Public Health  
Margaret Wells, Non-Executive Member

### In Attendance:

Gemma Couser, Interim Head of Quality & Clinical Governance	Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance (for Margo McGurk)	Scott Garden, Director of Pharmacy & Medicines
Helen Hellewell, AMD H&SCP	Gillian MacIntosh, Board Secretary
John Morrice, AMD, Women & Children Services	Elizabeth Muir, Clinical Effectiveness Co-ordinator
Norma Beveridge (for Lynn Campbell)	Heather Bett (for Nicky Connor, for Item 9.2)
Catriona Dziech, Note Taker	Hazel Thomson, Observer

Christina Cooper, as the new Chair of the Clinical Governance Committee, welcomed everyone to the meeting. She opened the meeting by thanking Dr Les Bisset, the previous Chair, for the huge contribution that he made to the Committee and to NHS Fife, wishing him well for the future.

Looking forward to the year ahead, with a new Chair and a new Head of Quality & Clinical Governance, there are a few workstreams that the Committee will be progressing. The Committee will have to continue to work against the background of an ever-evolving world following the Pandemic. NHS Fife has responded outstandingly over the past year and the Chair thanked all the staff for their incredible effort. The Committee will continue to be sighted on business relating to COVID but, in addition, there is a requirement to ensure that all other relevant business to the Committee is progressed.

This year will see the development of the NHS Fife Health & Wellbeing Strategy. The Committee will also be refreshing the Clinical Governance Strategy, which will involve consulting with key stakeholders. Development of these strategies will also include a review of all internal audit findings to date, with a view to ensuring that these are each addressed. Given the pivotal year that we have ahead, the Committee agenda has also been amended to ensure that the Committee is obtaining assurance in relation to all key business areas, including transformation. We will also be looking at the administrative support and processes for preparing Committee business, to enhance and clarify these. Christina Cooper advised she very much looks forward to working with Committee members going forward.

Members were advised that a recording pen would be in use at the meeting to assist with minute taking.

## **1. Apologies for Absence**

Apologies were noted from Wilma Brown, Rona Laing, Aileen Lawrie, Carol Potter and attendees Lynn Campbell, Dr Cargill, Nicky Connor and Margo McGurk.

## **2. Declaration of Members' Interests**

There were no declarations of interest made by members.

## **3. Minute of the Meeting held on 11 March 2021**

The note of the meeting held on 11 March 2021 was approved following an amendment to page 5, paragraph 2, where “workstreams provide the required levels of care and support patient satisfaction” should be amended to read “workstreams provide the required levels of care and take account of patient experience”. The Committee noted and approved this change.

### **3.1 Action (14.01.21) – Public Engagement & Consultation**

Janette Owens advised that this report, requested at the last meeting, had been prepared by Donna Hughes. In NHS Fife, a working model was put in place for participation and engagement, an Advisory Group was established, and processes put in place to support any service developments or change. The Participation & Engagement Advisory Group (PEAG) is made up of professionals across healthcare, health and social care and the localities. The model has been well received and there has been a request to share the model across Scotland, including support of a National review which is taking place in Moray. A part of the model is having a large directory of public contacts who are interested in supporting the work being taken forward in Fife.

Last year there were twenty-four requests to the PEAG and these were listed within the report. There are some larger pieces of work, one of which is to inform urgent care redesign. Two EQIAs have taken place for phase 1 and 2 and the first one has been completed, with a good number of participants from across a wide variety of community and voluntary sector groups. The participants provided a broad range of references to health access, inequalities, and possible recommendations for the urgent care work.

Moving forward, consideration is being given to setting up an inequalities group, as reflected currently within the vaccination group, which has been working well.

Janette Owens advised that she would be meeting with Nicky Connor, Dona Milne and others to look at how to complement the work that is already happening with Planning with People guidance, which has been issued around participation and engagement. This will be fed back to the Committee in due course. In taking comment it was noted it would be good to have feedback on patient experience, particularly in relation to the urgent care changes.

**Action: JO**

Christina Cooper advised that, following separate conversations with Janette Owens, she is assured there is integrated cross sector involvement in moving this forward and the Committee will await further updates.

#### **4. Action List**

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

#### **5 MATTERS ARISING**

There were no other matters arising.

#### **6 COVID-19 UPDATE**

##### **6.1 Covid-19 Vaccination Programme Update**

Scott Garden advised that, as at 30 April 2021, Fife has now given over 265,000 vaccine doses, including 70,000 completed courses, and continues to sit 'above average' nationally in number of vaccinations. The vast majority of those living and working in care homes have received two doses and the programme of second doses for health and social care staff is progressing as planned. With increased supply of vaccine, we have been able to significantly step up the pace of the programme from this week and we are now vaccinating, on average, around 4,000 people per day with a mix of first and second doses. 70,000 second dose appointments are currently scheduled for those who received their first vaccination in February, and GPs are expected to complete second dose vaccination of the vast majority of those over the age of 80 this week. Our community nursing teams continue to support the vaccination of our housebound patients.

This week we also started first dose vaccination of those aged 40-49 (cohort 10) at our four new large scale clinics in Kirkcaldy, Glenrothes, Dunfermline and Methil. Each of these clinics will open over two days this week as we appoint around 5,000 people across them, allowing us to test and embed our new systems and ready them for upscaling to 10,000 appointments next week (with a further 20,000 to be completed by 17 May 2021). Scottish Government has confirmed that cohorts 10-12 will be vaccinated sequentially, with Pfizer stock preserved where possible for cohort 12 (18-30s).

We continue to monitor our Do Not Attend (DNA) rate by venue on a daily basis. Fluctuations in the DNA rate have been noted; however, last week the average rate dropped to 3%, indicatively due to the focus on second doses. This is below the Scottish average of 5%. The National team will write to those who have DNA'd in the coming weeks offering the opportunity to book an appointment

Fife has responded quickly to changes in clinical guidance related to the Astra Zeneca vaccine and has rescheduled vaccination for those under 30 in community clinics and ensured other cohort pathways respond accordingly. There have been several changes to the guidance from the JCVI with respect to vaccination of pregnant women. The recommendation is that pregnant woman can now receive the Pfizer vaccine at

our vaccination clinics. In advance of their appointment, women are encouraged to speak to their midwife or GP or can speak to a vaccinator at their clinic appointment. Public Health Scotland has updated pregnancy leaflets to support these conversations for informed consent.

A public health led group focussing on inclusivity within the programme has been stood up and is progressing actions from the EQIA alongside development of pathways. The current area of focus is for those with learning difficulties and our homeless population. Links have been made across partner organisations, particularly Fife Council, to support agreed actions. The Fife approach to inclusivity was recently noted as an example of best practice at the National Programme Board. Scottish Government have issued a national inclusive planning action plan for Boards to use to assess planning in this area. A mapping exercise has been undertaken in Fife against this plan.

Arrangements have been put in place to safely vaccinate those patients at risk of anaphylaxis at the Emergency Department and the Victoria Hospital in Kirkcaldy. This is being managed through an appointments system.

The Board has total of 150 Healthcare Support Worker Vaccinators (Band 3) trained and available at present. However, with the majority of these individuals being part time, the programme is currently progressing recruitment of a further 55. Over 1000 people are now registered as vaccinators in the Board, lending resilience should this be needed.

Work has been progressing to review the future delivery model, associated structure and governance for immunisation programmes in Fife. The outputs of this work will be presented to the Executive Team next week and this will inform the transition to business as usual arrangements.

Christina Cooper thanked Scott Garden for his report and the continuing efforts of his team. In taking comment it was noted it was reassuring that DNAs were being followed up, to ensure widespread coverage of the vaccination programme across all age groups.

## **6.2 Expansion of Covid-19 Testing**

Dona Milne advised that, at the previous meeting, there had been discussion around the proposal going to SGHD for the extension of asymptomatic community testing sites. SGHD have now come back and asked that our proposal be submitted, confirming it will be for an initial period of six months, with the possibility of this extending to a year. The extended period would make it easier to manage workforce around the testing sites. We are aiming to have asymptomatic testing sites within the seven main localities in Fife and to locate these where they are needed. This will be decided by the Testing Oversight Group.

The testing programme is huge and not just for asymptomatic testing sites. Testing will continue for care home residents, occupational testing, health and social care, education and now food processing and other manufacturing workplaces. There is

also asymptomatic testing for vulnerable communities and the new universal test, which will be branded LFD elect / collect.

Testing is available to everyone and people can have lateral flow testing either delivered or collected. Work is still required in relation to policies and messages to the public. Work is underway with Comms to get the message out to the public that people who have been vaccinated still need to be tested.

There is a challenge around the low uptake of staff use of lateral flow devices. An extra piece of work is underway looking at how to increase staff awareness and uptake. This work is being led by Rhona Waugh in HR.

There has been lots of positive feedback from people coming into the Community testing centres. It is known that infections are being prevented and families are receiving support for isolation. The Team are preparing an evaluation report to try and answer some of the questions raised around impact. Learning has been received from the test sites used in Wales and the impact that those made in terms of identifying cases that might not have been detected and the prevention of onward transmission. Local evaluation will be fed into the Scottish evaluation, which will be doing the same work as the evaluation in Wales.

Dona Milne highlighted that there is a useful summary in the Elected Members briefing, which includes an update on testing in all of the testing sites currently available within NHS Fife. This brief is available on the website.

In taking comment it was noted there has been no change to the isolation guidance and this remained important. Noting the increasingly complex number of testing routes, the importance of working with Comms to simplify the message on testing for the public was recognised by members.

Christina Cooper thanked Dona Milne for her verbal update.

## **7 REMOBILISATION OF CLINICAL SERVICES**

This item was discussed in the Private Session held after the main meeting.

## **8 GOVERNANCE**

### **8.1 Board Assurance Framework – Quality & Safety**

Dr McKenna highlighted the changes to the current BAF. There have been changes to risk ownership for Risk ID 1652 – Community Paediatric Staffing – lack of medical capacity and Risk ID 1296 – Emergency Evacuation, Victoria Hospital, Phase 2, Tower Block.

Following review, two linked operational risks have been closed: namely Risk ID 1667 - Infusion pumps, volumisers and syringe drivers in Paediatrics and Neonatal Unit and Risk ID 1514 - Impact of the UK's withdrawal from the EU on the availability and cost of medicines and medical devices. There are still a number of operational quality risks being reviewed, with decision still to be taken by the Medical Director and the Director



of Nursing as to whether to link them to the BAF. There are no new risks added to the BAF for Quality and Safety.

In taking comment it was noted that any changes to the BAF are set out within the paper, though this could be clearer in the actual document. Work has still to be done in highlighting gaps in control and assurance. Margo McGurk will be taking on the Executive lead for Risk and it is hoped in time to release the Risk Manager to do more of this work. The review of the risk process will be shared in due course.

The Committee noted the content and current position of the Quality & Safety BAF.

## **8.2 Board Assurance Framework – Strategic Planning**

Dr McKenna advised that reporting of the Strategic Planning BAF will change to Margo McGurk, Director of Finance & Strategy, as Executive Lead for Strategic Planning, with agreement from the Medical Director and Nurse Director.

Susan Fraser advised that the risk associated with this BAF has been reviewed and renewed. The previous risk which has been in place since 2017 was: *There is a risk that NHS Fife will not deliver the recommendations made by the Clinical Strategy within a timeframe that supports the service transformation and redesign required to ensure service sustainability, quality and safety at lower cost with the consequence the clinical strategy does not reflect the current priorities.*

It was noted that we have been in emergency measures over the past year and, although transformation activity has happened at pace, it has not been within the boundaries of the original transformation programmes, so it was felt the time was right to look at this risk. The risk has been rewritten and now reads: *There is a risk that the development and the delivery of the new NHS Fife Population Health & Wellbeing strategy is not adequately supported by the required planning and programme management capacity, capability and governance arrangements.* This is being brought to the Committee for consideration and to accept the changes within the BAF. The other columns within the BAF around the mitigation have also been updated to reflect what is happening now.

In taking comment it was noted this was a big change, but we should not lose sight of the good work that has already been undertaken and delivered via the existing strategies. It was noted that a piece of work is being undertaken reviewing the recommendations within the original workstreams and strategies, to ascertain where we have got to, which will act as a baseline for implementing the new strategy.

It was noted that the original historic risk may not be fully reflected in the proposed new risk, and there was thus some hesitancy about agreeing the suggested wording. Losing the reference to transformation was an issue. It was however noted that this does not mean transformation is not happening, though we remain in the process of developing this into a format with appropriate reporting and governance. The four risks are still part of the key strategic priorities for the organisation and will continue to be reported on.

It was agreed an adjusted version will be brought to the next meeting, taking account of the comments made.

**Action: CMcK/MMcG/SF**

### **8.3 Board Assurance Framework – Digital & Information**

Dr McKenna advised that there is a lot of work underway around the Digital & Information risks and the BAF. The Governance for Digital & Information and Information & Security have been revised, with the creation of two amended groups; the Digital & Information Board, which considers operational and strategic functions of digital, and the Information & Security Steering Group, which considers information governance and the security of our systems. Work is underway to align the risks to these new groups with the Associate Director of Digital and Information, the Medical Director and Margo McGurk as SIRO. Ongoing work continues with the Risk Manager and auditors to pilot a revised BAF for Digital and Information.

There are no significant changes to the current BAF, apart from a minor change in ownership to Risk 226.

The Committee noted the content and current assessment of the Digital & Information BAF.

### **8.4 Clinical Governance Committee Self-Assessment Report**

Gillian MacIntosh advised that members and attendees are asked annually to complete an online questionnaire on the Committee's performance. It was noted for this year timing wise had not been ideal, due to clashing with high activity around Covid, and the same high number of responses from previous years had not been received. The SBAR summarises some of the findings from the exercise but in general there had been positive feedback from Members about how the Committee had operated over the past year during the Pandemic. Members had been clear about their roles, scrutinised effectively and participated appropriately in discussion. There have been a few areas highlighted for improvement, as highlighted by Christina Cooper at the start of the meeting. Further work is required on agenda management and excessive data within reports. A new post is being brought into the Corporate Services Team at the end of May to take on the administration and minuting of the Committee, and the role holder will work closely with Gemma Couser and her team to bring forward more of the preparation and planning work.

The Committee noted the findings of the report.

### **8.5 Annual Assurance Statements/Reports from Sub Committees/Groups**

Gillian MacIntosh advised that the Committee has four formal sub groups who are each asked to provide an annual report on their activities. The reports are presented to provide assurance the sub groups are taking forward work on behalf of the Committee. As previously highlighted by Dr McKenna, there has been a lot of work done for Digital & Information and Information Governance. The sub groups have been asked to follow a standard format for these reports, as there has been variation in

previous years which has not been helpful. The sub groups have also been asked to reflect on the impact of the Pandemic on this year, so this is factored into each.

The one report that is slightly different in content is the Clinical & Care Governance report and Gillian MacIntosh suggested that she feed back to them with the request that they follow some of the same structures that are being used within NHS Fife to provide improved assurances and reflection on what business had been considered during the past year.

Christina Cooper thanked Gillian MacIntosh for the summary and said it was assuring to see the improved level of detail within the reports, which is very valuable and helpful to members.

Dr Hellewell advised that the Clinical & Care Governance Committee follows the assurance framework for the IJB and suggested it may be worth considering how they both align. It was agreed Dr Hellewell and Nicky Connor would discuss this further with Gillian MacIntosh outwith the meeting.

The Committee noted the paper and the assurances and information provided within.

## **8.6 Draft Assurance Statement for the Clinical Governance Committee**

Gillian MacIntosh advised that the annual accounts had once again been delayed due to the impact of the Pandemic. The annual accounts are normally approved in June but this year Audit Scotland will be reviewing these in September. Part of this report and previous ones are part of that that year-end process.

This report outlines the items the Committee has considered over the year, with particular reflection on the impact of the Pandemic. This is a draft version of the report and, given the papers on Glenrothes Hospital and Adamson Hospital Inspections tabled to this meeting, Gillian MacIntosh proposed that some of the detail be referenced within the Assurance Statement. The final report will then be brought back to the July meeting for final sign off.

**Action:GMacI**

Christina Cooper thanked Gillian MacIntosh for her update and supported the proposal to reference the inspections in more detail within the Assurance Statement.

Dr McKenna also supported this proposal and thanked Gillian MacIntosh for all her efforts in preparing the draft Assurance Statement. A lot work has gone in to preparing this robust and comprehensive report. Christina Cooper echoed Dr McKenna's comment.

## **8.7 Annual Workplan**

Gemma Couser advised that the Committee Workplan for 2021/22 has been developed with the input of the Chair, Dr McKenna and a number of other Directors. This is a sizeable agenda / workplan so it important to identify and ensure all relevant items are on the workplan and any items that are now reporting into other Committees have been removed.

Key changes have been amendments to reflect the new strategy and remobilisation plan, which will be a key focus of the Committee for the coming year. Following discussion with Janette Owens, the patient centredness and patient participation and engagement section have been augmented within the workplan. The workplan will require to be reviewed at regular stages throughout the year. Gemma Couser advised that after each meeting she will review all the items so as a Committee can be assured that key business has been covered and track any items that have been delayed.

Christina Cooper thanked Gemma Couser and her teams for their efforts in reviewing and pulling the workplan together.

The Committee noted and endorsed the workplan and approach to keep this under regular review.

## **9 REQUESTED PAPERS**

### **9.1 Guidance on Deceased Organ and Tissue Donation in Scotland: Authorisation Requirements for Donation and Pre Death Procedures**

Janette Owens advised that she chaired the Organ Donation Committee last year so was presenting the paper today. This paper has been prepared by Dr Thomson, who is a Consultant in Anaesthesia and Intensive Care Medicine in Fife and is also our Clinical Lead for Organ Donation. Jill Adikari is the Senior Nurse for Organ Donation.

The report has been prepared following changes to legislation, which came into effect on 26 March 2021. A core principle in current good practice, enshrined in the new duty to inquire under the Human Tissue (Authorisation) (Scotland) Act 2019, is that health workers should make every effort to establish the decision or views of the potential donor, and then to support their decision being fulfilled. Secondly, the 2019 Act moves towards a default position of deemed authorisation where the decision of the person to be an organ donor upon death is unknown: proceeding to authorisation should only occur following a discussion with the person's next of kin to ensure that donation does not take place against their wishes. Thirdly, the 2019 Act provides a new statutory framework for pre-death procedures, which is tailored to the practical and ethical issues relating to donation.

In NHS Fife there are presently around eight to ten organ retrievals performed per year and it is anticipated with the changes to legislation this may increase to around fifteen. All staff have attended seminars and completed on line training modules around the legislation to ensure they are up to date with the changes.

Going forward Nicola Robertson, Associate Director of Nursing, will chair the Organ Donation Committee. Nicola Robertson has already been in touch with the Regional Lead for Scotland for Tissue and Organ Donation and also the Chair of the National Scotland Group to take issues forward.

Christina Cooper thanked Janette Owens for her update. The Committee noted the paper for awareness and noted the steps being taken in view of the changes in legislation.

In taking comment it was agreed Janette Owens and Dr McKenna would discuss amending the current text of Item 2.4 (*NHS Fife Board members and senior managers should be aware of the three noteworthy changes that the 2019 Act introduces (as detailed above), and **provide the support required** to ensure that a high quality organ donation service is maintained*), to reflect that the Board will be supporting in principle the Organ Donation service (and that this should not be read as having financial consequences).

**Action: JO/CMcK**

## **9.2 Improvement of Healthcare & Forensic Medical Services for Adults, Children and Young People who have experienced Rape, Sexual Assault or Child Sexual Abuse**

Heather Bett joined the meeting for this item. She advised that this report is an update on progress made on this work over the last three years since the taskforce was established by the Chief Medical Officer, placing an emphasis on healthcare for people who suffer this experience.

A considerable amount of work has been undertaken in Fife over the last three years in order to progress and we have created facilities and services for patients who come to the service here, brought directly by the Police. There has been focus on the aftercare for patients, making sure it is as trauma informed as possible and reducing the impact of trauma of patients who undergo this experience. There are two aspects: care for adults and care for young people and children. The paper sets out the arrangements for both adults and children. In Fife the decision was taken to keep adults and children separate. There is a facility for adults at Queen Margaret Hospital and a facility for children at Victoria Hospital alongside the Paediatric ward.

The Gender Based Violence Team lead this work and prepare an annual report. The next stage in this work is to allow people who have experienced rape or sexual assault to self-refer. At the moment victims can only be referred through the Police. A newly passed Bill will allow for self-referral, which means that any individual can refer themselves to the Forensic Medical Examiner without Police involvement. This should allow victims to access healthcare and support without the need to report a crime and will allow forensic evidence to be collected at the time for a potential criminal prosecution in the next two years. It is unclear what the level of impact will be on the Service with this new Bill but work is ongoing to assess.

Christina Cooper thanked Heather Bett for her report and update and said it looks like a very proactive, integrated cross sector approach, which is holistic and person centred. In taking comment Heather Bett was asked to take thanks back to the Team during this post Pandemic period. It was noted that regular

updates, along with the Gender Based Violence Annual Report, will be brought to the Committee.

The Committee noted the information presented within the update, in particular the significant steps being undertaken to sustain, improve and develop the services delivered.

## **10 SAFETY, QUALITY AND PERFORMANCE**

### **10.1 Integrated Performance & Quality Report**

Dr McKenna advised that issues remain on a good or equal footing in terms of quality and performance, including performance around C Section SSIs (these remains consistent), SABs (which remain a good new story) and CDiff (these continue to remain positive for the organisation).

For Inpatient Falls, Janette Owens advised a considerable amount of work has been undertaken around falls. The increase in falls compared to the previous year has been around the changes in the hospital due to the Pandemic. A Falls Audit is underway and work is underway to re-establish the Falls Champion Network where there is a Falls Champion in each of the areas to drive forward the falls pathway. There is also an improvement collaborative in some of the mental health wards to support falls improvement work, so hopefully we will start to see the benefits going forward.

Complaints remain a challenge, particularly to clear the backlog from the Pandemic. There has been an increased in complaints due to treatment delays as we start to remobilise. Janette Owens will be meeting with Gemma Couser, Donna Hughes and the Associate Nurses to consider on how best to report lessons learned and themes. The Patient Relations Team is now back to full strength so this will hopefully reduce the delays in Stage 2 complaints.

Christina Cooper thanked Dr McKenna and Janette Owens for their updates. Christina Cooper welcomed the detail. There is a great deal of investment in joint working to manage complaints, compliments and patient opinion. Committee members would welcome some narrative to balance and explain the statistics. At present the report does not show the amount of investment, progression and developments that we invest in. This would provide assurance moving forward and provide a more balanced discussion rather than just looking at numbers. This was agreed as a helpful suggestion.

In taking comment Janette Owens advised the Patient Relations Team will be looked at to ensure there is the correct number of staff to support the complaints process.

The Committee noted the IPQR.

### **10.2 Winter Performance Report**

Claire Dobson highlighted that as the number of patients admitted to hospital with Covid-19 declines, there are still significant demand for other care pathways through the hospital. Emergency Care Department attendances are increasing as are admission rates. Close work continues with the H&SCP to manage delay in flow and this is shown in performance throughout the report. Services are remobilising as well as recovering and are mindful of this when deploying staff.

There were seventy attendees on Teams at the recent Winter event. It was a good opportunity to hear from staff and from groups across all care sectors about the Winter experience and understand what had worked well, less well, and what is required for planning moving forward. There was recognition that Winter is not just a season in terms of system pressure and is experienced throughout the year. There is therefore the opportunity for significant learning from Winter and Covid.

Christina Cooper thanked Claire Dobson for her update and said this gives the Committee assurance that planning of this nature is not just for Winter but for all-year flow and pressures. In taking comment, it was noted that Winter this year had been a huge piece of work, against the backdrop of the pandemic, and staff should be commended for their efforts. This was echoed by the Committee.

The Committee noted the content of the final Winter Report.

### **10.3 HAIRT Report**

Janette Owens highlighted that, in relation to the workforce challenges, four new trainee Infection Control Nurses have been recruited. There has been difficulty trying to recruit to a Lead Infection Control Nurse at a Band 8A, so this will be realigned to a Deputy Infection Control Manager, so hopefully this will help bolster the team. Nationally we are looking at workforce development for Infection Control Teams and building tools to work out how many staff are required.

Christina Cooper thanked Janette Owens for her update. The Committee noted the report.

### **10.4 Healthcare Improvement Scotland – Unannounced Inspection Glenrothes Hospital Report**

Janette Owens advise that this report provides an update on the HIS Inspection which took place at Glenrothes Hospital in July 2020. The inspection resulted in four areas of good practice and five requirements.

The five requirements were:

- 4 requirements in relation to people's health and wellbeing being supported and safeguarded during the Covid19 Pandemic;
- 1 requirement relates to the condition of the patient equipment

A robust Improvement Action Plan has been implemented, which outlined the prioritisation of actions aligned with each of the five requirements to ensure compliance with national standards, guidance and best practice in healthcare and nursing. HIS have fed back they are happy the actions have been completed.

The Committee noted the contents of the paper.

## **10.5 Healthcare Improvement Scotland – Unannounced Inspection Adamson Hospital Report**

Janette Owens advised that this report provides an update on the HIS Inspection which took place at Adamson Hospital in July 2020. This inspection resulted in three areas of good practice and eight requirements.

The eight requirements were as follows:

- 6 requirements in relation to people's health and wellbeing being supported and safeguarded during the COVID-19 pandemic
- 2 requirements in relation to infection control practices supporting a safe environment for both people experiencing care and staff

A robust Improvement Action Plan has been implemented, which outlined the prioritisation of actions aligned with each of the eight requirements to ensure compliance with national standards, guidance and best practice in healthcare and nursing. Feedback from HIS is still awaited.

The Committee noted the contents of the paper.

## **10.6 Tarvit SBAR**

It was highlighted that this report was not dated and is assigned to Helen Buchanan. Janette Owens advised this was the original report for the agenda item above, submitted in error, and apologised for that.

# **11 STRATEGIC PLANNING & TRANSFORMATION**

## **11.1 Corporate Objectives**

Dr McKenna advised that there are no further updates other than what has already been discussed and what was covered at the Board Development Session earlier in the week. Susan Fraser however advised the plan had been to have a verbal update around the Corporate Objectives and Strategy Development, as given at the Staff Governance Committee on 29 April 2021.

In relation to the Corporate Objectives, Susan Fraser advised there has been a delay in getting agreement from the Committee and Board. A process has been progressed around the Strategic Planning and Resource Allocation and from that process directorate objectives have been agreed for each of the Directors within NHS Fife. These have been used as a basis for many discussions with EDG.



The strategic priorities have been used and these are:

- 1 To Improve Health and Wellbeing
- 2 Improve the Quality of Health and Care Services
- 3 Improve Staff Experience and Wellbeing
- 4 Deliver Value and Sustainability

Each of the objectives agreed upon have been allocated to one of these four sections. EDG have met twice to discuss the Corporate Objectives and they have evolved through those conversations. As part of the discussion around the Corporate Objectives, there will be a Lead Director for each objective and then the other Directors will be contributors, supporters or for information. There will be a team approach to the objectives, so everyone has responsibility for the objectives.

Christine Cooper thanked Susan Fraser for her update and noted a written paper will come to the next meeting of the Committee, where more time can be allocated for further consideration.

## **11.2 Strategy Development**

Susan Fraser advised that we are in the process of developing our Population Health and Wellbeing Strategy. Those present at the Board Development Session will have noted Carol Potter's presentation about the background. Susan Fraser highlighted the key points.

The Corporate Objectives have been based on our four strategic priorities, so this will be followed through and aligned with the Population Health and Wellbeing Strategy. In terms of how this is being aligned nationally, there is a National Care Programme and the strategy will be aligned against those care programmes.

These care programmes are:

- 1 Healthy Living and Wellbeing
- 2 Preventative and Proactive Care
- 3 Integrated and Unscheduled Care
- 4 Integrated Planned Care

In terms of the guiding principles that will be used to develop the strategy, this will be values driven with collaboration and partnership with all our stakeholders. We will continue to embrace Research, Development and Innovation and put technology first. We will also be looking and using data analytics intelligently to move the strategy forward. In terms of approach, the Clinical Strategy will be reviewed and assessed and ascertain what progress has been made. A strategy will then be structured around the key priorities and linking the care programmes. Governance will be through the EDG Strategy meetings.

There has been discussion about whether we need to go out to consultation, but the agreement is that we will have an enhanced engagement with all our

stakeholders. As the strategy does not detail any major service change, enhanced engagement will be the way forward. In terms of a timeline we are looking to complete by March 2022. There is a draft timetable but this may change.

Dr McKenna highlighted that he wished to put a caveat under Susan Fraser's update, noting that this is a work in progress and high-level detail that still has to be agreed by the Directors. This is a very active process at the moment in its early stages. In due course a more detailed report with support from the Directors will come to the Committee.

In taking comment it was noted conversations are taking place to balance out the legislative requirements around strategy and planning for certain services.

Christina Cooper thanked Susan Fraser for her update and was assured everything will be aligned to other strategies that are being reviewed and implemented, with cross referencing to risk.

## **12 PUBLIC ENGAGEMENT & CONSULTATION**

### **12.1 Planning & People SBAR**

Janette Owens advised that 'Planning with People' (Community Engagement and Participation Guidance for NHS Boards, IJBs and Local Authorities that are planning and commissioning care services in Scotland) was published in March 2021. It has been ten years since guidance was last issued. A high level framework has been developed by Healthcare Improvement Scotland (HIS), and they are working with the Care Inspectorate and stakeholders to develop a quality framework for community engagement, ensuring it is aligned to the Human Rights approach and to Derek Feeley's recent report.

Janette Owens is meeting with Nicky Connor and Dona Milne and a written SBAR around Planning with People and the model for engagement will be brought to the next Committee meeting. Christina Cooper thanked Janette Owens for her update and welcomed a written report being brought to the next meeting.

## **13 DIGITAL & INFORMATION**

### **13.1 Information Governance & Security Steering Group – Terms of Reference (ToR)**

Dr McKenna, as Executive Lead for Digital, advised this update would normally be from Margo McGurk in her role as SIRO and Chair of the Information Governance and Security Steering Group. These ToR give assurance to the Committee that this new group has been formed and its ToR defined and agreed.

The Committee noted the revised ToR.

## **14 ANNUAL REPORTS**

### **14.1 Medical Education Report**

Dr McKenna advised that this abbreviated Medical Education Annual Report was being brought in SBAR format this year to keep the Committee up to date around the activities within medical education, medical students and junior doctors. Dr McKenna acknowledged the efforts that junior doctors have made in the last year. At the start of the Pandemic, registration was brought forward for junior doctors from August to April, which proved to be a challenging experience. This resulted them in not being afforded the same privileges as previous years due to social distancing. We have done our utmost to maintain the education they receive and Morwenna Wood and her team are dedicated to ensuring the quality of their education is maintained.

NHS Fife remains committed to teaching and training of undergraduates and the report sets out the large numbers of students who come to Fife every year. Scotgem is a graduate entry medical school delivered in partnership with St Andrews University, Edinburgh and Dundee. We are now into the third year, which is a more clinical year in secondary care, so we have had to adapt how we deliver secondary care teaching for St Andrews, Edinburgh and Dundee students. Undergraduate and post graduate training surveys are included and highlighted that these demonstrate the excellent quality of education that is provided in NHS Fife, along with the challenges faced.

One of the areas that does require improvement is around handover. With support from the digital team we are now going to be implementing within the next year a formal digital handover function from shift to shift. This will increase patient safety and junior doctor experience.

Christina Cooper thanked Dr McKenna for his update and welcomed the report's findings. The Committee noted the report.

### **14.2 Nursing, Midwifery, Allied Health Professionals – Professional Assurance Framework (PAF)**

Janette Owens advised that this report should have come to the Committee earlier but, due to the Pandemic, was delayed. The PAF was supported and approved by the Committee and Board in 2018. Each year we undertake a stocktake/survey to ensure we are meeting the four drivers that have been identified within the PAF, as set out in the report.

The survey was carried out electronically last year thanks to the Comms teams, which made it easier for people to access. There was a 77% return rate on the survey. Under each of the primary drivers within the report, actions are highlighted, which will or are being taken forward. There is no specific action plan against this as all actions are picked up within other action plans or objectives.

Going forward the PAF is being updated to ensure all the references in the framework are current and up to date. New models are being identified and the questions will be reframed for this survey this year.

Christina Cooper thanked Janette Owens for her introduction to the report. The Committee noted the report.

## **15 LINKED COMMITTEE MINUTES AND ANNUAL REPORTS – FOR INFORMATION**

All items under this section were taken without discussion.

- 15.1 Acute Services Division Clinical Governance Committee (17/03/2021)
- 15.2 Fife Drugs & Therapeutics Committee (03/02/2021)
- 15.3 Fife HSCP Clinical and Care Governance Committee (26/02/2021)
- 15.4 NHS Fife Clinical Governance Oversight Group (25/02/2021)
- 15.5 Research Governance Group (25/03/2021)
- 15.6 Health and Safety Sub-Committee (12/03/2021)
- 15.7 Integration Joint Board (IJB) (19/02/2021)
- 15.8 Digital and Information Board (16/02/2021)
- 15.9 Infection Control Committee (03/02/2021)
- 15.10 Public health Assurance Group (25/02/2021)

## **16 ITEMS FOR NOTING**

There were no items for noting.

## **17 ISSUES TO BE ESCALATED**

There were no items for escalation.

## **18 ANY OTHER BUSINESS**

There was no other business. In closing, Christina Cooper thanked everyone for their participation in what had been a lengthy meeting. Moving forward, efforts will be made to slim down the agenda for priority business and a short break factored in for members' comfort.

## **19 DATE OF NEXT MEETING**

Wednesday 7 July 2021 at 2pm via MS Teams

Finance Performance and Resources Committee

<p><b>Finance Performance and Resources Committee</b></p> <p><b>(Meeting on 11 May 2021)</b></p>
<p>The Committee considered the important NHS Assure report on the progress with the EOC Programme build phase. They welcomed the opportunity to review the findings of the report and the action plans in place within NHS Fife to respond to issues raised. The Committee took assurance that the report was considered fully from a technical perspective by the programme team and that the NHS Fife team were working collaboratively with NHS Assure to deliver the programme safely and to the standards required.</p>

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING  
HELD ON 11 MAY 2021 AT 09:30AM VIA MS TEAMS**

**RONA LAING**  
**Chair**

**Present:**

Ms R Laing, Non-Executive Director (Chair)	Mr E Clarke, Non-Executive Director
Ms A Lawrie, Non-Executive Director	Mrs M McGurk, Director of Finance
Mrs D Milne, Director of Public Health	Mr A Morris, Non-Executive Director
Ms J Owens, Director of Nursing	Mrs C Potter, Chief Executive

**In Attendance:**

Mrs C Dobson, Director of Acute Services  
Mrs N Connor, Director of HSCP  
Mr S Garden, Director of Pharmacy & Medicines  
Mr N McCormick, Director of Property & Asset Management  
Dr G MacIntosh, Head of Corporate Governance & Board Secretary  
Mrs R Robertson, Deputy Director of Finance  
Miss L Stewart, PA to the Director of Finance (minutes)

**1. Welcome / Apologies for Absence**

Aileen Lawrie was welcomed to her first meeting as a new member of the Committee, having recently taken up post as Chair of the Area Clinical Forum.

The Chair, on behalf of the Committee, thanked Dona Milne for all her hard work, contribution, input, and support, as she leaves NHS Fife to take up a new role in NHS Lothian. Dona was wished well in the future.

Apologies for the meeting had been received from Dr Chris McKenna, Medical Director.

**2. Declaration of Members' Interests**

There were no declarations of interest made by members.

**3. Minute of the last Meeting held on 16 March 2021**

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

**4. Matters Arising/Action List**

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

It was advised that, for Action 133 (Kincardine and Lochgelly Health Centres), an update will be provided at the July 2021 meeting of the Committee.

It was advised that, for Action 140 (Mental Health Strategy), an update will be provided at the September 2021 meeting of the Committee.

## **5. GOVERNANCE**

### **5.1 Board Assurance Framework – Financial Sustainability**

Mrs Margo McGurk presented the report to the Committee on Financial Sustainability. The risk to financial sustainability has remained static at high; however, it is proposed that, due to achieving full funding for Covid and a break-even position at year-end within NHS Fife, the rating should be amended to moderate for the financial year 2020/21. It was noted that longer term, one of the key risk areas is delivering the savings required on a recurring basis.

The Chair highlighted that the BAF should be a dynamic document and it is important that this is updated to reflect the current position faced by NHS Fife.

Mr Alistair Morris highlighted to the Committee that the risk can be looked at in a number of ways and there will also be many associated risks which stem from this. It was felt that the risk can be reduced to moderate given the projected outturn for 2020/21 however, it is important to not lose sight of the elements within this risk which could still be viewed as high in the longer term. For example, as discussed, the deliverability of unachieved savings.

Mr Scott Garden advised that in some directorates it can be restrictive to identify where savings can be achieved. Mrs Margo McGurk advised that moving forward the SPRA process will help to support directorates with this process.

It was identified within the BAF that risk 522 is noted twice. It was agreed that this would be amended on Datix and Scott Garden would be the risk owner.

The Committee **approved** the Financial Sustainability section of the Board Assurance Framework and agreed that this risk should be amended to Moderate.

### **5.2 Board Assurance Framework – Strategic Planning**

Mrs Margo McGurk presented the report to the Committee on Strategic Planning. It was highlighted that this report is similar to the Financial Sustainability BAF, where the risk has remained High since 2016. It was proposed that this risk requires redefinition and that a new risk should be introduced on the effectiveness of Strategic Planning. The new risk should focus on the delivery of the new Health and Well-being Strategy.

This BAF was also discussed at Clinical Governance and the Committee were supportive of the change in principle but felt that the suggested wording needed revised to ensure it captured transformation.

The Committee **discussed and agreed** the change in the risk associated with the BAF for Strategic Planning, noting that further work was required on its wording.

### **5.3 Board Assurance Framework – Environmental Sustainability**

Mr Neil McCormack presented the report to the Committee on Environmental Sustainability.

It was highlighted that there are three residual operational links, two of which relate to the orthopaedic theatres and the tower block, and for all of which plans are in place to resolve. By September 2022, the last remaining inpatient area will be moved from the tower block and there will be a functioning new orthopaedic theatre.

The third operational risk relates to flexible hoses and this is a legacy issue. Consort are working through the replacement at present and an update on expected completion will be provided at the next meeting.

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

### **5.4 Annual Committee Workplan 2021/22**

Mrs Margo McGurk introduced the workplan to the Committee. It was highlighted that this is submitted annually outlining what business should be expected at each Committee meeting.

Mrs Carol Potter highlighted that the RMP3 should be amended to 'Remobilisation / Annual Operational Plan' as the title of this will update and change throughout the year as they move through versions and iterations.

The Committee **approved** the proposed workplan.

### **5.5 Committee Self-Assessment Report**

The Chair noted that this report is undertaken every year and the SBAR provides a good reflection of the main themes identified by members' feedback. On pages 2 and 3 of the report, details are given of a number of areas that the Committee should consider going forward in terms of planning the agenda and how information is presented.

Dr Gillian MacIntosh thanked the Committee members who were able to complete the self-assessment exercise, especially due to the pressures of Covid that coincided with its timing.

Following discussion, it was agreed that hour-long development sessions should recommence twice yearly and the timing of these will be discussed by the Chair and Director of Finance & Strategy.



The Chair highlighted that, within today's pre-meeting of non-executives, it was discussed that improvement could be made within the SBARs on how information is presented. For example, recommendations could be more explicit, and acronyms are frequently introduced before detail is provided on what they stand for. The new Board Committee Support Officer role should be able to help with this and improve consistency across committees.

The Committee noted the report and plans to take forward the relevant findings.

## **5.6 Draft Annual Committee Assurance Statement 2021/22**

The Chair introduced the report to the Committee, and it was highlighted that this is an excellent report, which clearly details the work of the Committee over the past year. Dr Gillian MacIntosh advised that this has been an extraordinary year and the report aims to reflect some of the changes the Committee introduced to support Covid, whilst providing assurance that the role and key functions of the Committee were sustained during this time.

It was highlighted that further changes can be incorporated within the report, as there is an opportunity that an updated report can come back to the Committee for final sign off in July. If no further comments are received, however, this report can be taken as the final document.

Mrs Carol Potter emphasised that this is a very good report, which provides a qualitative and detailed assessment of what the Committee has covered this year, and that the information included is a great improvement on the less-comprehensive format used previously.

The Committee **approved** the Annual Committee Assurance Statement 2021/22, subject to members' advising Dr MacIntosh directly of any amendments necessary.

## **5.7 Review of General Policies & Procedures**

Dr Gillian MacIntosh was invited to present a verbal update to the Committee. It was advised that normally a written report would be presented to the Committee at this time of year; however, the administrator who supports this area has been absent from work since January and therefore it has been challenging to progress work in this area.

A new role within Corporate Services will have future responsibility for this work and it is hoped that, once the new post holder commences at the end of this month, further progress can be made in this area. A full update will be provided to the Committee as scheduled in November.

The Committee **noted** the update.

## **6. PLANNING**

### **6.1 Strategy Development / Strategic Planning & Resource Allocation**

Mrs Carol Potter was invited to provide a verbal update to the Committee on the Strategy Development and Strategic Planning & Resource Allocation Process.

It was advised that a written report was due to be presented to all governance committees and the Board on the next steps of Strategy Development. However, following the April Board Development Session and after further conversations with Mrs Tricia Marwick and Mrs Rona Laing, it was felt that further time was required to reflect on discussions at the Development Session and determine the next steps. Further thought is required in terms of the challenge received from members at that session, the role of an anchor institution, appropriate support of the wider wellbeing of the community and how all this will underpin the strategy in terms of delivering clinical excellence. Further comments and feedback were welcomed on any of the matters discussed at the recent Development Session.

It was noted that there will be regular meetings with EDG, which will focus specifically on strategy as there is a lot of work which needs to be undertaken moving forward.

Mrs Rona Laing identified that one area that requires to be refined is performance, and how this can be best scrutinised. Performance in the past has been scrutinised through the IPQR, and it will be expected, going forward, to relate the new strategic challenges and ambitions to those measures.

Mrs Carol Potter identified that, moving forward post-Covid, there requires to be an increased focus of the performance of the NHS Scotland against the national framework.

Mrs Carol Potter advised that a slide was used within the Board Development Session which can be shared with the Committee, which focuses on the National Performance Framework for Scotland - it looks at each quadrants and identifies the contribution the NHS has made towards those targets.

The Committee **noted** the update.

## **6.2 Corporative Objectives 2021/22**

Mrs Carol Potter provided a verbal update to the Committee. It was highlighted that the intention was to bring a written paper to the Committee however further work is required to refine the objectives. EDG are focusing on concluding this and a report will come to the next meeting of the Committee. .

The Committee **noted** the update.

## **6.3 Winter Plan & Performance Report**

The Chair introduced the Winter Plan & Performance Report to the Committee and highlighted that the action plan in appendices reflects the huge amount of effort and ongoing work undertaken throughout the winter period. The staff should be proud of the work achieved.

Mrs Janette Owens was invited to provide an update to the Committee. It was advised that a HAI inspection took place last week and informal feedback from this has been very positive.

This was the final position to report in 2020/21. It was produced to provide an update on the metrics and the actions within the winter plan.

The Emergency Directorate has not met the 95% standard since September, but the Board has been above the Scottish average since mid-December 2020. Attendances at ED are continuing to climb. The number of inpatients peaked beginning of January to mid-February due to Covid. Occupancy in the VHK has been at 90% for most of March and particularly busy in the amber pathways. In Community hospitals the occupancy has been between 90 – 95% during winter. Most of the delayed discharges are due to guardianship issues, which is challenging to resolve due to courts being closed. The Partnership has achieved an average of over 100% of placements during winter. Most of the winter plan actions are complete on Trak. The two outstanding relate to the implementation of Home First and the restructure of medical assessment. 70 participants took part in the Winter Review Event which was held in April. Feedback from this session will be used to plan and implement the next iteration of the plan, and a further event will be held in August.

Mrs Nicky Connor advised that it has been a challenging year but the joint working that has taken place and continues has been really positive. There is pressure all year around, and there is commitment to work together to develop solutions and work to ensure there is capacity across the system to do the best for the people of Fife. Some actions are outstanding, but this is due to creating sustainable solutions and are ensuring effective engagement with stakeholders.

Mrs Claire Dobson advised that the activity is unrelenting, it was highlighted that on 10 May there were 249 attendances at the ED. Capacity and Demand is challenging but there is a joint approach to ensure individuals are seen by the most appropriate service. The action on Medical Assessment is still outstanding - at present there are two segregated pathways but there is a new General Manager in post who is working to develop efficiency and effectiveness at the front door.

Mr Eugene Clarke highlighted that the Winter Plan is in fact a dynamic and flexible document that varies dependent on the circumstances. There is a concern that the 'Winter Period' is not directly relating to the plan. It was felt that the name of the document should be reconsidered.

Mrs Nicky Connor advised that, following a meeting with Senior Teams, it was agreed that there should be 365 planning. Scottish Government however requires a return of the Winter Plan and the Board will continue to do this. The local plan will however focus on 365 planning. This would be linked to strategic planning as well as reactive planning to drive improvement and have flexibility.

Mr Alistair Morris emphasised that there is pressure on the system 365 days per year. However, it is challenging to have a plan to simply deal with managing pressure and not actually address the underlying capacity issues. It was questioned if there was support

from the Scottish Government to ensure the VHK was not always at capacity, since as the population grows there will be further a challenge.

Mrs Rona Laing agreed, and it was advised that this is part of the work within transformation. The redesign of urgent care also supports this, where they are diverting people away from A&E to more appropriate services. This is included in many conversations and should be considered whilst looking at the longer term.

It was agreed that this topic should be put forward for a future Board Development Session.

The Committee **noted** the report and thanked all staff for their efforts in managing what had been a difficult period.

#### **6.4 Robotic-Assisted Surgery Business Case**

Mrs Claire Dobson was invited to present the Business Case to the group. It was clarified that this is an interim business case rather than a final business case. The paper is to highlight the progress towards finalising the business case, which they hope to bring forward to the July Meeting.

The Committee were made aware of the procurement of the robot at the prior session. The robot arrived onsite in March. Robotic-assisted surgery is a positive development not only for the patients but for the workforce and Fife will see significant benefits of this.

The Committee were directed to the table within the report detailing financial information and expenditure over the next two years. Two Band 7 theatre staff will join the team in quarter two, and there are consumable costs which have an offset in quarter one. There is a maintenance and sim cost in year one. Decontamination is provided by Tayside; however, they are requesting significant investment to decontaminate the tools and instruments. NHS Fife is reviewing this and a potential alternative service from NHS Lothian.

The team are currently exploring the experience of other boards who have a robot, and they are looking at impact on lengths of stay and the impact of the surgical programme more widely.

The Final Business Case will come forward in July, but the Committee was made aware that there is a Robot Implementation Group already established, which is led by the lead consultant.

Margo McGurk provided assurance that the Finance Team are working closely with the Acute Services team on this project. It was emphasised that clinical pathways will require to go to Clinical Governance Committee for consideration prior to the robotics service becoming operational.

Mrs Rona Laing highlighted that within the SBAR it notes the impact and assessment of stage 1. It was questioned whether robotic-assisted surgery in relation to disabilities could be highlighted as a positive rather than a known fact. It was agreed that this would be amended and updated to reflect this.

Mr Alastair Morris questioned whether the timing of the subsidy from the supplier is linked to when the robot becomes operational, as it could create a loss in revenue and supplies. Mrs Margo McGurk advised that the timing of the subsidy will not create an issue.

It was advised that a surgeon who is already skilled in robotic-assisted surgery, is coming to Fife to support staff in August. Training at present is also underway but the Board may also incur further training costs next year as the service is rolled out.

The Committee **discussed and noted** the contents of this paper and the progress towards the presentation of the final business case for the robotic-assisted surgery.

## **6.5 Budget Setting 2021/22**

Mrs Margo McGurk introduced the report, which gave the annual budget setting confirmation, and noted this is presented to the Committee for awareness and assurance.

The opening budgets were identified by the end of April to all directors and budget holders, and the finance team have worked closely with directors throughout the year with the SPRA process to inform this process.

Assurance was provided to the Committee that the budgets which have been set, fully reflect the financial plan for 2021/22 that was recently approved by the Board. This includes an increased level of investment in several areas.

It was emphasised within the letter that the budgets were set on the basis that the full savings challenge will remain until confirmation of funding support has been provided by Scottish Government. Each budget holder will have two saving lines identified - the first is a share of the £8m which was agreed as the in-year target; and the second is a share of the legacy saving of £13.6m which NHS Fife has requested Scottish Government support for in 2021/22. It is expected that there will be continuing cost offsetting in the first part of the financial year due to services not being fully up and running. It is likely that Scottish Government may take the view that cost offset should be used to part fund the legacy savings.

Scottish Government have highlighted that they are looking to have a more detailed conversation with NHS Fife on the 2021/22 Financial Plan, particularly in relation to the savings.

The Committee **noted** the budget setting process for 2021/22.

## **7 PERFORMANCE**

### **7.1 Integrated Performance & Quality Report**

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

Mrs Claire Dobson was invited to provide a verbal update on Acute Services performance. The Committee were advised that this report shows figures for February 2021. It was noted that the 4-hour emergency access performance has improved slightly as capacity was less challenging across the hospital at that time. The patient TTG, new outpatients and diagnostics shows a slow-down and deterioration in performance, as they worked to manage the second wave. There were also challenges within cancer services particularly in relating to staging and investigations.

Mrs Nicky Connor was invited to provide an update on Health and Social Care Performance. The Committee were advised that this performance report highlights the challenges against delayed discharge, which was discussed under the winter plan item. This is something that they are actively working across the service to deliver on. An update was provided on Smoking Cessation services and the challenges faced in the year, and the plans to support recovery and to improve performance in that area. In relation to CAMHS and Psychological Therapies performance in February 2021 was 88.1% for CAMHS and 84% for Psychological Therapies. It has been recognised for these services that there is an ongoing challenge of prioritising one area as it has a negative impact on the other. A request for funding has been proposed for short term funding to support the increase of capacity to help improve this. The recruitment process is ongoing for permanent staff and it is hoped that by the next update there will be a noticeable trajectory improvement. Mental Health is a priority area in NHS Fife to support the local population.

Mrs Margo McGurk was invited to provide an update on Financial Performance. It was highlighted to the Committee that, in terms of the revenue position, it relates to the Month 11 position, however the draft year-end position has also recently been confirmed. It was highlighted that, in terms of the Month 11 position, an underspend of £4.2m was noted. The year-end forecast improves this position to an underspend of £0.4m.

This has been a very challenging year in terms of the level of uncertainty on the financial impact of COVID on core service costs and new costs which have been incurred in the response to the pandemic. The report details the complexity and the specific work in the last quarter to manage the position in line with the RRL break-even requirement.

The year-end position notes that there will be a transfer of resource of £11m to the Partnership for use of specific and detailed purposes.

Mrs Margo McGurk advised that, in terms of the Month 11 capital position detailed, the Board were on track to achieve the full spend. It was confirmed that this has been achieved at year-end.

The Committee **noted and considered** the contents of the report, with particular reference to the measures identified in Section 2.3.

## **8 ITEMS FOR NOTING**

### **8.1 Minute of IJB Finance & Performance Committee, dated 5 March, 18 March and 8 April 2021**

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

## **9. ISSUES TO BE HIGHLIGHTED**

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

The Committee considered the important NHS Assure report on the progress with the EOC Programme build phase. They welcomed the opportunity to review the findings of the report and the action plans in place within NHS Fife to respond to issues raised. The Committee took assurance that the report was considered fully from a technical perspective by the programme team and that the NHS Fife team were working collaboratively with NHS Assure to deliver the programme safely and to the standards required.

## **10. Any Other Business**

There was no other business.

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

**Staff Governance Committee: Chair and Committee Comments****STAFF GOVERNANCE COMMITTEE****(29 April 2021)**

The Chair highlighted items to be escalated:

- The progress in relation to staff absence with a rate of 4.43% for March 2021, which was a reduction from the February 2021% rate of 5.03%.

The average rate for the 2020/21 financial year was 5.04%. This is an improvement of 0.53% from the average rate within the previous financial year and is the best yearly average since 2016/2017.

It was noted that COVID-19 related absence affected approximately 1% of the NHS Fife workforce in March 2021.

- To commend staff for their continued efforts in respect of the pandemic, particularly during the extended lock down period and also in respect of their efforts during the past winter, reflected within the Winter Plan.



**(UNCONFIRMED) MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON 29 APRIL 2021 AT 10AM VIA MS TEAMS**

**Margaret Wells**

Chair

**Present:**

Margaret Wells, Non-Executive Director (Chair)	Christina Cooper, Non-Executive Director
Wilma Brown, Employee Director	Janette Owens, Director of Nursing
Simon Fevre, Co-Chair, Health & Social Care	Andrew Verrecchia, Co-Chair, Acute Services
Local Partnership Forum	Local Partnership Forum

**In Attendance:**

Lynn Barker, Associate Director Nursing, H&SCP (deputising for Nicky Connor)  
Kirsty Berchtenbreiter, Head of Workforce Development  
Claire Dobson, Director of Acute Services  
Linda Douglas, Director of Workforce  
Susan Fraser, Associate Director of Planning & Performance  
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
Sandra Raynor, Senior HR Manager  
Kevin Reith, Deputy Director of Workforce  
Rhona Waugh, Head of Human Resources  
Gillian Westbrook, PA to Linda Douglas (Minutes)

**Observer:**

Kirstie Macdonald

**01. Apologies for Absence**

Apologies were received from Alistair Morris, Non-Executive Director, Carol Potter, Chief Executive, Nicky Connor, Director of Health & Social Care and Margo McGurk, Director of Finance & Strategy.

**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; along with Kirstie Macdonald, Whistleblowing Champion designate for NHS Fife who was attending the meeting to observe, and Lynn Barker who was attending on behalf of Nicky Connor.

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 until 30 June 2021; and conveyed her thanks to everyone for their continued efforts to maintain services throughout the pandemic, particularly with the extended lockdown measures, albeit these are now reducing.

**03. Minute of Previous Meetings held on 4 March 2021 and Reconvened Meeting held on 9 March 2021**

Minutes of Meeting held on 4 March 2021: The Chair highlighted agenda items 6.1, 6.2, 6.3 & 6.4 and 7.1 where the Committee were asked to note these items. In future minutes the Committee's decision should be noted rather than the action. The minutes of the meeting were **formally approved** subject to these changes.

The minutes of the reconvened meeting held on 9 March 2021 were formally **approved** as an accurate record.

**04. Action List**

**Item 6.2: Covid-19 Staff Experience Everyone Matters Pulse Survey Report**

The Chair asked for an update on item 6.2 in relation to the proposed staff engagement meetings with C Potter and W Brown within all areas of the Board. W Brown advised the Committee that she and C Potter have a full schedule of meetings and walk-arounds arranged across all sites, and will ensure that iMatter is discussed. S Fevre asked how this could be emulated within the Health & Social Care Partnership? The Chair asked L Barker to follow up this point with N Connor.

**Action: L Barker / N Connor**

**Item 6.6: Payroll Consortia**

L Douglas provided an update on item 6.6 on behalf of M McGurk. The Regional Programme Board has accepted the proposal to stage this development and are preparing plans for all the Boards involved. This is likely to involve:

- commencing recruitment to the management team over the summer months
- liaising with the Boards to commence sharing best practice and standardisation of processes once the management team are in place
- commencing the full consortia arrangement including progressing the transfer of staff in line with the Transfer of Undertakings (Protection of Employment) [TUPE] legislation early in 2022/2023

**05. Matters Arising**

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

**06. QUALITY, PLANNING & PERFORMANCE**

**6.1 Integrated Performance & Quality Report**

L Douglas reported sickness absence levels within NHS Fife covering the period to the end of February 2021. The rate is 5.03% which was a slight decrease from 5.04% month on month from January 2021. This compares favourably to the figure of 5.51% for the same period last year, however, we are aiming for further improvement and work will continue to achieve a sustained positive trajectory. Actions to support this will be covered by R Waugh in Item 6.2 of the agenda.

The Chair noted that this is the absence rate without Covid related absence and asked, when out of emergency measures, at what point Covid related absences will be included in the sickness absence figures? LD highlighted that absences related to Covid which are not categorised as-sickness absences and are therefore not included in these figures, with Covid absences reported separately. R Waugh confirmed that Covid related absence was affecting approximately 1% of the workforce. At present there is no intention to remove the

Covid related absence codes, these are available for use within the payroll system for the foreseeable future

W Brown commented that despite training taking place on the new Promoting Attendance policy, she considers that more training is required as she recently came across a situation where managers were misinterpreting the policy in terms of staff on long-term sickness having their annual leave incorrectly pro-rated. In relation to W Brown's comment, R Waugh and Workforce Directorate colleagues will address this in terms of a communication to managers and within the promoting attendance sessions. S Fevre welcomed the fact that there is no intention to bring Covid non-sickness related absences into the total sickness absence figures at present, as members of staff can be off work due to other effects of Covid, not only sickness.

L Douglas acknowledged and welcomed everyone's comments, confirming S Raynor's team can lead targeted training in specific areas which require further support. Guidance and knowledge of Covid and long Covid will be developed over time and will be a debate both nationally and locally in terms of how this will be most appropriately addressed.

The Committee **noted** the report.

## **6.2 Staff Health & Wellbeing Update, including Promoting Attendance**

R Waugh provided an overview of some of the current staff health and wellbeing activities:

- Mindfulness – highlighting the ongoing success of these course, the latest 8 week course was fully booked within a short time of being advertised, demonstrating its popularity and success in terms of staff engagement. Drop-in sessions are continuing.
- Staff returning from shielding – a further series of support sessions have commenced, positive feedback has been received from both staff and facilitators.
- Support sessions for Managers – sessions have been popular and oversubscribed, the intention is that these will be filmed and shared on StaffLink
- Inspiring Kindness in Fife Conference will be held on 26 May 2021 - flyers will be distributed to Committee members. R Waugh invited members to attend to hear first-hand the work undertaken in Fife over the past year in terms of staff wellbeing.
- Peer Support: work is ongoing with Psychology and other colleagues, targeting support based on a peer support and reflective practice model.

In terms of sickness absence: the March 2021 rate reduced to 4.43%, with an average for the last financial year of 5.04% which takes us back to the average rate last seen in 2016/17. Notwithstanding this, the trajectory has not been met and as already acknowledged more work needs to be done to improve the position.

R Waugh highlighted the contents of the paper which provides data on the trends for the Committee's perusal. As discussed at the previous meeting, rates and reasons for absence within operational units have been included. The top reason for absence during this year is anxiety, stress and mental health related reasons. R Waugh has received a report on the Occupational / Mental Health input support for staff and this will feature at a future Committee meeting.

To provide assurance to the Committee, a round of Promoting Attendance Review and Improvement panels looking at the top short term and 10 long term cases within each of the business units has just been completed. A series of short Once for Scotland policy awareness sessions in for the new Promoting Attendance policy have been undertaken and Staff Side colleagues have participated and supported these sessions.

In relation to investment for staff wellbeing as part of remobilisation plans, C Cooper enquired if there is a risk that NHS Fife cannot sustain some of these support services for staff in the future, and sought an update on return to work interviews for staff? R Waugh advised that the current commitment to health and wellbeing initiatives in place is on a sustainable basis, with funding agreed for additional occupational health resources and a similar investment within psychology support services. National work is considering the recovery support required for staff and what resources may be required longer term is ongoing. With regards to return to work interviews, this has been a focus at recent training sessions and HR Officers / HR Advisors are working alongside Line Managers to ensure they are being undertaken.

Following attendance at the Emergency Care Review and Improvement Panel, A Verrechia highlighted the support required for Line Managers in dealing with long-term staff sickness and the effects it has on them as well as the staff member. L Douglas acknowledged that targeted support was offered during the first half of 2020 and that specific management led support is ongoing. The Chair requested that this point is followed up at a future meeting providing an overview of the support and the impact of Covid on the number of cases.

S Fevre highlighted that it was pleasing to see the balance of this report focusing on health and wellbeing of staff and the impact this has had on absence figures. The longer term effect of Covid on staff may be worse than the immediate impact, and the actions highlighted in this paper shows a real commitment to provide the necessary support.

The Chair commented that having both management and staff side Local Partnership Forum representatives present gives the opportunity to share details regarding staff experience. This is a critical aspect of informing the Board in terms of strategy and policy. The Chair thanked those involved for their contributions.

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

### **6.3 Interim Joint Workforce Plan 2021/2022**

K Reith reminded the Committee that the normal workforce plan reporting to the Scottish Government was suspended last year, however, Boards and IJBs received a request in early March 2021 to complete an Interim Workforce plan to be submitted by 30 April 2021. The document provided is the draft NHS Fife submission using the new national template. From 2022, this will return to a 3 year workforce planning cycle with the interim plan being completed in the 2 years between the 3 year plan submissions.

Minor adjustments are being made to the document ahead of the submission deadline and a final version will be shared with members of this Committee. This is a joint plan for NHS Fife and the Health & Social Care Partnership. K Reith highlighted the following points:

- Section 2: references the new Strategic planning resource allocation process, bringing strategy, finance and workforce elements together.
- Section 3: emphasis on staff wellbeing agenda, focusing on the ongoing implications of Covid delivery in terms of test and protect, staff and patient testing, vaccination, occupational health and infection control.
- Safe Staffing legislation: response to new statutory provisions.
- Medium-term drivers for Workforce Strategy 2022-25: long-term Covid management, redesign of urgent care, waiting times, regional priorities.
- Transformational change factors: including lessons learned from Covid.

Following extensive engagement the draft plan was presented to EDG last week.

C Cooper highlighted that section 2.3.7 of the covering paper regarding communication, involvement and consultation doesn't include reference to cross sector 3<sup>rd</sup> and independent sector input. R Waugh advised that feedback has been received from Paul Dundas, the nominated representative of the Independent Sector for Fife and his comments have been factored into a subsequent iteration of the document and this reference was now captured within the draft submission.

C Cooper also noted Section 2.3.4: in relation to risk and assessment no specific details are included asking if this would be included in future plans? K Reith advised that there is a need for general risk reporting, however, this planning approach is still evolving and there may be feedback from the first use of this template in terms of how risks are captured and reported. There will be further extensive reporting of risk included with the 3 year plans.

S Fevre was pleased to see a more rounded approach to all staff (not only clinical staff), the Covid pandemic has highlighted the contribution of all staff, which is reflected in this document along with clear consultation and involvement.

The Chair highlighted that it is critical to have assurance around implementation, impact and timings going forward. With regards to the supplementary workforce, the Chair enquired if processes are in place to provide additional staff to fulfil posts and skill mix, and raised concerns regarding GP recruitment and sustainability? R Waugh advised that primary care staffing is addressed via the Board's Primary Care Improvement Plan through review of the implementation of the new GMS contract. In terms of specific GP recruitment issues in East Fife, R Waugh was pleased to report that these have been resolved recently. R Waugh will arrange for feedback at a future meeting in relation to the implementation of the Primary Care Improvement Plan.

J Owens gave an update on supplementary staffing:

- Students will fill a number of the present vacancies, however, additional staffing is still required.
- Learning from the Covid vaccination programme is that we can recruit and train staff quickly.
- Increasing the bank workforce will assist in the immediate term.
- Retaining and attracting staff working alongside universities and practice development to ensure staff feel supported is key.

K Reith highlighted that the monitoring of this plan is critical, the existing workforce strategies and implementation plans underpin these, which are being reviewed to ensure we have a clear view across NHS Fife and the Health and Social Care Partnership.

The Committee **noted** the content of the paper and that it will be submitted to Scottish Government by 30 April 2021.

#### **6.4 Corporate Objectives 2021/2022**

S Fraser provided the Committee with the following information regarding the production of this document:

- Core information for corporate objectives have been developed through the strategic planning and resources allocation process introduced earlier this year.

- During discussion at EDG meetings Directorate objectives were agreed for each Director and key objectives for 2021/22.
- Objectives are grouped under 4 strategic priorities:
  - Improve health & wellbeing
  - Improve the quality of health and care services
  - Improve staff experience and wellbeing
  - Deliver value & sustainability
- Lead Directors remits are colour coded for each objective. The lead Directors roles have been agreed for each objective, with other Directors included in a contributory role.

L Douglas advised that EDG requested this was brought to committee cycles, with Staff Governance Committee and Clinical Governance Committee receiving a verbal update at present, with the plan to share an SBAR report thereafter.

In terms of workforce, L Douglas will take a lead role in the following key strategic objectives:

- Item 2.12 - Implementing safe staffing legislation: Wider workforce matters, with key contributors J Owens / C Dobson / N Connor to facilitate delivery.
- Item 3.1 - Enhance Staff Health and Wellbeing by developing and delivering the action plan: Referencing previous plans R Waugh and W Brown have discussed in terms of work taking place in Fife.
- Items 3.2 - Develop and then deliver Phase 1 - a framework to improve leadership capability and embed the framework for talent management and succession planning: This is a regular feature of corporate objective setting and recognises the desire to ensure further improvement.
- Items 3.3 - Delivery of workforce plans that attract, recruit, and retain a high-quality Workforce: Refer to Interim Joint Workforce Plan and comments from K Reith and R Waugh.
- Item 4.10 - Develop the NHS Fife Workforce Strategy 2022 to 2025 for publication in Q1 of 2022/2023: 3 year strategy K Reith referenced earlier, published in 1<sup>st</sup> quarter of the next financial year.

The Committee **noted** the update and looked forward to receiving further updates in due course.

## 6.5 Winter Report 2021/2022

J Owens thanked S Fraser for producing the paper which included a monthly report relating to the key performance matrix agreed in the Winter Plan using data up to 4 April 2021. Weekly meetings take place between Health and Social Care Partnership, Planning and Acute Services in respect of patient flow. J Owens provided a summary of the monthly report, noting the impact of the combined Covid and winter pressures on A&E standards, hospital occupancy, delayed discharge and partnership placement, noting challenges in previous months but some improvement over the last month.

In terms of the Winter Plan most actions are either complete or on track with 2 actions on hold; Implementing home first model and Restructure of medical assessment and admissions.

A Winter Review event was held on 12 April 2021 covering 2 group work sessions:

- what worked well and not so well last winter

- what key learnings and actions could be taken forward for 2021/2022.

In relation to risks, C Cooper asked whether learning has been documented to reflect on our previous risk averseness and to assist in the development of services moving forward? S Fraser advised that the process of learning from Covid has been documented through the Remobilisation Plan, as well as the opportunity for colleagues to share their learning via the Winter review.

The Committee **noted** the content of the paper and the Chair thanked everyone involved for their efforts.

## 6.6 Renewal of NHS Fife Population Health and Wellbeing Strategy

L Douglas presented on behalf of M McGurk. This strategy is in the early stages of thinking, with the focus for its development around the four strategic priorities previously referred to under Corporate Objectives item.

The four National Care programmes were also noted as key influences on our strategic approach:

- Healthy Living and Wellbeing
- Preventative and Proactive Care
- Integrated Unscheduled Care
- Integrated Planned Care

The guiding principles to develop the strategy will include:

- Values driven
- Develop in collaboration and partnership with all stakeholders
- Embrace research, development and innovation
- Technology first
- Intelligent use of data and analytics

The approach which will be followed will be to:

- Review and assess current strategy
- Refresh the assessment of population health in Fife and use that to inform areas of focus
- Structure strategy around key priorities
- Governance will be managed through a Steering Group (EDG Strategy meeting) and Operational Group, with involvement of APF and Partnership and development of the strategy being presented to the cycle of committees. The aim will be for the strategy to be signed off by the Board and IJB in March 2022.

S Fraser highlighted the discussion around whether consultation or engagement should take place. As this process does not feature major service changes, it will be a process of engagement, ensuring an enhanced engagement plan is in place to cover staff, public and patients to gain their views around the policy. A workstream for this aspect is the next piece of work to take place.

S Fevre commented on the Strategy's relevance to this Committee in terms of the impact it will have on staff and whether papers presented in future meetings could focus on the impact to our staff or people living within Fife. S Fraser advised that when developing the

strategy, it will be underpinned by a delivery and action plan. The strategy and implementation of the strategy will be two distinct aspects, and advised this Committee will have an overview of the whole strategy, however, the focus will be on the workforce and staffing elements.

K Reith informed the Committee that the Health & Wellbeing Population strategy will be running in parallel with the Workforce strategy. K Reith and S Fraser will have ongoing engagement to ensure this happens effectively.

The Committee **noted** the update on the plan for the renewal of the NHS Fife Population Health & Wellbeing strategy.

## **07. GOVERNANCE**

### **7.1 Board Assurance Framework Workforce Sustainability**

L Douglas presented the regular report to the Committee, noting one high risk remains in relation to the right composition of our workforce with the right skills, in the right place, at the right time. It is significant to note that there continues to be a great deal of work in terms of control and mitigation and this remains a challenging environment. The workforce strategy and key corporate objectives will support the development of mitigation and control actions and the delivery plans that will flow from these.

The Chair asked for an update on the community paediatric service staffing and the 2<sup>nd</sup> advert for Speciality Doctor posts within Cameron and Glenrothes community hospitals? L Douglas informed the committee that interviews had not concluded. C Dobson advised that they are currently exploring Advanced Nurse Practitioner roles within Community Paediatrics. C Dobson will provide an update to Committee at a future meeting.

**Action: C Dobson**

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

### **7.3 Draft Staff Governance Committee Annual Statement of Assurance 2020/2021**

Dr G MacIntosh advised that this is an annual report outlining the business covered by the Committee throughout the past year, with relevant changes reflecting the impact of Covid. The content is for comment and, as accounts will not be approved until September 2021, this provides additional time for comments to be reviewed again if necessary at the July 2021 SGC meeting.

The Chair drew the Committee's attention to paragraph 4.2 relating to the agendas for the Committees which reflected the Board's response to Covid 19 and the process to formulate the agendas for Committee meetings from July 2020 until present. The Chair asked it to be noted that under emergency measures the Committee stood down for the first 3 months and requested 2 changes to the document:

- Paragraph 3.1, 9 March 2021, wording changed from "outstanding" to "deferred" to highlight the decision taken
- Paragraph 7.1, change May 2021 to April 2021 with reference to this meeting taking place on 30 April 2021

Dr G MacIntosh will present the paper again at the July 2021 meeting.

**Action: Dr G MacIntosh**



The Committee **approved** the content of the Annual Assurance Statement, subject to the changes discussed above.

## 7.2 Committee Self-Assessment Report 2020/2021

In outlining the report, Dr G MacIntosh highlighted that an additional question was included in this year's assessment asking members to comment on how the Committee conducted its affairs during the Covid pandemic. Positive feedback was received, which confirmed that the Committee had the right level of focus throughout the year. The request for feedback was circulated in February 2021, at a time when many Committee members' workloads were under considerable pressure, therefore the level of response was not as high as in previous years. The following comments were highlighted for further discussion:

- To review number of attendees at meetings, or clarify their role and expected contribution
- To continue to enhance agenda management to ensure discussions remain focused on key governance / strategic items
- To review of information and papers provided to ensure material is succinct and data meaningful and give a clear indication of what the Committee is expected to do in response

In response to the feedback on the agenda management process, the Chair commented that there was already a tightly managed agenda setting process in place. The Chair highlighted how performance and operations are linked into the governance and strategic roles, to ensure the Committee is sufficiently informed to enable it to fulfil its governance function.

The Committee **discussed** the content, **noting** the observations and considerations set out in the report going forward.

## 7.4 Draft Staff Governance Committee Annual Workplan 2021/2022

L Douglas highlighted that the Workplan would have been routinely completed earlier in the year and it will continue to be under review due to the ongoing Covid situation.

The Committee **approved** the Staff Governance Committee Annual Workplan for 2021/2022.

## 7.5 Staff Governance Annual Monitoring Return 2020/2021

S Raynor updated the Committee on the annual monitoring return for 2021. The return for last year was paused in response to the current pandemic. Scottish Government has confirmed returns for 2021 are to be submitted by 31 August 2021. Taking a different approach this year, the Scottish Government are drawing on data and information which has already been submitted by the Board. From early March 2021, the Scottish Government has been reviewing this information and the anticipated template will look to seek further information and assurances. The template is expected at the beginning of May 2021, and this Committee will have the opportunity to review and comment on the Annual Monitoring Return at the July 2021 meeting, before sign off by the Chair and Employee Director ahead of submission to the Scottish Government.

S Raynor will present the paper at the July 2021 meeting.

**Action: S Raynor**

The Committee **noted** the plan for the development of the Staff Governance Annual Monitoring Return for 2020/2021.

## **08. LINKED COMMITTEE MINUTES AND ANNUAL REPORTS**

C Cooper enquired whether items escalated from the linked Committees which develop the agendas of the Governance meetings are noted? LD advised that she will take this offline and will feedback to the Committee.

**Action: L Douglas**

### **8.1 Minute of the Area Partnership Forum dated 24 March 2021 (unconfirmed).**

The Committee **noted** the minutes.

### **8.2 Minutes of the NHS Fife Strategic Workforce Planning Group Meeting dated 31 March 2021 (unconfirmed)**

The Committee **noted** the minutes.

### **8.3 Minutes of the Health and Safety Sub-Committee on Friday 12 March 2020 (unconfirmed)**

The Committee **noted** the minutes.

### **8.4 Nursing, Midwifery, Allied Health Professionals – Professional Assurance Framework Survey November 2020**

The Committee **noted** the survey.

### **8.5 Medical Education Report**

The Committee **noted** the report.

## **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 COVID-19 related absence position.
- To commend staff for their continued efforts in respect of the pandemic, particularly during the extended lock down period and also in respect of their efforts during the past winter, reflected within the Winter Plan.

## **10. ANY OTHER BUSINESS**

There was no other business to discuss.

## **11. DATE OF NEXT MEETING**

The next meeting will be held on Thursday 1 July 2021 at 10.00am via MS Teams.

## East Region Programme Board

Date: Friday 5<sup>th</sup> February 2021

Time: 1330-1500

Venue: Microsoft Teams

### MINUTES

#### Present:

C Potter( <i>Chair</i> )	Chief Executive, NHS Fife
C Campbell	Chief Executive, NHS Lothian
C Dobson	Director of Acute Services, NHS Fife
J Butler	Director of Human Resources, NHS Lothian
S Fraser	Associate Director of Planning & Performance, NHS Fife
T Gillies	Medical Director, NHS Lothian
S Goldsmith	Director of Finance, NHS Lothian
L McCallum	Medical Director, NHS Borders
J McClean	Director of Regional Planning, East Region
L Douglas	Director of Workforce, NHS Fife
C McKenna	Medical Director, NHS Fife
D Phillips	Director of Regional Workforce Planning, East Region
J Smyth	Director of Strategic Change & Performance, NHS Borders

#### In Attendance:

C Cartwright	For Item 5 – Head of Implementation, NHS Lothian
J Fraser	For Item 5 – Head of Planning, NHS Forth Valley

#### Apologies:

A McMahon	Director of Nursing, NHS Lothian
W Brown	Employee Director, NHS Fife
M McGurk	Director of Finance, NHS Fife
R Roberts	Chief Executive, NHS Borders
J Crombie	Deputy Chief Executive, NHS Lothian
J Stephen	Director of eHealth, NHS Borders

		ACTION
1.	<b>Welcome and Apologies</b> C Potter welcomed all to the meeting and noted apologies.	
2.	<b>Minutes of Previous Meeting held on 6<sup>th</sup> November 2020</b> The Minutes from the previous meetings of East Region Programme Board were reviewed and agreed as an accurate record.	
3.	<b>Update on Board Positions</b> <b><u>NHS Fife</u></b> <ul style="list-style-type: none"> <li>There are significant efforts and resources supporting the vaccination programme</li> <li>Approval has been granted for the Elective Orthopaedic Centre, with the Council also agreeing planning permission</li> <li>Neil McCormack has been appointed as Director of Property and Asset</li> <li>Janette Owens has been appointed as Nurse Director</li> </ul>	

	<ul style="list-style-type: none"> <li>Wider system pressures have eased with a focus on urgent and cancer services. ICU footprint has reduced</li> </ul> <p><b><u>NHS Borders</u></b></p> <ul style="list-style-type: none"> <li>Inpatient Covid activity has reduced which is helping with normal winter pressures</li> <li>Elective surgery remains paused until mid-February</li> <li>Staffing challenges remain</li> <li>Flow through the system remains a challenge</li> </ul> <p><b><u>NHS Lothian</u></b></p> <ul style="list-style-type: none"> <li>Due to current circumstances the Major Trauma Centre opening is delayed until August 2021</li> <li>There remain pressures at the RIE site</li> <li>A number of Care Home closures are impacting on system pressure</li> <li>There is a focus on urgent and cancer services</li> <li>A focussed piece of work is underway on future eye services in light of announcement re Eye Pavillion reprovision</li> <li>Remaining services at RHSCE will move to RIE site at end of March</li> </ul>	
4.	<p><b>Regional Cancer Centre - Update</b></p> <p>C Campbell updated the Group on the recent correspondence received from the Chair of the Scottish Government Capital Investment Group, highlighting the further work requested as part of the Initial Agreement.</p> <p>Boards supported the need to work collaboratively on this development with further discussions planned through the NHS Lothian Cancer Capital Programme Board which has representation from each of the SCAN Boards.</p>	
5.	<p><b>Mechanical Thrombectomy for Stroke</b></p> <p>J McClean introduced this item advising that the National Thrombectomy Advisory Group (TAG) had led significant work over the last 4 years to establish a thrombectomy service in Scotland with 3 hub Boards providing services on a regional basis. NHS Lothian colleagues have been fully engaged in the development of these proposals which have been complex and challenging due to the lack of sufficient Interventional Neuro Radiologists to perform the procedures. Throughout the process the Cabinet Secretary had maintained a close interest in seeing progress.</p> <p>NHS Lothian is now at the stage of developing more detailed plans for the establishment of the regional service for NHS Lothian, Fife, Borders and Forth Valley, with TAG working with individual Board clinical teams to discuss the preparations and resources that need to be in place in the referring Boards e.g. additional nurses and training for associated teams. The Regional Planning team has recently engaged with TAG to understand which aspects of the planning and delivery should be supported by regional planning, with some work required to ensure that these discussions are being escalated at a senior level within Boards.</p> <p>C Cartwright spoke to the previously circulated paper, providing details of the Lothian plans and preparations, including indicative timescales. She confirmed that the Business Case is still to be taken through NHS Lothian governance arrangements with 3 elements to the Case: revenue, provision of Bi-Planer, and accommodation for the Bi-Planer.</p> <p>TAG has confirmed that capital costs will be covered by Scottish Government and it is likely that revenue costs will also be covered, however explicit confirmation is awaited. It was confirmed that East Region Directors of Finance have now been sighted on this.</p> <p>NHS Fife confirmed that in addition to the 5.5wte nurses required to support the new service, additional radiology reporting capacity is required.</p>	

	<p>NHS Borders confirmed that they are currently reviewing their requirements and due to service pressures the nurse training programme is currently paused.</p> <p>NHS Forth Valley confirmed they have recently undertaken significant work on improving wider stroke services locally, however they will require additional radiology reporting capacity.</p> <p>ERPB noted the progress report from NHS Lothian colleagues on the development of the regional service and requested further updates as the planning progresses. It was agreed that a regional group would be established to bring the hub and spoke Boards together to ensure necessary preparations and communications were in place. Medical Directors are to be engaged if there are clinical issues which require to be escalated.</p> <p>An update will be scheduled for a future meeting.</p>	<b>JMcC</b>
<b>5.</b>	<p><b>Robot Assisted Surgery – Revenue Assessment of East Region Robot</b></p> <p>J McClean spoke to this item advising that an assessment of the revenue costs is still underway, with costing of the proposed schedule of specialist surgery not yet complete.</p> <p>At a high level, it is anticipated that procedures will cost an additional £2000 per procedure with the split of these costs to be worked out across Boards. J McClean identified a number of other considerations including:</p> <ul style="list-style-type: none"> <li>• Many of the benefits associated with robotic assisted surgery have already been realised through laparoscopic surgery e.g. reduced length of stay. Additional benefits could be realised if procedures are converted from open procedures</li> <li>• The current operating context will be challenging to introduce and operationalise surgical robots</li> <li>• There are ergonomic benefits for surgeons particularly in relation to procedures requiring lots of suturing</li> <li>• RAS may offer patients with a high BMI access to surgery previously not available i.e. renal transplant</li> </ul> <p>The revenue assessment is anticipated to be completed in the next few days and will be shared with Chief Executives, Medical Directors and Directors of Finance for consideration and agreement. Following this the National Planning Team require confirmation of the East Region position and whether procurement should proceed.</p> <p>Board Chief Executives agreed to meet to discuss the assessment in order to meet the required timescales.</p>	<b>JMcC/CEs</b>
<b>6.</b>	<p><b>Transformation Funding</b></p> <p>J McClean spoke to the previously circulated paper which set out funding priorities for 2021/22. Confirmation is awaited from Scottish Government regarding whether allocations will be made for 2021/22 and whether the projected underspend from 2020/21 can be carried forward. Further consideration will be required once the position is confirmed.</p> <p>Following discussion members agreed to the proposed priorities, including meeting the previously agreed commitments to programmes with staff in fixed term posts. An update will be provided at the next meeting.</p>	<b>JMcC</b>
<b>7.</b>	<p><b>Regional Diabetes Programme – Plan and Expectations for 2021</b></p>	

	<p>N Waters provided a comprehensive update to ERPB members on the programme, highlighting the challenges during the pandemic and the actions taken to mitigate the impact on services and continue delivery.</p> <p>Following previous discussions on measuring the impact of the regional approach to the programme, N Waters set out the different approaches proposed to evaluate the impact of investment in services and in the supporting programme team.</p> <p>Following discussion, ERPB confirmed support for extending the contracts for the Programme Team to enable a robust evaluation to be undertaken over the summer and presented to ERPB in the autumn. This will support decision making on how the programme can be delivered in the future and lessons learned from the approach.</p> <p>It was agreed that it would be helpful to discuss further with the Directors of Finance to ensure they had input into the evaluation process.</p>	<b>NW/DoFs</b>
<b>7.</b>	<p><b>Scot STAR Neonatal Transport Review</b></p> <p>J McClean spoke to the previously circulated paper which set out the approach to the Review of Neonatal Transport service in Scotland. It was highlighted that the review was one of the Best Start recommendations and was closely linked to the proposal to reduce the number of Neonatal Intensive Care Units in Scotland from 8 to 3. A timescale for this reconfiguration is still awaited.</p> <p>ERPB members were asked to note that there is a potential for changes to the bases for Neonatal Transport teams, with 3 bases currently operating from Glasgow, Edinburgh and Aberdeen. An options appraisal process is proposed by summer 2021.</p> <p>Further updates will be provided as the work progresses.</p>	<b>JMcC</b>
<b>8.</b>	<p><b>Health Protection – Opportunities for Regional Working</b></p> <p>J McClean provided a verbal update on progress with exploring opportunities for regional collaboration in Health Protection services across NHS Borders, Fife, Forth Valley and Lothian. A formal project team has been established and governance arrangements are in place to support the work including partnership representation.</p> <p>An Options Appraisal of potential models will be conducted in late March and presented to the Chief Executives and Directors of Public Health for consideration.</p> <p>Further updates will be provided at the next meeting.</p>	<b>JMcC</b>
<b>10.</b>	<p><b>AOB</b></p> <p>No other business was raised.</p>	
<b>11.</b>	<p><b>Next Meeting:</b></p> <p>Friday 30<sup>th</sup> April 1330-1500 via Teams</p>	



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 19 FEBRUARY 2021 AT 10.00 AM

<b>Present</b>	Councillor Rosemary Liewald (RL) (Chair) Christina Cooper (CC) (Vice Chair) Fife Council, Councillors – David Alexander (DA), Tim Brett (TBre), Dave Dempsey (DD), David Graham (DG), Fiona Grant (FG), David J Ross (DJR) and Jan Wincott (JW) NHS Fife, Non-Executive Members – Les Bisset (LBi), Martin Black (MB), Eugene Clarke (EC), Margaret Wells (MW) Chris McKenna (CM), Medical Director, NHS Fife Helen Buchanan, Nurse Director, NHS Fife Amanda Wong (AW), Associate Director, AHP's, NHS Fife Ian Dall (ID), Service User Representative Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative
<b>Professional Advisers</b>	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Helen Hellewell (HH), Associated Medical Director, NHS Fife Katherine Paramore (KP), Medical Representative Kathy Henwood (KH), Chief Social Work Officer
<b>Attending</b>	Dona Milne (DM), Director of Public Health Fiona McKay (FM), Interim Divisional General Manager Norma Aitken (NA), Head of Corporate Services Hazel Williamson (HW), Communications Officer Wendy Anderson (WA) (Minute)

### NO HEADING

### ACTION

#### 1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the first Health & Social Care Partnership Integration Joint Board meeting of 2021.

The Chair welcomed Lynn Barker to her first Board meeting since being permanently appointed to the role of Associate Nurse Director and congratulated Helen Buchanan, Nurse Director on her upcoming retirement. The Chair and Nicky Connor both thanked Helen for her unwavering support over the lifespan of the IJB. Helen responded and wished IJB members the best for the future. Jeanette Owens will take over as Nurse Director when Helen leaves.

The Chair then advised members that a recording pen was in use at the meeting to assist with Minute taking and the media have been invited to listen in to the proceedings.

**2 CHIEF OFFICERS REPORT**

The Chair handed over to Nicky Connor for her Chief Officers Report.

Nicky advised that the recruitment process for the three Heads of Service posts in the Senior Leadership Team is currently underway. By the next IJB meeting the decisions on these posts will have been taken and an update will be provided.

**3 CONFIRMATION OF ATTENDANCE / APOLOGIES**

Apologies had been received from Steve Grimmond, Carol Potter, Jim Crichton, Eleanor Haggett, Wilma Brown, Simon Fevre. Lynn Barker and Lynne Garvey.

**4 DECLARATION OF MEMBERS' INTERESTS**

Having a long-term interest in drug and alcohol issue, Martin Black declared an interest in Item 10.

**5 MINUTES OF PREVIOUS MEETING 4 DECEMBER 2020**

The Minute of the meeting held on Friday 4 December 2020 was approved.

Dave Dempsey raised a question around an item on page 7 of the Minute. This was an item which Eugene Clarke, Chair of Audit & Risk had put forward for escalation around the Transformation Board. Nicky Connor confirmed that an update on this would be provided to a future Audit & Risk Committee meeting.

**6 MATTERS ARISING**

The Action Note from the meeting held on 4 December 2020 was approved.

**7 COVID 19 / REMOBILISATION UPDATE**

The Chair introduced Nicky Connor and colleagues to provide update on Covid-19 and Remobilisation.

Paul Dundas – Care Homes continue to operate and work closely with the partnership. Work is ongoing to understand the implications of the recently published report on the Independent Review of Adult Social Care in Scotland and how this is best supported.

Kenny Murphy – advised that much of the traditional work undertaken by Fife Voluntary Action (FVA) is on hold due to the pandemic, but work continues in areas such as befriending and delivery of food, prescriptions, etc. FVA is working closely with the British Red Cross and public sector partners on supporting the set up and running of vaccination and testing centres along with ensuring the distribution of information.



**7 COVID 19 / REMOBILISATION UPDATE (Cont)**

Fiona McKay – updated on the situation within Social Care. Many services have continued throughout the pandemic. Work is ongoing regarding reinstating Respite and Day Services. Staff testing has been introduced for Care at Home and Adult Services staff. Uptake of staff vaccination has been good and good joint working with Care Homes continues.

Dona Milne – Covid-19 numbers are down, clusters of outbreaks in Care Homes have reduced significantly. The Care Home Oversight Group continues to assess the situation. An asymptomatic test centre opened recently in Cowdenbeath, the next centre opens in Kirkcaldy early next week. Other centres will follow in the coming weeks.

Scott Garden – over 95,000 Fife residents have received their first dose of the vaccination to date. 13 community clinics are open. GP's and District Nurses are supporting the vaccination of housebound residents. It is expected that cohorts 3, 4 and 5 will be completed by week commencing Monday 22 February 2021. Unpaid carers and those with underlying health issues make up cohort 6 and work will start on vaccination these residents soon. Second doses of the vaccination will commence from 1 March 2021.

Chris McKenna – advised that although January 2021 had been a tough month, the situation within our hospitals was improving. As long as the public continue to follow the advice and regulations this should continue. Plans are being drawn up to remobilise and recover services going forward. The vaccination programme has been an incredible success.

Helen Buchanan – echoed what Chris McKenna had said. Remobilisation of services needs to be done cautiously to ensure the safety of patients, their families and staff.

Helen Hellewell – advised that all GP practices would be issued with lateral flow test kits from next week.

Nicky thanked all of those who provided updates and extended thanks to all staff and colleagues, in all organisations, who have worked exceptionally hard over the last 12 months and thanked the public and communities for their support.

Questions were asked around the siting of mobile test units and the effect the inclement weather had on scheduling of appointments. Scott Garden advised that all appointments which had been missed because of the weather had now been rescheduled.

Board members expressed their praise for the running of the vaccination and testing clinics which had been a complex piece of work.

Discussion took place around mental health issues, how the rise in cases is being dealt with and that mental health is as big a priority as physical health needs. Community mental health teams have worked continuously throughout the pandemic.

**8 FINANCE UPDATE**

The Chair introduced Audrey Valente who presented this report.

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

Audrey updated on the financial position of the delegated and managed services based on 30 November 2020 financial information. The forecast deficit is £5.158m and £6.467m relates to unachieved savings that remain at risk of non-delivery. These are currently within the local mobilisation plans but it remains uncertain whether full funding will be made available by the Scottish Government. This paper reflects the full value of non-delivery of savings included as a pressure within the core projected outturn position. This level of overspend requires urgent management action to ensure that the partnership delivers within the approved budget.

Four key areas of overspend are contributing to the financial outturn overspend:-

- Resource Transfer and Other Payments.
- Hospital and Long-Term Care.
- Adult Placements.
- Home Care Services.

Work is ongoing on the budget for the new financial year. Meetings are being held with the Chief Executives and Directors of Finance to finalise information. Once this is available a meeting will be set up to allow Board members to be updated prior to a budget paper being presented to the IJB on 26 March 2021.

**NC/AV**

Tim Brett asked if a briefing on Direct Payments could be provided at a future Development Session. This was agreed.

**NC/AV**

The Board noted the financial position as reported at 30 November 2020 and noted and discussed the next steps and key actions.

**9 PERFORMANCE REPORT – EXECUTIVE SUMMARY**

The Chair introduced Fiona McKay who presented this report. This is an executive summary of the full Performance Report which was discussed at the Finance & Performance Committee on 12 February 2021. The summary served to highlight areas of concern which were being continually assessed.

Dave Dempsey questioned where the information contained in the Performance Report was being dissected and looked at in detail to ensure solutions were being sought for issues. Fiona advised that staff across the Health and Social Care Partnership had responsibility for areas of local and national priority and each of these was underpinned with a workplan. Performance was aligned with the Strategic Plan to provide a level of assurance.

Discussion took place around emergency admissions to hospital, which are down on previous levels and how this can be sustained in the future.

**9 PERFORMANCE REPORT – EXECUTIVE SUMMARY (Cont)**

There has been a reduction in the number of presentations at A&E and Minor Injuries, although there are still peaks of activity eg falls when weather is icy. The Urgent Care Redesign is redirecting people to the correct service which is helping to reduce numbers in A&E/MIU.

The Board noted the information contained within the Performance Report.

**10 ALCOHOL & DRUG PARTNERSHIP ANNUAL REPORT 2019-2020 AND ADP STRATEGY 2020-2023**

The Chair introduced Kathy Henwood who presented this report, which was the subject of discussion at a Development Session held on Monday 5 February 2021.

Dave Dempsey asked why drug levels are so much higher in Scotland than the rest of the UK and the correlation between Scotland and North East England, which has similar economic issues. Kathy Henwood undertook action to bring back further data to the appropriate governance committee.

The Annual Report provides a synopsis of information from the partnership. Service Level Agreements are in place with service providers and Link Officer and Development Officers from the partnership work closely with each of them.

Discussion took place around evidence to support the long-term impact of the project. The support which is provided is visible, accessible and non-judgemental. There are areas for development and more detailed analysis will be done on these going forward.

Questions were asked about unallocated funding mentioned in the report. Kathy Henwood confirmed that at present funding is almost fully committed.

The Board discussed the content of this report and endorsed the ADP Annual Report 2019-2020 and the ADP Strategy 2020-2023.

**11 STRATEGIC RISK REGISTER**

The Chair introduced Fiona McKay who presented this report which sets out the risks associated with the partnership. Relevant risks have been discussed at governance committees recently and have been updated by risk owners.

The Board discussed the Risk Register, considered the content and whether any further information was required on the management of any particular risk. The Board then approved the Risk Register.

**NO HEADING****ACTION****12 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED**

The Chair asked Eugene Clarke, Tim Brett and David Graham for any items from governance committees that they wish to escalate to the IJB.

**Tim Brett – Clinical & Care Governance Committee (C&CG) - 13 November 2020 and 29 January 2021**

- 1 Comprehensive update on Covid-19 Vaccination Programme provided by Scott Garden at 29 January 201 meeting.

**David Graham – Finance & Performance Committee (F&P) - 11 November 2020 and 15 January 2021**

- 1 F&P are meeting monthly to monitor the financial position.

**Eugene Clarke – Audit & Risk Committee (A&R) – 19 November 2020**

- 1 A&R reviewed and approved the External Audit Plan as required by Audit Scotland.
- 2 Agreed to have dedicated time to look at issues on Risk Register during A&R meetings.

**Local Partnership Forum (LPF) - 18 November 2020; 16 December 2020; 20 January 2021**

Nicky advised that the LPF is currently meeting monthly. Focus is on staff and workforce issues, staff testing and vaccination and the significant efforts on supporting communications, engagement and health and wellbeing. Senior Leadership Team, Trade Union and Staff Side are represented on the LPF.

**13 AOCB**

No items were raised.

**14 DATES OF NEXT MEETINGS**

**IJB Development Session – Friday 12 March at 9.30 am**

**IJB Meeting – Friday 26 March at 10.00 am**



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 26 MARCH 2021 AT 10.00 AM

<b>Present</b>	Councillor Rosemary Liewald (RL) (Chair) Christina Cooper (CC) (Vice Chair) Fife Council, Councillors – David Alexander (DA), Tim Brett (TBre), Dave Dempsey (DD), David Graham (DG), David J Ross (DJR) and Jan Wincott (JW) NHS Fife, Non-Executive Members – Les Bisset (LBi), Martin Black (MB), Eugene Clarke (EC), Margaret Wells (MW) Janette Owens (JO), Nurse Director, NHS Fife Chris McKenna (CM), Medical Director, NHS Fife Amanda Wong (AW), Associate Director, AHP's, NHS Fife Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative
<b>Professional Advisers Attending</b>	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Fiona McKay (FM), Interim Divisional General Manager Norma Aitken (NA), Head of Corporate Services Hazel Williamson (HW), Communications Officer Wendy Anderson (WA), H&SC Co-ordinator (Minute)

### NO HEADING

### ACTION

#### 1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

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

The Chair then welcomed Janette Owens to her first Board meeting since being appointed to the role of Nurse Director.

The Chair then advised members that a recording pen was in use at the meeting to assist with Minute taking and the media have been invited to listen in to the proceedings.

#### 2 CHIEF OFFICERS REPORT

The Chair handed over to Nicky Connor for her Chief Officers Report.

Nicky updated on the appointment of the three new Heads of Service who will take up post on 7 June 2021.

Bryan Davies will take up the role of Head of Primary and Preventative Care Services, Lynne Garvey will be Head of Community Care Services and Rona Laskowski, Head of Complex and Critical Care Services.

**3    CONFIRMATION OF ATTENDANCE / APOLOGIES**

Apologies had been received from Helen Hellewell, Dona Milne, Kathy Henwood, Steve Grimmond, Carol Potter and Jim Crichton.

**4    DECLARATION OF MEMBERS' INTERESTS**

There were no declarations of interest.

**5    MINUTES OF PREVIOUS MEETING 4 DECEMBER 2020**

The Minute of the meeting held on Friday 19 February 2021 was approved.

**6    MATTERS ARISING**

The Action Note from the meeting held on 19 February 2021 was approved.

**7    COVID 19 / REMOBILISATION UPDATE**

The Chair introduced Nicky Connor and colleagues to provide updates on Covid-19 and Remobilisation.

Chris McKenna updated on behalf of Dona Milne, who was unable to attend. Public Health have undertaken a significant number of tests, both symptomatic and asymptomatic, in hospital and community settings. Positivity numbers in Fife are approx 2.6% which is lower than the Scottish average. Currently sitting at 67.7 cases per 100,000 (Scottish average is 70 per 100,000). This is a dynamic situation, with society reopening although the virus is still present. Everyone will need to continue to follow all safety precautions (FACTS).

Chris then gave an update on NHS Remobilisation. Elective and Outpatient Services are reopening at both Victoria and Queen Margaret Hospitals using safe and robust remobilisation plans. Patient pathways are being maintained to ensure patient and staff safety.

Janette Owens updated on Staff health and wellbeing remain a priority with staff being able to access Staff Hubs, Psychology services and the spiritual team. There are also lots of materials available to help staff including a new "going home" checklist, leaflets on stress, etc. A Culture of Kindness Conference is being organised for May 2021.

Scott Garden advised that on Thursday 25 March 2021 over 180,000 vaccinations had been delivered to Fife residents, this includes over 170,000 first vaccinations and 9,500 second vaccinations. Fife is on track to offer the first dose to all those in Cohorts 1-9 by the end of March.

There have been some cases of people who have not been offered an appointment, but a process has been set up nationally for people who believe they should have been offered a vaccination and have not received an appointment.

**7 COVID 19 / REMOBILISATION UPDATE (Cont)**

Unpaid carers can complete a self-registration form online and appointments will be set up as forms are received.

Second doses of the vaccination are currently being given to Care Home residents and staff and these should be completed by the end of March. GP's will then begin to offer second doses to over 80's and housebound residents.

Fiona McKay advised that currently there are less than 5 care homes in Fife closed due to the covid-19 pandemic. Visiting has restarted across sites which are open and the partnership is working closely with all homes to support the robust processes that are being put in place. A small number of Day Services have reopened to accommodate people with very complex needs and provide support to carers. The PPE Hub will continue to support carers and their families at least until June 2021.

Kenny Murphy provided an update from Fife Voluntary Action, which continues to work with the British Red Cross and pharmacies to provide and co-ordinate support. Some organisations are beginning to remobilise and restart services. Some services provided during the pandemic will be retained and there will be more flexibility going forward. Those working in the third sector have had good access to the vaccination.

Paul Dundas confirmed that the Independent Sector continued to work throughout the pandemic. Most Care Homes are open to visitors, and this has recognise the contribution of care home staff to support this. Support for mental health and wellbeing is a priority. The roll out of the vaccination programme is enabling work to return to a more normal footing.

Nicky Connor updated on Primary Care in Helen Hellewell's absence. Close working is ongoing between in and out of hours primary care. Meetings are taking place with staff in dental services to support.

Rosemary Liewald offered her thanks to the entire partnership team one year into the pandemic for the work carried out during this time. She also thanked everyone for their updates today.

Tim Brett asked about funding which is being provided to support Fife Council staff. Fiona McKay advised that information has been received on this and staff have been surveyed on what practical supports can be offered. This information will be collated for the Senior Leadership Team (SLT).

Christina Cooper asked if support was being provided for third and independent sector staff. Nicky Connor confirmed that many of the Fife Council and NHS Fife supports were being opened up across the whole of the sector. Kenny Murphy advised that they were heavily promoting web resources which were useful to staff.

Morna Fleming raised a question in relation to dental services operating as normal and the importance of early intervention for issues. Nicky agreed to take this away and arrange for an update to Morna.

**7 COVID 19 / REMOBILISATION UPDATE (Cont)**

David J Ross raised the issue of vaccinations for Cohorts 10-12 and whether the venues used would remain the same. Scott Garden advised that many of the same venues will be used for those receiving their second dose of the vaccination to ensure continuity. Four larger venues are being opened up and these, along with some of the original venues, will be used for the latest vaccinations. Communications on this will be produced once vaccination support information has been confirmed.

**8 REVENUE BUDGET 2021-2024**

The Chair introduced Audrey Valente who presented this report.

Audrey Valente noted that the paper outlined the Budget for 2021/22 along with the Medium-Term Financial Strategy and the PIDs associated to the savings for 2021/22. Audrey noted that there are no PIDs for Year 2 onwards savings as the detail is included within Appendix 3, the Medium-Term Financial Strategy.

There were 3 things that she wished to bring to the attention of the committee.

1. The Budget has been balanced by assuming that the unachieved savings from 2020/21 will be achieved in the next financial year.
2. There is no demographic growth included for 2 reasons, the first is affordability as further savings would require to be identified if they were included. Secondly transformation, it is anticipated that efficiencies will continue to be delivered managing any increase in demand.
3. There are no Directions in this paper, and the paper is detailed at activity level budgets. This is due to the NHS Budget not being approved until the end of March 2021 and therefore the Partnership is not in a position to provide this level of detail, however the plan is to bring this back to a future Board Meeting.

There are two entries included to demonstrate transparency.

- CRES (Cash Releasing Efficiency Savings), these tend to be approved year on year on a non-recurring basis. What has been presented this year is the CRES Savings but c.90% of these are being met on a recurring basis so they won't be brought back as they are being delivered on a recurring basis.
- MORSE – has been talked about at various committee meetings and development meetings. MORSE is an electronic patient system which will incur costs of c.£1M over the next 2 years. The Business Case suggested that there will be benefits to offset these costs and this has been reflected in the budget on this basis. Board Members should be aware that these savings may take some time to materialise and some of the reserves has been earmarked to meet these costs over the next few years.



**8 REVENUE BUDGET 2021-2024 (Cont)**

Audrey noted that there is a budget gap of £8.669M after funding from both partners. There are savings of £8.723M and the detail of these can be seen in the PIDs in Appendix 4.

David Graham and Tim Brett advised that the budget had been discussed and scrutinised in detail at both the Finance & Performance Committee (18 March 2021) and the Clinical & Care Governance Committee (19 March 2021). Both Committees were happy to endorse the budget for approval at today's meeting.

Audrey Valente advised that the budget had also been discussed with staff and trade union representatives at a Local Partnership Forum Meeting (24 March 2021) and that two drop-in sessions had been arranged for IJB members to allow the opportunity to talk through the proposals in detail.

Confirmation was given that future strategies will be brought back to the IJB through due governance committees.

Eugene Clarke found the drop-in session useful and asked that something similar be arranged in future years to assist in the budget setting process. He then enquired about potential pay increases and how they would impact the budget. Audrey advised that the Scottish Government would cover the costs of the NHS pay increase.

The Board discussed and approved the savings proposed at Appendix 2. It also considered the medium-term financial strategy and instructed the Chief Officer to progress the plans and report back to a future meeting of the IJB.

**9 IJB RECORDS MANAGEMENT ANNUAL REPORT**

The Chair introduced Fiona McKay who presented this report which was an update of the plan approved by the IJB during 2019. It is a requirement of the National Records of Scotland and had been discussed at the recently Clinical & Care Governance Committee meeting.

The Board noted the content of the report and the supporting documentation.

**10 PHARMACEUTICAL CARE SERVICES REPORT**

The Chair introduced Scott Garden who presented this report which was for information only. The plan agreed with the IJB in 2020 was that focus would be given to the development of the report in the 3<sup>rd</sup> quarter of 2020 with the objective of having a refreshed report available for consultation early 2021. This would also have allowed the pharmacy team to start to consider the population health implications from COVID in line with our current and future pharmaceutical care services provision. However, we are now in the midst of a further wave of the Covid pandemic and the impact on the team is greater, due to completing priorities, not least that

**10 PHARMACEUTICAL CARE SERVICES REPORT (Cont)**

not least that Pharmacy is currently leading on delivery of Covid Vaccination Programme.

Further, a Community Pharmacy Core Group is in the process of being established. First meeting was held in early February 2021. One of the main objectives of the 'Core Group' will be to support development of the annual PCSR. Therefore, the IJB is asked to recognise this development and to expect an updated, revised report early 2022.

The Board recognised the decision within the report and expect an updated report early 2022.

**11 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED**

The Chair asked Eugene Clarke, Tim Brett and David Graham for any items from governance committees that they wish to escalate to the IJB.

**Tim Brett – Clinical & Care Governance Committee (C&CG) – 26 February 2021**

- 1 The committee received an update on Covid-19.
- 2 An update on Winter was also provided.
- 3 Mental Health was a large part of the agenda. The annual Mental Health Commission report was discussed.

**David Graham – Finance & Performance Committee (F&P) – 12 February 2021**

- 1 The focus of F&P meetings has been the budget.
- 2 An update was provided on the Risk Register Annual Report.
- 3 The Performance Report was discussed including the impact of Covid-19.

**Eugene Clarke – Audit & Risk Committee (A&R) – 22 January 2021**

- 1 The Annual Audit Plan was reviewed.
- 2 Nothing to update from the A&R meeting on 17 March 2021.

**Local Partnership Forum (LPF) – 10 February 2021**

- 1 Nothing to escalate from this meeting.
- 2 Staff Health and Wellbeing is discussed at every LPF meeting.
- 3 Discussions have started on staff returning to the workplace and how best to manage this to ensure a safe return.

**NO    HEADING****ACTION****12    AOCB**

Rosemary Liewald advised Board members that Les Bisset was standing down from his position on the NHS Board with effect from the end of March 2021. She thanked Les for his incredible input to the partnership over the years and wish him well for his retirement.

**13    DATES OF NEXT MEETINGS**

**IJB Development Session – Friday 9 April at 9.30 am**

**IJB Meeting – Friday 23 April at 10.00 am**

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

**Present:**

Mr M Black, Chair

Ms S Braiden, Non-Executive Member

Cllr D Graham, Non- Executive Member

Ms A Lawrie, Non-Executive Member

**In Attendance:**

Mrs C Potter, Chief Executive

Mr K Booth, Head of Financial Services

Ms A Clyne, Audit Scotland

Ms P Fraser, Audit Scotland

Mrs P King, minutes

Mr T Gaskin, Chief Internal Auditor

Mr B Hudson, Regional Audit Manager

Dr G MacIntosh, Head of Corporate Governance & Board Secretary

Mrs M McGurk, Director of Finance

**1. Welcome / Apologies for Absence**

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

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

Apologies for absence were received from Janette Owens.

**2. Declaration of Members' Interests**

There were no declarations of interest made by members.

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

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

**4. Action List**

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

## **5. GOVERNANCE - GENERAL**

### **5.1. Annual Review of Committee's Terms of Reference**

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

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

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

**Action: G MacIntosh / T Gaskin**

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

### **5.2. Draft Annual Accounts Timetable**

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

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

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

**Action: M McGurk**

## **6. GOVERNANCE – INTERNAL AUDIT**

## 6.1. Internal Audit Progress Report

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

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

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

## 6.2. Internal Audit – Follow Up Report Recommendations

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

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

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

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

## 6.3. Interim Evaluation of Internal Control Framework

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

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

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

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

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

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

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

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

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

## **7. GOVERNANCE - EXTERNAL AUDIT**

### **7.1. Audit Scotland Annual Audit Plan**

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

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

**Action: M Black/P Fraser**

The Committee **noted** the Plan.

### **7.2. Annual Accounts – Progress Update on Audit Recommendations**

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

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

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

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

### **7.3. Audit Scotland Report – NHS Scotland in 2020**



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

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

## **8. ISSUES FOR ESCALATION TO NHS BOARD**

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

## **9. ANY OTHER BUSINESS**

None.

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

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

**Present:**

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

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

**In Attendance:**

Dr Rob Cargill, AMD ASD  
Gemma Couser, Interim Head of Quality & Clinical Governance  
Linda Douglas, Director of Workforce  
  
Gillian MacIntosh, Board Secretary  
  
Elizabeth Muir, Clinical Effectiveness Co-ordinator  
Catriona Dziech, Note Taker

Nicky Connor, Director of Health & Social Care  
Claire Dobson, Director of Acute Services  
  
Scott Garden, Director of Pharmacy & Medicines  
John Morrice, AMD, Women & Children Services  
Margo McGurk, Director of Finance  
  
Dr Gaener Rodger, Non-Executive Director & Chair of NHS Highland Clinical Governance Committee

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

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

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

**1. Apologies for Absence**

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

## **2. Declaration of Members' Interests**

There were no declarations of interest made by members.

## **3. Minute of the Meeting held on 10 January 2021**

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

## **4. Action List / Matters Arising**

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

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

## **5 COVID-19 UPDATE**

### **5.1 Covid-19 Vaccination Programme Update**

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

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

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

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

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

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

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

## **5.2 Expansion of Covid-19 Testing**

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

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

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

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

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

## **6 REMOBILISATION OF CLINICAL SERVICES**

### **6.1 Update on Remobilisation Plan**

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

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

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

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

Dr Bisset thanked Dr McKenna for his verbal update.

### **6.2 Redesign of Urgent Care – Flow and Navigation Update**

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

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

The Committee noted:

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

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

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

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

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

**Action: JO**

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

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

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

**Action: CMcK / MMcG**

## **7 GOVERNANCE**

### **7.1 Review of Committee Terms of Reference**

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

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

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

Dr Bisset thanked Gillian MacIntosh for her work on this.

## **8 QUALITY, PLANNING AND PERFORMANCE**

### **8.1 Integrated Performance & Quality Report**

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

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

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

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

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

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

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

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

**Action: JO**

The Committee noted the report.

## **9 ITEMS FOR NOTING**

### **9.1 HAIRT Report**

The Committee noted the report.

## **10 ANNUAL REPORTS**

### **10.1 Integrated Screening Annual Report**

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

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

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

## **11 LINKED COMMITTEE MINUTES AND ANNUAL REPORTS – FOR INFORMATION**



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

**11.1 Fife HSCP Clinical & care Governance Committee 29.01.2021**

**11.2 Integration Joint Board (IJB) 04.12.2020**

**11.3 Infection Control Committee 02.12.2020**

**11.4 Public Health Assurance Committee 20/01/2021**

**Item 4.1 – Interagency Referral Discussion**

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

## **12 ISSUES TO BE ESCALATED**

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

## **13 AOCB**

There was no other competent business.

## **14 DATE OF NEXT MEETING**

Thursday 6 May 2021 at 2pm via MS Teams

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING  
HELD ON 16 MARCH 2021 AT 09:30AM VIA MS TEAMS**

**RONA LAING**  
**Chair**

**Present:**

Ms R Laing, Non-Executive Director (Chair)	Mr E Clarke, Non-Executive Director
Dr L Bisset, Non-Executive Director	Ms J Owens, Director of Nursing
Mrs M McGurk, Director of Finance	Mrs C Potter, Chief Executive
Mrs C Dobson, Director of Acute Services	Mr A Morris, Non-Executive Director

**In Attendance:**

Mrs N Connor, Director of HSCP  
Mr N McCormick, Director of Property and Asset Management  
Dr G MacIntosh, Head of Corporate Governance & Board Secretary  
Mrs R Robertson, Deputy Director of Finance  
Miss L Stewart, PA to the Director of Finance (minutes)

**1. Apologies for Absence**

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

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

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

**2. Declaration of Members' Interests**

There were no declarations of interest made by members.

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

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

**4. Matters Arising/Action List**

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

It was advised that, for Action 141 (update on CAMHS and PT), the date of update should be amended to refer to the September 2020 meeting.

## **5. GOVERNANCE**

### **5.1 Review of Committee's Terms of Reference**

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

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

## **6. PLANNING**

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

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

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

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

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

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

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

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

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

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

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

## **6.2 Strategic Planning and Resource Allocation Process**

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

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

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

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

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

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

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

## **7 PERFORMANCE**

### **7.1 Integrated Performance & Quality Report**

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

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

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

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

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

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

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

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

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

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

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

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

## **7.2 Winter Performance Report**

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

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

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

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

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

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

The Committee **noted** the report.

## **8 ITEMS FOR NOTING**

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

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

## **9. ISSUES TO BE HIGHLIGHTED**

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

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

## **10. Any Other Business**

There was no other business.

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



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

**Margaret Wells**  
Chair

**Present:**

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

**In Attendance:**

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

**1. Apologies for Absence**

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

**2. Declaration of Members' Interests and Chair's Opening Remarks**

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

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

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

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

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

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

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

### **4. Action List**

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

### **5. Matters Arising**

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

### **6. COVID-19 UPDATE**

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

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

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

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

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

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

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

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

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

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

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

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

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

## **6.2 COVID-19 Staff Experience Everyone Matters Pulse Survey Report**

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

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

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

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

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

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

**Action: C Potter / W Brown**

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

### **6.3 & COVID-19 Staff Vaccination and Staff Testing Updates**

#### **6.4**

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

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

The following key points were noted from the presentation:

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

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

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

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

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

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

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

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

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

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

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

## **7. GOVERNANCE**

### **7.1 Review of Committee Terms of Reference**

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

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

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

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

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

## **8. QUALITY, PLANNING & PERFORMANCE**

### **8.1 Integrated Performance & Quality Report**

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

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

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

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

## **9. LINKED COMMITTEE MINUTES AND ANNUAL REPORTS**

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

The Committee **noted** the minutes.

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

The Committee **noted** the minutes.

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

The Committee **noted** the minutes.

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

The Committee **noted** the minutes.

## **10. ISSUES TO BE ESCALATED TO THE BOARD**

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

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

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

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

**Action: M Wells / L Douglas**

**11. ANY OTHER BUSINESS**

There was no other business to discuss.

**12. DATE OF NEXT MEETING**

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

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



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

**Margaret Wells**

Chair

**Present:**

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

**In Attendance:**

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

**1. Apologies for Absence**

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

**2. Declaration of Members' Interests and Chair's Opening Remarks**

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

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

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

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

### 3. Strategic Planning and Resource Allocation Report

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

M McGurk referred to the Diagram on page 3:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### 4. ANY OTHER BUSINESS

There was no other business to discuss.

**5. DATE OF NEXT MEETING**

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



# Fife Integrated Performance & Quality Report

Produced in March 2021



# Introduction

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

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

The IPQR comprises of the following sections:

## **I. Executive Summary**

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

## **II. Performance Assessment Reports**

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

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

# I. Executive Summary

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

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

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

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

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

## a. LDP Standards & Key Performance Indicators

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The current performance status of the 29 indicators within this report is 8 (28%) classified as **GREEN**, 2 (7%) **AMBER** and 19 (65%) **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:

- Cancer 31-day DTT – continuing above the 95% Standard (for the 9<sup>th</sup> month in succession)
- FOI Closure Rate – continuing above the local target (for the 4<sup>th</sup> month in succession)
- Bed Days Lost due to Delayed Discharges – falling below the 5% target for the first time since June 2020

## b. National Benchmarking

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National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 7 (25%) within upper quartile, 15 (50%) in mid-range and 7 (25%) 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	£13.373m
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	Jan-20	40	Dec-20	19	Jan-21	33	↓
Year Ending	Sep-19	1.04	Jun-20	1.00	Sep-20	1.01	↓
Month	Jan-20	7.35	Dec-20	9.02	Jan-21	8.84	↑
Month	Jan-20	1.47	Dec-20	2.20	Jan-21	2.35	↓
Month	Jan-20	0.88	Dec-20	0.83	Jan-21	1.04	↓
Quarter Ending	Dec-19	2.3%	Sep-20	2.2%	Dec-20	2.4%	↓
Quarter Ending	Jan-20	12.9	Dec-20	20.6	Jan-21	21.7	↓
Quarter Ending	Jan-20	7.5	Dec-20	11.7	Jan-21	10.6	↑
Quarter Ending	Jan-20	8.6	Dec-20	6.5	Jan-21	5.1	↑
Quarter Ending	Jan-20	3.2	Dec-20	2.1	Jan-21	2.1	↔
Quarter Ending	Jan-20	50.7	Dec-20	50.3	Jan-21	51.0	↓
Quarter Ending	Jan-20	33.0	Dec-20	24.4	Jan-21	33.0	↓
Quarter Ending	Jan-20	74.3%	Dec-20	81.8%	Jan-21	79.6%	↓
Quarter Ending	Jan-20	48.0%	Dec-20	25.8%	Jan-21	31.3%	↑
Month	Dec-19	100.0%	Nov-20	100.0%	Dec-20	100.0%	↔
Month	Jan-20	90.0%	Dec-20	89.4%	Jan-21	90.1%	↑
Month	Jan-20	88.4%	Dec-20	62.3%	Jan-21	57.4%	↓
Month	Jan-20	93.2%	Dec-20	57.5%	Jan-21	51.2%	↓
Month	Jan-20	98.2%	Dec-20	95.9%	Jan-21	89.2%	↓
Month	Jan-20	93.5%	Dec-20	98.8%	Jan-21	97.9%	↓
Month	Jan-20	83.6%	Dec-20	91.3%	Jan-21	82.4%	↓
Month	Jan-20	79.0%	Dec-20	70.9%	Jan-21	73.7%	↑
Year Ending	Jun-19	27.2%	Mar-20	24.6%	Jun-20	23.5%	↓
Quarter Ending	Jan-20	55.9%	Dec-20	85.4%	Jan-21	87.5%	↑
Month	Jan-20	7.8%	Dec-20	5.3%	Jan-21	4.9%	↑
Month	Jan-20	69	Dec-20	25	Jan-21	38	↓
Month	Sep-19	85.7%	Aug-20	84.1%	Sep-20	72.0%	↓
YTD	Nov-19	94.0%	Oct-20	51.4%	Nov-20	48.9%	↓
Month	Jan-20	71.8%	Dec-20	85.8%	Jan-21	83.0%	↓
Month	Jan-20	75.8%	Dec-20	80.8%	Jan-21	77.1%	↓
YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑
Month	Nov-19	96.0%	Oct-20	90.9%	Nov-20	96.1%	↑
Annual	2017/18	86.7%	2018/19	93.7%	2019/20	94.8%	↑
Annual	2017/18	55.4%	2018/19	60.9%	2019/20	58.2%	↓
Month	Jan-20	N/A	Dec-20	+£2.829m	Jan-21	-£3.987m	↑
Month	Jan-20	N/A	Dec-20	£4.817m	Jan-21	£6.832m	↑
Month	Jan-20	6.59%	Dec-20	5.87%	Jan-21	5.04%	↑

Benchmarking	
	Upper Quartile
	Mid Range
	Lower Quartile

Reporting Period	Fife		Scotland
N/A			
YE Sep-20	1.01	●	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			
Jan-21	90.1%	●	86.0%
Dec-20	64.3%	●	37.0%
Dec-20	57.0%	●	47.8%
Dec-20	96.0%	●	55.9%
QE Sep-20	98.6%	●	98.4%
QE Sep-20	86.2%	●	87.3%
QE Dec-20	67.6%	●	71.7%
2018, 2019	26.1%	●	25.6%
N/A			
QE Sep-20	6.8%	●	5.1%
Jan-21	10.17	●	12.36
FY 2019/20	89.0%	●	88.3%
FY 2019/20	92.8%	●	97.2%
QE Dec-20	82.8%	●	73.1%
QE Dec-20	73.6%	●	80.0%
FY 2019/20	79.2%	●	83.2%
QE Sep-20	95.5%	●	97.2%
2017/18	86.8%	●	72.5%
2017/18	55.3%	●	42.3%
N/A			
N/A			
YE Mar-20	5.49%	●	5.31%



## d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile
<b>HSMR</b>	1.00	N/A	N/A	YE Sep-20	1.01 YE Sep-20 
The HSMR for NHS Fife for the year ending September 2020 fell slightly in comparison to the year ending June 2020, and was marginally above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.					
<b>Inpatient Falls (with Harm)</b> Reduce falls with harm by 20% by December 2020	2.16	Oct-20	2.16	Jan-21	2.20 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.					
<b>Pressure Ulcers</b> 50% reduction by December 2020	0.42	Never Met	0.42	Jan-21	1.04 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.					
<b>Caesarean Section SSI</b> 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.					
<b>SAB (MRSA/MSSA)</b> 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 Jan-21	21.7 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.					
<b>C Diff</b> We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022	6.5	QE Jan-21	6.7	QE Jan-21	5.1 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.					
<b>ECB</b> 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 Jan-21	51.0 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.					
<b>Complaints - Stage 2</b> At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Jan-21	31.3% 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	
<b>4-Hour Emergency Access</b> 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Sep-20	95%	Jan-21	90.1%	Jan-21 <span style="color: green;">●</span>
Capacity challenges continued in December affecting flow through ED. Attendances decreased across the festive period allowing for a better performance than previous year and overall attendances are well below projected for the period.						
<b>Patient TTG (Ongoing Waits)</b> All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	N/A	Jan-21	57.4%	Dec-20 <span style="color: green;">●</span>
Waiting times performance recovery slowed during December (a traditionally quiet month) as the Acute Hospital had to contend with the second wave of the COVID-19 pandemic and cancelled non-urgent elective surgery. Nevertheless, at the end of December, the waiting list was 5% lower than at the end of September. Efforts are continuing to mitigate the situation, with particular attention focusing on urgent waits, but activity is less than forecast and is likely to continue to affect performance for the remainder of FY 2020/21.						
<b>New Outpatients</b> 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	N/A	Jan-21	51.2%	Dec-20 <span style="color: green;">●</span>
Waiting times performance recovery slowed during December (a traditionally quiet month) as the Acute Hospital had to contend with the second wave of the COVID-19 pandemic. At the end of the month, the waiting list was 5% higher than at the end of September, with a similar increase in the % of patients waiting more than 12 weeks. Efforts are continuing to mitigate the situation, with particular attention focusing on urgent referrals, but activity is less than forecast and is likely to continue to affect performance for the remainder of FY 2020/21.						
<b>Diagnostics</b> 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)	100%	Apr-16	N/A	Jan-21	89.2%	Dec-20 <span style="color: green;">●</span>
Despite the onset of the second wave of the COVID-19 pandemic, the recovery in performance against Diagnostics Waiting Times continued in December, and over 95% of patients had waited no more than 6 weeks at month end. Just under 70% of the breaches were for Endoscopy tests, while there were no Imaging breaches in each of October and November. It will be a major challenge to maintain this performance level in the remainder of the FY, with activity being slightly less than forecast.						
<b>Cancer 62-Day RTT</b> 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	N/A	Jan-21	82.4%	QE Sep-20 <span style="color: orange;">●</span>
December was a challenging month with the majority of breaches being seen in Urology. Delays to PET outwith Fife contributed to the Upper GI and Lung specialty breaches, while cancellations in surgery due to clinical priorities and lack of availability of equipment were the main reasons for the Urology and Breast breaches. Breaches ranged between 5 and 50 days in duration, with an average of 27 days. Cancer patients remain a priority.						
<b>FoI Requests</b> At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	QE Jan-21	85%	QE Jan-21	87.5%	N/A N/A
NHS Fife has now completed four months under the new process for responding to requests and with additional FOI staff resource managing. Stakeholder engagement throughout NHS Fife continues and renewed training will soon be delivered by FOI staff resource to further assist departments and teams with their interaction with FOI duties and obligations. FOI role expected to go to advert within the next two months.						
<b>Delayed Discharge</b> The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jun-20	5%	Jan-21	5.0%	QE Sep-20 <span style="color: orange;">●</span>
The number of bed days lost continues to reduce and 5.3% of occupied bed days lost were as a result of delay in December. Occupancy across our Acute and community hospitals remains high with an increased bed footprint to accommodate red and amber pathways and a continued number of outbreak wards closed.						
<b>Smoking Cessation</b> Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT Nov-20	48.9%	FY 2019/20 <span style="color: orange;">●</span>
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		
<b>CAMHS Waiting Times</b> 90% of young people to commence treatment for specialist CAMHS services within 18 weeks of referral	90%	Sep-16	N/A	Jan-21	83.0%	QE Dec-20	●
Referrals to Fife CAMHS reflect similar levels of demand to 2019 and 2020. The ongoing high number of presentations of children and young people requiring urgent and priority appointments has resulted in the majority of clinical staff working to meet this need. The result of this activity is demonstrated through a higher % RTT in the last 2 months of 2020; however, as a consequence, the longest waits have increased as staff are drawn away from this area of work.							
<b>Psychological Therapies</b> 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	N/A	Jan-21	77.1%	QE Dec-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		
<b>Revenue Expenditure</b> Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Jan-21	-£ 3.987m	N/A	N/A
Following Scottish Government funding of unachieved savings, the position to month 10 is an underspend of £3.987m (last month we reflected an in-year overspend). In addition, the forecast outturn position has moved from a projected balanced position to an underspend of £4m which represents the further recent pausing of our elective activity in Q4 to focus on our response to the Covid-19 pandemic. Dialogue with Scottish Government colleagues is underway to discuss the management of this change to forecast. In our forecast we have assumed that any remaining Health Delegated underspend (arising post the budget realignment process to Social Care highlighted last month) will be treated as an IJB earmarked reserve.							
<b>Capital Expenditure</b> Work within the capital resource limits set by the SG Health & Social Care Directorates	£13.373m	N/A	£13.373m	Jan-21	£6.832m	N/A	N/A
The total Capital Resource Limit for 2020/21 is £13.373m including anticipated allocations for specific projects. The capital position for the 10 months to January records spend of £6.832m equivalent to 51.09% 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		
<b>Sickness Absence</b> To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.39%	Jan-21	5.04%	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 ten months of the year when compared with the same period during 2019/20, with a reduction of 0.54% in the year to date. The sickness absence rate has been above 5% in each of November, December and January, but this is in line with seasonal variations seen in previous years and the rate is less than reported in the last							

## II. Performance Exception Reports

### Clinical Governance

Adverse Events	9
HSMR	10
Inpatient Falls (With Harm)	11
Pressure Ulcers	12
Caesarean Section SSI	13
SAB (HAI/HCAI)	14
C Diff (HAI/HCAI)	15
ECB (HAI/HCAI)	16
Complaints (Stage 2)	17

### Finance, Performance & Resources – Operational Performance

4-Hour Emergency Access	18
Patient Treatment Time Guarantee (TTG)	19
New Outpatients	20
Diagnostics	21
Cancer 62-day Referral to Treatment	22
Freedom of Information (FOI) Requests	23
Delayed Discharges	24
Smoking Cessation	25
CAMHS 18 Weeks Referral to Treatment	26
Psychological Therapies 18 Weeks Referral to Treatment	27

### Finance, Performance & Resources – Finance

Revenue Expenditure	28
Capital Expenditure	41

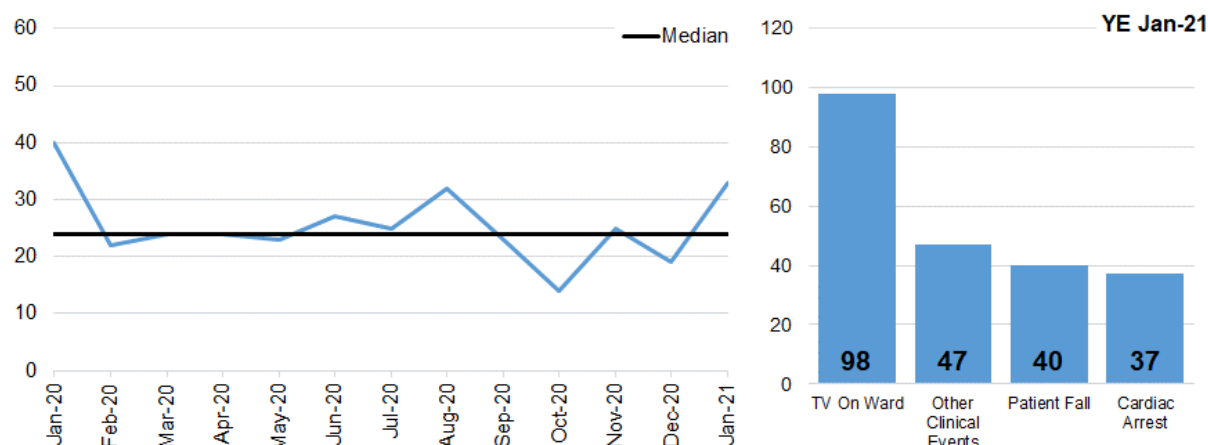
### Staff Governance

Sickness Absence	45
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## Clinical Governance

### Adverse Events

#### Major and Extreme Adverse Events



#### All Adverse Events

	Month	2019/20			2020/21									
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
ALL	NHS Fife	1404	1308	1122	891	1065	1123	1328	1242	1287	1335	1296	1231	1265
	Acute Services	619	634	471	372	474	463	560	506	605	555	634	589	558
	HSCP	748	624	627	486	558	627	730	694	639	748	632	616	687
	Corporate	37	50	24	33	33	33	38	42	43	32	30	26	20
CLINICAL	NHS Fife	914	924	799	609	725	740	908	836	922	897	942	911	883
	Acute Services	558	572	439	343	431	421	514	469	557	506	590	546	521
	HSCP	338	334	345	248	279	299	373	351	347	377	338	356	352
	Corporate	18	18	15	18	15	20	21	16	18	14	14	9	10

#### 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

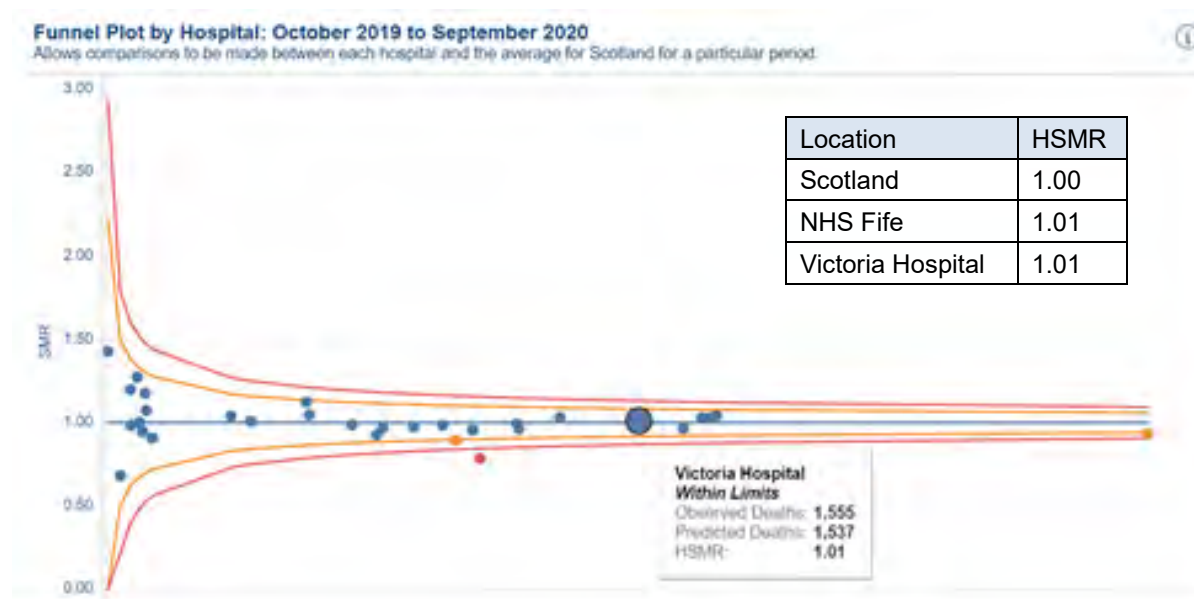
### HSMR

*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; October 2019 to September 2020<sup>a</sup>

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

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



#### Commentary

The annual HSMR for NHS Fife increased during the third quarter of 2020, with the difference between actual and predicted number of deaths producing a ratio just over 1. This should be seen as normal variation, but we will continue to monitor this closely.



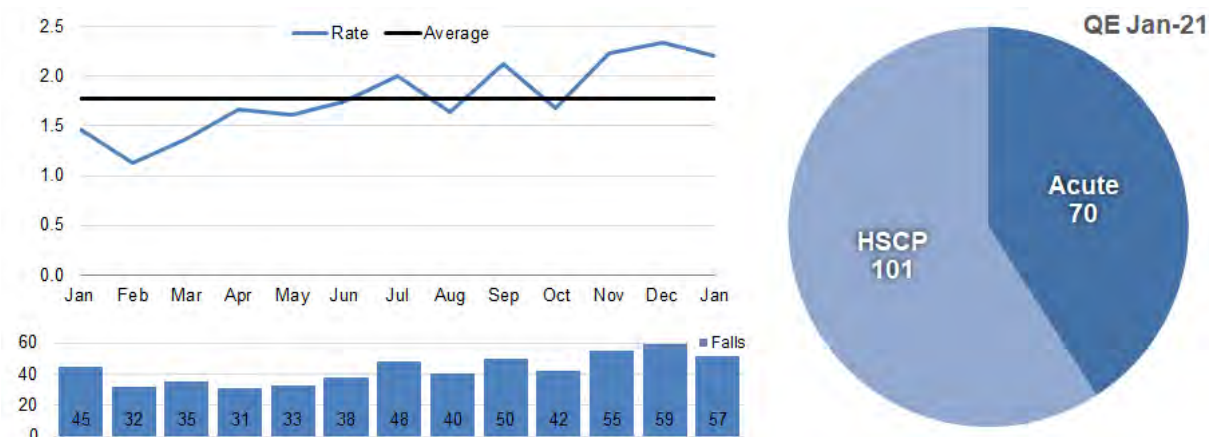
## Clinical Governance

### 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						
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS Fife	1.47	1.13	1.37	1.67	1.62	1.75	2.01	1.64	2.12	1.68	2.24	2.35	2.20
Acute Services	0.99	0.77	1.26	1.78	1.21	1.38	1.26	1.26	1.55	1.11	1.54	1.67	2.64
HSCP	1.89	1.44	1.44	1.61	1.95	2.08	2.66	1.96	2.62	2.17	2.87	2.96	1.82

#### Key Challenges in 2020/21

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

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

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

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

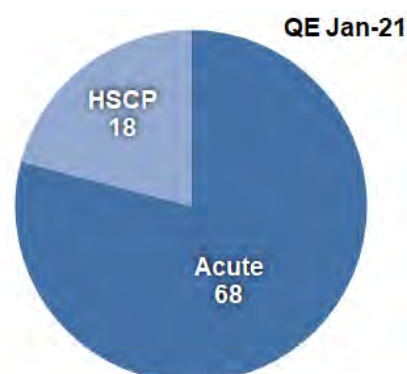
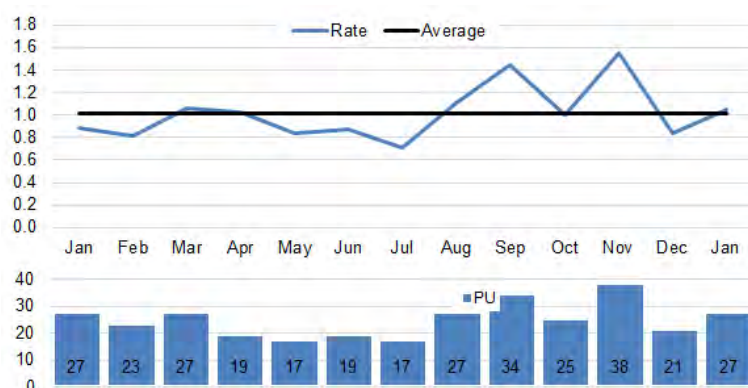
Improvement Actions	Update
<b>20.3</b> Falls Audit By Apr-21	Plans for this audit have been further delayed as a result of the ongoing situation. A number of areas are being prioritised and this will be programmed in over the coming months as more of a rolling audit. Local scrutiny will continue utilising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

## Clinical Governance

### Pressure Ulcers

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

#### Local Performance



#### Service Performance

Month	2019/20			2020/21									
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS Fife	0.88	0.81	1.06	1.02	0.83	0.88	0.71	1.11	1.44	1.00	1.55	0.83	1.04
Acute Services	1.27	1.23	1.94	2.08	1.21	1.57	1.17	1.98	2.64	1.20	2.39	1.17	2.14
HSCP	0.55	0.46	0.46	0.42	0.53	0.26	0.31	0.38	0.40	0.82	0.78	0.53	0.07

#### 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	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.

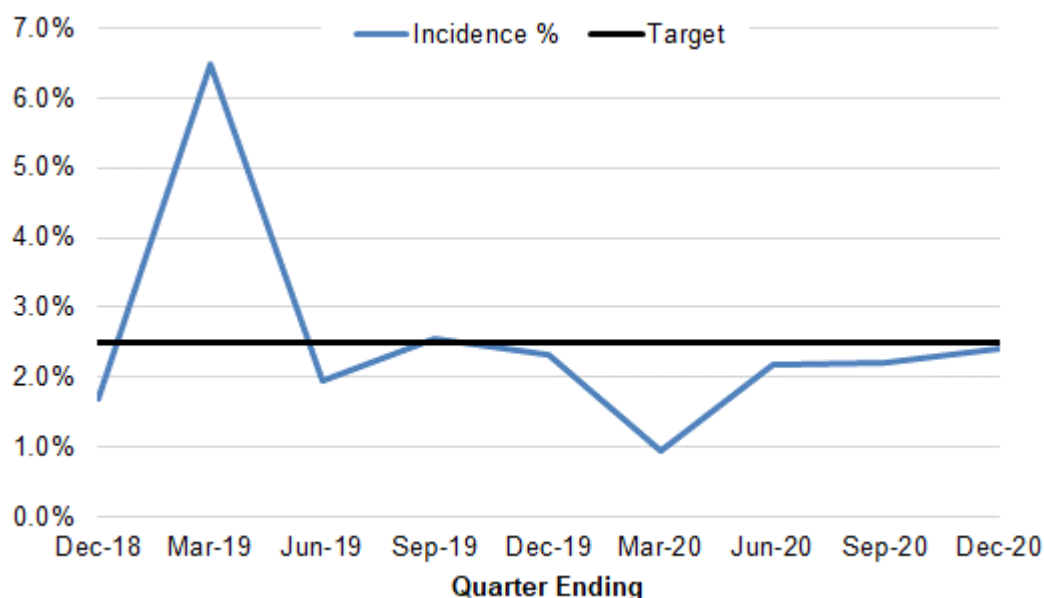


## Clinical Governance

### 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
<b>20.1</b> 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>
<b>20.2</b> Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	

## Clinical Governance

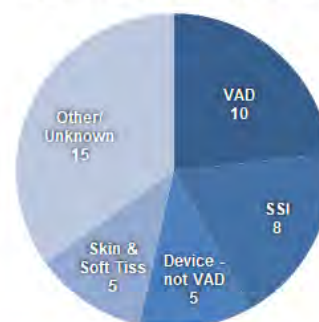
### SAB (HAI/HCAI)

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

#### Local Performance



Infection Source: YE Jan-21



#### National Benchmarking

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

#### Key Challenges in 2020/21

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

Improvement Actions	Update
<b>20.1</b> Reduce the number of SAB in PWIDs <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.
<b>20.2</b> 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.
<b>20.3</b> 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 Patientrack for Acute services, are still awaited.
<b>20.4</b> 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

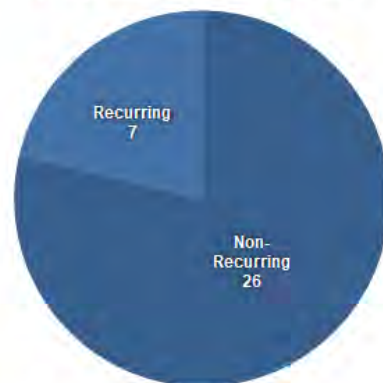
### C Diff (HAI/HCAI)

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

#### Local Performance



All CDI Recurrence: YE Jan-21



#### National Benchmarking

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

#### Key Challenges in 2020/21

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

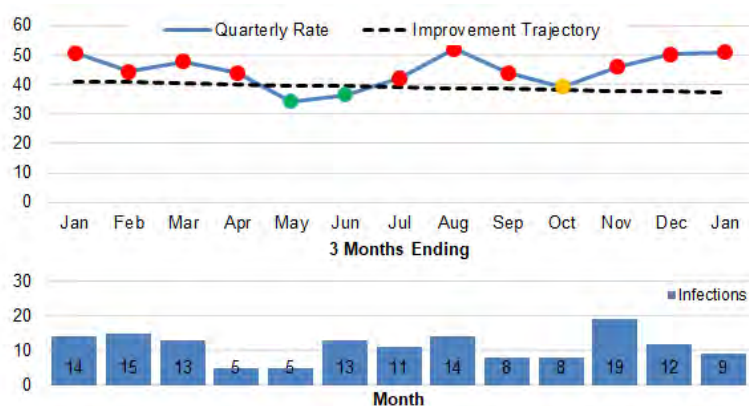
Improvement Actions	Update
<b>20.1</b> Reducing recurrence of CDI By Mar-22	Each CDI occurrence is reviewed by a consultant microbiologist. The patients clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection. To reduce recurrence 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
<b>20.2</b> Reduce overall prescribing of antibiotics By Mar-22	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.
<b>20.3</b> Optimise communications with all clinical teams in ASD & the HSCP By Mar-22	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

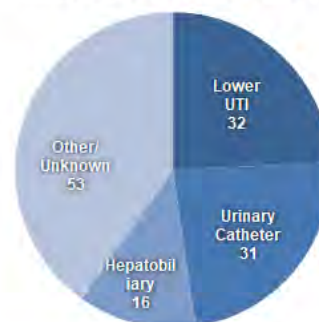
### ECB (HAI/HCAI)

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 Jan-21



#### National Benchmarking

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

#### Key Challenges in 2020/21

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

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

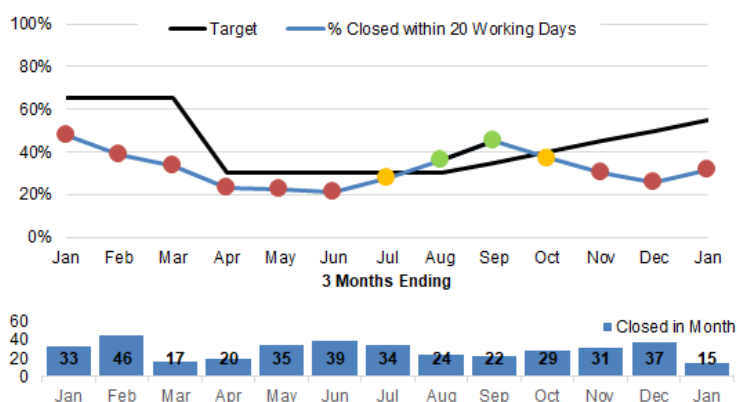
## Clinical Governance

### Complaints | Stage 2

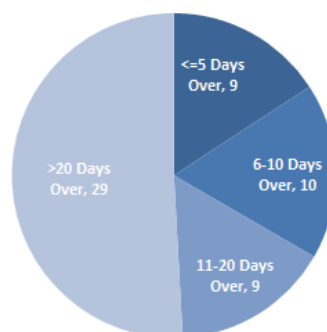
At least 75% of Stage 2 complaints are completed within 20 working days

Improvement Target for 2020/21 = 65%

#### Local Performance



Closure Breaches; QE Jan-21



#### Local Performance by Directorate/Division

3-Month Ending	2019/20							20/21						
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
NHS Fife	48.0%	38.7%	33.3%	22.9%	22.2%	21.3%	27.8%	36.1%	45.0%	37.3%	30.5%	25.8%	31.3%	
Ack <= 3 Days (Monthly)	93.9%	95.7%	94.1%	95.0%	97.1%	87.2%	97.1%	100.0%	95.5%	93.1%	100.0%	100.0%	100.0%	
ASD	56.5%	49.4%	56.2%	55.2%	54.3%	53.4%	54.6%	55.4%	56.0%	55.4%	54.2%	51.8%	50.7%	
HSCP	23.3%	9.7%	28.6%	28.4%	28.0%	26.8%	26.6%	28.0%	28.8%	27.8%	26.8%	25.4%	25.6%	

#### Key Challenges in 2020/21

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

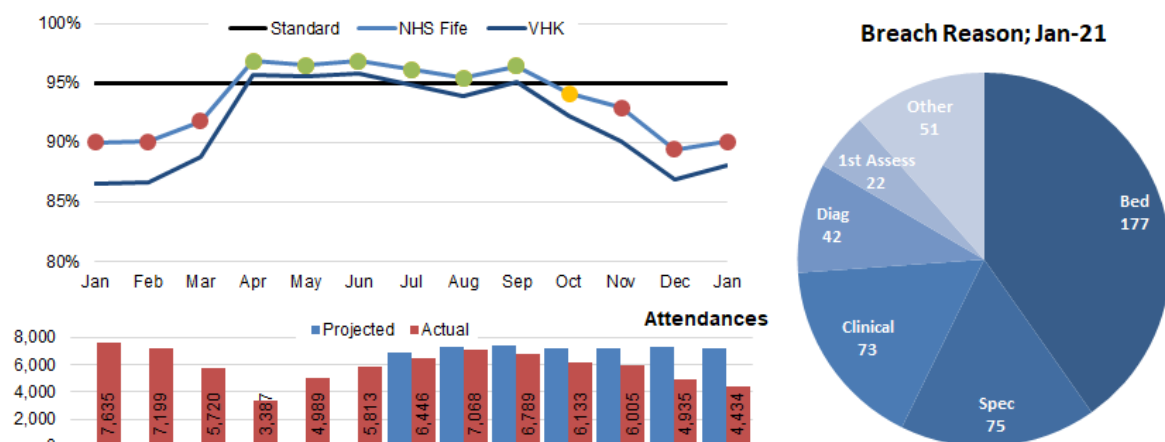
Improvement Actions	Update
<b>20.1</b> Patient Relations Officers to undertake peer review	
<b>20.2</b> Deliver education to service to improve quality of investigation statements	
<b>20.3</b> Agree process for managing medical statements, and a consistent style for responses	
<b>21.1</b> Agree process for managing complaint performance and quality of complaint responses By Mar-21	The PRT 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.
<b>21.2</b> 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



#### National Benchmarking

Month	2019/20		2020/21											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
NHS Fife	90.0%	90.1%	91.8%	96.8%	96.5%	96.8%	96.1%	95.4%	96.4%	94.1%	92.9%	89.4%	90.1%	
Scotland	86.1%	86.4%	89.2%	94.9%	95.7%	95.6%	95.1%	92.9%	92.1%	89.6%	89.8%	86.4%	86.0%	

#### 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 <sup>st</sup> December – ED supporting through final triage of patients by consultants in Emergency Medicine

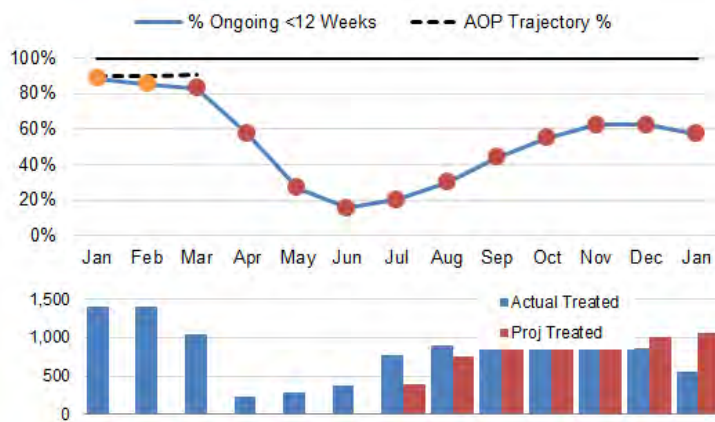


## Finance, Performance & Resources – Operational Performance

### Patient TTG

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

#### Local Performance



#### Breaches Breakdown Jan-21



#### National Benchmarking

	2019/20			2020/21									
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS Fife	88.4%	85.4%	83.1%	57.3%	26.8%	15.4%	20.2%	30.0%	44.1%	54.9%	62.3%	62.3%	57.4%
Scotland	66.7%	66.3%	64.4%	46.6%	24.8%	17.3%	20.6%	24.9%	30.0%	34.2%	37.4%	37.0%	

#### Key Challenges in 2020/21

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

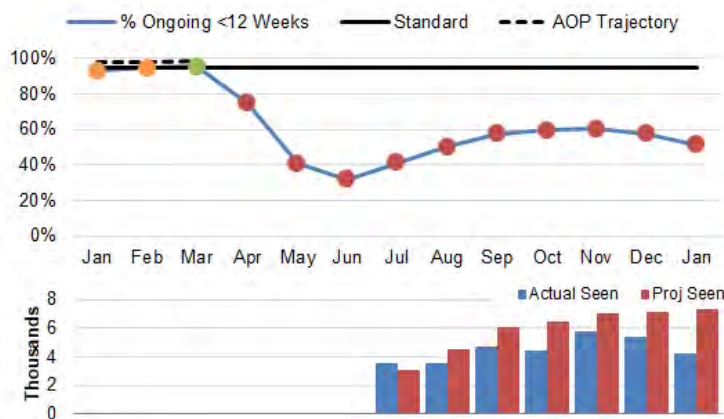
Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	
20.3 Theatre Action Group develop and deliver plan	
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	
21.1 Develop and deliver transformation plan By Mar-21	This action is related to 20.2 and 20.3,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



#### National Benchmarking

	2019/20			2020/21									
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS Fife	93.2%	94.7%	95.2%	74.8%	40.9%	32.0%	41.1%	50.0%	57.4%	59.3%	60.3%	57.5%	51.2%
Scotland	75.5%	75.1%	74.9%	57.8%	34.9%	28.5%			46.5%			47.8%	

#### Key Challenges in 2020/21

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

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

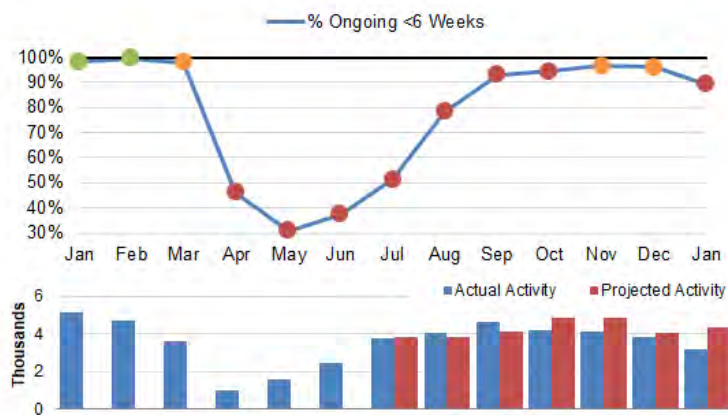


## Finance, Performance & Resources – Operational Performance

### 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 Jan-21



#### National Benchmarking

	2019/20			2020/21									
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS Fife	98.2%	99.5%	97.8%	46.3%	31.1%	37.4%	51.4%	78.3%	93.1%	94.3%	96.5%	95.9%	89.2%
Scotland	79.2%	84.7%	75.8%	28.4%	27.9%	35.4%	42.9%	49.3%	53.3%	52.3%	57.2%	55.9%	

#### Key Challenges in 2020/21

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

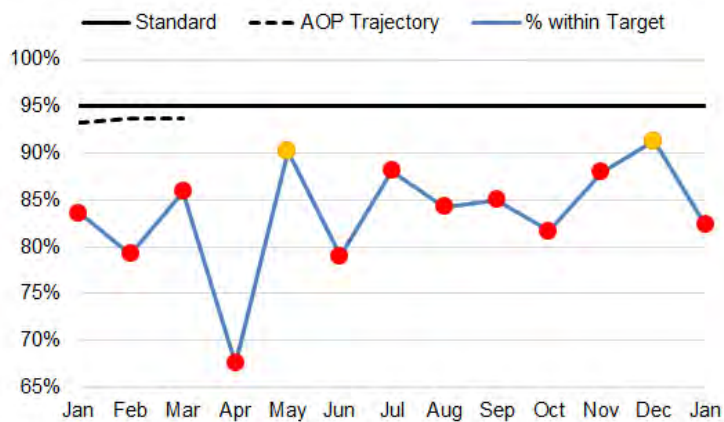
Improvement Actions	Update
<b>21.1 Review DCAQ and develop remobilisation plans for Radiology and Endoscopy</b>	
<b>21.2</b> Undertake new and planned waiting list validation against agreed criteria By Mar-21	Complete for radiology and complete for new referrals for Endoscopy. Planned waiting list validation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

## Finance, Performance & Resources – Operational Performance

### Cancer 62-Day Referral to Treatment

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

#### Local Performance



#### Breaches: Nov 20 to Jan 21



#### National Benchmarking

Month	2019/20			2020/21									
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS Fife	83.6%	79.2%	85.9%	67.5%	90.2%	79.0%	88.2%	84.3%	85.0%	81.7%	88.0%	91.3%	82.4%
Scotland	83.6%	82.7%	86.1%	82.6%	83.8%	84.3%	87.1%	86.6%	86.5%	84.9%	84.8%	85.3%	81.6%

#### Key Challenges in 2020/21

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

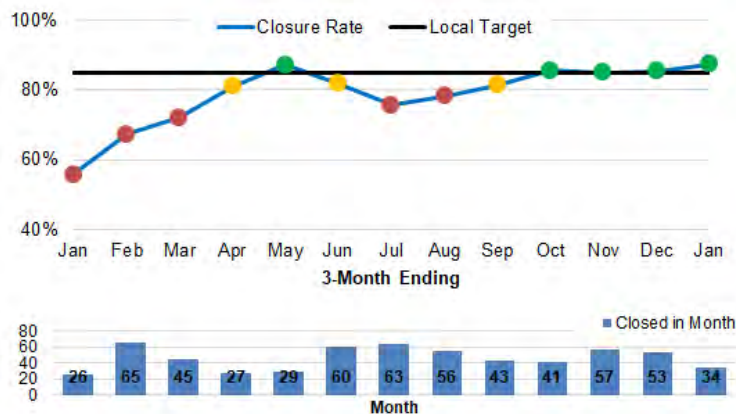
Improvement Actions	Update
<b>20.3</b> Robust review of timed cancer pathways to ensure up to date and with clear escalation points By Mar-21	This will be addressed as part of the overall recovery work and in line with priorities set by the leadership team. DCAQ of cancer pathways delayed due to pandemic, but work is to restart.
<b>20.4</b> Prostate Improvement Group to continue to review prostate pathway By Mar-21	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.
<b>21.1</b> Establishment of Cancer Structure to develop and deliver a Cancer Strategy	
<b>21.2</b> Cancer Strategy Group to take forward the National Cancer Recovery Plan By Jun-21	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 Jan-21



#### Service Performance

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

#### Key Challenges in 2020/21

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

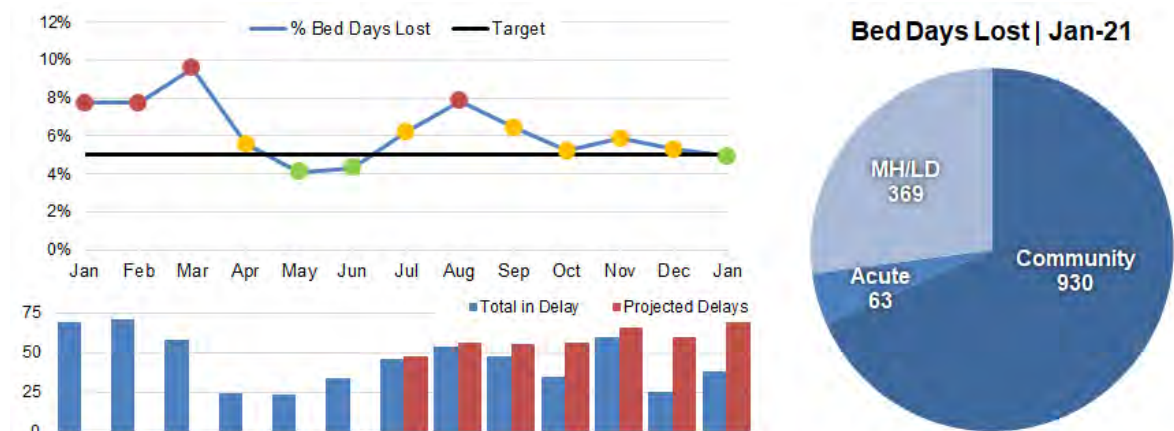
Improvement Actions	Update
<b>20.5</b> Refresh process with H&SC partnership for requests received that relate to their services	
<b>20.7</b> Formalise long-term resource requirements for FOI administration	
<b>21.1</b> Organisation-wide Publication Scheme to be introduced <i>By Jul-21, Dec-21</i>	New action, to reflect ongoing improvement work Design to be agreed by July and implemented by end of 2021.
<b>21.2</b> 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	
		Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	TOBD	92,599	91,463	91,885	87,857	90,276	91,709	87,695	63,241
	Bed Days Lost	4,200	6,744	8,141	6,685	7,232	6,570	7,276	2,931
	% Bed Days Lost	4.5%	7.4%	8.9%	7.6%	8.0%	7.2%	8.3%	4.6%
Scotland	TOBD	1,541,821	1,551,451	1,561,425	1,530,535	1,531,657	1,555,991	1,498,885	1,098,555
	Bed Days Lost	107,120	109,366	101,959	103,422	110,861	110,547	110,003	41,729
	% Bed Days Lost	6.9%	7.0%	6.5%	6.8%	7.2%	7.1%	7.3%	3.8%

#### Key Challenges in 2020/21

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

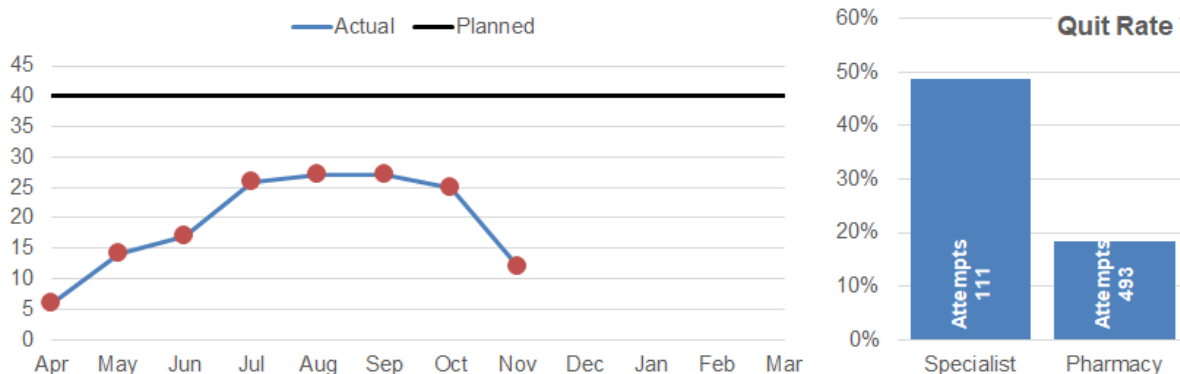
Improvement Actions	Update
<b>20.1</b> Test a trusted assessors model for patients transferring to STAR/assessment beds	
<b>20.3</b> Moving On Policy to be implemented	
<b>20.4</b> Improve flow of comms between wards and Discharge HUB	
<b>20.5</b> Increase capacity within care at home	
<b>21.1</b> Progress HomeFirst model By Mar-21	The working group continue to progress the actions to ensure 95% of all discharges occur safely and before 2 p.m. and to ensure assessments for LTC are not carried out within an Acute setting.
<b>21.2</b> Develop virtual community HUB across east hospitals to include Ninewells Hospital 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	25	12				
	Actual Cumul	6	20	37	63	90	117	142	154	154	154	154	154
	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%	51.4%	48.9%	43.5%	39.1%	35.5%	32.6%
Scotland	Achieved												

#### Key Challenges in 2020/21

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

Improvement Actions	Update
<b>20.2</b> Test Champix prescribing at point of contact within hospital respiratory clinic	The aim of this action is to test a model of delivery that allows a smoking cessation advisor sitting within clinic to enable direct access to Champix for patients attending clinic. <b>Action paused due to COVID-19</b>
<b>20.3</b> '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.
<b>20.4</b> Enable staff access to medication whilst at work	<b>Action paused due to COVID-19</b>
<b>21.1</b> Assess use of Near Me to train staff <i>By Mar-21</i>	Near Me has been set up and clients are being offered this service, but there has been little uptake to date, possibly due to issues with IT availability and connectivity
<b>21.2</b> Support Colorectal Urology Prehabilitation Test of Change Initiative <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.

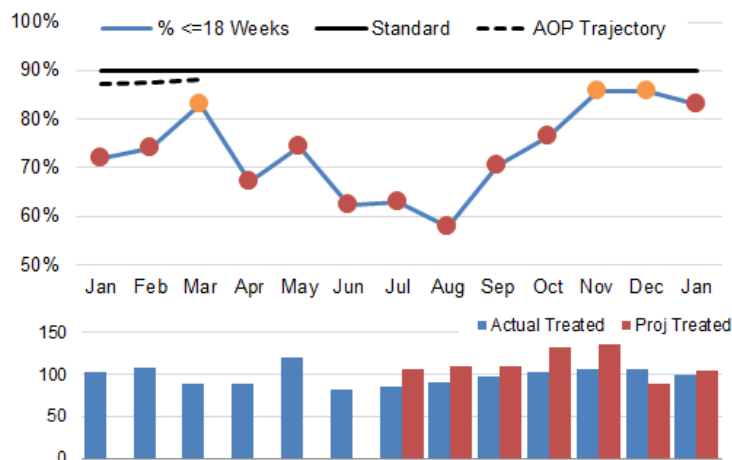


## Finance, Performance & Resources – Operational Performance

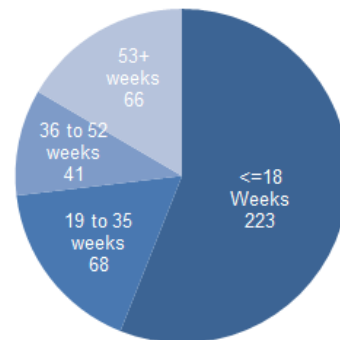
### CAMHS 18 weeks RTT

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

#### Local Performance



#### Waiting List (398) Jan-21



#### National Benchmarking

Month	2019/20				2020/21								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS Fife	71.8%	74.1%	83.1%	67.0%	74.2%	62.2%	62.8%	57.8%	70.4%	76.5%	85.8%	85.8%	83.0%
Scotland	67.5%	63.8%	64.3%	74.0%	58.2%	50.5%	57.9%	57.2%	65.9%	73.4%	72.9%	72.9%	

#### Key Challenges in 2020/21

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

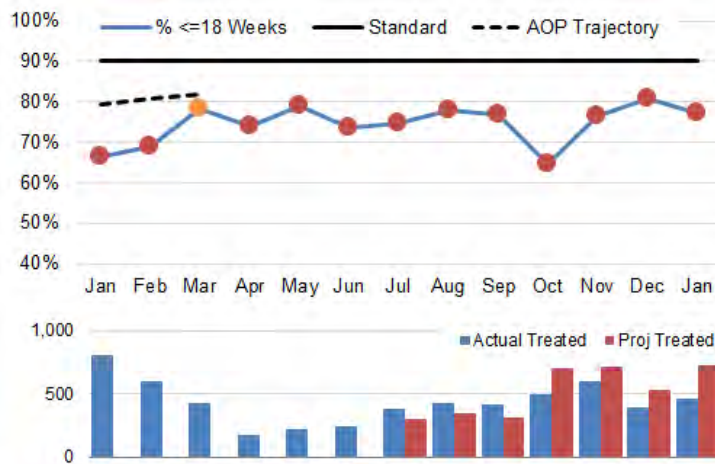
Improvement Actions	Update
<b>20.1</b> Re-Introduction of PMHW First Contact Appointments System	All posts currently recruited to. PMHW service functioning at optimum capacity. Action complete
<b>20.2</b> Waiting List Additional Staffing Resource	
<b>20.3</b> Introduction of Team Leader Role	
<b>21.1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

## Finance, Performance & Resources – Operational Performance

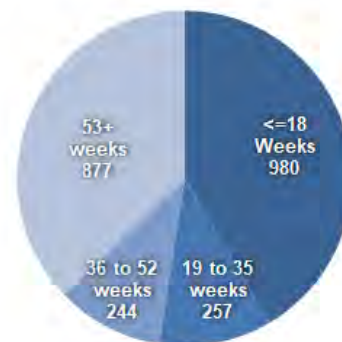
### Psychological Therapies 18 weeks RTT

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

#### Local Performance



#### Waiting List (2358) Jan-21



#### National Benchmarking

Month	2019/20			2020/21									
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS Fife	66.6%	69.0%	78.4%	74.2%	79.2%	73.6%	74.5%	77.9%	77.0%	64.7%	76.3%	80.8%	77.1%
Scotland	75.8%	78.5%	78.8%	74.0%	76.5%	72.7%	74.1%	75.2%	75.8%	79.4%	78.1%	83.2%	

#### Key Challenges in 2020/21

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

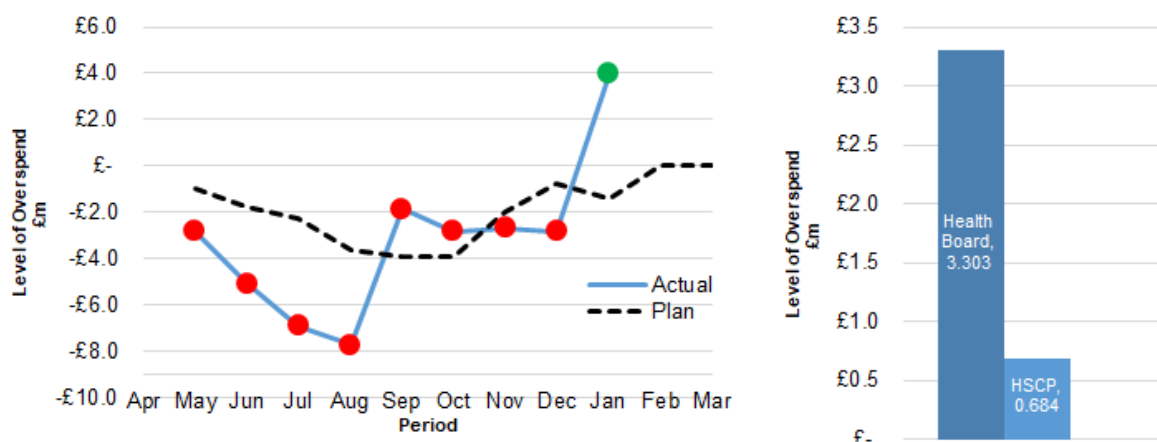
Improvement Actions	Update
20.2 Introduction of extended group programme in Primary Care	
20.3 Redesign of Day Hospital provision	
20.4 Implement triage nurse pilot programme in Primary Care	
20.5 Trial of new group-based PT options By Mar-21	Develop and pilot two new group programmes for people with 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	

## 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	459,692	368,404	365,101	3,303	0.90%	3,463	-160	3,303	0
Integration Joint Board (Health)	359,605	401,296	317,629	316,945	684	0.22%	684	0	684	0
Risk Share	0	0	0	0	0	0.00%	0	0	0	0
Total	779,445	860,988	686,033	682,046	3,987	0.58%	4,147	-160	3,987	0

#### Key Challenges in 2020/21

Capturing full additional costs 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 the remaining weeks to ensure our operational activity and financial plans remain aligned.

Improvement Actions	Update
<b>21.1 Local mobilisation plan</b> <i>Ongoing throughout FY</i>	Partnering with the services to: <ul style="list-style-type: none"> <li>Identify additional spend relating to Covid-19</li> <li>Confirm final offsets against core positions</li> <li>Understand and quantify the financial implications of remobilisation of core services across NHSF</li> <li>Inform forecast outturn positions to the year end; in support of our statutory requirement to deliver a balanced RRL position</li> <li>Capture the overarching Board-wide workforce plan and additional costs of the immediate significant additional resource for: Test and Protect; Urgent Care redesign; extended flu immunisation; the Covid-19 vaccination programme; and the Community Testing Programme</li> </ul>
<b>21.2 Savings</b>	Anticipated unachieved savings have been fully funded by Scottish Government in the January 2021 allocation letter Action complete

#### Commentary

The position to month 10 is an underspend of £3.987m. This comprises a run rate underspend position of £4.147m; unmet core savings of £0.160m. All other additional Covid-19 costs for April to January have been match funded from the SG Covid-19 funding allocations.

Last month we reported a significant change to our forecast outturn position following discussion with Scottish Government; and amended our key assumptions to reflect the return of offsetting cost



## Finance, Performance & Resources – Finance

reductions; and full funding of agreed unachieved savings across all of Health and Social Care. This allowed a budget realignment process to take place on a non-recurring basis from Health Delegated to Social Care; this balanced position for both Health Delegated and Social Care meant that the significant risk share cost would be removed. Overall, this helps to support delivery of a balanced year end outturn position.

Notwithstanding the principle outlined above, the Health Delegated forecast run rate position has improved on that reported last month. It is proposed and assumed within the forecast outturn position that this run rate underspend will be carried forward as an earmarked Health Delegated reserve.

In addition, the Health Board retained run rate position has improved reflecting further pausing of elective activity. The impact of lockdown and a further wave have had a significant impact on the forecast outturn; and we continue to work towards a balanced position taking into account funding and expected activity.

The forecast outturn position to the year-end reflects a potential underspend of £4m which in the main reflects the pausing of elective activity and the resulting impact on specific waiting times funding.

We continue to work towards our target balanced position and dialogue with Scottish Government is in progress to discuss the management of this change to forecast.

The total Capital Resource Limit for 2020/21 is £13.373m including anticipated allocations for specific projects. The capital position for the 10 months to January records spend of £6.832m. The capital spend on the specific projects continues and is on track to spend in full.

### 1. Annual Operational Plan

- 1.1 The AOP process for the 2020/21 financial year was paused in the early part of the financial year as Boards and Scottish Government prepared to respond to the Covid-19 pandemic. The revised AOP financial plan submitted in July reflected both the mobilisation and the remobilisation plan high level impact on the financial position. The initial Covid-19 funding allocation was made in the September allocation letter with a further allocation recently received in the January allocation letter.

### 2. Financial Allocations

#### Revenue Resource Limit (RRL)

- 2.1 NHS Fife received confirmation of the January core revenue amount on 5 February. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £839.133m. Anticipated allocations adjustments total -£0.437m.

#### 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 non-core RRL funding totals £22.292m.

#### Total RRL

- 2.3 The total current year budget at 31 January is therefore £860.988m as detailed in Appendix 1.

### 3. Summary Position

- 3.1 The revenue position for the 10 months to 31 January reflects an underspend of £3.987m. This is a significant movement of £6.816m from the in-year position reported last month and reflects: SG funding of unachieved efficiency savings of £6.913m; together with an improvement in run rate positions.

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. Unmet savings as a result of the impact of Covid have been funded and are now reflected at a zero variance; and improve the respective run rate positions reported. An underspend of £3.303m is attributable to Health Board retained budgets; and an underspend of £0.684m is attributable to the health budgets delegated to the IJB. The in-year position reflects the budget realignment process from Health Delegated to Social Care which was agreed in January.

## Finance, Performance & Resources – Finance

**Table 1: Summary Financial Position for the period ended January 2021**

Memorandum	Budget CY £'000	Variance £'000	Variance %	Variance Split By			
				Run Rate	Core Unmet Savings	Net Core Position	Covid Unmet Savings
				£'000	£'000	£'000	£'000
Health Board	459,692	3,303	0.90%	3,463	-160	3,303	0
Integration Joint Board (Health)	401,296	684	0.22%	684	0	684	0
Risk Share	0	0	0.00%	0	0	0	0
<b>Total</b>	<b>860,988</b>	<b>3,987</b>	<b>0.58%</b>	<b>4,147</b>	<b>-160</b>	<b>3,987</b>	<b>0</b>

	CY £'000	Variance £'000	Variance %	Variance Split By			
				Run Rate	Core Unmet Savings	Net Core Position	Covid Unmet Savings
				£'000	£'000	£'000	£'000
Acute Services Division	225,316	-3,475	-1.85%	-3,544	69	-3,475	0
IJB Non-Delegated	8,692	143	1.98%	143	0	143	0
Estates & Facilities	76,312	1,359	2.16%	1,435	-76	1,359	0
Board Admin & Other Services	43,276	822	2.52%	975	-153	822	0
Non-Fife & Other Healthcare Providers	90,973	1,025	1.35%	1,025	0	1,025	0
Financial Flexibility & Allocations	21,658	3,373	100.00%	3,373	0	3,373	0
HB Offsets	0	0	0.00%	0	0	0	0
<b>Health Board</b>	<b>466,227</b>	<b>3,247</b>	<b>0.88%</b>	<b>3,407</b>	<b>-160</b>	<b>3,247</b>	<b>0</b>
Integration Joint Board - Core	430,518	560	0.15%	560	0	560	0
IJB Offsets	0	0		0	0	0	0
Integration Fund & Other Allocations	23,138	124	0.00%	124	0	124	0
<b>Sub-total Integration Joint Board Core</b>	<b>453,656</b>	<b>684</b>	<b>0.69%</b>	<b>684</b>	<b>0</b>	<b>684</b>	<b>0</b>
IJB Risk Share Arrangement	0	0		0	0	0	0
<b>Total Integration Joint Board - Health</b>	<b>453,656</b>	<b>684</b>	<b>0.69%</b>	<b>684</b>	<b>0</b>	<b>684</b>	<b>0</b>
<b>Total Expenditure</b>	<b>919,883</b>	<b>3,931</b>	<b>-0.43%</b>	<b>4,091</b>	<b>-160</b>	<b>3,931</b>	<b>0</b>
IJB - Health	-52,360	0	0.00%	0	0	0	0
Health Board	-6,535	56	-3.13%	56	0	56	0
Miscellaneous Income	-58,895	56	-0.12%	56	0	56	0
<b>Net Position Including Income</b>	<b>860,988</b>	<b>3,987</b>	<b>0.58%</b>	<b>4,147</b>	<b>-160</b>	<b>3,987</b>	<b>0</b>

3.3 The position at month 10 is a core net underspend of £3.987m, following SG funding of unmet savings of £6.913m (£8.296m full year).

3.4 Funding allocations of £21.699m and £7.108m have been allocated to HB and HSCP respectively to match April to January Covid-19 costs incurred. Further detail is provided in section 6 and later in Appendix 5.

#### 4. Operational Financial Performance for the year

##### Acute Services

4.1 The Acute Services Division reports a **net overspend of £3.475m for the year to date**. This reflects an overspend in operational run rate performance of £3.544m, and overachieved savings of £0.069m per Table 2 below. The overall position is mainly driven by pay overspend in junior medical and dental staffing of £1.892m. Additional non pay cost pressures of £1.310m 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 January 2021**

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

### Estates & Facilities

- 4.2 The Estates and Facilities budgets report an **underspend of £1.359m** which is generally attributable to vacancies, energy, PPP and rates. These underspends are partly offset by an overspend in clinical waste costs. There has been a favourable movement between months 9 and 10 as a result of additional unexpected rates credits of £0.092m, utilities of £0.091 and property maintenance of £0.042m.

### Corporate Services

- 4.3 Within the Board's corporate services there is an **underspend of £0.822m**. As previously reported, this position includes unfunded costs of £0.069m related to the significant flooding to the hospital and specific car parks in August. Further analysis of Corporate Directorates is detailed per Appendix 2.

### Non Fife and Other Healthcare Providers

- 4.4 The budget for healthcare services provided out with NHS Fife is **underspent by £1.025m** 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 patient 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 £3.373m** released to the month 10 position is detailed in Appendix 4.

### Integration Services

- 4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £0.684m for the year to date** following the budget realignment of health delegated underspend to Social Care. The underlying drivers for the run rate underspend include vacancies in sexual health and rheumatology, all AHP services, child health, 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, clinical governance, primary care support unit and administrative posts. The position has improved as a result of the current lockdown impacting on areas such as the childhood vaccination programme.

### Income

- 4.7 A small over recovery in income of £0.056m 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 January 2021**

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under Spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	401,372	334,878	335,453	-575
GP Prescribing	70,607	58,810	59,574	-764
Drugs	32,814	28,268	28,590	-323
Other Non Pay	371,213	306,986	304,730	2,256
IJB Risk Share	0	0	0	0
Efficiency Savings	-918	-160	0	-160
Commitments	44,796	3,497	0	3,497
Income	-58,895	-46,245	-46,301	56
<b>Net overspend</b>	<b>860,988</b>	<b>686,033</b>	<b>682,046</b>	<b>3,987</b>

## Pay

5.2 The overall pay budget reflects an overspend of £0.575m. 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 8,048 wte across all staff groups, there was an average 8,116 wte core staff in post in January. The additional staff in post represent staff cohort groups organised both nationally and laterally to help support the Covid-19 activity.

## Drugs & Prescribing

5.4 Across the system there is a net overspend of £1.087m on medicines. The GP prescribing budget is overspend in-year by £0.764m with a forecast overspend of £1.0m. 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 £1.055m 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 £1.071m, with a forecast of £2.099m. The main overspend to date is in Neurology at £0.514m, 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, Neurology and Respiratory started to present increased costs due to the volume of patients being treated and new drugs that are being made available via homecare. The forecast assumes the overspending trajectory will continue, with an additional pressure of £0.6m 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 £2.256m. 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, the initial Covid-19 funding allocation was confirmed in September, with the funding allocation made across Scotland on either actual costs or NRAC share. Following our submission to Scottish Government in January indicating our balance of Covid-19 funding requirement (reflecting return of offsetting cost reductions; and full funding of agreed unachieved efficiency savings), the second funding allocation has now been received. Accordingly we have fully funded NHS Fife's additional Covid-19 additional Covid-19 costs for the 10 months to January. 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. There is significant slippage in this activity (previously anticipating significant activity in quarter 4) and, in turn, the associated funding.
- 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.

## **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. Scottish Government have now fully funded the £8.3m unachieved savings as part of Covid-19 funding. Whilst good progress has been made to month 10, to support the delivery of the full £11m, c50% has been made on a recurring basis. The non-recurring 'tail' will form an opening pressure for next financial year and is as a consequence of our focus on the pandemic this year.
- 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 has been funded through the wider LMP process.
- 7.3 Table 4 summaries the position for the 10 months to January.

**Table 4: Savings 20/21**

Total Savings	Total Savings Target £'000	Forecast Achievement (Core) £'000	Funded unmet savings (Covid-19) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to Jan £'000	Forecast / Unidentified to March £'000
Health Board	14,868	6,572	8,296	1,211	4,380	5,591	981
Integrated Joint Board	5,147	5,147	0	4,219	928	5,147	0
IJB additional savings	1,800	0	1,800	0	0	0	0
<b>Total Savings</b>	<b>21,815</b>	<b>11,719</b>	<b>10,096</b>	<b>5,430</b>	<b>5,308</b>	<b>10,738</b>	<b>981</b>

### 8 Forecast

- 8.1 Last month we reported a significant change to our forecast outturn position following discussion with Scottish Government; and amended our key assumptions to reflect the return of offsetting cost reductions; and full funding of agreed unachieved savings across all of Health and Social Care. This allowed a budget realignment process to take place on a non-recurring basis from Health Delegated to Social Care; this balanced position for both Health Delegated and Social Care meant that the significant risk share cost would be removed. Overall, this informed the delivery of a balanced year end outturn position.
- 8.2 Notwithstanding the principle outlined in 8.1 above, the Health Delegated forecast run rate position has improved on that reported last month. It is proposed and assumed within the forecast outturn position that this run rate underspend will be carried forward as an earmarked Health Delegated reserve.
- 8.3 NHS Fife and Fife Council continue to review the Integration Scheme and in particular the risk share agreement to inform arrangements moving forward.
- 8.4 In addition, the Health Board retained run rate position has improved reflecting further pausing of elective activity. The impact of lockdown and a further wave have had a significant impact on the forecast outturn; and we continue to work towards a balanced position taking into account funding and expected activity.
- 8.5 The forecast outturn to the year end is a projected underspend position of £4m represents slippage in our elective programme and associated waiting times funding; and will be reported to Scottish Government in the monthly Financial 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	-4,481	3,743	-8,263	0	-9,001
IJB Non-Delegated	93	0	-33	0	60
Estates & Facilities	2,208	463	0	0	2,671
Board Admin & Other Services	1,418	51	0	0	1,469
Non-Fife & Other Healthcare Providers	722	0	0	0	722
Financial Flexibility	3,940	0	0	0	3,940
Miscellaneous Income	100	0	0	0	100
Savings funding			8,296		8,296
<b>Health Board Retained Budgets</b>	<b>4,000</b>	<b>4,257</b>	<b>0</b>	<b>0</b>	<b>8,257</b>
IJB Delegated Health Budgets	2,300	3,603	0	0	5,903
Budget realignment	-4,100				-4,100
Savings funding			1,800		1,800
Integration Fund & Other Allocations	0	0	0	0	0
<b>Total IJB Delegated Health Budgets</b>	<b>-1,800</b>	<b>3,603</b>	<b>1,800</b>	<b>0</b>	<b>3,603</b>
<b>Offsets returned to SG</b>	<b>0</b>	<b>-7,860</b>	<b>0</b>	<b>0</b>	<b>-7,860</b>
<b>Total Forecast Outturn</b>	<b>2,200</b>	<b>0</b>	<b>1,800</b>	<b>0</b>	<b>4,000</b>

## 9 Key Messages / Risks

- 9.1 The month 10 position reflects an underspend of £3.987m; which comprises a core underspend of £4.147m; and unmet core savings of £0.160m. All other additional Covid-19 costs for April to January have been match funded from the SG Covid-19 funding allocations.
- 9.2 The forecast outturn position to the year-end reflects a potential underspend of £4m which in the main reflects the pausing of elective activity and the resulting impact on specific waiting times funding.
- 9.3 We continue to work towards our target balanced position and dialogue with Scottish Government is ongoing.

## 10 Recommendation

- 10.1 Members are invited to approach the Director of Finance for any points of clarity on the position reported and are asked to:
  - **Note** the reported core underspend of £3.987m for the 10 months to January
  - **Note** that funding allocations for Covid-19 reflected in the month 10 position match fund additional costs incurred across Health and Social Care
  - **Note** the updated key assumptions which inform a potential forecast underspend position of £4m (related to elective activity and associated funding); and, in parallel, dialogue with Scottish Government colleagues is underway



# 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	Confirmed Allocations		2,187	4,932	7,119	
Jan-21	CSO Support NHS Research Scotland Infrastructure			247	247	Balance of 20-21 funding
	Distinction Awards		162		162	Annual award
	Reporting Radiographer Training			9	9	Training & backfill
	Reimbursement Shingles Vaccine			101	101	Annual programme top up
	Top up of Fleunz vaccine costs			18	18	Annual programme top up
	NSD Funding returned			539	539	NSD underspend in services due to Pause in treatment
	Adult social care winter plan			2,664	2,664	As per SG letter of 5 Feb-21
	Inequalities Fund			6	6	
	Wellbeing Funding			32	32	As per SG announcement
	Cancer Strategy - ENT Kit			290	290	This is being transferred to Capital
	Positron Emission Tomography			-568	-568	Annual Adjustment
	Reduce Drug Deaths			171	171	Recent Government announcement
	Early Cancer Diagnostic Centres			297	297	Successful bid
	Scotstar 2020/21			-340	-340	Annual charge from Ambulance service
	PCIF Balance			1,538	1,538	As per SG letter of 5 Feb-21
	Action 15 Balance			989	989	As per SG letter of 5 Feb-21
	Reduction in core RRL depreciation switch			-12,959	-12,959	
	Covid 19 tranche 2			15,030	15,030	As per submission
	Community Living Change			1,334	1,334	As per SG letter of 5 Feb-21
	Further Integration Support			6,952	6,952	As per SG letter of 5 Feb-21
	<b>Total Core RRL Allocations</b>	<b>700,161</b>	<b>71,101</b>	<b>67,871</b>	<b>839,133</b>	
Anticipated	NSS Discovery		-39		-39	
Anticipated	NDC Contribution		-840		-840	
Anticipated	Family Nurse Partnership		28		28	
Anticipated	Top Slice NSS		-16		-16	
Anticipated	Public Health Team			262	262	
Anticipated	Capital to Revenue			168	168	
	<b>Total Anticipated Core RRL Allocations</b>	<b>0</b>	<b>-867</b>	<b>430</b>	<b>-437</b>	
	IFRS			8,874	8,874	
	Donated Asset Depreciation			131	131	
	Impairment			500	500	
	Depreciation			12,959	12,959	
	AME Provisions			-172	-172	
	<b>Total Non-Core RRL Allocations</b>	<b>0</b>	<b>0</b>	<b>22,292</b>	<b>22,292</b>	
	<b>Grand Total</b>	<b>700,161</b>	<b>70,234</b>	<b>90,593</b>	<b>860,988</b>	

## Finance, Performance & Resources – Finance

### Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Digital & Information	12,873	10,696	10,804	-108
Nhs Fife Chief Executive	211	176	215	-39
Nhs Fife Finance Director	6,435	5,329	4,836	493
Nhs Fife Medical Director	7,502	5,328	5,141	187
Nhs Fife Nurse Director	4,104	3,358	3,100	258
Legal Liabilities	-17,671	-18,390	-18,311	-79
Early Retirements & Injury Benefits	814	678	636	42
Regional Funding	275	226	184	42
Depreciation	17,634	15,059	15,059	0
Nhs Fife Public Health	3,500	3,091	3,059	32
Nhs Fife Workforce Directorate	3,191	2,652	2,589	63
Nhs Fife Major Incident - Flooding			69	-69
<b>Total</b>	<b>38,868</b>	<b>28,203</b>	<b>27,381</b>	<b>822</b>

### Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
<b>Health Board</b>				
Ayrshire & Arran	98	81	79	2
Borders	45	37	46	-9
Dumfries & Galloway	25	21	46	-25
Forth Valley	3,179	2,650	2,960	-310
Grampian	359	300	255	45
Greater Glasgow & Clyde	1,655	1,380	1,350	30
Highland	135	113	165	-52
Lanarkshire	114	96	205	-109
Lothian	31,518	26,265	24,524	1,741
Scottish Ambulance Service	101	84	85	-1
Tayside	41,096	34,245	33,868	377
	<b>78,325</b>	<b>65,272</b>	<b>63,583</b>	<b>1,689</b>
<b>UNPACS</b>				
Health Boards	10,627	8,856	9,382	-526
Private Sector	1,245	1,038	1,623	-585
	<b>11,872</b>	<b>9,894</b>	<b>11,005</b>	<b>-1,111</b>
<b>OATS</b>				
	711	592	147	445
<b>Grants</b>				
	65	65	63	2
<b>Total</b>	<b>90,973</b>	<b>75,823</b>	<b>74,798</b>	<b>1,025</b>

## Appendix 4 - Financial Flexibility & Allocations

	CY Budget £'000	Flexibility Released to Jan-21 £'000
<b>Financial Plan</b>		
Drugs	713	0
CHAS	0	0
Unitary Charge	100	58
Junior Doctor Travel	22	13
Cost Pressures	2,063	949
Developments	4,294	1,760
<b>Sub Total Financial Plan</b>	<b>7,192</b>	<b>2,780</b>
<b>Allocations</b>		
Waiting List	2,395	0
AME: Impairment	640	0
AME: Provisions	-46	0
Neonatal Transport	9	4
Cancer Access	256	0
Endoscopy	88	0
ARISE	68	0
Covid 19	9,435	0
MPPP Respiratory Projects	29	0
Winter Funding	51	0
6 essential actions	0	0
Redesign urgent care	0	0
Capital to revenue	184	0
Value Improvement Fund	21	0
Baby Bliss	5	0
Best Start	44	0
MRI Van	39	0
Disestablished GPST	10	0
Carry Forward from 19/20	60	50
ASC Nurse Director Support	0	0
NSD Risk Share Return	539	539
R&D	4	
Reporting Radiographer Training	9	
Inequalities Fund	6	
Cancer Strategy	290	
Early Diagnostic Centres	297	
Wellbeing Fund	32	
<b>Sub Total Allocations</b>	<b>14,465</b>	<b>593</b>
<b>Total</b>	<b>21,657</b>	<b>3,373</b>

## Finance, Performance & Resources – Finance

### Appendix 5 – Covid-19 funding

COVID funding	Health Board	Health delegated	Social Care delegated	Total	Capital	Primary Care Funding
	£000's	£000's	£000's	£000's	£000's	£000's
<b>Allocation Q1 to Q4</b>	22,540	6,546	4,458	33,544	999	1,325
<b>Allocations received previously</b>	1,296					
<b>Funding Received Jan-21</b>	10,765	-1,698	5,728	14,795		234
<b>Total funding</b>	<b>34,601</b>	<b>4,848</b>	<b>10,186</b>	<b>48,339</b>	<b>999</b>	<b>1,559</b>
<b>Allocations made for Apr to Jan</b>						
Planned Care & Surgery	1,794			1,794		
Emergency Care & Medicine	2,403			2,403		
Women, Children & Clinical Services	1,268			1,268		
Acute Nursing	17			17		
Estates & Facilities	1,560			1,560		
Board Admin & Other Services	4,511			4,511		
Income	682			682		
Test and Protect	1,168			1,168		
West Division		1,767		1,767		
Pharmacy Division		82		82		
Fife Wide Division		1,385		1,385		
East Division		883		883		
Primary Care		1,191		1,191		1,559
Social Care			4,269			
Unachieved savings	8,296	1,800				
<b>Total allocations made to M10</b>	<b>21,699</b>	<b>7,108</b>	<b>4,269</b>	<b>18,711</b>	<b>0</b>	<b>1,559</b>
Offsets returned to SG	-4,257	-3,603				
Elective / Planned Care	7,724			7,724		
Capital					999	
<b>Total</b>	<b>25,166</b>	<b>3,505</b>	<b>4,269</b>	<b>26,435</b>	<b>999</b>	<b>1,559</b>
<b>Balance In Reserves</b>	<b>9,435</b>	<b>1,343</b>	<b>5,917</b>	<b>21,904</b>	<b>0</b>	<b>0</b>

## Finance, Performance & Resources – Finance

### Capital Expenditure

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

#### Local Performance



#### Commentary

The total Capital Resource Limit for 2020/21 is £13.373m including anticipated allocations for specific projects. The capital position for the 10 months to January records spend of £6.832m equivalent to 51.09% of the total allocation. The capital spend on the specific projects is on track to spend in full.

#### Current Challenges

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

Improvement Actions	Update
<b>21.1</b> Managing expenditure programme within resources available <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: £0.999m 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; Additional £0.025m for Hospital Eye Service; capital to revenue transfer of £(0.168)m and an allocation of £0.06m for radiology. The total capital plan is therefore £13.373m.

## 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 £6.832m or 51.09% 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	£1.827m
Equipment	£2.883m
E-health	£0.677m
Elective Orthopaedic Centre	£1.094m

## 4. Capital Expenditure Outturn

- 4.1 As we near the end of quarter 4, 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 January 2021 of £6.832m and the forecast year end spend of the total capital resource allocation of £13.373m.

## Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2020/21 £'000
<b>COMMUNITY &amp; PRIMARY CARE</b>			
Capital Minor Works	291	207	291
Statutory Compliance	153	130	153
Capital Equipment	99	31	99
Covid Community Equipment	26	26	26
Condemned Equipment	0	0	0
<b>Total Community &amp; Primary Care</b>	<b>569</b>	<b>394</b>	<b>569</b>
<b>ACUTE SERVICES DIVISION</b>			
Statutory Compliance	2,842	1,607	2,842
Capital Equipment	2,241	1,024	2,241
Covid Acute Equipment	973	683	973
Minor Works	206	76	206
Cancer Waiting Times Equipment	381	307	381
Hospital Eye Service	400	6	400
Radiology Funding	2,009	716	2,009
Condemned Equipment	91	91	91
<b>Total Acute Services Division</b>	<b>9,141</b>	<b>4,510</b>	<b>9,141</b>
<b>NHS FIFE WIDE SCHEMES</b>			
Equipment Balance	111	0	111
Information Technology	1,041	677	1,041
Minor Works	1	0	1
Statutory Compliance	10	0	10
Contingency	0	0	0
Asbestos Management	104	15	104
Fire Safety	85	75	85
Scheme Development	60	18	60
Vehicles	60	25	60
Capital In Year Contingency (EDG)	0	0	0
<b>Total NHS Fife Wide Schemes</b>	<b>1,472</b>	<b>810</b>	<b>1,472</b>
<b>TOTAL CONFIRMED ALLOCATION FOR 2020/21</b>	<b>11,182</b>	<b>5,713</b>	<b>11,182</b>
<b>ANTICIPATED ALLOCATIONS 2020/21</b>			
Elective Orthopaedic Centre	2,200	1,094	2,200
Hospital Eye Service	25	0	25
Capital to Revenue Transfer	-168	0	-168
Radiology Funding	59	0	59
HEPMA	25	0	25
Lochgelly Health Centre	25	13	25
Kincardine Health Centre	25	13	25
<b>Anticipated Allocation for 2020/21</b>	<b>2,191</b>	<b>1,119</b>	<b>2,191</b>
<b>Total Anticipated Allocation for 2020/21</b>	<b>13,373</b>	<b>6,832</b>	<b>13,373</b>

## Finance, Performance & Resources – Finance

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

Capital Expenditure Proposals 2020/21	Pending Board Approval	Cumulative Adjustment to December	January Adjustment	Total January
Routine Expenditure	£'000	£'000	£'000	£'000
<b>Community &amp; Primary Care</b>				
Capital Equipment	0	31	68	99
Condemned Equipment	0	0	0	0
Minor Capital	0	287	4	291
Covid Equipment	0	27	-1	26
Statutory Compliance	0	150	3	153
<b>Total Community &amp; Primary Care</b>	<b>0</b>	<b>495</b>	<b>74</b>	<b>569</b>
<b>Acute Services Division</b>				
Capital Equipment	0	908	1,333	2,241
Condemned Equipment	0	91	0	91
Cancer Waiting Times Equipment	0	381	0	381
Minor Capital	0	193	13	206
Hospital Eye Service	0	400	0	400
Covid 19 Acute Equip	0	972	1	973
Radiology Funding	0	2,008	0	2,008
Statutory Compliance	0	3,224	-382	2,842
	<b>0</b>	<b>8,176</b>	<b>965</b>	<b>9,141</b>
<b>Fife Wide</b>				
Backlog Maintenance / Statutory Compliance	3,569	-3,504	-55	10
Fife Wide Equipment	2,036	-940	-985	111
Information Technology	1,041	0	0	1,041
Minor Work	498	-480	-17	1
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	19	104
Fife Wide Fire Safety	0	85	0	85
Fife Wide Vehicles	0	60	0	60
Capital In Year Contingency	0	0	0	0
<b>Total Fife Wide</b>	<b>7,394</b>	<b>-4,883</b>	<b>-1,039</b>	<b>1,472</b>
<b>Total</b>	<b>7,394</b>	<b>3,787</b>	<b>0</b>	<b>11,181</b>
<b>ANTICIPATED ALLOCATIONS 2020/21</b>				
Elective Orthopaedic Centre	2,200	0	0	2,200
Hospital Eye Service	25	0	0	25
Capital to Revenue Transfer	-168	0	0	-168
Radiology Funding	60	0	0	60
HEPMA	25	0	0	25
Lochgelly Health Centre	25	0	0	25
Kincardine Health Centre	25	0	0	25
<b>Anticipated Allocation for 2020/21</b>	<b>2,192</b>	<b>0</b>	<b>0</b>	<b>2,192</b>

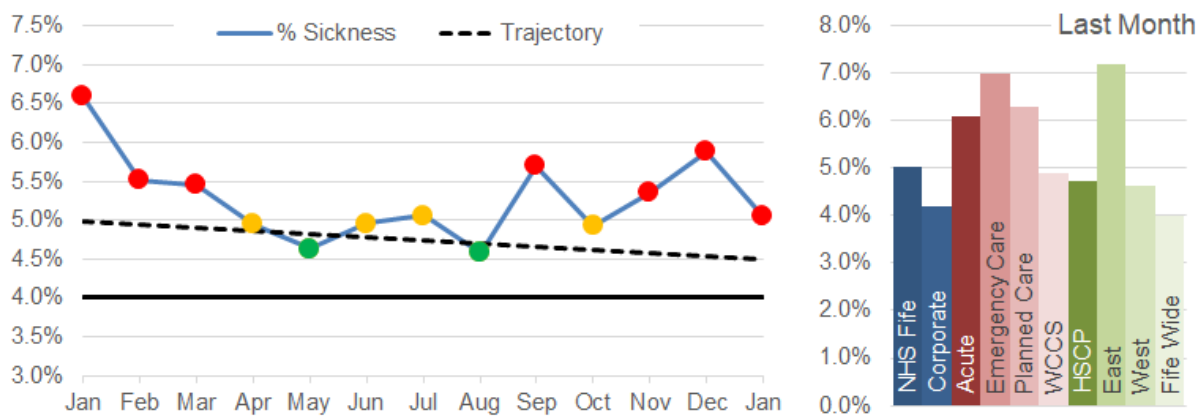


## Staff Governance

### Sickness Absence

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

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



#### National Benchmarking

Month	2019/20					2020/21							
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS Fife	6.59%	5.51%	5.46%	4.95%	4.64%	4.96%	5.06%	4.58%	5.69%	4.93%	5.35%	5.87%	5.04%
Scotland	5.99%	5.27%	5.20%	4.57%	4.54%	4.49%	4.57%	4.64%	4.96%	4.93%	4.96%	5.18%	4.82%

#### Key Challenges in 2020/21

Recovery from COVID-19 and repurposing Promoting Attendance activities to support business as usual

Improvement Actions	Update
<b>20.1</b> Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence	
<b>20.2</b> 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 and is now integrated as business as usual.</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 will be included within the evolving model of staff support, the initial phase of which was launched via the Access Fife Therapies Website on 5 March 2021.</p> <p>Action complete</p>
<b>21.1</b> Once for Scotland Promoting Attendance Policy By Mar-21	<p>The purpose of this action is to provide training and support, in partnership, for managers and supervisors on the new policy and the standardised approaches within it, which was just being implemented at the start of the pandemic. Sessions were delivered across Fife when the policy was launched.</p> <p>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. As previously reported, these will conclude in March 2021, and will be replaced by on-going Promoting Attendance training to meet organisational requirements.</p> <p>Action complete</p>

## Staff Governance

**21.2** Review the function of the Promoting Attendance Group

*By Mar-21*

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.

Work on this continues for implementation from April 2021.

**21.3** Restart Promoting Attendance Panels

**MARGO MCGURK**

Director of Finance and Performance

24<sup>th</sup> March 2021

Prepared by:

**SUSAN FRASER**

Associate Director of Planning & Performance

# Appendix 1: NHS Fife Remobilisation Activity to end of Feb 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			2,590	2,930	557	639	0	
	Variance			550	-114	-514	-424		
OP Referrals Accepted (Definitions as per Waiting Times Datamart)	Projected			14,042	22,565	7,261	7,303	7,342	21,906
	Actual			15,783	17,728	4,879	5,310		
	Variance			1,741	-4,837	-2,382	-1,993		
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	15,566	4,323	4,077		
	Variance			-1,750	-5,064	-2,998	-3,309	-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	408	358		
	Variance			-538	-1,038	-440	-490		
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	2,671		
	Variance			1,190	-615	-653	-1,029		
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	4,145		
	Variance			-1,192	-4,632	-2,796	-2,845		
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	369		
	Variance			40	310	50	44		
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected			9,225	10,100	3,450	3,220	3,300	9,970
	Actual			8,800	8,653	2,724	2,618		
	Variance			-425	-1,447	-726	-602		
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	1,232		
	Variance			113	-123	-71	-98		
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	776		
	Variance			-98	341	-8	6		
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected			309	309	103	103	103	309
	Actual			275	281	95			
	Variance			-34	-28	-8			
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected			325	356	104	105	86	295
	Actual			274	314	100	109		
	Variance			-51	-42	-4	4		
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	468	437		
	Variance			263	-458	-256	-308		
				Month End	Month End	Month End			Month End
				Sep-20	Dec-20	Jan-21	Feb-21	Mar-21	Mar-21
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) <sup>1</sup>	Projected			79	79	88	83	74	74
	Actual			75	51	65	94		
	Variance			-4	-28	-23	11		

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



# Fife Integrated Performance & Quality Report

Produced in April 2021



# Introduction

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

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

The IPQR comprises of the following sections:

## **I. Executive Summary**

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

## **II. Performance Assessment Reports**

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

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



# I. Executive Summary

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

Colour-coding is used in this table and also in the various drill-down charts and tables to illustrate performance relative to target and to other Mainland Health Boards.

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

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

## a. LDP Standards & Key Performance Indicators

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The current performance status of the 29 indicators within this report is 13 (45%) classified as **GREEN**, 3 (10%) **AMBER** and 13 (45%) **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:

- ECB infection rate – significant reduction in cases in February, and rate now better than the improvement trajectory (as is currently the case for C Diff and SAB)
- Complaints Stage 1 Closure Rate – monthly and rolling quarterly closure rates the highest since reporting started
- CAMHS and Psychological Therapies Waiting Times – number of clients starting treatment within 18 week of referral in both services at their highest levels for over 3 years

## b. National Benchmarking

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National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 7 (25%) within upper quartile, 14 (48%) in mid-range and 8 (27%) 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	£13.634m
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	Feb-20	22	Jan-21	29	Feb-21	20	↑
Year Ending	Sep-19	1.04	Jun-20	1.00	Sep-20	1.01	↓
Month	Feb-20	7.37	Jan-21	8.80	Feb-21	9.59	↓
Month	Feb-20	1.13	Jan-21	1.66	Feb-21	2.08	↓
Month	Feb-20	0.81	Jan-21	1.00	Feb-21	1.53	↓
Quarter Ending	Dec-19	2.3%	Sep-20	2.2%	Dec-20	2.4%	↓
Quarter Ending	Feb-20	11.9	Jan-21	21.7	Feb-21	19.4	↑
Quarter Ending	Feb-20	4.3	Jan-21	10.6	Feb-21	11.9	↓
Quarter Ending	Feb-20	7.6	Jan-21	5.1	Feb-21	3.9	↑
Quarter Ending	Feb-20	2.2	Jan-21	2.1	Feb-21	6.5	↓
Quarter Ending	Feb-20	44.5	Jan-21	51.0	Feb-21	33.6	↑
Quarter Ending	Feb-20	33.0	Jan-21	33.0	Feb-21	33.0	↓
Quarter Ending	Feb-20	75.6%	Jan-21	78.8%	Feb-21	88.2%	↑
Quarter Ending	Feb-20	38.7%	Jan-21	31.3%	Feb-21	30.1%	↓
Month	Feb-20	100.0%	Jan-21	100.0%	Feb-21	100.0%	↔
Month	Feb-20	90.1%	Jan-21	90.1%	Feb-21	91.1%	↑
Month	Feb-20	85.4%	Jan-21	57.4%	Feb-21	48.6%	↓
Month	Feb-20	94.7%	Jan-21	51.2%	Feb-21	48.0%	↓
Month	Feb-20	99.5%	Jan-21	89.2%	Feb-21	76.2%	↓
Month	Feb-20	95.3%	Jan-21	97.9%	Feb-21	97.5%	↓
Month	Feb-20	79.2%	Jan-21	82.4%	Feb-21	80.7%	↓
Month	Feb-20	80.1%	Jan-21	73.7%	Feb-21	73.6%	↓
Year Ending	Jun-19	27.2%	Mar-20	24.6%	Jun-20	23.5%	↓
Quarter Ending	Feb-20	67.4%	Jan-21	87.5%	Feb-21	89.3%	↑
Month	Feb-20	7.8%	Jan-21	4.9%	Feb-21	6.2%	↓
Month	Feb-20	71	Jan-21	38	Feb-21	54	↓
Month	Nov-19	87.5%	Oct-20	89.7%	Nov-20	88.4%	↓
YTD	Dec-19	87.9%	Nov-20	54.3%	Dec-20	50.6%	↓
Month	Feb-20	74.1%	Jan-21	83.0%	Feb-21	88.1%	↑
Month	Feb-20	69.0%	Jan-21	77.1%	Feb-21	84.0%	↑
YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑
Month	Nov-19	96.0%	Oct-20	90.9%	Nov-20	96.1%	↑
Annual	2017/18	86.7%	2018/19	93.7%	2019/20	94.8%	↑
Annual	2017/18	55.4%	2018/19	60.9%	2019/20	58.2%	↓
Month	Feb-20	N/A	Jan-21	-£3.987m	Feb-21	-£4.200m	↑
Month	Feb-20	N/A	Jan-21	£6.832m	Feb-21	£8.551m	↑
Month	Feb-20	5.51%	Jan-21	5.04%	Feb-21	5.03%	↑

Benchmarking			
●	Upper Quartile		
●	Mid Range		
●	Lower Quartile		
Reporting Period	Fife	Scotland	
N/A			
YE Sep-20	1.01	●	1.00
N/A			
N/A			
N/A			
QE Dec-19	2.3%	●	0.9%
QE Dec-20	20.6	●	18.8
QE Dec-20	12.8	●	9.6
QE Dec-20	7.7	●	16.1
QE Dec-20	2.1	●	4.3
QE Dec-20	50.3	●	40.9
QE Dec-20	27.0	●	37.9
2019/20	71.5%	●	79.9%
2019/20	35.7%	●	51.8%
N/A			
Feb-21	91.1%	●	86.2%
Dec-20	64.3%	●	37.0%
Dec-20	57.0%	●	47.8%
Dec-20	96.0%	●	55.9%
QE Dec-20	99.0%	●	98.6%
QE Dec-20	84.5%	●	86.2%
QE Dec-20	67.6%	●	71.7%
2018, 2019	26.1%	●	25.6%
N/A			
QE Sep-20	6.8%	●	5.1%
Feb-21	14.46	●	12.03
FY 2019/20	89.0%	●	88.3%
FY 2019/20	92.8%	●	97.2%
QE Dec-20	82.8%	●	73.1%
QE Dec-20	73.6%	●	80.0%
FY 2019/20	79.2%	●	83.2%
QE Dec-20	94.3%	●	95.7%
2018/19	93.7%	●	75.1%
2018/19	60.9%	●	43.4%
N/A			
N/A			
YE Mar-20	5.49%	●	5.31%






## d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile
<b>HSMR</b>	1.00	N/A	N/A	YE Sep-20	1.01 YE Sep-20 
The HSMR for NHS Fife for the year ending September 2020 fell slightly in comparison to the year ending June 2020, and was marginally above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.					
<b>Inpatient Falls (with Harm)</b>	2.16	Feb-21	2.16	Feb-21	2.08 N/A N/A
Reduce falls with harm by 20% by December 2020					
There is a continued higher rate of falls with harm in in-patient settings than recorded at the same period last year. Activity described in the refreshed workplan includes the learning from care delivery during this time, with local review and improvement work underway. The impact of COVID on community inpatient wards led to a pause in improvement activity however this work has now re-started.					
<b>Pressure Ulcers</b>	0.42	Never Met	0.42	Feb-21	1.53 N/A N/A
50% reduction by December 2020					
ASD: Two clinical areas have been identified to participate in the next pressure ulcer improvement project. Project teams were given 4-6 weeks to carry out preparatory study before the project period began. Regular meetings are scheduled throughout the project. HSCP: The pressure ulcer rate in the community inpatient setting was 0.80 in February, significantly higher than in most previous months. However, there have been no grade 4 and only 4 grade 3 (4%) pressure ulcers reported in the last 12 months.					
<b>Caesarean Section SSI</b>	N/A	QE Dec-20	2.5%	QE Dec-20	2.4% QE Dec-19 
We will reduce the % of post-operation surgical site infections to 2.5%					
Since the start of the Covid-19 pandemic, all mandatory SSI surveillance has remained paused. However, Maternity Services have continually monitored Caesarean Section SSI cases and where required (in the case of Deep or Organ Space) carried out SSI Clinical Reviews. This remains the case at the present time. Please note that the performance data provided is non-validated and does not follow the agreed NHS Fife Methodology. It is important to note that there has been no national comparison data published since Q4 2019.					
<b>SAB (MRSA/MSSA)</b>	18.8	QE Feb-21	19.5	QE Feb-21	19.4 QE Dec-20 
We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022					
Surveillance of SABs has continued throughout the COVID-10 pandemic. There were just two HCAI in February, and NHS Fife is achieving the trajectory for the 10% reduction target, to be met by March 2022. There has been one further ventilator associated pneumonia SAB in ICU in March, following two cases in January, but the incidence of these is expected to reduce as ICU COVID case incidence decreases.					
<b>C Diff</b>	6.5	QE Feb-21	6.7	QE Feb-21	3.9 QE Dec-20 
We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022					
CDI surveillance has continued throughout the COVID-19 pandemic. NHS Fife remains below the national rate for HCAI and CAI CDIs, and also below the improvement trajectory for a 10% reduction by March 2022. Reducing the incidence of recurrence of infection continues to be addressed, to assist reducing the rates further.					
<b>ECB</b>	33.0	QE Feb-21	36.6	QE Feb-21	33.6 QE Dec-20 
We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022					
ECB surveillance has continued throughout the pandemic. The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022 and we are currently below the trajectory line and in line to achieve this. Reducing CAUTI ECBs and UTIs is the focus for quality improvement, to achieve this target.					
<b>Complaints - Stage 2</b>	N/A	Never Met	65%	QE Feb-21	30.1% FY 2019/20 
At least 75% of Stage 2 complaints are completed within 20 working days					
There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescale. Complaint numbers continue to rise and there is a noted increase in the complexity of the complaints received. Although starting to reduce, PRD has responded to a high number of concerns and Stage 1 complaints relating to Covid vaccination appointments.					



Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
<b>4-Hour Emergency Access</b> 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Sep-20	95%	Feb-21	91.1%	Feb-21	●
Attendances remain below projected numbers, and there was a slightly improved performance in February, with a significant reduction in breaches for bed waits indicating a better overall hospital occupancy position.							
<b>Patient TTG (Ongoing Waits)</b> All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	N/A	Feb-21	48.6%	Dec-20	●
Waiting times performance recovery continued to slow in January and February as the Acute Hospital had to contend with the second wave of the COVID-19 pandemic and cancelled non-urgent elective surgery. At the end of February, the waiting list was 16% lower than at the end of February 2020 but 51% were waiting greater than 12 weeks for treatment compared to 15% in February 2020. Efforts are continuing to mitigate the situation, with particular attention focusing on urgent referrals whilst routine activity recommenced in March. A recovery plan has been developed and discussions are underway with Scottish Government to secure the additional resources required to deliver the plan.							
<b>New Outpatients</b> 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	N/A	Feb-21	48.0%	Dec-20	●
Waiting times performance recovery continued to slow in January and February as the Acute Hospital had to contend with the second wave of the COVID-19 pandemic which resulted in the suspension of routine activity. At the end of February, the waiting list was 42% higher than at the end of February 2020, with 52 % waiting more than 12 weeks compared to 5% waiting more than 12 weeks in February 2020. Efforts are continuing to mitigate the situation, with particular attention focusing on urgent referrals whilst routine activity recommenced in March. A recovery plan has been developed and discussions are underway with Scottish Government to secure the additional resources required to deliver the plan.							
<b>Diagnostics</b> 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)	100%	Apr-16	N/A	Feb-21	76.2%	Dec-20	●
Having recovered performance for diagnostics in Q3 of 2020/21 the onset of the second wave of the COVID-19 pandemic resulted in the suspension of routine activity during January and February and a resultant deterioration in performance, with 76% of patients waiting more than 6 weeks at month end. There were breaches both for Endoscopy and Imaging tests, however urgent (including urgent cancer) diagnostic tests were prioritised. It will be a major challenge to recover this performance in the new FY, with referrals anticipated to rise and activity continuing to be restricted due to the need for social distancing. With routine activity recommencing a recovery plan has been developed and discussions are underway with Scottish Government to secure the additional resources required to deliver the plan.							
<b>Cancer 62-Day RTT</b> 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	N/A	Feb-21	80.7%	QE Dec-20	●
February continued to see challenges in the 62 day performance. There were delays to breast surgery due to vacancy, but a locum is now in post. Routine staging and investigations contributed to the majority of breaches seen and the range of breaches were 4 to 55 days, with an average breach time of 17 days.							
<b>FOI Requests</b> At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	QE Feb-21	85%	QE Feb-21	89.3%	N/A	N/A
NHS Fife has now completed 6 months under the new process for responding to requests for information, managed by specialist FOI staff. In that period, 287 requests have been closed. The rollout of newly drafted FOISA training for NHS and IJB personnel has started, in order to assist with the team interaction and engagement with FOI duties and obligations as well as solidifying sign-off arrangements for responses to requests. Planning for the delivery of a new Publication Scheme for NHS Fife is now underway.							
<b>Delayed Discharge</b> The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jan-21	5%	Feb-21	6.2%	QE Sep-20	●
The number of bed days lost due to patients in delay rose in February and is again above the target 5%. This is due to a combination of normal winter pressures (occupancy levels, ward closures due to significant covid outbreaks and care home closures across Fife), and the continued requirement to accommodate amber pathways to manage the pandemic.							



Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
<b>Smoking Cessation</b> Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT Dec-20	50.6%	FY 2019/20	
Remote service provision is continuing, including established pathway to medications, and there has been a steady increase in number of clients self referring to the service (over 450 clients have contacted the service during the pandemic). From January, the specialist stop smoking midwife service staff have been deployed to clinics / long term absence, but the specialist service has agreed to provide support to pregnant mums until normal service can resume. The midwife service operates an opt-out service, requiring a call to every pregnant mum identified as a smoker following referral from midwife at booking. To date, over 60 mums have been referred, with a third of these keen to engage in a quit attempt.							
<b>CAMHS Waiting Times</b> 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	N/A	Feb-21	88.1%	QE Dec-20	
Fife CAMHS RTT has continued to increase towards the national standard of 90%, however this reflects the current need to focus the majority of the staffing resource on priority and urgent presentations at the expense of those who have waited the longest. Funding approval for additional staff has been provided by Fife HSCP. Once posts are recruited to, this will provide the capacity to achieve a more sustainable approach to reaching the RTT whilst at the same time permanently reducing the waiting list.							
<b>Psychological Therapies</b> 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	N/A	Feb-21	84.0%	QE Dec-20	
February's improved RTT performance is influenced by expansion in capacity in cCBT services with low waiting times and also reduced activity due to staff AL. In addition, pressures in some areas to deal with urgent/priority referrals mean that relatively few longest waiting patients began treatment. The waiting list profile and demand–capacity gap in some service tiers remains of most relevance to the RTT trajectory.							

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
<b>Revenue Expenditure</b>							
Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Feb-21	-£ 4.200m	N/A	N/A
<p>The position to month 11 is an underspend of £4.2m and the forecast underspend to the year end is £2.1m. The underspend position is driven largely by continued pausing of our elective activity in Q4 and a lower than planned level of critical care bed provision. Dialogue continues with Scottish Government colleagues to discuss the management of this residual forecast underspend.</p> <p>In our forecast we have assumed the creation of an IJB earmarked reserve for Health Delegated, comprising: core underspend (arising post the budget realignment process to Social Care highlighted last month); any qualifying Covid funding underspend; and qualifying late funding allocations.</p>							
<b>Capital Expenditure</b>							
Work within the capital resource limits set by the SG Health & Social Care Directorates	£13.634m	N/A	£13.634m	Feb-21	£8.551m	N/A	N/A
<p>The total Capital Resource Limit for 2020/21 is £13.634m including anticipated allocations for specific projects. The capital position for the 11 months to February records spend of £8.551m equivalent to 62.71% of the total allocation. The capital spend on the specific projects is on track to spend in full, notwithstanding the end loaded spend profile as in any financial year.</p>							

Staff Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
<b>Sickness Absence</b> To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.39%	Feb-21	5.03%	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 eleven months of the year when compared with the same period of 2019/20, with a reduction of 0.51% in the year to date. The sickness absence rate has been above 5% for the months of November 2020 to February 2021, but this is in line with seasonal variations seen in previous years and the rate for this winter period is less than reported over the past 5 years.							

## II. Performance Exception Reports

### Clinical Governance

Adverse Events	9
HSMR	10
Inpatient Falls (With Harm)	11
Pressure Ulcers	12
Caesarean Section SSI	13
SAB (HAI/HCAI)	14
C Diff (HAI/HCAI)	15
ECB (HAI/HCAI)	16
Complaints (Stage 2)	17

### Finance, Performance & Resources – Operational Performance

4-Hour Emergency Access	18
Patient Treatment Time Guarantee (TTG)	19
New Outpatients	20
Diagnostics	21
Cancer 62-day Referral to Treatment	22
Freedom of Information (FOI) Requests	23
Delayed Discharges	24
Smoking Cessation	25
CAMHS 18 Weeks Referral to Treatment	26
Psychological Therapies 18 Weeks Referral to Treatment	27

### Finance, Performance & Resources – Finance

Revenue Expenditure	28
Capital Expenditure	41

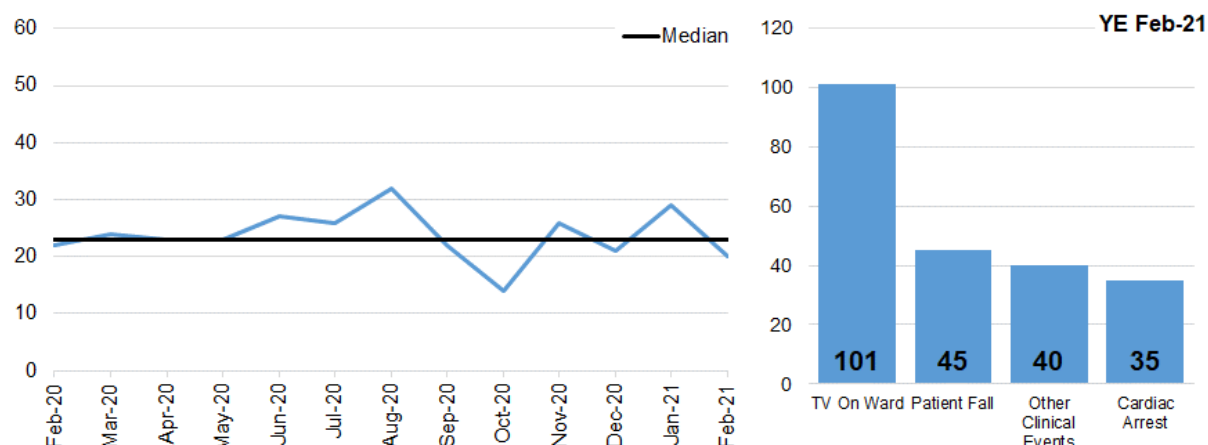
### Staff Governance

Sickness Absence	45
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## Clinical Governance

### Adverse Events

#### Major and Extreme Adverse Events



#### All Adverse Events

	Month	2019/20		2020/21										
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
ALL	NHS Fife	1308	1123	890	1066	1123	1329	1243	1285	1337	1301	1239	1280	1179
	Acute Services	634	472	371	475	463	561	506	604	555	637	597	567	509
	HSCP	624	627	486	558	627	730	695	639	748	634	616	692	643
	Corporate	50	24	33	33	33	38	42	42	34	30	26	21	27
CLINICAL	NHS Fife	924	800	608	726	740	909	837	921	899	948	919	896	815
	Acute Services	572	440	342	432	421	515	469	556	506	593	554	528	473
	HSCP	334	345	248	279	299	373	352	347	377	340	356	357	327
	Corporate	18	15	18	15	20	21	16	18	16	15	9	11	15

#### Commentary

There is nothing exceptional to report in the data.

Following a pause in local and significant adverse event review activity due to the pandemic, a recovery plan scheduling delayed reviews according to service and organisational priorities has been developed; this will be approved by the Medical Director and the Director of Nursing.

The NHS Fife Adverse Events/Duty of Candour Group which oversees the development and implementation of local adverse events management policy will consider a plan for review of the policy at its meeting later this month.



## Clinical Governance

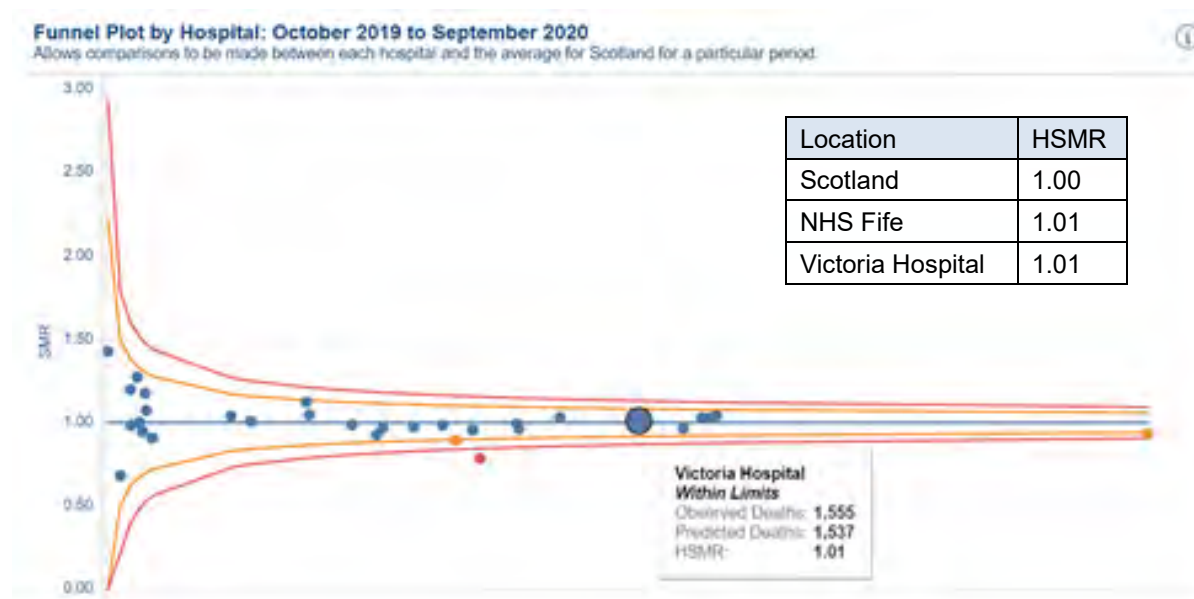
### HSMR

*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; October 2019 to September 2020<sup>a</sup>

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

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



#### Commentary

The annual HSMR for NHS Fife increased during the third quarter of 2020, with the difference between actual and predicted number of deaths producing a ratio just over 1. This should be seen as normal variation, but we will continue to monitor this closely.

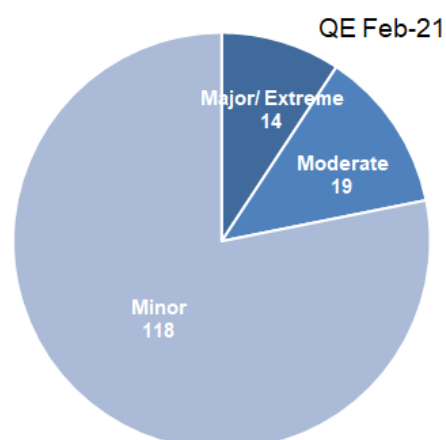
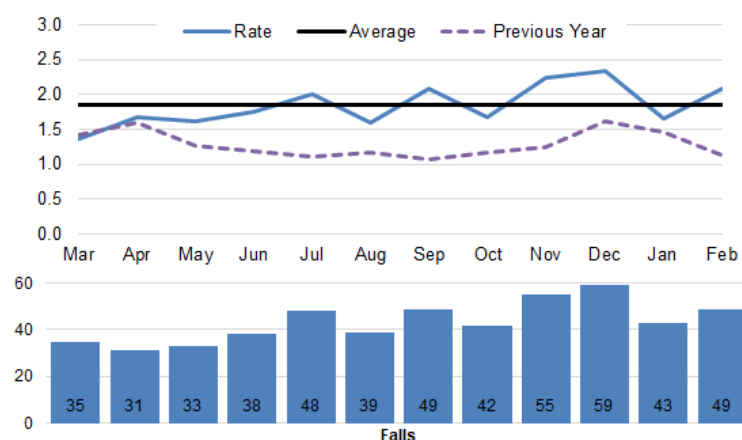
## Clinical Governance

### 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

		2020/21											
		2019/20											
		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
With Harm	NHS Fife	1.37	1.67	1.62	1.75	2.01	1.60	2.08	1.68	2.24	2.35	1.66	2.08
	Acute Services	1.26	1.78	1.21	1.38	1.26	1.17	1.46	1.11	1.54	1.67	1.73	1.54
	HSCP	1.44	1.61	1.95	2.08	2.66	1.96	2.62	2.17	2.87	2.96	1.60	2.55

#### Key Challenges in 2020/21

As previously reported, the changes in service delivery, in clinical area function and staff deployment has been a significant challenge over this last year. 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. As services remobilise, continued review and a focus on local approaches aim to recover to a reducing trend in falls with harm.

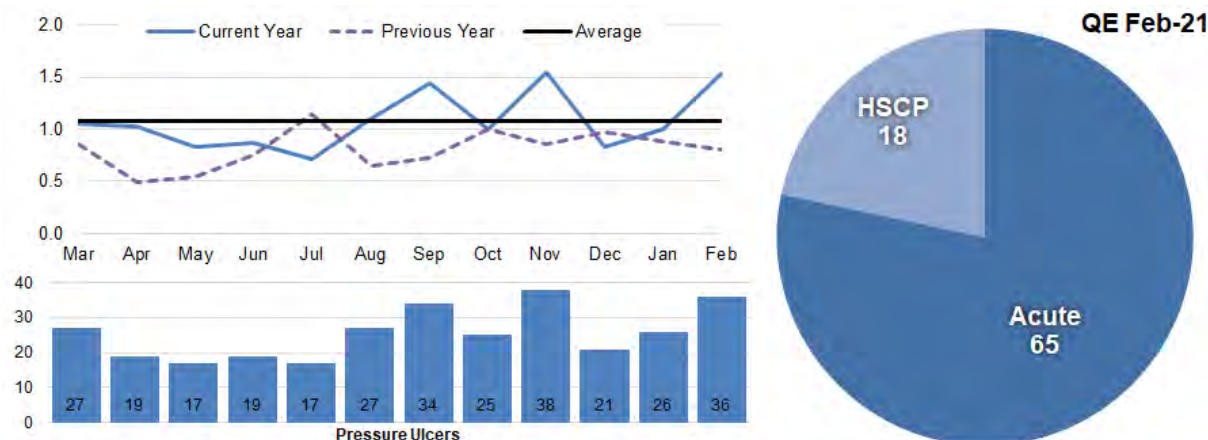
Improvement Actions	Update
<b>20.3 Falls Audit</b> <i>By Jul-21 (was Apr-21)</i>	Plans for this audit have been further delayed as a result of the ongoing situation. A number of areas are being prioritised and this will be programmed in over the coming months as more of a rolling audit. Local scrutiny will continue utilising the monthly performance report.
<b>20.5 Improve effectiveness of Falls Champion Network</b> <i>By Jul-21 (was Apr-21)</i>	This work has been significantly delayed and opportunities to refresh are being explored. Ongoing work to encourage attendance at the falls champion meetings, CNMs will now support. Further meetings still to be scheduled.
<b>21.1 Refresh of Plans</b>	The refreshed workplan has been agreed. This will remain a live document with flash reports at meetings to support update on progress. Action complete
<b>21.2 Falls Reduction Initiative</b> <i>By Jul-21</i>	A Falls Reduction Initiative has commenced in three Mental Health Inpatient wards with the aim of reducing all falls by 25% by July 2021
<b>21.3 Integrated Improvement Collaborative</b> <i>By Jun-21</i>	An Integrated Improvement Collaborative involving three community inpatient wards within the East was introduced last September, but was paused as a result of COVID. The work has re-commenced and is due to complete in May.

## 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

		2019/20	2020/21										
		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Grade 2 to 4	NHS Fife	1.06	1.02	0.83	0.88	0.71	1.11	1.44	1.00	1.55	0.83	1.00	1.53
	Acute Services	1.94	2.08	1.21	1.57	1.17	1.98	2.64	1.20	2.39	1.17	2.06	2.36
	HSCP	0.46	0.42	0.53	0.26	0.31	0.38	0.40	0.82	0.78	0.53	0.07	0.80

#### 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

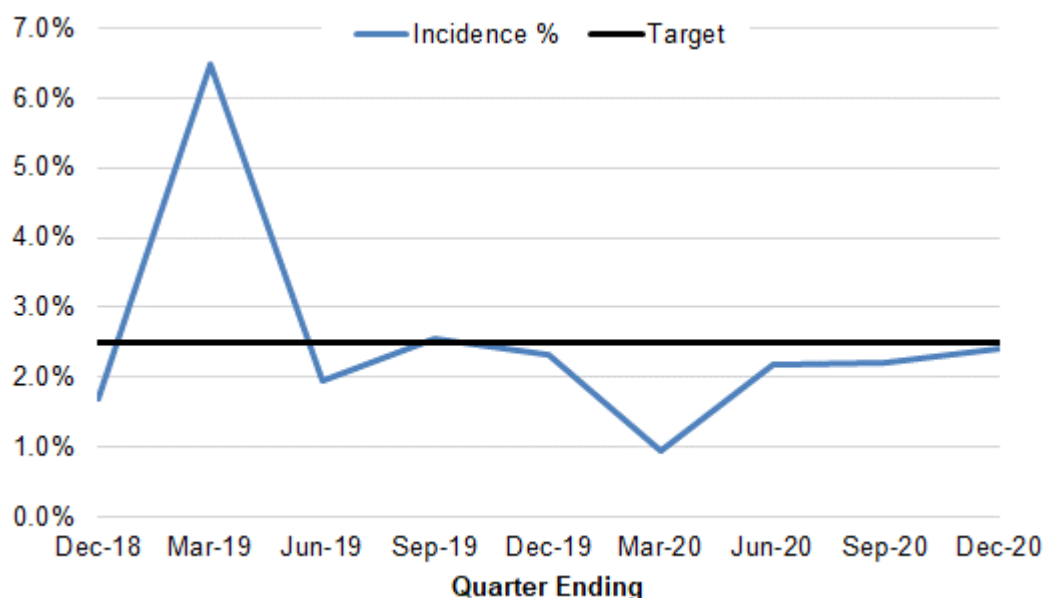
Improvement Actions	Update
20.4 Improve consistency of reporting	
20.5 Review TV Champion Network Effectiveness	
20.6 Reduce PU development (initially by redesign of Quality Improvement model)	
21.1 Improve reporting of PU	
21.2 Integrated Improvement Collaborative <i>By May-21 (was Feb-21)</i>	An integrated 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 <i>By Apr-21 (was Feb-21)</i>	A rolling programme of documentation audit has been developed. 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 has begun across the HSCP and will be reviewed using PDSA quality improvement cycle.

## 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



#### National Benchmarking

Quarter Ending	2017/18				2018/19				2019/20		
	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19
NHS Fife	3.0%	4.5%	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%
Scotland	1.2%	1.3%	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%

#### Key Challenges in 2020/21

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

Improvement Actions	Update
<b>20.1</b> Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan	<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> <p>Action paused due to COVID-19</p>
<b>20.2</b> Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	

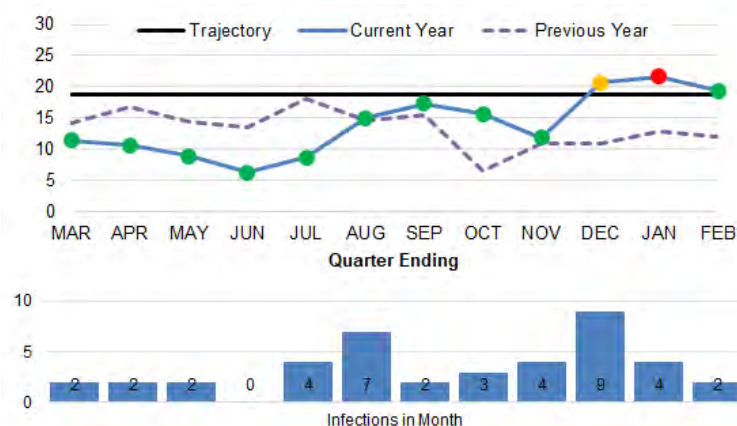


## Clinical Governance

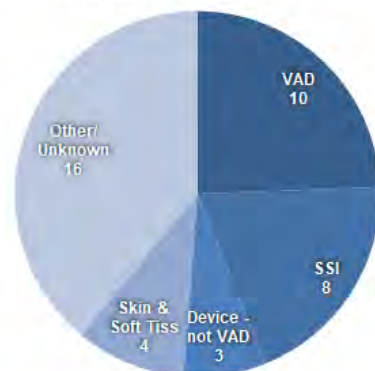
### SAB (HAI/HCAI)

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

#### Local Performance



Infection Source: YE Feb-21



#### National Benchmarking

Quarter Ending	2019/20				2020/21		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	13.7	15.5	10.9	12.5	6.3	18.7	20.6
Scotland	16.7	17.5	15.2	16.3	20.3	17.3	18.8

#### Key Challenges in 2020/21

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

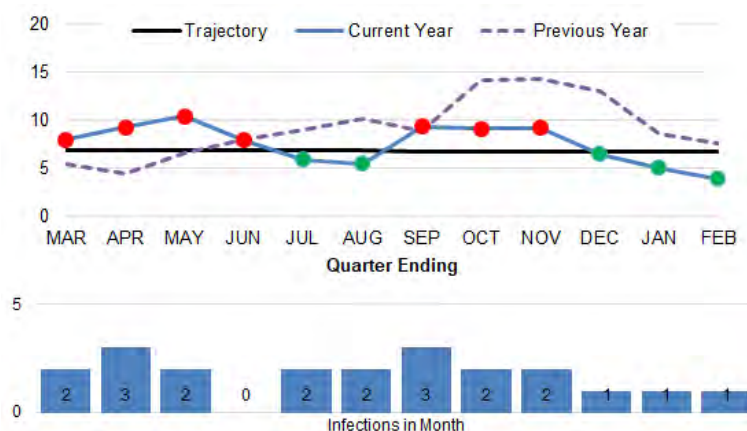
Improvement Actions	Update
<b>20.1</b> Reduce the number of SAB in PWIDs <i>By Mar-22 (was Mar-21)</i>	<p>There has been just 1 PWID to date in 2021 following only 5 in 2020, a marked improvement from 14 in 2019.</p> <p>Addiction services continue to be supported by the IPCT with the SAB improvement project, last meeting on 25<sup>th</sup> March.</p> <p>Significant reduction in 2020 has been deemed as multi-factorial.</p> <p>Nurse prescribing of antibiotics by ANPs to be planned for.</p>
<b>20.2</b> Ongoing surveillance of all VAD-related infections <i>By Mar-22 (was Mar-21)</i>	<p>Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement as well as raising triggers and areas of concern.</p> <p>There was a single vascular access device SAB associated with the renal unit in January, following a cluster in August 2020.</p>
<b>20.3</b> Ongoing surveillance of all CAUTI <i>By Mar-22 (was Mar-21)</i>	<p>Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) identify key issues and initiate appropriate corrective actions regarding catheter &amp; urinary care. The group last met on 19<sup>th</sup> March.</p> <p>This QI group is contributed to by the ECB data.</p>
<b>20.4</b> Optimise comms with all clinical teams in ASD & the HSCP <i>By Mar-22 (was Mar-21)</i>	<p>Monthly SAB reports distributed with Microbiology comments, to gain better understanding of disease process and those most at risk, is continuing. This allows local resources to be focused on high risk groups/areas and improve patient outcomes.</p> <p>The Ward Dashboard is continuously updated, for clinical staff to access and also to be displayed for public assurance.</p>

## 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



#### CDI Recurrence: YE Feb-21



#### National Benchmarking

Quarter Ending	2019/20				2020/21		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	8.0	8.9	13.1	8.0	7.9	9.3	7.7
Scotland	12.3	13.7	15.1	13.6	15.4	17.4	16.1

#### Key Challenges in 2020/21

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

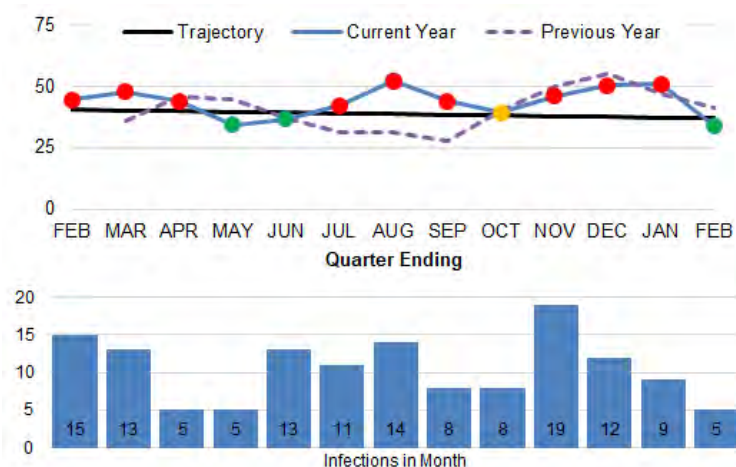
Improvement Actions	Update
<b>20.1</b> Reducing recurrence of CDI <i>By Mar-22</i>	Each CDI occurrence is reviewed by a consultant microbiologist. The patient's clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection. To reduce recurrence 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
<b>20.2</b> 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.
<b>20.3</b> 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

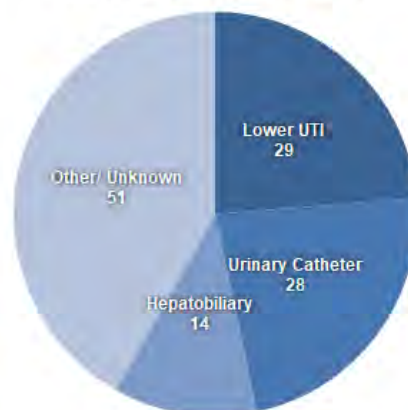
### ECB (HAI/HCAI)

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 Feb-21



#### National Benchmarking

Quarter Ending	2019/20				2020/21		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	42.1	31.0	60.0	47.9	36.4	45.3	50.3
Scotland	38.9	40.3	40.8	36.4	39.7	42.0	40.9

#### Key Challenges in 2020/21

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

Improvement Actions	Update
<b>20.1</b> Optimise communications with all clinical teams in ASD & the HSCP <i>By Mar-22</i>	<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 for DATIX.</p> <p>There has been a single trauma associated CAUTI to date in 2021 - learning from this will be fed back to the UCIG.</p>
<b>20.2</b> Formation of ECB Strategy Group	<p>The key issues initially identified in this group have now been incorporated within the Urinary Catheter Improvement Group (UCIG) so this action is now complete</p>
<b>20.3</b> Ongoing work of Urinary Catheter Improvement Group (UCIG) <i>By Mar-22</i>	<p>The UCIG meeting last met in March to review the following topics:</p> <ul style="list-style-type: none"> <li>• A CAUTI QI programme which started at Cowdenbeath GP practice (currently paused)</li> <li>• E-documentation bundles for catheter insertion and maintenance</li> <li>• Continence services continue to support all care/nursing homes across Fife to promote catheter care and adequate hydration</li> <li>• Continence/hydration folders in use at all care and residential homes</li> <li>• Education 'Top Tips' videos and newsletters published on BLINK</li> <li>• Guidance on catheter maintenance solutions and Pathways for the management of difficult insertions have been completed</li> </ul>

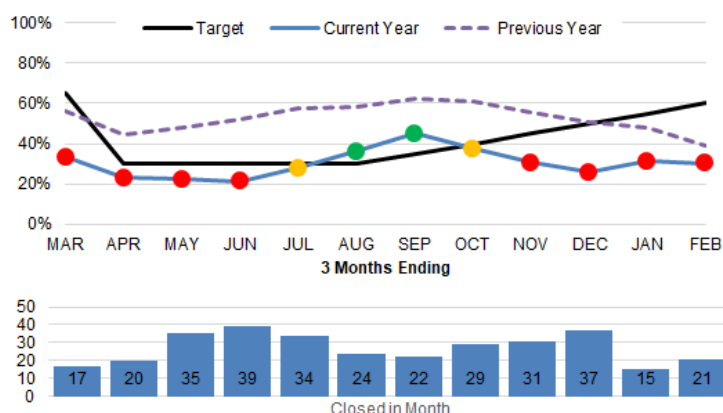
## Clinical Governance

### Complaints | Stage 2

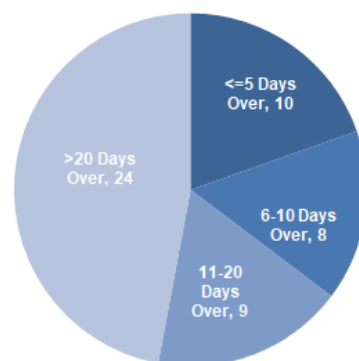
At least 75% of Stage 2 complaints are completed within 20 working days

Improvement Target for 2020/21 = 65%

#### Local Performance



#### Closure Breaches; QE Feb-21



#### Local Performance by Directorate/Division

3-Month Ending	2019/20	2020/21										
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
NHS Fife	33.3%	22.9%	22.2%	21.3%	27.8%	36.1%	45.0%	37.3%	30.5%	25.8%	31.3%	30.1%
Ack <= 3 Days (Monthly)	94.1%	95.0%	97.1%	87.2%	97.1%	100.0%	95.5%	93.1%	100.0%	100.0%	100.0%	100.0%
ASD	56.2%	55.2%	54.3%	53.4%	54.6%	55.4%	56.0%	55.4%	54.2%	51.8%	50.7%	50.0%
HSCP	28.6%	28.4%	28.0%	26.8%	26.6%	28.0%	28.8%	27.8%	26.8%	25.4%	25.6%	26.1%

#### Key Challenges in 2020/21

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

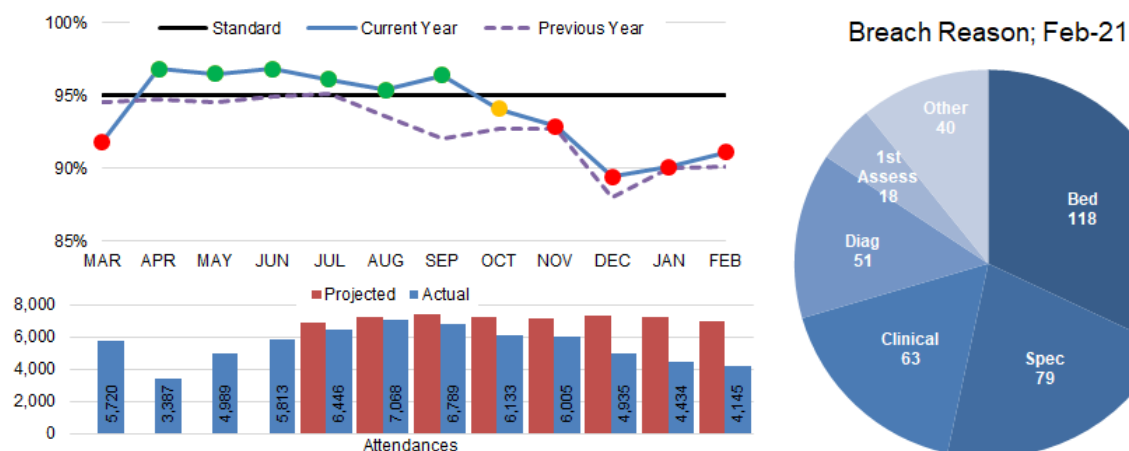
Improvement Actions	Update
<b>20.1 Patient Relations Officers to undertake peer review</b>	
<b>20.2 Deliver education to service to improve quality of investigation statements</b>	
<b>20.3 Agree process for managing medical statements, and a consistent style for responses</b>	
<b>21.1 Agree process for managing complaint performance and quality of complaint responses</b> <i>By Jun-21 (was Mar-21)</i>	<p>The PRT has changed the way they work in order to adapt to the 'new normal'. This includes changing meetings, reports and forms, with an aim of improving and sustaining consistency and quality. Part of this has been achieved via the development of the Complaints section of the new NHS Fife website.</p> <p>PRT have been working with Mental Health and Learning Disabilities services in relation to Stage 2 complaint responses and a trial is in place where MH and LD draft their own complaint responses, with PRT reviewing for quality.</p>
<b>21.2 Deliver virtual training on complaints handling</b> <i>By Sep-21 (was Mar-21)</i>	<p>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.</p>

## 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



#### National Benchmarking

Month	2019/20	2020/21										
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	91.8%	96.8%	96.5%	96.8%	96.1%	95.4%	96.4%	94.1%	92.9%	89.4%	90.1%	91.1%
Scotland	89.2%	94.9%	95.7%	95.6%	95.1%	92.9%	92.1%	89.6%	89.8%	86.4%	86.0%	86.2%

#### 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	ASD is supporting this initiative via the final triage of patients by consultants in Emergency Medicine and ongoing pathway planning. Adjustments to initial models are implemented where appropriate following review of data, to improve patient experience

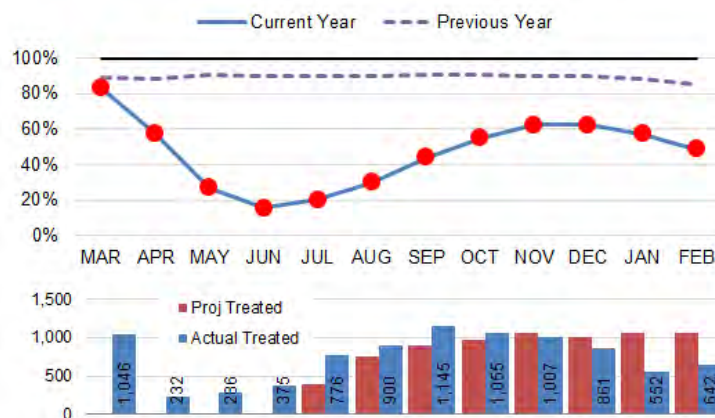


## Finance, Performance & Resources – Operational Performance

### 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 Feb-21



#### National Benchmarking

	2019/20					2020/21						
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	83.1%	57.3%	26.8%	15.4%	20.2%	30.0%	44.1%	54.9%	62.3%	62.3%	57.4%	48.6%
Scotland	64.4%	46.6%	24.8%	17.3%	20.6%	24.9%	30.0%	34.2%	37.4%	37.0%		

#### Key Challenges in 2020/21

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

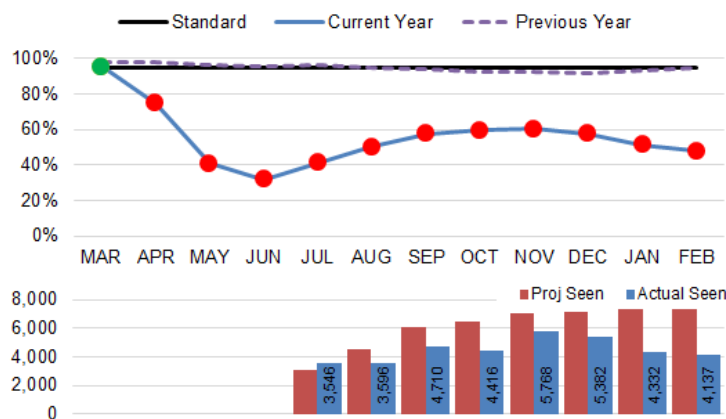
Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	
20.3 Theatre Action Group develop and deliver plan	
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	
21.1 Develop and deliver transformation plan	This action is related to 20.2 and 20.3, above, but seeks to sustain delivery of improvements introduced during the pandemic Action complete for FY 2020/21, ongoing for FY 2021/22
21.2 Review DCAQ in relation to WT improvement plan	
21.3 Undertake waiting list validation against agreed criteria	

## Finance, Performance & Resources – Operational Performance

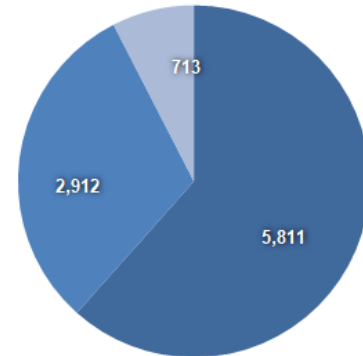
### New Outpatients

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

#### Local Performance



#### Breaches Breakdown Feb-21



#### National Benchmarking

	2019/20					2020/21						
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	95.2%	74.8%	40.9%	32.0%	41.1%	50.0%	57.4%	59.3%	60.3%	57.5%	51.2%	48.0%
Scotland	74.9%	57.8%	34.9%	28.5%			46.5%			47.8%		

#### Key Challenges in 2020/21

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

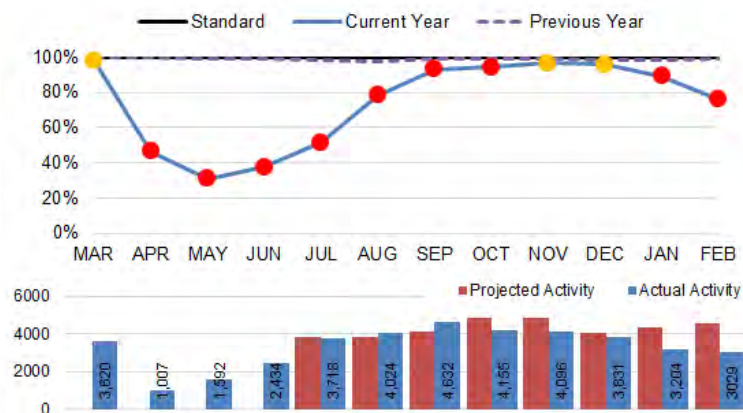
Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	
20.2 Develop OP Transformation programme.	
20.3 Improve recruitment to vacant posts	Action complete for FY 2020/21, ongoing for FY 2021/22
21.1 Review DCAQ in relation to WT improvement plan	
21.2 Refresh OP Transformation programme actions	This action is related to 20.2, above, but seeks to sustain delivery of improvements introduced during the pandemic Action complete for FY 2020/21, ongoing for FY 2021/22
21.3 Develop clinic capacity modelling tool	
21.4 Validate new and review waiting list against agreed criteria	Action 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 Feb-21



#### National Benchmarking

	2019/20		2020/21									
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	97.8%	46.3%	31.1%	37.4%	51.4%	78.3%	93.1%	94.3%	96.5%	95.9%	89.2%	76.2%
Scotland	75.8%	28.4%	27.9%	35.4%	42.9%	49.3%	53.3%	52.3%	57.2%	55.9%		

#### 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	Action complete for FY 2020/21, ongoing for FY 2021/22
21.3 Improve recruitment to vacant posts	Action complete for FY 2020/21, ongoing for FY 2021/22

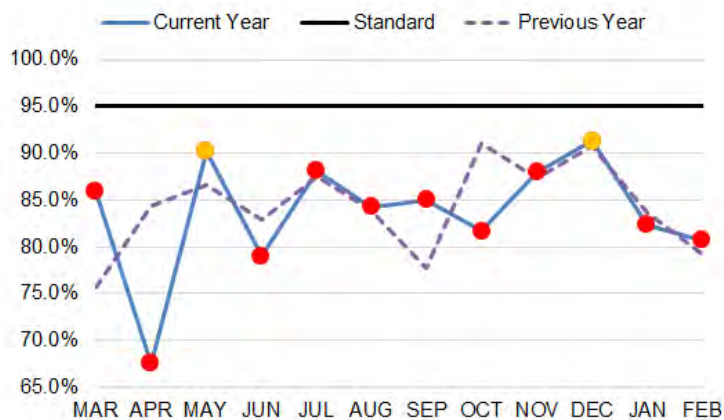


## Finance, Performance & Resources – Operational Performance

### 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: Dec-20 to Feb-21



#### National Benchmarking

Month	2019/20	2020/21										
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	85.9%	67.5%	90.2%	79.0%	88.2%	84.3%	85.0%	81.7%	88.0%	91.3%	82.4%	80.7%
Scotland	86.1%	82.6%	83.8%	84.3%	87.1%	86.6%	86.5%	84.9%	84.8%	85.3%	81.6%	81.9%

#### Key Challenges in 2020/21

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

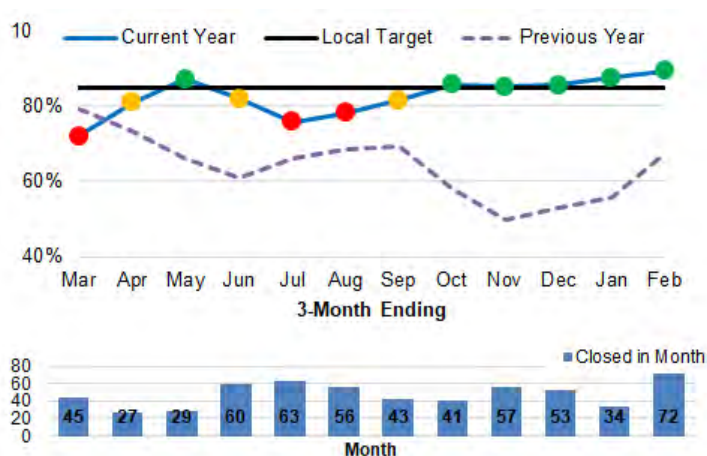
Improvement Actions	Update
<b>20.3</b> Robust review of timed cancer pathways to ensure up to date and with clear escalation points <i>By Sep-21 (was Mar-21)</i>	This will be addressed as part of the overall recovery work and in line with priorities set within the Cancer Recovery Plan and by the leadership team
<b>20.4</b> Prostate Improvement Group to continue to review prostate pathway <i>By Sep-21 (was 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 – this work is ongoing.
<b>21.1</b> Establishment of Cancer Structure to develop and deliver a Cancer Strategy	
<b>21.2</b> Cancer Strategy Group to take forward the National Cancer Recovery Plan <i>By Sep-21 (was Mar-21)</i>	The National Cancer Recovery Plan has been published. A Strategic & Governance Cancer Group has been established with a Cancer Strategy Core Group to develop and take forward the 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 Feb-21



#### Service Performance

Monthly	2019/20	2020/21										
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Health Board	76.9%	100.0%	81.8%	72.7%	72.0%	93.6%	82.1%	96.8%	87.5%	93.5%	93.5%	91.0%
IJB	100.0%	100.0%	100.0%	60.0%	84.6%	66.7%	75.0%	50.0%	88.9%	14.3%	100.0%	100.0%

#### Key Challenges in 2020/21

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

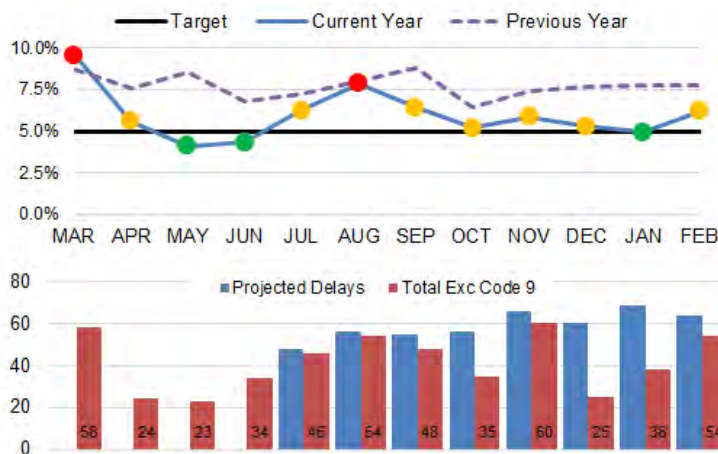
Improvement Actions	Update
<b>20.5</b> Refresh process with H&SC partnership for requests received that relate to their services	
<b>20.7</b> Formalise long-term resource requirements for FOI administration	
<b>21.1</b> Organisation-wide Publication Scheme to be introduced <i>By Jul-21, Dec-21</i>	First draft Paper detailing the initial stages of the design of the new Publication Scheme to go to EDG in April / May. The Information Governance & Security Operational and Steering Groups will provide support for the planning and implementation of the Publication Scheme.
<b>21.2</b> Improve communications relating to FOISA work <i>By Dec-21</i>	The first EDG Paper (1.0 - Process) passed through EDG in February. The Scottish Information Commissioner's Office has commended the work NHS Fife has undertaken so far to remedy the Board's previous low level of FOISA compliance. Increased and more detailed internal reporting is currently being considered.

## Finance, Performance & Resources – Operational Performance

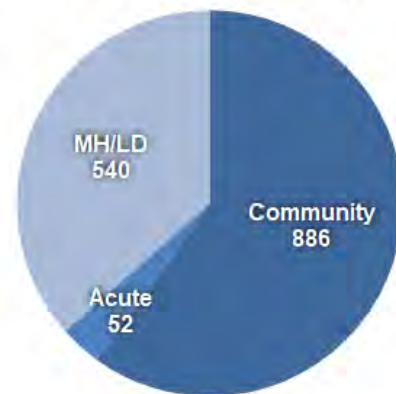
### Delayed Discharges (Bed Days Lost)

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

#### Local Performance



#### Bed Days Lost | Feb-21



#### National Benchmarking

	Quarter Ending	2018/19				2019/20			2020/21		
		Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Jun
% Bed Days Lost	NHS Fife	4.5%	7.4%	8.9%	7.6%	8.0%	7.2%	8.3%	4.6%	6.8%	
% Bed Days Lost	Scotland	6.9%	7.0%	6.5%	6.8%	7.2%	7.1%	7.3%	3.8%	5.1%	

#### Key Challenges in 2020/21

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

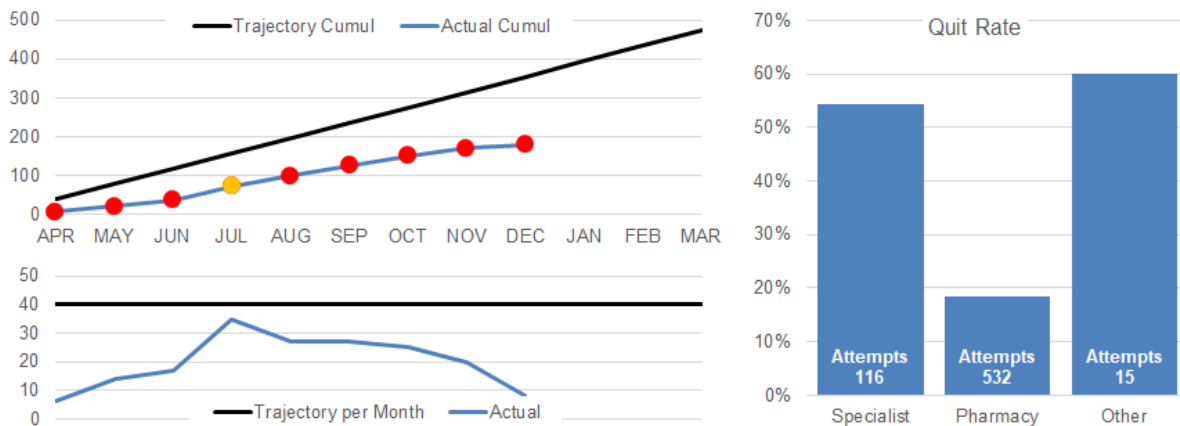
Improvement Actions	Update
<b>20.1</b> Test a trusted assessors model for patients transferring to STAR/assessment beds	
<b>20.3</b> Moving On Policy to be implemented	
<b>20.4</b> Improve flow of comms between wards and Discharge HUB	
<b>20.5</b> Increase capacity within care at home	
<b>21.1</b> Progress HomeFirst model <i>By May-21 (was Mar-21)</i>	The working group continue to progress the actions to ensure 95% of all discharges occur safely and before 2 p.m. and to ensure assessments for LTC are not carried out within an Acute setting. The Oversight "Home First" group meeting will take place on the 16 <sup>th</sup> April with H&SC, NHS Fife, Fife Council and Scottish Care to discuss and agree an action plan in line with local and national priorities.
<b>21.2</b> Develop virtual community HUB across east hospitals to include Ninewells Hospital	Teams meetings with East Hospitals and Patient Flow Co-ordinators (including Ninewells) are in place Action complete

## 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

		2020/21											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	6	14	17	35	27	27	25	20	8			
	Actual Cumul	6	20	37	72	99	126	151	171	179			
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	15.0%	25.3%	31.4%	45.6%	50.3%	53.4%	54.7%	54.3%	50.6%			
Scotland	Achieved												

#### Key Challenges in 2020/21

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

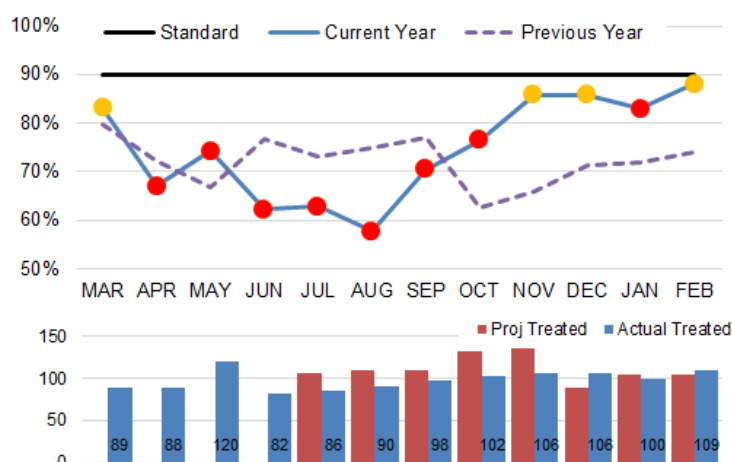
Improvement Actions	Update
<b>20.2</b> Test Champix prescribing at point of contact within hospital respiratory clinic	Action paused due to COVID-19
<b>20.3</b> 'Better Beginnings' class for pregnant women	Action paused due to COVID-19
<b>20.4</b> Enable staff access to medication whilst at work	Action paused due to COVID-19
<b>21.1</b> Assess use of Near Me to train staff <i>By Jul-21 (was 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. Near Me used as part of new staff training.
<b>21.2</b> Support Colorectal Urology Prehabilitation Test of Change Initiative <i>By Jul-21 (was 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 known to improve quality outcomes for patients. Patients identified as smokers and interested in quitting will have rapid access to support. New funding from April.

## Finance, Performance & Resources – Operational Performance

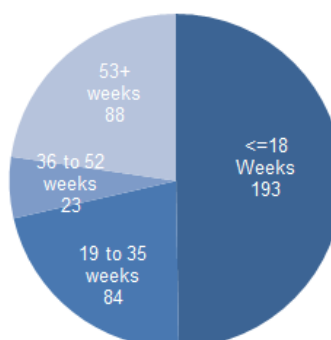
### CAMHS 18 weeks RTT

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

#### Local Performance



#### Waiting List (388) Feb-21



#### National Benchmarking

Month	2019/20				2020/21							
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	83.1%	67.0%	74.2%	62.2%	62.8%	57.8%	70.4%	76.5%	85.8%	85.8%	83.0%	88.1%
Scotland	64.3%	74.0%	58.2%	50.5%	57.9%	57.2%	65.9%	73.4%	72.9%	72.9%		

#### Key Challenges in 2020/21

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

Improvement Actions	Update
<b>20.1 Re-Introduction of PMHW First Contact Appointments System</b>	
<b>20.2 Waiting List Additional Staffing Resource</b>	
<b>20.3 Introduction of Team Leader Role</b>	
<b>21.1 Re-design of Group Therapy Programme</b> By Jul-21 (was Mar-21)	Due to COVID-19 restrictions, group-based face to face therapy work is limited compared to pre-COVID practices. Alternative delivery models of group therapy have been designed with Decider Skills Training now being delivered by CAMHS Self Harm Service as a pilot in addition to Anxiety Management group and Mindfulness group trials. Successful delivery and assessment of impact will dictate wider roll-out across Fife CAMHS.
<b>21.2 Use Centralised Allocation Process</b>	
<b>21.3 Build CAMHS Urgent Response Team</b> By Jul-21 (was Mar-21)	The plan to develop a CAMHS URT was 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.  Redesign of the service was reviewed again in March, however the ongoing COVID-19 position and the pending increase of the CAMHS staffing compliment has resulted in any change being postponed until normal service delivery is resumed and new staff are in post. Position will be reviewed again in July.

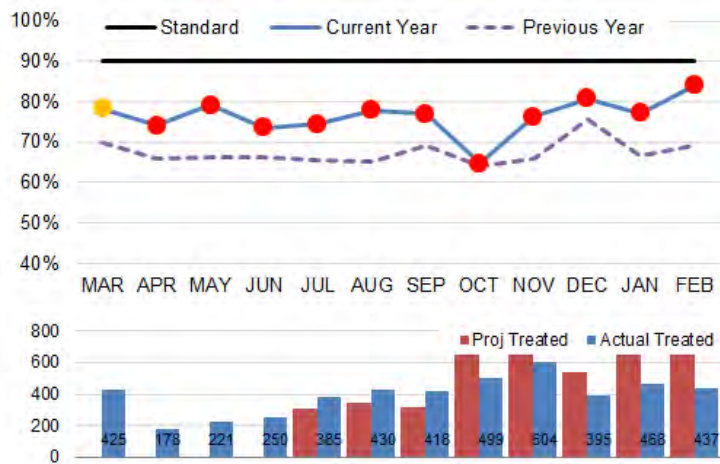


## Finance, Performance & Resources – Operational Performance

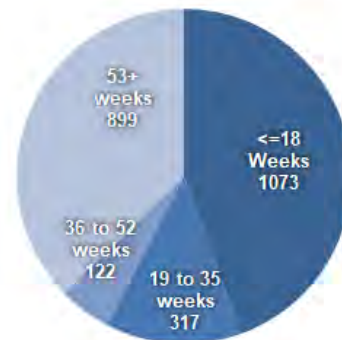
### Psychological Therapies 18 weeks RTT

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

#### Local Performance



#### Waiting List (2411) Feb-21



#### National Benchmarking

Month	2019/20		2020/21									
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	78.4%	74.2%	79.2%	73.6%	74.5%	77.9%	77.0%	64.7%	76.3%	80.8%	77.1%	84.0%
Scotland	78.8%	74.0%	76.5%	72.7%	74.1%	75.2%	75.8%	79.4%	78.1%	83.2%		

#### Key Challenges in 2020/21

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

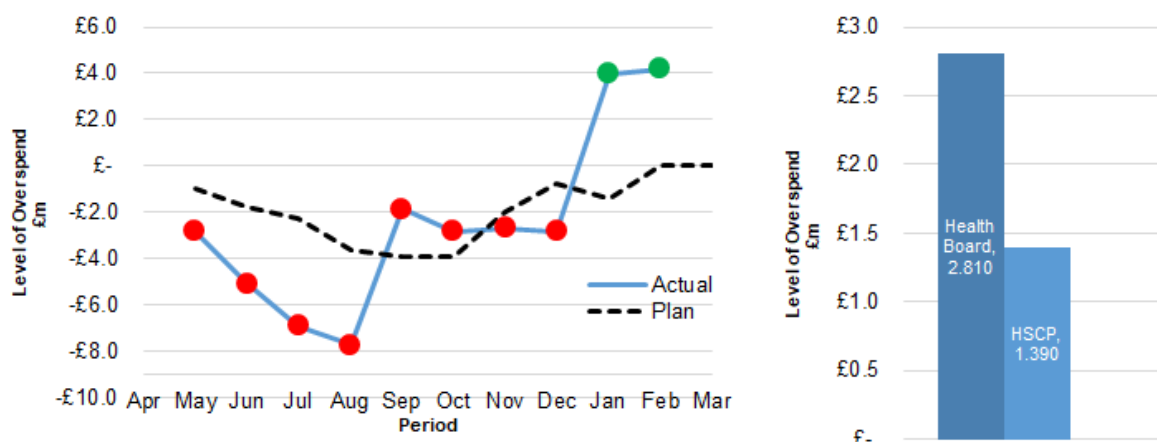
Improvement Actions	Update
20.2 Introduction of extended group programme in Primary Care	
20.3 Redesign of Day Hospital provision	
20.4 Implement triage nurse pilot programme in Primary Care	
20.5 Trial of new group-based PT options <i>By Sep-21(was Mar-21)</i>	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. We are awaiting results of Schema therapy group pilot. Development of Compassion Focused therapy group is ongoing, but there has been a delay in the start date for the pilot.
21.1 Introduction of additional on-line therapy options	
21.2 Development of alternative training and PT delivery methods	

## 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	419,845	460,818	409,339	406,529	2,810	0.69%	3,005	-195	2,810	0
Integration Joint Board (Health)	359,601	405,351	367,194	365,804	1,390	0.38%	1,390	0	1,390	0
Risk Share	0	0	0	0	0	0.00%	0	0	0	0
Total	779,446	866,169	776,533	772,333	4,200	0.54%	4,395	-195	4,200	0

#### Key Challenges in 2020/21

Capturing full additional costs 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 the remaining weeks to ensure our operational activity and financial plans remain aligned.

Balancing the overall NHS Fife position to a break even position given the number of variables in respect of core and Covid activity and the resulting financial impact.

#### Improvement Actions

#### Update

<b>21.1</b> Local mobilisation plan <i>Ongoing throughout FY</i>	Partnering with the services to: <ul style="list-style-type: none"> <li>Identify additional spend relating to Covid-19</li> <li>Confirm final offsets against core positions</li> <li>Understand and quantify the financial implications of remobilisation of core services across NHSF</li> <li>Inform forecast outturn positions to the year end; in support of our statutory requirement to deliver a balanced RRL position.</li> <li>Capture the overarching Board-wide workforce plan and additional costs of the immediate significant additional resource for: Test and Protect; Urgent Care redesign; extended flu immunisation; the Covid-19 vaccination programme; and the Community Testing Programme.</li> </ul>
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#### 21.2 Savings

#### Commentary

The position to month 11 is an underspend of £4.200m. This comprises a run rate underspend position of £4.395m; unmet core savings of £0.195m. All additional Covid-19 costs for April to February have been match funded from the SG Covid-19 funding allocations.

Whilst last month we reported a projected core underspend position of £4m; this forecast has now been updated, following a concerted effort to work towards a balanced break even

## Finance, Performance & Resources – Finance

**position, to a projected underspend outturn of £2.1m.**

The forecast position takes account of the non-recurring budget realignment process of £4.1m from Health delegated to Social Care. Whilst planning assumptions around the budget realignment process has removed any risk share cost (ie both partners would land a break even position); a core forecast underspend for both Health delegated, and Social Care is now projected following additional funding allocations. As such, the position reflects a year end transfer to an earmarked health delegated reserve which includes a level of core underspend; covid underspend; and late funding allocations; totalling c£11m. This funding will be carried forward by the Fife Council on behalf of the Integration Joint Board and will be clearly itemised and earmarked for specific purposes for 2021/22. Initial discussions with the IJB CFO indicate some of this funding may be earmarked towards Acute Set Aside budget pressures on a non-recurring basis.

NHS Fife and Fife Council continue to review the Integration Scheme and in particular the risk share agreement to inform arrangements moving forward.

In addition, the Health Board retained run rate position has improved reflecting further pausing of elective activity. The impact of lockdown and a further wave have had a significant impact on the forecast outturn; and we continue to work towards a balanced position taking into account funding and expected activity.

The forecast outturn to the year end is a projected underspend position of £2.1m which represents slippage in our elective programme; associated waiting times funding; and an element of surplus Covid funding and will be reported to Scottish Government in the monthly Financial Performance Return (FPR). The component parts which inform the forecast outturn are detailed in Table 5.

**We continue to work towards a balanced position as we approach the financial year end.**



### 1. Annual Operational Plan

- 1.1 The AOP process for the 2020/21 financial year was paused in the early part of the financial year as Boards and Scottish Government prepared to respond to the Covid-19 pandemic. A revised AOP financial plan was submitted in July which reflected both the mobilisation and the remobilisation plan high level impact on the financial position. Full Covid-19 funding has been received with the initial allocation made in the September allocation letter; and a final allocation recently received in the January allocation letter. A further Remobilisation Plan (RMP3) was submitted to Scottish Government at the end of February.

### 2. Financial Allocations

#### Revenue Resource Limit (RRL)

- 2.1 NHS Fife received confirmation of the January core revenue amount on 5 March. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £839.648m. Anticipated allocations adjustments total £4.229m.

#### 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 non-core RRL funding totals £22.292m.

#### Total RRL

- 2.3 The total current year budget at 28 February is therefore £866.169m as detailed in Appendix 1.

### 3. Summary Position

- 3.1 The revenue position for the 11 months to 28 February reflects an underspend of £4.200m.
- 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. Unmet savings as a result of the impact of Covid have been funded and are reflected at a zero variance. An underspend of £2.810m is attributable to Health Board retained budgets; and an underspend of £1.390m is attributable to the health budgets delegated to the IJB. The in-year position reflects the non-recurring budget realignment process of £4.1m from Health Delegated to Social Care which was agreed, reported and reflected in January.

## Finance, Performance & Resources – Finance

**Table 1: Summary Financial Position for the period ended February 2021**

Memorandum	Budget CY £'000	Variance Split By					
		Variance £'000	Variance %	Run Rate £'000	Core Unmet Savings £'000	Net Core Position £'000	Covid Unmet Savings £'000
Health Board	460,818	2,810	0.69%	3,005	-195	2,810	0
Integration Joint Board (Health)	405,351	1,390	0.38%	1,390	0	1,390	0
Risk Share	0	0	0.00%	0	0	0	0
<b>Total</b>	<b>866,169</b>	<b>4,200</b>	<b>0.54%</b>	<b>4,395</b>	<b>-195</b>	<b>4,200</b>	<b>0</b>

	CY £'000	Variance £'000	Variance %	Run Rate £'000	Core Unmet Savings £'000	Net Core Position £'000	Covid Unmet Savings £'000
Acute Services Division	228,148	-4,168	-1.99%	-4,118	-50	-4,168	0
IJB Non-Delegated	8,724	162	2.03%	162	0	162	0
Estates & Facilities	76,912	1,431	2.05%	1,407	24	1,431	0
Board Admin & Other Services	45,479	1,270	3.24%	1,439	-169	1,270	0
Non-Fife & Other Healthcare Providers	90,907	960	1.15%	960	0	960	0
Financial Flexibility & Allocations	17,159	3,102	100.00%	3,102	0	3,102	0
HB Offsets	0	0	0.00%	0	0	0	0
<b>Health Board</b>	<b>467,329</b>	<b>2,757</b>	<b>0.67%</b>	<b>2,952</b>	<b>-195</b>	<b>2,757</b>	<b>0</b>
Integration Joint Board - Core	450,215	1,229	0.30%	1,229	0	1,229	0
IJB Offsets	0	0		0	0	0	0
Integration Fund & Other Allocations	7,824	139	0.00%	139	0	139	0
<b>Sub-total Integration Joint Board Core</b>	<b>458,039</b>	<b>1,368</b>	<b>0.69%</b>	<b>1,368</b>	<b>0</b>	<b>1,368</b>	<b>0</b>
IJB Risk Share Arrangement	0	0		0	0	0	0
<b>Total Integration Joint Board - Health</b>	<b>458,039</b>	<b>1,368</b>	<b>0.69%</b>	<b>1,368</b>	<b>0</b>	<b>1,368</b>	<b>0</b>
<b>Total Expenditure</b>	<b>925,368</b>	<b>4,125</b>	<b>-0.43%</b>	<b>4,320</b>	<b>-195</b>	<b>4,125</b>	<b>0</b>
IJB - Health	-52,688	22	-0.04%	22	0	22	0
Health Board	-6,511	53	-1.43%	53	0	53	0
Miscellaneous Income	-59,199	75	-0.14%	75	0	75	0
<b>Net Position Including Income</b>	<b>866,169</b>	<b>4,200</b>	<b>0.54%</b>	<b>4,395</b>	<b>-195</b>	<b>4,200</b>	<b>0</b>

3.3 The position at month 11 is a core net underspend of £4.200m, following SG funding of unmet savings of £7.604m (£8.296m full year).

3.4 Funding allocations of £23.630m and £7.505m have been allocated to HB and HSCP respectively to match April to February Covid-19 costs incurred. Social Care funding of £19.966m has been passed to our Local Authority partners in-year. 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 £4.168m for the year to date**. This reflects an overspend in operational run rate performance of £4.118m, and overachieved savings of £0.050m per Table 2 below. The overall position is mainly driven by pay overspend in junior medical and dental staffing of £1.873m. Additional non pay cost pressures of £1.961m 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. The pausing of elective activity specifically in Q4 accounts for an underspend of £0.810m.

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. There is significant slippage in this activity (previously anticipating significant activity in quarter 4) and, in turn, the associated funding.

**Table 2: Acute Division Financial Position for the period ended February 2021**

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
<b>Acute Services Division</b>								
Planned Care & Surgery	70,779	74,442	67,777	66,676	1,101	1.62%	1,097	4
Emergency Care & Medicine	74,958	85,624	78,962	83,571	-4,609	-5.84%	-4,498	-111
Women, Children & Clinical Services	55,270	59,737	54,804	55,854	-1,050	-1.92%	-860	-190
Acute Nursing	858	695	622	542	80	12.86%	80	0
Other	1,683	1,815	1,460	1,150	310	21.23%	63	247
<b>Total</b>	<b>203,548</b>	<b>222,313</b>	<b>203,625</b>	<b>207,793</b>	<b>-4,168</b>	<b>-2.05%</b>	<b>-4,118</b>	<b>-50</b>

## Estates & Facilities

- 4.2 The Estates and Facilities budgets report an **underspend of £1.431m** which is generally attributable to vacancies, energy, PPP and rates. These underspends are partly offset by an overspend in clinical waste costs

## IJB Non-Delegated

The IJB Non-Delegated budget reports an **underspend of £0.162m**. Acute outpatients are reporting drug and medical supplies underspend in addition to underspend on NEF Clinics covered by NHS Tayside.

## Corporate Services

- 4.4 Within the Board's corporate services there is an **underspend of £1.270m**. 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

- 4.5 The budget for healthcare services provided out with NHS Fife is **underspent by £0.960m** 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 patient treatment within the private sector.

## Financial Plan Reserves & Allocations

- 4.6 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 £3.102m** released to the month 11 position is detailed in Appendix 4.

## Integration Services

- 4.7 The health budgets delegated to the Integration Joint Board report an **underspend of £1.368m for the year to date** following the non-recurring budget realignment of health delegated underspend to Social Care. The underlying drivers for the run rate underspend include vacancies in sexual health and rheumatology, all AHP services, child health, community nursing, learning disabilities, 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, clinical governance, primary care support unit and administrative posts. The position has improved as a result of the current lockdown impacting on areas such as the childhood vaccination programme.

## Income

- 4.8 A small over recovery in income of £0.075m 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 February 2021**

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	407,700	373,994	374,722	-728
GP Prescribing	70,708	64,899	65,730	-831
Drugs	33,294	30,926	31,566	-640
Other Non Pay	389,243	356,492	353,214	3,278
Efficiency Savings	-560	-195	0	-195
Commitments	24,983	3,241	0	3,241
Income	-59,199	-52,823	-52,898	75
<b>Net overspend</b>	<b>866,169</b>	<b>776,533</b>	<b>772,334</b>	<b>4,200</b>

### Pay

- 5.2 The overall pay budget reflects an overspend of £0.728m. 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 8,044 wte across all staff groups, there was an average 8,164 wte core staff in post in February. 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 £1.471m on medicines. The GP prescribing budget is overspent in-year by £0.831m with a forecast of breakeven. 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 11 reflects £1.115m 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 £1.641m, with a forecast of £2.420m. The main overspend to date is in Neurology at £0.600m, 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, Neurology and Respiratory started to present increased costs due to the volume of patients being treated and new drugs that are being made available via homecare. The forecast assumes the overspending trajectory will continue, with an additional pressure of £0.6m for Haematology drugs which exceed the funding available from the new medicines reserve.

## 5.5 Other Non-Pay

Other non-pay budgets across NHS Fife are collectively underspent by £3.278m. 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 Funding Allocation

6.1 We have received full Covid-19 funding with allocations made in 2 tranches (September and January). The funding allocations made across Scotland were informed on either actual costs or NRAC share; and reflected the return of offsetting cost reductions; and full funding of agreed unachieved efficiency savings. A summary of our Covid-19 funding is attached at Appendix 5.

6.2 A separate allocation of £1.5m relating to payments to primary care for additional costs in responding to the pandemic was received in the October allocation letter.

## 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. With our focus on responding to the Covid-19 pandemic, our planning assumptions reflected an anticipated achievable £11.7m of the target, with a resulting £8.3m underachievement of savings, which has now been fully funded by Scottish Government. Whilst good progress has been made to month 11, to support the delivery of the full £11m, c50% has been made on a recurring basis. The non-recurring 'tail' will form an opening pressure for next financial year and is as a consequence of our focus on the pandemic this year.

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 4.6 above; and has been funded through the wider LMP process.

7.3 Table 4 summaries the position for the 11 months to February 2021.

**Table 4: Savings 20/21**

Total Savings	Total Savings Target £'000	Forecast Achievement (Core) £'000	Funded unmet savings (Covid-19) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to Feb £'000	Forecast / Unidentified to March £'000
Health Board	14,868	6,572	8,296	1,211	4,802	6,013	559
Integrated Joint Board	5,147	5,147	0	4,219	928	5,147	0
IJB additional savings	1,800	0	1,800	0	0	0	0
Total Savings	21,815	11,719	10,096	5,430	5,730	11,160	559

## 8 Forecast

8.1 Whilst last month we reported a projected core underspend position of £4m; this forecast has now been updated, following a concerted effort to work towards a balanced break even position, to a projected underspend outturn of £2.1m.

## Finance, Performance & Resources – Finance

- 8.2 The forecast position takes account of the non-recurring budget realignment process of £4.1m from Health delegated to Social Care. Whilst planning assumptions around the budget realignment process has removed any risk share cost (ie both partners would land a break even position); a core forecast underspend for both Health delegated, and Social Care is now projected following additional funding allocations. As such, the position reflects a year end transfer to earmarked health delegated reserve which includes a level of core underspend; covid underspend; and late funding allocations; totalling c£11m. All funding will be carried forward by the Local Authority Partner on behalf of the Integration Joint Board and will be clearly itemised and earmarked for specific purposes for 21/22. Initial discussions with the IJB CFO indicate some of this funding may be earmarked towards Acute Set Aside budget pressures on a non-recurring basis.
- 8.3 NHS Fife and Fife Council continue to review the Integration Scheme and in particular the risk share agreement to inform arrangements moving forward.
- 8.4 In addition, the Health Board retained run rate position has improved reflecting further pausing of elective activity. The impact of lockdown and a further wave have had a significant impact on the forecast outturn; and we continue to work towards a balanced position taking into account funding and expected activity.
- 8.5 The forecast outturn to the year end is a projected underspend position of £2.1m which represents slippage in our elective programme; associated waiting times funding; and an element of surplus Covid funding and will be reported to Scottish Government in the monthly Financial Performance Return (FPR). The component parts which inform the forecast outturn are detailed in Table 5.
- 8.6 We continue to work towards a balanced position as we approach the financial year end.

**Table 5 – Forecast Outturn Position**

Forecast Outturn	Run Rate £'000	Offsets £'000	Savings £'000	Risk Share £'000	Total £'000
Acute Services Division	-5,875	3,743	-8,263	0	-10,395
IJB Non-Delegated	121	0	-33	0	88
Estates & Facilities	1,758	463	0	0	2,221
Board Admin & Other Services	1,082	51	0	0	1,133
Non-Fife & Other Healthcare Providers	845	0	0	0	845
Financial Flexibility	2,719	0	0	0	2,719
Miscellaneous Income	100	0	0	0	100
Savings funding			8,296		8,296
<b>Health Board Retained Budgets</b>	<b>750</b>	<b>4,257</b>	<b>0</b>	<b>0</b>	<b>5,007</b>
IJB Delegated Health Budgets	2,300	3,603	0	0	5,903
Budget realignment	-4,100				-4,100
Savings funding			1,800		1,800
Integration Fund & Other Allocations	0	0	0	0	0
<b>Total IJB Delegated Health Budgets</b>	<b>-1,800</b>	<b>3,603</b>	<b>1,800</b>	<b>0</b>	<b>3,603</b>
<b>Covid</b>	<b>1,354</b>				<b>1,354</b>
<b>Offsets returned to SG</b>	<b>0</b>	<b>-7,860</b>	<b>0</b>	<b>0</b>	<b>-7,860</b>
<b>Total Forecast Outturn</b>	<b>304</b>	<b>0</b>	<b>1,800</b>	<b>0</b>	<b>2,104</b>

## 9 Key Messages / Risks

- 9.1 The month 11 position reflects an underspend of £4.200m; which comprises a core underspend of £4.395m; and unmet core savings of £0.195m. All additional Covid-19 costs for the year to date have been match funded from the SG Covid-19 funding allocations.
- 9.2 The forecast outturn position to the year-end reflects a potential underspend of £2.1m which reflects the pausing of elective activity; the resulting impact on specific waiting times funding; and Covid funding allocations; and is net of an assumed transfer of Covid funding to our Local Authority Partner of £2.5m for Covid vaccination venue costs; and Community Testing Programme costs. There is a degree of risk to the forecast position, specifically relating to year end deliveries, which we are keeping under close review of the year end nears.
- 9.3 Notwithstanding, we continue to work towards our target balanced position and dialogue with Scottish Government is ongoing.

## 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 £4.200m for the 11 months to February
  - **Note** that funding allocations for Covid-19 reflected in the month 11 position match fund additional costs incurred across Health and Social Care
  - **Note** the updated key assumptions which inform a potential forecast underspend position of £2.1m (related to elective activity and associated funding); and, in parallel, dialogue with Scottish Government colleagues is underway
  - **Note** the plans to create an IJB Reserve for Health Delegated to cover ongoing Covid-19 costs into 2021/22.



# Finance, Performance & Resources – Finance

## Appendix 1: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
Apr-20	Initial Baseline Allocation	701,537			701,537	Includes 20-21 uplift
May-20	Confirmed Allocations	-1,307		3,413	2,106	
Jun-20	Confirmed Allocations			-534	-534	
Jul-21	Confirmed Allocations			5,614	5,614	
Aug-20	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	Confirmed Allocations		2,187	4,932	7,119	
Jan-21	Confirmed Allocations		162	16,350	16,512	
Feb-21	Adult Flu Vaccine costs			271	271	Annual Allocation
	Insulin Pumps			309	309	National initiative
	Discovery 20-21		-36		-36	Annual Contribution
	Arcus Finance Business Partnering			-29	-29	Contribution for Finance Training
	<b>Total Core RRL Allocations</b>	<b>700,161</b>	<b>71,065</b>	<b>68,422</b>	<b>839,648</b>	
Anticipated	NDC Contribution		-781		-781	
Anticipated	Family Nurse Partnership		28		28	
Anticipated	Top Slice NSS		-16		-16	
Anticipated	Cancer Diagnostic Centre			-297	-297	
Anticipated	Capital to Revenue			-92	-92	
Anticipated	Covid Recognition Payment			4,357	4,357	
Anticipated	AFC pay award			1,030	1,030	
	<b>Total Anticipated Core RRL Allocations</b>	<b>0</b>	<b>-769</b>	<b>4,998</b>	<b>4,229</b>	
	IFRS			8,874	8,874	
	Donated Asset Depreciation			131	131	
	Impairment			500	500	
	Depreciation			12,959	12,959	
	AME Provisions			-172	-172	
	<b>Total Non-Core RRL Allocations</b>	<b>0</b>	<b>0</b>	<b>22,292</b>	<b>22,292</b>	
	<b>Grand Total</b>	<b>700,161</b>	<b>70,296</b>	<b>95,712</b>	<b>866,169</b>	



## Finance, Performance & Resources – Finance

### Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Digital & Information	13,047	11,955	12,109	-153
Nhs Fife Chief Executive	216	198	237	-39
Nhs Fife Finance Director	6,498	5,921	5,339	581
Nhs Fife Medical Director	7,554	5,935	5,712	223
Nhs Fife Nurse Director	4,161	3,759	3,471	288
Legal Liabilities	-17,914	-18,297	-18,606	308
Early Retirements & Injury Benefits	814	746	698	48
Regional Funding	276	246	206	40
Depreciation	18,129	16,581	16,581	0
Nhs Fife Public Health	2,735	2,512	2,544	-32
Nhs Fife Workforce Directorate	3,228	2,954	2,879	74
Nhs Fife Major Incident - Flooding			69	-69
<b>Total</b>	<b>38,745</b>	<b>32,509</b>	<b>31,239</b>	<b>1,270</b>

### Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
<b>Health Board</b>				
Ayrshire & Arran	98	90	86	4
Borders	45	41	51	-10
Dumfries & Galloway	25	23	52	-29
Forth Valley	3,179	2,914	3,256	-342
Grampian	359	329	251	78
Greater Glasgow & Clyde	1,655	1,518	1,486	32
Highland	135	124	182	-58
Lanarkshire	114	105	226	-121
Lothian	31,518	28,892	26,976	1,916
Scottish Ambulance Service	101	93	94	-1
Tayside	41,030	37,609	37,421	188
	<b>78,259</b>	<b>71,738</b>	<b>70,081</b>	<b>1,657</b>
<b>UNPACS</b>				
Health Boards	10,627	9,741	10,419	-678
Private Sector	1,245	1,141	1,652	-511
	<b>11,872</b>	<b>10,882</b>	<b>12,071</b>	<b>-1,189</b>
<b>OATS</b>				
	711	652	162	490
<b>Grants</b>				
	65	65	63	2
<b>Total</b>	<b>90,907</b>	<b>83,337</b>	<b>82,377</b>	<b>960</b>

## Appendix 4 - Financial Flexibility & Allocations

	CY Budget £'000	Flexibility Released to Feb-21 £'000
<b>Financial Plan</b>		
Drugs	197	0
CHAS	0	0
Unitary Charge	100	92
Junior Doctor Travel	20	14
Cost Pressures	616	561
Developments	3,249	1,839
<b>Sub Total Financial Plan</b>	<b>4,182</b>	<b>2,506</b>
<b>Allocations</b>		
Waiting List	2,020	0
AME: Impairment	640	0
AME: Provisions	-102	0
Neonatal Transport	6	2
Cancer Access	256	0
Endoscopy	85	0
ARISE	68	0
Covid 19	7,504	0
MPPP Respiratory Projects	29	0
Winter Funding	51	0
Capital to revenue	340	0
Baby Bliss	5	0
Best Start	32	0
MRI Van	39	0
Disestablished GPST	10	0
Carry Forward from 19/20	60	55
NSD Risk Share Return	539	539
R&D	4	
Reporting Radiographer Training	9	
Inequalities Fund	6	
Cancer Strategy	5	
Wellbeing Fund	32	
Insulin Pumps	309	
AFC pay award December to March	1,030	
<b>Sub Total Allocations</b>	<b>12,977</b>	<b>596</b>
<b>Total</b>	<b>17,159</b>	<b>3,102</b>

## Finance, Performance & Resources – Finance

### Appendix 5 – Covid-19 funding

COVID funding	Health Board	Health delegated	Social Care delegated	Total	Capital	Primary Care Funding
	£000's	£000's	£000's	£000's	£000's	£000's
<b>Allocation Q1 to Q4</b>	22,540	6,546	4,458	33,544	999	1,325
<b>Allocations received previously</b>	1,296		9,779	11,075		
<b>Funding Received Jan-21</b>	10,765	-1,698	5,729	14,796		234
<b>Total funding</b>	<b>34,601</b>	<b>4,848</b>	<b>19,966</b>	<b>59,415</b>	<b>999</b>	<b>1,559</b>
<b>Allocations made for Apr to Feb</b>						
Planned Care & Surgery	1,878			1,878		
Emergency Care & Medicine	2,518			2,518		
Women, Children & Clinical Services	1,422			1,422		
Acute Nursing	17			17		
Estates & Facilities	1,690			1,690		
Board Admin & Other Services	5,774			5,774		
Income	682			682		
Test and Protect	1,353			1,353		
West Division		1,881		1,881		
Pharmacy Division		93		93		
Fife Wide Division		1,484		1,484		
East Division		945		945		
Primary Care		1,302		1,302		1,559
Social Care			19,966	19,966		
Unachieved savings	8,296	1,800		10,096		
<b>Total allocations made to M11</b>	<b>23,630</b>	<b>7,505</b>	<b>19,966</b>	<b>51,101</b>	<b>0</b>	<b>1,559</b>
<b>Offsets returned to SG</b>	<b>-4,257</b>	<b>-3,603</b>		<b>-7,860</b>		
<b>Elective / Planned Care</b>	<b>7,724</b>			<b>7,724</b>		
<b>Capital</b>					<b>999</b>	
<b>Total</b>	<b>27,097</b>	<b>3,902</b>	<b>19,966</b>	<b>50,965</b>	<b>999</b>	<b>1,559</b>
<b>Balance In Reserves</b>	<b>7,504</b>	<b>946</b>	<b>0</b>	<b>8,450</b>	<b>0</b>	<b>0</b>

## Finance, Performance & Resources – Finance

### Capital Expenditure

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

#### Local Performance



#### Commentary

The total Capital Resource Limit for 2020/21 is £13.634m including anticipated allocations for specific projects. The capital position for the 11 months to February records spend of £8.551m equivalent to 62.71% of the total allocation. The capital spend on the specific projects is on track to spend in full, notwithstanding the end loaded spend profile as in any financial year.

#### Current Challenges

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

Improvement Actions	Update
<b>21.1</b> Managing expenditure programme within resources available <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: £0.999m 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. In the February allocation letter we received the following; £2.2m for the Elective Orthopaedic Centre; HEPMA £0.025m; Lochgelly Health Centre £0.025m; Kincardine Health Centre £0.025m; Additional £0.025m for Hospital Eye Service; and an allocation of £0.060m for radiology. We are still anticipating the capital to revenue transfer of £0.093m. The total capital plan is therefore £13.634m.

## 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 £8.551m or 62.71% 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	£2.221m
Equipment	£3.892m
E-health	£0.664m
Elective Orthopaedic Centre	£1.346m

## 4. Capital Expenditure Outturn

- 4.1 As we near the end of quarter 4, 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 28 February 2021 of £8.551m and the forecast year end spend of the total capital resource allocation of £13.634m.

## Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2020/21 £'000
<b>COMMUNITY &amp; PRIMARY CARE</b>			
Capital Minor Works	292	242	292
Statutory Compliance	203	149	203
Capital Equipment	99	62	99
Covid Community Equipment	26	26	26
Condemned Equipment	0	0	0
Lochgelly Health Centre	25	12	25
Kincardine Health Centre	25	12	25
<b>Total Community &amp; Primary Care</b>	<b>670</b>	<b>502</b>	<b>670</b>
<b>ACUTE SERVICES DIVISION</b>			
Statutory Compliance	2,775	1,910	2,775
Capital Equipment	2,376	1,599	2,376
Covid Acute Equipment	973	753	973
Minor Works	205	121	205
Cancer Waiting Times Equipment	371	337	371
Hospital Eye Service	425	30	425
Radiology Funding	2,068	994	2,068
Condemned Equipment	91	91	91
Elective Orthopaedic Centre	2,200	1,346	2,200
<b>Total Acute Services Division</b>	<b>11,483</b>	<b>7,181</b>	<b>11,483</b>
<b>NHS FIFE WIDE SCHEMES</b>			
Equipment Balance	0	0	0
Information Technology	1,066	664	1,066
Minor Works	2	0	2
Statutory Compliance	12	0	12
Contingency	0	0	0
Asbestos Management	104	78	104
Fire Safety	85	83	85
Scheme Development	60	17	60
Vehicles	60	25	60
Capital In Year Contingency (EDG)	0	0	0
<b>Total NHS Fife Wide Schemes</b>	<b>1,389</b>	<b>868</b>	<b>1,389</b>
<b>TOTAL CONFIRMED ALLOCATION FOR 2020/21</b>	<b>13,541</b>	<b>8,551</b>	<b>13,541</b>
<b>ANTICIPATED ALLOCATIONS 2020/21</b>			
Capital to Revenue Transfer	93	0	93
<b>Anticipated Allocation for 2020/21</b>	<b>93</b>	<b>0</b>	<b>93</b>
<b>Total Anticipated Allocation for 2020/21</b>	<b>13,634</b>	<b>8,551</b>	<b>13,634</b>

## Finance, Performance & Resources – Finance

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

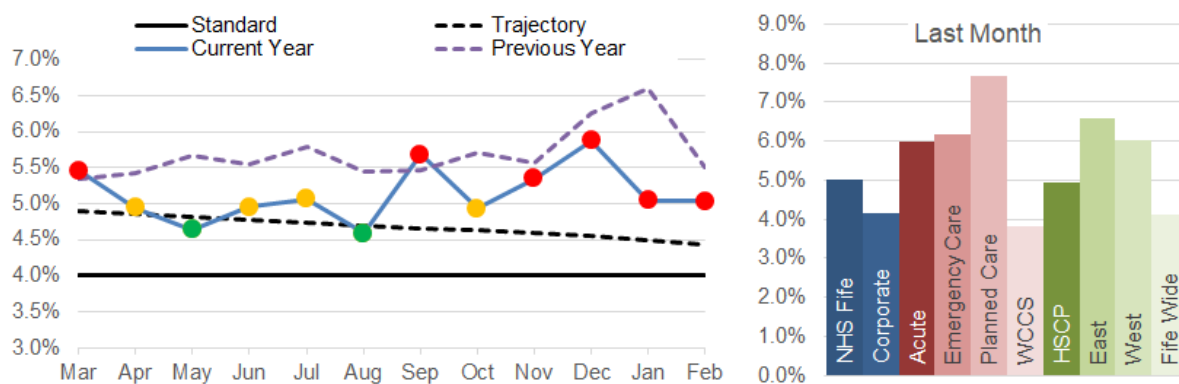
Capital Expenditure Proposals 2020/21	Pending Board Approval	Cumulative Adjustment to January	February Adjustment	Total February
Routine Expenditure	£'000	£'000	£'000	£'000
<b>Community &amp; Primary Care</b>				
Capital Equipment	0	99	0	99
Condemned Equipment	0	0	0	0
Minor Capital	0	291	1	292
Covid Equipment	0	26	0	26
Statutory Compliance	0	153	50	203
Lochgelly Health Centre	0	0	25	25
Kincardine Health Centre	0	0	25	25
<b>Total Community &amp; Primary Care</b>	<b>0</b>	<b>569</b>	<b>101</b>	<b>670</b>
<b>Acute Services Division</b>				
Capital Equipment	0	2,241	135	2,376
Condemned Equipment	0	91	0	91
Cancer Waiting Times Equipment	0	381	-10	371
Minor Capital	0	206	-1	205
Hospital Eye Service	0	400	25	425
Covid 19 Acute Equip	0	973	0	973
Radiology Funding	0	2,008	60	2,068
Statutory Compliance	0	2,842	-67	2,775
Elective Orthopaedic Centre	0	0	2,200	2,200
	<b>0</b>	<b>9,141</b>	<b>2,342</b>	<b>11,483</b>
<b>Fife Wide</b>				
Backlog Maintenance / Statutory Compliance	3,569	-3,559	2	12
Fife Wide Equipment	2,036	-1,925	-111	0
Information Technology	1,041	0	25	1,066
Minor Work	498	-497	1	2
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	104	0	104
Fife Wide Fire Safety	0	85	0	85
Fife Wide Vehicles	0	60	0	60
Capital In Year Contingency	0	0	0	0
<b>Total Fife Wide</b>	<b>7,394</b>	<b>-5,922</b>	<b>-83</b>	<b>1,389</b>
<b>Total</b>	<b>7,394</b>	<b>3,787</b>	<b>2,360</b>	<b>13,541</b>
<b>ANTICIPATED ALLOCATIONS 2020/21</b>				
Capital to Revenue Transfer	93	0	0	93
<b>Anticipated Allocation for 2020/21</b>	<b>93</b>	<b>0</b>	<b>0</b>	<b>93</b>
<b>Total Planned Expenditure for 2020/21</b>	<b>7,487</b>	<b>3,787</b>	<b>2,360</b>	<b>13,634</b>

## Staff Governance

### Sickness Absence

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

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



#### National Benchmarking

Month	2020/21											
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
NHS Fife	5.46%	4.95%	4.64%	4.96%	5.06%	4.58%	5.69%	4.93%	5.35%	5.87%	5.04%	5.03%
Scotland	5.20%	4.57%	4.54%	4.49%	4.57%	4.64%	4.96%	4.93%	4.96%	5.18%	4.82%	4.30%

#### 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	
21.1 Once for Scotland Promoting Attendance Policy	
21.2 Review the function of the Promoting Attendance Group	<p>The review of the function of the NHS Fife Promoting Attendance Group and associated 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 has concluded for implementation from April 2021.</p> <p>Action complete</p>
21.3 Restart Promoting Attendance Panels	

#### MARGO MCGURK

Director of Finance and Performance  
20<sup>th</sup> April 2021

Prepared by:

#### SUSAN FRASER

Associate Director of Planning & Performance



# Appendix 1: NHS Fife Remobilisation Activity to end of Mar 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 Actual Variance	2,040 2,590 550	3,044 2,930 -114	1,071 556 -515	1,063 644 -419	1,086 1,049 -37	3,220 2,249 -971
OP Referrals Accepted (Definitions as per Waiting Times Datamart)	Projected Actual Variance	14,042 15,774 1,732	22,565 17,683 -4,882	7,261 4,854 -2,407	7,303 5,258 -2,045	7,342 7,570 228	21,906 17,682 -4,224
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected Actual Variance	13,602 11,852 -1,750	20,630 15,566 -5,064	7,321 4,332 -2,989	7,386 4,137 -3,249	7,500 5,719 -1,781	22,208 14,188 -8,020
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected Actual Variance	1,648 1,110 -538	2,296 1,258 -1,038	848 410 -438	848 360 -488	848 545 -303	2,544 1,315 -1,229
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected Actual Variance	10,074 11,264 1,190	11,450 10,835 -615	3,450 2,797 -653	3,700 2,671 -1,029	3,700 4,010 310	10,850 9,478 -1,372
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected Actual Variance	21,495 20,303 -1,192	21,705 17,073 -4,632	7,230 4,403 -2,827	6,990 4,145 -2,845	7,590 5,557 -2,033	21,810 14,105 -7,705
Number of A&E 4-Hour Breaches (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected Actual Variance	775 815 40	1,000 1,310 310	390 440 50	325 369 44	270 509 239	985 1,318 333
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected Actual Variance	9,225 8,800 -425	10,100 9,642 -458	3,450 2,717 -733	3,220 2,568 -652	3,300 3,170 -130	9,970 8,455 -1,515
Admissions via A&E (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected Actual Variance	4,354 4,467 113	4,350 4,227 -123	1,400 1,329 -71	1,330 1,232 -98	1,430 1,559 129	4,160 4,120 -40
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected Actual Variance	2,195 2,097 -98	2,140 2,481 341	750 742 -8	770 776 6	800 1,058 258	2,320 2,576 256
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected Actual Variance	309 275 -34	309 281 -28	103 95 -8	103 81 -22	103 86 -17	309 295 -14
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected Actual Variance	325 274 -51	356 314 -42	104 100 -4	105 109 4	86 516 430	295 1,985 1,690
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected Actual Variance	970 1,233 263	1,956 1,498 -458	724 468 -256	745 437 -308	516 437 -87	1,985 1,498 -487
		Month End	Month End	Month End			Month End
		Sep-20	Dec-20	Jan-21	Feb-21	Mar-21	Mar-21
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) <sup>1</sup>	Projected Actual Variance	79 75 -4	79 51 -28	88 65 -23	83 91 8	74 98 24	74 98 24

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